

CCPOA Plan Rates

Rates Effective: 01/01/2024

Rank & File

2024 Member Contribution

THIS IS WHAT **YOU** PAY WITH CCPOA MEDICAL:

CCPOA Medical Plan Member Contribution <i>Must be a CCPOA Member</i>	You Only	You + 1	You + 2 or more (Family)
NorCal Plan - #2561	245.57	498.33	751.43
SoCal Plan - #2661	71.30	149.73	282.70

If you pick another plan, this is what you will pay:

PERS Platinum (PPO)	468.87	939.74	1,225.26
PERS Gold (PPO)*	112.31	226.62	298.21
Anthem HMO Select	178.57	359.14	470.48
Blue Shield Access+	145.49	292.98	384.47
Kaiser CA	217.15	436.30	570.79

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 the BUG MOU

Vision

www.vsp.com

0.00 monthly*

*Actual rate = 15.54 monthly. 8.27 State Contribution + The Trust will be subsidizing the Vision Rates per the BUG MOU



2024 State Contribution - Medical Plan

Employee = \$747.00 | Employee + 1 = \$1,492.00 | Family = \$1,936.00

Use as example only. Your actual costs may vary.

State contribution rate as of 08/03/23. Rates subject to change after printing. Contribution Formula: 80/80

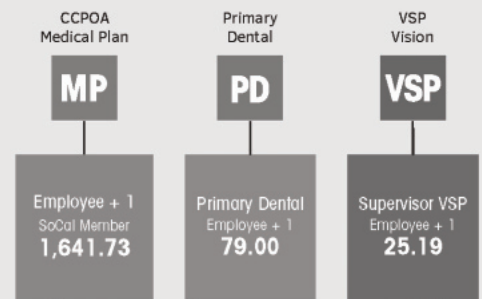
*PERS Gold has low monthly fees, but has a high deductible and co-pays.

Supervisor

2024 Medical Rates (Before CoBen)

HMO and PPO Plans	Employee Only	Employee + 1	Family
CCPOA Medical Plan	\$992.57	\$1,990.33	\$2,687.43
PERS Platinum (PPO)	1,215.87	2,431.74	3,161.26
PERS Gold (PPO)	859.31	1,718.62	2,234.21
Blue Shield Access+	892.49	1,784.98	2,320.47
Kaiser	964.15	1,928.30	2,506.79

Here's an Example of CoBen* in action:



2024 Co-Ben Allowance

Employee = 842.00 | Employee + 1 = 1,624.00 | Family = 2,100.00

*USE AS EXAMPLE ONLY. YOUR ACTUAL COSTS MAY VARY.
Due to the nature of the collective bargaining process, changes may alter contribution amounts and dependent vesting levels. 2024 CoBen allowances as of 08/04/23 (85/80 CoBen Excluded).
The CoBen allowance for Excluded employees is determined by CalHR. Check calhr.ca.gov to see if updated rates are available.
https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates

STL Group Supplemental Term Life Insurance

Active Supplemental Term Life Rate Chart

Rates Effective: 01/01/2024

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance G-29307

AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$25,000	1.50	1.75	2.00	2.50	3.75	5.75	10.75	16.25	25.75	39.00
\$50,000	2.75	3.25	3.75	4.75	7.25	11.25	21.25	32.25	51.25	77.75
\$75,000	4.00	4.75	5.50	7.00	10.75	16.75	31.75	48.25	76.75	116.50
\$100,000	5.25	6.25	7.25	9.25	14.25	22.25	42.25	64.25	102.25	155.25
\$125,000	6.50	7.75	9.00	11.50	17.75	27.75	52.75	80.25	127.75	194.00
\$150,000	7.75	9.25	10.75	13.75	21.25	33.25	63.25	96.25	153.25	232.75
\$175,000	9.00	10.75	12.50	16.00	24.75	38.75	73.75	112.25	178.75	271.50
\$200,000	10.25	12.25	14.25	18.25	28.25	44.25	84.25	128.25	204.25	310.25
\$225,000	11.50	13.75	16.00	20.50	31.75	49.75	94.75	144.25	229.75	349.00
\$250,000	12.75	15.25	17.75	22.75	35.25	55.25	105.25	160.25	255.25	387.75
\$275,000	14.00	16.75	19.50	25.00	38.75	60.75	115.75	176.25	280.75	426.50
\$300,000	15.25	18.25	21.25	27.25	42.25	66.25	126.25	192.25	306.25	465.25
\$325,000	16.50	19.75	23.00	29.50	45.75	71.75	136.75	208.25	331.75	504.00
\$350,000	17.75	21.25	24.75	31.75	49.25	77.25	147.25	224.25	357.25	542.75
\$375,000	19.00	22.75	26.50	34.00	52.75	82.75	157.75	240.25	382.75	581.50
\$400,000	20.25	24.25	28.25	36.25	56.25	88.25	168.25	256.25	408.25	620.25
\$425,000	21.50	25.75	30.00	38.50	59.75	93.75	178.75	272.25	433.75	659.00
\$450,000	22.75	27.25	31.75	40.75	63.25	99.25	189.25	288.25	459.25	697.75
\$475,000	24.00	28.75	33.50	43.00	66.75	104.75	199.75	304.25	484.75	736.50
\$500,000	25.25	30.25	35.25	45.25	70.25	110.25	210.25	320.25	510.25	775.25

CURRENT SPOUSE INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance G-29307

AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70	70-74
\$12,500	0.75	0.84	1.00	1.38	2.00	2.63	3.25	7.88	12.25	20.00
\$25,000	1.25	1.44	1.75	2.50	3.75	5.00	6.25	15.50	24.25	39.75
\$37,500	1.75	2.03	2.50	3.63	5.50	7.38	9.25	23.13	36.25	59.50
\$50,000	2.25	2.62	3.25	4.75	7.25	9.75	12.25	30.75	48.25	79.25

COVERAGE AMOUNT

The premiums shown reflect the current rates (as of January 1, 2024) 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	\$1.65 / 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 Rates Effective: 01/01/2024

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance G-29310

AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$25,000	2.34	2.73	3.12	3.90	5.85	8.97	16.76	25.34	40.16	60.82
\$50,000	4.29	5.07	5.85	7.41	11.31	17.54	33.14	50.29	79.93	121.25
\$75,000	6.24	7.41	8.58	10.92	16.76	26.12	49.51	75.25	119.69	-
\$100,000	8.19	9.75	11.31	14.43	22.22	34.70	65.89	100.20	159.46	-
\$125,000	10.14	12.09	14.04	17.93	27.68	43.28	82.26	125.15	199.23	-
\$150,000	12.09	14.43	16.76	21.44	33.14	51.85	98.64	-	-	-
\$175,000	14.04	16.76	19.49	24.95	38.60	60.43	115.01	-	-	-
\$200,000	15.99	19.10	22.22	28.46	44.06	69.01	131.39	-	-	-
\$225,000	17.93	21.44	24.95	31.97	49.51	77.59	147.76	-	-	-
\$250,000	19.88	23.78	27.68	35.48	54.97	86.16	164.14	-	-	-

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 G-29310

AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70	70-74
\$12,500	1.17	1.31	1.56	2.15	3.12	4.10	5.07	12.29	19.10	31.19
\$25,000	1.95	2.25	2.73	3.90	5.85	7.80	9.75	24.17	37.82	-
\$37,500	2.73	3.17	3.90	5.66	8.58	11.51	14.43	-	-	-
\$50,000	3.51	4.09	5.07	7.41	11.31	15.21	19.10	-	-	-

COVERAGE AMOUNT

The premiums shown reflect the current rates (as of January 1, 2024) 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

\$7500	\$1.65 / 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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NOTICE: Some older, legacy plan coverage amounts will not be reflected in the 2024 Retired Rate Chart. If you have a policy with a coverage amount not shown, please call the Trust for your current premium.

Gold Shield Disability Benefit Program Rates Effective: 01/01/ 2024

	rank & file	supervisor	retired
Gold Shield	\$55.00 monthly		Not available
New Officer Special Offer	\$27.50 monthly for 1st year		
Silver Shield CLOSED to new enrollment	\$45.00 monthly		

Group Accidental Death & Dismemberment Insurance Rates Effective: 01/01/ 2024

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			

Piggyback Program Rates Effective: 01/01/ 2024

	rank & file	supervisor	retired
Member Only	\$16.00 monthly		\$18.00 monthly
Member + Family	\$28.00 monthly		\$34.00 monthly

U.S. Legal Services Rates Effective: 01/01/ 2024

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

VSP Retired Vision Plans Rates Effective: 01/01/ 2024

	retired
Standard Plan	
Member Only	\$8.84
Member + 1 Dependent	\$12.67
Member + Family	\$22.61
Exam-Plus Plan	
Member Only	\$1.91
Member + 1 Dependent	\$2.62
Member + Family	\$4.47

VSP Active Vision Plans Rates Effective: 01/01/ 2024

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.	