Piggyback
Enhanced Dental, Vision and Hearing Aid Coverage

Effective January, 2017

CCPOA Benefit Trust Fund
Supplemental Dental, Vision and Hearing Aid Program

Effective January, 2017
Piggyback is a supplemental program provided by the CCPOA Benefit Trust Fund that helps to offset the out-of-pocket expenses incurred from the usage of your Dental, Vision and Hearing Aid programs.

**Dental Benefit**

Piggyback pays a portion of the fees your dentist charges, after benefits have been paid by your primary dental program. 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 BTF recommends that you request a pre-authorization for dental service when the treatment plan exceeds $300. Ask your dental office to submit a written proposed treatment plan to the CCPOA BTF for approval.

**Orthodontic Care Benefits**

Piggyback will pay a 50% benefit for orthodontic care with a family lifetime maximum benefit of $500. There is a one year waiting period for this coverage. To be covered, orthodontic treatment must start after the waiting period.
Vision Care Benefit
Piggyback provides reimbursement for the following expenses:

- Exam co-pay and material co-pay
- Frame overage, up to $15 per pair, not to exceed six pairs of frames per family per calendar year
- Maximum vision benefit per family per calendar year is $300

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

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

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.
Here is an example of how Piggyback works

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

Gold Crown (procedure 2790):

**Dentist Charges** .................. $848.00

**Coverage with Piggyback:**
Primary Dental 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

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**Piggyback is Affordable!**

**ACTIVE:**
- $14.00 per month (CCPOA Member Only)
- $26.00 per month (CCPOA Family)

**RETIRED:**
- $16.00 per month (CCPOA Member Only)
- $32.00 per month (CCPOA Family)
FILING A CLAIM IS SIMPLE:

A claim must be submitted to the CCPOA Benefit Trust Fund no later than one year after the date the primary carrier paid the original claim. All claims must have the following information: participant’s name and social security number, patient’s name, date of service, services rendered, and charges for each service.

Claims need to be mailed to: CCPOA Benefit Trust Fund, 2515 Venture Oaks Way, Suite 200, Sacramento, CA 95833-4235.

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

**Dental Claims**
You or your dentist may submit an itemized claim and an itemized primary insurance statement to the CCPOA BTF for reimbursement.

**Vision Claims**
Ask your eye care provider for an itemized statement of your out-of-pocket expenses and submit the statement to the CCPOA BTF for reimbursement.

**Hearing Aid Claims**
Once an attending physician writes a prescription for the hearing aid device and the device has been purchased, submit a copy of the itemized statement to the CCPOA BTF for reimbursement.

For a full explanation on how and what is required for Piggyback claims submission, please refer to the Piggyback Summary Program Description or contact the Trust at 1-(800) IN UNIT 6 800-468-6486
The CCPOA BTF recommends that you request a pre-authorization for dental services when the treatment plan exceeds $300. Ask your dental office to submit a written proposed treatment plan to the CCPOA BTF for approval.
## Application CCPOA Piggyback Program

**CCPOA Benefit Trust Fund** 1-800-468-6486

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<th>Birthdate:</th>
<th>SSN (Last 4):</th>
<th>Sex</th>
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<th>Address:</th>
<th>City:</th>
<th>List below names and birth dates of spouse and all dependent children under 26 years of age. (Birth dates are required)</th>
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| E-mail: | |
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**Plan Selection** at current monthly rate (Check One)

- [ ] Active Member Only $14.00
- [x] Active Member and one or more dependents $26.00

I hereby authorize the State Controller to deduct from my salaries and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the California Correctional Peace Officers Association (CCPOA). This authorization will remain in effect until cancelled by me or by CCPOA. I certify that I am a member of CCPOA and understand that termination of CCPOA membership will cancel all deductions made under this authorization.

**Signature of Applicant:**

X

**Date of Application:**
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<th>Plan Selection</th>
<th>Description</th>
<th>Cost</th>
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<td>Retired Member Only</td>
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<td>Retired Member and one or more dependents</td>
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I hereby authorize the CalPERS to deduct from my salaries and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the California Correctional Peace Officers Association (CCPOA). This authorization will remain in effect until cancelled by me or CCPOA. I certify that I am a member of CCPOA and understand that termination of CCPOA membership will cancel all deductions made under this authorization.

Signature of Applicant: X

Date of Application: RETIRED

Full Name (print): [ ] Male □ Female

SSN (Last 4): Birthdate: [ ]

List below names and birth dates of spouse and all dependent children under 26 years of age (birth dates are required):

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E-mail: [ ]

Phone: [ ]

State: ZIP: [ ]

Address: City: [ ]

Fold up and seal to return mail

Fold down and seal to return mail

CCPOA Benefit Trust Fund 1-800-468-6486

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

1. Print-out this form.
2. Fill out application.
3. Sign and Date the form.
4. Mail your application to:

We've Got You Covered.
1-800-In-Unit-6
1-800-468-6486

Application CCPOA Piggyback Program

Retired