

MEMORANDUM

TO: PERSONNEL MANAGEMENT LIAISONS

DATE: December 14, 1993  
Reference Code: 93-81

**THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:**

PERSONNEL OFFICERS, PERSONNEL TRANSACTIONS SUPERVISORS  
AND PERSONNEL TRANSACTIONS STAFF

FROM: Department of Personnel Administration

SUBJECT: DENTAL/VISION STATE AND COBRA RATES - EFFECTIVE JANUARY 1, 1994

Attached is a chart which reflects the January 1, 1994 Dental and Vision premium rates. Also, included is a chart which reflects the rates for the COBRA Program. These rates are to be used when completing all STD. 692/700 - Dental/Vision Enrollment Authorization forms.

Please note that the employee premium copayment will be increasing. This information was distributed in our PML 93-56 during the September 1993, Open Enrollment Period. All employees who are enrolled in the **Delta Dental Plan** should be made aware that the employee copayment is now at the 25 percent "cap" which is consistent with all negotiated MOU's. If you have not advised your employees of this increase it is recommended that you do so prior to distribution of the December pay warrants.

Questions regarding these rates should be directed to William Page, Dental Program Analyst, at (916) 324-0525.



Patricia Pavone, Chief  
Benefits and Training Division

Attachments

cc: Linda Edwards - SCO  
PERS  
STRS  
Department of the Military  
Fairs and Exposition  
CAHP Dental Trust  
CCPOA Dental Trust  
Los Angeles County Superior Court Judges  
Ventura County Superior Court Judges



DEPARTMENT OF PERSONNEL ADMINISTRATION

DENTAL PLAN CARRIERS AND PREMIUM RATES - EFFECTIVE JANUARY 1, 1994

<u>Carrier/Address</u>	<u>Group #</u>	<u>Deduction Codes</u>		<u>1 Party</u>	<u>Premiums</u>	
		<u>Regular</u>	<u>POP/Flex</u>		<u>2 Party</u>	<u>3 Party</u>
<i>State Sponsored</i>						
Delta Dental P.O. Box 7736 San Francisco, CA 94120 1-800-225-3368	9949-Excluded	100-007	351-008	\$33.78*	\$69.27*	\$97.57*
	9949-Represented	100-120	351-007	\$32.38*	\$58.30*	\$85.14*
DentiCare of California, Inc. P.O. Box 30019 Laguna Niguel, CA 92607-0019 1-800-926-7828	901690-Standard	100-070	351-012	\$11.20	\$17.91	\$24.97
	903042-Enhanced	100-014	351-014	\$13.42	\$22.42	\$32.42
PMI 5122 Katella Avenue, Suite 206 Los Alamitos, CA 90720 1-800-422-4234 (North) 1-800-325-4529 (South)	0171	100-009	351-009	\$12.07	\$19.54	\$26.87
Safeguard Health Plan P.O. Box 3210 Anaheim, CA 92803-3210 1-800-352-4341	4039	100-016	351-016	\$10.87	\$17.32	\$23.67
<i>Union Sponsored</i>						
CAHP/Blue Cross (RO5)	336817-A	100-013	351-013	\$29.39**	\$50.83**	\$73.96**
CCPOA/Blue Cross (RO6)	370101-E	100-245	351-006	\$44.75	\$44.75	\$44.75
CCPOA/Dental Net (RO6)	1121SA	100-248	351-248	\$44.75	\$44.75	\$44.75
<u>VISION CARRIER AND PREMIUM RATES</u>						
Vision Service Plan P.O. Box 997100 Sacramento, CA 95899-7100 1-800-622-7444				\$11.25	\$11.25	\$11.25

\*Employee Share \$7.99/\$14.47/\$21.18

\*\*Employee Share \$5.00/\$7.00/\$10.00

(Note: SCO/DPA administrative fee of \$.42 is included in the total premium amount)

(Rev. 11/93)



DEPARTMENT OF PERSONNEL ADMINISTRATION

COBRA GROUP CONTINUATION RATES\*

MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 1994

*DENTAL*

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental P.O. Box 429019 San Francisco, CA 94142-9019 1-800-225-3368	Enhanced	Excluded Employees & Dependents of Excluded Employees	\$34.03	\$70.23	\$99.09
	Basic	Represented Employees	\$32.60	\$59.03	\$86.41
	Basic	Dependents of Represented Employees	\$26.37	\$40.16	\$53.84
DentiCare of California, Inc. P.O. Box 30019 Laguna Niguel, CA 92607-0019 1-800-926-7828	Standard	Represented Employees and Their Dependents	\$11.02	\$17.84	\$25.04
	Enhanced	Excluded Employees and Their Dependents	\$13.26	\$22.44	\$32.64
PMI 5122 Katella Avenue, Suite 206 Los Alamitos, CA 90720 1-800-422-4234 (North) 1-800-325-4529 (South)	Basic	Excluded/Represented Employees and Their Dependents	\$11.88	\$19.50	\$26.98
Safeguard Health Plan P.O. Box 3210 Anaheim, CA 92803-3210 1-800-352-4341	Basic	Excluded/Represented Employees and Their Dependents	\$10.66	\$17.24	\$23.72

*VISION*

Vision Service Plan P.O. Box 997100 Sacramento, CA 95899-7100 1-800-622-7444	Basic	Excluded/Represented Employees and Their Dependents	\$11.17	\$11.17	\$11.17
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**NOTE:** For Unit 5, Unit 6 and Unit 13 employees and dependents, ALL COBRA administration will be handled through the exclusive representative. Accordingly, please refer parties to CAHP (Unit 5), CCPOA (Unit 6) and IUOE (Unit 13) respectively.

\*These premium rates are 102% of current premiums in effect as of January 1, 1994.

