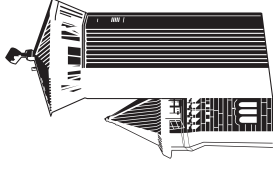


2019 Medical Rate Comparison



Rank & File

2019 Medical Rates with Employer Contribution Rate

2019 Active Medical Rates with Employer Contribution			
Member Current Monthly Cost			
HMO and PPO Plans	Employee Only	Employee + 1	Family
CCPOA Medical Plan	Plan - #2661 39.54	Plan - #2662 78.25	Plan - #2663 168.69
Member Contribution <i>Must be a CCPOA Member</i>	Plan - #2561 171.96	Plan - #2562 343.14	Plan - #2563 524.88
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	899.71
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

2019 State Contribution - Medical Plan *

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

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 1.3.10 of the BUI6 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 1.3.10 of the BUI6 MOU

Use as example only.
Your actual costs may vary.

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



Dental Rates

2019 Member Contribution

Rank & File		Supervisor		Retired
Primary Dental				
Employee Only	\$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 BLS MOU	37.00	Supervisor Dental is part of Co-Ben	Retired Dental coverage is obtained through CalPERS
Employee + 1		79.00		
Family		135.00		
Western Dental				
Employee Only	\$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 BLS MOU	15.77	Supervisor Dental is part of Co-Ben	Retired Dental coverage is obtained through CalPERS
Employee + 1		26.02		
Family		36.91		

Use as example only. Your actual costs may vary.

*The Co-Ben allowance for Excluded employees is determined by CalHR. Check calhr.ca.gov to see if updated rates are available.

As of August 31, 2018, the 2019 Co-Ben allowances for all Excluded employees are shown.

<http://www.calhr.ca.gov/employees/Pages/consolidated-benefits.aspx>



Vision Plan

2019 VSP Plan Details

PLAN	MEMBER COST	ADDITIONAL INFO
VSP Active Rate	\$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
VSP CoBen	\$8.64 monthly	State Basic Plan. CPOA Supervisors get enhanced 2nd pair coverage at no cost
VSP RETIREE RATES		
Standard Plan	Single = \$9.20	Two Party = \$13.19 Family = \$23.54
Exam Plus	Single = \$1.98	Two Party = \$2.72 Family = \$4.65

VSP Co-Pays (Exam Plus not included):

Exam = \$10 Basic Glasses = \$25
 Contacts = \$0
 Lens Enhancements = Co-Pay varies by plan

Supervisor VSP is more robust than State Enhanced – and costs less!

- Costco is an Open Access provider. They have direct billing to VSP and a special benefit schedule.
- Shatter-proof lenses (polycarbonate) for children are now covered 100%.

Use as example only. Your actual costs may vary.

* State contribution rates as of 08/13/18. Negotiations were not finalized as of print date and are subject to change after printing.



Retired

2019 Medical Rates with Employer Contribution Rate

Retired Members – Fully Vested Rates

HMO and PPO Plans	Member Monthly Cost			Family
	Employee Only	Employee + 1		
CCPOA Medical Plan Member Contribution <i>*Must be a CCPOA Retired 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 = \$13,119 monthly

Use as example only. Your actual costs may vary.

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

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

<https://www.calpers.ca.gov/docs/2019-1p-state-health-rates.pdf>

2019 State Contribution - Medical Plan *

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

Retired/Medicare

2019 Retired Medicare Rates with Employer Contribution Rate

When you or your dependent reach age 65 **or** obtain Medicare, these are your rates.

Does your family use both Basic and a Medicare Supplement? See next chart for more cost comparisons.

HMO and PPO Plans	Member Monthly Cost		
	Employee Only	Employee + 1	Family
CCPOA Medical Plan Member Contribution <i>*Must be a Retired CCPOA Member</i>	SoCal South Plan – #2661	0.00	South Plan – #2662 0.00
	NorCal North Plan – #2561	0.00	North Plan – #2562 0.00
PERS Choice (PPO)	0.00	0.00	0.00
PERS Select (PPO)	0.00	0.00	0.00
PERS Care (PPO)	0.00	0.00	0.00
Kaiser	0.00	0.00	0.00

Use as example only. Your actual costs may vary.

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

<https://www.calpers.ca.gov/pages/retirees/health-and-medicare/retiree-plans-and-rates>
<https://www.calpers.ca.gov/docs/2019-1p-state-health-rates.pdf>

2019 State Contribution - Medical Plan *

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

Retired/Medicare

2019 Retired Rates Combination Plans with State Contribution

Combination Monthly Rate Employee in Supplemental Medicare & Dependant in Basic	Employee in M 1 Dependent in B		Employee in M 2+ Dependents in B	Employee & 1 Dependent in M 1+ Dependents in B
	CCPOA Medical Plan Member Contribution <i>*Must be a CCPOA Retired Member</i>	SoCal	\$0.00	\$0.00
	NorCal	00.00	00.00	0.00

Combination Monthly Rate Employee in Supplemental Medicare & Dependant in Basic	Employee in B 1 Dependent in M		Employee in B 2+ Dependents in M	Employee & 1 Dependent in B 1+ Dependents in M
	CCPOA Medical Plan Member Contribution <i>*Must be a CCPOA Retired Member</i>	SoCal	\$0.00	\$0.00
	NorCal	0.00	0.00	0.00

Use as example only. Your actual costs may vary.

* State contribution rate as of 08/13/18.

Negotiations were not finalized as of print date and are subject to change after printing.
<https://www.calpers.ca.gov/pages/rates/health-and-medicare/retiree-plans-and-rates>

<https://www.calpers.ca.gov/docs/2019-1p-state-health-rates.pdf>

2019 State Contribution - Medical Plan *

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

Supervisor

2019 Co-Ben Rates

Plan Premiums Before CoBen Allotment			
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	1,248.25	1,686.69
	NorCal North Plan – #2561	754.96	2,042.88
PERS Choice (PPO)	764.78	1,529.56	1,988.43
PERS Select (PPO)	492.24	984.48	1,279.82
PERS Care (PPO)	929.89	1,859.78	2,417.71
Blue Shield Access+	799.03	1,598.06	2,077.48
Kaiser	708.39	1,416.78	1,841.81

2019 Co-Ben Allotment*

Employee = \$688.00 | Employee + 1 = \$1,293.00 | Family = \$1,673.00

Use as example only. Your actual costs may vary.

*The CoBen allowance for Excluded employees is determined by CalHR. Check calhr.ca.gov to see if updated rates are available. As of August 31, 2018, the published CoBen allowances for all Excluded employees are shown. <http://www.calhr.ca.gov/employees/Pages/consolidated-benefits.aspx>. <http://eservices.qpa.ca.gov/BenefitsCalculator/External/Default.aspx>

Here's an Example of CoBen* in action:

