

**Department of Personnel Administration
Memorandum**

TO: Personnel Management Liaisons (PML)

SUBJECT: 2005 Open Enrollment (Attachment C has been superseded by PML 2005-050)	REFERENCE NUMBER: 2005-028
DATE ISSUED: 08/24/05	SUPERSEDES:

This memorandum should be forwarded to:

**Personnel Officers
Personnel Transactions Supervisors
Personnel Transactions Staff**

FROM: Department of Personnel Administration
Benefits Division

CONTACT: Bryan Bruno, Benefits Program Analyst
(916) 445-9841
Fax: (916) 322-3769
Email: BryanBruno@DPA.CA.GOV

This memo provides important information on the 2005 Open Enrollment for the Dental, FlexElect, and CoBen Programs, 2006 dental and vision plan premiums, and CoBen allowances. Please make sure your employees know about the open enrollment period and the information contained 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 A - Memorandum to All State Employees (Open enrollment)
- Attachment B - Dental Plan Options and Benefit Cost Comparison
- Attachment C - 2006 Dental and Vision Plan Premiums
- Attachment D - 2006 Dental and Vision COBRA Group Continuation Coverage Premiums

OPEN ENROLLMENT

Open Enrollment for Dental, FlexElect, and CoBen is **September 15, 2005 through October 15, 2005**. Enrollments/changes during this period are effective January 1, 2006.

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 (PI) 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 – 9/15/05

Effective Date: Dental/FlexElect/CoBen Cash – 1/1/06

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:

- | | |
|----------|--|
| 10/15/05 | Last day for employees to sign and submit open enrollment forms to Personnel Offices. |
| 10/24/05 | Last day for enrollment forms to be received in Personnel Offices (as shown on enrollment forms). |
| 11/7/05 | Last day for receipt by the State Controller's Office (SCO) of all open enrollment forms from Personnel Offices. |
| 12/5/05 | Last day for receipt by SCO of open enrollment forms returned to departments for correction (in order to be reflected on the 1/1/05 paycheck). |
| 1/10/06 | Last day for receipt by SCO of FlexElect and CoBen Cash open enrollment forms reflecting cancellation and/or changes (forms signed/submitted to Personnel Office by 12/31/05). The effective date will be retroactive to 1/1/06. |

Note: If a deadline date ends on a Saturday, Sunday, or Holiday, then the deadline date will be extended to the next regular workday.

DENTAL PROGRAM

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

1. rank and file employees (except those in Bargaining Unit BU 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. Represented employees in BU 5 and 6 should be advised to contact their Benefit Trust for information regarding their union-sponsored dental plan premiums and benefits. Dental premiums for union-sponsored plans are listed on Attachment C.

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 Delta Dental Premier or Delta Dental Preferred Provider Option (PPO) 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. represented employees in BUs 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

Employees in BU 6 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

Employees in BU 5 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 2006 Premiums

Delta Dental premiums will increase for the Delta Premier and Delta Preferred Provider Option (PPO) dental plans effective January 1, 2006. The charts below and on Attachments C and D show Delta's dental premiums that go into effect January 1, 2006.

Impact on Employees Not in Consolidated Benefits (CoBen)

Employees not in CoBen, who are enrolled in either the Delta Premier or PPO plan, will see an increase in their out-of-pocket premium on their January 1, 2006, pay warrants (December 2005 pay period). The State's share of the premium will also increase.

Impact on Employees in Consolidated Benefits (CoBen)

Represented employees in BUs 2, 7, 8, 16, 17, 18, and 19, and excluded employees are in CoBen. Employees in CoBen pay the total dental premium with their CoBen benefit allowance. For employees enrolled in the Delta Premier or PPO plan, the increased dental premium will be deducted from their monthly CoBen allowance on their January 1, 2006 pay warrants (December 2005 pay period). See pages 7 and 8 for information on 2006 CoBen allowances.

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

The following charts show Delta's new dental premiums that go into effect January 1, 2006.

Delta Dental Premier Basic Plan for Represented Employees:

Coverage	2006 Total Premium	State Share	2006 Employee Share	Employee Share Increase
Employee only	\$46.72	\$35.04	\$11.68	\$0.32
Employee plus one dependent	\$82.30	\$61.73	\$20.57	\$0.57
Employee plus two or more dependents	\$119.40	\$89.55	\$29.85	\$0.85

Delta Dental Premier Enhanced Plan for Excluded Employees:

Coverage	2006 Total Premium
Employee only	\$48.63
Employee plus one dependent	\$96.77
Employee plus two or more dependents	\$136.17

Delta Dental Preferred Provider Option (PPO) for Excluded and Represented Employees:

Coverage	2006 Total Premium	State Share	2006 Employee Share	Employee Share Increase
Employee only	\$41.01	\$30.76	\$10.25	\$1.06
Employee plus one dependent	\$80.48	\$60.36	\$20.12	\$0.58
Employee plus two or more dependents	\$121.49	\$91.12	\$30.37	\$0.88

Prepaid Dental Plan 2006 Premiums

Premiums for PMI and SafeGuard will increase effective January 1, 2006. However, the State will continue to pay 100 percent of the premium for employees not in Consolidated Benefits (CoBen). See pages 7 and 8 for information on 2006 CoBen allowances.

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

The following chart and on Attachments C and D show the prepaid plans dental premiums that go into effect January 1, 2006.

Coverage	SafeGuard Standard	SafeGuard Enhanced	PMI
Employee only	\$14.74	\$14.42	\$16.91
Employee plus one dependent	\$23.88	\$24.41	\$27.74
Employee plus two or more dependents	\$33.45	\$30.07	\$38.37

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 BU 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, 2005**, to cancel their enrollment or make changes.

Copies of the 2006 FlexElect handbook (if you submitted an order form to DPA Benefits Division) will be mailed to departments prior to the start of the open enrollment period. Additionally, each location that ordered handbooks will be sent four posters that promote the FlexElect reimbursement accounts. These will be sent along with your handbook order and departments should display the posters in a prominent area that is visible to your employees. You 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 PI employees currently enrolled in the FlexElect Cash Option, as a reminder that they must re-enroll during open enrollment if they want to receive the cash option for the 2006 plan year. Postcard reminders for employees currently enrolled in a FlexElect Reimbursement Account were also mailed. These postcards explain that they must re-enroll during open enrollment if they want to participate in a reimbursement account in 2006.

As in the past, DPA sent Personnel Offices a list of employees in your department who are enrolled in a 2005 FlexElect Reimbursement Account. Where possible, we mailed the listing to the appropriate field office. You may want to send the employee(s) a reminder that they must re-enroll during open enrollment if they want to participate in a reimbursement account in 2006.

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 allowances for rank and file employees are subject to change through collective bargaining. Check the DPA Web site or specific bargaining unit Web site for any updates. Effective January 1, 2006, the CoBen allowances for employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are as follows:

Unit 2	<u>2004/2005</u>	<u>2006</u>
Employee only	\$266	\$266
Employee plus one dependent	\$515	\$515
Employee plus two or more dependents	\$679	\$679

The CoBen allowances for BU 7 employees first enrolled in health benefit coverage before January 1, 2006 are as follows:

Unit 7	<u>2005</u>	<u>2006</u>
Employee only	\$266	\$365
Employee plus one dependent	\$515	\$696
Employee plus two or more dependents	\$679	\$906

The CoBen allowances for BU 7 employees first enrolled in health benefit coverage on or after January 1, 2006 are as follows:

Unit 7	<u>2006</u>
Employee only	\$365
Employee plus one dependent	\$544
Employee plus two or more dependents	\$663

Units 8, 16, and 19	<u>2005</u>	<u>2006</u>
Employee only	\$327	\$365
Employee plus one dependent	\$633	\$696
Employee plus two or more dependents	\$824	\$906

Unit 17	<u>2005</u>	<u>2006</u>
Employee only	\$327	\$346
Employee plus one dependent	\$633	\$677
Employee plus two or more dependents	\$824	\$887
Unit 18	<u>2005</u>	<u>2006</u>
Employee only	\$266	\$327
Employee plus one dependent	\$515	\$633
Employee plus two or more dependents	\$679	\$824

The CoBen allowance for Excluded employees is determined by DPA. Effective January 1, 2006, the CoBen allowances for all excluded employees are as follows:

Excluded Employee CoBen Allowance

	<u>2005</u>	<u>2006</u>
Employee only	\$328	\$367
Employee plus one dependent	\$643	\$707
Employee plus two or more dependents	\$836	\$918

DPA recently mailed an open enrollment notification to the homes of all Permanent Intermittent employees who are currently enrolled in the CoBen Cash Option as a reminder that they must re-enroll during open enrollment if they wish to receive the Cash Option for the 2006 plan year. Copies of the 2006 CoBen handbook (if you submitted an order form to DPA) will be mailed to departments prior to the start of the open enrollment period.

VISION PROGRAM

Effective January 1, 2006, the premium paid to the Vision Service Plan by the State will increase to \$9.19, a \$.67 increase. The premium for vision coverage will continue to be fully paid by the State. State employees' vision coverage is automatically established for employees and their eligible dependents and no form is required to enroll, add, or delete dependents during open enrollment. Therefore, employees need to continue to ensure that only eligible dependents are provided services under their State-sponsored vision plan.

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 A);
- (2) make Dental, FlexElect, and CoBen Program material available or advise employees how to obtain such material;
- (3) assist employees in completing enrollment/change forms, review, and submit enrollment forms by the due dates listed in this memo; and
- (4) 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.

Sincerely,

/s/ [Debbie Endsley]

Debbie Endsley, Chief
Benefits Division

Attachment(s)



MEMORANDUM



ATTACHMENT A

DATE: August 2005
TO: State Employees Eligible for Dental, FlexElect, or Consolidated Benefits
FROM: Department of Personnel Administration
Benefits Division
SUBJECT: 2005 Open Enrollment for Dental, FlexElect, and Consolidated Benefits Programs, 2006 Dental and Vision Plan Premiums, and CoBen Allowances

Open Enrollment for Dental, FlexElect, and Consolidated Benefits (CoBen) is **September 15, 2005 through October 15, 2005**. 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, 2005. All open enrollment actions will be effective January 1, 2006.

Note: October 15, 2005 is a Saturday, so the deadline will be extended to Monday October 17, 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, 2005, 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

Delta Premier and Delta Preferred Provider Option (PPO) 1-800-225-3368
www.deltadentalca.org/state

Prepaid Dental Plans

PMI 1-800-422-4234
www.deltadentalca.org

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

Delta Dental 2006 Premiums

Delta Dental premiums will increase for the Delta Premier and Delta Preferred Provider Option (PPO) dental plans effective January 1, 2006.

Impact on Employees Not in Consolidated Benefits (CoBen)

Employees not in CoBen, who are enrolled in either the Delta Premier or PPO plan, will see an increase in their out-of-pocket premium on their January 1, 2006, pay warrants (December 2005 pay period). The State's share of the premium will also increase.

Impact on Employees in Consolidated Benefits (CoBen)

Represented employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19, and excluded employees are in CoBen. Employees in CoBen pay the total dental premium with their CoBen benefit allowance. For employees enrolled in the Delta Premier or PPO plan, the increased dental premium will be deducted from their monthly CoBen allowance on their January 1, 2006, pay warrants (December 2005 pay period). See pages 4, 5, and 6 for information on 2006 CoBen allowances.

The following charts show Delta's new dental premiums that go into effect January 1, 2006.

Delta Dental Premier Basic Plan for Represented Employees:

<u>Coverage</u>	<u>2006 Total Premium</u>	<u>State Share</u>	<u>2006 Employee Share</u>	<u>Employee Share Increase</u>
Employee only	\$46.72	\$35.04	\$11.68	\$0.32
Employee plus one dependent	\$82.30	\$61.73	\$20.57	\$0.57
Employee plus two or more dependents	\$119.40	\$89.55	\$29.85	\$0.85

Delta Dental Premier Enhanced Plan for Excluded Employees:

<u>Coverage</u>	<u>2006 Total Premium</u>
Employee only	\$48.63
Employee plus one dependent	\$96.77
Employee plus two or more dependents	\$136.17

Delta Dental Preferred Provider Option (PPO) for Excluded and Represented Employees:

<u>Coverage</u>	<u>2006 Total Premium</u>	<u>State Share</u>	<u>2006 Employee Share</u>	<u>Employee Share Increase</u>
Employee only	\$41.01	\$30.76	\$10.25	\$1.06
Employee plus one dependent	\$80.48	\$60.36	\$20.12	\$0.58
Employee plus two or more dependents	\$121.49	\$91.12	\$30.37	\$0.88

Prepaid Dental Plan 2006 Premiums

Premiums for PMI and SafeGuard will increase effective January 1, 2006. However, the State will continue to pay 100 percent of the premium for employees not in Consolidated Benefits (CoBen). For employees in CoBen, the State share and employee share do not apply, therefore the increased dental premium will be deducted from the monthly CoBen allowance on their January 1, 2006 pay warrants (December 2005 pay period). Prepaid dental plans premiums are reflected on the next page.

<u>Coverage</u>	<u>SafeGuard Standard</u>	<u>SafeGuard Enhanced</u>	<u>PMI</u>
Employee only	\$14.74	\$14.42	\$16.91
Employee plus one dependent	\$23.88	\$24.41	\$27.74
Employee plus two or more dependents	\$33.45	\$30.07	\$38.37

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 BU 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 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.

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. The 2006 CoBen allowances are reflected on the pages 5 and 6.

Rank and File Employee CoBen Allowance

The allowances for rank and file employees are subject to change through collective bargaining. Check the DPA Web site or specific bargaining unit Web site for any updates. Effective January 1, 2006, the CoBen allowances for employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are as follows:

Unit 2	<u>2004/2005</u>	<u>2006</u>
Employee only	\$266	\$266
Employee plus one dependent	\$515	\$515
Employee plus two or more dependents	\$679	\$679

The CoBen allowances for BU 7 employees first enrolled in health benefit coverage before January 1, 2006 are as follows:

Unit 7	<u>2005</u>	<u>2006</u>
Employee only	\$266	\$365
Employee plus one dependent	\$515	\$696
Employee plus two or more dependents	\$679	\$906

The CoBen allowances for BU 7 employees first enrolled in health benefit coverage on or after January 1, 2006 are as follows:

Unit 7	<u>2006</u>	
Employee only	\$365	
Employee plus one dependent	\$544	
Employee plus two or more dependents	\$663	

Units 8, 16, and 19	<u>2005</u>	<u>2006</u>
Employee only	\$327	\$365
Employee plus one dependent	\$633	\$696
Employee plus two or more dependents	\$824	\$906

Unit 17	<u>2005</u>	<u>2006</u>
Employee only	\$327	\$346
Employee plus one dependent	\$633	\$677
Employee plus two or more dependents	\$824	\$887
Unit 18	<u>2005</u>	<u>2006</u>
Employee only	\$266	\$327
Employee plus one dependent	\$515	\$633
Employee plus two or more dependents	\$679	\$824

The CoBen allowance for Excluded employees is determined by DPA. Effective January 1, 2006, the CoBen allowances for all excluded employees are as follows:

Excluded Employee CoBen Allowance	<u>2005</u>	<u>2006</u>
Employee only	\$328	\$367
Employee plus one dependent	\$643	\$707
Employee plus two or more dependents	\$836	\$918

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. For details, refer to the FlexElect Handbook that is 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 2005 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

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

Delta Dental Premier - Group #9949

Delta Premier 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

Delta Dental Preferred Provider Option (PPO) - Group #9946

Delta Preferred Provider Option (PPO) provides services through its network of participating dentists, although you may use non-PPO dentists worldwide. If you receive services outside of the PPO network, your out-of-pocket costs will be substantially higher. **Please note that not all Delta Premier dentists are members of the PPO 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 PPO dental plan, your treatment costs are based on a discounted fee agreement between Delta and the PPO provider. This fee agreement will result in lower out-of-pocket costs to you when you visit a PPO 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 PPO network, compared to a \$1,000 yearly maximum under Delta Premier. PPO 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 PPO provider so you may want to change your coverage to the PPO 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 brochure for detailed information and plan limitations.

For these procedures:	Delta Dental				SafeGuard PMI	SafeGuard
	Premier Basic		Premier Enhanced	**Preferred Provider Option (PPO)	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 PPO Network dentist. The level of benefits and covered services provided by a non-PPO dentist are lower. Additionally, the PPO 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.