

**DEPARTMENT OF PERSONNEL ADMINISTRATION
BENEFITS DIVISION**

COBRA Group Continuation Coverage
Dental Plan Monthly Premiums Effective January 1, 2010

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental Mail STD. 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Enhanced	Excluded employees and their eligible dependents	\$55.12	\$110.49	\$156.03
	Basic	Rank and File employees	\$52.91	\$93.92	\$136.68
	Basic	Eligible dependents of Rank and File employees	\$45.16	\$68.49	\$90.49
	PPO	Excluded & Rank and File employees and their eligible dependents	\$44.95	\$88.97	\$134.73
SafeGuard Health Plans Attn: COBRA Billing P.O Box 30910 Laguna Hills, CA 92654 1-800-880-1800 Billing questions 949-471-2283 Fax (949) 471-2288	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
DeltaCare USA Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Basic	Excluded & Rank and File employees and their eligible dependents	\$17.70	\$29.04	\$40.17
Vision Service Plan P.O. Box 997100 COBRA UNIT Sacramento, CA. 95899-7100 1-800-852-7600 Ext: 4636	Basic	Excluded & Rank and File employees and their eligible dependents	\$9.37	\$9.37	\$9.37

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% of current gross premiums.