

M E M O R A N D U M

To: PERSONNEL MANAGEMENT LIAISONS

Date: December 12, 1990  
Reference Code: 90-67

**THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:**

**ALL PERSONNEL OFFICERS, PERSONNEL TRANSACTIONS SUPERVISORS  
AND PERSONNEL TRANSACTIONS STAFF**

From: Department of Personnel Administration

Subject: Dental and Vision Premium Rates Effective January 1991

The purpose of this memo is to provide information concerning the dental and vision premium rates for 1991.

DENTAL PROGRAM INFORMATION

Effective January 1, 1991 (December 1990 pay period) there will be a premium rate increase for the State-sponsored indemnity dental plan, Delta Dental. The CAHP (Bargaining Unit 5) and the CCPOA (Bargaining Unit 6) dental premium rates will also increase. There is no change in the current premium rates for the State-sponsored prepaid plans (PMI, CDHP and DentiCare). For calendar year 1991 all dental plans are fully State funded, except for the CAHP plan which requires an employee copayment.

We have been advised by the CCPOA Insurance Division Trust that their prepaid dental plan will change from Dental Net to CDHP on January 1, 1991. This is still a Union-sponsored plan and it should not be confused with the State-sponsored CDHP plan. If you have any questions regarding the CCPOA plans, please call their Insurance Division Trust Administration at their toll free number (800) 468-6486.

Attached is a revised copy of the Dental Plan Deduction Codes and Premium Amounts Chart (Attachment I), also attached are the new COBRA dental rates (Attachment II).

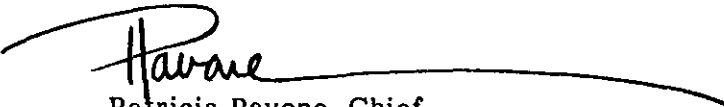
VISION PROGRAM INFORMATION

The current vision rate of \$9.50 for the State-sponsored vision plan (deduction code 475-001) will remain in effect through December 31, 1991. The CCPOA sponsored vision plan (deduction code 475-003) also remains at \$9.50.

DENTAL DEDUCTION CODE CONSOLIDATION

The State Controller's Office (SCO) is implementing a change to the dental deduction codes assigned to the State-sponsored plans. This will also become effective with the December 1990 pay period. The codes are being consolidated for more efficient processing. Each plan will have only two codes (a basic plan code and a flex plan code). The consolidated codes are displayed on Attachment I. This attachment updates the information that was provided in SCO's Payroll Letter CS90-05, dated November 21, 1990 and should be used to complete all enrollment documents, effective immediately.

If you have any questions regarding the information in this memo please contact Janice Yates of my staff at (916) 324-0535 or ATSS 454-0535.

  
Patricia Pavone, Chief  
Benefits Division

Attachments



**ATTACHMENT I  
DEPARTMENT OF PERSONNEL ADMINISTRATION  
BENEFIT PROGRAMS DIVISION  
JANUARY 1, 1991**

**STATE DENTAL PLAN DEDUCTION CODES, GROUP NUMBERS AND PREMIUM AMOUNTS**

<u>Carrier</u>	<u>Deduction Code Basic</u>	<u>Deduction Code Flex</u>
Delta (Represented Employees/Annuitants)	100-120	351-007
Delta (Non-represented Employees)	100-007	351-008
CDHP	100-050	351-011
PMI	100-009	351-009
DentiCare	100-070	351-012
Blue Cross (Unit 5)	100-222	351-005
Blue Cross (Unit 6)	100-245	351-006
CDHP (Unit 6)	100-247	351-003

<u>Carriers</u>	<u>DentiCare</u>	<u>PMI</u>	<u>CDHP</u>	<u>(Unit 5) Blue Cross</u>	<u>(Unit 6) Blue Cross</u>	<u>(Unit 6) CDHP</u>
<u>Group Number</u>	901690	0171	I600	361165A	100-245	100-247
<u>Premiums</u>						
Employee only	\$ 9.35	\$10.22	\$ 9.82	\$25.22*	\$44.58**	\$44.58**
Employee + 1	15.20	16.60	15.55	45.17*	44.58**	44.58**
Employee + 2	21.20	22.87	20.83	65.80*	44.58**	44.58**

\* Includes employee contribution of \$1.00, \$1.50 and \$2.00 respectively.

\*\*Note: Effective January 1, 1991 there is no employee contribution to the Unit 6 dental plans.

	<u>Delta</u> (Represented Employees/Annuitants)	<u>Delta</u> (Non-represented Employees Only)
<u>Group Number</u>	9949	9949
<u>Premiums</u>		
Employee only	\$24.22	\$25.21
Employee + 1	43.67	51.75
Employee + 2	63.80	72.92



ATTACHMENT II

COBRA  
DENTAL/VISION GROUP CONTINUATION RATES\*  
Monthly Insurance Premiums Effective January 1, 1991

<u>PLAN NAME</u>	<u>1 PARTY</u>	<u>2 PARTY</u>	<u>FAMILY (3 OR MORE)</u>
<b><u>Dental</u></b>			
Delta Dental (Deduction Code-100-007 Non-represented Employees and Dependents)	\$25.46	\$52.53	\$74.12
Delta Dental (Represented Employees)	\$24.45	\$44.29	\$64.82
Delta Dental (Dependents of Represented Employee Only)	\$19.78	\$30.13	\$40.39
Private Medical-Care, Inc. (PMI)	\$10.17	\$16.68	\$23.07
DentiCare	\$ 9.28	\$15.25	\$21.37
California Dental Health Plan (CDHP)	\$ 9.76	\$15.61	\$20.99
<b><u>Vision</u></b>			
VSP Deduction Code 475-001	\$ 9.28	\$ 9.28	\$ 9.28

**NOTE:** For Unit 13, Unit 6, Unit 5, employees/dependents, all COBRA administration will be through the IUOE, CAHP and CCPOA Trusts, respectively. Please refer interested parties to IUOE (Unit 13) or to CCPOA (Unit 6), or CAHP (Unit 5).

\*These premium rates are 102% of current premiums.

