

## 2023 Dental and Vision Plan Deduction Codes and Premiums

The following tables show premiums effective January 1, 2023. For employees in CoBen, the state share and employee share does not apply. Therefore, 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 Plan\***

**Group Number:** 74503

**Dental Org. Code:** 351-016

Party Code	Total Premium
Party Code 1	\$15.74
Party Code 2	\$25.50
Party Code 3	\$35.71

**MetLife Enhanced Plan\***

**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	\$13.93
Party Code 2	\$22.57
Party Code 3	\$31.61

**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	\$11.11	\$49.23
Party Code 2	\$66.56	\$19.21	\$85.77
Party Code 3	\$96.21	\$28.68	\$124.89

\*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 95899-7830  
(800) 225-3368  
[www.deltadentalins.com/state/](http://www.deltadentalins.com/state/)

### **DeltaCare USA**

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

### **MetLife\***

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

### **Premier Access**

8890 Cal Center Drive  
Sacramento, CA 95826  
(888) 534-3466  
FAX: (866) 379-3247  
[www.socdhmo.com](http://www.socdhmo.com)

### **Western Dental Benefits Division**

530 South Main Street, 1<sup>st</sup> Floor  
Orange, CA 92863  
(866) 859-7525  
[www.westerndental.com/state-of-ca](http://www.westerndental.com/state-of-ca)

### **Vision Service Plan (VSP)**

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

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