



**Benefits and Training Division
Dental and Vision Plan Premiums Effective January 1, 2014**

<u>Carrier/Address</u>	<u>Group Number</u>	<u>Deduction Codes</u>	<u>1 Party</u>	<u>Monthly Premium 2 Party</u>	<u>3 Party</u>
<u>State-Sponsored Dental Plans</u>					
Delta Dental P.O. Box 429086 San Francisco, CA 94142 1-800-225-3368	9949-Excluded (DeltaPremier) 9949-Rank and File (DeltaPremier) 9946-Excluded and Rank and File (PPO)	351-008 351-007 351-018	\$50.45 \$48.48* \$44.24**	\$99.94 \$85.13* \$86.64**	\$140.65 \$123.34* \$130.69**
Safeguard 5 Park Plaza, Suite 1900 Irvine, CA 92614 1-800-880-1800	SOC Standard Plan SOC Enhanced Plan Parent Group Number - 156777	351-016 351-015	\$16.58 \$16.92	\$26.86 \$28.63	\$37.62 \$35.27
DeltaCare USA PO Box 1803 Alpharetta, GA 30023 1-800-632-8555	2003	351-009	\$17.72	\$29.07	\$40.21
Premier Access 8890 Cal Center Drive Sacramento, CA 95826 1-888-534-3466	12700	351-020	\$16.63	\$26.94	\$37.73
Western Dental 530 South Main Street, 6th Floor Orange, CA 92868 1-866-859-7525	2140352	351-025	\$14.72	\$24.29	\$34.46

State-sponsored Delta Dental plans – Employee share

*Employee Share: 1 Party - \$12.12 / 2 Party - \$21.28 / 3 Party - \$30.83

**Employee Share: 1 Party - \$11.06 / 2 party - \$21.66/ 3 Party - \$32.67

Union Sponsored Dental Plans

CAHP/Blue Cross (R05)	336817-A	351-013	\$ 47.47***	\$ 83.06***	\$121.19***
CCPOA/Primary Dental (R06)	Fee-For-Service	351-006	TBD****	TBD****	TBD****
CCPOA/Western Dental (R06)	Prepaid	351-249	TBD****	TBD****	TBD****
CCPOA/Primary Dental (S06, M06, E06, C06)	Fee-For-Service	351-246	TBD****	TBD****	TBD****

*** CAHP Employee Share: 1 Party - \$11.11 / 2 Party - \$19.21 / 3 Party - \$28.68

**** CCPOA Employee Share: R06 – Western Dental - TBD CCPOA Primary - TBD

***** CCPOA Employee Share: S06,M06,E06,C06– CCPOA Primary – Total Premium Deducted From CoBen Allowance

(R05 Employee share for the Delta Premier Plan is 1 Party - \$12.12 / 2 Party - \$21.28 / 3 Party - \$30.83 and to be determined for the PPO plan).

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

(The dental/vision premiums above do not include the administrative fee of \$1.69/mo.)

State-Sponsored Vision Plan

Vision Service Plan	12020000	475-001-Non-CoBen	\$8.64	\$8.64	\$8.64
3333 Quality Drive		475-002-CoBen	\$8.64	\$8.64	\$8.64
Rancho Cordova, CA 95670					
1-800-877-7195	30034581	361-475-Premier Plan	\$15.20	\$21.76	\$29.76

State-sponsored Premier Vision Plan – Employee Share: 1 Party - \$6.56 / 2 Party - \$13.12 / 3 Party - \$21.12