


**THE CALIFORNIA STATE UNIVERSITY**  
**Office of the Chancellor**  
**401 Golden Shore**  
**Long Beach, California 90802-4210**  
**(562) 951-4411**

**Date:** November 3, 2003

**Code:** **TECHNICAL LETTER**  
**HR/Benefits 2003-31**

**To:** Human Resources Directors  
Benefit Officers

**From:** Cathy Robinson   
Assistant Vice Chancellor  
Human Resources Administration

**Subject:** **PMI DELTACARE Premium Rate Increase**

Please be advised that effective January 1, 2004, PMI DeltaCare (pre-paid plan) monthly premium rates will increase 5%. These rates will be in effect through December 31, 2004. The following costs, which currently remain fully paid by the CSU, are effective with the December pay period (December 31 warrant):

<b>Monthly Premium Rates For PMI DeltaCare</b>				
<b>Basic Coverage</b>	<b>Deduction Code</b>	<b>Party Code</b>	<b>2003 Rates</b>	<b>2004 Rates</b>
Units 8, 10, E99 (Teaching Associates), and Annuitants	150-012-1	Employee Only	<b>\$15.61</b>	<b>\$16.39</b>
	150-012-2	Employee + 1	<b>\$25.76</b>	<b>\$27.05</b>
	150-012-3	Employee + 2 or more	<b>\$38.09</b>	<b>\$39.99</b>
<b>Enhanced Coverage</b>	<b>Deduction Code</b>	<b>Party Code</b>	<b>2003 Rates</b>	<b>2004 Rates</b>
Units 1, 2, 3, 4, 5, 7, 9, C99, M80, M98 and FERP Annuitants	150-013-1	Employee Only	<b>\$20.75</b>	<b>\$21.79</b>
	150-013-2	Employee + 1	<b>\$34.25</b>	<b>\$35.96</b>
	150-013-3	Employee + 2 or more	<b>\$50.64</b>	<b>\$53.17</b>

The rates for Delta Dental, the indemnity plan, remain unchanged.

Questions regarding this technical letter may be directed to Michelle Hamilton at (562) 951-4413. This technical letter is also available on the Human Resources Administration's Web site at <http://www.calstate.edu/HRAdm/memos.shtml>.

CR/mh

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