

2024 Dental and Vision Plan Deduction Codes and Premiums

The following tables show premiums effective January 1, 2024. For employees in CoBen, the state share and employee share do not apply and the total dental premium will be deducted from the monthly CoBen allowance.

State-Sponsored Dental Plans

Delta Dental PPO plus Premier Basic Plan—Represented Employees

Group Number: 9949-0101

Dental Org. Code: 351-007

| Party Code | State Share | Employee Share | Total Premium |
|--------------|-------------|----------------|---------------|
| Party Code 1 | \$38.12 | \$12.71 | \$50.83 |
| Party Code 2 | \$66.56 | \$22.19 | \$88.75 |
| Party Code 3 | \$96.21 | \$32.07 | \$128.28 |

Delta Dental PPO plus Premier Enhanced Plan—Excluded Employees

Group Number: 9949-2101

Dental Org. Code: 351-008

| Party Code | Total Premium |
|--------------|---------------|
| Party Code 1 | \$52.87 |
| Party Code 2 | \$104.06 |
| Party Code 3 | \$146.18 |

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

Group Number: 9946

Dental Org. Code: 351-018

| Party Code | State Share | Employee Share | Total Premium |
|--------------|-------------|----------------|---------------|
| Party Code 1 | \$34.84 | \$11.61 | \$46.45 |
| Party Code 2 | \$67.73 | \$22.58 | \$90.31 |
| Party Code 3 | \$101.91 | \$33.97 | \$135.88 |

Prepaid Dental Plans—State Pays 100%

DeltaCare USA

Group Number: 72003

Dental Org. Code: 351-009

| Party Code | Total Premium |
|--------------|---------------|
| Party Code 1 | \$19.44 |
| Party Code 2 | \$31.90 |
| Party Code 3 | \$44.13 |

MetLife Standard Plan¹

Group Number: 74503

Dental Org. Code: 351-016

| | |
|--------------|---------|
| Party Code 1 | \$13.85 |
| Party Code 2 | \$22.44 |
| Party Code 3 | \$31.42 |

MetLife Enhanced Plan²

Group Number: 74503

Dental Org. Code: 351-015

| Party Code | Total Premium |
|--------------|---------------|
| Party Code 1 | \$16.06 |
| Party Code 2 | \$27.18 |
| Party Code 3 | \$33.48 |

Premier Access

Group Number: 12700

Dental Org. Code: 351-020

| Party Code | Total Premium |
|--------------|---------------|
| Party Code 1 | \$14.21 |
| Party Code 2 | \$23.02 |
| Party Code 3 | \$32.24 |

Western Dental

Group Number: 2140352

Dental Org. Code: 351-025

| Party Code | Total Premium |
|--------------|---------------|
| Party Code 1 | \$15.77 |
| Party Code 2 | \$26.02 |
| Party Code 3 | \$36.91 |

Union-Sponsored Dental Plans

CAHP/Blue Cross (R05)

Group Number: 336817-A

Dental Org. Code: 351-013

| Party Code | State Share | Employee Share | Total Premium |
|--------------|-------------|----------------|---------------|
| Party Code 1 | \$38.12 | \$15.60 | \$53.72 |
| Party Code 2 | \$66.56 | \$27.13 | \$93.69 |
| Party Code 3 | \$96.21 | \$40.28 | \$136.49 |

¹ Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

² Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

CCPOA/Primary Dental (R06)

Group Number: Fee-For-Service

Dental Org. Code: 351-006

| Party Code | State Share | Employee Share | Total Premium |
|--------------|-------------|----------------|---------------|
| Party Code 1 | \$69.06 | \$0 | \$69.06 |
| Party Code 2 | \$69.06 | \$0 | \$69.06 |
| Party Code 3 | \$69.06 | \$0 | \$69.06 |

CCPOA/Western Dental (R06)

Group Number: Prepaid

Dental Org. Code: 351-249

| Party Code | State Share | Employee Share | Total Premium |
|--------------|-------------|----------------|---------------|
| Party Code 1 | \$69.06 | \$0 | \$69.06 |
| Party Code 2 | \$69.06 | \$0 | \$69.06 |
| Party Code 3 | \$69.06 | \$0 | \$69.06 |

CCPOA/Primary Dental (S06, M06, E06, C06)

Group Number: Fee-For-Service

Dental Org. Code: 351-246

| Party Code | Total Premium |
|--------------|---------------|
| Party Code 1 | \$37.00 |
| Party Code 2 | \$79.00 |
| Party Code 3 | \$135.00 |

State-Sponsored Vision Plans

VSP Basic Plan

Group Number: 30052011

Vision Org. Code: 475-001 (Non-CoBen) or 475-002 (CoBen)

| Party Code | State Share | Employee Share | Total Premium (CoBen) |
|--------------|-------------|----------------|-----------------------|
| Party Code 1 | \$8.27 | \$0 | \$8.27 |
| Party Code 2 | \$8.27 | \$0 | \$8.27 |
| Party Code 3 | \$8.27 | \$0 | \$8.27 |

VSP Premier Plan

Group Number: 30034581

Vision Org. Code: 361-475

| Party Code | State Share | Employee Share | Total Premium (CoBen) |
|--------------|-------------|----------------|-----------------------|
| Party Code 1 | \$8.27 | \$8.46 | \$16.73 |
| Party Code 2 | \$8.27 | \$16.92 | \$25.19 |
| Party Code 3 | \$8.27 | \$27.24 | \$35.51 |

Carrier Contact Information for State-Sponsored Dental and Vision Plans

Delta Dental of California

P.O. Box 997330
Sacramento, CA 95899-7330
(800) 225-3368
www.deltadentalins.com/state/

DeltaCare USA

P.O. Box 1803
Alpharetta, GA 30023
(800) 422-4234
www.deltadentalins.com/state/

MetLife³

P.O. Box 14410
Lexington, KY 40512-4401
(800) 880-1800
www.metlife.com/safeguard/soc/

Premier Access

8890 Cal Center Drive
Sacramento, CA 95826
(888) 534-3466
www.socdhmo.com

Western Dental Benefits Division

530 South Main Street, 1st Floor
Orange, CA 92868
(866) 859-7525
www.westerndental.com/state-of-ca

VSP Vision Care

3333 Quality Drive
Rancho Cordova, CA 95670
(800) 400-4569
FAX: (916) 389-8304
stateofcaemployee.vspforme.com

³ Benefits provided by SafeGuard Health Plans, Inc., a MetLife company