# 2027

# Catalog of Benefits

rank & file | supervisor | retired

# CCPOA Benefit Trust Fund

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

**www.ccpoabtf.org**

Effective January 2027

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BL ADB LP LDF CB MP D PB VSP TH GS A|S CI H STL GI ADD RET STL

**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 MetLife:** 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 MetLife 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

## BTF Program Availability

| | rank & file | supervisor | retired |
|---|---|---|---|
| $10,000 Retired Basic Life Insurance | | | • |
| $20,000 Accidental Death | • | | |
| $50,000 Basic Life Insurance | • | • | |
| Accidental Death and Dismemberment | • | • | • |
| Accident & Sickness Coverage | • | • | • |
| CCPOA Legal Defense Fund | • | | |
| CCPOA Medical Plan | • | • | • |
| CCPOA Vision Plan | • | | • |
| Critical Illness | • | • | |
| Dental Program | • | | • |
| Guarantee Issue | • | | |
| Gold Shield | • | • | |
| Hospital Indemnity | • | • | |
| MetLife Legal Plan | • | • | • |
| Piggyback Dental | • | • | • |
| Supplemental Term Life | • | • | • |
| SupportLinc | • | | |
| VSP - TruHearing | • | | • |

**IMPORTANT:** You must be a CCPOA Member 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

CCPOA.ORG

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**

TRUST WEBSITE

# BL $50,000 Basic Life

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

## What Is It?
**$50,000 Life Insurance**

As a BU6 member, and a member of the Association, you are automatically entitled to a $50,000 group life insurance benefit and an automatic $10,000 life insurance benefit for your spouse.

Children are covered as well:
15days–6mo = $750
6mo–up to age 26 = $7,500

There is no underwriting or premium because the Association has paid for it through collective bargaining.

A $20,000 Accidental Death & Dismemberment benefit is added to the CCPOA member coverage (does not apply to spouse benefit.)

## Who is Covered?
Rank and File; Supervisor
Enrollment is automatic.

## What Does it Cost?
**$0.00** out-of-pocket member cost.

Underwritten by:
Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166

# ADB $5,000 Accidental Death

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

## What Is It?
A second layer of coverage for Active members that pays your beneficiary $5,000 upon your death as a result of an accident. There is no monthly out-of-pocket cost to members.

## Who Can Apply?
Rank and File

## What Does it Cost?
$0.00 out-of-pocket member cost. Coverage effective upon CCPOA enrollment deductions.

Underwritten by:
The Benefit Trust Fund

# BL $10,000 Retired Basic Life

| Your Monthly Cost **$0.00** | retired | ccpoabtf.org |
|---|---|---|

## What Is It?
**$10,000 Life Insurance**

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.

## Who is Covered?
Retired Members

## What Does it Cost?
$0.00 out-of-pocket member cost. Coverage effective upon CCPOA enrollment deductions.

Underwritten by:
Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166

# MetLife Legal Plan

| Active Monthly Cost | Retired Monthly Cost | rank & file | supervisor | retired | ccpoabtf.org members.legalplans.com |
|---|---|---|---|---|---|
| **$0.00** | **$13.99** | | | | |

## What Is It?

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.

Best of all, you have confidential access to our attorneys for all legal matters covered under the plan. **This benefit is provided free to active members, with no monthly premium.**

## Who Can Apply?

Rank and File; Supervisor; Retired

## What Does it Cost?

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

**SUPERVISOR: $0.00 Supervisors pay $0** for this additional coverage.

**RETIRED**: **$13.99**/mo.

**Q. How does the plan work?**
A. The Legal Plan offers attorney consultation and representation for a wide range of legal issues.

Access to over 18,000 attorneys who participate in our network nationwide and are available to schedule appointments with through our online systems, email, or by calling our Client Service Center. It's that simple.

You can speak to our network attorneys face to face or by phone, or you can submit questions online to our Law Firm E-Panel® — whatever works best for you. And for certain legal matters, your attorney can represent you in court without you having to make an appearance. You can also select an attorney outside of our network and be reimbursed according to a set fee schedule.1

Our network attorneys are there for you, whenever you need advice on any personal legal matter or representation on a number of legal services covered under your plan — increasing your peace of mind that you've got an expert on your side, for as long as you need them.

**Q. Can I get help finding the right attorney for my needs?**
A. Yes, our Client Service Center representatives are here to help you find the right attorney for your legal matter, whoever that might be. We're committed to ensuring you receive the expert legal help you need, when you need it.

**Q. Can I use an attorney more than once?**
A. Yes, you have unlimited use of the plan over the course of the year for covered legal matters.

**Q. Are my spouse/domestic partner and family members also covered by my plan?**
A. Yes.

**Q. Whom do I contact if I have a problem with the legal plan or an attorney?**
A. Send an email to clientservice@legalplans.com or call our Client Service Center at 800-821-6400, Monday through Friday, 8:00 a.m. to 8:00 p.m., ET when you have questions or concerns about our legal plan benefits, network attorneys or other matters involving the legal plan.

We operate a full-service Client Service Center at our headquarters in Cleveland, Ohio. Our representatives are trained to answer questions and resolve problems, and will take immediate action to help resolve any issues that arise.

**Q. Are claim forms required when using the legal plan?**
A. No. When you use a network attorney, there is nothing for you to do. Plan services are covered in full, and billing is between us and the network attorney. There are no waiting periods, no copays, no deductibles and no claim forms.

MetLife

members.legalplans.com
or scan the QR code

MetLife Legal Plan

## Questions?

Call the MetLife Legal Plans
Client Service Center at 833-214-4181
Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

# COVERAGE HIGHLIGHTS

| | | | |
|---|---|---|---|
| **Money Matters** | • Debt Collection Defense<br>• Identity Theft Defense<br>• Identity & Fraud Protection<br>• Identity Restoration | • Debt Collection Defense<br>• Identity Theft Defense<br>• Identity & Fraud Protection<br>• Identity Restoration | • Tax Audit Representation<br>• Tax Collection Defense<br>• Tax Preparation and Filing |
| **Home & Real Estate** | • Boundary or Title Disputes<br>• Deeds<br>• Disputes and Tenant Problems *(Landlord Only)*<br>• Eviction Defense | • Foreclosure<br>• Home Equity Loans<br>• Mortgages<br>• Property Tax Assessments<br>• Refinancing of Home | • Sale or Purchase of Home<br>• Security Deposit Assistance<br>• Tenant Negotiations<br>• Zoning Applications |
| **Estate Planning** | • Codicils<br>• Complex Wills<br>• Healthcare Proxies | • Living Wills<br>• Powers of Attorney *(Healthcare, Financial,Childcare, Immigration)* | • Probate Proceedings<br>• Revocable & Irrevocable Trusts<br>• Simple Wills |
| **Family & Personal** | • Adoption<br>• Affidavits<br>• Change or Establishment of Custody Order<br>• Conservatorship<br>• Demand Letters<br>• Divorce, Dissolution and Annulment<br>• Enforcement or, Modification of Support Order | • Garnishment Defense<br>• Guardianship<br>• Immigration Assistance<br>• Immigration Representation<br>• Juvenile Court Defense *Including Criminal Matters*<br>• Name Change<br>• Personal Property Protection | • Personal Safety Orders<br>• Prenuptial Agreement<br>• Protection from Domestic Violence<br>• Reproductive Assistance Law<br>• Review of ANY Personal Legal Document<br>• School Hearings<br>• Social Security Disability |
| **Civil Lawsuits** | • Administrative Hearings<br>• Civil Litigation Defense | • Disputes Over Consumer Goods & Services<br>• Incompetency Defense | • Insurance Claims<br>• Pet Liabilities<br>• Small Claims Assistance |
| **Elder-Care Issues** | **Consultation & Document Review for your parents:**<br>• Deeds<br>• Leases<br>• Medicaid | • Medicare<br>• Notes<br>• Nursing Home Agreements | • Powers of Attorney<br>• Prescription Plans<br>• Wills |
| **Traffic & Other Matters** | • CCW Defense<br>• Defense of Traffic Tickets<br>• Driving Privileges Restoration | • Driving Under the Influence Defense<br>• Expungement<br>• Habeas Corpus | • Misdemeanor Defense<br>• Repossession |

## Attorney Access, Made Easy

**Connect with an attorney your way.** Whether you prefer to communicate via phone, chat, email, or online, we take the guesswork out of finding an attorney.

### Obtain Your ID:

We will assign you an eligibility ID, a unique identifier that you provide to your network attorney.

Obtain your ID by calling our Client Service Center at: 833-214-4181 or by creating an account on our website. **members.legalplans.com**

1

### Use Your Plan:

**Client Service Center**

Call our customer service representatives or chat with representatives online using the live chat feature to learn about your coverage,schedule a meeting with your attorney, and more.

**24/7 access online**

Log in to search for an attorney, review coverages, and access Ask an Attorney, where you can submit questions to an attorney and receive a response within 24 hours.

2

### That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

3

### Tax preparation and filing through TurboTax®

To strengthen your financial wellness, we have partnered with TurboTax to offer tax preparation and filing services at no additional cost to you.

** Includes individual or joint filings. TurboTax benefit includes one federal and one state tax filing annually.*

INTUIT turbotax

### ACTIVE MEMBERS: $0.00

Automatic Enrollment. Membership is included with your monthly dues

### RETIRED MEMBERS: $13.99/mo

Automatic deductions through CalPERS

# 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 Active 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 only, contact the CCPOA's Legal Defense Fund Hotline at **1-800-882-9906**.

### 24 Hour Hotline
Legal Defense Fund
**(800) 882-9906**

**Personal Legal Matters**

Personal legal services are available at no cost through the MetLife Legal Plan.

**Contact MetLife Client Service Center:**
**833-214-4181**
Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

# 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 dependent, or yourself plus two or more dependents.

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.

| 2027 Supervisor (Before CoBen) | |
|---|---|
| 2027 Supervisor Contribution: CCPOA Medical Plan | |
| **NorCal Medical Rates** | |
| YOU ONLY - Plan – #2561 | $1,343.68 |
| YOU + 1 - Plan – #2562 | $2,693.42 |
| You + 2 or More (Family) - Plan – #2563 | $3,636.45 |
| **SoCal Medical Rates** | |
| YOU ONLY - Plan – #2661 | $1,107.93 |
| YOU + 1 - Plan – #2662 | $2,221.84 |
| You + 2 or More (Family) - Plan – #2663 | $3,002.37 |
| **2027 State Contribution - Medical Plan: 80/80 formula** | |
| Employee - $1008.00 \| Employee+1 - $1,948.00 \| Family - $2,515.00 | |

United Concordia dental®

**CCPOA Dental CoBen:**
Single = $31.49
Two Party = 67.24
Family = 114.91

## Compare more CoBen benefit options at the CalHR Benefit Calculator

CalHR Calculator

# MP CCPOA Medical Plan

| 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 EPO Medical Plan**

Effective January 1, 2026 you will have a new health plan from Blue Shield of California: the EPO plan. This will replace your current Access+ HMO health plan.

With the new EPO plan, you get the following:

- Access to a larger network of doctors, specialists, hospitals, and other providers in California through Blue Shield's PPO network — one of the largest networks in the state
- The freedom to self-refer to specialists – no need to see your primary care physician first
- Access to providers nationwide for covered services through the BlueCard ® Program
- No change to your copayments.
- **To search for providers in the PPO network, use our Find a Doctor tool.**

*Important: With the new EPO plan, you must stay within the PPO network. You will not be covered for services from providers who are not in the PPO network - except for urgent and emergency care.*

## 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

blue CALIFORNIA

## Welcome to your CCPOA Medical Plan

**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.

## 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**

## 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.

# 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: **ccpoabtf.org**

| | |
|---|---|
| Member/family calendar-year deductible | None |
| Medical benefit calendar-year out-of-pocket maximum | Member: $1,500<br>Family: $4,500 |
| Primary care office visit | $15/visit |
| Access+ Specialist℠ 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 |

**Want to know more?**
Visit Blue Shield's dedicated CCPOA site:
https://myoptions.blueshieldca.com/ccpoa

*❶The 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. ❷Does not apply if hospitalized or kept for observation - if admitted, $100 per admission few will apply.*

# MP CCPOA Medical Plan

## 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 Store℠ or for Android from Google Play.™

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

**LifeReferrals 24/7**℠ – 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 24/7**SM, 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.

# 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.

# TELADOC™

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 2027**

## 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

# 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.

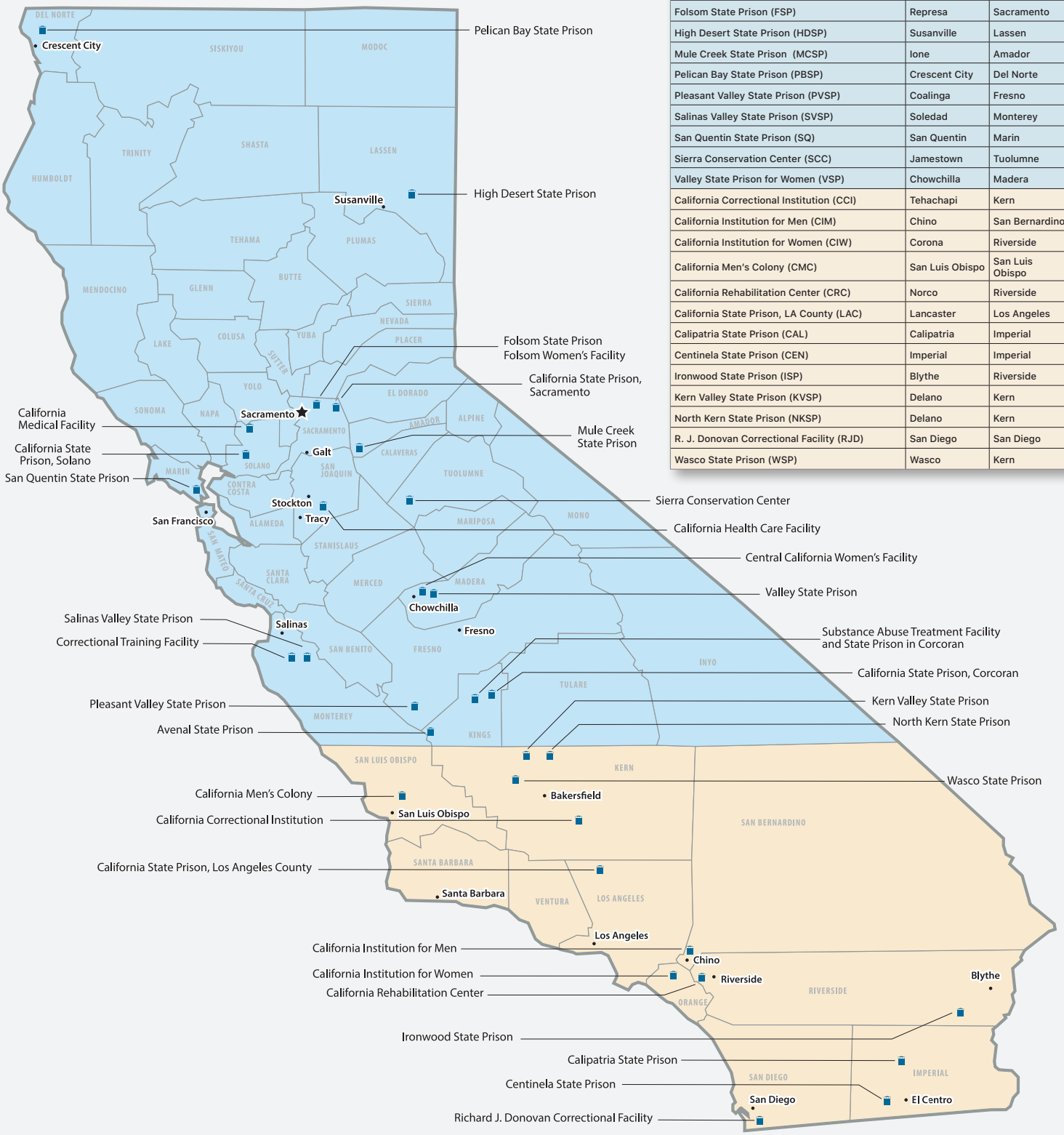
Also available with Wellvolution are our new set of tools called Everyday Choices. Just log into your Wellvolution account, find Everyday Choices on your dashboard, and enjoy premium access to a full library of healthy recipes and fitness videos all included as a Blue Shield of California member and at no additional cost to you.

**Wellvolution is Free.** Medical Plan members pay **$0 for 2027**

# CCPOA Medical Plan

## 100% Statewide Coverage

| 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 |
| Correctional Training Facility (CTF) | Soledad | Monterey |
| Folsom State Prison (FSP) | Represa | Sacramento |
| High Desert State Prison (HDSP) | Susanville | Lassen |
| Mule Creek State Prison (MCSP) | Ione | Amador |
| Pelican Bay State Prison (PBSP) | Crescent City | Del Norte |
| Pleasant Valley State Prison (PVSP) | Coalinga | Fresno |
| Salinas Valley State Prison (SVSP) | Soledad | Monterey |
| San Quentin State Prison (SQ) | San Quentin | Marin |
| Sierra Conservation Center (SCC) | Jamestown | Tuolumne |
| 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 |
| Centinela 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 |



# D Dental Program

| Active Monthly Cost **$0.00** | rank & file | supervisor | ccpoabtf.org UnitedConcordia.com/CCPOA |
|---|---|---|---|

## What Is It?

Starting January 1, 2026, members of the California Correctional Peace Officers Association (CCPOA) and their families now have their dental coverage through United Concordia Dental (UCD). UCD administers plans for TriCare, federal employees and the postal service.

**Enjoy the same benefits as before.**
If you're an active CCPOA member, you are enrolled in the UCD Dental program, and their Elite Plus network of over 147,000 dentists nationwide.

Both active and retired CCPOA members, can also enroll in the Trust's Piggyback Program. Piggyback is a separate coverage that helps keep any out-of-pocket expenses down.

## 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. Coverage Starts at **$31.49** monthly

## What Does It Cover?

UCD covers many diagnostic and preventive services 100%. You can download a benefit summary from 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.*

United Concordia dental®

**Rank & File Members:**
**$0.00 covers the entire family.**

**Retired Members:**
**YES - you can now keep your CCPOA Dental plan.**

**Supervisor:**
**CCPOA Dental CoBen**
Supervisor coverage is part of your CoBen

**UCD Dental Program**

| | |
|---|---|
| Member | $31.49 |
| Member+1 | $67.24 |
| Family | $114.91 |

## Questions regarding your dental coverage?

**United Concordia Customer Service: 1-844-789-1713**

## Where do you file Claims?

**Mail Dental & Piggyback Dental Claims To:**

United Concordia Dental
Dental Claims
P.O. Box 69421
Harrisburg, PA 17106-9421

# D Dental Program

## Create your online account.

Log in to UnitedConcordia.com/GetMDB or scan the QR code on the right to go to your account.

Have your Member ID, Birthdate or Social Security number handy to create an account.

MyDentalBenefits is the online hub to check coverage, claims and payments, print extra ID cards and more.

UCD Account

## Locate in-network dentists near you

Go to United Concordia's website and use the "Find a Dentist" tool to locate Elite Plus Network dentists or scan the QR code.

FIND A DENTIST

You'll save money by going to a dentist who is in your Elite Plus Network. In-network providers will also file your claims for you.

When scheduling an appointment, confirm that your dentist accepts United Concordia Dental insurance and is an in-network provider.

Select your network from the drop-down list.

**Your network is Elite Plus**

**UnitedConcordia.com/find-a-dentist**

## The hub for all your dental insurance info

### Create a MyDentalBenefits account

With MyDentalBenefits, you can find all your coverage info in one place online. You'll see a quick overview right when you log in. Then just click to get details on everything from covered services to claims.

You can create your own account after your plan's effective date.

### *MyDentalBenefits makes it easy to:*

- See what your plan covers and how much we'll pay
- Estimate your costs before getting dental care
- Check the status of dental claims
- Find in-network dentists near you
- Chat live or upgrade to a phone call with customer service
- Print extra ID cards
- Rate your oral health with the My Dental Assessment quiz
- Opt in to get paperless Explanation of Benefits (EOBs)

## Avoid unexpected dental bills. Get an estimate.

Estimates are free and easy to request. Simply ask your dentist to submit a predetermination request on your behalf to United Concordia.

**Save yourself a call. Track your request online.**
With **MyDentalBenefits**, you can track the status of your predetermination and review the information as soon as it's available.

## Your app and digital ID are as close as your phone

You can download the **MyDentalBenefits** app from the Apple App Store or Google Play.

Available on the App Store

GET IT ON Google Play

If you lose your card, don't worry. You can always find your digital ID in your **MyDentalBenefits** app.

# D Dental Program

## Retired BU6 Members can now keep their CCPOA Dental Plan.

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

## What are the Dental Options?

**Here's a quick rundown...**

1. **Keep your current CCPOA Dental as you move into Retirement**
2. **Choose CCPOA Dental during Open Enrollment**
3. Choose a State sponsored plan through CalPERS.

*IF YOU ARE CURRENTLY RETIRED AND ENROLLED THROUGH CALPERS, YOU MUST CANCEL YOUR CALPERS DENTAL PLAN TO AVOID DOUBLE BILLING*

| ☐ Plan Selection at current monthly rate (Check One) |
|---|
| • Retired Member Only $38.66 |
| • Retired Member and One dependent $82.54 |
| • Retired Member and Two or more dependents $141.07 |
| *There is currently no state contribution for this plan. Rates may change.* |

### Your Retired Dental Coverage is NOT Changing.

**CCPOA Dental programs are now available to Retired Members.**

When you retire, and if you want to continue dental coverage, you may choose to keep your CCPOA Dental plan. You also have the option of getting a State Dental plan through CalPERS.

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.

## Retired State Dental

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.

The qualifications for State Dental coverage:

- You are eligible if you retire within 120 days of your separation; and,
- 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).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)

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**

PB

# Piggyback Dental

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

## What Is It?

Piggyback Dental 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 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.

## 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 United Concordia Dental 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.

## 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.

rank & file | supervisor

## Active Member Cost

$16.00 per month
(CCPOA Member Only)

$28.00 per month
(CCPOA Family)

retired

## Retired Member Cost

$18.00 per month
(CCPOA Member Only)

$34.00 per month
(CCPOA Family)

# Reduce Out-of-Pocket Costs

## How to File a Piggyback Claim

**If United Concordia is your main dental insurance, they automatically process your Piggyback claim.**

If you have a different plan, you can submit the claim yourself.

### How Are Dental Claims Filed?

**Dental Claims**

A claim must be submitted to United Concordia Dental 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.

You or your dentist must submit an itemized claim and an itemized primary insurance statement (EOB) to United Concordia Dental (UCD) for reimbursement.

**Mail Dental Claims To:**
United Concordia Dental-Dental Claims
P.O. Box 69421
Harrisburg, PA 17106-9421
Customer Service: 1-844-789-1713

## Filing a Claim Online

**United Concordia makes easy to submit online.**

Visit their website for a full tutorial video, and complete filing details

UCD/CCPOA

## Here is an example of how Piggyback works

This is only an example of coverage. Example based on CCPOA UCD 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:**

CCPOA 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**

## 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 United Concordia Dental 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.

# CCPOA Vision Plan

| Rank & File | Retired | rank & file | retired | ccpoabtf.org<br>vsp.com |
|---|---|---|---|---|
| Monthly Cost<br>**$0.00** | Starting Monthly at<br>**$1.91** See Chart | | | |

## 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.

## Who Can Apply?

Rank and File; Supervisor; Retired

## What Does it Cost?

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

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

## Rank & File: VSP Copays

### FIRST PAIR

| | |
|---|---|
| Exam | $0.00 |
| Frames & Lenses | $25.00 |
| Contacts | No Copay Applies |

### SECOND PAIR

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

## 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 vision care

# CCPOA Vision Plan Retired

## CCPOA Retired Advantage 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 12 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 ADVANTAGE PLAN**

| | |
|---|---|
| Member Only | $10.58 |
| Member + 1 Dependent | $15.31 |
| Member + Family | $27.56 |

**RETIRED EXAM PLUS PLAN**

| | |
|---|---|
| Member Only | $1.66 |
| Member + 1 Dependent | $2.37 |
| Member + Family | $4.22 |

### Retired: VSP Copays

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

**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.*

## 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.

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

**Contacts**
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.

eyeconic
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 Benefits

## Your coverage from a VSP Doctor.

| Benefit | | Description | rank & file | | retired *Advantage Plan* | |
|---|---|---|---|---|---|---|
| | | | Copay | Frequency | Copay | Frequency |
| WellVision Exam | | Focuses on your eyes and overall wellness | $0.00 | Every 12 months | $10 | Every 12 months |
| **Frames & Lenses:** | | | **$25** | | **$25** | |
| Frames | | | $120 standard allowance Every 12 months<br>$140 Enhanced Featured Frame Brands allowance | | $175 standard allowance Every 12 months | |
| Lenses: Single Vision | | Included | $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 | | $0 | |
| Lenses: Tints; Photochromics | | Included | $0 | | $0 | |
| Lenses: Standard progressive | | | $0 | | $0 | |
| Lenses: Premium progressive | | | $95 - $175 | | $50 | |
| Lenses: Anti-Reflective Coating | | Upgrade to Custom Coatings - $85 | $41 | | $41 | |
| Lenses - Scratch Resistant | | | $17 | | $17 | |
| Lenses - UV Protection | | | $10 | | $10 | |
| Contact Lens (instead of glasses) | | $110 allowance for contacts & contact lens exam | $0 | | $120 allowance for contacts & contact lens exam | |
| Necessary Contact Lenses (instead of glasses) | | Covered in full | $25 | | $25 | |
| **2nd Pair Benefit** | | | | | | |
| Frames | | $120 allowance | $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 | | | |

No prescription, no problem! Use your frame allowance for sunglasses or ready-made blue light glasses via Light Care

vsp vision care

**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.

# VSP: TruHearing

## Don't miss out on the moments that matter most.

Untreated hearing loss has major impacts on your personal and professional life, no matter your age. It's time to revitalize life's most important moments with better hearing and it's easier to get started than you may think.

## Improve your life with hearing aids.

**Save thousands on hearing aids.**
Thanks to VSP® Vision Care, you and your extended family get access to high-quality prescription hearing aids at low, transparent, fixed pricing through TruHearing.

## You may be able to combine a hearing aid allowance from your health plan with this program to save even more.

If you have CCPOA Medical Plan, they will pay $800 towards your Hearing Aids. Depending on your hearing needs, TruHearing has aids starting as low as $499, which means you pay nothing out-of-pocket.

## Unmatched service.

TruHearing makes the treatment process simple, confidential, and seamless in five easy steps. A dedicated TruHearing Hearing Consultant provides assistance throughout the entire treatment process.

**1. Call**
We book the appointment, mention VSP

**2. Visit**
Hearing care provider performs an exam

**3. Order**
Hearing care provider orders selected hearing aids

**4. Fitting**
Hearing care provider ensures proper fit

**5. Follow-up**
In-office care

## Your hearing aid purchase includes:

- Risk-free 60-day trial period
- 80 free batteries per non-rechargeable hearing aid
- 1 year of follow-up visits
- Full 3-year manufacturer warranty

- **Save up to 20% on over-the-counter (OTC) hearing aids.**
- **For those with mild-moderate hearing loss, TruHearing also offers several models of OTC hearing aids.**

TruHearing™

**To get started, call TruHearing 877-372-4947**

**To learn more visit TruHearing.com/VSP**

# SupportLinc

| Your Monthly Cost **$0.00** | rank & file | mysupportlinc.com |
|---|---|---|

## What Is It?

The Benefit Trust Fund takes promoting mental health for all our members as a top priority. Our "Mental Health Awareness" includes an Employee Assistance Program (EAP) called SupportLinc, administered by CuraLinc Healthcare. It brings a more personalized experience and new ways to access care that meets you where you are..

## Who Can Apply?

All Rank & File have this benefit

## What Does It Cost?

**Rank & File**: **$0.00** monthly. This benefit is provided by the Trust at no cost to you.

# Frequently Asked Questions

## How do I personalize my dashboard?

When you log in for the first time, you'll choose the topics and goals that matter most to you. Your dashboard updates automatically with recommendations that support your wellbeing. You can adjust your preferences at any time in the settings.

## How do I manage notifications and reminders?

You can adjust them at any time in your account settings, selecting the ones you receive and how often.

## What are the guided paths and how do they work?

These are step-by-step programs featuring mental health experts. They help you focus on one topic at a time, allowing you to make steady progress toward your wellbeing goals.

## How do I use the mood tracker?

Log how you're feeling anytime with a quick tap from your dashboard. Over time, you'll begin to notice patterns and triggers that can help you manage your emotions.

## What are mental health check-ins?

These short, expert-developed assessments provide you with immediate results and suggest the next steps or resources that fit your needs.

## I'm having trouble with my account.

You can email contact@curalinc.com for assistance from our support team.

## Is my information confidential?

**Yes!** No one will know you've used the program without your written permission, except as required by law. Your information is protected with strong safeguards and is never sold or shared.

supportlinc

# Mental Health Awareness

## What to expect

Everyone faces stress, change or moments that feel challenging. Your program provides flexible support to help you navigate whatever life brings.

It is completely confidential and offered at no cost to you and your family.

## How to connect

You can choose how you want to connect – whether that's talking to someone in the moment, scheduling time with a counselor or using digital tools to build healthy habits. There's no right or wrong way to begin. What matters most is knowing help is available at every stage of your wellbeing journey.

Your program includes counseling sessions for you, your spouse and dependents up to age 26 (whether they live at home or not).

No matter when or where you need guidance, your program is available 24/7/365.

Log in today to take the next step in your wellbeing journey
mysupportlinc.com

## Simplify your everyday life with work-life benefits

- Get expert consultations for financial and legal concerns
- Receive referrals for needs such as child or elder care, pet care, home improvement or auto repair

## Connect to care your way

- **Reach a licensed clinician by phone 24/7/365 when you call for in-the-moment support**
- **Access no-cost short-term counseling in person or by video for concerns such as stress, anxiety, depression, burnout or substance use**
- **Message a Coach to boost your emotional fitness, learn healthy habits, increase resilience and more**

# Mental Health IS Health

**Support for whatever life brings.**

**Confidential mental health, life, and work resources for you and your household members.**

**Available anytime. No cost to you.**

**Get Help Fast**

**Group Code: ccpoabtf**

Download on the App Store | GET IT ON Google Play

**Free of charge.**

**This app is one tap, completely confidential, 24/7.**

# GS Gold Shield

| 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.*

## Who Can Apply?

Rank and File; Supervisor

## What Does Gold Shield Cost?

**Active**: **$55** monthly

# 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.*

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

# 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 the 1st of the following month which the completed application is received based on underwriting.

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.

### Do I have to use all my Annual Leave?
- **No**. You may choose to use your annual leave during the 30 day elimination period, but it is not required.

### 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 Workers' Compensation 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.

### 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.

**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).

# Accident & Sickness Coverage

| Accident Plus | Shield Plus | rank & file | supervisor | retired | argbenefits.com |
|---|---|---|---|---|---|
| Starting Monthly at **$14.13** See Chart | Starting Monthly at **$30.50** See Chart | | | | Member Line: 888-211-6157 |

## 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 pays 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.

## Who Can Apply?

Rank and File; Supervisor; Retired

## What Does It Cost?

**Accident Plus**: Starts at **$14.13** monthly
**Shield Plus**: Starts at **$30.50** monthly
*See chart on next page*

## How Does It Work?

We offer two kinds of coverage: **Accident Plus**, 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 Plus** 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?

**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.**

**Both A&S 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 Plus and Vault's Shield Plus. Their team of benefit representatives visit Institutions across the state on our behalf.

ARG BENEFITS
*Powered by ARG Benefits*

# Supplemental Coverage

## Accident Plus

**Accident Plus** covers you if you are hurt at home, work or play, 24 hours a day, 365 days a year.
*ARG Accident Plus is an accident only policy, and does not pay benefits for loss from sickness.*

### EXAMPLE:

Joe buys the Premier Tier of Accident Plus coverage.

Joe has an accident, breaks his leg, gets an X-ray and needs to stay in the hospital.

**Accident Plus 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.

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.

## What's in Accident Plus?

- 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 Plus 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.

## 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).**

# Accident & Sickness Coverage

## 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 |

## Accident Plus 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 |

## What About Gold Shield?

**The additional supplemental coverage from the Trust does NOT reduce what Gold Shield pays.**

All other insurance that pays you cash directly "coordinate" with Gold Shield– which reduces the amount Gold Shield pays to you.

**These policies pay in ADDITION to your Gold Shield**, which means more in your pocket when you need it most.

- ARG: Accident Plus
- ARG: Shield PLus
- MetLife: Critical Illness
- MetLife: Hospital Indemnity

## 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.**

**CCPOA Member Line:**
**888-211-6157**

ARG BENEFITS
*Powered by ARG Benefits*

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

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

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.

# Supplemental Coverage

## HERE'S AN EXAMPLE OF ACCIDENT PLUS 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 Plus: Premier Plan

| | |
|---|---|
| ER | $150.00 |
| X-Ray | 30.00 |
| Appliance (crutches) | 100.00 |
| Physician Follow-up 3x | 150.00 |
| $50 each visit-up to 3 visits | |
| Physical Therapy 8x | 400.00 |
| $50 each visit-up to 10 visits | |
| 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&ack;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 |
| 1/2 month @ $1,200 | 600.00 |
| **TOTAL CLAIM PAID** | **$5,400.00** |

## Coverage Highlights

**Accident Plus 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

**YOUR ACCIDENT or SICKNESS POLICY CAN NOT BE CANCELED**
because of your age, health condition, or the number of claims you file.

**Ready to Retire?**

**Call the CCPOA Member Line:**
**(888) 211-6157 to transfer your coverage into retirement.**

# Critical Illness

| Active Starting Monthly at **$4.60/mo** See Chart | rank & file | supervisor | ccpoabtf.org |
|---|---|---|---|

## What Is Critical Illness?

A voluntary critical illness insurance plan from MetLife provides a lump-sum cash benefit when a covered person is diagnosed with certain serious health conditions, including cancer, heart attack, stroke, kidney failure, major organ transplant, and other covered illnesses.

## Who Can Apply?

Rank and File; Supervisor

## What Does C.I. Cost?

**Active**: Starting at **$4.60** monthly

## Does the money go to my doctor?

**It's up to you.** Benefits can be used for any purpose, such as medical expenses, household bills, travel costs, or lost income.

Coverage is available for members, spouses/domestic partners, and dependent children, and includes an annual health screening benefit.

## 5 Levels of Coverage

Price and coverage is based on your age, and the amount you want to buy. From $10,000–$50,000. Age 25–75. See the chart for the details.

Coverage for Members, Spouses and Family. Full rates available on our website: **ccpoabtf.org**

**CRITICAL ILLNESS - MEMBER ONLY**

| | Price per $1,000 | $10,000 | $20,000 | $30,000 | $40,000 | $50,000 |
|---|---|---|---|---|---|---|
| <25 | $0.46 | $4.60 | $9.20 | $13.80 | $18.40 | $23.00 |
| 25-29 | $0.50 | $5.00 | $10.00 | $15.00 | $20.00 | $25.00 |
| 30-34 | $0.55 | $5.50 | $11.00 | $16.50 | $22.00 | $27.50 |
| 35-39 | $0.69 | $6.90 | $13.80 | $20.70 | $27.60 | $34.50 |
| 40-44 | $0.89 | $8.90 | $17.80 | $26.70 | $35.60 | $44.50 |
| 45-49 | $1.20 | $12.00 | $24.00 | $36.00 | $48.00 | $60.00 |
| 50-54 | $1.72 | $17.20 | $34.40 | $51.60 | $68.80 | $86.00 |
| 55-59 | $2.45 | $24.50 | $49.00 | $73.50 | $98.00 | $122.50 |
| 60-64 | $3.27 | $32.70 | $65.40 | $98.10 | $130.80 | $163.50 |
| 65-69 | $4.12 | $41.20 | $82.40 | $123.60 | $164.80 | $206.00 |
| 70-74 | $5.34 | $53.40 | $106.80 | $160.20 | $213.60 | $267.00 |
| 75+ | $7.10 | $71.00 | $142.00 | $213.00 | $284.00 | $355.00 |

**CRITICAL ILLNESS - MEMBER + SPOUSE**

| | Price per $1,000 | $10,000 | $20,000 | $30,000 | $40,000 | $50,000 |
|---|---|---|---|---|---|---|
| <25 | $0.93 | $9.30 | $18.60 | $27.90 | $37.20 | $46.50 |
| 25-29 | $1.02 | $10.20 | $20.40 | $30.60 | $40.80 | $51.00 |
| 30-34 | $1.12 | $11.20 | $22.40 | $33.60 | $44.80 | $56.00 |
| 35-39 | $1.44 | $14.40 | $28.80 | $43.20 | $57.60 | $72.00 |
| 40-44 | $1.87 | $18.70 | $37.40 | $56.10 | $74.80 | $93.50 |
| 45-49 | $2.46 | $24.60 | $49.20 | $73.80 | $98.40 | $123.00 |
| 50-54 | $3.34 | $33.40 | $66.80 | $100.20 | $133.60 | $167.00 |
| 55-59 | $4.57 | $45.70 | $91.40 | $137.10 | $182.80 | $228.50 |
| 60-64 | $5.93 | $59.30 | $118.60 | $177.90 | $237.20 | $296.50 |
| 65-69 | $7.46 | $74.60 | $149.20 | $223.80 | $298.40 | $373.00 |
| 70-74 | $9.69 | $96.90 | $193.80 | $290.70 | $387.60 | $484.50 |
| 75+ | $13.20 | $132.00 | $264.00 | $396.00 | $528.00 | $660.00 |

## Benefit Highlights

- Cancer ..... up to $50,000
- Heart Attack ..... up to $50,000
- Stroke ..... up to $50,000
- Kidney Failure ..... up to $50,000
- Major Organ Transplant ..... up to $50,000
- Benign Brain Tumor .... up to $50,000
- Coma ..... up to $50,000
- Paralysis ..... up to $50,000
- Severe Burn ..... up to $50,000
- Sudden Cardiac Arrest ..... up to $50,000

MetLife

***NOTE:*** Coverage in Oregon and Idaho is subject to approval of State filing. For applications for coverage in these states, you will receive communication once this filing is approved and coverage is active.
**Critical Illness:** Critical Illness coverage is not available in Texas.
**Hospital Indemnity:** The State of Texas does not currently approve HI plans in the non-employer space.

# Hospital Indemnity

| Active<br>Starting Monthly at<br>**$14.25/mo** | rank & file | supervisor | ccpoabtf.org |
|---|---|---|---|

## What Is Hospital Indemnity?

MetLife's Hospital Indemnity Insurance provides cash benefits to help offset hospital-related expenses. Key benefits include a $1,500 hospital admission benefit, $1,500 ICU admission benefit, $200 daily hospital and ICU confinement benefits, $200 inpatient rehabilitation benefits, and a $75 annual health screening benefit. Benefits are paid directly to the insured and can be used to help cover medical bills, deductibles, travel, or household expenses..

## Who Can Apply?

Rank and File; Supervisor

## What Does H.I. Cost?

**Active**: Starting at **$14.25** monthly

## Hospital Indemnity Insurance helps cover out-of-pocket expenses related to hospitalization. Benefits include:

| | |
|---|---|
| Hospital admission benefit | $1,500 |
| ICU admission benefit | $1,500 |
| Hospital confinement | $200 per day |
| ICU confinement | Additional $200 per day |
| Inpatient rehabilitation | $200 per day |
| Observation unit stay | $200 |
| Annual health screening benefit | $75 |

## Coverage Highlights:

- Coverage available for eligible family members
- Portable coverage that can continue after employment changes
- Benefits paid directly to the insured and can be used for any purpose

| Member Cost | |
|---|---|
| Member Only | $14.25/mo |
| Member + Spouse | $38.74/mo |
| Member + Child(ren) | $28.21/mo |
| Member + Family | $52.69/mo |

## What About Gold Shield?

**The additional supplemental coverage from the Trust does NOT reduce what Gold Shield pays.**

All other insurance that pays you cash directly "coordinate" with Gold Shield– which reduces the amount Gold Shield pays to you.

**These policies pay in ADDITION to your Gold Shield**, which means more in your pocket when you need it most.

- ARG: Accident Plus
- ARG: Shield PLus
- MetLife: Critical Illness
- MetLife: Hospital Indemnity

MetLife

# STL Group Supplemental Term Life

| Starting Monthly at **$1.00** 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 $1,000,000 for Active and Retired members.

## Who Can Apply?
Rank and File; Supervisor, Retired

## What Does It Cost?
$25,000 in coverage starts at **$1.00** 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.

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 MetLife 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 MetLife 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 canceled; 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.

MetLife

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

## 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 canceled 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 80% of the term life insurance proceeds, to a maximum of $500,000, 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 MetLife, 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).*

**Please Note:** Approval is subject to medical evidence of insurability as determined by MetLife. 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 MetLife will be conducted at your convenience and at no expense to you.

## 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

## 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, MetLife 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.

## How Much Life Insurance Do You Need?
CCPOA presently provides each active member with basic $500,000 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.

# Group Supplemental Term Life

## Active Supplemental Term Life Rate Chart: Member

## Active Supplemental Term Life: Member Rate Information

| MetLife Active Member Life Rates/monthly | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
| $25,000 | $1.00 | $1.00 | $1.00 | $1.25 | $1.50 | $2.25 | $3.25 | $6.00 | $9.25 | $15.00 | $22.50 |
| $50,000 | $2.00 | $2.00 | $2.00 | $2.50 | $3.00 | $4.50 | $6.50 | $12.00 | $18.50 | $30.00 | $45.00 |
| $75,000 | $3.00 | $3.00 | $3.00 | $3.75 | $4.50 | $6.75 | $9.75 | $18.00 | $27.75 | $45.00 | $67.50 |
| $100,000 | $4.00 | $4.00 | $4.00 | $5.00 | $6.00 | $9.00 | $13.00 | $24.00 | $37.00 | $60.00 | $90.00 |
| $125,000 | $5.00 | $5.00 | $5.00 | $6.25 | $7.50 | $11.25 | $16.25 | $30.00 | $46.25 | $75.00 | $112.50 |
| $150,000 | $6.00 | $6.00 | $6.00 | $7.50 | $9.00 | $13.50 | $19.50 | $36.00 | $55.50 | $90.00 | $135.00 |
| $175,000 | $7.00 | $7.00 | $7.00 | $8.75 | $10.50 | $15.75 | $22.75 | $42.00 | $64.75 | $105.00 | $157.50 |
| $200,000 | $8.00 | $8.00 | $8.00 | $10.00 | $12.00 | $18.00 | $26.00 | $48.00 | $74.00 | $120.00 | $180.00 |
| $225,000 | $9.00 | $9.00 | $9.00 | $11.25 | $13.50 | $20.25 | $29.25 | $54.00 | $83.25 | $135.00 | $202.50 |
| $250,000 | $10.00 | $10.00 | $10.00 | $12.50 | $15.00 | $22.50 | $32.50 | $60.00 | $92.50 | $150.00 | $225.00 |
| $275,000 | $11.00 | $11.00 | $11.00 | $13.75 | $16.50 | $24.75 | $35.75 | $66.00 | $101.75 | $165.00 | $247.50 |
| $300,000 | $12.00 | $12.00 | $12.00 | $15.00 | $18.00 | $27.00 | $39.00 | $72.00 | $111.00 | $180.00 | $270.00 |
| $325,000 | $13.00 | $13.00 | $13.00 | $16.25 | $19.50 | $29.25 | $42.25 | $78.00 | $120.25 | $195.00 | $292.50 |
| $350,000 | $14.00 | $14.00 | $14.00 | $17.50 | $21.00 | $31.50 | $45.50 | $84.00 | $129.50 | $210.00 | $315.00 |
| $375,000 | $15.00 | $15.00 | $15.00 | $18.75 | $22.50 | $33.75 | $48.75 | $90.00 | $138.75 | $225.00 | $337.50 |
| $400,000 | $16.00 | $16.00 | $16.00 | $20.00 | $24.00 | $36.00 | $52.00 | $96.00 | $148.00 | $240.00 | $360.00 |
| $425,000 | $17.00 | $17.00 | $17.00 | $21.25 | $25.50 | $38.25 | $55.25 | $102.00 | $157.25 | $255.00 | $382.50 |
| $450,000 | $18.00 | $18.00 | $18.00 | $22.50 | $27.00 | $40.50 | $58.50 | $108.00 | $166.50 | $270.00 | $405.00 |
| $475,000 | $19.00 | $19.00 | $19.00 | $23.75 | $28.50 | $42.75 | $61.75 | $114.00 | $175.75 | $285.00 | $427.50 |
| $500,000 | $20.00 | $20.00 | $20.00 | $25.00 | $30.00 | $45.00 | $65.00 | $120.00 | $185.00 | $300.00 | $450.00 |
| $525,000 | $21.00 | $21.00 | $21.00 | $26.25 | $31.50 | $47.25 | $68.25 | $126.00 | $194.25 | $315.00 | $472.50 |
| $550,000 | $22.00 | $22.00 | $22.00 | $27.50 | $33.00 | $49.50 | $71.50 | $132.00 | $203.50 | $330.00 | $495.00 |
| $575,000 | $23.00 | $23.00 | $23.00 | $28.75 | $34.50 | $51.75 | $74.75 | $138.00 | $212.75 | $345.00 | $517.50 |
| $600,000 | $24.00 | $24.00 | $24.00 | $30.00 | $36.00 | $54.00 | $78.00 | $144.00 | $222.00 | $360.00 | $540.00 |
| $625,000 | $25.00 | $25.00 | $25.00 | $31.25 | $37.50 | $56.25 | $81.25 | $150.00 | $231.25 | $375.00 | $562.50 |
| $650,000 | $26.00 | $26.00 | $26.00 | $32.50 | $39.00 | $58.50 | $84.50 | $156.00 | $240.50 | $390.00 | $585.00 |
| $675,000 | $27.00 | $27.00 | $27.00 | $33.75 | $40.50 | $60.75 | $87.75 | $162.00 | $249.75 | $405.00 | $607.50 |
| $700,000 | $28.00 | $28.00 | $28.00 | $35.00 | $42.00 | $63.00 | $91.00 | $168.00 | $259.00 | $420.00 | $630.00 |
| $725,000 | $29.00 | $29.00 | $29.00 | $36.25 | $43.50 | $65.25 | $94.25 | $174.00 | $268.25 | $435.00 | $652.50 |
| $750,000 | $30.00 | $30.00 | $30.00 | $37.50 | $45.00 | $67.50 | $97.50 | $180.00 | $277.50 | $450.00 | $675.00 |
| $775,000 | $31.00 | $31.00 | $31.00 | $38.75 | $46.50 | $69.75 | $100.75 | $186.00 | $286.75 | $465.00 | $697.50 |
| $800,000 | $32.00 | $32.00 | $32.00 | $40.00 | $48.00 | $72.00 | $104.00 | $192.00 | $296.00 | $480.00 | $720.00 |
| $825,000 | $33.00 | $33.00 | $33.00 | $41.25 | $49.50 | $74.25 | $107.25 | $198.00 | $305.25 | $495.00 | $742.50 |
| $850,000 | $34.00 | $34.00 | $34.00 | $42.50 | $51.00 | $76.50 | $110.50 | $204.00 | $314.50 | $510.00 | $765.00 |
| $875,000 | $35.00 | $35.00 | $35.00 | $43.75 | $52.50 | $78.75 | $113.75 | $210.00 | $323.75 | $525.00 | $787.50 |
| $900,000 | $36.00 | $36.00 | $36.00 | $45.00 | $54.00 | $81.00 | $117.00 | $216.00 | $333.00 | $540.00 | $810.00 |
| $925,000 | $37.00 | $37.00 | $37.00 | $46.25 | $55.50 | $83.25 | $120.25 | $222.00 | $342.25 | $555.00 | $832.50 |
| $950,000 | $38.00 | $38.00 | $38.00 | $47.50 | $57.00 | $85.50 | $123.50 | $228.00 | $351.50 | $570.00 | $855.00 |
| $975,000 | $39.00 | $39.00 | $39.00 | $48.75 | $58.50 | $87.75 | $126.75 | $234.00 | $360.75 | $585.00 | $877.50 |
| $1,000,000 | $40.00 | $40.00 | $40.00 | $50.00 | $60.00 | $90.00 | $130.00 | $240.00 | $370.00 | $600.00 | $900.00 |

# 2027 Rate Charts

## Active Supplemental Term Life Rate Chart: Spouse

## STL Active Supplemental Term Life: Spouse Rate Information

| MetLife Active Spouse Life Rates/monthly | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
| $12,500 | $0.50 | $0.50 | $0.50 | $0.63 | $0.88 | $1.25 | $1.63 | $3.00 | $5.00 | $7.75 | $12.50 |
| $25,000 | $1.00 | $1.00 | $1.00 | $1.25 | $1.75 | $2.50 | $3.25 | $6.00 | $10.00 | $15.50 | $25.00 |
| $37,500 | $1.50 | $1.50 | $1.50 | $1.88 | $2.63 | $3.75 | $4.88 | $9.00 | $15.00 | $23.25 | $37.50 |
| $50,000 | $2.00 | $2.00 | $2.00 | $2.50 | $3.50 | $5.00 | $6.50 | $12.00 | $20.00 | $31.00 | $50.00 |
| $62,500 | $2.50 | $2.50 | $2.50 | $3.13 | $4.38 | $6.25 | $8.13 | $15.00 | $25.00 | $38.75 | $62.50 |
| $75,000 | $3.00 | $3.00 | $3.00 | $3.75 | $5.25 | $7.50 | $9.75 | $18.00 | $30.00 | $46.50 | $75.00 |
| $87,500 | $3.50 | $3.50 | $3.50 | $4.38 | $6.13 | $8.75 | $11.38 | $21.00 | $35.00 | $54.25 | $87.50 |
| $100,000 | $4.00 | $4.00 | $4.00 | $5.00 | $7.00 | $10.00 | $13.00 | $24.00 | $40.00 | $62.00 | $100.00 |
| $112,500 | $4.50 | $4.50 | $4.50 | $5.63 | $7.88 | $11.25 | $14.63 | $27.00 | $45.00 | $69.75 | $112.50 |
| $125,000 | $5.00 | $5.00 | $5.00 | $6.25 | $8.75 | $12.50 | $16.25 | $30.00 | $50.00 | $77.50 | $125.00 |
| $137,500 | $5.50 | $5.50 | $5.50 | $6.88 | $9.63 | $13.75 | $17.88 | $33.00 | $55.00 | $85.25 | $137.50 |
| $150,000 | $6.00 | $6.00 | $6.00 | $7.50 | $10.50 | $15.00 | $19.50 | $36.00 | $60.00 | $93.00 | $150.00 |
| $162,500 | $6.50 | $6.50 | $6.50 | $8.13 | $11.38 | $16.25 | $21.13 | $39.00 | $65.00 | $100.75 | $162.50 |
| $175,000 | $7.00 | $7.00 | $7.00 | $8.75 | $12.25 | $17.50 | $22.75 | $42.00 | $70.00 | $108.50 | $175.00 |
| $187,500 | $7.50 | $7.50 | $7.50 | $9.38 | $13.13 | $18.75 | $24.38 | $45.00 | $75.00 | $116.25 | $187.50 |
| $200,000 | $8.00 | $8.00 | $8.00 | $10.00 | $14.00 | $20.00 | $26.00 | $48.00 | $80.00 | $124.00 | $200.00 |
| $212,500 | $8.50 | $8.50 | $8.50 | $10.63 | $14.88 | $21.25 | $27.63 | $51.00 | $85.00 | $131.75 | $212.50 |
| $225,000 | $9.00 | $9.00 | $9.00 | $11.25 | $15.75 | $22.50 | $29.25 | $54.00 | $90.00 | $139.50 | $225.00 |
| $237,500 | $9.50 | $9.50 | $9.50 | $11.88 | $16.63 | $23.75 | $30.88 | $57.00 | $95.00 | $147.25 | $237.50 |
| $250,000 | $10.00 | $10.00 | $10.00 | $12.50 | $17.50 | $25.00 | $32.50 | $60.00 | $100.00 | $155.00 | $250.00 |

| Child Benefit/monthly | |
|---|---|
| | Birth up to Age 26 |
| $10,000 | $1.65 |

ACTIVE MEMBER & SPOUSE

# 2027 Rate Charts

## Retired Supplemental Term Life Rate Chart: Member

## Retired Term Life: Member Rate Information

| CURRENT RETIRED MEMBER INDIVIDUAL MONTHLY PREMIUMS Effective January 1, 2027<br>Reduces by 50% at age 60, and lesser of 50% or $50K at 70 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 |
| $25,000 | $2.00 | $2.00 | $2.25 | $2.75 | $3.50 | $5.50 | $8.50 | $16.25 |
| $50,000 | $4.00 | $4.00 | $4.50 | $5.50 | $7.00 | $11.00 | $17.00 | $32.50 |
| $75,000 | $6.00 | $6.00 | $6.75 | $8.25 | $10.50 | $16.50 | $25.50 | $48.75 |
| $100,000 | $8.00 | $8.00 | $9.00 | $11.00 | $14.00 | $22.00 | $34.00 | $65.00 |
| $125,000 | $10.00 | $10.00 | $11.25 | $13.75 | $17.50 | $27.50 | $42.50 | $81.25 |
| $150,000 | $12.00 | $12.00 | $13.50 | $16.50 | $21.00 | $33.00 | $51.00 | $97.50 |
| $175,000 | $14.00 | $14.00 | $15.75 | $19.25 | $24.50 | $38.50 | $59.50 | $113.75 |
| $200,000 | $16.00 | $16.00 | $18.00 | $22.00 | $28.00 | $44.00 | $68.00 | $130.00 |
| $225,000 | $18.00 | $18.00 | $20.25 | $24.75 | $31.50 | $49.50 | $76.50 | $146.25 |
| $250,000 | $20.00 | $20.00 | $22.50 | $27.50 | $35.00 | $55.00 | $85.00 | $162.50 |
| $275,000 | $22.00 | $22.00 | $24.75 | $30.25 | $38.50 | $60.50 | $93.50 | $178.75 |
| $300,000 | $24.00 | $24.00 | $27.00 | $33.00 | $42.00 | $66.00 | $102.00 | $195.00 |
| $325,000 | $26.00 | $26.00 | $29.25 | $35.75 | $45.50 | $71.50 | $110.50 | $211.25 |
| $350,000 | $28.00 | $28.00 | $31.50 | $38.50 | $49.00 | $77.00 | $119.00 | $227.50 |
| $375,000 | $30.00 | $30.00 | $33.75 | $41.25 | $52.50 | $82.50 | $127.50 | $243.75 |
| $400,000 | $32.00 | $32.00 | $36.00 | $44.00 | $56.00 | $88.00 | $136.00 | $260.00 |
| $425,000 | $34.00 | $34.00 | $38.25 | $46.75 | $59.50 | $93.50 | $144.50 | $276.25 |
| $450,000 | $36.00 | $36.00 | $40.50 | $49.50 | $63.00 | $99.00 | $153.00 | $292.50 |
| $475,000 | $38.00 | $38.00 | $42.75 | $52.25 | $66.50 | $104.50 | $161.50 | $308.75 |
| $500,000 | $40.00 | $40.00 | $45.00 | $55.00 | $70.00 | $110.00 | $170.00 | $325.00 |
| $525,000 | $42.00 | $42.00 | $47.25 | $57.75 | $73.50 | $115.50 | $178.50 | $341.25 |
| $550,000 | $44.00 | $44.00 | $49.50 | $60.50 | $77.00 | $121.00 | $187.00 | $357.50 |
| $575,000 | $46.00 | $46.00 | $51.75 | $63.25 | $80.50 | $126.50 | $195.50 | $373.75 |
| $600,000 | $48.00 | $48.00 | $54.00 | $66.00 | $84.00 | $132.00 | $204.00 | $390.00 |
| $625,000 | $50.00 | $50.00 | $56.25 | $68.75 | $87.50 | $137.50 | $212.50 | $406.25 |
| $650,000 | $52.00 | $52.00 | $58.50 | $71.50 | $91.00 | $143.00 | $221.00 | $422.50 |
| $675,000 | $54.00 | $54.00 | $60.75 | $74.25 | $94.50 | $148.50 | $229.50 | $438.75 |
| $700,000 | $56.00 | $56.00 | $63.00 | $77.00 | $98.00 | $154.00 | $238.00 | $455.00 |
| $725,000 | $58.00 | $58.00 | $65.25 | $79.75 | $101.50 | $159.50 | $246.50 | $471.25 |
| $750,000 | $60.00 | $60.00 | $67.50 | $82.50 | $105.00 | $165.00 | $255.00 | $487.50 |
| $775,000 | $62.00 | $62.00 | $69.75 | $85.25 | $108.50 | $170.50 | $263.50 | $503.75 |
| $800,000 | $64.00 | $64.00 | $72.00 | $88.00 | $112.00 | $176.00 | $272.00 | $520.00 |
| $825,000 | $66.00 | $66.00 | $74.25 | $90.75 | $115.50 | $181.50 | $280.50 | $536.25 |
| $850,000 | $68.00 | $68.00 | $76.50 | $93.50 | $119.00 | $187.00 | $289.00 | $552.50 |
| $875,000 | $70.00 | $70.00 | $78.75 | $96.25 | $122.50 | $192.50 | $297.50 | $568.75 |
| $900,000 | $72.00 | $72.00 | $81.00 | $99.00 | $126.00 | $198.00 | $306.00 | $585.00 |
| $925,000 | $74.00 | $74.00 | $83.25 | $101.75 | $129.50 | $203.50 | $314.50 | $601.25 |
| $950,000 | $76.00 | $76.00 | $85.50 | $104.50 | $133.00 | $209.00 | $323.00 | $617.50 |
| $975,000 | $78.00 | $78.00 | $87.75 | $107.25 | $136.50 | $214.50 | $331.50 | $633.75 |
| $1,000,000 | $80.00 | $80.00 | $90.00 | $110.00 | $140.00 | $220.00 | $340.00 | $650.00 |

# 2027 Rate Charts

## Retired Supplemental Term Life Rate Chart: Member

STL **Retired Term Life: Member Rate Information**

| CURRENT RETIRED MEMBER INDIVIDUAL MONTHLY PREMIUMS Effective January 1, 2027<br>Reduces by 50% at age 60, and lesser of 50% or $50K at 70 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85-89 | 90+ |
| $25,000 | $25.00 | $39.75 | $60.50 | $112.25 | $180.00 | $295.00 | $478.00 |
| $50,000 | $50.00 | $79.50 | $121.00 | $224.50 | $360.00 | $590.00 | $956.00 |
| $75,000 | $75.00 | $119.25 | | | | | |
| $100,000 | $100.00 | $159.00 | | | | | |
| $125,000 | $125.00 | $198.75 | | | | | |
| $150,000 | $150.00 | $238.50 | | | | | |
| $175,000 | $175.00 | $278.25 | | | | | |
| $200,000 | $200.00 | $318.00 | | | | | |
| $225,000 | $225.00 | $357.75 | | | | | |
| $250,000 | $250.00 | $397.50 | | | | | |
| $275,000 | $275.00 | $437.25 | | | | | |
| $300,000 | $300.00 | $477.00 | | | | | |
| $325,000 | $325.00 | $516.75 | | | | | |
| $350,000 | $350.00 | $556.50 | | | | | |
| $375,000 | $375.00 | $596.25 | | | | | |
| $400,000 | $400.00 | $636.00 | | | | | |
| $425,000 | $425.00 | $675.75 | | | | | |
| $450,000 | $450.00 | $715.50 | | | | | |
| $475,000 | $475.00 | $755.25 | | | | | |
| $500,000 | $500.00 | $795.00 | | | | | |

RETIRED MEMBER

# 2027 Rate Charts

## Retired Supplemental Term Life Rate Chart: Spouse

## Retired Term Life: Spouse Rate Information

**CURRENT RETIRED SPOUSE INDIVIDUAL MONTHLY PREMIUMS Effective January 1, 2027**
Spouse benefit reduces by 50% at age 60, and lesser of 50% or $25K at 70

| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 |
|---|---|---|---|---|---|---|---|---|
| $12,500 | $0.88 | $0.88 | $1.00 | $1.25 | $1.75 | $2.75 | $3.75 | $4.75 |
| $25,000 | $1.75 | $1.75 | $2.00 | $2.50 | $3.50 | $5.50 | $7.50 | $9.50 |
| $37,500 | $2.63 | $2.63 | $3.00 | $3.75 | $5.25 | $8.25 | $11.25 | $14.25 |
| $50,000 | $3.50 | $3.50 | $4.00 | $5.00 | $7.00 | $11.00 | $15.00 | $19.00 |
| $62,500 | $4.38 | $4.38 | $5.00 | $6.25 | $8.75 | $13.75 | $18.75 | $23.75 |
| $75,000 | $5.25 | $5.25 | $6.00 | $7.50 | $10.50 | $16.50 | $22.50 | $28.50 |
| $87,500 | $6.13 | $6.13 | $7.00 | $8.75 | $12.25 | $19.25 | $26.25 | $33.25 |
| $100,000 | $7.00 | $7.00 | $8.00 | $10.00 | $14.00 | $22.00 | $30.00 | $38.00 |
| $112,500 | $7.88 | $7.88 | $9.00 | $11.25 | $15.75 | $24.75 | $33.75 | $42.75 |
| $125,000 | $8.75 | $8.75 | $10.00 | $12.50 | $17.50 | $27.50 | $37.50 | $47.50 |
| $137,500 | $9.63 | $9.63 | $11.00 | $13.75 | $19.25 | $30.25 | $41.25 | $52.25 |
| $150,000 | $10.50 | $10.50 | $12.00 | $15.00 | $21.00 | $33.00 | $45.00 | $57.00 |
| $162,500 | $11.38 | $11.38 | $13.00 | $16.25 | $22.75 | $35.75 | $48.75 | $61.75 |
| $175,000 | $12.25 | $12.25 | $14.00 | $17.50 | $24.50 | $38.50 | $52.50 | $66.50 |
| $187,500 | $13.13 | $13.13 | $15.00 | $18.75 | $26.25 | $41.25 | $56.25 | $71.25 |
| $200,000 | $14.00 | $14.00 | $16.00 | $20.00 | $28.00 | $44.00 | $60.00 | $76.00 |
| $212,500 | $14.88 | $14.88 | $17.00 | $21.25 | $29.75 | $46.75 | $63.75 | $80.75 |
| $225,000 | $15.75 | $15.75 | $18.00 | $22.50 | $31.50 | $49.50 | $67.50 | $85.50 |
| $237,500 | $16.62 | $16.62 | $19.00 | $23.75 | $33.25 | $52.25 | $71.25 | $90.25 |
| $250,000 | $17.50 | $17.50 | $20.00 | $25.00 | $35.00 | $55.00 | $75.00 | $95.00 |

**CURRENT RETIRED SPOUSE INDIVIDUAL MONTHLY PREMIUMS Effective January 1, 2027**
Spouse benefit reduces by 50% at age 60, and lesser of 50% or $25K at 70

| | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85-90 | 90+ |
|---|---|---|---|---|---|---|---|
| $12,500 | $11.88 | $18.75 | $30.88 | $57.00 | $92.62 | $149.88 | $240.50 |
| $25,000 | $23.75 | $37.50 | $61.75 | $114.00 | $185.25 | $299.75 | $481.00 |
| $37,500 | $35.62 | $56.25 | | | | | |
| $50,000 | $47.50 | $75.00 | | | | | |
| $62,500 | $59.38 | $93.75 | | | | | |
| $75,000 | $71.25 | $112.50 | | | | | |
| $87,500 | $83.12 | $131.25 | | | | | |
| $100,000 | $95.00 | $150.00 | | | | | |
| $112,500 | $106.88 | $168.75 | | | | | |
| $125,000 | $118.75 | $187.50 | | | | | |

| Child Benefit/monthly | |
|---|---|
| | Birth up to Age 26 |
| $10,000 | $1.65 |

RETIRED SPOUSE

# Guarantee Issue

## 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:**
❶ Be a member of CCPOA
❷ You must apply in the first six months of hire.

**You are eligible for $200,000 in coverage.**
Have a spouse? You can cover your spouse for $100,000. 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 Issue** 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. You can apply for coverage for your spouse and your dependent children up to age 26.

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?**
**Yes.** The Guarantee Issue Plan offers coverage for new hires up to age 75.

**MetLife Guarantee Issue: Active Member Rates/monthly**

| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| $25,000 | $1.00 | $1.00 | $1.00 | $1.25 | $1.50 | $2.25 | $3.25 | $6.00 | $9.25 | $15.00 | $22.50 |
| $50,000 | $2.00 | $2.00 | $2.00 | $2.50 | $3.00 | $4.50 | $6.50 | $12.00 | $18.50 | $30.00 | $45.00 |
| $75,000 | $3.00 | $3.00 | $3.00 | $3.75 | $4.50 | $6.75 | $9.75 | $18.00 | $27.75 | $45.00 | $67.50 |
| $100,000 | $4.00 | $4.00 | $4.00 | $5.00 | $6.00 | $9.00 | $13.00 | $24.00 | $37.00 | $60.00 | $90.00 |
| $125,000 | $5.00 | $5.00 | $5.00 | $6.25 | $7.50 | $11.25 | $16.25 | $30.00 | $46.25 | $75.00 | $112.50 |
| $150,000 | $6.00 | $6.00 | $6.00 | $7.50 | $9.00 | $13.50 | $19.50 | $36.00 | $55.50 | $90.00 | $135.00 |
| $175,000 | $7.00 | $7.00 | $7.00 | $8.75 | $10.50 | $15.75 | $22.75 | $42.00 | $64.75 | $105.00 | $157.50 |
| $200,000 | $8.00 | $8.00 | $8.00 | $10.00 | $12.00 | $18.00 | $26.00 | $48.00 | $74.00 | $120.00 | $180.00 |

MetLife **Guarantee Issue:** Active Spouse Life Rates/**monthly**

| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| $12,500 | $0.50 | $0.50 | $0.50 | $0.63 | $0.88 | $1.25 | $1.63 | $3.00 | $5.00 | $7.75 | $12.50 |
| $25,000 | $1.00 | $1.00 | $1.00 | $1.25 | $1.75 | $2.50 | $3.25 | $6.00 | $10.00 | $15.50 | $25.00 |
| $37,500 | $1.50 | $1.50 | $1.50 | $1.88 | $2.63 | $3.75 | $4.88 | $9.00 | $15.00 | $23.25 | $37.50 |
| $50,000 | $2.00 | $2.00 | $2.00 | $2.50 | $3.50 | $5.00 | $6.50 | $12.00 | $20.00 | $31.00 | $50.00 |
| $62,500 | $2.50 | $2.50 | $2.50 | $3.13 | $4.38 | $6.25 | $8.13 | $15.00 | $25.00 | $38.75 | $62.50 |
| $75,000 | $3.00 | $3.00 | $3.00 | $3.75 | $5.25 | $7.50 | $9.75 | $18.00 | $30.00 | $46.50 | $75.00 |
| $87,500 | $3.50 | $3.50 | $3.50 | $4.38 | $6.13 | $8.75 | $11.38 | $21.00 | $35.00 | $54.25 | $87.50 |
| $100,000 | $4.00 | $4.00 | $4.00 | $5.00 | $7.00 | $10.00 | $13.00 | $24.00 | $40.00 | $62.00 | $100.00 |

**Child Benefit/monthly**

| | Birth up to Age 26 |
|---|---|
| $10,000 | $1.65 |

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

GUARANTEE ISSUE

# ADD Accidental Death and Dismemberment Insurance

| Active | Retired | rank & file | supervisor | retired | ccpoabtf.org |
|---|---|---|---|---|---|
| Starting Monthly at **$1.25*** See Chart | Starting Monthly at **$1.50** See Chart | | | | |

## 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.

## Who is eligible to enroll?
All Active and Retired CCPOA members and their families.

## When am I covered?
You are covered 24 hours a day. On the job or at home.
Benefits are payable in addition to any other insurance you have.

## 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.

### COVERAGE AMOUNT:

| **Amount of Insurance** - Spouse and Children covered only if Family Plan is checked | | |
|---|---|---|
| ■ **Member**<br>100% of Principal Sum | ■ **Spouse**<br>60% of Principal Sum (if NO children)<br>50% of Principal Sum (if children) | ■ **Each Child**<br>15% of Principal Sum (if spouse)<br>20% of Principal Sum (if NO spouse) |
| Rates are based on per $1,000 of coverage.<br>Rates are in $25K increments, up to $1M Max | Member Only: $0.050/$1,000<br>Family: $0.060/$1,000 | |

### SAMPLE RATE CHART: Monthly Premium

| | $25,000 | $50,000 | $100,000 | $500,000 | $1,000,000 |
|---|---|---|---|---|---|
| **Member Only** | $1.25 | $2.50 | $5.00 | $25.00 | $50.00 |
| **Family** | $1.50 | $3.00 | $6.00 | $30.00 | $60.00 |

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

| AD&D MONTHLY PREMIUM | | |
|---|---|---|
| | Member Only | Family |
| 25,000 | 1.25 | 1.50 |
| 50,000 | 2.50 | 3.00 |
| 75,000 | 3.75 | 4.50 |
| 100,000 | 5.00 | 6.00 |
| 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 |
| 275,000 | 13.75 | 16.50 |
| 300,000 | 15.00 | 18.00 |
| 325,000 | 16.25 | 19.50 |
| 350,000 | 17.50 | 21.00 |
| 375,000 | 18.75 | 22.50 |
| 400,000 | 20.00 | 24.00 |
| 425,000 | 21.25 | 25.50 |
| 450,000 | 22.50 | 27.00 |
| 475,000 | 23.75 | 28.50 |
| 500,000 | 25.00 | 30.00 |

## ACTIVE RATES

| AD&D MONTHLY PREMIUM | | |
|---|---|---|
| | Member Only | Family |
| 525,000 | 26.25 | 31.50 |
| 550,000 | 27.50 | 33.00 |
| 575,000 | 28.75 | 34.50 |
| 600,000 | 30.00 | 36.00 |
| 625,000 | 31.25 | 37.50 |
| 650,000 | 32.50 | 39.00 |
| 675,000 | 33.75 | 40.50 |
| 700,000 | 35.00 | 42.00 |
| 725,000 | 36.25 | 43.50 |
| 750,000 | 37.50 | 45.00 |
| 775,000 | 38.75 | 46.50 |
| 800,000 | 40.00 | 48.00 |
| 825,000 | 41.25 | 49.50 |
| 850,000 | 42.50 | 51.00 |
| 875,000 | 43.75 | 52.50 |
| 900,000 | 45.00 | 54.00 |
| 925,000 | 46.25 | 55.50 |
| 950,000 | 47.50 | 57.00 |
| 975,000 | 48.75 | 58.50 |
| 1,000,000 | 50.00 | 60.00 |

| AD&D MONTHLY PREMIUM | | |
|---|---|---|
| | Member Only | Family |
| 25,000 | $1.50 | 2.25 |
| 50,000 | $3.00 | 4.5 |
| 75,000 | $4.50 | 6.75 |
| 100,000 | $6.00 | 9.00 |
| 125,000 | $7.50 | 11.25 |
| 150,000 | $9.00 | 13.50 |
| 175,000 | $10.50 | 15.75 |
| 200,000 | $12.00 | 18.00 |
| 225,000 | $13.50 | 20.25 |
| 250,000 | $15.00 | 22.50 |
| 275,000 | $16.50 | 24.75 |
| 300,000 | $18.00 | 27.00 |
| 325,000 | $19.50 | 29.25 |
| 350,000 | $21.00 | 31.50 |
| 375,000 | $22.50 | 33.75 |
| 400,000 | $24.00 | 36.00 |
| 425,000 | $25.50 | 38.25 |
| 450,000 | $27.00 | 40.50 |
| 475,000 | $28.50 | 42.75 |
| 500,000 | $30.00 | 45.00 |

## RETIRED RATES

| AD&D MONTHLY PREMIUM | | |
|---|---|---|
| | Member Only | Family |
| 525,000 | $31.50 | 47.25 |
| 550,000 | $33.00 | 49.50 |
| 575,000 | $34.50 | 51.75 |
| 600,000 | $36.00 | 54.00 |
| 625,000 | $37.50 | 56.25 |
| 650,000 | $39.00 | 58.50 |
| 675,000 | $40.50 | 60.75 |
| 700,000 | $42.00 | 63.00 |
| 725,000 | $43.50 | 65.25 |
| 750,000 | $45.00 | 67.50 |
| 775,000 | $46.50 | 69.75 |
| 800,000 | $48.00 | 72.00 |
| 825,000 | $49.50 | 74.25 |
| 850,000 | $51.00 | 76.50 |
| 875,000 | $52.50 | 78.75 |
| 900,000 | $54.00 | 81.00 |
| 925,000 | $55.50 | 83.25 |
| 950,000 | $57.00 | 85.50 |
| 975,000 | $58.50 | 87.75 |
| 1,000,000 | $60.00 | 90.00 |

| DISMEMBERMENT BENEFIT COVERAGE | |
|---|---|
| If any injury results in any of the following losses 365 days after the accident the plan will pay the following: | |
| Life<br>Both Hands<br>One Hand and One Foot<br>Speach and Hearing<br>Either Hand or Foot & Sight of One Eye<br>Movement of Both Upper and Lower Limbs (Quadriplegia) | **100%** Principal Sum |
| Movement of Both Lower Limbs | **75%** Principal Sum |
| Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia)<br>Either Hand or Foot<br>Sight of One Eye<br>Speech or Hearing | **50%** Principal Sum |
| Thumb and Index Finger of Either Hand | **25%** Principal Sum |
| The total limit of liability for any one person for all losses due to the same accident will not be more than the Principle Sum. | |

MetLife

# ADD Accidental Death and Dismemberment Insurance

## 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.

Rates and/or benefits may be changed. The premiums shown reflect the current rates (rates set January 1, 2027) and benefit structure. Premiums may be changed by MetLife 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 MetLife and the Trustees.

Benefit option amounts are subject to change by agreement between MetLife 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 MetLife Insurance Company.

MetLife

# AD&D Benefit Highlights: Active Members

| | | | |
|---|---|---|---|
| **Education**<br>If your dependents are covered under the family plan and you die, and the Principal Sum is payable, the program will pay the following: | **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.<br>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:<br>• A full-time, post-high school student in a school for higher learning, or<br>• A student in 12th grade and will be a full-time, post-high school student in a school for higher learning within 365 days.<br>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 | **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.<br>Enrollment must take place within one year of your death, and expenses be incurred within two years of your death.<br>Pays the lesser of 5% of your Principal Sum or, Expense Incurred for Occupational Training or, the maximum amount of $5,000.<br>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. | **Expense Incurred** means actual tuition charged and cost of materials required for the Occupational Training Program — not including room and board.<br>**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. |
| **Day Care**<br>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. | **The Day Care Benefit** — The lesser of 5% of your Principal Sum or the maximum amount of $40,000.<br>To receive this benefit, an eligible dependent must be under age 13 and:<br>• Be enrolled in a licensed Child Care Program at time of death, or<br>• Will be attending such a program within 365 days.<br>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.<br>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. | | |
| **Common Disaster** | 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. | | |
| **Coma** | 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.<br>Comatose Maximum Benefit Amount equals the Principal Sum less all other payments under the policy for injury. | | **Coma** means complete and continuous unconsciousness and inability to respond to external or internal stimuli. |
| **Adaptive Home and Vehicle**<br>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: | • 2.5% of yours or your covered dependent's Principal Sum<br>• The actual costs; or<br>• $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. | ***This benefit will be payable only if:***<br>• 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<br>• Such vehicle modifications are carried out by a person or persons with experience in such matters and approved by the Motor Vehicle Department. | **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.<br>**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. |
| **Seat Belt** | 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. | | **Seat Belt** means an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the automobile. |
| **At Work Accidental Death** | MetLife 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. | **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.<br>**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. | |
| **Repatriation** | 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. | | |
| **Line-Of-Duty Death Benefit** | 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. | | |

# 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% | 35% | 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, MetLife 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.

# 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 may be 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.

### Keep your benefits into Retirement

**Tell your personnel office that you want to keep your CCPOA Medical and Dental Plans.** You do NOT need to get the state's plans.

Keep the coverage you had as an Active member.

### 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 Retired Vision 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.**

### Trust Benefits You Can Apply For:

- Accident & Sickness Insurance (Direct from ARG)
- Retired Accidental Death & Dismemberment
- Retired CCPOA Medical Plan
- Retired CCPOA Dental
- Retired CCPOA Vision
- Retired Piggyback Dental
- Retired MetLife Legal Plan
- Retired Supplemental Term Life

### Trust Benefits You Can't Apply For:

- $20,000 Accidental Death Basic
- Guarantee Issue
- Gold Shield
- Legal Defense Fund
- Critical Illness
- Hospital Indemnity

## 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**

## 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 carry the full amount of your Supplemental Term Life coverage 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 $1,000,000 and spouse is limited to a maximum of $250,000. 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 Dental
- MetLife Legal Plan
- Vision
- Term Life Insurance

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

**Call the Trust's White Glove Service to go through all the details (916) 779-6300**

# Facts at a Glance

- You must join the CCPOA Retired Chapter to be eligible for benefits.*
- Call the Trust 90 days before retirement to ensure a smooth transition in coverage.
- 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).*

# STL - Retirement Info

## 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 $1,000,000 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.

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 $1,000,000 and spouse is limited to a maximum of $250,000. 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 you have come to expect.

### 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.

# We've Got You Covered.

## (916) 779-6300

1-800-468-6486

**CCPOA**
**Benefit Trust Fund**

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