

State of California

MEMORANDUM

TO: PERSONNEL MANAGEMENT LIAISONS **DATE:** January 16, 2004
REFERENCE CODE: 2004-002

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

Personnel Officers
Personnel Transactions Supervisors
Personnel Transactions Staff

FROM: Department of Personnel Administration
Benefits Division

SUBJECT: 2004 Delta Preferred Option Dental Premium Change

CONTACT: Bryan Bruno, Benefits Program Analyst
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This memo is to notify you of a change in the State Share and Employee Share of the 2004 Delta Preferred Option (DPO) Premium for Party Code 1 (employee only). There are no changes in the premiums for the DPO Party Code 2 (employee plus one dependent) or the DPO Party Code 3 (employee plus two or more dependents).

In the December 2003 pay period, for dental coverage effective January 1, 2004, the following premium was paid for employees enrolled in the DPO with a Party Code 1:

	Total Premium	State Share	Employee Share
Party Code 1	\$39.89	\$29.92	\$9.97

In order to comply with the provisions of the 2004 bargaining agreements, effective February 1, 2004 (January 2004 pay period), the DPO Party Code 1 premium will be adjusted as follows:

	Total Premium	State Share	Employee Share
Party Code 1	\$39.89	\$30.70	\$9.19

An adjustment for the December 2003 pay period will also be made in the January 2003 pay period.

This adjustment impacts employees in bargaining units 1, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 20, and 21 who are enrolled in the DPO with Party Code 1 coverage. Employees enrolled in Consolidated Benefits (CoBen) are not impacted. Excluded employees, and employees in bargaining units 2, 7, 8, 16, 17, 18, and 19, are in CoBen. In addition, there are no changes for employees in Bargaining Unit 6 as they receive a composite rate.

Attached for your use is a revised rate sheet for the dental premiums showing the revised employee share of the DPO Party Code 1 premium. This attachment replaces Attachment IV in PML 2003-037 dated September 26, 2003.

If you have any questions regarding this information, please contact Bryan Bruno, Benefits Program Analyst, at (916) 445-9841, or CALNET 485-9841.

Sincerely,

Debbie Endsley, Acting Chief
Benefits Division

**DEPARTMENT OF PERSONNEL ADMINISTRATION
Dental and Vision Plan Premiums Effective January 1, 2004**

ATTACHMENT IV

<u>Carrier/Address</u>	<u>Group #</u>	<u>Deduction Codes</u>	<u>Monthly Premium</u>		
			<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
<u>State-Sponsored Dental Plans</u>					
Delta Dental P.O. Box 7736 San Francisco, CA 94120 1-800-225-3368	9949-Excluded (DeltaPremier)	351-008	\$47.31	\$94.03	\$132.27
	9949-Represented (DeltaPremier)	351-007	\$45.45*	\$79.98*	\$115.99*
	9946-Excluded and Represented (DPO)	351-018	\$39.89**	\$78.17**	\$117.94**
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	0171	351-009	\$16.21	\$26.60	\$36.80
Safeguard Health Plans 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800	4407	351-016	\$13.29	\$21.49	\$29.57
<u>Union Sponsored Dental Plans</u>					
CAHP/Blue Cross (RO5)	336817-A	351-013	\$42.09***	\$73.98***	\$107.99***
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****
<u>State-Sponsored Vision Plan</u>					
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

*Employee Share: \$11.36/\$20.00/\$29.00 **Employee Share: \$9.19/\$19.54/\$29.49
 CAHP Employee Share: \$8.00/\$14.00/\$21.00 (w/subsidy) *CCPOA Employee Share \$25.00

**(RO5 Employees' share for the DeltaPremier Plan is \$16.36/\$29.00/\$41.00 and \$10.02/\$27.19/\$42.95 for the DPO plan)
 (Under CoBen the total premium is deducted from the benefit allowance)
 (The dental/vision premiums above do not include the administrative fee of \$1.11/mo.)**