

SearchLight

CCPOA Benefit Trust Fund | Lighting The Darkness. Keeping You Covered.

Winter/Spring 2023

In This Issue

GMAPD	1
WELLVOLUTION TIME	2
BSCA HEALTH LIBRARY	3
WORLD WIDE WEIRD	4
BUSTED	5
GET YOUR CHECK-UP	6
GET YOUR STEPS	7
VITAMIN-D AND DIABETES	7
SUMMARY ANNUAL REPORT	8
TIDBITS	12



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Visit the links on our home page.

We present this issue of SearchLight for your education and enjoyment. We produce this publication three or four times a year, as the whim strikes us. If you have any benefit questions, please call the Trust. Don't count on your buddy, because he got his information from some guy in a van parked outside the wall.

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A pdf version of this SearchLight can be found on our website under "Mailings." All source articles can be viewed as links.

What is GMAPD?

If you are a Retired CCPOA member with the CCPOA Medical Plan, you probably received a mailer from Blue Shield talking about GMAPD. What exactly is this, and what does it mean for you and your coverage?

First of all - you don't need to do anything. The **GMAPD Plan** is short-hand for: **Group Medicare Advantage Prescription Drug PPO plan**. As of January 1, 2023, it replaces the Medicare Medical and Prescription Drug plans you currently have. And it's better.

Group Medicare Advantage Prescription Drug Plan for CCPOA includes Medicare health care (Part C) and prescription drug (Part D) coverage offering you the convenience of having both your medical services and prescription drugs covered through one plan.

THE PLAN HAS A LOT OF BENEFITS.

Let's take a look at some:

- Benefit from defined copayment or coinsurance amounts for doctor and specialist visits, just like an HMO plan but with PPO flexibility and freedom.
- Access to use out-of-network providers that accept Medicare.
- Enjoy similar drug copays, coinsurance and a rich formulary.
- The same Benefits as before, including but not limited to, one annual physical exam per year and NurseHelp 24/7.
- Take advantage of gyms and fitness classes provided through the SilverSneakers fitness program.
- Dial one Customer Care phone number for both your medical and pharmacy benefits.
- Carry just one Blue Shield ID card that can be used whenever you get services covered by the plan and for prescription drugs you get at network pharmacies.

WHAT ACTION DO YOU NEED TO TAKE?

No action is required from you at this time. During open enrollment, you will be enrolled automatically in the CCPOA Medical Plan Medicare (PPO) plan from your current plan.

Of course, if you wish to change your coverage, and choose a different plan next Open Enrollment, you can. Notify your Benefits Administrator. Just remember, if you change plans you lose the coverage through CCPOA.

If you have more questions about how your plan works, call Blue Shield Customer Care at: **(800) 776-4466**
8 a.m. to 8 p.m., seven days a week.

FLEXIBILITY AND CHOICE

Not only can you see doctors and other healthcare providers that are in our network, you can also see out-of-network doctors and providers at the same cost-sharing amount as long as they:

- Participate in Medicare
- Directly bill Blue Shield of California

Can I see any out-of-network doctor?

You can see any out-of-network doctor or healthcare provider that participates in Medicare and is willing to treat you and bill us.

TIP: If your doctor says they will not accept the plan, we are happy to contact them to explain how the plan works. This is usually all that is needed.

What do I need to pay?

You pay your plan's copay or coinsurance. We will pay for the rest of the cost of your covered services including any excess charges to the limit set by Medicare.

NOTE: Some doctors may refuse to bill us and may ask that you pay the full allowable amount yourself. If you pay the doctor, you can submit a claim to us for reimbursement.

Have You Wellvoluted Yet?

ACHIEVE YOUR GOALS WITH WELLVOLUTION

WellvolutionSM offers online and in-person programs for general well-being and disease reversal. It leverages the power of your lifestyle and combines it with decades of research and leading technology. You set your goals, and we'll help you achieve them with an easy-to-follow plan and all the tools and support you need along the way.

Get lifestyle-based tools and support to lose weight, treat diabetes, support mental health, and more. Clinically proven programs, designed for you – at no cost to CCPOA Medical Plan members.

Designed with convenience and mobility in mind, Wellvolution offers members 24/7/365 access in the palm of their hands. Choose programs ranging from general well-being and health risk management to treatment and reversal of serious chronic conditions like type 2 diabetes.

- **Lose Weight:** Get personalized plans, clinically proven to help you create better eating and fitness habits. Members can lose weight and keep it off with coaching support and a personalized step by step plan on how to decrease cravings, hunger and weight without dieting. Most members see an average loss of 3-4 lbs per week and improvement in their quality of life across the board.
- **Treat Diabetes:** Use vetted methods to help control Type 2 diabetes and limit your risk of chronic disease.
- **Prevent Diabetes:** Lose weight and lower

your risk of Type 2 diabetes with customized tools and health coaching.

- **Quit Smoking:** Break the habit with tested strategies that help you beat nicotine cravings and addiction.
- **Lower Stress:** Learn meditation and other techniques to lower stress, improve sleep, and boost resilience.
- **Manage Anxiety:** Get expert online mental health care the way you need it, when you need it.

With the right tools, coaching, nutrition counseling and health professional support members can succeed with small changes today to make a big difference for a healthier tomorrow.

PROGRAMS - LIKE WHAT?

Well-being programs – a hand-selected set of proven general well-being programs, designed to help generally healthy patients achieve their health goals of sleeping better, lowering stress, exercising more, eating better or quitting smoking.

Weight loss programs – programs specifically designed to help your patients make changes that fit their lifestyle and promote a healthy weight.

Disease prevention programs – targeting reduction of risk for type 2 diabetes and heart disease, prevention programs provide members with a health coach and an individualized plan that meet their unique needs and address several areas of their life, including physical activity, nutrition, sleep and stress management. Most members see a reduction

in medications they take, as well as normalization of blood sugar and blood pressure.

Chronic condition reversal programs – turn back the clock and reverse the course of chronic conditions like hyperlipidemia, hypertension, type 2 diabetes and more with the support from physician, health coaches and a supportive patient community.

Our high touch reversal programs, often incorporating in-person or digital coaching options, are focused on normalization of A1C levels, weight, and blood pressure, as well as elimination of medication dependence in a matter of weeks.

HOW IT WORKS

Create a Wellvolution account

We'll confirm that you're qualified to receive the program at no additional cost.

Select your program

Tell us about your health goals and we'll suggest program choices that are right for you. Pick one you want to try.

Become a healthier you!

With the assistance of your program, begin making healthier choices about diet, exercise, sleep, stress, and your overall health.

Wellvolution

wellvolution.com

Have you Monj'ed Today?



Are you ready to lose weight, feel great, and laugh a lot along the way?

With MonjWell™ In-Joy™, you'll try new things and make little discoveries that lead to a lighter, brighter you.

YOU CAN LOOK FORWARD TO:

- 24 lbs Average weight loss
- Personal Coaching and Group Support
- Delicious Chef-Designed Food Program
- Weekly Digital Lessons
- 100% Happier in first month

Feel Good Food

MonjWell is now offering free cooking events with Culinary Director and Chopped Champion Chef Eliza Martin.

Chef Eliza's culinary adventures began in New York City, where she studied at the Institute of Culinary Education, worked tirelessly at the Rachael Ray Show, Saveur Magazine, and multiple high end catering companies and restaurants. After winning a James Beard Foundation cooking competition, she served as their first Woman in Culinary Leadership.

Eliza has worked in restaurants all over NYC, Chicago and San Francisco, and held Executive

Chef titles in multiple facilities. Eliza holds the title of Chopped Champion from the Food Network and is passionate about nutrition education and making cooking a delight for anyone.

These events are open to all Wellvolution members. Just

sign up, and MonjWell will send an e-mail with everything you need to whip up their tasty creations.



STORIES FROM THE BLUE SHIELD HEALTH LIBRARY

How older adults can benefit from “Sex Ed 2.0”

Today’s seniors may have grown up with the 1960s sexual revolution, but that doesn’t mean they are comfortable with sex now. A healthy sex life remains important in the later half of life, but sexual functioning and the need for information may change.

“During aging, we look at a lot of different health factors, but often skip over the most common of the things that keep people happy and healthy,” says Susan Wysocki, a nurse practitioner and medical adviser for the American Sexual Health Association. “Whether it’s sex – or for some adults, fondling or cuddling – that need is the most normal thing in the world.”

Seniors are interested in sex. A New England Journal of Medicine study of more than 3,000 men and women found almost three-quarters of people ages 57 to 64 were sexually active while more than half of people 65 to 74 were sexually active. More than one-quarter of people age 75 and up were sexually active.

The rates were somewhat surprising given that about half of sexually active men and women reported at least one “bothersome” sexual problem. For women, the top reason was low desire, followed by difficulty with vaginal lubrication. Among men, the major difficulty was erectile dysfunction.

RELUCTANCE TO TALK IS THE BARRIER TO FINDING SOLUTIONS

“Who gives a senior a sex talk?” asks Wysocki. The lead author of the New England Journal study, Stacy Tessler Lindau, MD, says men may be more likely to discuss sexual health issues with their doctors than women.

“The conversation about sexuality in the context of aging shifted dramatically in the late 1990s with the release of sildenafil and the other erectile dysfunction drugs,” says Lindau. “There is no question that bringing effective treatments to market for male sexual function really opened the door for conversations between men and their doctors. I think the conversations between women and their gynecologists have increased in number, although the vast number of women would say their doctors don’t raise the topic routinely.”

A recent study of more than 2,000 women ages 45 to 75, found that vaginal atrophy, which causes vaginal dryness and burning and often interferes with intimacy, affects 98% of postmenopausal women. However, many women consider these symptoms part of aging and don’t discuss the problem with healthcare providers, said the authors of the study.

Some people dealing with sexual dysfunction may simply not know where to turn, Lindau says. Urologists, for men – and gynecologists, for women – can help patients with a number of physiological problems linked to sex. Geriatricians are particularly well-trained to

help with issues like maintenance and recovery of sexual function, but many lack specific training in treating sexual problems, especially among women, she says.

“The field of geriatrics understands mind and body and looks at the whole person rather than being disease-focused,” she says. Geriatricians aim to help older adults preserve or recover bodily functions, whether that’s memory, physical fitness, or sexual function, she explains.



ARE THERE SOLUTIONS?

There are solutions to many of the problems that can derail sexual activity in later life, experts say. While erectile dysfunction medications have been a boon to men, drug companies have not produced a similar blockbuster class of medications for women with sexual issues. But several newer medications for women are available, including medications for vaginal dryness and vaginal atrophy, as well as flibanserin, a pill that treats hypoactive sexual desire in premenopausal women. The drug’s

mechanism of action is not well understood.

Besides talking to doctors about solutions, couples need to converse with each other about sex. “Older men and women may not have the words to say what they need for optimal sexual function,” Lindau says. “The longer you are with a partner, the harder it might be to say ‘That is not what I need for satisfaction’ or ‘as I’ve gotten older, my preferences have changed.’”

A couple’s counselor or sex therapist can often help. For couples with an otherwise strong and loving relationship, just a few sessions of counseling may be very beneficial.

It’s also important for older adults to talk about the risks of sex, especially in new relationships. Rates of sexually transmitted diseases, including HIV, are much lower among older adults, but they do happen.

Older adults should not be embarrassed to speak with healthcare professionals or their sexual partners about concerns, questions, and needs.

“It’s important to be as informed as you can and to recognize that you are not alone, Wysocki says. “You are not alone for wanting to connect; to express feelings in a physical way. And you are not alone with having some difficulty being able to do that.”

Blue Shield members can find specialists to discuss any of these topics along with lots of wellness resources just by logging in to www.blueshieldca.com/fad/home

This topic and many more can be found in the Blue Shield Health Library

WORLD-WIDE-WEIRD

Found online. That makes it true.

Fill Your Cart: The Supermarket Story

We all use it. Probably none of us have ever known any other way to buy your groceries - but the Supermarket, and one invention in particular, changed the face of shopping in America to this day.

In 1915 Astor Market opened in New York City, and is often credited with being the first of what we would recognize today as a supermarket. Opened in the early days of WWI, it was an attempt to lower the cost of groceries due to war-time price increases. It never did catch on with the public—people were accustomed to handing over a list of goods to the store clerk, and the clerk did all the fetching. It lasted only two years.

DO IT YOURSELF

In the fall of 1916, Clarence Saunders got the formula right, and opened what became the blueprint for stores to come—Piggly Wiggly. Customers entered through a turnstile, were free to browse the shelves where all the items displayed a price. Shoppers exited through a queue that passed by a checker manning a register.

Shortly after a variation appeared - the local chain, with names like Kroger and A&P. These were not self-serves, but had multiple locations in an area-which resulted in uniform branding, quality and customer loyalty.

PARK IT

In 1924, C.L. Peckham took notice of the increasing number of daily commuters, and they were not on the trolley or bus. More and more the car was king. On the side of Los Feliz Road, in Glendale, California away from other stores he built a U-shaped shopping center, with a parking lot in the middle. Anchored with a grocery store. Named Ye Market Place, the first drive-up shopping center was born.

IT'S GOOD TO BE KING

By 1930 King Kullen was founded in Jamaica, Queens, in New York City. Unlike the other markets of its time, King Kullen sold thousands of different products in one store with various departments for produce, meats, dairy, baked goods, and other dry goods. This multi-department large grocery store earned the title of the first supermarket, according to the Smithsonian Institute.

GETTING PUSHED AROUND

The modern shopper owes so much to a man whose name is not a household word-yet his contribution to commerce reaches into virtually all retail shopping. His name is Sylvan Goldman.

Goldman was born of immigrant parents and grew up in the Chickasaw Nation, Oklahoma. He dropped out of school after the eighth grade, but he was by no means dumb. After serving in WWI he and his brother opened the first supermarket in Oklahoma. In less than three years they had built a small family business into 55 stores. Several

months before the Stock Market Crash of 1929 they sold out (for a great deal of money) to a chain still around today—Safeway Stores.

But Goldman's greatest shopping contribution was still to come. Despite the sale to Safeway, the crash hit him hard and he had to rebuild, eventually buying the failing Humpty-Dumpty grocery store chain in the late 1930's. It was customary for grocery stores to supply shoppers with a small wooden or wire basket to carry as they wandered up and down the aisles. Once the basket got too heavy, though, customers headed for the check-out line. To keep them buying, Goldman was determined to figure out a way to make heavy baskets more manageable.

One night, he happened to look at a wooden folding chair and inspiration struck.

He placed one shopping basket on the seat and another under the chair, envisioned wheels on the legs, and a handle on the back. He was on to something. To use a cart, you opened a folded-up frame, grabbed two 5" baskets and placed them in holders on the frame - one above and one below. When they were done shopping, the check-out girl simply put both baskets on the counter and rang everything up.

It was a huge flop. Men were too proud to admit they needed help carrying a basket, and women said they had pushed enough baby buggies—they weren't going to use one for shopping, *thank you very much*.

Goldman was not to be deterred. In a move that even P.T. Barnum would enjoy, Goldman hired fake shoppers, attractive man and women to push the carts around the store. A greeter at the entrance would offer one to customers as they came in with the line "Everybody is using them." He soon became a multimillionaire by collecting a royalty on every folding shopping cart in the United States.

BUT THAT'S NOT ALL

Goldman had a cart rival in a man named Orla Watson. Each had independently developed the "nesting cart" (*which is the way modern carts shove together*). As a court battle over patents loomed, the two men came to an agreement. Goldman agreed to relinquish his rights on his existing patent and pay the sum of \$1 in damages. In return, Watson agreed to give Goldman exclusive license for the production of the "nesting" cart. Thus both Goldman and Watson made money from every shopping cart in the U.S. for another 20 years—but Goldman wasn't done yet.

Goldman's other inventions include the grocery sacker, the folding inter-office basket carrier, and the milk bottle rack and the baggage cart. *wikipedia; time.com; stacker.com*



BUSTED

Off-beat news stories
about crime and such...

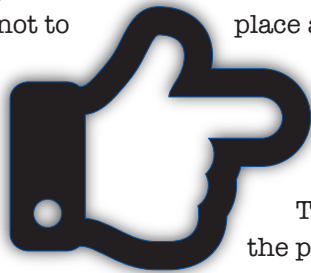
Give 'Em the Finger

Around 1:25 p.m., Paul James Sinclair entered a Florida store—his hand hidden from view, tucked in his shirt. He ordered the cashier to hand over the money in the cash register, and warned her not to “press any buttons” or alert authorities in any other way.

The clerk obliged and handed over the \$120 from the register. It only took ten minutes for the police to apprehend him.

Was he drunk? No. Was he high? Not at all. Did he have a weapon - well, no. Did he think this through clearly - absolutely not.

So where did he stash the gun? Turns out, just like a cartoon, he used his finger as his weapon.



Girls Do It Too

Court documents from Overland Park, Kansas, describe the actions of the perp as: “unlawfully and feloniously communicated a threat to commit violence, with the intent to place another, in fear, or with the intent to cause the evacuation, lock down or disruption in regular, ongoing activities” or created the risk of causing that fear.

This terrible behavior led Police to cuff the perp and charge her with the count of felony threatening.

Who was this criminal? A 12-year-old girl who shaped her fingers to resemble a gun and pointed at classmates.

The child’s grandfather, Jon Cavanaugh, said the girl had no access to guns and no intent to hurt anybody.

“I think that this is something that prob-

ably could have been handled in the principal’s office and got completely out of hand,” Cavanaugh said. “She was just mouthing off.”

The girl could face up to a year in a juvenile detention center.

Not the First Time

While seemingly unusual, this is not the first time a case like this has made it to the courts. In 2018 a Pennsylvania man pretended to point a gun at his neighbor, using his thumb and index finger to create the shape of the weapon. Stephen Kirchner was convicted of disorderly conduct and appealed the decision. The appeals court upheld his conviction, ruling that pointing a “finger gun” is in fact a criminal offense. The appeals court ruled. “This act served no legitimate purpose, and recklessly risked provoking a dangerous altercation.”

washingtonexaminer.com cbsnews.com

Oooh, That Stings

Sheriffs in Hampden County, Massachusetts, were serving an eviction notice—and deputies were met with protesters outside the home in Longmeadow. This particular eviction involved a 79-year-old retiree who had lived at the address for decades. He’d spent the past few years fighting foreclosure, and in a last-ditch effort to save his sprawling home, he was at the courthouse that morning to ask a judge for a stay.

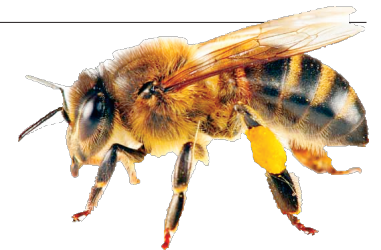
That’s when Rorie S. Woods arrived in an SUV towing a trailer carrying bee hives. Woods had personal experience with foreclosure herself, and is linked up with the Massachusetts Alliance Against Predatory Lending, a statewide coalition of organizations assisting people who face foreclosure.

She put on a beekeeper’s suit to protect herself, and started shaking the hives, eventually breaking the cover off one, causing hundreds of bees to swarm out, and stinging the deputies, some of whom were allergic.

“Oh, you’re allergic? Good,” Woods reportedly said.

The “victim” here is not without his own story. Alton King Jr. is no befuddled senior, he is a financial adviser and entrepreneur who fell behind on his \$13,400 mortgage after adding an indoor basketball court to his 9,563-square-foot home.

One staff member was taken to a hospital. Woods pleaded not guilty and was released without bail. *foxnews.com; nymag.com*



Hire Me-I Mean Arrest Me.

The woman walked into a New Jersey sheriff’s office, said she was looking for work, and was applying for the security guard position. In doing so she also helped police close at least one case — her own! Turns out she was a fugitive wanted for fraud.

Zyeama Y. Johnson, 27, had applied for employment as a security guard with the sheriff’s office. Not such a good idea.

Johnson was charged with being a fugitive from justice—she was wanted by authorities in Pennsylvania for failure to appear in court on charges

of fraud and an additional 10 bench warrants for failure to appear in Jersey City on traffic charges.

After the validity of the warrants was confirmed, Johnson was called in under the guise of a job interview.

After the foolhardy fraudster was busted, officers discovered two stolen credit cards in her possession, so she was charged with credit card theft as well.

And just for good measure, the Postal Service is looking into her behavior during the time she was employed there as well. *nypost.com*

Schedule Your Checkup – It's Covered

Kick off the new year with your annual exam to be sure your health is on track for 2023.

If you have coverage through the CCPOA Medical Plan, there's no extra cost to you. Preventive care helps address small issues before they become big ones.

UNDERSTANDING YOUR PREVENTIVE CARE BENEFITS

Even if you're feeling fine, scheduling an appointment with your doctor for preventive care services is important. Through a preventive exam and routine health screenings, your doctor can determine your current health status and detect early warning signs of more serious, costly problems.

WHAT'S COVERED IN A PREVENTIVE CARE VISIT

During your visit, your doctor will determine what tests or health screenings are right for you based on factors such as your age, gender, health status, and health and family history. Plus, your medical plan covers 100% of the costs for preventive health services when care is provided through network providers.

WHAT'S NOT CONSIDERED A PREVENTIVE CARE VISIT

If you discuss new medical concerns or a current illness, the entire visit may be considered a medical treatment visit and would not be covered as preventive care. You will be required to pay the plan's physician office copayment or coinsurance.

THE ROLE OF YOUR PERSONAL PHYSICIAN

An HMO plan is different from a PPO plan in that you need to select a Personal Physician (primary care physician) who will be responsible for coordinating your care. Together, you and your physician will decide on the best care for you.

Here are some of the services your Personal Physician will provide for you:

- Provides and coordinates your medical care, including referrals to specialists.
- Orders lab tests, X-rays, and other medical tests.
- Arranges hospital or skilled nursing facility admission.
- Focuses on improving your health through preventive care services, including exams, immunizations, and well-child and well-baby care.
- Assists you in obtaining approval for mental health and substance abuse.
- Assists you in applying for hospice care.
- When enrolled in a Blue Shield HMO plan, your medical care will

What's Covered

Type of service

What's Not

Routine physical exams where your doctor reviews the following:

- Past medical, social, and family history
- Medications
- Age-/gender-appropriate screening tests

Physical exam

This exam is prevention focused, not problem focused.

- New health problems discussed with your doctor during your visit
- Diagnoses that need to be addressed such as high blood pressure, diabetes, skin rash, and headaches

Routine physical exams where your doctor reviews the following:

- Flu vaccination
- Hepatitis A & B
- MMR (measles, mumps, rubella)

Immunizations

Your doctor will advise on recommended immunizations that can protect against a number of serious diseases.

Many travel vaccines are not covered including:

- Typhoid
- Malaria
- Rabies

- Breast cancer mammography screenings for women over age 40
- Colorectal cancer screening for adults over age 45
- Blood pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk

Screenings

Your doctor will determine what tests or health screenings are needed based on your age, gender, and overall health status.

- Additional testing and follow-up procedures if abnormalities are found during mammography or colorectal cancer screenings
- Request for a vitamin D-level check to test for bone and muscle development and function
- Request for a vaccination filter test to determine acceptable amounts of vaccine antibodies in the bloodstream

Understanding non-preventive costs

After your annual preventive exam, you will receive an Explanation of Benefits (EOB) from Blue Shield of California to notify you that your claim has been processed.

This document provides you with information about how your claim was paid, including your payment responsibility or reimbursement, if any.

It's important to note that your provider has the right to code and bill services according to his or her viewpoint.

only be covered when it is provided or coordinated by your Personal Physician.

WHAT ARE THE EXCEPTIONS?

The few exceptions include:

- Emergency care
- Mental health care
- Substance abuse care
- Access+ SpecialistSM exceptions (see below)
- Urgent care delivered outside Blue Shield of California's service area
- Obstetrics/gynecology (OB/GYN) care obtained from an OB/GYN or family physician at your Personal Physician's medical group or IPA

Need to find a doctor near you?

<https://www.blueshieldca.com/fad/home>



Steps In the Right Direction

Taking 8,600 steps a day will prevent weight gain in adults, while already overweight adults can halve their odds of becoming obese by adding an additional 2,400 steps – that’s 11,000 steps a day, according to an October 2022 study.

Studies show the average person gains between 1 and 2 pounds (0.5 to 1 kilogram) each year from young adulthood through middle age, slowly leading to an unhealthy weight and even obesity over time.

Study author Dr. Evan Brittain, associate professor in the division of cardiovascular medicine at Vanderbilt University Medical Center in Nashville says “Diabetes, sleep apnea, hypertension, diabetes, depression, and GERD showed benefit with higher steps. The relationship with hypertension and diabetes plateaued after about 8,000 to 9,000 steps but the others were linear, meaning higher steps continued to reduce risk,” he said. “I would say that the take home messages are that more steps are better.”

Current physical activity recommendations for adults are 150 minutes of moderate-intensity exercise, such as brisk walking, dancing, bicycling, doubles tennis and water aerobics, and two days of muscle-strengthening activity each week.



Photo: Stockvault/Stocksnap

If you get up and move for 21.43 minutes each day of the week, you cut your risk of dying from all causes by one-third

US Centers for Disease Control and Prevention.

LOWER OBESITY RISK WITH MORE STEPS

The study analyzed an average of four years of activity and health data from more than 6,000 participants. Participants wore activity trackers at least 10 hours a day and allowed researchers access to their electronic health records over multiple years.

Researchers found that people who walked 4 miles a day – about 8,200 steps – were less likely to become obese or suffer from sleep apnea, acid reflux and major depressive disorder. The study also found that overweight participants (those with BMIs ranging from 25 to 29) cut their risk of becoming obese by half if they increased their steps to 11,000 steps a day.

WHAT ABOUT THE BENEFITS OF 10,000 STEPS?

Counting steps may be especially important for people who do unstructured, unplanned physical activity such as housework, gardening and walking dogs.

Research coming out of Spain found walking 10,000 steps a day lowered the risk for dementia by 50%; the risk decreased by 25% with as few as 3,800 steps a day.

Pick up the pace, and a brisk 30 minute walk can lead to a 62% reduction in dementia risk. The 30 minutes of fast-paced walking didn’t have to occur all at once either – it could be spread out over the day.

Researchers found the association between peak 30-minute steps and risk reduction to be dependent on the disease studied: There was a 62% reduction for dementia, an 80% decline for cardiovascular disease and death, and about a 20% drop in risk for cancer. *cnn.com*

Vitamin Diabetes

VITAMIN D SUPPLEMENTS MAY HELP REDUCE THE RISK OF DEVELOPING TYPE 2 DIABETES

Vitamin D is a fat-soluble vitamin available in or added to some foods, as a supplement, or produced by the body when ultraviolet rays from sunlight strike the skin. Vitamin D has many functions in the body, including a role in insulin secretion and glucose metabolism.

Researchers from Tufts Medical Center conducted a review and analysis of three clinical trials involving vitamin D and diabetes risk. Over a three-year study period, new-onset diabetes was reduced by 15% in people taking vitamin D supplements. Extrapolating these findings to the more than 374 million adults worldwide who have prediabetes suggests that inexpensive vitamin D supplementation could delay the development of diabetes in more than 10 million people.

OR DO THEY?

Don’t just start chowing down on vitamin pills. Researchers out of Ireland argue that other studies show that the high doses of vitamin D do indeed have risk factors, and that doctors need to make their patients aware of this, and be involved with monitoring their intake before starting vitamin D therapy.

Recommendations for how much daily vitamin D adults need through diet have changed over the years, and different recommendations exist. Some agencies place the recommended dietary allowance, or RDA, for vitamin D at 600 international units (IU) per day for young adults and 800 IU per day for adults older than 70. Other experts suggest that adults’ vitamin D needs are much higher, up to 1,500 to 2,000 IU of vitamin D daily for adults. Those in the study were taking up to 10,000 IU daily.

One thing that all the data does agree on is that **there is** a link between **low** vitamin D and type 2 diabetes. *medicalnewstoday.com; scitechdaily.com*



Can you afford **not** to have **Gold Shield?**

Find out more: www.ccpoabtf.org

OFFICIAL NOTICE

2022 Summary Annual Report

This report is also be available for download from our website | Report Prepared January, 2023

2022 Summary Annual Report for CCPOA BENEFIT TRUST FUND WELFARE BENEFIT PLAN Plan 501

This is a summary of the annual report of the CCPOA Benefit Trust Fund Welfare Benefit Plan, EIN 94-6459649, Plan No. 501, for period April 1, 2021 through March 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the CCPOA Benefit Trust Fund Welfare Benefit Plan has committed itself to pay certain supplemental dental, vision, and hearing aid claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with American Heritage Life Insurance Company, Jackson National Life Insurance Company, New York Life Insurance Company, Fidelity Security Life, Combined States L.S., Inc., and Triada Assurance Holdings LLC to pay pay all life, accidental death and dismemberment claims, prepaid legal, and critical illness, cancer, and specific disease benefit claims incurred under the terms of the plan. The total premiums paid for the plan year ending March 31, 2022 were \$12,653,373.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$73,516,532 as of March 31, 2022, compared to \$69,770,920 as of April 1, 2021. During the plan year the plan experienced an increase in its net assets of \$3,745,612. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$27,942,252, including employer contributions of \$4,628, employee contributions of \$18,669,488, earnings from investments of (\$181,339), and other income of \$9,449,475.

Plan expenses were \$24,196,640. These expenses included \$7,617,048 in administrative expenses, and \$16,579,592 in benefits paid to participants and beneficiaries.

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2022 Summary Annual Report

This report is also be available for download from our website | Report Prepared January, 2023

2022 Summary Annual Report for CCPOA BENEFIT TRUST FUND DISABILITY BENEFIT PLAN Plan 502

This is a summary of the annual report of the CCPOA Benefit Trust Fund Disability Benefit Plan, EIN 94-6459649, for the fiscal year ended March 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the CCPOA Benefit Trust Fund Disability Benefit Plan has committed itself to pay certain legal benefits incurred under the terms of the plan.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$19,699,148 as of March 31, 2022, compared to \$22,685,555 as of April 1, 2021. During the plan year the plan experienced a decrease in its net assets of \$2,986,407. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$5,415,215, including employee contributions of \$5,379,595, and earnings from investments of \$35,620.

Plan expenses were \$8,401,622. These expenses included \$1,404,023 in administrative expenses, and \$6,997,599 in benefits paid to participants.

2022 Summary Annual Report for CCPOA LEGAL DEFENSE FUND

This is a summary of the annual report of the CCPOA Legal Defense Fund, EIN 68-6072830, for the fiscal year ended March 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the CCPOA Legal Defense Fund has committed itself to pay certain legal benefits incurred under the terms of the plan.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$5,701,923 as of March 31, 2022, compared to \$6,280,542 as of April 1, 2021. During the plan year the plan experienced a decrease in its net assets of \$578,619. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$781,955, including employee contributions of \$951,471, and earnings from investments of (\$169,516).

Plan expenses were \$1,360,574. These expenses included \$700,257 in administrative expenses, and \$660,317 in benefits paid to participants.

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2022 Summary Annual Report

This report is also be available for download from our website | Report Prepared January, 2023

2022 Summary Annual Report for CCPOA BENEFIT TRUST FUND SUPPLEMENTAL BENEFIT PLAN Plan 503

This is a summary of the annual report of the CCPOA Benefit Trust Fund Supplemental Benefit Plan, EIN 94- 6459649, Plan No. 503, for for the fiscal year ended March 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of trustees of the CCPOA benefit Trust Fund Supplemental Benefit Plan has committed itself to pay certain accidental death and dismemberment claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with New York Life Insurance Company and U.S. Legal Services of Wisconsin, Inc. to pay life insurance, accidental death and dismemberment and prepaid legal claims incurred under the terms of the plan. The total premiums paid for the plan year ending March 31, 2022 were \$3,011,356.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$22,586,586 as of March 31, 2022, compared to \$21,065,012 as of April 1, 2021. During the plan year the plan experienced an increase in its net assets of \$1,521,574. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$19,005,649, including employer contributions of \$19,132,000, and earnings from investments of (\$126,351).

Plan expenses were \$17,484,075. These expenses included \$209,106 in administrative expenses, and \$17,274,969 in benefits paid to participants.

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2022 Summary Annual Report

This report is also be available for download from our website | Report Prepared January, 2023

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

CCPOA Benefit Trust Fund Welfare Benefit Plan EIN 94-6459649 Plan No. 501	CCPOA Benefit Trust Fund Disability Benefit Plan EIN 94-6459649 Plan No. 502	CCPOA Benefit Trust Fund Supplemental Benefit Plan EIN 94-6459649 Plan No. 503	CCPOA Legal Defense EIN 68-6072830 Trust No. 501
<ol style="list-style-type: none"> 1. An accountant's report 2. Financial information 3. Assets held for investment 4. Reportable transactions 5. Insurance information including sales commissions paid by insurance carriers 	<ol style="list-style-type: none"> 1. An accountant's report 2. Financial information 3. Assets held for investment 	<ol style="list-style-type: none"> 1. An accountant's report 2. Financial information 3. Assets held for investment 4. Schedule of reportable transactions 	<ol style="list-style-type: none"> 1. An accountant's report 2. Financial information 3. Assets held for investment

To obtain a copy of the full annual report, or any part thereof, write or call the office of:
 CCPOA Benefit Trust Fund
 2515 Venture Oaks Way, Suite 200
 Sacramento, CA 95833-4235
 Telephone: (916) 779-6300

The charge to cover copying costs will be:

- \$18.00 for the full annual report, or
- \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at:
 2515 Venture Oaks Way, Suite 200
 Sacramento, CA 95833-4235

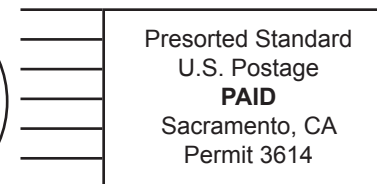
and at the U.S. Department of Labor in Washington, DC or to obtain a copy from the U.S. Department of Labor upon payment of copying costs.

Requests to the Department should be addressed to:

Public Disclosure Room, N-1513
 Employee Benefits Security Administration
 U.S. Department of Labor
 200 Constitution Avenue, N.W.
 Washington, DC 20210

CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-4235



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TURTLE TIRES

A Mississippi box turtle that lost his back legs is getting around on his own again thanks to a set of wheels custom built by a team of young Lego enthusiasts.

The turtle, named Lt. Dan in honor of the legless character from *Forest Gump*, was brought to the Central Mississippi Turtle Rescue in September after losing his back legs due to being hit by a car.

The First Lego League in Desoto County, which is composed of schoolchildren ages 9 to 14, took on the task of restoring Lt. Dan's mobility.

The FIRST Lego League is a world-wide group that introduces science, technology, engineering, and math (STEM) to children ages 4-16 through hands-on learning. Kids gain real-world problem solving experience through a guided, global robotics program.

The team worked for two hours to assemble Lego pieces into a sturdy wheelchair for the turtle.



Photo: UPI

Lt. Dan's current foster mom, Jennifer Westrich, said the constant dragging of his shell has caused some damage. "These are marks from just scrapes, wear and tear, from only having the two legs because he can't really get his shell up off the ground." The plan is to put a base plate under the turtle to protect the bottom of his shell.

"It is really cool to see a turtle in its own tiny car," First Lego League member River DeHaven said. "Being able to let the turtle go outside and enjoy itself was definitely a good feeling."

Jennifer Westrich took Lt. Dan home as a foster pet. Westrich said in a Facebook post that the wheels will help the turtle "explore the outdoors when the weather warms up."

She said the turtle will likely have a permanent home with her family. *upi.com*

TIDBITS