

MEMORANDUM

To: PERSONNEL MANAGEMENT LIAISONS

Date: January 5, 1989
Reference Code: 88-112

PLEASE DISTRIBUTE THIS MEMORANDUM IMMEDIATELY TO ALL PERSONNEL OFFICERS, HEALTH BENEFIT OFFICERS EMPLOYEE RELATIONS OFFICERS AND ALL PERSONNEL TRANSACTION STAFF

From: Department of Personnel Administration

Subject: Premium Rates for Delta Dental

The monthly premium rates for Delta Dental effective January 1, 1989, will be as follows (includes state .25¢ administrative fee):

<u>Premium</u>	<u>One Party</u>	<u>Two Party</u>	<u>Three Party</u>
Program I - Enhanced	\$18.64	\$38.20	\$53.80
Program II - Basic	\$17.91	\$32.25	47.08

The COBRA rates will be as follows:

COBRA MONTHLY RATES:	<u>One Party</u>	<u>Two Party</u>	<u>Three Party +</u>
Program I	\$18.76	\$38.71	\$54.62
Program II	\$18.01	\$32.64	\$47.77

The following rates apply to enrollees who were previously dependents under the Basic Plan:

	<u>One Party</u>	<u>Two Party</u>	<u>Three Party +</u>
	\$14.63	\$22.20	\$29.76

If you have any questions, please contact Nicolas Villa of my staff on (916) 324-0535 or ATSS 492-0300.



Anita G. Leach, Chief
Benefits Division

AGL:rd