

This is inform you about 2020 premiums for State-sponsored dental and vision plans.

The monthly premiums are listed below:

Rates renewals were negotiated for the following dental plans (changes in rates are highlighted yellow):

- Safeguard Standard – Renewed for 2 years. No change in premium.
- Safeguard Enhanced – Renewed for 2 years. No change in premium.
- Premier Access – Renewed for 2 years. A reduction in premiums (-2 percent).

There are no rate changes to the following dental plans:

- Delta Dental PPO plus Premier Basic and Enhanced
- Delta Care USA (Currently in a rate guarantee and will renew 1/1/2022 and 1/1/2021 respectively)
- Western Dental (Currently in a rate guarantee and will renew 1/1/2022 and 1/1/2021 respectively)

Delta Dental PPO plus Premier Basic Plan for Represented Employees (No change)

(351-007)	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 for Excluded Employees (No change)

(351-008)	Total Premium
Party Code 1	\$52.87
Party Code 2	\$104.06
Party Code 3	\$146.18

Delta Dental Preferred Provider Option (PPO) for Excluded & Represented Employees (No change)

(351-018)	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 -2 percent reduction in premium for Premier Access as highlighted in yellow. No changes to DeltaCare USA, SafeGuard Standard, SafeGuard Enhanced and Western Dental.

Level of Coverage	DeltaCare USA (351-009)	Premier Access (351-020)	SafeGuard Standard (351-016)	SafeGuard Enhanced (351-015)	Western Dental (351-025)
Party Code 1	\$19.44	\$15.48	\$15.74	\$16.06	\$15.77
Party Code 2	\$31.90	\$25.08	\$25.50	\$27.18	\$26.02
Party Code 3	\$44.13	\$35.12	\$35.71	\$33.48	\$36.91

Consolidated Benefits (CoBen)

The dental premiums for employees in CoBen do not have state and employee share, as the total monthly premium amount is deducted from the CoBen allowance. Excluded employees and employees in Bargaining Units (BU) 2, 7, 8, 16, 17, 18 and 19 are in CoBen.

Vision Plans

It should also be noted that while our contract with VSP does not expire until 12/31/20, VSP agreed to a rate reduction as follows for plan years 1/1/2020 to 12/31/2023 (highlighted yellow):

- Rates for Vision Basic and Premier Plans for active employees, will decrease -4.3 percent.
- Rates for Vision Basic and Premier Plans for retirees will decrease -15.9 percent and -15.9 percent respectively (“excluding the Admin Fee.” With the admin fee, it decreases to -15.2 percent for Basic and -15.6 percent for Premier)

The employer-paid vision premium for the Basic Vision Plan through Vision Service Plan (VSP) will decrease to \$8.27 per month. Employees continuing enrollment and enrolling in the Premier Vision Plan through VSP will continue to pay the additional cost of this plan beyond the state contribution amount. The employee share will be deducted directly from their paycheck.

Premier Vision Plan

(361-475)	State Share	Employee Share	Total Premium
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

Retiree Basic & Premier Vision Plan

	VSP – Basic	VSP – Premier
Party Code 1	\$6.41*	\$17.23*
Party Code 2	\$12.37*	\$34.02*
Party Code 3	\$13.31*	\$36.99*

*Includes 0.46 administration fee

For questions, please [contact the assigned labor relations officer by bargaining unit.](#)

Source:

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