

MEMORANDUM

TO: PERSONNEL MANAGEMENT LIAISONS DATE: November 21, 2002
REFERENCE CODE: 2002-072

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

Personnel Officers
Personnel Transactions Supervisors
Personnel Transactions Staff

FROM: Department of Personnel Administration
Benefits Division


SUBJECT: Dental Premium Rate Increase For Employees in the California
Correctional Peace Officers Association (CCPOA)

CONTACT: William Page, Benefits Program Analyst
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Effective January 1, 2003 (December 2002 pay period), dental rates will increase for employees in the California Correctional Peace Officers Association (CCPOA) Dental Benefits Trust Fund. The increase only affects employees in the CCPOA Primary Dental or CCPOA Western Dental plans. The member share of the monthly dental premium will increase by \$6 (from \$19 to \$25). CCPOA has informed its members of this increase.

We've revised the premium rate chart that we issued with PML 2002-047 to reflect the new premiums for these plans. The revised chart is attached.

If you have any questions regarding this information, contact William Page, Benefits Program Analyst, at (916) 445-9801 or CALNET 485-9801.


Terri Westbrook, Chief
Benefits Division

Attachment (s)

**DEPARTMENT OF PERSONNEL ADMINISTRATION
Dental and Vision Plan Premiums - Effective January 1, 2003**

ATTACHMENT III

<u>Carrier/Address</u>	<u>Group #</u>	<u>Deduction Codes</u>	<u>Monthly Premiums</u>		
			<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
<u>State Sponsored</u>					
Delta Dental P.O. Box 7736 San Francisco, CA 94120 1-800-225-3368	9949-Excluded (Delta Premier)	351-008	\$42.48*	\$84.22*	\$118.38*
	9949-Represented (Delta Premier)	351-007	\$40.82*	\$71.67*	\$103.84*
	9946-Excluded and Represented (DPO)	351-018	\$34.33**	\$66.91**	\$100.77**
Health Net Dental, Inc. P.O. Box 57074 Irvine, CA 92619-7074 1-800-926-7828	901690-Standard	351-012	\$15.38	\$24.95	\$35.04
	903042-Enhanced	351-014	\$14.00	\$23.70	\$29.19
PMI - DeltaCare 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	2003-0001	351-009	\$15.26	\$25.05	\$34.65
Safeguard Health Plans 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800	351-016	4407	\$13.39	\$21.65	\$29.79
GE Wellness Plan Dental 30851 W. Agoura Rd., Suite 100 Agoura Hills, CA 91301-4343 1-800-333-9561	SCA100	351-017	\$13.17	\$21.60	\$29.86
<u>Union Sponsored</u>					
CAHP/Blue Cross (RO5)	336817-A	351-013	\$38.70***	\$69.60***	\$102.38***
CCPOA/Primary Dental (R06)	Fee-For-Service	351-006	\$69.33****	\$69.33****	\$69.33****
CCPOA/Western Dental (RO6)	Prepaid	351-249	\$69.33****	\$69.33****	\$69.33****

State-Sponsored Vision Care

Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 1-800-622-7444	12020000	475-001-Non CoBen 475-002-CoBen	\$8.10	\$8.10	\$8.10
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*Employee Share DeltaPremier (Basic and Enhanced) \$10.12/\$16.07/\$22.46

***Employee Share \$8.00/\$14.00/\$21.00 (**CAHP rates)

(Note: RO5 Employees' share for the Delta Dental Plan is \$10.57/\$17.47/\$24.57)

(Note: Under CoBen the total premium is deducted from the benefit allowance)

(Note: The above dental/vision premiums do not include the SCO/DPA administrative fee of \$1.11)

**Employee Share DeltaPreferred Option (DPO) \$3.63/\$11.31/\$19.39

****Employee Share \$25.00 (****CCPOA rates)

