

State of California - CalHR  
2024 Dental and Vision Retiree Rate Sheet  
Effective: January 1, 2024

	2023 Monthly Rates			2024 Monthly Rates		
	State Share	Retiree Share	Total Premium	State Share	Retiree Share	Total Premium
<b>Prepaid Dental Plans</b>						
DeltaCare USA <sup>1</sup>						
Contract Period 1/1/2023 thru 12/31/2024						
Party Code 1 (Retiree Only)	\$19.44	\$0.00	\$19.44	\$19.44	\$0.00	\$19.44
Party Code 2 (Retiree + 1)	\$31.90	\$0.00	\$31.90	\$31.90	\$0.00	\$31.90
Party Code 3 (Retiree + Family)	\$44.13	\$0.00	\$44.13	\$44.13	\$0.00	\$44.13
Premier Access						
Contract Period 1/1/2024 thru 12/31/2024						
Party Code 1 (Retiree Only)	\$13.93	\$0.00	\$13.93	\$14.21	\$0.00	\$14.21
Party Code 2 (Retiree + 1)	\$22.57	\$0.00	\$22.57	\$23.02	\$0.00	\$23.02
Party Code 3 (Retiree + Family)	\$31.61	\$0.00	\$31.61	\$32.24	\$0.00	\$32.24
MetLife Enhanced <sup>1,3,4</sup>						
Contract Period 1/1/2024 thru 12/31/2026						
Party Code 1 (Retiree Only)	\$16.06	\$0.00	\$16.06	\$16.06	\$0.00	\$16.06
Party Code 2 (Retiree + 1)	\$27.18	\$0.00	\$27.18	\$27.18	\$0.00	\$27.18
Party Code 3 (Retiree + Family)	\$33.48	\$0.00	\$33.48	\$33.48	\$0.00	\$33.48
Western Dental <sup>1</sup>						
Contract Period 1/1/2024 thru 12/31/2025						
Party Code 1 (Retiree Only)	\$15.77	\$0.00	\$15.77	\$15.77	\$0.00	\$15.77
Party Code 2 (Retiree + 1)	\$26.02	\$0.00	\$26.02	\$26.02	\$0.00	\$26.02
Party Code 3 (Retiree + Family)	\$36.91	\$0.00	\$36.91	\$36.91	\$0.00	\$36.91
<b>Indemnity and Preferred Provider Option (PPO) Dental Plans<sup>2,4</sup></b>						
Delta Dental PPO plus Premier Basic <sup>1</sup>						
Contract Period 1/1/2023 thru 12/31/2024						
Party Code 1 (Retiree Only)	\$38.12	\$12.71	\$50.83	\$38.12	\$12.71	\$50.83
Party Code 2 (Retiree + 1)	\$66.56	\$22.19	\$88.75	\$66.56	\$22.19	\$88.75
Party Code 3 (Retiree + Family)	\$96.21	\$32.07	\$128.28	\$96.21	\$32.07	\$128.28
Delta Dental Preferred Provider Option (PPO) <sup>1</sup>						
Contract Period 1/1/2023 thru 12/31/2024						
Party Code 1 (Retiree Only)	\$34.84	\$11.61	\$46.45	\$34.84	\$11.61	\$46.45
Party Code 2 (Retiree + 1)	\$67.73	\$22.58	\$90.31	\$67.73	\$22.58	\$90.31
Party Code 3 (Retiree + Family)	\$101.91	\$33.97	\$135.88	\$101.91	\$33.97	\$135.88
<b>Vision Plans</b>						
Vision Service Plan (VSP) - Basic <sup>1</sup>						
Contract Period 1/1/2020 thru 12/31/2024						
Party Code 1 (Retiree Only)	\$0.00	\$5.82	\$5.82	\$0.00	\$5.82	\$5.82
Party Code 2 (Retiree + 1)	\$0.00	\$11.18	\$11.18	\$0.00	\$11.18	\$11.18
Party Code 3 (Retiree + Family)	\$0.00	\$12.03	\$12.03	\$0.00	\$12.03	\$12.03
Vision Service Plan (VSP) - Premier <sup>1</sup>						
Contract Period 1/1/2020 thru 12/31/2024						
Party Code 1 (Retiree Only)	\$0.00	\$15.55	\$15.55	\$0.00	\$15.55	\$15.55
Party Code 2 (Retiree + 1)	\$0.00	\$30.66	\$30.66	\$0.00	\$30.66	\$30.66
Party Code 3 (Retiree + Family)	\$0.00	\$33.34	\$33.34	\$0.00	\$33.34	\$33.34

**Footnotes:**

<sup>1</sup> No rate changes from 2023 to 2024.

<sup>2</sup> Billed rates.

<sup>3</sup> Dental benefits provided by SafeGuard Health Plans, Inc., a MetLife company.

<sup>4</sup> MetLife Standard Plan and Delta Dental Premier Enhanced Plan are not offered to Retirees.

