

# Plan Updates



**SUMMARY OF  
MATERIAL MODIFICATIONS**  
to the  
**WESTERN DENTAL PLAN**  
provided by  
**THE CCPOA  
BENEFIT TRUST FUND**

**CCPOA  
Benefit Trust Fund**

Updated August 2013



## **CCPOA BENEFIT TRUST FUND - WESTERN DENTAL PLAN**

### **SUMMARY OF MATERIAL MODIFICATION**

If you are covered by the Western Dental Plan, the Board of Trustees wishes to clarify that the following “Your Rights” provision applies to Section XVI of the Western Dental Summary Program Description in their entirety. All other provisions of the Western Dental Summary Program Description remain the same and apply except to the extent that they conflict with the information provided in this document.

#### **XVI. YOUR RIGHTS UNDER ERISA AND ADDITIONAL INFORMATION**

The Employee Retirement Income Security Act of 1974 (ERISA) provides protection of employees’ rights to their health and welfare benefits. The CCPOA Benefit Trust Fund organized itself and the Western Dental Plan under ERISA to protect the benefits of CCPOA members. As a Participant in the Western Dental Plan, you are entitled to certain rights and protection under ERISA. ERISA provides that all Western Dental Plan Participants shall be entitled to:

a. Examine, without charge, at the Administrator’s office and at other specified locations such as worksites, all Western Dental Plan documents, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Trust Fund with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

b. Obtain upon written request to the Administrator, copies of documents governing the operation of the Western Dental Plan including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Administrator may charge a reasonable fee for the copies you request.

c. Receive a summary of the Trust Fund’s annual financial report. The Administrator is required by law to

furnish each Participant with a copy of this summary annual report.

d. Continue dental coverage for yourself and your Dependents if there is a loss of coverage under the Western Dental Plan as a result of a Qualifying Event. You or your Dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Western Dental Plan on the rules governing your COBRA continuation coverage rights.

In addition to creating rights for Western Dental Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit program. The people who operate your Western Dental Plan, called “fiduciaries” of the Western Dental Plan, have a duty to do so prudently and in the interest of you and other Western Dental Plan Participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way for exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you have the right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request material from the Trust Fund and do not receive it in thirty (30) days, you may file suit in Federal court. In such a case the court may require the Administrator to provide the material and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits which is denied or ignored in whole or in part you may file suit in a state or Federal court. In addition, if you disagree with the Trust Fund’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court.

If it should happen that the Trust Fund’s fiduciaries misuse the Trust Fund’s money or other assets, or if you are discriminated against for asserting your rights,

## **Summary Material Modification**

you may seek assistance from the U.S. Department of Labor, or you may file suit in Federal court. The court will decide who will pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay your costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim to be frivolous.

If you have any questions about the Western Dental Plan, you should contact the Trust Fund Office. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest Area Office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor listed in your telephone directory. You may also contact the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

### **Name of Program:**

The program is known as the Western Dental Plan. The Western Dental Plan is a component of the CCPOA Benefit Trust Fund Medical Plan.

### **Name, Address, and Telephone Number of Plan**

#### **Sponsor:**

The Plan Sponsor is:

Board of Trustees  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, California 95833  
916-779-6300 or 800-468-6486

### **Name, Address, and Telephone Number of Plan**

#### **Administrator:**

The Plan is administered by a Board of Trustees, the name, address, and telephone number of which is:

Board of Trustees  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, California 95833  
916-779-6300 or 800-468-6486

The Plan Administrator has the discretionary authority to interpret the terms of the Program, and

determine eligibility for benefits. The Plan Administrator may delegate the authority to one or several plan administrators, which may be insurance companies or other appropriate fiduciaries named in this document. The Plan Administrator has delegated its discretionary authority to Western Dental with respect to the interpretation of Program terms regarding these benefits and the denial, granting, and administration of claims and appeals for these benefits. The Plan Administrator is neither the fiduciary for nor the claims administrator of these benefits. With regard to these benefits, Western Dental has the exclusive responsibility for full and final determination as to eligibility and plan interpretation. As to benefit determinations, the decision of Western Dental is final. The procedures governing claims and appeals of claim denials under this Program are described in Section XIV of the Program document and Summary Plan Description.

**Identification Number:**

The Employer Identification Number (“EIN”) assigned to the Trust by the Internal Revenue Service is: 94-6459649.

**Type of Program:**

The program can be described as an insured welfare benefit plan providing dental benefits. The benefits are insured by Western Dental Services, Inc. P.O. Box 14227 Orange, California 926833. 1-800-417-4444 or 1-800-992-3366 (Member Services).

**Type of Administration:**

The program is administered by the Board of Trustees of the CCPOA Benefit Trust Fund. The Board of Trustees has delegated discretionary authority over administration of the program to Western Dental as described above.

**Name and Address for Agent for Service of Process:**

The agent for purposes of accepting service of legal process on behalf of the program is:

Board of Trustees  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, California 95833  
916-779-6300 or 800-468-6486

**Governing Law:**

The program is intended to be governed by ERISA and other applicable law.

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### **Description of the Program:**

The program is a prepaid dental program established pursuant to a collective bargaining agreement and Trust agreement.

### **Participation, Eligibility and Benefits:**

Participation in the Western Dental Plan is generally open to all CCPOA members, who are employed as full-time, permanent employees and Permanent Intermittent Employees of the State of California Bargaining Unit 6 and their Eligible Dependents. Such Eligible Dependents include lawful spouses and domestic partners as that term is described in Section IV of the Western Dental Plan document and certain children under twenty-six (26) years of age as described in Section IV of the Western Dental Plan document, as amended.

### **Circumstances Which May Result in Ineligibility or Denial of Benefits:**

Circumstances which may result in disqualification, ineligibility, denial or the loss of benefits include:

- Failure to pay your premium (if any);
- Voluntary withdrawal;
- Loss of eligibility; or
- Termination of the Western Dental Plan.

The Board of Trustees expressly reserves the right, in its sole discretion, to amend, modify or terminate any type and amount of benefit under this Western Dental Plan at any time (including changing the amount or payment method of Participant contributions of the eligibility rules for participation). No person has a vested right to any benefit under this Western Dental Plan, and there is no guarantee that the Trust, or any program provided by the Trust will last forever. Termination of the Western Dental Plan together with the termination of the insurance policy(s) which funds the Western Dental Plan benefits will have no adverse effect on any benefits to be paid under the policy(s) for any covered dental expense incurred prior to the date that the policy(s) terminate.

**Source of Contributions:**

Contributions to the Western Dental Plan are made by the State of California and eligible employees enrolled in the Western Dental Plan through automatic payroll deductions.

**Entities Used for Accumulation of Assets and Payment of Benefits:**

The contributions are received by the Board of Trustees which pays prepayment fees to Western Dental, on a monthly basis. Benefits are provided by Western Dental on a capitated basis.

**Plan Year:**

The Plan year is April 1 through March 31. The Western Dental Plan and its benefits are administered on a calendar year basis.

If you have any questions regarding this notice, please contact the CCPOA Benefit Trust Fund at 916-779-6300 or 800-468-6486.

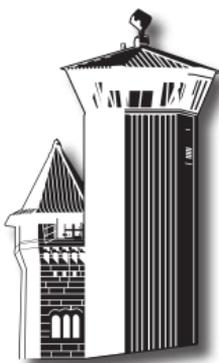
**Note:**

The Board of Trustees reserves the right to modify, terminate or amend any benefit program and/or the Plan in its sole discretion in whole or in part, at any time and for any reason. This notice constitutes your “summary of material modifications” as required by the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Please keep this summary of plan changes with your copy of the program document, insurance certificate or summary program description. This document does not attempt to cover all benefit details or plan limitations and exclusions. These are contained in official plan documents that legally govern the operation of the Western Dental Program and which control in the event of any omissions or other differences between those documents and this document unless specified otherwise herein.

**We've Got You Covered.**

**1-800-In-Unit-6**

**1-800-468-6486**



**CCPOA**

**Benefit Trust Fund**

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-4235

**[www.ccpoabtf.org](http://www.ccpoabtf.org)**