

*State of California*

**M E M O R A N D U M**

**TO:** PERSONNEL MANAGEMENT LIAISONS      **DATE:** August 27, 2004  
**REFERENCE CODE:** 2004-043

**THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:**

Personnel Officers  
Personnel Transactions Supervisors  
Personnel Transactions Staff

**FROM:**      **Department of Personnel Administration**  
                 **Benefits Division**

**SUBJECT:**      Minor Correction to Attachment III of the 2004 Open Enrollment  
                 Memorandum

**CONTACT:**      Bryan Bruno, Benefits Program Analyst  
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This memo provides information regarding a minor correction to Attachment III of the 2004 Open Enrollment memorandum (PML 2004-039), dated August 18, 2004, referring to the Dental, FlexElect, and CoBen Programs, 2005 dental plan premiums, and the merger of Health Net and SafeGuard Dental Plans.

Please make note that the administrative fee on Attachment III has been corrected to reflect the previous change of the administrative fee to \$1.22.

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, Chief  
Benefits Division

Attachment

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

<u>Carrier/Address</u>	<u>Group Number</u>	<u>Deduction Codes</u>	<u>Monthly Premium</u>		
			<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
<b><u>State-Sponsored Dental Plans</u></b>					
Delta Dental P.O. Box 7736 San Francisco, CA 94120 <b>1-800-225-3368</b>	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 <b>1-800-880-1800</b>	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 <b>1-800-422-4234</b>	2003	351-009	\$16.70	\$27.40	\$37.90
<b><u>Union Sponsored Dental Plans</u></b>					
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****
<b><u>State-Sponsored Vision Plan</u></b>					
Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 <b>1-800-877-7195</b>	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 \$1.22/mo.)