ATTACHMENT A

Your Dental Plan Options

Prepaid Plans
DeltaCare USA and SafeGuard

Prepaid plans provide services through member dentists throughout California. (These plans are not available outside of California.)

Monthly premiums are fully paid by the State. You have no monthly premiums, deductibles, or maximum annual benefit limits. Many services are provided at low or no cost to you. You may change dentists upon request and/or change plans if you move and your plan is no longer available. If you need emergency dental work and are outside of your service area (50 miles from your residence), you may go to any dentist for the relief of pain and be reimbursed up to $400 per calendar year. For more information or a list of member dentists, contact the plans at: DeltaCare USA 1-800-422-4234, or visit www.deltadentalca.org and SafeGuard 1-800-880-1800 or visit www.safeguard.net.

Indemnity Plan
Delta Dental Premier - Group #9949

Delta Premier features full access to specialty care and guaranteed benefits through member dentists. However, you can see any dentist worldwide and still be covered, although your out-of-pocket costs may be higher. For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

Preferred Provider Option Plan
Delta Dental Preferred Provider Option (PPO) - Group #9946

Delta Preferred Provider Option (PPO) provides services through its network of participating dentists, although you may use non-PPO dentists worldwide. If you receive services outside of the PPO network, your out-of-pocket costs will be substantially higher. Please note that not all Delta Premier dentists are members of the PPO network; however, you can see the Delta dentist of your choice and still be covered.

As a reminder of certain advantages in being enrolled in the PPO dental plan, your treatment costs are based on a discounted fee agreement between Delta and the PPO provider. This fee agreement will result in lower out-of-pocket costs to you when you visit a PPO network dentist. Additionally, for rank and file employees, the annual maximum benefit available to dependents is $2,000 when using a dentist who's a member of the PPO network, compared to a $1,000 yearly maximum under Delta Premier. PPO offers a $2,500 lifetime benefit for dental implants and a third cleaning for high-risk patients. Generally, high-risk patients include pregnant women, cancer chemotherapy patients, and persons with compromising systemic diseases such as diabetes, AIDS, or endocarditis, and persons who have had organ transplants. Your present dentist may be a PPO provider so you may want to change your coverage to the PPO to take advantage of this richer benefit.

For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

These are brief descriptions of the available dental plans. Please consult each plan's "Evidence of Coverage" brochure or call the plan for a more detailed explanation. You may also obtain brochures and listings of participating dentists by accessing each plan's Web site at the addresses listed above.

ATTACHMENT B

State-Sponsored Dental Plans
Benefit Cost Comparison

The following chart provides a comparison of your costs for certain types of procedures. Please consult each dental plan's Evidence of Coverage brochure for detailed information and plan limitations.

For these procedures:	Delta Dental				SafeGuard DeltaCare USA	SafeGuard
	Premier Basic		Premier Enhanced	**Preferred Provider Option (PPO)	Standard	Enhanced***
	Rank and File Employees	Dependents of Rank and File Employees	Excluded Employees and Dependents	Excluded & Rank and File Employees and Dependents	Excluded & Rank and File Employees and Dependents	Excluded Employees and Dependents
Diagnostic and Preventive Benefits (Two cleanings per 12 month period) *	0	0	0	0	0	0
Basic Benefits (Usual, Customary, and Reasonable)	10%	20%	10%	10%	0	0
Crowns	20%	50%	20%	20%	$50	0
Bridges, Full & Partial Dentures	50%	50%	50%	40%	$65 and up	0
Annual Deductible	$50*	$50*	$25*	$25*	No deductible	No deductible
Maximum Deductible	$150 per family		$100 per family	$100 per family	N/A	N/A
Orthodontia	Delta will pay 50% up to a lifetime maximum of $1,000 per person.			Delta will pay 50% up to a lifetime maximum of $1,000 per adult and pay 50% up to a lifetime maximum of $1,500 per child.	$1,000 plus up to $250 for start-up costs	$1,000 plus up to $250 for start-up costs
Annual Maximum	$2,000	$1,000	$2,000	$2,000	No Maximum	No Maximum

* Diagnostic and Preventive Benefits are exempt from the deductible.

** The level of benefits and covered services reflected in the chart are based on services provided by a PPO Network dentist. The level of benefits and covered services provided by a non-PPO dentist are lower. Additionally, the PPO includes up to a $2,500 lifetime benefit for dental implants and a 3rd cleaning for high-risk patients. High-risk patients include: pregnant women, cancer chemotherapy patients, and persons with compromising systemic diseases such as AIDS, diabetes, endocarditis, or persons who have had organ transplants.

*** The SafeGuard enhanced coverage provides for three cleanings per 12-month calendar year service period instead of the normal two cleanings. Excluded employees and their dependents have the enhanced coverage under SafeGuard. Rank and File employees and their dependents have the standard coverage under SafeGuard.

ATTACHMENT C

DEPARTMENT OF PERSONNEL ADMINISTRATION
BENEFITS DIVISION

Dental and Vision Plan Premiums Effective January 1, 2009

Carrier/Address	Group Number	Deduction Codes	Monthly Premium 1 Party	2 Party	3 Party
State-Sponsored Dental Plans					
Delta Dental P.O. Box 429086 San Francisco, CA 94142 **1-800-225-3368**	9949-Excluded (DeltaPremier) 9949-Rank and File (DeltaPremier) 9946-Excluded and Rank and File (PPO)	351-008 351-007 351-018	$50.06 $48.07* $40.87**	$100.08 $85.12* $80.65**	$141.22 $123.75* $121.98**
SafeGuard 95 Enterprise Aliso Viejo, CA 92656 **1-800-880-1800**	SOC Standard Plan SOC Enhanced Plan Parent Group. Number 156777	351-016 351-015	$15.87 $15.52	$25.70 $26.27	$36.00 $32.36
DeltaCare USA 12898 Towne Center Drive Cerritos, CA 90703 **1-800-422-4234**	2003	351-009	$17.35	$28.47	$39.38
Union Sponsored Dental Plans					
CAHP/Blue Cross (R05)	336817-A	351-013	$45.65***	$80.64***	$118.01***
CCPOA/Primary Dental (R06)	Fee-For-Service	351-006	$95.93****	$95.93****	$95.93****
CCPOA/Western Dental (R06)	Prepaid	351-249	$95.93****	$95.93****	$95.93****
State-Sponsored Vision Plan					
Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 **1-800-877-7195**	12020000	475-001-Non CoBen 475-002-CoBen	$9.19 $9.19	$9.19 $9.19	$9.19 $9.19

* Employee Share: 1 party - $12.02 / 2 party - $21.28 / 3 or more party - $30.94
** Employee Share: 1 party - $10.22 / 2 party - $20.16 / 3 or more party - $30.50
*** CAHP Employee Share (w/subsidy): 1 party - $9.60 / 2 party - $16.80 / 3 or more party - $25.20
**** CCPOA Employee Share $51.60
(RO5 Employees' share for the DeltaPremier Plan is $17.02/$30.28/$42.94 and $15.22/$29.16/$42.50 for the PPO plan).
(Under CoBen the total premium is deducted from the benefit allowance).
(The dental/vision premiums above do not include the administrative fee of $1.69/mo.).

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