

2025

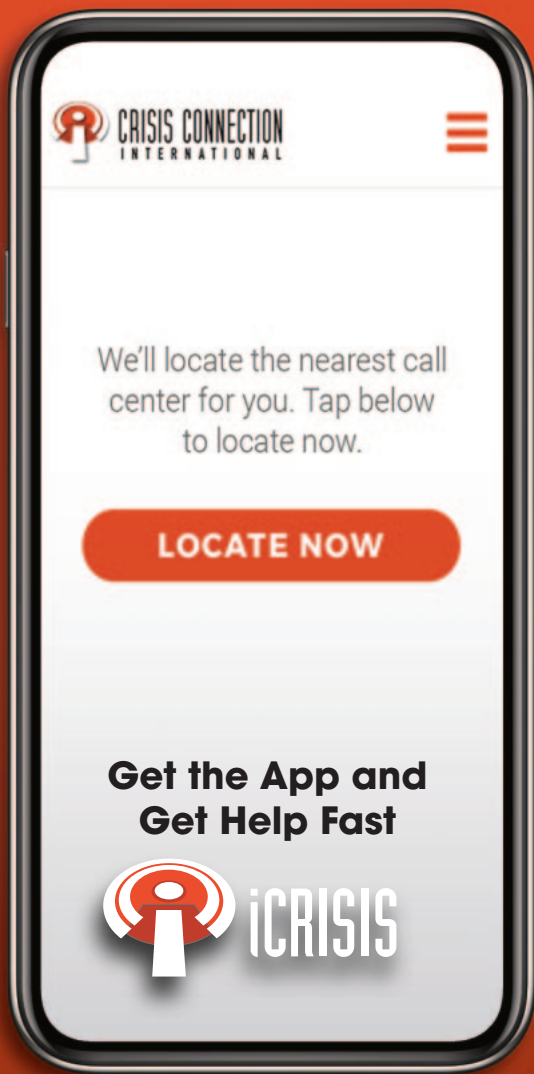
Catalog of Benefits



CCPOA Benefit Trust Fund
www.ccpoabtf.org

A guide to benefits offered by the CCPOA Benefit Trust Fund to CCPOA members and their families.





Request a **BTF-Participant ID**

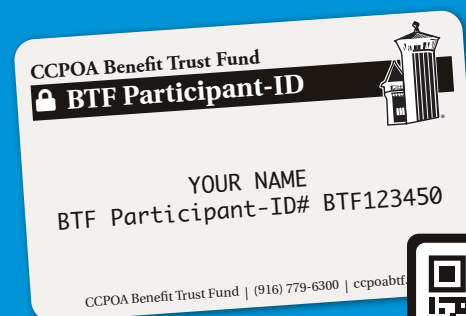
A **BTF-Participant ID** is a unique identifier assigned only to you. This number will be used for all identification purposes involving the **Benefit Trust Fund**.

Going forward, this unique ID number will be used with all your Trust benefits, including: Dental, Gold Shield, Legal Defense Fund, Life Insurance, Piggyback, U.S Legal Services, Accident & Sickness Programs, etc.

Using a unique Participant-ID instead of a social security number (SSN) offers several advantages for our participants:

- **Enhanced Security:** Your BTF Participant-ID's will provide that extra layer of security to help us protect your personal information.
- BTF Participant-ID's are less predictable and harder to crack, reducing the risk of unauthorized access.

Privacy Protections: We value the privacy of our members and respect their personal information. By separating SSN's from BTF Participant-ID's as an identifier allows our Participants to feel more comfortable in giving their ID to providers.



NO STATE AGENCY HAS ACCESS TO YOUR INFORMATION

1-Touch Access to a mental health call center near you

100% Confidential

The iCrisis App is FREE to CCPOA members

Scan to get your **free app** & **free activation code**



We've Got You Covered.

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FRAUD NOTICE – For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Important Note from the Trust: This CCPOA Benefit Trust Fund Catalog of Benefits provides a general summary of the benefits offered by and through the Trust. Benefits provided through carriers are described here by the carriers. If there is a conflict or discrepancy between any of the described benefits, the Summary Plan Description/Program documents or Certificates control and will apply. To obtain a copy or view the documents, please contact the Trust at (916) 779-6300. The Trustees reserve the right to amend, modify or terminate the Programs at any time. Contact the Trust for more information on any of the Programs.

Important Note from New York Life: This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by New York Life Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states. Bates # 5032626.4

BTF Program Availability

| | | | rank & file | supervisor | retired |
|--------------------|------------|---|-------------|------------|---------|
| Basic Benefits | ADB | \$5,000 Accidental Death (No Application Required) | • | • | |
| | BL | Basic Life Insurance (No Application Required) | • | • | • |
| | USL | U.S. Legal | • | • | • |
| | LDF | Legal Defense Fund (No Application Required) | • | • | |
| Health | D | Dental | • | • | |
| | VSP | Vision | • | • | • |
| | MP | CCPOA Medical Plan | • | • | • |
| Benefit Trust Fund | ADD | Accidental Death & Dismemberment | • | • | • |
| | A/S | Accident & Sickness | • | • | • |
| | GS | Gold Shield Disability Benefit Plan | • | • | |
| | PB | Piggyback | • | • | • |
| | STL | Supplemental Term Life | • | • | • |

IMPORTANT: You must be a member of the CCPOA to take advantage of the benefits in this catalog.

It's not too late!

Simply complete the CCPOA Union application online: www.ccpoa.org

If you have any questions regarding other benefits available to members, please contact the CCPOA at: **800-821-6443** or visit www.ccpoa.org

CCPOA
755 Riverpoint Drive
West Sacramento, CA 95605-1634

You can schedule 1-On-1 virtual benefit sessions, and download more information on all our programs—including complete plan documents—from our website:

www.ccpoabtf.org

BL Basic Life Insurance

| | | | |
|------------------------------------|-------------|------------|--------------|
| Your Monthly Cost \$0.00 | rank & file | supervisor | ccpoabtf.org |
|------------------------------------|-------------|------------|--------------|

What Is It?

\$20,000 Life Insurance

As a BU6 member, and a member of the Association, you are automatically entitled to a \$20,000 group life insurance benefit and an automatic \$10,000 life insurance benefit for your spouse.

There is no underwriting or premium because the Association has paid for it

through collective bargaining.

As of 1/1/08, a \$20,000 Accidental Death & Dismemberment benefit has been added to the CCPOA member coverage (does not apply to spouse benefit.)

Underwritten by:
New York Life Insurance Company
51 Madison Avenue, New York, NY 10010

Who Can Apply?

Rank and File; Supervisor
Enrollment is automatic.

What Does it Cost?

\$0.00 out-of-pocket member cost.

RETIRED BASIC LIFE

What Is It?

\$10,000 Life Insurance

You must be a member of the CCPOA Retired Chapter to be eligible for programs offered through the Trust.

As a member of the CCPOA Retired Chapter, you are automatically entitled to a \$10,000 group life insurance benefit and an automatic \$2,000 life insurance benefit for your spouse. Reduces at age 60 to \$5,000 member (\$1,000 spouse).

There is no underwriting or premium because it is part of your Retired dues.

This insurance is provided to all former Active BU6 members who join the Retired Chapter within 90 days of retirement. If you join after 90 days there is a one year wait for the retired basic group life insurance. This wait does not apply to other retiree programs offered through the Trust.

Who Can Apply?

Retired Chapter Members
Enrollment is automatic with your monthly dues..

What Does it Cost?

\$0.00 out-of-pocket member cost.

Underwritten by:
New York Life Insurance Company
51 Madison Avenue, New York, NY 10010
on Group Policy form GMR.

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

ADB \$5000 Accidental Death

| | | | |
|------------------------------------|-------------|------------|--------------|
| Your Monthly Cost \$0.00 | rank & file | supervisor | ccpoabtf.org |
|------------------------------------|-------------|------------|--------------|

What Is It?

A free benefit that pays your beneficiary \$5,000 upon your death as a result of an accident.

Who Can Apply?

Rank and File; Supervisor

What Does it Cost?

\$0.00 out-of-pocket member cost.
Coverage effective upon CCPOA enrollment deductions.

CCPOA Legal Plan

| | | | | | |
|---|---|-------------|------------|---------|---|
| Active Monthly Cost \$0.00 | Retired Monthly Cost \$13.99 | rank & file | supervisor | retired | ccpoabtf.org uslegalservices.net/ccpoa |
|---|---|-------------|------------|---------|---|

What Is It?

The Family Defender Program is a pre-paid legal program that addresses many of the most common legal matters people have. For most cases, 100% of your legal fees are paid.

As an active CCPOA member you are automatically enrolled in the program. There are no applications to fill out.

The Family Defender Legal Plan

U.S. Legal Services is one of the oldest providers of legal program benefits in the nation. Established almost 50 years ago, U.S. Legal Services is recognized for providing full service, full indemnity legal programs for you and your family members who are eligible dependents.

U.S. Legal has attorneys throughout the nation. U.S. Legal has over 7,800 law firms and over 10,000 contracted attorneys, and more than 500 law firms in California.

You may get offers for other legal services. *Don't spend money for what you already have!* Designed exclusively for CCPOA, the Family Defender legal program is specifically for you and your family members who are eligible dependents. It's like having an attorney on retainer 24/7.

Who Can Apply?

Rank and File; Supervisor; Retired

What Does it Cost?

ACTIVE: \$0.00 out-of-pocket member cost

RETIRED: \$13.99/mo

How Does it Work?

- Contact CCPOA Family Defender Program at U. S. Legal Services, to receive an assignment to a Network Attorney.
- Contact attorney for initial consultation.
- Attorney obtains authorization and verification of benefits to be paid by U.S. Legal.
- You may be responsible for Court Costs, Fines, Filing Fees.

To get started, call the **CCPOA Benefit Trust Fund** and request your **Legal Program ID. (916) 779-6300**

Legal Highlights: Covered Benefits

| | | | |
|---|--|---|---|
| 24 Hour Emergency Services | *Enforcement and Modification of Support | Debt Collection Defense | Estate Planning/ Administration |
| Advice and Consultation (office or telephone) | Juvenile Defense | Document Preparation and Review | Traffic Violations |
| Letters and Telephone Calls | Codicil | Insurance Law | Landlord/Tenant Law (Tenant only) |
| Adoption | Concealed Carry/ Use of Deadly Force | Misdemeanor Defense | Personal Protection |
| Advance Health Care Directive | Bankruptcy (Chapters 7 and 13) | Senior Defender® - Elder Law Attorneys | Real Estate Transactions (primary residence) |
| *Child Support/Child Custody | Domestic Violence Defense | Power of Attorney | Revocable Living Trust |
| *Contested Divorce (Participant only) | DUI/DWI first offense | Name Change | Living Will |
| *Uncontested Divorce (Participant only) | Consumer Protection | Formation of Business Entity Guardianship | Simple or Complex Will for Participant and Spouse |
| | Personal Injury | Immigration | Simple Testamentary Trust |
| | Contract Preparation and Review | | |

*20 hours per year/event; 33 1/3% discounted fees thereafter

Discounted Benefits

QDRO (Qualified Domestic Relations Order) \$400

Felony Defense (Participant only) 33 1/3 % discounted fees

All other Non-Covered Matters 33 1/3 % discounted fees

Identity Theft Restoration Program

Each member has access to fully managed identity theft restoration services.

To utilize this benefit, simply call **866-205-5951**

rank & file

supervisor

All Active Members are already enrolled.

Retired members must enroll through the Trust.

Fill out the application and mail today.

Wills & Trusts

Don't put it off. The Family Defender has the tools you need for Estate Planning - planning for surviving spouse, planning for single person, including tax strategies and techniques.

Covered Services

- Estate Planning
- Living Wills
- Powers of Attorney
- Wills and Codicils
(including Simple Support Trust for Minor Children)

Revocable Living Trust

Drafted by experienced participating or network attorney.

- A/B revocable trust provisions (as needed) plus the following:
- Two (2) Durable Powers of Attorney for Financial Management,
- Two (2) Advance Health Care Directives,
- Two (2) Pour-Over-Wills, Bill of Sale and
- Two (2) Transfer Deeds.

Covered In Full

CCW Defender:

Concealed Carry / Use of Deadly Force Representation

DUI...

Coverage for first offense DUI/DWI.

Document Preparation and Review:

This service covers the preparation of personal legal documents including:

- Prenuptial Agreement
- Quit Claim Deed
- Personal Affidavit
- Promissory Note
- Bill of Sale
- Personal Contract
- Lessee Agreement

Domestic Violence Defense:

This service covers representation for Covered Persons in defense of domestic violence charges. Representation includes court hearings, injunction hearings, restraining orders, and disposition.

Money Help?

All part of the program.

Members are entitled to no cost telephonic consultation with Certified Credit Counselors. A complete financial assessment will include a review and analysis of your household income, expenses, assets and liabilities.

Members also have access to a range of online tools.

Members are entitled to receive an income tax planning related consultation with a tax professional on each separate tax issue.

Preparation of all personal income tax documents are prepared by a CPA at no charge, including a free review of prior year's return.

- Credit counseling
- Debt and budgeting assistance
- Retirement planning
- College planning
- Investment strategies
- Housing advisory services – home ownership, mortgages and refinancing
- Capital gains
- Inheritance
- Divorce

U.S. Legal Services App

CCPOA members now have access to U.S. Legal's new Member Portal & Mobile App. Register now at the web address, and have access to both.

Get the U.S. Legal App



Links and set-up instructions are on our website

How do you reach U.S. Legal?

CCPOA Member Care:

Toll-free dedicated line: 844-896-LAWS (5297)

Member Care: Monday-Friday – 8 a.m. to 5 p.m. PST

Best Money Moves Financial Crisis Manager:

Dedicated CCPOA Line: 800-223-7314

Main Line: 833-997-1232

Pathwise Financial Advising & Tax Assistance:

800-668-8045

Identity Theft:

866-205-5951

After Hours Service

Weekends and Monday-Friday

After Hours Emergency:

844-896-LAWS (5297)

Staff members are always on call.



U.S. LEGAL
SERVICES

1974

LDF CCPOA Legal Defense Fund

| | | | |
|---|------------------------|-------------------|--------------|
| Active Monthly Cost \$0.00 | rank & file | supervisor | ccpoabtf.org |
|---|------------------------|-------------------|--------------|

What Is It?

Your Legal Defense Coverage for on-the-job "course and scope" issues.

Who Can Apply?

All BU6 Members. No application required. Enrollment is automatic. Retired Members are not eligible for LDF.

What Does it Cost?

\$0.00 out-of-pocket member cost.



*All you need to remember is:
"I have it."*

Who Do I Contact?

Employer Related Issues (CDCR):
Contact CCPOA's Legal Department:
1-800-821-6443.

Criminal or Civil Defense

For a work related matter, contact the CCPOA's Legal Defense Fund Hotline at **1-800-882-9906.**

Personal Legal Matters

Personal legal services are available at no cost through U.S. Legal Services' Family Defender Program.

**Contact U.S. Legal Services at
1-888-724-2325.**

If matter still unclear and not covered by U.S. Legal, contact the **CCPOA LDF Hotline at 1-800-882-9906.**

24 Hour Hotline

Legal Defense Fund
(800) 882-9906

CB Co-Ben (Consolidated Benefits)

SUPERVISORS MUST BE CCPOA MEMBERS TO RECEIVE BENEFITS THROUGH THE TRUST.

Consolidated Benefits (CoBen)

As a supervisor, the State does not send three separate contributions for your health, dental and vision benefits. Instead you receive a single monthly contribution from the State, a "Consolidated Benefit," to help cover the cost of all three benefit programs.


The amount of your allowance is based on whether you choose coverage for yourself only, yourself plus one dependant, or yourself plus two or more dependants.

If the combined monthly total is less than your CoBen allowance, you receive the excess amount as taxable cash in your monthly pay check. If the combined monthly total is more than your CoBen allowance, you pay the difference, which shows up as a pretax deduction on your monthly pay check.

All employees are automatically enrolled in the state's vision plan. Therefore, you need to add in the cost of this coverage when calculating the total cost of your benefits. For employees in CoBen, enrollment in the vision plan is mandatory.

Supervisor

2025 Medical Rates (Before CoBen)

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

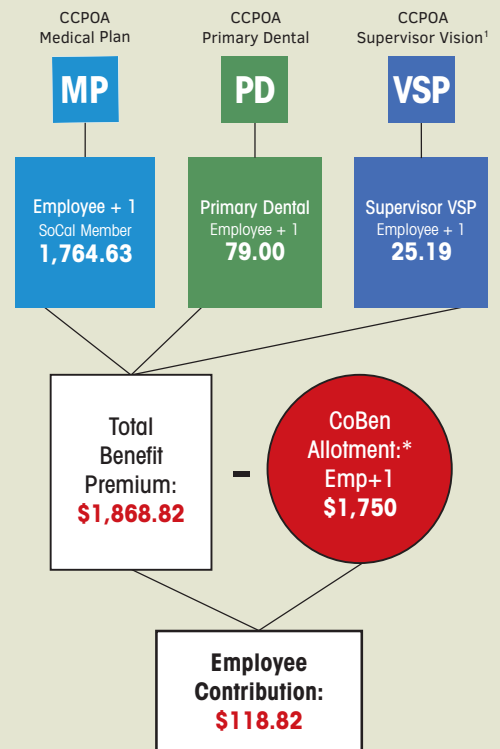
Compare our competitive rates for yourself.

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

2025 Co-Ben Allowance

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

Here's an Example of CoBen* in action:



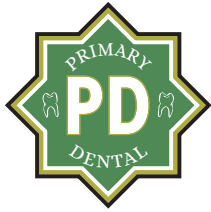
¹CCPOA Supervisor VSP has benefits that the StaBasicte "Premier Vision" does not offer—like a Second Pair Benefit and no monthly out-of-pocket premium.

***USE AS EXAMPLE ONLY. YOUR ACTUAL COSTS MAY VARY.**
 Due to the nature of the collective bargaining process, changes may alter contribution amounts and dependent vesting levels. 2025 CoBen allowances as of 08/19/24 (85/80 CoBen Excluded).
 The CoBen allowance for Excluded employees is determined by CalHR. Check [calhr.ca.gov](https://www.calpers.ca.gov) to see if updated rates are available.
<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>

Rates Effective: 01/01/25

D Dental Programs

| | | |
|---|------------------------|---|
| Active Monthly Cost \$0.00 | rank & file | ccpoabtf.org westerndental.com ccpoabtf.firstdentalhealth.com |
|---|------------------------|---|



What Is It?

The CCPOA Benefit Trust Fund offers two (2) types of coverage to choose from:

- Western Dental Plan: The most cost effective option. All new C/Os are automatically enrolled in the Western

Dental Plan for the first year of coverage. Many choose to stay, as Western Dental Plan provides a wide variety of services and locations, including over 3,000 private practices. Many services are covered 100%. There is no calendar year maximum.

- Primary Dental Program: Coverage when you want a wider range of dental providers. Choose any provider you wish, Primary Dental Program pays a percentage of the costs.
- First Dental Health: is a cost saving network that is a part of Primary Dental Program. Select a First Dental Health provider and save.

Call (800) 334-7244 or visit ccpoabtf.firstdentalhealth.com to find a provider.

Who Can Apply?

Rank and File; Supervisor (CoBen)

What Does It Cost?

Active: \$0.00 monthly

Supervisor: Your dental benefit is part of your CoBen. Starts at **\$37.00** monthly

What Does It Cover?

Complete documentation for the Western Dental Plan and Primary Dental Program are available on our website.

If you have any questions about costs and coverage we URGE you to have your dentist contact the Trust and request a written pre-authorization BEFORE any procedure to avoid financial surprises down the road.

Rank & File Members

Western Dental or Primary Dental Program

\$0.00 covers the entire family.

Retired Members

have Dental Benefits through CalPERS.

See page 12

Supervisor

CCPOA Dental CoBen

Supervisor members are eligible for either plan:

| Primary Dental Program | Western Dental |
|------------------------|--------------------|
| Member = \$37.00 | Member = \$15.77 |
| Member+1 = \$79.00 | Member+1 = \$26.02 |
| Family = \$135.00 | Family = \$36.91 |

Questions regarding your dental coverage?

Contact Western Dental Benefits Division toll free number:

1-800-992-3366

First Dental Health questions contact the Trust:

1-800-468-6486



Western Dental Plan is the cost saving choice!

Since 1998 Western Dental Plan has been the cost-effective dental plan offered through the Trust.

To take advantage of all the Western Dental Plan offers, you must be assigned to one of the contracted **Independent Private Practice Dental Providers** or a Western Dental Center.

The Western Dental Plan provides you with preventive care at no cost to you, and low or no co-payments on major services, including Implants.

The Western Dental Plan has no claim forms to complete, no deductibles to meet, and no annual maximum to limit the amount of covered treatment you can receive each year.

Now serving CCPOA Members with **Private Practice** locations in **Blythe, Cal-City, Susanville and Crescent City!**

Look for more dental offices in your area by visiting: www.westerndentalbenefits.com

YOU DON'T NEED TO SWITCH.
Get it your first year. **Keep it throughout your whole career.**

**Questions regarding your coverage?
Want to receive a list of contracted providers?**

**Contact
Western Dental Plan
1-800-992-3366**

CCPOA Members in most areas must have Western Dental Plan for the first year of employment.

After completion of the 12 months, members may choose to stay enrolled or elect the Primary Dental Program.

Western Dental Plan has enhanced its benefits to include more coverage to its CCPOA members.

Newly Added Benefits

- Tooth colored fillings for back teeth are now a covered benefit with a copayment
- Gingival irrigation (per quadrant)
- General Anesthesia with Plan approval
- Deep sedation/general anesthesia first 15 minutes
- Deep Sedation/general anesthesia subsequent 15 minutes
- Dental Implants Services (*available only at the Western Dental Implant Centers*)
- Zoom Whitening (*where available*)
- Orthodontic coverage Adults and Children (*copayment reduced*)
- No annual maximum
- Crowns- Porcelain on Molars, noble and high noble metal (*additional copayment applies*)
- Online access
- Comprehensive dental benefits with no deductibles and no claims forms
- Full network of private practice dentist and Western Dental owned and operated centers

Many procedures are covered 100%

D Dental Programs

CCPOA Primary Dental Program

Primary Dental Program & First Dental Health PPO/EPO Network
A cost-savings alternative to traditional dental insurance



A cost-savings alternative to traditional dental insurance

FIRST DENTAL HEALTH PPO/EPO NETWORK

CCPOA Primary Dental Program is traditional style insurance, where you can choose any dental provider, with the insurance covering the bulk of the costs and you paying the difference.

By using a **First Dental Health** provider, you pay discounted fees for a variety of dental services and procedures.

Choose from one of First Dental Health's **two cost saving networks: PPO** and **EPO**. This provides you with different levels of savings, depending on the provider you select.

| What does PPO mean? | What does EPO mean? |
|---|--|
| <p>Preferred Provider Organization.</p> <p>PPO providers follow a contracted fee schedule for the service they provide.</p> <p>That means no surprises when it comes to the costs.</p> | <p>Exclusive Provider Organization.</p> <p>The EPO program provides the patient with a greater reduced fee for service, in this smaller, exclusive network.</p> <p>That means using an EPO dentist costs you even less.</p> |

**CCPOA
Primary Dental Program &
First Dental Health**
Primary Dental Program = Go to any dentist
First Dental Health = Reduced Fees

Finding a dentist is easy.

To find a First Dental Health provider in your area, simply log onto the website at ccpoabtf.firstdentalhealth.com

**Questions regarding the
First Dental Health Network?**
Contact First Dental Health
1-800-334-7244

**Pre-Authorization for
Primary Dental Program**

If your dental work will cost more than \$300, ask your dentist to report the anticipated treatment and charges before work is started.

The pre-authorization is prepared by the CCPOA Benefit Trust Fund and returned to your dentist with the amount to be paid by the Program.

You will receive a copy of the pre-authorization by mail.

| Non-Contracted Provider: | First Dental Health Providers: |
|--|--|
| <p>Calendar year maximum: \$2000/ per person</p> <p>Combined Dental & Orthodontic Deductible: Per calendar year Individual: \$50 Family: \$150</p> <p>Deductible is waived on Preventive/Diagnostic Services Services are payable based on CCPOA allowable amount</p> | <p>Calendar year maximum: \$2000/per person</p> <p>Deductible: None</p> <p>Services are payable based on Contract Rate through First Dental Health EPO/PPO</p> |

This is not a guarantee of payment but a summary of benefits available through the CCPOA Primary Dental Program. Benefits are subject to eligibility, terms, conditions, and limitations of the participant's dental coverage in force at the time the services are actually rendered. Certain services are subject to review.

Preventive/Diagnostic Services: 100%

- Prophy:** Three times in the calendar year (anytime)
- Fluoride:** Unlimited for dependents 14 and under.
- Sealants:** No age limit, on permanent unrestored posterior molars only - Once every 36 months
- Bitewings:** Unlimited, unless done with Panographic or more than 10 PA's.
- Panographic:** Unlimited while taken alone.
- FMX:** Once every 36 months
- Exams:** Unlimited. First exam of the calendar year is payable at 100%, ALL exams after will be at 90% with no deductible. *(Including D9310 & D9430)*
- Space Maintainers:** Unlimited for dependents 18 and under.
- Emergency Palliative Treatment:** Unlimited with no other treatment on the same day.

Basic Services: 90%

- Restorative Services:** Posterior Composite & Amalgam Fillings Covered - Once every 6 months per tooth
- Endodontic Services:** Root canal Therapy
- Periodontal Services:** Root Planning & Scaling: Once every 24 months "All four quads OK in same day"
- Periodontal cleanings that are in conjunction with an active periodontal disease will be limited to two cleanings per year and only for the 18-month period following treatment of the periodontal disease.
- Oral Surgery:** Extraction of teeth & minor oral surgery. *(Medical does not have to be billed first)*
- General Anesthesia:** If provided in conjunction with a covered oral surgery procedure & only if determined by the Administrator to be Medically Necessary.

Singles Crowns, Inlays, Onlays & Build-ups: 80%

- PREP DATE -**
Porcelain crowns placed on molars will be paid as a full cast crown.
5-year replacement limitation
- Prosthetic (Major) Services 50%**
- PREP DATE -
Implants and Abutments
Initial preparation & installation of bridges
Crowns attached to a bridge
Initial preparation & installation of partial or complete dentures *(including repairs)*
Prior extractions are covered
5-year replacement limitation
Congenitally missing teeth are covered

Orthodontic Services: No age limit

50% to lifetime benefit \$1,000 including adjustments & retainers
(Ortho must be billed monthly or quarterly as they become due)

Services Not Covered

- TMJ
- Occlusal guards/Night guards
- Analgesia/Nitrous oxide
- Arestin

Coordination of Benefits: Standard

Additional Information

Pre-authorization is suggested over \$300, but not mandatory.
Dependant children may be covered up to age 26 regardless of student status.

CCPOA Primary Dental Program
Waiting period
A nine-month waiting period from the effective date of coverage applies for new hires and their family members for covered dental services at 80% and 50%.

This is a partial list of the benefits, exclusions, and limitations under the Primary Dental Program. For a complete listing, see the Summary Program Description.

D Dental Programs

Retired BU6 Members have Dental Benefits through CalPERS.

Contact your Personnel Office before retirement to ensure you have uninterrupted dental coverage.

What are the Dental Options?

Here's a quick rundown...

The qualifications for State Dental coverage:

❶ You are eligible if you retire within 120 days of your separation; and, ❷ you are eligible to receive a CalPERS retirement benefit.

If you meet the above criteria, but did not enroll in a Dental Program at the time of your retirement, it is possible to join later, during the State's annual open enrollment period (usually held in the Fall for the next year).

Can I continue my CCPOA Primary or Western Dental as a Retired Member?

No. These programs are only available to you as an active member of CCPOA.

Can I add or drop family members?

Yes. You can do so when you initially enroll, during the annual open enrollment period, and within 60 days from the date a change in your family occurs (marriage, divorce, new baby).

To make changes to your dental program once you are retired, contact CalPERS.

Retired State Employees

If you are a retired State employee, you are eligible to continue enrollment in the State's Dental Program if you retired within 120 days after your date of separation and you receive a retirement allowance from CalPERS. If you are enrolled in a State-sponsored Dental Program, your personnel office will automatically submit the STD. 692 to CalPERS to continue your dental enrollment into retirement. Retired employees who did not continue dental coverage into retirement may enroll during the annual dental open enrollment period.

Other options to explore when considering retirement

- Coverage under a spouse's dental program
- Military dental and/or health coverage (Tri-Care)

Your Retired Dental Coverage is Changing.

CCPOA dental programs are not currently available to Retired Members.

When you retire, and if you want to continue dental coverage, you may choose a State-sponsored Dental Program.

Your dental program changes when you retire. Your personnel specialist will help you with the transition and explain the differences between your current dental program and the State's Dental Program for Retirees.

If you are a retired State employee and have any questions regarding your eligibility, contact **CalPERS Health Benefits Services Division** TOLL FREE at: **1-888-225-7377**

| | | | | |
|--------------------------------|-------------|------------|---------|----------------------------------|
| Your Monthly Cost See Chart | rank & file | supervisor | retired | ccpoabtf.org blueshieldca.com |
|--------------------------------|-------------|------------|---------|----------------------------------|

What Is It?

The CCPOA Medical Plan provides you and your family a great plan with good rates and extensive care. The CCPOA Medical Plan has affordable rates, Teladoc®, NurseHelp 24/7SM and a large network of providers, and providing members with network Chiropractic benefits.

The CCPOA Medical Plan is available only to CCPOA members and administered through Blue Shield of California.

Sign-up for the Medical Plan occurs once a year during Open Enrollment, or upon graduation from the Academy as a new Correctional Officer.

Who Can Apply?

Rank and File; Supervisor; Retired

What Does It Cover?

Complete documentation is available on our website. The following documents are available for download:

- **Evidence of Coverage (EOC)**
This pdf contains a complete coverage description of the Medical Plan, in an easy to understand format.
- **Summary of Benefits and Coverage (SBC)**
An easy to read, plain English summary of the CCPOA Medical Plan.
- **Summary of Benefits (SOB)**
Which shows the amount you will pay for Covered Services

Medical Plans for Supervisors

As a supervisor, you do not receive three separate State contributions for your health, dental and vision benefits.

Instead you receive a "Consolidated Benefit," (CoBen) a single monthly contribution from the State, to help cover the cost of all three benefit programs.

We have a link to CalHR's Benefits Calculator on our website: [ccpoabtf.org/MedRates](https://www.ccpoabtf.org/MedRates)

Which Medical Plans are available to Retirees?

Beginning January 1, 2023, you will have a new plan option – the new Blue Shield of California Group Medicare Advantage Prescription Drug (GMAPD) PPO.

This new GMAPD plan will replace the Medicare Medical and Prescription Drug plans you currently have. It will continue to provide comprehensive medical and prescription drug coverage while keeping your out-of-pocket expenses low.

Medical enrollment is through CalPERS during either Open Enrollment or at the time of retirement.

Welcome to your CCPOA Medical Plan

Review your Blue Shield member ID card

Make sure your information is accurate. If you need to change your primary care physician (PCP), call Shield Concierge at the phone number on your ID card.

Register for 24/7 access to your health plan information

Visit blueshieldca.com and select Login/ Register to create your online account.

Get to know Shield Concierge

One call to Shield Concierge connects you to a dedicated team of experts ready to answer your benefit and health-related questions.

Shield Concierge is available at: (800) 257-6213

7 a.m. to 7 p.m., seven days a week.

Find network providers

Visit blueshieldca.com to search for PCPs, specialists, mental health providers, hospitals, pharmacies, and more.



Want to know more?

Visit Blue Shield's dedicated CCPOA site: <https://myoptions.blueshieldca.com/ccpoa>

Accessing Care

General care

As a CCPOA Medical Plan member, you must select a primary care physician (PCP). You will access most of your healthcare services through your PCP and pay your copayment amount. When you need preventive care, such as routine checkups and immunizations, or other non-urgent care, you should call your PCP to make an appointment.

To see which preventive services are covered under your CCPOA Medical Plan, refer to your EOC booklet located at ccpoabtf.org.

You have no copayment for preventive services.

Chiropractic care

Your CCPOA Medical Plan includes chiropractic benefits for a \$15 copayment per visit. Please note that there is a 20-visit maximum per calendar year, and services must be provided by an American Specialty Health Plans of California participating provider.

To locate a participating provider, go to blueshieldca.com/ccpoanetwork and select Alternative Care.

Urgent care

Urgent care is appropriate when a condition requires prompt medical attention – usually within 24 hours – to avoid complications and unnecessary suffering. If you require urgent care, you should contact your PCP, who is responsible for providing or arranging your overall care.

To find an urgent care center near you, log in to your account at blueshieldca.com, or go to blueshieldca.com/ccpoanetwork and select Urgent Care.

On-line. Anytime.

Find a Doctor at blueshieldca.com

Go to: blueshieldca.com/ccpoanetwork

The system will bring up a listing of doctors that meet your specifications.



GET THE MOBILE APP



Download the Blue Shield of California mobile app for iPhone from the App StoreSM or for Android from Google Play.TM

Whether you are using the mobile website or the mobile app, each offers the same experience and access to more features than ever before.

Your features and plan details may vary depending on your specific plan type.

Care when you need it

GET CARE AT HOME

Teladoc – Speak with a doctor by phone or video for a \$0 copayment.

NurseHelp 24/7SM – Talk to a registered nurse day or night by calling (877) 304-0504.

LifeReferrals 24/7SM – Get expert support to meet life's challenges by calling (800) 985-2405.

GET CARE OUTSIDE YOUR HOME

Urgent care – Save time and money for non-emergency care by visiting an urgent care center that's affiliated with your doctor's medical group or IPA.

Care while traveling – Access emergency care around the world.

YOUR PHARMACY BENEFITS

Know what's covered – Search the online drug formulary for covered brand-name and generic drugs.

Save with 90-day refills – Get a 90-day supply of covered maintenance drugs for less from select retailers or the mail-service pharmacy.

Flu shots and more – Our retail pharmacies provide several vaccines, including the flu shot – at no extra cost.



Mental Health Care

Whenever you need non-emergency mental health care, you can call Blue Shield's Mental Health Service Administrator (MHSA) at (877) 263-8827 so they can direct you to a network provider.

You can find Blue Shield's MHSA provider online by going to blueshieldca.com/ccpoanetwork. Next, select **Mental Health**. Once you've selected a provider, you'll still need to call Blue Shield's MHSA for authorization at (877) 263-8827.



NurseHelp 24/7

Need medical advice right now, for no extra charge? With **NurseHelp 24/7SM**, you can talk with registered nurses any time, day or night, to get answers to your health-related questions. Experienced nurses can help you figure out how you can care for yourself, evaluate treatment options, and determine whether to see a doctor.

Say you have a sick child and it's the middle of the night. Before you head out to the nearest urgent care, you can call or go online and chat with a registered nurse about symptoms and treatment. By reviewing the situation with a registered nurse, you can decide whether care needs to be immediate, or maybe you can wait until the morning to see your child's regular pediatrician.

Get immediate answers and reliable information about:

- Minor illnesses and injuries
- Chronic conditions
- Medical tests and medications
- Preventive care

To use NurseHelp 24/7, just call: **877-304-0504** or visit blueshieldca.com and log in to get additional information. With either option you will get confidential, personalized assistance.



A HEALTHY YOU JUST GOT EASIER

The new Wellvolution has programs tailored to fit your lifestyle and health goals.

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 eligible Blue Shield of California members.



Your Pharmacy Benefits

- Know what's covered – Search the online drug formulary for covered brand-name and generic drugs.
- Save with 90-day refills – Get a 90-day supply of covered maintenance drugs for less from select retailers or the mail-service pharmacy.
- Flu shots and more – Our retail pharmacies provide several vaccines, including the flu shot – at no extra cost.



Blue Shield of California is pleased to provide you with Teladoc®, an added medical benefit that allows you to resolve many of your medical issues—anytime day or night—through the convenience of phone and online video consultations.

Teladoc is Affordable:
Your Copay
\$0 for 2025

Quality Medical Care

All Teladoc doctors are U.S. board certified, state-licensed in California and average 15 years of practice experience. With your consent, Teladoc consultation information can be sent to your primary care physician.

Anytime/Anywhere

Talk to a doctor anytime through the convenience of phone or online video consultations. Teladoc doctors can diagnose and even prescribe medication, if necessary, for many conditions including allergies, cold and flu symptoms, ear infection and more.

At a price you can afford

Teladoc is a convenient and affordable alternative to costly urgent care and ER visits for non-emergency medical care. You also save the time spent driving to and sitting in a waiting room.

Wellvolution is Free. Medical Plan members pay **\$0 for 2025**

MP CCPOA Medical Plan

Your medical benefits at a glance

For complete details about your benefits, please see your Evidence of Coverage and Disclosure (EOC) at: ccpoabff.org

| | |
|---|------------------------------------|
| Member/family calendar-year deductible | None |
| Medical benefit calendar-year out-of-pocket maximum | Member: \$1,500 Family: \$4,500 |
| Primary care office visit | \$15/visit |
| Access+ Specialist SM care office visit (self-referral) ¹ | \$30/visit |
| Other specialist care office visit (referred by PCP) | \$15/visit |
| Preventive health exam | No charge |
| Immunizations | No charge |
| Teladoc medical doctor video or phone consultation | \$0/call |
| Urgent care | \$15/visit |
| Infertility testing and treatment | 50% of allowable amount |
| Chiropractic services | \$15/visit |
| Ambulance services | No charge |
| Emergency care | \$75/visit ² |
| Inpatient hospital stay | \$100 per admission |
| Inpatient hospital physician services | No charge |
| Outpatient hospital services | No charge |
| Mental health inpatient services | \$100 per admission |
| Mental health office visit | \$15/visit |

Live down South? ↓ ↑ Work up North?

Live/Work Rule

Pick which location works best for you and your family.

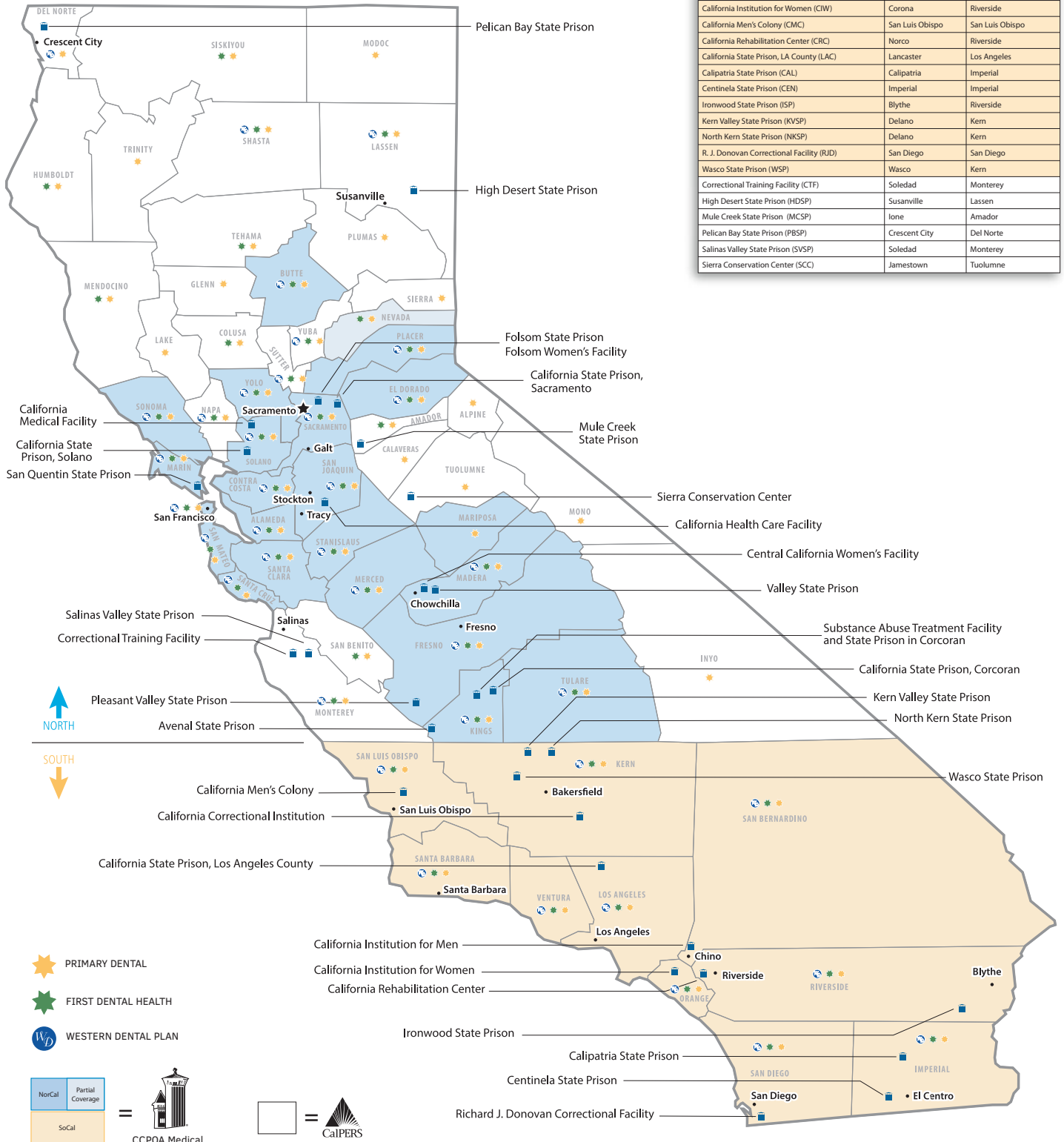
You may be assigned to an institution away from where you live. Or maybe the doctor you use is closer to work than home. Use the address that gets the coverage you want. Use either your home or work location when applying for your coverage.

¹The Access+ Specialist option allows HMO members direct access to participating specialists in the same medical group or IPA as their primary care physician. Not all medical groups or IPAs participate in this program. This benefit is for a first specialist visit only; subsequent visits will require a referral. ²Does not apply if hospitalized or kept for observation - if admitted, \$100 per admission fee will apply.

CCPOA Service Area

Medical & Dental Plans

| Facility | City | County |
|--|-----------------|-----------------|
| Avenal State Prison (ASP) | Avenal | Kings |
| California Health Care Facility (CHCF) | Stockton | San Joaquin |
| California Medical Facility (CMF) | Vacaville | Solano |
| California State Prison, Corcoran (COR) | Corcoran | Kings |
| California State Prison, Sacramento (SAC) | Represa | Sacramento |
| California State Prison, Solano (SOL) | Vacaville | Solano |
| California Substance Abuse Treatment Facility (SATF) | Corcoran | Kings |
| Central California Women's Facility (CCWF) | Chowchilla | Madera |
| Folsom State Prison (FSP) | Represa | Sacramento |
| Pleasant Valley State Prison (PVSP) | Coalinga | Fresno |
| San Quentin State Prison (SQ) | San Quentin | Marin |
| Valley State Prison for Women (VSP) | Chowchilla | Madera |
| California Correctional Institution (CCI) | Tehachapi | Kern |
| California Institution for Men (CIM) | Chino | San Bernardino |
| California Institution for Women (CIW) | Corona | Riverside |
| California Men's Colony (CMC) | San Luis Obispo | San Luis Obispo |
| California Rehabilitation Center (CRC) | Norco | Riverside |
| California State Prison, LA County (LAC) | Lancaster | Los Angeles |
| Calipatria State Prison (CAL) | Calipatria | Imperial |
| Centinel State Prison (CEN) | Imperial | Imperial |
| Ironwood State Prison (ISP) | Blythe | Riverside |
| Kern Valley State Prison (KVSP) | Delano | Kern |
| North Kern State Prison (NKSP) | Delano | Kern |
| R. J. Donovan Correctional Facility (RJD) | San Diego | San Diego |
| Wasco State Prison (WSP) | Wasco | Kern |
| Correctional Training Facility (CTF) | Soledad | Monterey |
| High Desert State Prison (HDSP) | Susanville | Lassen |
| Mule Creek State Prison (MCSP) | Ione | Amador |
| Pelican Bay State Prison (PBSP) | Crescent City | Del Norte |
| Salinas Valley State Prison (SVSP) | Soledad | Monterey |
| Sierra Conservation Center (SCC) | Jamestown | Tuolumne |



VSP CCPOA Vision Plan: Active

| | | | | | | |
|--|--|---|-------------|------------|---------|-------------------------|
| Rank & File Monthly Cost \$0.00 | Supervisor Part of CoBen \$0.00 | Retired Starting Monthly at \$1.91 See Chart | rank & file | supervisor | retired | ccpoabtf.org vsp.com |
|--|--|---|-------------|------------|---------|-------------------------|

What Is It?

CCPOA Vision Service Plan

VSP provides high quality vision care to CCPOA members. There are no claim forms or membership cards.

Benefits include 2 pair of frames and lenses each year, or coverage for contact lenses, plus additional discounted services.

Plan services are different for Active, Retired and Supervisor members.



Rank & File: VSP Copays

FIRST PAIR

| | |
|----------------------------|------------------|
| Exam..... | \$10.00 |
| Prescription Glasses | \$25.00 |
| Contacts | No Copay Applies |

SECOND PAIR

| | |
|----------------------------|------------------|
| Prescription Glasses | \$35.00 |
| Contacts | No Copay applies |

Supervisors

As a Supervisor you are AUTOMATICALLY enrolled in the state funded Basic Vision plan, which is also provided through VSP.

Your first pair of glasses is through this plan.

Vision coverage through the Benefit Trust provides you a SECOND PAIR benefit every 12 months that State Premier does not offer.

VSP CoBen 2025:

| | |
|-------------|-------|
| Single = | 16.73 |
| Two Party = | 25.19 |
| Family = | 35.51 |

Visit www.calhr.ca.gov for information on this coverage.

Your monthly premium for VSP coverage is part of your CoBen benefit.

Who Can Apply?

Rank and File; Supervisor; Retired

What Does it Cost?

ACTIVE: \$0.00 out-of-pocket member cost.

The actual cost of the VSP plan \$13.40/mo.

The State contributes \$8.27 and the Trust provides the balance.

SUPERVISOR: The Trust's VSP "Second Pair benefit" is in addition to your CoBen "Basic Vision" plan.

Supervisors pay \$0 for this additional coverage.

RETIRED: Plans start at **\$1.91/mo.** See next page.

VSP Highlights

With VSP doctors, you'll enjoy quality, personalized care. Your VSP doctor will get to know you and your eyes, helping you keep them healthy year after year.

Besides helping you see better, routine eye exams can detect symptoms of serious conditions such as diabetes, glaucoma, cataracts and even tumors. Eye exams for children spot problems that can hinder learning and development.

Close to you. Big selection.

VSP network doctors are in medical offices and shopping centers close to your home and work. They have a large frame and contact lens selection, whether you prefer classic styles or the latest fashions. Plus, most offer evening and weekend hours and accept drop-ins. New patients are always welcome!

Effortless Benefits.

Choose a VSP doctor at vsp.com or call **800-877-7195**

Make an appointment and tell the doctor you are a VSP member.

That's it! No ID cards or filling out claim forms.

Costco Members

Costco is a VSP "Out of Network" provider. Using your VSP benefits at Costco is easy. Simply tell Costco you have VSP and would like to use your Out of Network Benefits. Check with VSP for your Open Access Allowances.

Satisfaction Guaranteed.*

It's true: Your satisfaction is guaranteed. You'll *always* receive first-class customer service at VSP. If you're not completely satisfied with your service or eyewear, just let us know and we'll make it right.

VSP CCPOA Vision Plan: Retired

CCPOA Retired Standard Plan

Under the CCPOA Benefit Trust Fund Vision Program, once you enroll, your vision coverage continues - there is no set expiration date. And with a rich frame allowance and contact lens allowance, the Trust program provides you with the most coverage for your dollar.

Exam covered in full every 12 months

Prescription Glasses

Lenses covered in full every 12 months

Single vision, lined bifocal and lined trifocal lenses. Tints and photochromic adaptive lenses.

Polycarbonate lenses; Progressive Lenses (with co-pay)

Frame every 24 months

Frame of your choice covered up to \$ 175.
Plus, 20% savings on any out-of-pocket costs.

OR

Contact Lenses every 12 months

When you choose contacts instead of glasses, your \$120 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.

If you choose contact lenses you will be eligible for a frame 24 months from the date the contact lenses were obtained.

Retired: What Does It Cost?

RETIRED STANDARD PLAN

| | |
|----------------------------|---------|
| Member Only | \$8.84 |
| Member + 1 Dependent | \$12.67 |
| Member + Family | \$22.61 |

RETIRED EXAM PLUS PLAN

| | |
|----------------------------|--------|
| Member Only | \$1.91 |
| Member + 1 Dependent | \$2.62 |
| Member + Family | \$4.47 |

Retired: VSP Copays

| | |
|----------------------------|------------------|
| Exam | \$10.00 |
| Prescription Glasses | \$25.00 |
| Contacts | No Copay Applies |

Retired Exam Plus Plan

An economical plan, with coverage starting at \$1.91 monthly.

Exam covered in full every 12 months

Exam Plus Plan has no copay

Prescription Glasses Discounts

Lenses

20% savings when a complete pair of glasses is purchased.

15% savings on the contact lens exam fitting and evaluation. This exam is in addition to your vision exam to ensure proper fit of contacts.

Frames

20% savings when a complete pair of glasses is purchased.

Contacts



a vsp vision company

The new way to get your glasses online. Visit **eyeconic.com** to try on your new frames virtually, link up your VSP benefits, upload your prescription and have your glasses delivered right to your doctor's office, home, or place of work. Includes free shipping and returns.

EYEWEAR + EYE CARE

It's easy to use your VSP benefit.

Create an account at vsp.com. Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.

Find superior eye care near you. The decision is yours—choose a conveniently located VSP doctor or any out-of-network provider. Visit vsp.com or call 800.877.7195 to find the best provider for you.

Check out Eyeconic and browse the frame brands you love.

You can connect to your VSP benefits, upload your prescription and order your glasses following your WellVision Exam.®

Eyeconic is available to all members.

rank & file

supervisor

retired

*VSP guarantees services from VSP network doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

VSP Benefits Your coverage from a VSP Doctor.

| Benefit | Description | rank & file | | supervisor | | retired standard plan | | |
|---|---|---|-----------------|---|-----------------|---|-----------------|------|
| | | Copay | Frequency | Copay | Frequency | Copay | Frequency | |
| WellVision Exam | Focuses on your eyes and overall wellness | \$10 | Every 12 months | \$10 | Every 12 months | \$10 | Every 12 months | |
| Frames & Lenses: | | \$25 | | \$25 | | \$25 | | |
| Frames | | \$120 standard allowance Every 12 months \$140 Enhanced Featured Frame Brands allowance | | \$150 standard allowance Every 12 months \$170 Enhanced Featured Frame Brands allowance | | \$175 standard allowance Every 24 months | | |
| Lenses: Single Vision | Included | \$0 | Every 12 months | \$0 | Every 12 months | \$0 | Every 12 months | |
| Lenses: Bifocal | Included | \$0 | | \$0 | | | | |
| Lenses: Trifocal | Included | \$0 | | \$0 | | | | |
| Lenses: Polycarbonate | Kids | Included | | \$0 | | \$0 | | |
| | Adult | | | \$35 | | \$35 | | |
| Lenses: Tints; Photochromics | Included | \$0 | | \$0 | | | | |
| Lenses: Standard progressive | | \$0 | | \$0 | | | | |
| Lenses: Premium progressive | | \$95 - \$175 | | \$95 - \$175 | | | | |
| Lenses: Anti-Reflective Coating | Upgrade to Custom Coatings - \$85 | \$41 | | \$41 | | | | |
| Lenses - Scratch Resistant | | \$17 | | \$17 | | | | |
| Lenses - UV Protection | | \$16 | | \$16 | | | | |
| Contact Lens (instead of glasses) | \$110 allowance for contacts & contact lens exam | \$0 | | \$0 | | | | |
| Necessary Contact Lenses (instead of glasses) | Covered in full | \$25 | | \$25 | | | | |
| 2nd Pair Benefit | | | | | | | | |
| Frames | \$120 allowance | \$35 Frame and Lenses | Every 12 months | \$35 Frame and Lenses | Every 12 months | | | |
| Lenses | Single vision, lined bifocal, and lined trifocal lenses; Tints, Photochromatics. Polycarbonate lenses for dependent children. | | | | | | | |
| Standard Progressive Lenses | Covered in full | | | | | | | \$0 |
| Contact Lens (instead of glasses): | \$110 allowance for additional contacts and contact lens exam | | | | | | | \$0 |
| Necessary Contact Lenses (instead of glasses) | Covered in full | | | | | | | \$35 |



Any questions? Please call VSP at 800-877-7195

This is just a partial list of VSP Benefits. Visit the Trust website to download VSP Data Sheets, specific to your plan.

STL Group Supplemental Term Life

| | | | | |
|--|-------------|------------|---------|--------------|
| Starting Monthly at \$1.50 See Chart | rank & file | supervisor | retired | ccpoabtf.org |
|--|-------------|------------|---------|--------------|

What Is It?

The CCPOA Supplemental Term Life is life insurance coverage that carries with you throughout your career and can be rolled over into retirement. Coverage ranges from \$25,000 up to \$500,000 for Active members, and up to \$250,000 for Retired members.

Who Can Apply?

Rank and File; Supervisor, Retired

What Does It Cost?

\$25,000 in coverage starts at **\$1.50** monthly. See *chart*

Life Insurance made just for C/Os.

Coverage for New Hires | Active Officers | Retired Members



Who's Eligible?

As an active CCPOA member under 75 and working full-time*, you can apply for coverage on yourself, your spouse, and your dependent children up to age 26. (Age may vary in other states.)

If you and your spouse are both active members of CCPOA, each of you may apply in your own right as a member, not solely as a spouse. If you do so, however, coverage may not be duplicated by applying as dependents of each other and only one of you may request coverage for eligible children.

CCPOA and CCPOA Benefit Trust Fund staff are also eligible to apply. Permanent Intermittent Employees are eligible to participate in this Insurance Plan, including Term Life Insurance and Accidental Death & Dismemberment.

When is Coverage Effective?

Your coverage will be effective (subject to approval of your application by the CCPOA Benefit Trust Fund and New York Life Insurance), the first (1st) day of the next calendar month immediately following the month for which a payroll deduction is received for the Group Supplemental Term Life premium, provided that you are actively at work and a CCPOA member on that date.

If you choose to cover your dependents, their insurance will begin on the date you become covered, or the first month following approval of your application to cover a dependent, whichever date is later, subject to deduction of the required premium.

If you are not a CCPOA member or actively working full-time when coverage would normally take effect, the effective date will be deferred until you return to active full-time work and/or become a CCPOA member.

Please Note: Acceptance into this coverage is subject to medical evidence of insurability as determined by New York Life Insurance. Depending on your age, the amount of coverage you request, and your answers on the application, a medical examination, medical test(s), or other evidence of good health may be required. Any exams/tests requested by the company will be conducted at your convenience and at no expense to you.

Deferred Effective Date: If you are not Actively-at-Work on the date you are to be covered under the Policy, you (and your spouse/dependents) will not be covered until the date you return to work.

When Does Coverage End?

Your coverage under this plan will terminate on:

- The date the policy is cancelled; or
- The Premium Due Date on or nearest the date you cease to be a dues paying member of the CCPOA; or
- The Premium payment is not made on the Due Date.

Your dependents' coverage remains in force as long as your coverage remains in effect, premiums are paid when due, and they remain eligible dependents. An eligible spouse cannot be legally separated or divorced from the insured person.

* Includes permanent full-time (actively at work at least 30 hours per week) and PIE employees, and all R06, S06, M06 CCPOA members.

Plan Highlights

Coverage

Benefits are paid for a death occurring at any time, any place,¹ from any cause, except suicide in the first two years.

No Cancellation for Ill Health.

Once your coverage takes effect, you cannot be cancelled due to a change in your health.

Accelerated Death Benefit.

Potentially relieves some of the financial difficulties associated with a terminal illness by allowing you (and your spouse, if covered) a one-time option to receive up to 50% of the term life insurance proceeds, to a maximum of \$100,000, upon being diagnosed by a physician as having less than 12 months to live.²

Conversion Privilege.

If your coverage is terminated for any reason other than non-payment of premium or cancellation of the Master Policy, you may convert it to an individual policy customarily offered by New York Life, without providing further proof of your health. Conversion may be requested at any time up to 31 days after termination of your original coverage. This conversion privilege is also available to your insured spouse and/or children should you pass away.

(See your *Certificate of Insurance* for more information).

Why You Need Life Insurance

- If you have people who depend on you or your income, you need life insurance.
- Life insurance helps plan for your dependents' future financial needs, even if you're not around.
- You get homeowners insurance to protect your home. Why wouldn't you get life insurance to protect your family?
- Life insurance benefits can:
 - Help pay off your mortgage or other family debts
 - Help cover ongoing daily expenses and bills once you're gone
- If you still have family members depending on you to provide for them, having life insurance can be critical

Only For New Officers: Guarantee Issue Plan

Our *Guaranteed Issue Life Insurance Program* is simple. As a new C/O you cannot be denied coverage.

You only need two things:

- 1 If you are age 55 or younger, you can apply for Guarantee Issue Life Insurance coverage.
- 2 You must apply in the first six months of hire.

You are eligible for \$125,000 in coverage.

Have a spouse? You can cover your spouse for \$12,500. Coverage is available for your kids as well.

When you are ready, you can increase your coverage amount by applying for additional Group Supplemental Term Life Insurance through the CCPOA Benefit Trust Fund.

Who's Eligible? The Details.

You may apply for the CCPOA Group Guaranteed Term Life Insurance program if you are an active CCPOA member, in the first six months of employment in Bargaining Unit 6 and actively-at-work at least 30 hours per week. Members (and their spouse) must be under age 55. You can apply for coverage for your spouse and your dependent children up to age 26. (Age may vary in other states.)

If you and your spouse are both active members of CCPOA in the first six months of hire, each of you may apply in your own right as a member, not solely as a spouse. If you do so, however, coverage may not be duplicated by applying as dependent spouses of each other and only one of you may request coverage for eligible children.

Can I get coverage over age 55?

Not from the Guarantee Issue Plan. Members (and their spouse) must be under age 55. Coverage up to age 75 is available through the Supplemental Term Life program for Active Members. Contact the Trust for information on this program.

30-DAY FREE LOOK

If you are not completely satisfied with the terms of your Certificate of Insurance you may return it, minus any claims paid, within 30 days. Your coverage will be invalidated and you will receive a full refund - no questions asked.

1. Subject to U.S. Government regulations on restricted countries.

2. You should consult a personal tax advisor since proceeds under this benefit may be taxable.

Insurance Coverage

How Much Life Insurance Do You Need?

CCPOA presently provides each active member with basic \$20,000 group term life insurance coverage. However, your family may need more.

There is no magic formula to determine how much life insurance you should have. Many financial professionals say that you need 5-6 times your annual income in life insurance.

There are a number of factors that should be considered when estimating how much life insurance you should carry, including final expenses, children's long-term education, re-education or retirement funds for surviving spouse, supplemental income to maintain mortgage payments, etc.

Please Note: Approval is subject to medical evidence of insurability as determined by New York Life. Depending on your age, the amount of coverage you request, and your answers on the application, a medical examination, medical test(s), or other evidence of good health may be required.

Any exams/tests requested by New York Life will be conducted at your convenience and at no expense to you.

ERISA DISCLAIMER:

Please be aware that, depending on your circumstances and the product(s) you select, your group benefits plan may be subject to the Employee Retirement Income Security Act of 1974 ("ERISA").

You should consult your tax and legal advisors regarding the applicability of ERISA to any arrangements addressed in this material. New York Life, its subsidiaries, agents, and employees do not provide legal, tax, or ERISA advice.

The tax consequences of benefits paid under this policy may depend on whether the employee pays for the coverage and to what extent the coverage is paid for on a pre- or post-tax basis, among other factors. Certain requirements apply to coverage offered under "cafeteria plans" subject to IRS sec. 125, including minimum eligibility and participation requirements. You should discuss with your tax advisor the consequences of buying this policy, including whether premium payments are deductible, the taxability of benefits; and whether you have met all applicable tax requirements. New York Life Insurance Company, its employees, agents, and affiliates cannot provide tax advice.

Who Will Be The Beneficiary?

Benefits for loss of life will be paid to the beneficiary you have designated. If you have not designated a beneficiary, the life benefit will be paid out according to state law.

Choosing a Beneficiary

Be sure to review and update your beneficiary information as needed. If you have not designated a beneficiary, the life benefit will be paid in equal shares to the first of your survivors in the following order: Spouse, Children, Parents, Siblings.

If there are no survivors in these classes, payment will be made to your estate.

Information about choosing a minor beneficiary.

If at the insured's death, the named beneficiary of this insurance is a minor, the laws of most states require that a parent or guardian of the minors' estate be appointed to receive the proceeds for the minor. Of course, the legal requirements of each state differ, and in some cases, New York Life may be permitted to pay nominal amounts directly to the minor beneficiary; but, as a general rule, we will require the appointment of a guardian in these situations.

We are giving you this information so that you will be aware of the delay in claims payment which may result from the need to have a guardian appointed.

If you have any question about the propriety of naming a minor as beneficiary of this insurance, you should consult your legal counsel.

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



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These pages are intended to describe only principal features of the Group Supplemental Term Life Insurance coverage offered through the CCPOA Benefit Trust Fund, and is not a contract. A complete description including features, limitations, exclusions, rates and conditions is contained in the Certificate of Insurance issued to each plan participant. Benefits are provided under the Group Policy GMR - ER et al. Policy Numbers: G29307-0/FACE; G-29308-0/FACE; 29310-0/FACE issued by New York Life Insurance Company to the CCPOA Benefit Trust Fund.

Group Supplemental Term Life

Active Supplemental Term Life Rate Chart

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance G-29307 Effective January 1, 2025

| AGE | < 30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
|------------------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|
| \$25,000 | 1.50 | 1.75 | 2.00 | 2.50 | 3.75 | 5.75 | 10.75 | 16.25 | 25.75 | 39.00 |
| \$50,000 | 2.75 | 3.25 | 3.75 | 4.75 | 7.25 | 11.25 | 21.25 | 32.25 | 51.25 | 77.75 |
| \$75,000 | 4.00 | 4.75 | 5.50 | 7.00 | 10.75 | 16.75 | 31.75 | 48.25 | 76.75 | 116.50 |
| \$100,000 | 5.25 | 6.25 | 7.25 | 9.25 | 14.25 | 22.25 | 42.25 | 64.25 | 102.25 | 155.25 |
| \$125,000 | 6.50 | 7.75 | 9.00 | 11.50 | 17.75 | 27.75 | 52.75 | 80.25 | 127.75 | 194.00 |
| \$150,000 | 7.75 | 9.25 | 10.75 | 13.75 | 21.25 | 33.25 | 63.25 | 96.25 | 153.25 | 232.75 |
| \$175,000 | 9.00 | 10.75 | 12.50 | 16.00 | 24.75 | 38.75 | 73.75 | 112.25 | 178.75 | 271.50 |
| \$200,000 | 10.25 | 12.25 | 14.25 | 18.25 | 28.25 | 44.25 | 84.25 | 128.25 | 204.25 | 310.25 |
| \$225,000 | 11.50 | 13.75 | 16.00 | 20.50 | 31.75 | 49.75 | 94.75 | 144.25 | 229.75 | 349.00 |
| \$250,000 | 12.75 | 15.25 | 17.75 | 22.75 | 35.25 | 55.25 | 105.25 | 160.25 | 255.25 | 387.75 |
| \$275,000 | 14.00 | 16.75 | 19.50 | 25.00 | 38.75 | 60.75 | 115.75 | 176.25 | 280.75 | 426.50 |
| \$300,000 | 15.25 | 18.25 | 21.25 | 27.25 | 42.25 | 66.25 | 126.25 | 192.25 | 306.25 | 465.25 |
| \$325,000 | 16.50 | 19.75 | 23.00 | 29.50 | 45.75 | 71.75 | 136.75 | 208.25 | 331.75 | 504.00 |
| \$350,000 | 17.75 | 21.25 | 24.75 | 31.75 | 49.25 | 77.25 | 147.25 | 224.25 | 357.25 | 542.75 |
| \$375,000 | 19.00 | 22.75 | 26.50 | 34.00 | 52.75 | 82.75 | 157.75 | 240.25 | 382.75 | 581.50 |
| \$400,000 | 20.25 | 24.25 | 28.25 | 36.25 | 56.25 | 88.25 | 168.25 | 256.25 | 408.25 | 620.25 |
| \$425,000 | 21.50 | 25.75 | 30.00 | 38.50 | 59.75 | 93.75 | 178.75 | 272.25 | 433.75 | 659.00 |
| \$450,000 | 22.75 | 27.25 | 31.75 | 40.75 | 63.25 | 99.25 | 189.25 | 288.25 | 459.25 | 697.75 |
| \$475,000 | 24.00 | 28.75 | 33.50 | 43.00 | 66.75 | 104.75 | 199.75 | 304.25 | 484.75 | 736.50 |
| \$500,000 | 25.25 | 30.25 | 35.25 | 45.25 | 70.25 | 110.25 | 210.25 | 320.25 | 510.25 | 775.25 |

CURRENT SPOUSE INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance G-29307 Effective January 1, 2025

| AGE | < 30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
|----------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| \$12,500 | 0.75 | 0.84 | 1.00 | 1.38 | 2.00 | 2.63 | 3.25 | 7.88 | 12.25 | 20.00 |
| \$25,000 | 1.25 | 1.44 | 1.75 | 2.50 | 3.75 | 5.00 | 6.25 | 15.50 | 24.25 | 39.75 |
| \$37,500 | 1.75 | 2.03 | 2.50 | 3.63 | 5.50 | 7.38 | 9.25 | 23.13 | 36.25 | 59.50 |
| \$50,000 | 2.25 | 2.62 | 3.25 | 4.75 | 7.25 | 9.75 | 12.25 | 30.75 | 48.25 | 79.25 |

COVERAGE AMOUNT The premiums shown reflect the current rates (as of January 1, 2025) and benefit structure. Premiums may be changed by New York Life on any premium due date, but not more than once in any 12-month period, and on any date on which benefits are changed. Your rate may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Premiums shown are payroll deducted and will increase on the premium due date coinciding with or next following the date that a member or spouse enters a new age bracket. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

Dependent CHILDREN MONTHLY PREMIUMS - Group Supplemental Term Life Insurance

| | | |
|----------------|----------------------------|--|
| \$7,500 | \$1.65 / per family | Benefit Amount per child age 6 months up to age 26. Age may vary in other states. [\$750 for children from 15 days old to 6 months.] |
|----------------|----------------------------|--|

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

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

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

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

2025 Rate Charts

Retired Supplemental Term Life Rate Chart

| CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance G-29310 | | | | | | | | | | Effective January 1, 2025 |
|---|---|-------|-------|-------|-------|-------|--------|--------|--------|---------------------------|
| AGE | < 30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
| \$25,000 | 2.34 | 2.73 | 3.12 | 3.90 | 5.85 | 8.97 | 16.76 | 25.34 | 40.16 | 60.82 |
| \$50,000 | 4.29 | 5.07 | 5.85 | 7.41 | 11.31 | 17.54 | 33.14 | 50.29 | 79.93 | 121.25 |
| \$75,000 | 6.24 | 7.41 | 8.58 | 10.92 | 16.76 | 26.12 | 49.51 | 75.25 | 119.69 | - |
| \$100,000 | 8.19 | 9.75 | 11.31 | 14.43 | 22.22 | 34.70 | 65.89 | 100.20 | 159.46 | - |
| \$125,000 | 10.14 | 12.09 | 14.04 | 17.93 | 27.68 | 43.28 | 82.26 | 125.15 | 199.23 | - |
| \$150,000 | 12.09 | 14.43 | 16.76 | 21.44 | 33.14 | 51.85 | 98.64 | - | - | - |
| \$175,000 | 14.04 | 16.76 | 19.49 | 24.95 | 38.60 | 60.43 | 115.01 | - | - | - |
| \$200,000 | 15.99 | 19.10 | 22.22 | 28.46 | 44.06 | 69.01 | 131.39 | - | - | - |
| \$225,000 | 17.93 | 21.44 | 24.95 | 31.97 | 49.51 | 77.59 | 147.76 | - | - | - |
| \$250,000 | 19.88 | 23.78 | 27.68 | 35.48 | 54.97 | 86.16 | 164.14 | - | - | - |
| COVERAGE AMOUNT | Rates are based on the attained age of the Insured Person and increase as you enter each new age category. The above premiums apply to Retired CCPOA Members. Rates and/or benefits may be changed on a class basis. An eligible spouse cannot be insured for more than 50% of the member's benefit. If you wish to continue your coverage upon retirement (with some restrictions), you must contact the Benefit Trust Fund office at 1-800 IN UNIT 6. Due to ongoing negotiations, policy features are subject to change. | | | | | | | | | |

| CURRENT SPOUSE INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance G-29310 | | | | | | | | | | Effective January 1, 2025 |
|---|--|-------|-------|-------|-------|-------|-------|-------|-------|---------------------------|
| AGE | < 30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
| \$12,500 | 1.17 | 1.31 | 1.56 | 2.15 | 3.12 | 4.10 | 5.07 | 12.29 | 19.10 | 31.19 |
| \$25,000 | 1.95 | 2.25 | 2.73 | 3.90 | 5.85 | 7.80 | 9.75 | 24.17 | 37.82 | - |
| \$37,500 | 2.73 | 3.17 | 3.90 | 5.66 | 8.58 | 11.51 | 14.43 | - | - | - |
| \$50,000 | 3.51 | 4.09 | 5.07 | 7.41 | 11.31 | 15.21 | 19.10 | - | - | - |
| COVERAGE AMOUNT | The premiums shown reflect the current rates (as of January 1, 2025) and benefit structure. Premiums may be changed by New York Life on any premium due date, but not more than once in any 12-month period, and on any date on which benefits are changed. Your rate may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Premiums shown are payroll deducted and will increase on the premium due date coinciding with or next following the date that a member or spouse enters a new age bracket. Benefit option amounts are subject to change by agreement between New York Life and the Trustees. | | | | | | | | | |

| Dependent CHILDREN MONTHLY PREMIUMS - Group Supplemental Term Life Insurance | |
|--|---|
| \$7,500 | \$1.65 / per family Benefit Amount per child age 6 months up to age 26. Age may vary in other states. [\$750 for children from 15 days old to 6 months.] |

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

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

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

It's easy to keep your Term Life Benefits working for you

Looking At Retirement Options?

Did you know that if you are currently enrolled in the CCPOA Supplemental Term Life program, you can carry up to \$250,000 of supplemental term life insurance into retirement?

To Convert Your Supplemental Term Life:

- You must submit a CCPOA Retired Chapter membership application.
- You must notify the Trust 30 days prior to your retirement date that you wish to transfer your supplemental term life insurance.
- Complete and return the Rollover Request form. You have 60 days from the date of your retirement to transfer your term life insurance.

Rolling Over Makes Sense

No underwriting is necessary if you transfer within the allotted time period.

Premiums remain what they were when you were an active officer.

The coverage amount you have will stay the same until you reach 60, when the amount is reduced by half. At age 70, the coverage amount is either reduced by half again or to \$50,000 for you and to \$12,500 for your spouse, whichever amount is less.

(See Retired Rate Chart)

**Members who retire before age 60 may enroll for up to half the coverage they had on the date they retired. Member coverage cannot exceed \$250,000 and spouse is limited to a maximum of \$50,000. Coverage reduces in half at ages 60 and by half again at age 70 (maximum \$50,000 for member).*

Are You Already Retired?

Even after retirement, you are eligible to apply for CCPOA Supplemental Term Life using the CCPOA Retired form. Once underwriting is complete, you will have the same great coverage active members have at the same rates.

Retiring Early?

*Members who retire at ages 60 – 69 may request up to \$125,000. (Spouse up to \$ 25,000).

Members who retire at ages 70 and over may request up to \$ 50,000. (Spouse up to \$12,500 .

Which forms do you need to manage your Retired Supplemental Term Life?

Ready to Retire?

Fill out the **Retirement ROLLOVER Request** form.

Already Retired?

Want to increase your benefit amount or add new coverage?

Fill out the **CCPOA Retired** form.

These can be found in the Application booklet.

Return the completed form in the envelope provided.

More Retirement Info

For more information on your benefits and retirement, see our "Getting Ready for Retirement" section on page 42

Information from New York Life

IMPORTANT NOTICE:

How New York Life Obtains Information and Underwrites Your Request For Group Supplemental Term Life Insurance

In this notice, references to "you" and "your" include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, Inc. ("MIB"). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB, and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing, however, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901 (TTY 866 346-3642). For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone 416-597-0590. Information for consumers about MIB may be obtained on its website at www.mib.com.

For NM Residents: Protected persons¹ have a right of access to certain Confidential abuse information² we maintain in our files and they may choose to receive such information directly. You have the right to register as a Protected person by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.

- 1 Protected person means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.
- 2 Confidential abuse information means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

New York Life Insurance Company

8.12 ed.

ADD Group Accidental Death and

| | | | | | |
|---|---|-------------|------------|---------|--------------|
| Active Starting Monthly at \$1.25* See Chart | Retired Starting Monthly at \$1.60 See Chart | rank & file | supervisor | retired | ccpoabtf.org |
|---|---|-------------|------------|---------|--------------|

What Is It?

AD&D helps bridge the financial gap that occurs when a breadwinner meets accidental death, or an accident results in loss of sight or loss of limbs. In addition, it provides financial assistance to train or retrain you or a loved one for a new career.

Who Can Apply?

Rank and File; Supervisor; Retired

What Does It Cover?

AD&D pays a dollar amount on accidental death or loss of limbs. (See *chart*.) Additional benefits include an education benefit for a surviving spouse, funds to help with day-care for young children and funds for adaptive home and vehicle alterations.

How Does It Work?

You pick an amount of coverage to buy (Principal Sum.) Your monthly payment remains constant, but the amount of coverage does reduce as you age. When a claim is paid-out it is based on a percentage of the Principal Sum, the type of injury, and your age.

What Does It Cost? Select your Principal Sum from the following table:

| 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 | | | | |
| 250,000 | 12.50 | 15.00 | | | | |

In addition to your own coverage, family coverage provides the following insurance for your dependents:

| Death Benefit Coverage | | | |
|--|---|------------|---|
| | rank & file | supervisor | retired |
| Member | 100% Principal sum | | 100% Principal sum |
| Spouse | 60% of Principal Sum (if NO children) 50% of Principal Sum (if children) | | 50% of Principal Sum (if NO children) 40% of Principal Sum (if children) |
| Child | 15% of Principal Sum (if spouse) 20% of Principal Sum (if NO spouse) | | 10% of Principal Sum (if spouse) 15% of Principal Sum (if NO spouse) |
| Children must be unmarried up to age 25. Age may vary in other states. | | | |

Dismemberment Insurance

Who is eligible to enroll?

| rank & file | supervisor | retired |
|---|------------|---|
| All active full-time CCPOA members are eligible. | | CCPOA Retired Chapter dues paying member |
| Your spouse, through age 69 and unmarried dependent children through age 24. <i>Age may vary in other states..</i> | | Your spouse through age 74 and unmarried dependent children through age 24. <i>Age may vary in other states..</i> |
| Unmarried children who are primarily dependent on you for support through age 24. <i>Age may vary in other states.</i> | | Unmarried children who are primarily dependent on you for support through age 24. <i>Age may vary in other states.</i> |
| Note: If you are covered as a member, you cannot be covered as a dependent of another member. | | |

When am I covered?

You are covered 24 hours a day. Anywhere in the world.* On the job or at home.

Benefits are payable in addition to any other insurance you have.

| rank & file | supervisor | retired |
|--|------------|--|
| Your coverage will be effective (subject to approval of your application by the CCPOA Benefit Trust Fund and New York Life), upon the first (1st) day of the next calendar month immediately following the month for which a payroll deduction is made for the AD&D premium, provided that you are actively at work and a CCPOA member on that date. | | Retired CCPOA members (and new retired members) enjoy a continuous open enrollment period. If your application is received before the 1st of the current month, your coverage will become effective on the first day of the month immediately following the pay period from which the first premium deduction is taken from your CalPERS retirement benefit. |
| If you are not actively working, or a CCPOA member when coverage would normally take effect, the effective date will be deferred until you return to active full-time work and/or become a CCPOA member. | | |

* Subject to U.S. Government regulations on restricted countries.

Note: you do not receive temporary or conditional insurance just because you submit an application.

Can I change my coverage once I've enrolled?

Yes — by simply completing a new enrollment card. This change will become effective on the first of the month on or following the pay period from which the first premium deduction is made.

If I retire, can I still keep my coverage?

Yes — there is a Retiree AD&D program available to CCPOA Retiree Chapter members.

You must request a Retired AD&D application from the Trust, and pay the initial premium within 31 days of the date this coverage terminates. If you are no longer a member of the CCPOA you cannot continue your coverage and it will be terminated.

Contact the CCPOA Benefit Trust Fund for details.

30-DAY FREE LOOK

If you are not completely satisfied with the terms of your Certificate of Insurance you may return it, without claim, within 30 days.

Your coverage will be invalidated and you will receive a full refund - no questions asked.



ADD Group Accidental Death and

What Does It Pay?

Dismemberment Benefit Coverage

| rank & file | supervisor | retired |
|--|------------|---------------------------|
| If an injury results in any of the following losses within 365 days after the accident, the plan will pay the following: | | |
| Life | | 100% of the Principal Sum |
| Both hands or Both Feet or Sight of Both Eyes | | |
| One Hand and One Foot | | |
| Speech and Hearing | | |
| Either Hand or Foot and Sight of One Eye | | |
| Movement of Both Upper and Lower Limbs (Quadriplegia) | | |
| Movement of Both Lower Limbs (Paraplegia) | | 75% of the Principal Sum |
| Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia) | | 50% of The Principal Sum |
| Either Hand or Foot | | |
| Sight of One Eye | | |
| Speech or Hearing | | |
| Thumb and Index Finger of Either Hand | | 25% of The Principal Sum |

Additional Benefits for Active & Retired

Spouse Education Benefit

If your dependents are covered under the family plan and you die, and the Principal Sum is payable, the plan will pay your spouse an Education Benefit. This benefit will be the lesser of 5% of your Principal Sum, or, the maximum amount of \$5,000.00.

To qualify for this benefit, your spouse must enroll in an Occupational Training Program for the purpose of earning an independent income. Enrollment must take place within one year of your death, and expenses must be incurred within two years of your death.

If the Principal Sum is payable because of your death, and no covered spouse survives, the plan will pay the minimum amount of \$1,000.00, according to the terms of the beneficiary section.

Expenses incurred means actual tuition charged and cost of materials required for the Occupational Training Program. It does not include room and board.

Occupational Training Program means any education, professional, or trade training which prepares your spouse for an occupation for which he or she would not otherwise qualify.

Common Disaster Benefit

If you and your spouse die as a result of injuries received in the same accident and a Principal Sum is payable under the Accidental and Dismemberment Benefit for each death, the benefit for your spouse will be increased to equal the lesser of your Principal Sum or an amount which, when added to your Principal Sum, equals \$300,00 for Active and \$200,000 for Retired members.

The total limit of liability for any one person for all losses due to the same accident will not be more than the Principal Sum.



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Rates and/or benefits may be changed. The premiums shown reflect the current rates (rates set January 1, 2023) 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. Rates shown are deducted from your CalPERS retirement benefit. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

These pages are intended to describe only principal features of the Group Accidental Death & Dismemberment Insurance offered through the CCPOA Benefit Trust Fund, and is not a contract. A complete description including features, limitations, exclusions, rates and conditions is contained in the Certificate of Insurance issued to each plan participant. If there is a conflict between any of the described benefits, the Summary Program Description/Plan documents or certificates control and will apply. This plan is underwritten by New York Life Insurance Company under Group Policy G29312-0/FACE on Policy Form GMR – ER et.al and for Retirees, Group Policy G-29313-0/FACE on Policy Form GMR

Dismemberment Insurance

| AD&D Benefit Highlights: Active Members | | |
|---|---|--|
| <p>Education</p> <p>If your dependents are covered under the family plan and you die, and the Principal Sum is payable, the program will pay the following:</p> | <p>Student Education Benefit — This benefit is payable every year in which the student meets the criteria (up to \$10,000 per year for four years), provided the dependent submits proof of his or her student status each year.</p> <p>Pays lesser of 5% of your Principal Sum or the maximum amount of \$10,000. The student must show proof that, on the date of your death, he or she was a covered dependent and:</p> <ul style="list-style-type: none"> • A full-time, post-high school student in a school for higher learning, or • A student in 12th grade and will be a full-time, post-high school student in a school for higher learning within 365 days. <p>If an Education Benefit would be payable, but no person qualifies as a student, the plan will pay the minimum amount of \$1,000, according to the terms of the beneficiary section</p> | <p>Spouse Education Benefit — To qualify for this benefit, your spouse must simply enroll in an Occupational Training Program for the purpose of earning an independent income.</p> <p>Enrollment must take place within one year of your death, and expenses be incurred within two years of your death.</p> <p>Pays the lesser of 5% of your Principal Sum or, Expense Incurred for Occupational Training or, the maximum amount of \$5,000.</p> <p>If the Principal Sum is payable because of your death, and no covered spouse survives, the program will pay the minimum amount of \$1,000, according to the term of the beneficiary section.</p> <p>Expense Incurred means actual tuition charged and cost of materials required for the Occupational Training Program — not including room and board.</p> <p>Occupational Training Program means any education, professional or trade training which prepares your spouse for an occupation for which he or she would not otherwise qualify.</p> |
| <p>Day Care</p> <p>If your dependents are covered under the family plan and you die, and the Principal Sum is payable, the program will pay a Day Care Benefit to each eligible dependent.</p> | <p>The Day Care Benefit — The lesser of 5% of your Principal Sum or the maximum amount of \$40,000.</p> <p>To receive this benefit, an eligible dependent must be under age 13 and:</p> <ul style="list-style-type: none"> • Be enrolled in a licensed Child Care Program at time of death, or • Will be attending such a program within 365 days. <p>This benefit is payable every year (up to \$10,000 per year for four years), provided the dependent child continues to be enrolled in child care and is under age 13.</p> <p>If a Day Care Benefit would be payable, but no person qualifies as an eligible dependent, the program will pay the minimum amount of \$1,000, according to the terms of the beneficiary section.</p> | |
| <p>Common Disaster</p> | <p>If you and your spouse die as a result of injuries received in the same accident, and a Principal Sum is payable under the AD&D Benefit for each death, the spouse benefit amount will be increased to an amount that equals the lesser of: (a) the Insured Employee's Principal Sum; (b) or an amount which, if added to the Insured Employee's Principal Sum, would equal \$300,000. The maximum additional benefit increase possible is \$200,000.</p> | |
| <p>Coma</p> | <p>If you or your covered dependent become comatose within 31 days of a covered accident and remain continuously comatose beyond the Waiting Period of 31 days, the plan will pay 1% of the Comatose Maximum Benefit Amount for each month you or your covered dependent remains in a coma.</p> <p>Comatose Maximum Benefit Amount equals the Principal Sum less all other payments under the policy for injury.</p> | <p>Coma means complete and continuous unconsciousness and inability to respond to external or internal stimuli.</p> |
| <p>Adaptive Home and Vehicle</p> <p>If you or your covered dependents suffer a loss other than death and a Principal Sum is payable, the program will pay the lesser of:</p> | <ul style="list-style-type: none"> • 2.5% of yours or your covered dependent's Principal Sum • The actual costs; or • \$2,500 for the one-time cost of alterations incurred within two years from the date of the accident to you or your covered dependents to principal residence, and/or private automobile; to make the residence accessible or the private automobile drivable for you or your covered dependents. | <p>This benefit will be payable only if:</p> <ul style="list-style-type: none"> • Such home alterations are made by a person or persons with experience in such alterations and recommended by a recognized organization associated with the Injury, and/or • Such vehicle modifications are carried out by a person or persons with experience in such matters and approved by the Motor Vehicle Department. <p>Private Automobile means a four-wheeled, private passenger car, station wagon, pick-up truck, van or jeep-type automobile which is not being used as a Common Carrier.</p> <p>Common Carrier means a conveyance operated by a concern, other than the Policy holder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.</p> |
| <p>Seat Belt</p> | <p>If you or your dependents suffer a loss payable under the AD&D benefit, the program will pay an additional benefit of 10% of the Principal Sum, to a maximum of \$10,000. The injury must have occurred while you were a passenger in or the licensed operator of a registered automobile who was not intoxicated, impaired or under the influence of alcohol or drugs.; and occurred while wearing a Seat Belt, as verified in the police accident report.</p> | <p>Seat Belt means an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the automobile.</p> |
| <p>At Work Accidental Death</p> | <p>New York Life will pay an additional \$25,000 benefit if an insured's death is a Covered Loss resulting from an injury that occurred while at full-time work.</p> | <p>Actively-At-Work means you are performing all the regular duties of your occupation on a full-time basis at your regular place of employment or while on a Business Trip. Actively-at-Work does not include everyday travel to and from work.</p> <p>Business Trip means a bona fide trip while on assignment at the direction of your employer for the purpose of furthering the business of your employer: a) which begins when you leave your residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and b) which ends when you return to your residence or place of regular employment, whichever first occurs.</p> |
| <p>Repatriation</p> | <p>If you or your covered dependent dies outside your state of permanent residence, and the Principal Sum is payable, the plan will pay a Repatriation Benefit. This benefit will be the lesser of 5% of your Principal Sum or \$5,000.</p> | |
| <p>Line-Of-Duty Death Benefit</p> | <p>Member - If you are killed while at work, New York Life will pay an additional \$125,000 benefit if an INSURED EMPLOYEE'S death is a Covered Loss and occurs while he or she is performing the duties of his or her occupation.</p> | |

AD&D Plan Legalities

Reductions Due to Age

Your Principal Sum automatically reduces on the Premium Due Date or on the next following date you attain the age indicated below:

Insured Person's Age & Percentage of Principal Sum

Premiums do not reduce.

| ACT | Age 70-74 | Age 75-79 | Age 80-84 | Age 85 or over |
|-----|-----------|-----------|-----------|----------------|
| | 65% | 45% | 35% | 15% |
| RET | Age 70-74 | Age 75-79 | Age 80-84 | Age 85 or over |
| | 65% | 45% | 30% | 15% |

Coverage Termination

Coverage can be terminated as follows:

- On the date the policy is terminated.
- On the premium due date or on the next following date you are no longer an eligible person, or fail to pay premiums.
- If you cease to be a CCPOA member.
- Coverage for eligible dependents will terminate on the premium due date following the earlier of:
 - The date you cease to be insured, or
 - The date your dependent is no longer eligible.

Are There Any Exclusions?

Yes. Loss caused by any of the following events, among others, is not covered:

- Intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
- War or act of war, whether declared or undeclared;
- Injury sustained while in the armed forces of any country or international authority;
- Injury sustained while riding on any aircraft except a civil or public aircraft, or military transport aircraft;
- Injury sustained while riding on any aircraft: a) as a pilot, crew member or student pilot; b) as a flight instructor or examiner; or c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under the policy;
- Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
- Injury sustained while operating a motor vehicle while legally intoxicated from the use of alcohol.
- Injury related to any medical, dental or surgical treatment unrelated to the accident which would otherwise entitle the covered person to benefits.

Who Will Be The Beneficiary?

Benefits for loss of life will be paid to the beneficiary you have designated. If you have not designated a beneficiary, the life benefit will be paid out according to state law.

- Benefits for loss other than life will be paid to you.
- All dependent benefits will be paid to you.

Choosing a Beneficiary

Be sure to review and update your beneficiary information as needed. If you have not designated a beneficiary, the life benefit will be paid in equal shares to the first of your survivors in the following order:

Spouse, Children, Parents, Siblings.

- If there are no survivors in these classes, payment will be made to your estate.
- Benefits for loss other than life will be paid to you, and all dependent benefits are payable to you.

Information about choosing a minor beneficiary.

If at the insured's death, the named beneficiary of this insurance is a minor, the laws of most states require that a parent or guardian of the minors' estate be appointed to receive the proceeds for the minor.

Of course, the legal requirements of each state differ, and in some cases, New York Life may be permitted to pay nominal amounts directly to the minor beneficiary; but, as a general rule, we will require the appointment of a guardian in these situations.

We are giving you this information so that you will be aware of the delay in claims payment which may result from the need to have a guardian appointed.

If you have any question about the propriety of naming a minor as beneficiary of this insurance, you should consult your legal counsel.

Accident & Sickness Coverage

Accident Champion
Starting Monthly at
\$14.13 See Chart

Shield Plus
Starting Monthly at
\$30.50 See Chart

rank & file

supervisor

retired

ccpoabtf.org
Member Line: 888-211-6157

OFFICIAL NOTICE: As of February 15, 2024, all Triada policies are now covered by Vault Administrative Services and represented through ARG Benefits. No action is required by the policy holder. Any references to Triada no longer apply. See our website for more information.

What Is It?

Good question. The Trust's Accident & Sickness policies are supplemental insurance coverage that help cover the "money gap" left from any other coverage you may have.

These programs pay cash **DIRECTLY TO YOU** or to whomever you choose, and **PAID IN ADDITION** to benefits provided by any other insurance policy, workers compensation, or social security.

This is money you can use however you see fit. Groceries. Car payment. Mortgage or rent. School. You get the picture. Health insurance may pay the doctor, but it does nothing towards your other bills.

How Does It Work?

We offer two kinds of coverage: **Accident Champion**, which is accident coverage and **Shield Plus**, an injury/sickness income program. Each is separate coverage, but both work in a similar fashion, both designed to pay cash benefits directly to you when you are injured or sick.

What Qualifies?

On-the-job. Off-the-job. Any time. Any day. No activity excluded. Vault Strategies coverage through the Trust pays cash direct to you. Starting on Day One.

Is Coverage Affordable?

Coverage for **Accident Champion** comes in two tiers—Standard and Premier. If you want to save a little money, sign-up for the Standard tier coverage which costs less. The Premier tier has higher benefit amounts, while still being affordable. Both plans start at less than \$20/month.

Pricing for the **Shield Plus** coverage varies by age and how much coverage you want. Coverage amounts range from \$500–\$1,500.

What About Gold Shield?

Only the Trust's Accident & Sickness programs work *in addition* to Gold Shield.

Other supplemental policies do not work hand-in-hand with Gold Shield, and will reduce the amount Gold Shield pays to you.

Who Can Apply?

Rank and File; Supervisor; Retired

What Does It Cost?

Accident Champion: Starts at **\$16.29** monthly

Shield Plus: Starts at **\$30.50** monthly

See chart on next page



Administered by



Both Vault programs pay in addition to any other benefits provided by any other insurance policy, workers compensation or Social Security.

What Am I Covered Against?

- Being struck, knocked down, or run over.
- Driving or riding in ANY automobile, bus, taxicab, truck, or any farm machinery!
- We EVEN cover you on a motorcycle, bicycle, in a boat or ANY recreational vehicle.
- Flying or riding in a commercial aircraft.
- At the hands of ANY burglar, robber, or by personal assault.
- We cover you for drowning.
- Fire or smoke inhalation.
- Hunting, fishing, or camping, and most recreational activities.

In other words, at work home or play, we cover you if you are hurt or sick.

**AT HOME. AT WORK. AT PLAY.
AT ANY ACTIVITY WHATSOEVER.**

A.R.G. Benefits is an official partner of the CCPOA Benefit Trust Fund, and the exclusive representative for Vault's Accident Champion and Vault's Shield Plus. Their team of benefit representatives visit Institutions across the state on our behalf.



Powered by ARG Benefits

Accident & Sickness Coverage

Accident Champion

Accident Champion covers you if you are hurt at home, work or play, 24 hours a day, 365 days a year.

Vault's Accident Champion is an accident only policy and does not pay benefits for loss from sickness.

You buy coverage in either the Standard or Premier tier. Then, if you get injured in an accident, you get paid the dollar amount of your coverage tier, directly to you.

EXAMPLE:

Joe buys the Premier Tier of Accident Champion coverage. Joe has an accident, breaks his leg, gets an X-ray and needs to stay in the hospital.

Accident Champion pays Joe:

- \$30 for the X-ray;
- \$1,000 dollars for the broken leg;
- \$300 for each day he is confined to the hospital, up to 365 days.

What's new in Accident Champion?

- Follow-up Visit Coverage
- Rehabilitation Package
Therapy Visits Covered (Up to 10 visits)
- Sports Package Benefit
- Available for the Family
- Transportation Benefit (Ambulance, Medivac)
- Many additional enhancements
- Starting on Day One

What about family members?

Your family is eligible for the same benefits as you under the Accident Champion Family Plan. Talk with an ARG Benefits rep for further details.

Carry both programs into retirement.

There is no difference in rates or coverage between Active or Retired members.

The complete Accident Champion Schedule of Benefits can be found on our website: ccpoabtf.org

YOUR ACCIDENT or SICKNESS POLICY CAN NOT BE CANCELLED

because of your age, health condition, or the number of claims you file.

Shield Plus

Shield Plus pays directly to you when you are unable to work due to sickness or injury.

You buy monthly coverage amounts in blocks ranging from \$500–\$1,500. Then, if a doctor says you can't work due to a sickness or injury, you get paid the proportional amount of your coverage block.

Payments are sent to you or your designated recipient. There is underwriting for this policy. Some health questions do apply.

Shield Plus pays benefits up to six months, if a doctor certifies that you are unable to work.

EXAMPLE:

Joe buys a \$1,000 monthly coverage block of Shield Plus coverage.

The doctor says Joe has a bad infection/sprained ankle, and needs to stay home for two weeks.

- Shield Plus pays Joe \$500 (missing half-a-month of work = half of the monthly coverage benefit.)

What's new in Shield Plus?

- No Longer Required to Collect Disability Income:
- Overnight Stay as Inpatient
- Outpatient Surgery
- Fracture
- 0 day Elimination Period
- 6 month Benefit Period
- Available for Spouse
- Pays if a doctor certifies you are unable to work, due to any injury or illness.

What makes these different?

Both programs have unique features:

- Both pay you income benefits from the first day.
- Both programs cover you 24 hours a day, 7 days a week, 365 days a year.
- Both programs pay in addition to any other insurance, workers compensation, social security, even your disability benefit program (such as Gold Shield).

RETIRED:

Active members can transfer their coverage into retirement.

Call the CCPOA Member Line: (888) 211-6157 to set up the transfer details.

HERE'S AN EXAMPLE OF ACCIDENT CHAMPION IN ACTION:

Maria fractured her ankle while riding on a quad during a family outing. Maria went to the ER where she received a X-Ray confirming her fracture.

The ER casts her ankle and gave her crutches. During the next 60 days she visited her doctor 3 times and received 8 visits for physical therapy.

Maria is eligible to receive the following benefits:

Accident Champion: Premier Plan

| | |
|--|-------------------|
| ER | \$150.00 |
| X-Ray | 30.00 |
| Appliance (crutches) | 100.00 |
| Physician Follow-up 3x..... | 150.00 |
| <i>\$50 each visit-up to 3 visits</i> | |
| Physical Therapy 8x..... | 400.00 |
| <i>\$50 each visit-up to 10 visits</i> | |
| Fracture..... | 1,000.00 |
| TOTAL CLAIM PAID | \$1,830.00 |

HERE'S AN EXAMPLE OF SHIELD PLUS IN ACTION:

Officer Ruiz is involved in an assault resulting in torn ligaments in his knee.

As a result of his injury, Officer Ruiz missed 4 ½ months of work. Officer Ruiz has the Shield Plus policy and has chosen the \$1,200/month benefit - which covers on & off-the-job injury and illness.

Officer Ruiz is eligible for the following compensation, paid in addition to his workers comp payments:

Shield Plus: \$1,200/month

| | |
|-------------------------------|-------------------|
| 4 months @ \$1,200 | \$4800.00 |
| ½ month @ \$1,200 | 600.00 |
| TOTAL CLAIM PAID | \$5,400.00 |

Coverage Highlights

Accident Champion includes coverage for all this and more:

- Hospital Admission
- Hospital Confinement
- Lodging
- Rehabilitation Unit
- Ambulance: Air & Ground
- Blood/Plasma/Platelets
- Physician Office/Urgent Care
- Emergency Room Treatment
- X-Rays
- Burns
- Concussion
- Eye Injury
- Gunshot Wound
- Ruptured Disc
- Torn Knee Cartilage
- Dislocation
- Fracture

This is just a partial listing of the included benefits. Standard and Premium tier coverage varies. Check your policy documents for details. Call the CCPOA Member Line and speak with our team at ARG Benefits for complete information about these programs.

ACCIDENT CHAMPION MONTHLY RATES

| STANDARD | | PREMIER |
|----------|---------------------|---------|
| \$14.13 | Employee | \$21.50 |
| \$26.13 | Employee & Spouse | \$39.74 |
| \$28.50 | Employee & Children | \$41.85 |
| \$40.50 | Family | \$60.09 |

SHIELD PLUS MONTHLY PRICE SCHEDULE

| Age Group | Coverage | Price per \$100 | Monthly Payment |
|-----------|----------|-----------------|-----------------|
| 18-39 | \$500 | \$6.10 | \$30.50 |
| | \$800 | \$6.10 | \$48.80 |
| | \$1,000 | \$6.10 | \$61.00 |
| | \$1,200 | \$6.10 | \$73.20 |
| | \$1,500 | \$6.10 | \$91.50 |
| 40-49 | \$500 | \$8.10 | \$40.50 |
| | \$800 | \$8.10 | \$64.80 |
| | \$1,000 | \$8.10 | \$81.00 |
| | \$1,200 | \$8.10 | \$97.20 |
| | \$1,500 | \$8.10 | \$121.50 |
| 50-59 | \$500 | \$10.10 | \$50.50 |
| | \$800 | \$10.10 | \$80.80 |
| | \$1,000 | \$10.10 | \$101.00 |
| | \$1,200 | \$10.10 | \$121.20 |
| | \$1,500 | \$10.10 | \$151.50 |
| 60-64 | \$500 | \$12.10 | \$60.50 |
| | \$800 | \$12.10 | \$96.80 |
| | \$1,000 | \$12.10 | \$121.00 |
| | \$1,200 | \$12.10 | \$145.20 |
| | \$1,500 | \$12.10 | \$181.50 |

Find Out More

Need to know more about the Trust's Accident & Sickness programs, or have questions about your coverage? Talk to our team at ARG Benefits.



Administered by



CCPOA Member Line:
888-211-6157

A.R.G. Benefits is an official partner of the CCPOA Benefit Trust Fund, and the exclusive representative for Accident Champion and Shield Plus. Their team of benefit representatives visit Institutions across the state on our behalf.

| | | | |
|--|------------------------|-------------------|--------------|
| Active Monthly Cost \$55.00 | rank & file | supervisor | ccpoabtf.org |
|--|------------------------|-------------------|--------------|

What Is Gold Shield?

The CCPOA Disability Benefit Plan (**Gold Shield**) is designed to help you with basic living expenses while you are unable to work due to a disability. Gold Shield covers long-term illnesses and injuries caused while on-or-off the job.

The plan covers disabilities from a wide range of illness, injury and disease, but there are some exclusions and conditions. *For example: a disability that results from mental conditions or stress would not be covered.*

Gold Shield Details

Gold Shield covers you both On-the-Job and Off-the-Job.

- **On-the-Job:** A minimum benefit of \$300* per month in addition to your Industrial Disability Leave (IDL) or Enhanced Industrial Disability Leave (EIDL) payments from the State.
- **Off -the-Job:** 67% of base pay up to \$6,000 per month (whichever is lower)

How Does It Coordinate?

Coordinates with income you are eligible to receive under Non-Industrial Disability Insurance (NDI), Catastrophic Time Bank (CTB), Enhanced Non-Industrial Disability Insurance (ENDI), Temporary Disability, Permanent Disability, Sick leave, and any other individual or group disability benefits (for example: disability insurance by Standard or AFLAC) to provide a combined total monthly benefit of up to 67% of your base pay.

The Trust benefits will in no event exceed \$6,000 per month or be less than \$300 per month.*

**Minimum monthly benefit of \$300 applies to disabilities occurring after January 1, 2018.*



Disability Benefit Plan benefits provided by the CCPOA Benefit Trust Fund are governed by the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Who Can Apply?

Rank and File; Supervisor

What Does Gold Shield Cost?

Active: \$55 monthly

What's The Elimination Period?

After being certified disabled, there is a 30 day "elimination period" for all Gold Shield claims. Gold Shield payouts for qualified claims kick-in after the 30 days has elapsed.

Premium Waiver Benefit

Once you have been Disabled for a period of 60 consecutive calendar days, and if your Disability is covered under the Plan, your monthly premium for Gold Shield will be waived beginning on the first day of the next following month, and continuing for the period during which you are receiving benefits under the Plan for the same Disability.

Maximum Benefit Period

- **On-the-Job:** Up to 24 months for occupational injury or illness
- **Off-the-Job:** Up to 24 months for non-occupational injury or illness.
- **Up to age 65** for non-occupational disabilities if disabled from working any occupation.

Surviving Dependent Benefit

Six months of continued monthly benefits.

Only For New Officers

Gold Shield Plan has a special for New Officers! Sign-up within 90 days of graduation, and your first 12 months is 50% off the regular price!

Coverage is \$27.50/month for all new graduating cadets.

Disability Benefit Plan

FAQ

Who is eligible to enroll?

All active full-time Permanent Employees and Permanent Intermittent Employees (PIEs) who are members in good standing with CCPOA are eligible to apply. This includes rank-and-file members, supervisors and managers.

Please note, an applicant may be denied coverage in the Disability Benefit Plan based on prior medical conditions. There is a 2-year exclusion for pre-existing conditions (certain conditions may be subject to longer exclusion periods).

What does the Plan cover?

The Disability Benefit Plan provides benefits if you are unable to work due to a disability that is covered under the Plan (not all disabilities are covered under the Plan).

Will my benefits equal my full paycheck?

No. Gold Shield members with non-occupational disabilities will receive a benefit equal to 67% of your base salary (when combined with Other Related Income and Other Income Benefits, as defined in the Disability Benefit Plan SPD, for qualified non-occupational disabilities) up to the maximum benefit of \$6,000 per month.**

After 24 months, if you are severely disabled (cannot perform two or more activities of daily living [ADLs]), your benefit will increase to 75% if, after the second year, you are unable to work at any type of employment.

How quickly can I start using the Plan after I complete enrollment?

You are enrolled in the plan immediately after you successfully complete the enrollment process.

Gold Shield benefits begin after 30 consecutive calendar days from the date you are certified as disabled. (*Pre-existing condition limitations apply*).

Do I have to use my sick leave?

Yes. If at the end of your elimination period (i.e., the beginning of your coverage period) you still have sick leave or Catastrophic Time Bank (CTB) credits left, the plan works like this:

- You would receive the minimum Disability Benefit each month in addition to your full pay provided by your sick leave or CTB.
- When these credits are gone, your full Disability Benefit kicks in—paying 67% of your base pay up to \$6,000 for Gold Shield, when combined with other disability income.

Are premiums based on my age?

No. Whether you are 21 or 65, your premiums remain the same.

What is Excluded?

A few examples of non-covered disabilities include: a mental illness or condition, attempted suicide, injury occurring during the commission of a crime, and disabilities resulting from driving under the influence.

The *Gold Shield Summary Plan Description* is the complete plan documentation, and is available for download from our website, ccpoabtf.org.

Helps while your Workers' Comp benefits are pending

Gold Shield provides you with living expense benefits, equal to a percentage of your income, while your case is processing. If you win your case, you'll receive a back-pay award from the Workers' Compensation Appeals Board, which you would use to repay this provisional benefit (less each month's minimum benefit).

If you lose your case and you are otherwise eligible for benefits, you keep every dime.

Gold Shield provides a 75% benefit for non-occupational disabilities

if you can not work *any* occupation and the injury or illness is so severe that after 24 months of benefits, you cannot perform two basic "Activities of Daily Living" (includes bathing, dressing, toileting, transferring, continence and feeding).

Beneficiary Designation

The beneficiary designation form for this plan is included in the Claim Forms Packet provided from the Trust when you need to file a claim.

PB Piggyback

| | | | | | |
|--|---|------------------------|-------------------|----------------|--------------|
| Active Starting Monthly at \$16.00 See Chart | Retired Starting Monthly at \$18.00 See Chart | rank & file | supervisor | retired | ccpoabtf.org |
|--|---|------------------------|-------------------|----------------|--------------|

What Is It?

Piggyback is a supplemental program provided by the CCPOA Benefit Trust Fund that helps to offset the out-of-pocket expenses incurred from the usage of your Dental, Vision and Hearing Aid programs.

Who Can Apply?

Rank and File; Supervisor; Retired

What Does It Cost?

Active : Member = \$16.00/mo | Family = \$28.00/mo

Retired: Member = \$18.00/mo | Family = \$34.00/mo

Plan Highlights

Who's Eligible for Piggyback?

- All actively at work, dues-paying CCPOA members and their dependents.
- All dues-paying members of CCPOA Retired Chapter and their dependents.
- Employees of the CCPOA or the CCPOA Benefit Trust Fund as well as their dependents.

Vision Care Benefit

Piggyback provides reimbursement for the following expenses:

Exam co-pay and material co-pay

Frame coverage, up to \$15 per pair, not to exceed six pairs of frames per family per calendar year

Maximum vision benefit per family per calendar year is \$300

For Retirees not enrolled in VSP vision plan, please refer to the Piggyback SPD for coverage allowances.



Dental Benefit

Piggyback pays a portion of the fees your dentist charges, after benefits have been paid by your main dental insurance. The charges submitted for reimbursement must be for services specified in the Summary Program Description (SPD). Dental deductibles are not eligible for reimbursement. The maximum dental benefit per family per calendar year is \$2,000.

The CCPOA Benefit Trust recommends that you request a pre-authorization for dental service when the treatment plan exceeds \$300. Ask your dental office to submit a written proposed treatment plan to the CCPOA Benefit Trust Fund for approval.

Orthodontic Care Benefits

Piggyback will pay a 50% benefit for orthodontic care with a family lifetime maximum benefit of \$1,000. There is a one year waiting period for this coverage. To be covered, orthodontic treatment must start after the waiting period.

Hearing Aid Benefit

Provides reimbursement to you for a portion of the charges for a hearing exam and hearing devices on a fee-for-service basis. Piggyback will reimburse fifty percent (50%) of the expenses incurred for the examination and fifty percent (50%) of the expenses incurred for the hearing device(s) once every thirty-six (36) months, with a family maximum of Five Hundred Dollars (\$500.00). The hearing device(s) must be purchased within 90 days of the hearing test in order to qualify for this benefit. Battery replacement, repairs and maintenance of hearing device(s) are not covered benefits.

| | |
|---------------------------------------|-------------------|
| rank & file | supervisor |
| Active Member Cost | |
| \$16.00 per month (CCPOA Member Only) | |
| \$28.00 per month (CCPOA Family) | |

Pre-Authorization for Piggyback Dental

If your dental work will cost more than \$300, ask your dentist to report the anticipated treatment and charges before work is started.

The pre-authorization is prepared by the CCPOA Benefit Trust Fund and returned to your dentist with the amount to be paid by the Program.

You will receive a copy of the pre-authorization by mail.

Reduce Out-of-Pocket Costs

Filing a Claim

How Are Claims Filed?

A claim must be submitted to the CCPOA Benefit Trust Fund no later than one year after the date the primary carrier paid the original claim. All claims must have the following information:

- Participant’s name
- Last 4 of SSN,
- Patient’s name,
- Date of service,
- Services rendered,
- Charges for each service.

Claims need to be mailed to:

CCPOA Benefit Trust Fund,
2515 Venture Oaks Way, Suite 200,
Sacramento, CA 95833-4235.

The following is a brief description of how to submit a claim:

Dental Claims

You or your dentist must submit an itemized claim and an itemized primary insurance statement (EOB) to the CCPOA Benefit Trust Fund for reimbursement.

Vision Claims

Ask your eye care provider for an itemized statement of your out-of-pocket expenses and submit the statement to the CCPOA Benefit Trust Fund for reimbursement.

Hearing Aid Claims

Once an attending physician writes a prescription for the hearing aid device and the device has been purchased, submit a copy of the itemized statement and copy of the prescription to the CCPOA Benefit Trust Fund for reimbursement.

Here is an example of how Piggyback works

This is only an example of coverage. Example based on CCPOA Primary Dental Program benefits and assumes you use a Primary Dental Program provider and have met your \$50.00 deductible.

Gold Crown

(procedure 2790):

Dentist Charges \$848.00

Coverage **with** Piggyback:

Primary Dental Program pays 80%
of allowable (\$848) 678.40
Piggyback pays 20% \$169.60

Total Payout \$848.00

Out-of-Pocket \$0.00

Coverage **without** Piggyback:

Delta Dental pays 80%
of allowable (\$800) \$678.40

Out-of-Pocket \$169.60

What’s new in Retired Piggyback?

The Trust eliminated the annual Open Enrollment for Piggyback. Now you can enroll anytime throughout the year if you want to sign up for Piggyback.

Because the Trust knows many Retired Members have young families, an orthodontic benefit has been added to the Retired program. There is a one-year wait from the time you enroll in Piggyback until you are covered for this benefit—check with the Trust for limitations.

Piggyback will pay a 50% benefit for orthodontic care with a family lifetime maximum benefit of \$1,000. To be covered, treatment must begin after the waiting period.

retired

Retired Member Cost

\$18.00 per month (CCPOA Member Only)

\$34.00 per month (CCPOA Family)

RET Getting Ready for Retirement

You Can Take It With You, BUT You Need A Little Prep Work First.
(It's not hard)

IMPORTANT:

Nothing is Automatic.

You need to set things in motion for your coverage to roll-over into Retirement.

- 1** **90 days before Retirement, BEFORE you talk to your Personnel Department, call the Trust.**
Find out which of your benefits can carry over and which you need to have personnel take care of.
- 2** Join the CCPOA Retired Chapter. You **MUST** be a member if you want to keep any of your CCPOA benefits.
- 3** Contact CalPERS. Some of your Retirement benefits (like Dental) are handled through CalPERS, NOT the Benefit Trust Fund.
- 4** Enroll in Medicare. You're first eligible to sign up for Medicare 3 months before you turn 65.

Medical & Dental are administered through CalPERS, not the Trust.

Tell your personnel office that you want to keep your CCPOA Medical Plan. You can keep your coverage while paying lower retired rates.

All Dental coverage is through CalPERS

Keep your Vision through the Trust

You must tell your personnel Office that you want the CCPOA Vision Plan. You do NOT need to get the state's vision plan.

We have two different plans, rich benefits, and affordable rates.

Retired CCPOA Members receive:

Retired Chapter dues are \$20/month.

As a part of your membership you receive:

- \$10,000 basic life insurance benefit,
- \$2,000 spouse benefit.

When you reach age 60 this reduces to \$5,000; \$1,000 spouse.

- You must join the CCPOA Retired Chapter within 90 days of retirement or there is a *one year wait* for basic life insurance.

The one-year wait does not apply to the Trust's voluntary programs.

What you **Can** Apply for:

- Retired Supplemental Term Life
- Retired Accidental Death & Dismemberment
- CCPOA Medical Plan (*Administered by CalPERS*)
- Retired Vision
- Piggyback
- Family Defender Legal Plan
- Accident & Sickness Insurance (*Direct from ARG Insurance*)
- State Sponsored Dental (*Administered by CalPERS*)

What you **Can't** Apply for:

- \$5,000 Accidental Death Basic
- CCPOA Dental Program
- Legal Defense Fund
- Disability Benefit Program

How do I re-apply?

Just call us. We can make sure you get the forms you need, and explain the process for all the benefits available through the Trust. (916) 779-6300

Go Online. You can download applications and brochures about all our Retired Member programs from our website: www.ccpoabtf.org

Remember - Call us at least 90 days before you retire to help ensure a smooth transition with your benefits.

How do I join the Retired Chapter?

- You can apply online at: ccpoa.org
- You can find a printed application right here, in the back half of this catalog. Just fill it out and mail it in.

How do I pay?

The money for any Benefit Trust Fund programs you elect to join, as well as the Retired Chapter dues, is automatically deducted from your Retirement Warrant.

Keeping Your Life Insurance

DO I NEED LIFE INSURANCE IN RETIREMENT?

Yes, having life insurance can provide financial protection and peace of mind for your loved ones.

How Do I Keep My Coverage?

If you are currently enrolled in the CCPOA Supplemental Term Life program, you are eligible to keep a portion of the policy amount you had as an Active member? You may be eligible to carry up to \$250,000 of Supplemental Term Life insurance into retirement.*

*Members who retire before age 60 may enroll for up to half the coverage they had on the date they retired. Member coverage cannot exceed \$250,000 and spouse is limited to a maximum of \$50,000. Coverage reduces in half at ages 60 and by half again at age 70 (maximum \$50,000 for member).

To Convert Your Supplemental Term Life:

- You must submit a CCPOA Retired Chapter membership application.
- You must notify the Trust a minimum of 30 days prior to your retirement date that you wish to transfer your supplemental term life insurance. Complete and return the Rollover Request form. You can download this from our website. You have 60 days from the date of your retirement to transfer your term life insurance.

Rolling Over Makes Sense

- No underwriting is necessary if you transfer within the allotted time period.

Are You Already Retired?

Even after retirement, you are eligible to apply for CCPOA Supplemental Term Life using the CCPOA Retired form (Already Retired.) Once underwriting is complete, you will have great coverage at great rates.

Do all my benefits automatically rollover into retirement?

NO. You must re-enroll/apply for:

- Retired CCPOA membership
- AD&D
- Piggyback
- Family Defender Legal Plan
- Vision
- Term Life Insurance.

These benefits are available to you once you become a Retired CCPOA member.

Facts at a Glance

- You must join the CCPOA Retired Chapter to be eligible for benefits.*
- Dues are \$20 monthly
- Call the Trust 90 days before retirement to ensure a smooth transition in coverage.
- Retired dental coverage is through CalHR and managed through CalPERS.
- Disability coverage is not available to retirees.

CCPOA RETIREMENT CHAPTER NOTICE: Pursuant to Bylaws Article II, Section 4, in order to be eligible as a retired member and receive the benefits of such membership, one must be an uninterrupted member in good standing, except for leaves of absence, from July 1, 2018 until the date their retirement becomes effective or sixty (60) consecutive months prior to their retirement (whichever is shorter).



We've Got You Covered.
(916) 779-6300

1-800-468-6486



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Benefit Trust Fund

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TRUST WEBSITE



ACCEPT NO SUBSTITUTES
Effective October 2024