


CCPOA Plan Rates

Rates Effective: 01/01/2021

Rank & File

2021 Active Medical Rates/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
 Plan - #2661 223.60	Plan - #2662 449.05	Plan - #2663 681.06	
Plan - #2561 77.86	Plan - #2562 157.51	Plan - #2563 289.05	
<i>If you pick another plan, this is what you will pay:</i>			
PERS Choice (PPO)	242.23	482.46	641.00
PERS Select (PPO)*	0.00	0.00	0.00
PERS Care (PPO)	504.87	1007.74	1323.86
Blue Shield Access+	331.96	661.92	874.30
Anthem HMO Select	193.55	385.10	514.43
Kaiser CA	154.62	307.24	413.21
UnitedHealthcare	148.61	295.22	397.59

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

2021 State Contribution - Medical Plan*

Employee = **607.00** | Employee + 1 = **1,216.00** | Family = **1,567.00**


Use as example only.
Your actual costs may vary.

*State contribution rate as of 08/26/20.
Contribution Formula: 80/80
Rates are subject to change after printing.



Supervisor

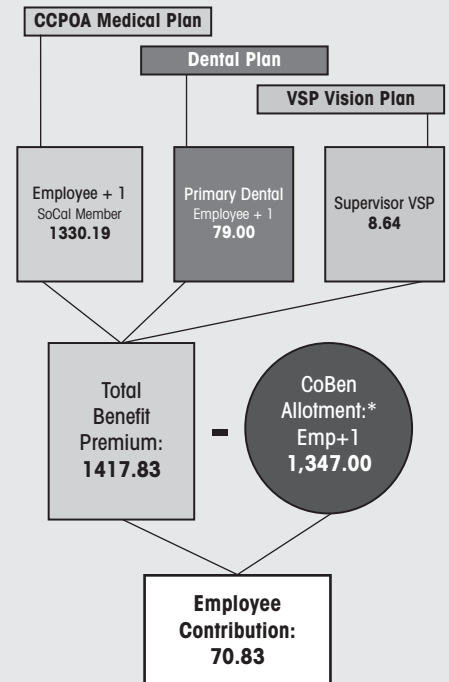
2021 Medical Rates (Before CoBen)

HMO and PPO Plans	Employee Only	Employee + 1	Family
 CCPOA Medical Plan	830.60	1612.51	2177.10
	684.86	1330.19	1797.48
PERS Choice (PPO)	849.23	1574.00	2046.20
PERS Select (PPO)	527.39	984.48	1279.82
PERS Care (PPO)	1,111.87	1979.76	2573.69
Blue Shield Access+	938.96	1820.32	2366.42
Kaiser	761.62	1460.10	1898.13

2020 Co-Ben Allowance*

Employee = **695.00** | Employee + 1 = **1,347.00** | Family = **1,741.00**

Here's an Example of CoBen* in action:



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.
The CoBen allowance for Excluded employees is determined by CalHR. Published rates as of 09/02/20. Check calhr.ca.gov to see if updated rates are available.

STL Group Supplemental Term Life Insurance

Active Supplemental Term Life Rate Chart

Rates Effective: 01/01/2021

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	1.50	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

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, 2019) 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: 01/01/2021

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	1.71	2.00	2.28	2.85	4.28	6.56	12.26	18.53	29.36	44.46
\$50,000	3.14	3.71	4.28	5.42	8.27	12.83	24.23	36.77	58.43	88.64
\$75,000	4.56	5.42	6.27	7.98	12.26	19.10	36.20	55.01	87.50	-
\$100,000	5.99	7.13	8.27	10.55	16.25	25.37	48.17	73.25	116.57	-
\$125,000	7.41	8.84	10.26	13.11	20.24	31.64	60.14	91.49	145.64	-
\$150,000	8.84	10.55	12.26	15.68	24.23	37.91	72.11	-	-	-
\$175,000	10.26	12.26	14.25	18.24	28.22	44.18	84.08	-	-	-
\$200,000	11.69	13.97	16.25	20.81	32.21	50.45	96.05	-	-	-
\$225,000	13.11	15.68	18.24	23.37	36.20	56.72	108.02	-	-	-
\$250,000	14.54	17.39	20.24	25.94	40.19	62.99	119.99	-	-	-

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 CPOA 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	0.86	0.96	1.14	1.57	2.28	3.00	3.71	8.98	13.97	22.80
\$25,000	1.43	1.64	2.00	2.85	4.28	5.70	7.13	17.67	27.65	-
\$37,500	2.00	2.31	2.85	4.14	6.27	8.41	10.55	-	-	-
\$50,000	2.57	2.99	3.71	5.42	8.27	11.12	13.97	-	-	-

COVERAGE AMOUNT

The premiums shown reflect the current rates (as of January 1, 2021) 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.]

Disability Benefit Program Rates Effective: 01/01/2021

	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: 01/01/2021

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: 01/01/2021

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

U.S. Legal Services Rates Effective: 01/01/2021

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

VSP Retired Vision Plans Rates Effective: 01/01/2021

	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 Active Vision Plans Rates Effective: 01/01/2021

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.	