

## 2023 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. The premiums shown below are 102 percent of current total premiums.

### STATE-SPONSORED DENTAL PLANS

#### Delta Dental

Plan Type	Covered Persons	Single	2-Party	Family
Preferred Provider Organization (PPO)	Employees and Dependents	\$47.57	\$92.82	\$139.83
PPO plus Premier Basic	Represented Employees	\$54.34	\$95.14	\$137.69
PPO plus Premier Basic (Dependents)*	Dependents of Represented Employees	\$46.59	\$69.84	\$91.32
PPO plus Premier Enhanced	Excluded Employees and Dependents	\$56.54	\$111.61	\$156.96

\*Dependents of Represented employees have a lower level of coverage under Delta Dental PPO plus Premier Basic Plan and pay a lower premium for dependent only coverage.

#### DeltaCare USA

Plan Type	Covered Persons	Single	2-Party	Family
Standard	Employees and Dependents	\$19.83	\$32.54	\$45.01

#### MetLife

Plan Type	Covered Persons	Single	2-Party	Family
Standard	Employees and Dependents	\$16.05	\$26.01	\$36.42
Enhanced	Excluded Employees and Dependents	\$16.38	\$27.72	\$34.15

**Premier Access**

Plan Type	Covered Persons	Single	2-Party	Family
Standard	Employees and Dependents	\$14.21	\$23.02	\$32.24

**Western Dental**

Plan Type	Covered Persons	Single	2-Party	Family
Standard	Employees and Dependents	\$16.09	\$26.54	\$37.65

Dental benefits for Bargaining Unit 6 (BU6) employees are provided through the CCPOA Health Benefits Trust. Exception: BU6 employees who are non-CCPOA members may only enroll into Western Dental.

**STATE-SPONSORED VISION PLANS**

**Vision Service Plan (VSP)**

Plan Type	Covered Persons	Single	2-Party	Family
Basic	Excluded and Represented employees and their eligible dependents*	\$ 8.43	\$ 8.43	\$ 8.43
Premier	Excluded and Represented employees and their eligible dependents*	\$17.06	\$25.69	\$36.22

\*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:

**Delta Dental of California/DeltaCare USA**

P.O. Box 537011  
Sacramento, CA 95853-7011  
Email: [IsolvedCobra@delta.org](mailto:IsolvedCobra@delta.org)

Support for COBRA enrolled members:

Participants: 800-594-6957  
Employers: 866-320-3040  
Email: [crmail@isolvedhcm.com](mailto:crmail@isolvedhcm.com)

**MetLife\***

Attn: SOC COBRA Billing  
P.O. Box 13724  
Philadelphia, PA 19101-3724

Benefit Questions: 1-800-880-1800

Billing Questions: 949-471-2222

\*Benefits provided by SafeGuard Health Plans, Inc., a MetLife company.

**Premier Access**

Attn: COBRA UNIT  
8890 Cal Center Drive  
Sacramento, CA 95826  
1-888-534-3466  
Email: [Premier\\_Eligibility@premierlife.com](mailto:Premier_Eligibility@premierlife.com)

**Western Dental**

Attn: GROUP SERVICES  
530 South Main Street, s Suite 110  
Orange, CA 92868  
1-866-859-7525

Please mail, email, or fax Vision COBRA forms (STD. 700 for Basic COBRA and STD. 774 for Premier COBRA) to VSP directly:

**Vision Service Plan (VSP)**

Attn: CLIENT ADMINISTRATIVE SERVICES, MS 229  
PO Box 997100  
Sacramento, CA 95899-7100  
Email: [stateofca@vsp.com](mailto:stateofca@vsp.com)  
Fax: 916.389.8304