CCPOA Plan Rates

Rates Effective: 01/01/2025

Medical Plan: Rank & File

2026 Member Contribution

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

CCPOA Medical Plan – NorCal

Member	80/80
You Only Plan – #2561	$333.25
You + 1 Plan – #2562	$673.37
You + 2 or More Plan – #2563	$998.36

CCPOA Medical Plan – SoCal

Member	80/80
You Only Plan – #2661	$122.76
You + 1 Plan – #2662	$252.32
You + 2 or More Plan – #2663	$432.22

2026 State Contribution - Medical Plan

Active Rank & File Members: 80/80 Formula
Employee - **$867.00** | Employee+1 - **$1,732.00** | Family - **$2,249.00**

Active Members

Use as example only. Your actual costs may very.
*State contribution rate as of 1/1/26 Rates subject to change after printing. Contribution Formula: 80/80
https://www.calpers.ca.gov/members/health-benefits/plans-and-rates

Dental Plan
Powered by the Benefit Trust Fund

$0.00 monthly*

*Actual rate = $119.00 monthly.
$69.06 State Contribution + The Trust will be subsidizing the Dental Rates per the BU6 MOU

United Concordia dental

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

vsp vision care

Compare Rates for Yourself.

Click the *CalHR Benefit Calculator* link on our "Medical Rates"webpage.

www.ccpoabtf.org/MedRates/

blue CALIFORNIA

Rates Effective: 01/01/26

Supervisor

2026 Medical Rates (Before CoBen)

CCPOA Medical Plan – NorCal

Member	Rate
You Only Plan – #2561	$1200.25
You + 1 Plan – #2562	$2405.37
You + 2 or More Plan – #2563	$3247.36

CCPOA Medical Plan – SoCal

Member	Rate
You Only Plan – #2661	$989.76
You + 1 Plan – #2662	$1984.32
You + 2 or More Plan – #2663	$2681.22

2026 Co-Ben Allowance

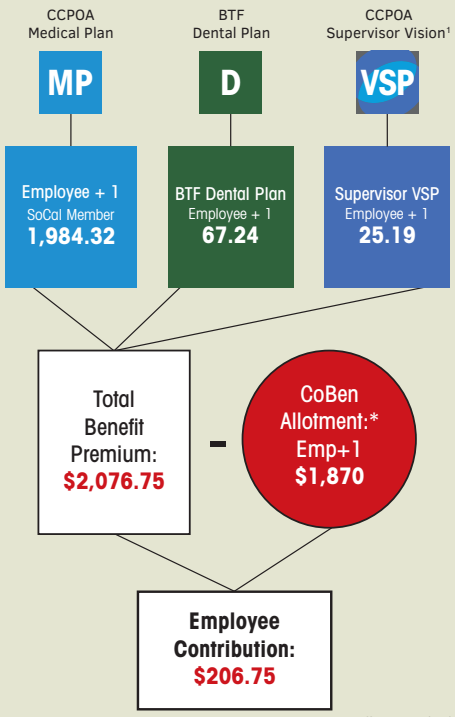
CoBen (Excluded) – 85/80 Formula
Employee - **$968.00** | Employee+1 - **$1,870.00** | Family - **$2,417.00**

Compare Rates for Yourself.

Click the *CalHR Benefit Calculator* link on our "Medical Rates" webpage.

www.ccpoabtf.org/MedRates/

Here's an Example of CoBen in action:*



CCPOA Supervisors

Use as example only. Your actual costs may very.
Due to the nature of the collective bargaining process, changes may alter contribution amounts and dependent vesting levels. 2025 CoBen allowances as of 01/01/25 (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/members/health-benefits/plans-and-rates

Rates Effective: 01/01/26

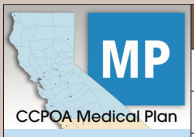
CCPOA Plan Rates

Rates Effective: 01/01/2025

Early Retired - Not yet age 65 / Not in Medicare

2026 Medical Rates with Employer Contribution Rate

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



Member	100/90	80/80
You Only Plan – #2561	$116.25	$333.25
You + 1 Plan – #2562	$348.37	$673.37
You + 2 or More Plan – #2563	$609.36	$998.36

Member	100/90	80/80
You Only Plan – #2661	$0.00	$122.76
You + 1 Plan – #2662	$0.00	$252.32
You + 2 or More Plan – #2663	$43.22	$432.22

2026 State Contribution - Medical Plan

Hired PRIOR to January 1, 2017 – 100/90 Formula
Employee - **$1,084.00** | Employee+1 - **$2,057.00** | Family - **$2,638.00**

Hired AFTER January 1, 2017 – 80/80 Formula
Employee - **$867.00** | Employee+1 - **$1732.00** | Family - **$2,249.00**

Retired Members – Fully Vested Rates

Use as example only. Your actual costs may very.
*State contribution rate as of 1/1/25 Rates subject to change after printing. Contribution Formula: 100/90 & 80/80
https://www.calpers.ca.gov/retirees/health-and-medicare/retiree-plans-and-rates

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

Rates Effective: 01/01/26

***A Note on Retired Medical Rates:**

State retiree contribution formulas vary by **first hire date** to the State of California.

All BU6 State annuitants have the 100/90 state retiree contribution formula if hired prior to January 1, 2017.

After this hire date, State Annuitants enrolled in Basic plans use the Basic 80/80 formula, and State Annuitants enrolled in Medicare plans use the Medicare 80/80 formula.

CCPOA Plan Rates

Rates Effective: 01/01/2025

Retired - age 65/**Medicare**

2025 Retired Medicare Rates with Employer Contribution Rate

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

	Member	100/90	80/80
MP CCPOA Medical Plan NorCal	You Only	$0.00	$88.35
	You + 1	$0.00	$158.70
	You + 2 or More	$0.00	$289.05

	Member	100/90	80/80
MP CCPOA Medical Plan SoCal	You Only	$0.00	$88.35
	You + 1	$0.00	$158.70
	You + 2 or More	$0.00	$289.05

2025 State Contribution - Medical Plan

Hired PRIOR to January 1, 2017 – 100/90 Formula
Employee - **$1,084.00** | Employee+1 - **$2,057.00** | Family - **$2,638.00**

Hired AFTER January 1, 2017 – 80/80 Formula
Employee - **$416.00** | Employee+1 - **$845.00** | Family - **$1,214.00**

Use as example only. Your actual costs may very.
*State contribution rate as of 01/01/25 Rates subject to change after printing. Contribution Formula: 100/90 & 80/80
https://www.calpers.ca.gov/retirees/health-and-medicare/retiree-plans-and-rates

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.

***A Note on Retired Medical Rates:**

State retiree contribution formulas vary by first hire date to the State of California.

All BU6 State annuitants have the 100/90 state retiree contribution formula if hired prior to January 1, 2017.

After this hire date, State Annuitants enrolled in Basic plans use the Basic 80/80 formula, and State Annuitants enrolled in Medicare plans use the Medicare 80/80 formula.

Rates Effective: 01/01/26

Retired - age 65/**Medicare Combination Plans**

2026 Retired Rates Combination Plans with State Contribution

Combination Monthly Rate:
Employee in Supplemental Medicare & Dependent in Basic

	EMPLOYEE IN M	100/90	80/80
MP CCPOA Medical Plan NorCal	1 Dependent in B Plan – #2574	$0.00	$1293.49
	2+ Dependents in B Plan – #2575	$0.00	$1,706.48
	1 Dependent in M 1+ Dependents in B Plan – #2576	$0.00	$631.69

	EMPLOYEE IN B	100/90	80/80
MP CCPOA Medical Plan NorCal	1 Dependent in M Plan – #2577	$0.00	$1283.60
	2+ Dependents in M Plan – #2578	$0.00	$1353.95
	1 Dependent in B 1+ Dependents in M Plan – #2579	$0.00	$1,690.72

Combination Monthly Rate:
Employee in Basic & Dependent in Supplemental Medicare

	EMPLOYEE IN M	100/90	80/80
MP CCPOA Medical Plan SoCal	1 Dependent in B Plan – #2674	$0.00	$1082.92
	2+ Dependents in B Plan – #2675	$0.00	$1350.82
	1 Dependent in M 1+ Dependents in B Plan – #2676	$0.00	$486.60

	EMPLOYEE IN B	100/90	80/80
MP CCPOA Medical Plan SoCal	1 Dependent in M Plan – #2677	$0.00	$1073.11
	2+ Dependents in M Plan – #2678	$0.00	$1143.46
	1 Dependent in B 1+ Dependents in M Plan – #2679	$0.00	$1269.67

2026 State Contribution - Medical Plan

Hired PRIOR to January 1, 2017 – 100/90 Formula
Employee - **$1,084.00** | Employee+1 - **$2,057.00** | Family - **$2,638.00**

Hired AFTER January 1, 2017 – 80/80 Formula
Employee - **$416.00** | Employee+1 - **$845.00** | Family - **$1,214.00**

Use as example only. Your actual costs may very.
*State contribution rate as of 01/01/26 Rates subject to change after printing. Contribution Formula: 100/90 & 80/80.
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/retirees/health-and-medicare/retiree-plans-and-rates

Rates Effective: 01/01/26

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, 2026

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, 2026

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, 2026) 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. Rates may vary slightly due to rounding.

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 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.*

2026 Rate Charts

Retired Supplemental Term Life Rate Chart

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance G-29310									Effective January 1, 2026	
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, 2026	
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, 2026) 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. Rates may vary slightly due to rounding.									

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 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/ 2026

	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/ 2026

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/ 2026

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

LP MetLife Legal Plan

Rates Effective: 01/01/ 2026

	rank & file	supervisor	retired
BTF MetLife Legal Plan	Included with Union Dues		$13.99 monthly

VSP VSP Active Vision Plans

Rates Effective: 01/01/ 2026

rank & file
Rank & File Vision is $0.00 monthly. Enrollment and deduction are automatic. *See Catalog/Website for more information.*

Supervisor CoBen

Rates Effective: 01/01/ 2026

supervisor	
Dental	**Vision**
UCD Core Dental CoBen: Single . . . . . $31.49 Two Party . . . . . 67.24 Family 114.91	**VSP CoBen:** Single . . . . . 16.73 Two Party . . . . . 25.19 Family 35.51

VSP VSP Retired Vision Plans

Rates Effective: 01/01/ 2026

	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

AS BTF Accident & Sickness

Rates Effective: 01/01/ 2025

ARG BENEFITS
Powered by ARG Benefits

Contact ARG BENEFITS for enrollment & details
Dedicated Member Line
888-211-6157 | corey@argbenefits.com

Accident Champion starts at $14.13/mo
Shield Plus starts at $30.50/mo