

TRIADA: LEGACY PLAN
CLOSED TO NEW ENROLLMENT
NOVEMBER 30, 2015

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Certificate of Coverage

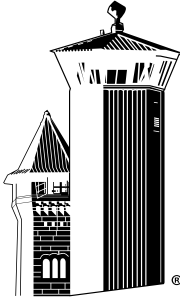
TRIADA: SICKNESS ONLY HOSPITAL INCOME

For CCPOA Members formerly covered under
Combined Insurance's Sickness Only Hospital Income
(SDP)

CCPOA
Benefit Trust Fund



Effective October 2020



CERTIFICATE OF COVERAGE

COVERAGE TYPE:
Sickness Only Hospital Income

PLAN ADMINISTRATOR

TRIADA ASSURANCE
10713 W SAM HOUSTON PKWY N, SUITE 100
HOUSTON, TX 77064

PHONE: 1-877-3TRIADA
FAX: 1-281-741-1830

Updated:
October, 2020

All benefits payable under this certificate shall be calculated based on the scheduled benefits for the Certificate Anniversary Year in which the loss occurred. Benefits are not payable based on any other date. In the event your certificate lapses due to non-payment, you may reinstate your certificate in accordance with the Reinstatement provision and the calculation of your Certificate Anniversary Year will be subject to the definition of Certificate Anniversary Year.

**NON-CANCELLABLE AND GUARANTEED
RENEWABLE TO AGE 75
SICKNESS ONLY HOSPITAL INCOME
CERTIFICATE**

**WITH SCHEDULED ANNUAL INCREASES IN
PAYMENTS AND BENEFITS REQUIRING ONE
DAY HOSPITALIZATION OR PRIOR
OUTPATIENT SURGERY FOR TOTAL
DISABILITY BENEFIT**

**THIS IS A SICKNESS ONLY CERTIFICATE
AND DOES NOT PAY BENEFITS FOR
LOSS FROM ACCIDENTS**

Payments and benefits will increase each year, for the first ten years, as scheduled in the Schedule of Payments and Benefits.

10 DAY RIGHT TO EXAMINE CERTIFICATE: If this certificate is not satisfactory for any reason, within 10 days of delivery you can return it to Triada. Any payment received will be refunded and this certificate will be void from its beginning.

NON-CANCELLABLE AND GUARANTEED RENEWABLE

Triada guarantees your right to renew this certificate until the certificate anniversary after your 75th birthday so long as the scheduled payment for the appropriate Certificate Anniversary Year is paid on or before the due date or within the grace period. For the first ten years the certificate is in force the payments and benefits will increase each Certificate Anniversary Year in accordance with the Schedule of Payments and Benefits for the plan selected on the application. Triada cannot change the payments shown in the Schedule of Payments and Benefits.

The certificate terminates on the certificate anniversary after you reach age 75. If Triada accepts any payment after that date, the certificate continues in force while payment is accepted.

CONSIDERATION

This certificate is issued in consideration of the statements contained in the application and the first payment. Triada agrees to pay you, the Insured named in the application, subject to the terms and limitations of this certificate. Benefits will be paid for the following losses sustained by you and caused by Covered Sickness as defined herein and that begins while the certificate is in force. Benefits will be paid in accordance with the Schedule of Payments and Benefits (herein also referred to as "Schedule") for the plan selected and the appropriate Certificate Anniversary Year. Both payments and benefits will increase each Certificate Anniversary Year in accordance with the Schedule and subject to the Payment and Benefit Increases Section.

SECTION A: TOTAL DISABILITY FOLLOWING HOSPITAL CONFINEMENT OR OUTPATIENT SURGERY - SICKNESS

If because of Covered Sickness you are continuously Totally Disabled beginning within 30 days following: 1) a period of confinement in a Hospital for which benefits are payable under Section B; or 2) Outpatient Surgery; Triada will pay you, while you remain Totally Disabled for up to a maximum of 6 consecutive months, the benefit amount shown in the Schedule for this Section A.

SECTION B: HOSPITAL INCOME - SICKNESS

If because of Covered Sickness you are confined overnight as an Inpatient in a Hospital, Triada will pay you for each day of such confinement, starting with the first day, for up to your lifetime, the benefit amount shown in the Schedule for this Section B.

SECTION C INTENSIVE CARE INCOME - SICKNESS

If because of Covered Sickness you are confined in an Intensive Care Unit during a period for which benefits are payable under Section 8, Triada will pay you for each day of such confinement, in addition to Section B, the benefit amount shown in the Schedule for this Section C.

SECTION D EMERGENCY ROOM TREATMENT - SICKNESS

If because of Covered Sickness you require emergency treatment from a Hospital Affiliated Emergency Care Facility, Triada will pay you for such treatment the benefit amount shown in the Schedule for this Section D for any one sickness.

PAYMENT AND BENEFIT INCREASES

For the first ten years the certificate is in force, the payments and benefits will increase each Certificate Anniversary Year shown in the Schedule of Payments and Benefits for the plan selected. All benefits payable under this certificate shall be calculated based on the scheduled benefits for the Certificate Anniversary Year in which the loss occurred. Benefits are not payable based on any other date.

In the event your certificate lapses due to non-payment, you may reinstate your certificate in accordance with the Reinstatement provision and the calculation of your Certificate Anniversary Year will be subject to the definition of Certificate Anniversary Year.

PAYABLE IN ADDITION TO OTHER INSURANCE

Benefits provided by this certificate are payable in addition to those provided by any other insurance certificate.

EXCEPTIONS

This certificate will not pay for losses resulting from: bodily injuries; mental or emotional disorders; or normal pregnancy or childbirth.

PRE-EXISTING CONDITIONS LIMITATION

Loss caused by a Pre-existing Condition is not covered until 12 months from the issue date of this certificate.

WHAT CERTAIN TERMS MEAN

“Ambulatory Surgical Center” means a public or private institution which complies with all of the following:

- (1) Employs a medical staff of Physicians; (2) consists of permanent facilities equipped and operated primarily for performing surgical procedures;
- (3) offers continuous Physician and registered nursing services when a patient is in the facility; (4) does not provide services or accommodations for patients to stay overnight; and (5) operates pursuant to law.

“Covered Sickness” means a bodily illness or disease you incur, including complications of pregnancy, but not including conditions caused by a bodily injury or Pre-existing Condition. A Pre-existing Condition will be considered a Covered Sickness after 12 months from the issue date.

“Hospital” is an institution in the United States or Canada which meets all of the following requirements: (a) operates pursuant to law; (b) operates primarily for the care and treatment of sick or injured persons as inpatients; (c) provides 24 hour nursing service; (d) has facilities available for diagnosis and surgery either on its own premises or in facilities available to the hospital on a pre-arranged basis; (e) has a staff of at least one licensed Physician available at all times.

“Hospital” does not include a nursing home or convalescent care facility, including such facility associated with a Hospital.

“Hospital Affiliated Emergency Care Facility” is a Hospital emergency room or an institution which meets the following requirements: (1) is operated by a Hospital pursuant to law; (2) has a staff of at least one licensed Physician and one registered nurse; and (3) has facilities available for diagnosis and treatment of emergencies.

“Inpatient” means Hospital confinement which the Hospital classifies as Inpatient. It does not mean confinement on an outpatient basis.

“Intensive Care Unit” means that part of a Hospital (other than a patient's room, operating room or recovery room) where patients receive continual nursing care, and which is commonly known as the intensive care or cardiac care unit.

“Outpatient Surgery” is the cutting of tissue or the repair or removal of bodily parts that have been damaged due to sickness followed by the suturing of the resulting wound performed in a Hospital operating room as an outpatient, an Ambulatory Surgical Center, Hospital Affiliated Emergency Care Facility, Physician's office or clinic. Outpatient Surgery must be performed by a Physician.

“Physician” means a licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or sickness. It does not include the Insured or a member of his or her family.

“Certificate Anniversary Year” means each continuous 12-month period the certificate is in force beginning from the issue date of the certificate. Any amount of time accrued between the last Certificate Anniversary Year and the reinstatement date which does not equal a continuous 12-month period the certificate is in force will not be taken into account in the calculation of a Certificate Anniversary Year.

“Pre-existing Condition” means a bodily illness or disease which was diagnosed or treated by a Physician within 12 months preceding the issue date of the certificate.

“Totally Disabled” or **“Total Disability”** is a disability that renders you unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual or customary way. You must be under the care of a Physician.

UNIFORM PROVISIONS

1. **ENTIRE CONTRACT; CHANGES:** This certificate with the application and attached papers, if any, is the entire contract between the insured and Triada. No change in this certificate will be effective until approved by an executive office of Triada. This approval must be noted on or attached to this certificate. No agent may change this certificate or waive any of its provisions.

2. **TIME LIMIT ON CERTAIN DEFENSES:** (a) Misstatement in the Application. After 2 years from the issue date, only fraudulent misstatements in the application may be used to void the certificate or deny any claim for loss incurred or disability that starts after the 2-year period. (b) No claim for loss incurred or disability that starts after one year from the issue date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the issue date.
3. **GRACE PERIOD:** This certificate has a 31-day grace period. This means that if a renewal payment is not received on or before the date it is due, it may be paid during the following 31 days. During the grace period, the certificate will stay in force.

REINSTATEMENT:

If the renewal payment is not received before the grace period ends, the certificate will lapse. Later acceptance of the payment by Triada (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate this certificate.

If Triada, or its agent requires an application, the Insured will be given a conditional receipt for the payment. If the application is approved, the certificate will be reinstated as of the approval date. Lacking such approval, the certificate will be reinstated on the 45th day after the date of the conditional receipt unless Triada has previously written the Insured of its disapproval.

The reinstated certificate will only cover loss that results from a sickness that starts more than 10 days after the date of reinstatement. In all other respects the rights of the Insured and Triada will remain the same, subject to any provisions noted on or attached to the reinstated certificate.

On your reinstatement date you will begin a new Certificate Anniversary Year. Any amount of time accrued prior to reinstatement which does not equal a continuous 12-month period the certificate is in force, will not be considered in the calculation of a Certificate Anniversary Year.

1. **NOTICE OF CLAIM:** Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Triada at its Home Office, 10713 West Sam Houston Parkway N, Suite 100 Houston, Texas 77064 or to Triada's agent. Notice should include the name of the Insured and the certificate number.

2. **CLAIM FORMS:** When Triada receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant will meet the proof of loss requirements by giving Triada a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section. Claims forms are available on www.triada.com.

3. **PROOFS OF LOSS:** If the certificate provides for periodic payment for a continuing loss, written proof of loss must be given to Triada within 90 days after the end of each period for which Triada is liable. For any other loss, written proof must be given within 90 days after such loss.

If it was not reasonably possible to give written proof in the time required, Triada shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

4. **TIME OF PAYMENT OF CLAIMS:** After receiving proper written proof of loss, Triada will pay monthly all benefits then due the Insured for disability. Benefits for any other loss covered by this certificate will be paid as soon as Triada receives proper written proof.

5. **PAYMENT OF CLAIMS:** Benefits will be paid to the Insured and shall be calculated based on the scheduled benefits for the Certificate Anniversary Year in which the accident occurred. Benefits are not payable based on any other date. Loss of life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Insured's estate. Any other benefits unpaid at death may be paid, at Triada's option, either to the Insured's beneficiary or estate.

6. **PHYSICAL EXAMINATIONS:** Triada at its expense has the right to have the Insured examined as often as reasonably necessary while a claim is pending.

7. **LEGAL ACTIONS:** No legal action may be brought to recover on this certificate within 60 days after written proof of loss has been given as required by this certificate. No such action may be brought after the expiration of 3 years from the time written proof of loss is required to be given.

8. **CONFORMITY WITH STATE STATUTES:** Any provision of this certificate which, on its effective date, is in conflict with the laws of the state in which the Insured resides on that date is amended to conform to the minimum requirements of such laws.
9. **CHANGE OF BENEFICIARY:** The Insured can change the beneficiary at any time by giving Triada written notice satisfactory to Triada which is received by Triada at its home office during the Insured's lifetime Unless irrevocably designated, the beneficiary's consent is not required.

GENERAL PROVISIONS

- A. **TERM:** This certificate is issued for the term for which payment has been received shown in the application. It begins and ends at 12:01 A.M., Standard Time, at the place where you reside. It is effective on the date issued.
- B. **PAYMENT:** This certificate is issued in consideration of the payment and the statements in the application. If initial payment is made by check or draft not honored the certificate shall be void.
- C. **RIGHT TO CANCEL:** You may cancel this certificate at any time by writing Triada. Coverage will end on the date the notice is received or on a later date you specify. Triada will return any unearned payment. Cancellation will not affect any claim beginning before the date of cancellation.
- D. **TERMINATION:** This certificate shall terminate on the first payment due date after you reach age 75. if Triada accepts any payment after that date, the certificate continues in force while payment is accepted. However, if a misstatement of age caused this certificate to be continued or renewed beyond the date set for the certificate to terminate, then Triada's liability for loss occurring after that date is limited to a return of all payments received after that date.
- E. **RECURRENT DISABILITY:** Successive periods of disability beginning while the certificate is in force for the same or related sickness will be considered one period of disability unless they are separated by at least six continuous months.

APPEALS

Right to File an Appeal of a Denied Claim

If you apply for and are denied Plan benefits, or believe you did not receive the full amount of benefits to which you are entitled, you have the right to appeal the matter to Triada. You must file your written appeal no later than 60 days following receipt of the adverse decision from Triada. The appeal will be conducted by Triada. No other appeals are permitted. Triada, and not the Board of Trustees of the CCPOA Benefit Trust Fund, has the sole and complete discretion for determining benefits and paying all benefits.

Appeal Procedures.

(a) You will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits.

(b) You may submit written comments, documents, records, and other information relating to your claim for benefits. Triada will review such comments, documents, records and other information regardless of whether such information was submitted or considered in the initial benefit determination.

Decision on Appeal.

Following its review, Triada will issue a written notice within a reasonable period of time, but not later than 60 days after receipt of its receipt of your request for review by the plan, unless it determines that special circumstances require an extension of time for processing the appeal. If Triada determines that an extension of time for processing is required, written notice of the extension shall be furnished to you prior to the termination of the initial 60-day period. In no event shall such extension exceed a period of 60 days from the end of the initial period. The extension notice shall indicate the special circumstances requiring an extension of time and the date by which Triada expects to render the determination on review. In the case of an adverse benefit determination, the written denial will indicate the specific reasons for the adverse benefit determination and a specific reference to pertinent Plan provisions on which the denial is based. The written decision will also include:

A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of all documents, records, and other information relevant to your claim for benefits.

A statement of your right to bring a civil action under ERISA § 502(a).

ANNUAL RATES

SCHEDULE OF PAYMENTS AND BENEFITS

PLAN I – Half Benefit						
Certificate Anniversary Year	Annual Payments					
	Issue Age					
	00-19	20-34	35-44	45-54	55-59	60-64
At Issue	\$102.00	\$168.00	\$234.00	\$324.00	\$444.00	\$528.00
1	\$107.10	\$176.40	\$245.70	\$340.20	\$466.20	\$554.40
2	\$112.20	\$184.80	\$257.40	\$356.40	\$488.40	\$580.80
3	\$117.30	\$193.20	\$269.10	\$372.60	\$510.60	\$607.20
4	\$122.40	\$201.60	\$280.80	\$388.80	\$532.80	\$633.60
5	\$127.50	\$210.00	\$292.50	\$405.00	\$555.00	\$660.00
6	\$132.60	\$218.40	\$304.20	\$421.20	\$577.20	\$686.40
7	\$137.70	\$226.80	\$315.90	\$437.40	\$599.40	\$712.80
8	\$142.80	\$235.20	\$327.60	\$453.60	\$621.60	\$739.20
9	\$147.90	\$243.60	\$339.30	\$469.80	\$643.80	\$765.60
10 and over	\$153.00	\$252.00	\$351.00	\$486.00	\$666.00	\$792.00

PLAN II – Full Benefit						
Certificate Anniversary Year	Annual Payments					
	Issue Age					
	00-19	20-34	35-44	45-54	55-59	60-64
At Issue	\$204.00	\$336.00	\$468.00	\$648.00	\$888.00	\$1,056.00
1	\$214.20	\$352.80	\$491.40	\$680.40	\$932.40	\$1,108.80
2	\$224.40	\$369.60	\$514.80	\$712.80	\$976.80	\$1,161.60
3	\$234.60	\$386.40	\$538.20	\$745.20	\$1,021.20	\$1,214.40
4	\$244.80	\$403.20	\$561.60	\$777.60	\$1,065.60	\$1,267.20
5	\$255.00	\$420.00	\$585.00	\$810.00	\$1,110.00	\$1,320.00
6	\$265.20	\$436.80	\$608.40	\$842.40	\$1,154.40	\$1,372.80
7	\$275.40	\$453.60	\$631.80	\$874.80	\$1,198.80	\$1,425.60
8	\$285.60	\$470.40	\$655.20	\$907.20	\$1,243.20	\$1,478.40
9	\$295.80	\$487.20	\$678.60	\$939.60	\$1,287.60	\$1,531.20
10 and over	\$306.00	\$504.00	\$702.00	\$972.00	\$1,332.00	\$1,584.00

MONTHLY RATES

SCHEDULE OF PAYMENTS AND BENEFITS

PLAN I – Half Benefit						
Certificate Anniversary Year	Monthly Payments					
	Issue Age					
	00-19	20-34	35-44	45-54	55-59	60-64
At Issue	\$ 8.50	\$14.00	\$19.50	\$27.00	\$37.00	\$44.00
1	\$ 8.93	\$14.70	\$20.48	\$28.35	\$38.85	\$46.20
2	\$ 9.35	\$15.40	\$21.45	\$29.70	\$40.70	\$48.40
3	\$ 9.78	\$16.10	\$22.43	\$31.05	\$42.55	\$50.60
4	\$10.20	\$16.80	\$23.40	\$32.40	\$44.40	\$52.80
5	\$10.63	\$17.50	\$24.38	\$33.75	\$46.25	\$55.00
6	\$11.05	\$18.20	\$25.35	\$35.10	\$48.10	\$57.20
7	\$11.48	\$18.90	\$26.33	\$36.45	\$49.95	\$59.40
8	\$11.90	\$19.60	\$27.30	\$37.80	\$51.80	\$61.60
9	\$12.33	\$20.30	\$28.28	\$39.15	\$53.65	\$63.80
10 and over	\$12.75	\$21.00	\$29.25	\$40.50	\$55.50	\$66.00

PLAN II – Full Benefit						
Certificate Anniversary Year	Monthly Payments					
	Issue Age					
	00-19	20-34	35-44	45-54	55-59	60-64
At Issue	\$17.00	\$28.00	\$39.00	\$54.00	\$74.00	\$ 88.00
1	\$17.85	\$29.40	\$40.95	\$56.70	\$77.70	\$ 92.40
2	\$18.70	\$30.80	\$42.90	\$59.40	\$81.40	\$ 96.80
3	\$19.55	\$32.20	\$44.85	\$62.10	\$85.10	\$101.20
4	\$20.40	\$33.60	\$46.80	\$64.80	\$88.80	\$105.60
5	\$21.25	\$35.00	\$48.75	\$67.50	\$92.50	\$110.00
6	\$22.10	\$36.40	\$50.70	\$70.20	\$96.20	\$114.40
7	\$22.95	\$37.80	\$52.65	\$72.90	\$99.90	\$118.80
8	\$23.80	\$39.20	\$54.60	\$75.60	\$103.60	\$123.20
9	\$24.65	\$40.60	\$56.55	\$78.30	\$107.30	\$127.60
10 and over	\$25.50	\$42.00	\$58.50	\$81.00	\$111.00	\$132.00

PLAN I – Half Benefit				
Certificate Anniversary Year	BENEFITS			
	Section A	Section B	Section C	Section D
	Total Disability Following Hospital Confinement or Outpatient Surgery (Daily Benefit)	Hospital Income (Daily Benefit)	Intensive Care Income (Daily Benefit)	Emergency Room Treatment (Per Sickness)
At Issue	\$25.00	\$50.00	\$100.00	\$50.00
1	\$26.25	\$52.50	\$105.00	\$52.50
2	\$27.50	\$55.00	\$110.00	\$55.00
3	\$28.75	\$57.50	\$115.00	\$57.50
4	\$30.00	\$60.00	\$120.00	\$60.00
5	\$31.25	\$62.50	\$125.00	\$62.50
6	\$32.50	\$ 65.00	\$130.00	\$65.00
7	\$33.75	\$ 67.50	\$135.00	\$67.50
8	\$35.00	\$ 70.00	\$140.00	\$70.00
9	\$36.25	\$ 72.50	\$145.00	\$72.50
10 and over	\$37.50	\$ 75.00	\$150.00	\$75.00

PLAN II – Full Benefit				
Certificate Anniversary Year	BENEFITS			
	Section A	Section B	Section C	Section D
	Total Disability Following Hospital Confinement or Outpatient Surgery (Daily Benefit)	Hospital Income (Daily Benefit)	Intensive Care Income (Daily Benefit)	Emergency Room Treatment (Per Sickness)
At Issue	\$50.00	\$100.00	\$200.00	\$100.00
1	\$52.50	\$105.00	\$210.00	\$105.00
2	\$55.00	\$110.00	\$220.00	\$110.00
3	\$57.50	\$115.00	\$230.00	\$115.00
4	\$60.00	\$120.00	\$240.00	\$120.00
5	\$62.50	\$125.00	\$250.00	\$125.00
6	\$65.00	\$130.00	\$260.00	\$130.00
7	\$67.50	\$135.00	\$270.00	\$135.00
8	\$70.00	\$140.00	\$280.00	\$140.00
9	\$72.50	\$145.00	\$290.00	\$145.00
10 and over	\$75.00	\$150.00	\$300.00	\$150.00

SICKNESS ONLY HOSPITAL INCOME WITH SCHEDULED ANNUAL INCREASES IN PAYMENTS AND BENEFITS

This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

1. **Read Your Certificate Carefully.** This outline of coverage provides a very brief description of some important features of your certificate. This is not the insurance contract and only the actual certificate provisions will control. The certificate itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
2. **Hospital Confinement Indemnity Coverage.** Policies of this category are designed to provide, the person insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered sickness, subject to any limitations set forth in the certificate. Such policies do not provide any benefit other than the fixed daily indemnity for hospital confinement and any additional benefit described below.
3. **Description of Benefits.** This is a Sickness Only Certificate and Does Not Pay Benefits for Loss Due to Accidents. For the first 10 years the payments and benefits increase each Certificate Anniversary Year. All benefits payable under this certificate shall be calculated based on the scheduled benefits for the Certificate Anniversary Year in which the loss occurred. Benefits are not payable based on any other date.

If your certificate lapses and is reinstated, in accordance with the reinstatement provision, your reinstatement date will begin your new Certificate Anniversary Year. Any amount of time accrued between the last Certificate Anniversary Year and the reinstatement date which does not equal a continuous 12-month period the certificate is in force will not be taken into account in the calculation of a Certificate Anniversary Year.

“Totally Disabled” or **“Total Disability”** is a disability that renders you unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual or customary way. You must be under the care of a Physician.

4. **Exceptions.** For the first year the certificate does not cover sickness for which medical advice or treatment was received within the 12 months before the issue date. The certificate does not cover loss resulting from bodily injuries; from mental or emotional disorders; or normal pregnancy or childbirth.
5. **Renewability.** You have the right to renew the certificate until the Certificate Anniversary after your 75th birthday. For the first ten years, the payments and benefits will increase each Certificate Anniversary Year as outlined in the certificate. Triada cannot change the payments shown in the Schedule of Payments and Benefits.

CERTIFICATE TERMINATES AT AGE 75.

**THIS CERTIFICATE IS NOT A
MEDICARE SUPPLEMENT CERTIFICATE.**

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

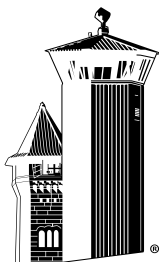
TRIADA - Certificate of Coverage

Section A	Plan I	Plan II	Benefits at Issue / Certificate Anniversary Year
Total Disability Following Hospital Confinement or Outpatient Surgery. Must begin within 30 days following Hospital Confinement or Outpatient Surgery.	\$25.00 per day	\$50.00 per day	At Issue
	\$26.25 per day	\$52.50 per day	1
	\$27.50 per day	\$55.00 per day	2
	\$28.75 per day	\$57.50 per day	3
	\$30.00 per day	\$60.00 per day	4
	\$31.25 per day	\$62.50 per day	5
	\$32.50 per day	\$65.00 per day	6
	\$33.75 per day	\$67.50 per day	7
	\$35.00 per day	\$70.00 per day	8
	\$36.25 per day	\$72.50 per day	9
	\$37.50 per day	\$75.00 per day	10 and over
Section B	Plan I	Plan II	Benefits at Issue / Certificate Anniversary Year
Hospital Income Benefits payable while Hospital confined due to Covered Sickness	\$50.00 per day	\$100.00 per day	At Issue
	\$52.50 per day	\$105.00 per day	1
	\$55.00 per day	\$110.00 per day	2
	\$57.50 per day	\$115.00 per day	3
	\$60.00 per day	\$120.00 per day	4
	\$62.50 per day	\$125.00 per day	5
	\$65.00 per day	\$130.00 per day	6
	\$67.50 per day	\$135.00 per day	7
	\$70.00 per day	\$140.00 per day	8
	\$72.50 per day	\$145.00 per day	9
	\$75.00 per day	\$150.00 per day	10 and over

Section C	Plan I	Plan II	Benefits at Issue / Certificate Anniversary Year
Intensive Care Income	\$100.00 per day	\$200.00 per day	At Issue
Additional benefit payable when confined to an Intensive Care Unit during a Hospital stay for which benefits are payable under Section B.	\$105.00 per day	\$210.00 per day	1
	\$110.00 per day	\$220.00 per day	2
	\$115.00 per day	\$230.00 per day	3
	\$120.00 per day	\$240.00 per day	4
	\$125.00 per day	\$250.00 per day	5
	\$130.00 per day	\$260.00 per day	6
	\$135.00 per day	\$270.00 per day	7
	\$140.00 per day	\$280.00 per day	8
	\$145.00 per day	\$290.00 per day	9
	\$150.00 per day	\$300.00 per day	10 and over
Section D	Plan I	Plan II	Benefits at Issue / Certificate Anniversary Year
Emergency Room Treatment.	\$50.00 per day	\$100.00 per day	At Issue
For emergency treatment from a Hospital Affiliated Emergency Care Facility.	\$52.50 per day	\$105.00 per day	1
	\$55.00 per day	\$110.00 per day	2
	\$57.50 per day	\$115.00 per day	3
	\$60.00 per day	\$120.00 per day	4
	\$62.50 per day	\$125.00 per day	5
	\$65.00 per day	\$130.00 per day	6
	\$67.50 per day	\$135.00 per day	7
	\$70.00 per day	\$140.00 per day	8
	\$72.50 per day	\$145.00 per day	9
	\$75.00 per day	\$150.00 per day	10 and over

We've Got You Covered.
1-800-In-Unit-6

1-800-468-6486



CCPOA
Benefit Trust Fund

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