

**M E M O R A N D U M**

**To:** PERSONNEL MANAGEMENT LIAISONS

**Date:** November 18, 1991

**Reference Code:** 91-77

**THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:**

PERSONNEL OFFICERS, PERSONNEL TRANSACTIONS  
SUPERVISORS AND PERSONNEL TRANSACTIONS STAFF

**From:** Department of Personnel Administration

**Subject:** Increase in Dental Premiums Effective January 1, 1992 - Impact on Excluded Employees

Effective January 1, 1992, there will be an increase in the dental premium rates for all State sponsored plans. These new rates are shown on Attachment A. In light of the current budget crisis and the resulting freeze on the State contribution rates for health and dental benefits for all excluded employees, this rate increase will result in an out-of-pocket premium cost for excluded employees who are enrolled in the State sponsored indemnity dental plan, Delta Dental (Enhanced Plan). All State sponsored prepaid dental plans (DentiCare, PMI and California Dental Health Plan) will continue to be fully State funded. Therefore, excluded employees enrolled in these prepaid plans will not be impacted by any out-of-pocket dental premium costs.

Provided below is a breakdown of the State's share and the employee's share of the new Delta Dental (Enhanced Plan) premium:

**DELTA DENTAL (ENHANCED PLAN)**

<b>PARTY CODE</b>	<b>STATE SHARE</b>	<b>EMPLOYEE SHARE</b>	<b>TOTAL</b>
EE only	\$25.36	\$3.43	\$28.79
EE + 1	51.90	7.08	58.98
EE + 2	73.07	9.99	83.06

**DENTAL PREMIUM PRE-TAX THROUGH THE PREMIUM ONLY PLAN (POP)**

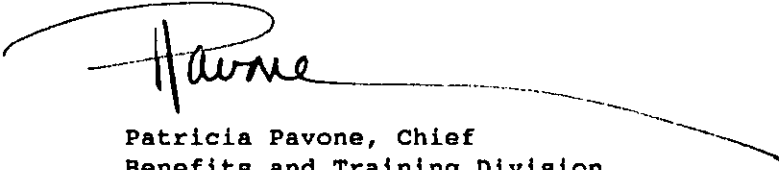
Any out-of-pocket dental premium paid by an excluded employee who is not enrolled in the 1992 FlexElect Plan will be pre-taxed through their automatic enrollment into the Premium Only Plan (POP). Excluded employees who elected to enroll in the 1992 FlexElect Plan and maintained their Delta Dental coverage will also have their out-of-pocket costs pre-taxed. This means that the employee's share of

the dental premium will be deducted from their paycheck before State, Federal, and Social Security taxes are computed. Excluded employees enrolled in POP who do not wish to have their out-of-pocket dental premiums pre-taxed may request disenrollment from the POP. For more information on the Premium Only Plan and the disenrollment process, please refer to PML 91-64 dated October 3, 1991.

**RANK AND FILE EMPLOYEES**

The impact of the increased dental premiums on rank and file employees is subject to the collective bargaining process. Once the collective bargaining issues have been addressed, we will consider offering a special open enrollment period for employees enrolled in either of the Delta Dental (Enhanced or Basic) plans, to allow them to change to a prepaid dental plan. Further information on this issue will be provided at a later date.

Your cooperation in assuring all excluded employees are advised of these new premium costs will be appreciated. If you have any questions on the increased dental rates you may contact Nicolas Villa, Statewide Dental Coordinator at (916) 324-9486 or ATSS 454-9486. Questions concerning the POP should be directed to Janice Yates at (916) 324-0535 or ATSS 454-0535.



Patricia Pavone, Chief  
Benefits and Training Division

Attachment

ATTACHMENT A

STATE DENTAL PREMIUM RATES  
(JANUARY 1, 1992)

PARTY CODE:	STATE SHARE:	EMPLOYEE SHARE:	TOTAL:
<u>Delta Dental (Enhanced Plan)</u>			
EE only	\$25.36	\$3.43	\$28.79
EE + one	51.90	7.08	58.98
EE + two	73.07	9.99	83.06
<u>Delta Dental (Basic Plan)</u>			
EE only	\$27.67	-0-*	\$27.67
EE + one	49.79	-0-*	49.79
EE + two	72.69	-0-*	72.69
<u>California Dental Health Plan</u>			
EE only	\$11.12	-0-	\$11.12
EE + one	17.56	-0-	17.56
EE + two	23.44	-0-	23.44
<u>DentiCare</u>			
EE only	\$10.48	-0-	\$10.48
EE + one	16.97	-0-	16.97
EE + two	23.74	-0-	23.74
<u>PMI/Delta Care</u>			
EE only	\$11.19	-0-	\$11.19
EE + one	18.10	-0-	18.10
EE + two	24.89	-0-	24.89

\* NOTE: The employee share of the Delta Dental (Basic Plan) for rank and file employees is subject to change as a result of collective bargaining.