


CCPOA Plan Rates

Rates Effective: 01/01/2025

Rank & File

2025 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)
		Plan - #2561	257.79	Plan - #2562
	Plan - #2661	70.45	Plan - #2662	Plan - #2663
			149.63	287.88

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 BU6 MOU

Vision

www.vsp.com

0.00 monthly*

*Actual rate = 15.54 monthly, 8.10 State Contribution + The Trust will be subsidizing the Vision Rates per the BU6 MOU

Compare our competitive rates for yourself.

Search for: CalHR's State Employee Benefits Calculator or click the *CalHR Benefit Calculator* link on our "Medical Rates" webpage.



Use as example only. Your actual costs may vary.

State contribution rate as of 08/09/24. Rates subject to change after printing. Contribution Formula: 80/80

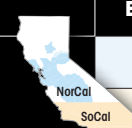
*PERS Gold has low monthly fees, but has a high deductible and co-pays.

2025 State Contribution - Medical Plan

Employee = **\$809.00** | Employee + 1 = **\$1,615.00** | Family = **\$2,097.00**

Supervisor

2025 Medical Rates (Before CoBen)

HMO and PPO Plans	Employee Only	Employee + 1	Family
			
CCPOA Medical Plan	\$1,066.79	\$2,139.38	\$2,888.76
	879.45	1,764.63	2,384.88

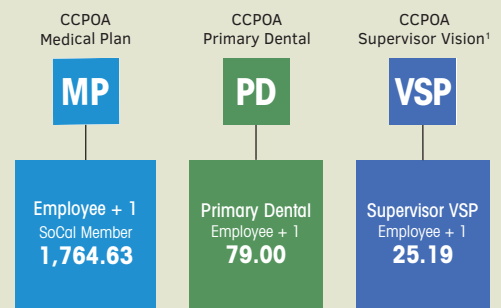
Compare our competitive rates for yourself.

Search for: CalHR's State Employee Benefits Calculator or click the *CalHR Benefit Calculator* link on our "Medical Rates" webpage.

2025 Co-Ben Allowance

Employee = **907.00** | Employee + 1 = **1,750.00** | Family = **2,262.00**

Here's an Example of CoBen* in action:



¹CCPOA Supervisor VSP has benefits that the StaBasicite "Premier Vision" does not offer—like a Second Pair Benefit and no monthly out-of-pocket premium.

*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.
2025 CoBen allowances as of 08/19/24 (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

CCPOA Plan Rates

Retired - age 65/Medicare

2025 Retired Medicare Rates with Employer Contribution Rate

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

CCPOA Medical Plan Member Contribution <i>Must be a CCPOA Retired Member</i>	NorCal		SoCal	
	You Only	You + 1	You Only	You + 1
	Plan - #2571 0.00	Plan - #2572 0.00	Plan - #2573 0.00	Plan - #2574 0.00
	Plan - #2671 0.00	Plan - #2672 0.00	Plan - #2673 0.00	Plan - #2674 0.00

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.

Compare our competitive rates for yourself.

Search for: CalHR's State Employee Benefits Calculator or click the *CalHR Benefit Calculator* link on our "Medical Rates" webpage.

2025 State Contribution - Medical Plan

Employee = **1,060.00** | Employee + 1 = **2,039.00** | Family = **2,551.00**

Use as example only. Your actual costs may vary.
*State contribution rate as of 08/19/23. Rates subject to change after printing. Contribution Formula: 100/90
<https://www.calpers.ca.gov/docs/health-rates-in-state-2025.pdf>



Retired - age 65/Medicare

2025 Retired Rates Combination Plans with State Contribution

Combination Monthly Rate Employee in Supplemental Medicare & Dependent in Basic	Employee in M 1 Dependent in B	Employee in M 2+ Dependents in B	Employee in M 1 Dependent in M 1+ Dependents in B
CCPOA Medical Plan Member Contribution <i>*Must be a CCPOA Retired Member</i>	Plan - #2574 0.00	Plan - #2575 0.00	Plan - #2576 0.00
	Plan - #2674 0.00	Plan - #2675 0.00	Plan - #2676 0.00
Combination Monthly Rate Employee in Basic & Dependent in Supplemental Medicare	Employee in B 1 Dependent in M	Employee in B 2+ Dependents in M	Employee in B 1 Dependent in B 1+ Dependents in M
CCPOA Medical Plan Member Contribution <i>*Must be a CCPOA Retired Member</i>	Plan - #2577 0.00	Plan - #2578 0.00	Plan - #2579 48.81
	Plan - #2677 0.00	Plan - #2678 0.00	Plan - #2679 0.00

2025 State Contribution - Medical Plan

Employee + 1 = **2,039.00** | Family = **2,551.00**

Use as example only. Your actual costs may vary.
*State contribution rate as of 08/19/23. Rates subject to change after printing. Contribution Formula: 100/90. A combination plan means at least one family member is enrolled in a Medicare health plan and at least one family member is enrolled in a Basic (non-Medicare) health plan through the same health carrier.
<https://www.calpers.ca.gov/docs/health-rates-in-state-2025.pdf>



STL Group Supplemental Term Life

Active Supplemental Term Life Rate Chart

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance G-29307										Effective January 1, 2025
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										Effective January 1, 2025
AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	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, 2025) 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 up to age 26. Age may vary in other states. [\$750 for children from 15 days old to 6 months.]

New officers and their spouse, age 55 and younger choosing the Guarantee Issue Plan can choose from amounts shown in red outline.

Note: If you are covered as a member, you cannot be covered as a dependent of another member.

NOTICE: Some older, legacy plan coverage amounts will not be reflected in the 2025 Retired Rate Chart. If you have a policy with a coverage amount not shown, please call the Trust for your current premium.

EXCLUSION Suicide is excluded from coverage for the first two years, whether sane or insane. If a covered person does commit suicide within the first two years of coverage, New York Life will only pay an amount equal to the premium paid for coverage till the date of death. The Life Insurance Benefit is payable if a member is covered under the policy and commits suicide after the two year period. The total amount of coverage an individual may request under all Group Life Insurance Plans underwritten by New York Life Insurance Company issued to the CCPOA-Benefit Trust Fund may not exceed \$500,000 for active members, \$50,000 for their spouses.

2025 Rate Charts

Retired Supplemental Term Life Rate Chart

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance G-29310										Effective January 1, 2025
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										Effective January 1, 2025
AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	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, 2025) 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 up to age 26. Age may vary in other states. [\$750 for children from 15 days old to 6 months.]

Note: If you are covered as a member, you cannot be covered as a dependent of another member.

NOTICE: Some older, legacy plan coverage amounts will not be reflected in the 2025 Retired Rate Chart. If you have a policy with a coverage amount not shown, please call the Trust for your current premium.

EXCLUSION Suicide is excluded from coverage for the first two years, whether sane or insane. If a covered person does commit suicide within the first two years of coverage, New York Life will only pay an amount equal to the premium paid for coverage till the date of death. The Life Insurance Benefit is payable if a member is covered under the policy and commits suicide after the two year period. The total amount of coverage an individual may request under all Group Life Insurance Plans underwritten by New York Life Insurance Company issued to the CCPOA-Benefit Trust Fund may not exceed \$250,000 for retired members, \$50,000 for their spouses.

GS Gold Shield Disability Benefit Program Rates Effective: 01/01/ 2025			
	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		

ADD Group Accidental Death & Dismemberment Insurance Rates Effective: 01/01/ 2025				
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		

PB Piggyback Program Rates Effective: 01/01/ 2025			
	rank & file	supervisor	retired
Member Only	\$16.00 monthly		\$18.00 monthly
Member + Family	\$28.00 monthly		\$34.00 monthly

USL U.S. Legal Services Rates Effective: 01/01/ 2025			
	rank & file	supervisor	retired
Family Defender Legal Plan	Included with Union Dues		\$13.99 monthly

VSP VSP Active Vision Plans Rates Effective: 01/01/ 2025	
rank & file	
Rank & File Vision is \$0.00 monthly. Enrollment and deduction are automatic.	
See Catalog/Website for more information.	

VSP VSP Retired Vision Plans Rates Effective: 01/01/ 2025	
	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

Supervisor CoBen Rates Effective: 01/01/ 2025	
supervisor	
Dental	Vision
Primary Dental CoBen:	
Single	\$37.00
Two Party	79.00
Family	135.00
Western Dental CoBen:	
Single	\$15.77
Two Party	26.02
Family	36.91
VSP CoBen:	
Single	16.73
Two Party	25.19
Family	35.51