

2020 Dental and Vision Plan Deduction Codes and Premiums

The following tables show premiums effective January 1, 2020. For employees in CoBen, the state share and employee share do not apply. Therefore, the total dental premium will be deducted from the monthly CoBen allowance.

STATE-SPONSORED DENTAL PLANS

Delta Dental PPO plus Premier Basic Plan—Represented Employees

Group Number: 9949-0101

Dental Org. Code: 351-007

Party Code	State Share	Employee Share	Total Premium
Party Code 1	\$38.12	\$12.71	\$ 50.83
Party Code 2	\$66.56	\$22.19	\$ 88.75
Party Code 3	\$96.21	\$32.07	\$128.28

Delta Dental PPO plus Premier Enhanced Plan—Excluded Employees

Group Number: 9949-2101

Dental Org. Code: 351-008

Party Code	Total Premium
Party Code 1	\$ 52.87
Party Code 2	\$104.06
Party Code 3	\$146.18

Delta Dental Preferred Provider Option (PPO)—Excluded and Represented Employees

Group Number: 9946

Dental Org. Code: 351-018

Party Code	State Share	Employee Share	Total Premium
Party Code 1	\$ 34.84	\$11.61	\$ 46.45
Party Code 2	\$ 67.73	\$22.58	\$ 90.31
Party Code 3	\$101.91	\$33.97	\$135.88

Prepaid Dental Plans—State Pays 100%

DeltaCare USA

Group Number: 2003

Dental Org. Code: 351-009

Party Code	Total Premium
Party Code 1	\$19.44
Party Code 2	\$31.90
Party Code 3	\$44.13

Premier Access

Group Number: 12700

Dental Org. Code: 351-020

Party Code	Total Premium
Party Code 1	\$15.48
Party Code 2	\$25.08
Party Code 3	\$35.12

Safeguard Standard Plan

Group Number: 74503

Dental Org. Code: 351-016

Party Code	Total Premium
Party Code 1	\$15.74
Party Code 2	\$25.50
Party Code 3	\$35.71

Safeguard Enhanced Plan

Group Number: 74503

Dental Org. Code: 351-015

Party Code	Total Premium
Party Code 1	\$16.06
Party Code 2	\$27.18
Party Code 3	\$33.48

Western Dental

Group Number: 2140352

Dental Org. Code: 351-025

Party Code	Total Premium
Party Code 1	\$15.77
Party Code 2	\$26.02
Party Code 3	\$36.91

UNION-SPONSORED DENTAL PLANS

CAHP/Blue Cross (R05)

Group Number: 336817-A

Dental Org. Code: 351-013

Party Code	State Share	Employee Share	Total Premium
Party Code 1	\$38.12	\$11.11	\$ 49.23
Party Code 2	\$66.56	\$19.21	\$ 85.77
Party Code 3	\$96.21	\$28.68	\$124.89

CCPOA/Primary Dental (R06)

Group Number: Fee-For-Service

Dental Org. Code: 351-006

Party Code	State Share	Employee Share	Total Premium
Party Code 1	\$69.06	\$0	\$69.06
Party Code 2	\$69.06	\$0	\$69.06
Party Code 3	\$69.06	\$0	\$69.06

CCPOA/Western Dental (R06)

Group Number: Prepaid

Dental Org. Code: 351-249

Party Code	State Share	Employee Share	Total Premium
Party Code 1	\$69.06	\$0	\$69.06
Party Code 2	\$69.06	\$0	\$69.06
Party Code 3	\$69.06	\$0	\$69.06

CCPOA/Primary Dental (S06, M06, E06, C06)

Group Number: Fee-For-Service

Dental Org. Code: 351-246

Party Code	Total Premium
Party Code 1	\$ 37.00
Party Code 2	\$ 79.00
Party Code 3	\$135.00

STATE-SPONSORED VISION PLANS

VSP Basic Plan

Group Number: 30052011

Vision Org. Code: 475-001 (Non-CoBen) or 475-002 (CoBen)

Party Code	State Share	Employee Share	Total Premium (CoBen)
Party Code 1	\$8.27	\$0	\$8.27
Party Code 2	\$8.27	\$0	\$8.27
Party Code 3	\$8.27	\$0	\$8.27

VSP Premier Plan

Group Number: 30034581

Vision Org. Code: 361-475

Party Code	State Share	Employee Share	Total Premium (CoBen)
Party Code 1	\$8.27	\$ 8.46	\$16.73
Party Code 2	\$8.27	\$16.92	\$25.19
Party Code 3	\$8.27	\$27.24	\$35.51

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

Delta Dental of California

P.O. Box 997330
Sacramento, CA 95899-7830
(800) 225-3368
www.deltadentalins.com/state/

DeltaCare USA

P.O. Box 1803
Alpharetta, GA 30023
(800) 422-4234
www.deltadentalins.com/state/

Premier Access

8890 Cal Center Drive
Sacramento, CA 95826
(888) 534-3466
FAX: (866) 379-3247
www.socdhmo.com

SafeGuard/MetLife

P.O. Box 14410
Lexington, KY 40512-4401
(800) 880-1800
www.metlife.com/safeguard/soc/

Western Dental Benefits Division

530 South Main Street, 1st Floor
Orange, CA 92863
(866) 859-7525
www.westerndental.com/state-of-ca

Vision Service Plan (VSP)

3333 Quality Drive
Rancho Cordova, CA 95670
(800) 877-7195
FAX: (916) 463-9031
stateofcaemployee.vspforme.com