

M E M O R A N D U M

TO: PERSONNEL MANAGEMENT LIAISONS **DATE:** August 18, 2004
REFERENCE CODE: 2004-039

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

Personnel Officers
Personnel Transactions Supervisors
Personnel Transactions Staff

FROM: Department of Personnel Administration (DPA)
Benefits Division

SUBJECT: 2004 Open Enrollment Period for Dental, FlexElect, and Consolidated Benefits (CoBen) Programs, 2005 Dental Plan Premiums, and the Merger of Health Net Dental and SafeGuard Dental Plan

CONTACT: Bryan Bruno, Benefits Program Analyst
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This memo provides important information on the 2004 Open Enrollment for the Dental, FlexElect, and CoBen Programs, 2005 dental plan premiums, and the merger of Health Net and SafeGuard Dental Plans. Please make sure your employees know about the open enrollment period and the information in this memo. DPA recently mailed dental open enrollment information to State retirees, annuitants, and COBRA enrollees.

We've attached memos for you to distribute to your employees:

- Attachment I - Memorandum to All State Employees (Open enrollment)
- Attachment II - Dental Plan Options and Benefit Cost Comparison
- Attachment III - 2005 Dental and Vision Plan Premiums
- Attachment IV - 2005 Dental and Vision COBRA Group Continuation Coverage Premiums

OPEN ENROLLMENT

Open Enrollment for Dental, FlexElect, and CoBen is **September 15, 2004 through October 15, 2004**. Enrollments/changes during this period are effective January 1, 2005.

For dental, eligible employees may enroll, cancel, or change plans, and add/delete dependents. For FlexElect and CoBen, eligible employees may enroll, cancel, or change their current options.

No action is necessary for currently enrolled employees who don't want to change their FlexElect Cash Option, CoBen Cash Option, and/or dental enrollment. However, Permanent Intermittent (P.I.) employees **must** re-enroll in the FlexElect/CoBen Cash Option during open enrollment if they want to remain in the program next year. Additionally, employees who want to continue enrollment next year in a FlexElect Reimbursement Account **must** re-enroll during open enrollment.

Completing the Open Enrollment Forms

Use the following information to complete open enrollment forms:

Permitting Event Date: Dental/FlexElect/CoBen Cash - 9/15/04

Effective Date: Dental/FlexElect/CoBen Cash - 1/1/05

Permitting Event Codes:

Dental

- 03 - New Enrollment
- 15 - Add/Delete Dependent(s) (May use one form for this type of transaction)
- 28 - Change of Plan
- 29 - Change of Plan **and** Add/Delete Dependent(s)
(May use one form for this type of transaction)

FlexElect/CoBen - Leave Permitting Event Code blank

Deadlines:

- | | |
|----------|--|
| 10/15/04 | Last day for employees to sign and submit open enrollment forms to Personnel Offices. |
| 10/22/04 | Last day for enrollment forms to be received in employing office (as shown on enrollment forms). |
| 11/5/04 | Last day for receipt by the State Controller's Office (SCO) of all open enrollment forms from Personnel Offices. |

- 12/5/04 Last day for receipt by SCO of open enrollment forms that were returned to departments for correction, (in order to be reflected on the 1/1/05 paycheck).
- 1/10/05 Last day for receipt by SCO of FlexElect and CoBen Cash open enrollment forms reflecting cancellation and/or changes (forms submitted to Personnel Office by 12/31/04). The effective date will be retroactive to 1/1/05.

DENTAL PROGRAM

DPA contracts with Delta Dental, PMI, and SafeGuard to provide dental insurance for eligible:

1. rank and file employees except Units 5 and 6;
2. excluded employees; and
3. retirees/annuitants.

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members, but its members may opt to enroll in a State-sponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) provides dental insurance to BU 6 employees who are CCPOA members. Employees in Units 5 and 6 should be advised to contact their Benefit Trust for information regarding their union-sponsored dental plan premiums and benefits.

Restriction on Enrollment in Delta Dental Plans

Except as noted below, employees must enroll in a State-sponsored prepaid dental plan during their first 24 months of State service. At the end of this 24-month period, employees who wish to enroll in the DeltaPremier or DeltaPreferred Option plan have 60 days to do so. This enrollment is available outside the open enrollment period.

The following employees are **not** subject to the 24-month restriction:

1. employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19;
2. excluded employees; and
3. employees who were previously State employees for 24 consecutive months without a permanent break in service during the 24 months.

CCPOA Dental Plan Restriction

Bargaining Unit 6 (R06) employees who are restricted to the union-sponsored prepaid plan, Western Dental, must complete 12 months in the prepaid plan before they are allowed to enroll in the union-sponsored indemnity dental plan, Primary Dental. At the end of this 12-month period, employees have 60 days to enroll in the union-sponsored indemnity dental plan if they want to. This enrollment is available outside of the open enrollment period.

CAHP Dental Plan Restriction

Bargaining Unit 5 (R05) employees who are restricted to a State-sponsored prepaid dental plan must complete 24 months of State service before they are allowed to enroll in the union-sponsored indemnity Blue Cross Dental Plan. At the end of this 24-month period, employees have 60 days to enroll in their union-sponsored Blue Cross Dental plan if they want to. This enrollment is available outside of the open enrollment period.

Delta Dental 2005 Premiums

There will be no increase in the Delta Dental premiums for the DeltaPremier and DeltaPreferred Option (DPO) dental plans. Delta Dental premiums will remain at the 2004 rate. See Attachments III and IV for dental premium charts.

Reminder: For employees in CoBen, the State share and employee share do not apply. Therefore, when you complete dental forms for those in CoBen, use the total premium amount as the amount deducted from their CoBen allowance.

2005 Premiums - Prepaid Dental Plans and Merger of Health Net and SafeGuard Dental Plans

Premiums for PMI will increase effective January 1, 2005.

Effective April 1, 2004, Health Net Dental Plan merged with SafeGuard Dental Plan. The benefits for the two plans are the same and for 2004 the two plans remain distinct with different premiums.

However, effective January 1, 2005, SafeGuard will consolidate the two dental plans into SafeGuard Dental Plan, with one standard level and one enhanced level of benefits. The premiums for the SafeGuard standard plan have changed for 2005 (please refer to Attachments III and IV). Departments should refer to PML 2004-010 dated March 10, 2004, for information regarding the merger of Health Net Dental and SafeGuard Dental Plan. A copy of the letter sent by SafeGuard to all Health Net Dental enrollees regarding the merger is attached to PML 2004-010.

The 2005 premiums for the prepaid plans will continue to be fully paid by the State. See Attachments III and IV for dental premium charts.

Evidence of Coverage (EOC) Booklets, Participating Dentist Lists, and Membership Cards

You may want to request a small supply of EOC booklets and participating dentist lists from the dental plans to have available in your Personnel Office for employees.

Advise employees in Units 5 and 6 to contact their Benefit Trust for information on claim forms, EOCs, participating dentist lists, or membership cards.

FLEXELECT and COBEN CASH

Employees who enroll in any FlexElect Option or CoBen Cash during the open enrollment period and employees who are automatically re-enrolled in FlexElect/CoBen Cash Option have **until December 31, 2004**, to cancel their enrollment or make changes.

Copies of the 2005 FlexElect handbook (if you submitted an order form to us) and Administrative Manual will be mailed to departments prior to the start of the open enrollment period. You also should refer to Benefits Administration Manual Section 700 for information regarding FlexElect and processing instructions for open enrollment forms.

DPA recently mailed an open enrollment notification to the homes of all employees enrolled in the 2004 FlexElect Cash Option informing them that they will automatically be re-enrolled for the 2005 Plan Year. We also notified P.I. employees currently enrolled in the FlexElect Cash Option that they must re-enroll during open enrollment if they want to receive the cash option next year, and mailed postcard reminders to employees currently enrolled in a FlexElect Reimbursement Account. These postcards explain that they must re-enroll during open enrollment if they want to participate in a reimbursement account in 2005.

As in the past, DPA sent your Personnel Office a list of employees in your department who are enrolled in a 2004 FlexElect Reimbursement Account. Where possible, we mailed the listing to the appropriate field office.

In April 2004 the State's Work and Family Program issued PML 2004-014 dated April 30, 2004, which provided instructions for any employee who is approved to receive the "Dependent Care Benefit" for 2005. Instructions include the eligibility requirements and also the requirement to enroll in a FlexElect Dependent Care Reimbursement Account during this open enrollment period. The dependent care contribution (up to \$1,000) will be deposited into the employee's FlexElect Dependent Care Reimbursement Account for the 2005 Plan Year.

The dependent care reimbursement account has a \$5,000 annual maximum. This means that employee's who are approved to receive the dependent care contribution must include their approved amount as part of the \$5,000 annual maximum. The Personnel Office should check this type of enrollment to ensure that the employee does not exceed the \$5,000 annual maximum.

CONSOLIDATED BENEFITS (COBEN)

All excluded employees and employees represented by Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are in CoBen.

Rank and File Employee CoBen Allowance

The CoBen allowance for Rank and File employees is determined through collective bargaining. Units 8, 16, 17 and 19 have agreed to the 2005 CoBen allowances. As of this date, Units 2, 7 and 18 have not reached agreements for the new 2005 CoBen allowances. These units will have the same CoBen allowances received in 2003 and 2004.

Units 8, 16, 17, and 19	<u>2004</u>	<u>2005</u>
Employee only	\$300	\$327
Employee plus one dependent	\$582	\$633
Employee plus two or more dependents	\$756	\$824

Units 2, 7, and 18	<u>2003/2004</u>	<u>2005</u>
Employee only	\$266	\$266
Employee plus one dependent	\$515	\$515
Employee plus two or more dependents	\$679	\$679

The CoBen allowance for Excluded employees is determined by the Department of Personnel Administration. All excluded employees will receive the 2005 CoBen allowance.

Excluded Employee CoBen Allowance

	<u>2004</u>	<u>2005</u>
Employee only	\$302	\$328
Employee plus one dependent	\$593	\$643
Employee plus two or more dependents	\$768	\$836

DPA recently mailed an open enrollment notification to the homes of all employees enrolled in the 2004 CoBen Cash Option informing them that they will be automatically re-enrolled for the 2005 Plan Year. We also notified Permanent Intermittent employees who are currently enrolled in the CoBen Cash Option that they must re-enroll during open enrollment if they wish to receive the Cash Option for next year.

Employees who enroll in CoBen Cash during the open enrollment period and employees who are automatically re-enrolled in the Cash Option have until December 31, 2004, to cancel their enrollment or make changes.

Copies of the 2005 CoBen handbook (if you submitted an order form to us) will be mailed to departments prior to the start of the open enrollment period.

VISION PROGRAM

The State has negotiated a one-year contract extension with Vision Service Plan (VSP) to provide vision benefits to State employees and their dependents. Effective January 1, 2005, the premium paid by the State will increase to \$8.52, a \$.42 increase. The premium for vision coverage will continue to be fully paid by the State.

PERSONNEL OFFICES

Your assistance in the following areas will be appreciated and will help make this open enrollment period successful:

- (1) Provide a copy of the attached open enrollment memorandum to all employees (Attachment I);
- (2) Make Dental, FlexElect, and CoBen Program material available or advise employees how to obtain such material;
- (3) Assist employees in completing enrollment/change documents;
- (4) Review and submit enrollment documents by the due dates listed in this memo;
- (5) Send completed enrollment forms and packages to SCO.

Please help your employees who have questions regarding open enrollment for the Dental, FlexElect, or CoBen Programs. If you need assistance to answer your employees' questions, please call Bryan Bruno, Benefits Program Analyst, at (916) 445-9841 or CALNET 485-9841.

Sincerely,

Debbie Endsley, Chief
Benefits Division

cc: SCO, Butch Massoni/Bob Curry/Don Ward
CALPERS, Doug Mckeever
JRS/LRS, Ann Woodward
JRS/LRS, Rae Gamble
STRS, Tosha Bernatene
CAHP BENEFIT TRUST, Kim Bamford
CCPOA BENEFIT TRUST, Gerrit Buddingh

Attachment (s)



MEMORANDUM



ATTACHMENT I

DATE: August 2004
TO: State Employees Eligible for Dental, FlexElect, or Consolidated Benefits
FROM: Department of Personnel Administration
Benefits Division
SUBJECT: 2004 Open Enrollment for Dental, FlexElect, and Consolidated Benefits

Open Enrollment for Dental, FlexElect, and Consolidated Benefits (CoBen) is **September 15, 2004 through October 15, 2004**. If you want to enroll in these benefit programs or make a change to your current enrollment, contact your Personnel Office for the necessary forms.

Open enrollment forms must be signed and submitted to your Personnel Office no later than October 15, 2004. All open enrollment changes will be effective January 1, 2005.

You don't need to submit anything if you're not making any changes in your dental coverage or cash options. Permanent Intermittent employees who want to continue receiving the cash option must re-enroll. If you have a FlexElect reimbursement account and want to participate again next year, you need to re-enroll during open enrollment.

If you enroll in a FlexElect Reimbursement Account, FlexElect Cash Option, or CoBen Cash Option during the open enrollment period or if you are automatically re-enrolled in the FlexElect/CoBen Cash Option, you have until December 31, 2004, to cancel your enrollment or make changes.

DENTAL BENEFITS

Your dental plan options are listed below. Contact your Personnel Office for a brochure, list of participating dentists, and cost comparison, or call the dental plans. You may also obtain brochures and listings of participating dentists' by accessing each plan's Web site at the addresses listed below.

Delta Dental Plans

DeltaPremier and DeltaPreferred Option (DPO) 1-800-225-3368
www.deltadentalca.org/state

Prepaid Dental Plans

Private Medical-Care, Inc. (PMI) 1-800-422-4234
www.deltadentalca.org

SafeGuard Dental Plan 1-800-880-1800
www.safeguard.net

Delta Dental 2005 Premiums

There will be no increase in the Delta Dental premiums for the DeltaPremier and DeltaPreferred Option (DPO) dental plans. Therefore, the employee's share of the Delta Dental premium will remain at the 2004 rate.

The DPO provides a higher benefit level for you and your dependents when you receive services from a DPO provider. Your present dentist may be a DPO provider so you may want to change your coverage to the DPO to take advantage of this richer benefit.

Prepaid Dental Plans and the Merger of Health Net Dental and SafeGuard Dental Plan

The premiums for PMI and the SafeGuard standard plan will increase effective January 1, 2005. The premiums for the prepaid plans will continue to be fully paid by the State.

Effective April 1, 2004, Health Net Dental Plan merged with SafeGuard Dental Plan. All Health Net enrollees received a letter from SafeGuard which provided them with information regarding the merger of the two dental plans. For 2004, SafeGuard and the State continued to use the Health Net name to reduce confusion for enrollees as the benefits for the two plans are the same.

Effective January 1, 2005, SafeGuard will consolidate the two dental plans into SafeGuard Dental Plan, with one standard level and one enhanced level of benefits. The Health Net Dental Plan name will no longer be used and the Health Net provider network will be fully merged into SafeGuard Dental Plan.

Union-Sponsored Dental Plans: Bargaining Units 5 and 6

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members; however members may opt to enroll in a State-sponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) provides dental insurance to BU 6 employees who are CCPOA members.

Employees in Units 5 and 6 should contact their Benefit Trust for information on their union-sponsored dental plan premiums and benefits.

CONSOLIDATED BENEFITS (CoBen)

All excluded employees and employees represented by Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are automatically enrolled in CoBen. If you're in CoBen, the State provides you a benefit allowance to purchase health, dental, and vision benefits. If the total cost of the plans you choose is less than your CoBen allowance, you receive the difference as taxable income. If the total cost of the plans is more than the CoBen allowance, the difference is deducted from your paycheck pre-tax.

As a result of increased PMI and SafeGuard standard plan dental premiums, if you are enrolled in these plans you will see an increase in the dental amount that's deducted from your monthly CoBen allowance starting with your January 1, 2005, paycheck.

If you have health and dental coverage through another source, you may enroll in the CoBen Cash Option. These amounts are \$155 a month in-lieu of health and dental coverage, and \$130 a month in-lieu of health coverage only. To enroll in a CoBen Cash Option, complete a STD. 702 Consolidated Benefits (COBEN) Cash Enrollment Election during open enrollment.

Rank and File Employee CoBen Allowance

The CoBen allowance for Rank and File employees is determined through collective bargaining. Units 8, 16, 17 and 19 have agreed to the 2005 CoBen allowances. As of this date, Units 2, 7 and 18 have not reached agreements for the new 2005 CoBen allowances. These units will have the same CoBen allowances received in 2003 and 2004.

Units 8, 16, 17, and 19	<u>2004</u>	<u>2005</u>
Employee only	\$300	\$327
Employee plus one dependent	\$582	\$633
Employee plus two or more dependents	\$756	\$824
Units 2, 7, and 18	<u>2003/2004</u>	<u>2005</u>
Employee only	\$266	\$266
Employee plus one dependent	\$515	\$515
Employee plus two or more dependents	\$679	\$679

The CoBen allowance for Excluded employees is determined by the Department of Personnel Administration. All excluded employees will receive the 2005 CoBen allowance.

Excluded Employee CoBen Allowance

	<u>2004</u>	<u>2005</u>
Employee only	\$302	\$328
Employee plus one dependent	\$593	\$643
Employee plus two or more dependents	\$768	\$836

CoBen Calculator

If you are going to make a change in your benefit choices during the open enrollment period, you may want to use the CoBen Calculator on DPA's Web site, which will help you determine how much will be deducted from your paycheck, or added to it, based on which health and dental plans you choose. You simply click on your health and dental plan choices, and how many dependents will be covered.

The calculator automatically computes the total cost of the benefits you select and subtracts them from the CoBen allowance. The result shows whether you will have a monthly benefit deduction or receive extra cash. There are two separate calculators, one for excluded employees and another for rank and file employees in bargaining units 2, 7, 8, 16, 17, 18, and 19. The CoBen calculator is located at www.dpa.ca.gov (click on Benefits, then Consolidated Benefits, and scroll down to the link for the calculators).

FLEXELECT

If you have health and/or dental coverage through another source, you can opt for cash in-lieu of your State-sponsored benefit. The FlexElect Cash Option is \$128 a month for health and \$12 a month for dental.

FlexElect also offers reimbursement accounts that allow you to use pre-tax salary to pay for dependent care and/or medical bills that aren't covered by insurance. Ask your Personnel Office for a FlexElect Program Handbook for details. The FlexElect Handbook is also available on DPA's Web site at www.dpa.ca.gov (click on "Benefits", then FlexElect Reimbursement Accounts).

To learn more about Dental, FlexElect and CoBen, or for questions regarding the 2004 open enrollment period, please contact your Personnel Office. You may also visit our Web site at www.dpa.ca.gov (click on "Benefits").

Your Dental Plan Options

Prepaid Plans

Private Medical Care, Inc. (PMI) and SafeGuard

Prepaid plans provide services through member dentists throughout California. (These plans are not available outside of California.)

Monthly premiums are fully paid by the State. You have no monthly premiums, deductibles, or maximum annual benefit limits. Many services are provided at low or no cost to you. You may change dentists upon request and/or change plans if you move and your plan is no longer available. If you need emergency dental work and are outside of your service area (50 miles from your residence), you may go to any dentist for the relief of pain and be reimbursed up to \$400 per calendar year. For more information or a list of member dentists, contact the plans at: PMI 1-800-422-4234 or visit www.deltadentalca.org and SafeGuard 1-800-880-1800 or visit www.safeguard.net.

Indemnity Plan

DeltaPremier - Group #9949

DeltaPremier features full access to specialty care and guaranteed benefits through member dentists. However, you can see any dentist worldwide and still be covered, although your out-of-pocket costs may be higher. For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

Preferred Provider Option Plan

DeltaPreferred Option (DPO) - Group #9946

DeltaPreferred Option (DPO) provides services through its network of participating dentists, although you may use non-DPO dentists worldwide. If you receive services outside of the DPO network, your out-of-pocket costs will be substantially higher. **Please note that not all DeltaPremier dentists are members of the DPO network,** however, you can see the Delta dentist of your choice and still be covered.

As a reminder of certain advantages in being enrolled in the DPO dental plan, your treatment costs are based on a discounted fee agreement between Delta and the DPO provider. This fee agreement will result in lower out-of-pocket costs to you when you visit a DPO network dentist. Additionally, for rank and file employees, the annual maximum benefit available to dependents is \$2,000 when using a dentist who's a member of the DPO network, compared to a \$1,000 yearly maximum under DeltaPremier. DPO offers a \$2,500 lifetime benefit for dental implants and a third cleaning for high-risk patients. Generally, high-risk patients include pregnant women, cancer chemotherapy patients, and persons with compromising systemic diseases such as diabetes, AIDS, or endocarditis, and persons who have had organ transplants. Your present dentist may be a DPO provider so you may want to change your coverage to the DPO to take advantage of this richer benefit.

For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

These are brief descriptions of the available dental plans. Please consult each plan's "Evidence of Coverage" brochure or call the plan for a more detailed explanation. You may also obtain brochures and listings of participating dentists' by accessing each plan's Web site at the addresses listed above.

State-Sponsored Dental Plans Benefit Cost Comparison

The following chart provides a comparison of **your** costs for certain types of procedures. Please consult each dental plan's Evidence of Coverage for detailed information and plan limitations.

For these procedures:	Delta Dental				SafeGuard PMI	SafeGuard
	DeltaPremier Basic		DeltaPremier Enhanced	**DeltaPreferred Option (DPO)	Standard	Enhanced***
	Rank and File Employees	Dependents of Rank and File Employees	Excluded Employees and Dependents	Excluded & Rank and File Employees and Dependents	Excluded & Rank and File Employees and Dependents	Excluded Employees and Dependents
Diagnostic and Preventive Benefits (Two cleanings per 12 month period) *	0	0	0	0	0	0
Basic Benefits (Usual, Customary, and Reasonable)	10%	20%	10%	10%	0	0
Crowns	20%	50%	20%	20%	\$50	0
Bridges, Full & Partial Dentures	50%	50%	50%	40%	\$65 and up	0
Annual Deductible	\$50*	\$50*	\$25*	\$25*	No deductible	No deductible
Maximum Deductible	\$150 per family		\$100 per family	\$100 per family	N/A	N/A
Orthodontia	Delta will pay 50% up to a lifetime maximum of \$1,000 per person.			Delta will pay 50% up to a lifetime maximum of \$1,000 per adult. and pay 50% up to a lifetime maximum of \$1,500 per child.	\$1,000 plus up to \$250 for start-up costs	\$1,000 plus up to \$250 for start-up costs
Annual Maximum	\$2,000	\$1,000	\$2,000	\$2,000	No Maximum	No Maximum

* Diagnostic and Preventive Benefits are exempt from the deductible.

** The level of benefits and covered services reflected in the chart are based on services provided by a DPO Network dentist. The level of benefits and covered services provided by a non-DPO dentist are lower. Additionally, the DPO includes up to a \$2,500 lifetime benefit for dental implants and a 3rd cleaning for high-risk patients. High-risk patients include: pregnant women, cancer chemotherapy patients, and persons with compromising systemic diseases such as AIDS, diabetes, endocarditis, or persons who have had organ transplants.

*** The SafeGuard enhanced coverage provides for three cleanings per 12-month calendar year service period instead of the normal two cleanings. Excluded employees and their dependents have the enhanced coverage under SafeGuard. Rank and File employees and their dependents have the standard coverage under SafeGuard.

DEPARTMENT OF PERSONNEL ADMINISTRATION
Dental and Vision Plan Premiums Effective January 1, 2005

Carrier/Address	Group Number	Deduction Codes	Monthly Premium		
			1 Party	2 Party	3 Party
<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-Rank and File (DeltaPremier)	351-007	\$45.45*	\$79.98*	\$115.99*
	9946-Excluded and Rank and File (DPO)	351-018	\$39.89**	\$78.17**	\$117.94**
Safeguard 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800	Standard Plan	351-016	\$14.31	\$23.18	\$32.48
	Enhanced Plan	351-015	\$14.00	\$23.70	\$29.19
PMI – DeltaCare 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	2003	351-009	\$16.70	\$27.40	\$37.90
<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	\$74.33****	\$74.33****	\$74.33****
CCPOA/Western Dental (RO6)	Prepaid	351-249	\$74.33****	\$74.33****	\$74.33****
<u>State-Sponsored Vision Plan</u>					
Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 1-800-877-7195	12020000	475-001-Non CoBen 475-002-CoBen	\$8.52	\$8.52	\$8.52
*Employee Share:	1 party \$11.36	**Employee Share:	1 party \$9.19	***CAHP Employee Share:	1 party \$8.00
	2 party \$20.00		2 party \$19.54	(w/subsidy)	2 party \$14.00
	3 or more party \$29.00		3 or more party \$29.49		3 or more party \$21.00

****CCPOA Employee Share \$30.00

(RO5 Employees' share for the DeltaPremier Plan is \$16.36/\$29.00/\$41.00 and \$10.80/\$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.)

DEPARTMENT OF PERSONNEL ADMINISTRATION
COBRA Group Continuation Rates: Monthly Premiums Effective January 1, 2005

<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 STD. 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Enhanced	Excluded employees and their eligible dependents	\$48.25	\$95.91	\$134.91
	Basic	Rank and File employees	\$46.36	\$81.58	\$118.31
	Basic	Eligible dependents of Rank and File employees	\$39.69	\$59.74	\$78.30
	DPO	Excluded and Rank and File employees and their dependents	\$40.69	\$79.73	\$120.30
Safeguard 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800	Standard	Rank and File employees and their eligible dependents	\$14.59	\$23.64	\$33.12
	Enhanced	Excluded employees and their eligible dependents	\$14.28	\$24.17	\$29.77
PMI - DeltaCare 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	Basic	Excluded/Rank and File employees and their eligible dependents	\$17.03	\$27.94	\$38.67
Vision Service Plan P.O. Box 997100 COBRA UNIT Sacramento, CA. 95899-7100 1-800-852-7600 Ext: 4636	Basic	Excluded/Rank and File employees and their eligible dependents	\$9.37	\$9.37	\$9.37

Refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents. These premium rates are 102% of current gross premiums.