



DEPARTMENT OF PERSONNEL ADMINISTRATION

DENTAL PLAN CARRIERS AND PREMIUM RATES - EFFECTIVE JANUARY 1, 1995

<u>Carrier/Address</u>	<u>Group #</u>	<u>Deduction Codes</u>		<u>Premiums</u>		
		<u>Regular</u>	<u>POP/Flex</u>	<u>1 Party</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	\$12.17	\$19.48	\$27.18
	903042-Enhanced	100-014	351-014	\$14.59	\$24.40	\$35.30
PMI 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	0171	100-009	351-009	\$13.12	\$21.26	\$29.25
Safeguard Health Plan P.O. Box 3210 Anaheim, CA 92803-3210 1-800-750-4303	4039	100-016	351-016	\$11.81	\$18.84	\$25.76
<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	\$47.25***	\$47.25***	\$47.25***
CCPOA/Dental Net (RO6)	1121SA	100-248	351-248	\$47.25***	\$47.25***	\$47.25***

VISION CARRIER AND PREMIUM RATES - EFFECTIVE JANUARY 1, 1995

Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 1-800-622-7444				\$12.14	\$12.14	\$12.14
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*Employee Share \$7.99/\$14.47/\$21.18

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

***Employee Share \$2.50

(Note: The above dental premiums include the SCO/DPA administrative fee of \$.42. The vision premium includes the SCO/DPA administrative fee of \$.30) (Rev. 1/95)

DEPARTMENT OF PERSONNEL ADMINISTRATION

COBRA GROUP CONTINUATION RATES*

MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 1995

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 Mail to: Total COBRA Services P.O. Box 17059 Irvine, CA 92713 1-800-397-1570	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	\$26.19	\$39.89	\$53.48
DentiCare of California, Inc. P.O. Box 30019 Laguna Niguel, CA 92607-0019 1-800-926-7828	Standard	Represented Employees and Their Dependents	\$11.99	\$19.44	\$27.30
	Enhanced	Excluded Employees and Their Dependents	\$14.45	\$24.46	\$35.58
PMI 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	Basic	Excluded/Represented Employees and Their Dependents	\$12.95	\$21.26	\$29.41
Safeguard Health Plan P.O. Box 3210 Anaheim, CA 92803-3210 1-800-352-4341	Basic	Excluded/Represented Employees and Their Dependents	\$11.62	\$18.79	\$25.85

VISION

Vision Service Plan P.O. Box 997100 Sacramento, CA 95899-7100 1-800-622-7444	Basic	Excluded/Represented Employees and Their Dependents	\$12.08	\$12.08	\$12.08
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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. All COBRA enrollment documents should be sent directly to the carriers.

*These premium rates are 102% of current premiums in effect as of January 1, 1995.