

CCPOA Plan Rates

Rates Effective: 01/01/2019

Rank & File

MP

2019 Medical Rates with Employer Contribution Rate

Member Monthly Cost				
HMO and PPO Plans	Employee Only		Employee + 1	Family
CCPOA Medical Plan Member Contribution <i>*Must be a CCPOA Member</i>	SoCal	South Plan – #2661 39.54	South Plan – #2662 78.25	South Plan – #2663 168.69
	NorCal	North Plan – #2561 171.96	North Plan – #2562 343.14	North Plan – #2563 524.98
PERS Choice (PPO)		181.78	359.56	470.43
PERS Select (PPO)		0.00	0.00	0.00
PERS Care (PPO)		346.89	689.78	889.71
Blue Shield Access+		216.03	428.06	559.48
Anthem Select HMO		159.89	315.78	413.51
Kaiser		125.39	246.78	323.81

Dental

Western Dental and CCPOA Primary

\$0.00 monthly*

*Actual rate = \$114.00 monthly. \$69.06 State Contribution + The Trust will be subsidizing the Dental Rates per Section 13.10 of the BU6 MOU

Vision

www.vsp.com

\$0.00 monthly*

*Actual rate = \$16.01 monthly. \$8.64 State Contribution + The Trust will be subsidizing the Vision Rates per Section 13.10 of the BU6 MOU

2019 State Contribution - Medical Plan*

Employee = **\$583.00** | Employee + 1 = **\$1,170.00** | Family = **\$1,518.00**

*Use as example only.
Your actual costs may vary.*

*State contribution rate as of 08/13/18.
Rates are subject to change after printing.



Retired

MP

2019 Medical Rates with Employer Contribution Rate

Retired Members – Fully Vested Rates

Member Monthly Cost				
HMO and PPO Plans	Employee Only		Employee + 1	Family
CCPOA Medical Plan Member Contribution <i>*Must be a CCPOA Member</i>	SoCal	South Plan – #2661 0.00	South Plan – #2662 0.00	South Plan – #2663 0.00
	NorCal	North Plan – #2561 20.96	North Plan – #2562 115.14	North Plan – #2563 254.88
PERS Choice (PPO)		30.78	131.56	200.43
PERS Select (PPO)		0.00	0.00	0.00
PERS Care (PPO)		195.89	461.78	629.71
Blue Shield Access+		65.03	200.06	289.48
Anthem Select HMO		8.89	87.78	143.51
Kaiser		0.00	18.78	53.81

Dental

Retired Dental coverage is obtained through CalPERS

Vision

www.vsp.com

The Trust offers different levels of coverage through VSP. See the website for complete details.
STANDARD Plan Member + 1 Dependant = **\$13.19** monthly

2019 State Contribution - Medical Plan*

Employee = **\$734.00** | Employee + 1 = **\$1398.00** | Family = **\$1788.00**

Use as example only. Your actual costs may vary.

* State contribution rate as of 08/15/17.
Negotiations were not finalized as of print date and are subject to change after printing.

<http://leservices.dpa.ca.gov/BenefitsCalculatorExternal>

<https://www.calpers.ca.gov/page/retirees/health-and-medicare/retiree-plans-and-rates>

<https://www.calpers.ca.gov/docs/2018-in-state-health-rates.pdf>

STL Group Supplemental Term Life Insurance

Active Supplemental Term Life Rate Chart

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance										
AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$25,000	1.25	1.50	1.75	2.25	3.50	5.50	10.50	16.00	25.50	38.75
\$50,000	2.50	3.00	3.50	4.50	7.00	11.00	21.00	32.00	51.00	77.50
\$75,000	3.75	4.50	5.25	6.75	10.50	16.50	31.50	48.00	76.50	116.25
\$100,000	5.00	6.00	7.00	9.00	14.00	22.00	42.00	64.00	102.00	155.00
\$125,000	6.25	7.50	8.75	11.25	17.50	27.50	52.50	80.00	127.50	193.75
\$150,000	7.50	9.00	10.50	13.50	21.00	33.00	63.00	96.00	153.00	232.50
\$175,000	8.75	10.50	12.25	15.75	24.50	38.50	73.50	112.00	178.50	271.25
\$200,000	10.00	12.00	14.00	18.00	28.00	44.00	84.00	128.00	204.00	310.00
\$225,000	11.25	13.50	15.75	20.25	31.50	49.50	94.50	144.00	229.50	348.75
\$250,000	12.50	15.00	17.50	22.50	35.00	55.00	105.00	160.00	255.00	387.50
\$275,000	13.75	16.50	19.25	24.75	38.50	60.50	115.50	176.00	280.50	426.25
\$300,000	15.00	18.00	21.00	27.00	42.00	66.00	126.00	192.00	306.00	465.00
\$325,000	16.25	19.50	22.75	29.25	45.50	71.50	136.50	208.00	331.50	503.75
\$350,000	17.50	21.00	24.50	31.50	49.00	77.00	147.00	224.00	357.00	542.50
\$375,000	18.75	22.50	26.25	33.75	52.50	82.50	157.50	240.00	382.50	581.25
\$400,000	20.00	24.00	28.00	36.00	56.00	88.00	168.00	256.00	408.00	620.00
\$425,000	21.25	25.50	29.75	38.25	59.50	93.50	178.50	272.00	433.50	658.75
\$450,000	22.50	27.00	31.50	40.50	63.00	99.00	189.00	288.00	459.00	697.50
\$475,000	23.75	28.50	33.25	42.75	66.50	104.50	199.50	304.00	484.50	736.25
\$500,000	25.00	30.00	35.00	45.00	70.00	110.00	210.00	320.00	510.00	775.00

CURRENT SPOUSE INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance										
AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70	70-74
\$12,500	0.50	0.59	0.75	1.13	1.75	2.38	3.00	7.63	12.00	19.75
\$25,000	1.00	1.19	1.50	2.25	3.50	4.75	6.00	15.25	24.00	39.50
\$37,500	1.50	1.78	2.25	3.38	5.25	7.13	9.00	22.88	36.00	59.25
\$50,000	2.00	2.37	3.00	4.50	7.00	9.50	12.00	30.50	48.00	79.00

COVERAGE AMOUNT

The premiums shown reflect the current rates (as of January 1, 2013) and benefit structure. Premiums may be changed by New York Life on any premium due date, but not more than once in any 12-month period, and on any date on which benefits are changed. Your rate may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Premiums shown are payroll deducted and will increase on the premium due date coinciding with or next following the date that a member or spouse enters a new age bracket. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

Dependent CHILDREN MONTHLY PREMIUMS - Group Supplemental Term Life Insurance

\$7,500	\$1.40 / per family	Benefit Amount per child age 6 months – 21, or 23 if full time student. [\$750 for children from 15 days old to 6 months.]
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New officers and their spouse, age 55 and younger choosing the Guarantee Issue Plan can choose from amounts shown in shaded box.

STL Group Supplemental Term Life Insurance

Retired Supplemental Term Life Rate Chart

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance

AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$25,000	1.25	1.50	1.75	2.25	3.50	5.50	10.50	16.00	25.50	38.75
\$50,000	2.50	3.00	3.50	4.50	7.00	11.00	21.00	32.00	51.00	77.50
\$75,000	3.75	4.50	5.25	6.75	10.50	16.50	31.50	48.00	76.50	
\$100,000	5.00	6.00	7.00	9.00	14.00	22.00	42.00	64.00	102.00	
\$125,000	6.25	7.50	8.75	11.25	17.50	27.50	52.50	80.00	127.50	
\$150,000	7.50	9.00	10.50	13.50	21.00	33.00	63.00			
\$175,000	8.75	10.50	12.25	15.75	24.50	38.50	73.50			
\$200,000	10.00	12.00	14.00	18.00	28.00	44.00	84.00			
\$225,000	11.25	13.50	15.75	20.25	31.50	49.50	94.50			
\$250,000	12.50	15.00	17.50	22.50	35.00	55.00	105.00			

COVERAGE AMOUNT

Rates are based on the attained age of the Insured Person and increase as you enter each new age category. The above premiums apply to Retired CCPOA Members. Rates and/or benefits may be changed on a class basis. An eligible spouse cannot be insured for more than 50% of the member's benefit. If you wish to continue your coverage upon retirement (with some restrictions), you must contact the Benefit Trust Fund office at 1-800 IN UNIT 6. Due to ongoing negotiations, policy features are subject to change.

CURRENT SPOUSE INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance

AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70	70-74
\$12,500	0.50	0.59	0.75	1.13	1.75	2.38	3.00	7.63	12.00	19.75
\$25,000	1.00	1.19	1.50	2.25	3.50	4.75	6.00	15.25	24.00	
\$37,500	1.50	1.78	2.25	3.38	5.25	7.13	9.00			
\$50,000	2.00	2.37	3.00	4.50	7.00	9.50	12.00			

COVERAGE AMOUNT

The premiums shown reflect the current rates (as of January 1, 2013) and benefit structure. Premiums may be changed by New York Life on any premium due date, but not more than once in any 12-month period, and on any date on which benefits are changed. Your rate may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Premiums shown are payroll deducted and will increase on the premium due date coinciding with or next following the date that a member or spouse enters a new age bracket. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

Dependent CHILDREN MONTHLY PREMIUMS - Supplemental Term Life Insurance

\$7,500 \$1.40 / per family Benefit Amount per child age 6 months – 21, or 23 if full time student. [\$750 for children from 15 days old to 6 months.]

DBP Disability Benefit Program

	rank & file	supervisor	retired
Gold Shield	\$65.00 monthly		Not available
New Officer Special Offer	\$32.50 monthly for 1st year		
Silver Shield	\$45.00 monthly		

ADD Group Accidental Death & Dismemberment Insurance

rank & file		supervisor		retired	
CURRENT MONTHLY COST VIA PAYROLL DEDUCTIONS				MONTHLY COST VIA RETIREMENT BENEFIT DEDUCTIONS	
Principal Sum	Member Only	Family Plan	Member Only	Family Plan	
*25,000	1.25	1.50	1.60	2.13	
50,000	2.50	3.00	3.19	4.25	
75,000	3.75	4.50	4.79	6.38	
100,000	5.00	6.00	6.38	8.50	
125,000	6.25	7.50			
150,000	7.50	9.00			
175,000	8.75	10.50			
200,000	10.00	12.00			
225,000	11.25	13.50			
250,000	12.50	15.00			

PB Piggyback Program

	rank & file	supervisor	retired
Member Only	\$14.00 monthly		\$16.00 monthly
Member + Family	\$26.00 monthly		\$32.00 monthly

USL U.S. Legal Services

	rank & file	supervisor	retired
Family Defender Legal Plan	Included with Union Dues		\$13.99 monthly

VSP VSP Retired Vision Plans

	retired
Standard Plan	
Member Only	\$9.20
Member + 1 Dependent	\$13.19
Member + Family	\$23.54
Exam-Plus Plan	
Member Only	\$1.98
Member + 1 Dependent	\$2.72
Member + Family	\$4.65

VSP VSP Active Vision Plans

rank & file	supervisor
Rank & File Vision is \$0.00 monthly.	Supervisor Vision is part of CoBen.
Enrollment and deduction are automatic.	See Catalog/Website for more information.
See Catalog/Website for more information.	