

2016 COBRA Group Continuation Coverage for Dental and Vision Plan Premiums

Please 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 percent of current gross premiums.

STATE-SPONSORED DENTAL PLANS

Delta Dental

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Basic	Rank and File Employees	\$53.08	\$92.95	\$134.51
Enhanced	Excluded employees and their eligible dependents	55.22	109.05	153.33
PPO	Excluded and Rank and File employees and their eligible dependents	48.47	94.58	142.51
Basic Dependents	Eligible dependents of Rank and File employees	45.53	68.23	89.22

DeltaCare USA

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Excluded and Rank and File employees and their eligible dependents	\$18.35	\$30.11	\$41.65

Premier Access

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Excluded and Rank and File employees and their eligible dependents	\$16.96	\$27.48	\$38.48

SafeGuard

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Rank and File employees and their eligible dependents	\$16.91	\$27.40	\$38.37
Enhanced	Excluded employees and their eligible dependents	17.26	29.20	35.98

Western Dental

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Excluded and Rank and File employees and their eligible dependents	\$15.46	\$25.52	\$36.20

STATE-SPONSORED VISION PLANS

Vision Service Plan (VSP)

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Basic	Excluded and Rank and File employees and their eligible dependents*	\$8.81	\$8.81	\$8.81
Premier	Excluded and Rank and File employees and their eligible dependents*	17.83	26.85	37.84

*Vision benefits for BU6 employees are provided through the CCPOA Health Benefits Trust.

COBRA Carrier Contact Information for State-Sponsored Dental and Vision Plans

Please mail the Dental Plan Enrollment Authorization (STD. 692) forms to the corresponding dental carrier's COBRA unit, and the Vision Plan Direct Payment Authorization (STD. 703) forms to VSP:

Delta Dental

Wolfpack Insurance Services, Inc.
P.O. Box 833
Belmont, CA 94002-0833
1-800-296-0192

DeltaCare USA

Wolfpack Insurance Services, Inc.
P.O. Box 833
Belmont, CA 94002-0833
1-800-296-0192

Premier Access

Attn: COBRA Unit
8890 Cal Center Drive
Sacramento, CA 95826
1-888-534-3466

SafeGuard Health Plans

Attn: COBRA Billing
P.O. Box 30910
Laguna Hills, CA 92654
1-800-880-1800

Western Dental

Attn: COBRA Unit
530 South Main Street, 6th Floor
Orange, CA 92868
1-866-859-7525

Vision Service Plan (VSP)

Attn: COBRA Unit
P.O. Box 997100
Sacramento, CA 95899-7100
1-800-852-7600 Ext. 4636