

2020 COBRA Group Continuation Coverage for Dental and Vision Plan Premiums

Please refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents. The premiums shown below are 102 percent of current total premiums.

STATE-SPONSORED DENTAL PLANS

Delta Dental

Plan Type	Covered Persons	Single	2-Party	Family
PPO plus Premier Basic	Represented Employees	\$52.19	\$ 91.39	\$132.25
PPO plus Premier Basic (dependents)*	Eligible dependents of Represented employees	\$44.76	\$ 67.09	\$ 87.73
PPO plus Premier Enhanced	Excluded employees and their eligible dependents	\$54.30	\$107.22	\$150.76
Preferred Provider Option (PPO)	Excluded and Represented employees and their eligible dependents	\$47.66	\$ 93.00	\$140.12

*Dependents of Represented employees have a lower level of coverage under the Delta PPO plus Premier Basic Plan, and pay a lower premium for dependent only coverage.

DeltaCare USA

Plan Type	Covered Persons	Single	2-Party	Family
Standard	Excluded and Represented employees and their eligible dependents	\$19.83	\$32.54	\$45.01

Premier Access

Plan Type	Covered Persons	Single	2-Party	Family
Standard	Excluded and Represented employees and their eligible dependents	\$15.79	\$25.58	\$35.82

SafeGuard

Plan Type	Covered Persons	Single	2-Party	Family
Standard	Represented employees and their eligible dependents	\$16.05	\$26.01	\$36.42
Enhanced	Excluded employees and their eligible dependents	\$16.38	\$27.72	\$34.15

Western Dental

Plan Type	Covered Persons	Single	2-Party	Family
Standard	Excluded and Represented employees and their eligible dependents	\$16.09	\$26.54	\$37.65

*Dental benefits for BU6 employees are provided through the CCPOA Health Benefits Trust. Exception: BU 6 employees who are non-CCPOA members may only enroll into Western Dental.

STATE-SPONSORED VISION PLANS

Vision Service Plan (VSP)

Plan Type	Covered Persons	Single	2-Party	Family
Basic	Excluded and Represented employees and their eligible dependents*	\$ 8.43	\$ 8.43	\$ 8.43
Premier	Excluded and Represented employees and their eligible dependents*	\$17.06	\$25.69	\$36.22

*Vision benefits for BU6 employees are provided through the CCPOA Health Benefits Trust.

**COBRA Carrier Contact Information
for State-Sponsored Dental and Vision Plans**

Please mail the Dental Plan Enrollment Authorization (STD. 692) forms to the corresponding dental carrier's COBRA unit, and the Vision Plan Direct Payment Authorization (STD. 703) forms to VSP:

Delta Dental

Wolfpack Insurance Services, Inc.
P.O. Box 833
Belmont, CA 94002-0833
(888) 837-7511

DeltaCare USA

Wolfpack Insurance Services, Inc.
P.O. Box 833
Belmont, CA 94002-0833
(888) 837-7511

Premier Access

Attn: COBRA Unit
8890 Cal Center Drive
Sacramento, CA 95826
(888) 534-3466

SafeGuard Health Plans/MetLife

Attn: SOC COBRA Billing
P.O. Box 13724
Philadelphia, PA 19101-3724
(800) 880-1800

Western Dental

Attn: Group Services
530 South Main Street, 1st Floor
Orange, CA 92868
(866) 859-7525

Vision Service Plan (VSP)

Attn: COBRA Unit MS 422
P.O. Box 997100
Sacramento, CA 95899-7100
(800) 400-4569