

M E M O R A N D U M

To: PERSONNEL MANAGEMENT LIAISONS

REFERENCE CODE: 89-35

EFFECTIVE DATE: July 1, 1989

EXPIRATION DATE: December 31, 1989

DATE OF ISSUE: June 15, 1989

**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: Vision Rates Effective July 1, 1989

Effective July 1, 1989, the premium rate for the State sponsored Vision Insurance Program offered through Vision Service Plan (VSP), deduction code 475-001, will be \$9.83 (includes .40¢ State administrative fee). The rate continues to be fully State funded.

The rate under COBRA will be \$10.03.

If you have any questions, please contact Nicolas Villa of my staff at (916) 322-0535 or ATSS 454-0535.



Anita G. Leach, Chief
Benefits Division

AGL:rd

