

2023



**Child Care Providers United
California Workers Health Care Fund
Benefits Guide**

Hello!

We are pleased to present this guide describing the Child Care Providers United California Workers Health Care Fund (“CCPU Health Care Fund”) benefits available to eligible child care providers.

Benefits described in this guide are effective **January 1, 2023**.

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Questions?

Visit the CCPU website at ccpuhealth.org for additional information and FAQs.

The Fund Office can also help you with questions about reimbursements, eligibility, etc. Call **(833) 714-6028** or email support@ccpuhealth.org.

If you are not enrolled in a qualified medical plan, contact the Fund Office for assistance enrolling in a plan. Visit ccpuhealth.org/help-enrolling for more information.

Language assistance is available for Arabic, Chinese, and Spanish speakers.

Sincerely,

Board of Trustees

Introduction

In 2022, Child Care Providers United (“CCPU”) won \$100 million annually from the State of California to help eligible child care providers like you reduce or eliminate their health care costs. These benefits are available to both union and non-union child care providers throughout California.

Who provides this benefit?

These benefits will be provided by the CCPU Health Care Fund, a health care trust governed by a Board of Trustees appointed by CCPU and with representatives from SEIU Local 521, SEIU Local 99, and the United Domestic Workers/AFSCME Local 3930.

We launched the CCPU Health Care Fund in early 2023. If you are eligible, you could be reimbursed for your costs for health care services you receive on and after January 1, 2023.

What is this for?

The CCPU Health Care Fund works **alongside** the health insurance you already have (or that you enroll in) and reimburses you for your out-of-pocket costs like doctor visit copays, prescription drug copays, and the monthly premiums you pay for health insurance.

The Fund **does not replace** your health insurance. In fact, to be eligible for Fund benefits, you must be enrolled in a qualified health insurance plan. Fund benefits can only be used to reimburse your own expenses—you can’t be reimbursed for your family members’ expenses.

Eligibility

Quick Check: Are You Eligible for Fund Benefits?

If you say “yes” to all three, you are likely eligible for CCPU Health Care Fund benefits.

- ✓ **You work with a subsidized child.** A subsidized child is one whose family receives state child care subsidies for the child care services you provide. Your eligibility is determined based on **when** you work with a subsidized child.
- ✓ **You are enrolled in a “qualified” health insurance plan.** The health insurance you have must be considered “qualified”—see page 5 for details. If you are uninsured, the Fund can help you enroll in a qualified health insurance plan. To be eligible for Fund benefits, you must remain enrolled in the qualified health insurance plan.
- ✓ **You must enroll in the CCPU Health Care Fund.** Benefits are not automatic. You must apply for the program. Help with applying is available every step of the way!

Eligibility Details

Let’s take a closer look at the three requirements highlighted in the box above.

1. You must work with a subsidized child.

To determine your initial eligibility, the Fund will look back at the six months prior to when you apply for benefits to see if you were paid for work with a subsidized child for at least three out of six months. If you are not eligible right now, you can become eligible later.

For an initial eligibility date of:	Lookback period:
January 1	April 1 through September 30 of the prior year
April 1	July 1 through December 31 of the prior year
July 1	October 1 of the prior year through March 31 of the current year
October 1	January 1 through June 30 of the current year

Then, to continue to be eligible, you must have been paid for work with a subsidized child in at least one month out of three months during the lookback period.

To continue eligibility from:	Lookback period:
April 1 – June 30	October 1 through December 31 of the prior year
July 1 – September 30	January 1 through March 31 of the current year
October 1 – December 31	April 1 through June 30 of the current year

Example

Alisa applies for the CCPU Health Care Fund in August 2023. The Fund Office looks back at her work record to see if she cared for a subsidized child for at least three months of the six-month period from October 1, 2022, through March 31, 2023. Alisa gives the Fund her pay stubs for this period so that each month can be reviewed separately for eligibility.

Because she meets this requirement, she is eligible for Fund benefits beginning August 1, 2023. This means she can get reimbursed for covered out-of-pocket health care expenses for services she receives on or after August 1, 2023 (her eligibility date). (She must also meet the other requirements as well.)

To maintain eligibility, Alisa must work with a subsidized child at least one month of every three-month lookback period (or calendar quarters)—as shown in the second table on page 4.

If you need help to determine whether you are eligible, contact the CCPU Health Care Fund. Call (833) 714-6028 or email support@ccpuhealth.org.

2. You must be enrolled in a qualified health insurance plan.

You must be enrolled in the qualified health insurance plan (see the table below) that maximizes the federal assistance available to you (if any). If you are not insured under a qualified health insurance plan, you can become eligible for the CCPU Health Care Fund benefit by enrolling in one. (You must also meet the other requirements as well.)

The table below shows the qualified health insurance plans that are considered eligible.

Qualified health insurance plans	
If you are eligible for...	You must enroll in...
Medi-Cal	Medi-Cal
Covered California	Silver-level HMO plan on Covered California*
Medicare or Medicare Advantage	Medicare or Medicare Advantage
Both Medicare and Medi-Cal	Both Medicare and Medi-Cal
Veterans Administration (VA) health care benefits	VA health care benefits
TRICARE	TRICARE
Employer-sponsored health insurance plan as an eligible employee	Your employer's plan
Employer-sponsored health insurance plan as an eligible dependent (i.e., the plan from your spouse's employer)	Your spouse's employer's plan OR Silver-level HMO plan on Covered California*

* If no HMO plans are available in your area, the lowest-cost EPO/PPO option is a qualified health insurance plan. Visit coveredca.com/get-started to see what is available.

Special rules apply if more than one provider is listed on your payment record.

If you are not eligible for any of the plans listed on the previous page, contact the Fund Office for assistance. If you are an undocumented worker, call the Fund Office for help.

Help with enrolling in a qualified health insurance plan

If you are not enrolled in a qualified health insurance plan, the CCPU Health Care Fund will assist you in enrolling. Visit ccpuhealth.org for a current list of enrollment partners. There is also a list on page 18 of organizations that can provide enrollment assistance.

3. You must enroll in the CCPU Health Care Fund.

To receive CCPU Health Care Fund benefits, you must enroll online (ccpuhealth.org/resources) or complete and submit a paper enrollment form.

To complete your application, you will need the following information:

- Personal information—such as your name, address, and date of birth
- Information about your qualified health insurance plan
- A copy of your health insurance plan proof of coverage (this documentation should provide details that verify your name as the policy holder, your health insurance plan name, and the coverage period)

You must also submit any required documentation to the CCPU Health Care Fund Office.

If you are an undocumented worker, you're still eligible for CCPU Health Care Fund benefits. See page 10.

Enrollment timing

You can enroll after you meet the eligibility rules on page 4.

After you enroll

After you successfully complete enrolling in the Fund, you will receive a debit card in the mail. See page 11 for more details.

Fund Benefits

You must be enrolled in a qualified health insurance plan in order to receive benefits through the CCPU Health Care Fund. The CCPU Health Care Fund is **not** a qualified health insurance plan, and benefits **do not replace** your qualified health insurance plan coverage.

The benefits you receive depend on which qualified health insurance plan you are enrolled in. **Please note** that the maximum annual benefit amount up to \$8,750 is the total payable per year for out-of-pocket expenses. Even if you switch from Covered California to an employer plan midyear, the maximum annual benefit amount is \$8,750 for that year for out-of-pocket expenses.

IMPORTANT: “Reimbursement of premium expense” in the table below means your—the child care provider’s—portion of the total premium. If you also cover your family under your premium, only **your** portion of the expense is reimbursable.

Qualified Health insurance plan	Amount
Silver-level HMO plan offered through Covered California	Up to \$8,750 per year for out-of-pocket expenses Full reimbursement of premium expense
Silver-level HMO equivalent individual health insurance plan (if you are not eligible for Covered California)	Up to \$8,750 per year for out-of-pocket expenses \$100 per month for premium expense
Employer-sponsored group health insurance plan	Up to \$8,750 per year for out-of-pocket expenses \$100 per month for premium expense
Medi-Cal	Up to \$100 per month for Medi-Cal permissible expenses
Medicare or Medicare Advantage	Up to \$8,750 per year for out-of-pocket expenses Premium reimbursement for Part B, up to \$164.90 per month Premium reimbursement for Part D, up to \$50 per month
Dual Medi-Cal & Medicare (Medi-Medi)	Up to \$8,750 per year for out-of-pocket expenses Up to \$100 per month for Medi-Cal permissible expenses
Veterans Affairs (VA) Health Care	Up to \$8,750 per year for out-of-pocket expenses
TRICARE Prime, TRICARE Select, TRICARE Reserve Select, TRICARE Retired Reserve	Up to \$8,750 per year for out-of-pocket expenses \$100 per month for premium expense
TRICARE for Life (COB)	Premium reimbursement for Medicare Part B, up to \$164.90 per month

Eligible Expenses

Services that are not covered under your qualified health insurance plan are ineligible for reimbursement (except for Medi-Cal permissible expenses). For example, costs related to a separate dental or vision plan are excluded.

Out-of-Pocket Expenses

Depending on your qualified health insurance plan, the CCPU Health Care Fund reimburses:

Out-of-Pocket Expenses	
Reimbursed by CCPU Health Care Fund	NOT reimbursed by CCPU Health Care Fund
Qualified health insurance plan copays, coinsurance, and deductibles	Costs for services denied or not covered by your qualified health insurance plan, including expenses like glasses, braces, and over-the-counter medicine
Prescription drug copays, coinsurance, and deductibles	

Premium Expenses

The CCPU Health Care Fund reimburses eligible providers the cost of a qualified health insurance plan, after applying the maximum amount of federal assistance available. For some plans, it is the full premium; for other plans, it is up to \$100 a month. See the table on page 7 for premium reimbursement amounts.

Specific Health Insurance Plan Information

Depending on your qualified health insurance plan, the way the CCPU Health Care Fund works can vary.

Covered California

The qualified health insurance plan under Covered California is a **Silver HMO plan in your area** (generally the California county in which you live). If an HMO is not available in your area, the CCPU Health Care Fund will reimburse the lowest-cost EPO or PPO plan in your area.

Generally, you need to pay your first premium bill to the HMO directly and submit a copy of the bill to the Fund Office with the reimbursement form for the first payment. You will be reimbursed for the portion of the premium applicable solely to your individual coverage. (However, you will not receive a premium reimbursement benefit if you are eligible for medical coverage as an employee under an employer's qualified health insurance plan but instead elect to enroll in a Covered California plan.) The Fund will try to pay the first binder payment for a **newly enrolled** provider as long as you upload/submit the billing statement and a request for reimbursement form with your enrollment application.

After the first month's premium payment is confirmed, ongoing months will be loaded on the debit card for you to use.

Employer-Sponsored Health Insurance Plans

As an employee

If you have a job that offers health coverage, you must be enrolled in that plan to receive any benefits from this Fund. You will not be eligible for CCPU Health Care Fund benefits if you enroll in Covered California.

As a dependent (spouse or child)

You may be able to enroll in a qualified health insurance plan through another person's employer, such as your spouse or child. If you have access to an employer plan as a dependent, you can enroll in **either** the employer plan **or** a qualified Covered California plan and receive CCPU Health Care Fund benefits (as long as you meet the other eligibility requirements).

Medi-Cal

If you are on Medi-Cal, the CCPU Health Care Fund will reimburse you up to \$100 per month for Medi-Cal permissible expenses. The Medi-Cal benefit is different from the other qualified health insurance plans because Medi-Cal often pays 100% coverage for premiums and expenses.

Medi-Cal permissible expenses are expenses that are related to your health care but are not included in Medi-Cal benefits, such as:

- Copays, coinsurance, or deductibles not otherwise covered by Medi-Cal
- Dental braces
- Eyeglasses
- Over-the-counter medications
- Over-the-counter therapy devices

Reimbursement for Medi-Cal permissible expenses is only available if you are on Medi-Cal. It is not available if you are enrolled in one of the other qualified health insurance plans.

Medicare and Medicare Advantage

You need to pay your Part B premium as well as the premium you pay for your Medicare Advantage or Medicare Supplement policies. Then, you must submit proof of payment to the Fund Office with the reimbursement form. You will need to submit proof of payment once a year.

If you have an out-of-pocket medical expense and receive an Explanation of Benefits (EOB) statement from your qualified health insurance plan, submit a copy of the EOB to the Fund Office with the reimbursement form.

Dual Medi-Cal and Medicare Coverage (“Medi-Medi”)

If you are enrolled in both Medicare and Medi-Cal, the CCPU Health Care Fund will reimburse you up to \$100 per month for Medi-Cal permissible expenses, as described above under **Medi-Cal**.

Uninsured Providers

If you do not have health insurance, the CCPU Health Care Fund can refer you to an enrollment specialist who can help you find a qualified health insurance plan. Once enrolled, you will receive the benefits that correspond to your plan.

Undocumented Workers

If you are **not eligible for Covered California** because of your documentation status, you can enroll in an individual HMO plan. You must select a Silver-level HMO equivalent plan (special rules apply if no HMO is available in your area).

Once enrolled, you will be eligible for reimbursement of qualified health insurance plan:

- Out-of-pocket expenses up to \$8,750 per year.
- Premiums up to \$100 per month.

Please contact the Fund Office for assistance. **Note that undocumented workers are eligible for Medi-Cal in 2024.**

Accessing Fund Benefits

There are two ways to access Fund benefits:

- Use the CCPU Health Care Fund debit card when you have a covered expense, or
- Submit a request for reimbursement and receive a check or electronic reimbursement.

You need to provide paperwork, like an itemized receipt, to show that the reimbursement is for a qualified expense. **Paperwork is due within 10 days of the Fund Office's request. If you fail to submit paperwork within 10 days, your benefits will be suspended.**

If your benefits are suspended, you will not be able to use your debit card until you provide the paperwork. The CCPU Health Care Fund website and welcome materials have more information on submitting paperwork.

How to Request Reimbursement

For the fastest processing, visit ccpuhealth.org and access the Fund portal to upload your request for reimbursement. You also can send your claims to the CCPU Health Care Fund Office, but that likely will take longer to process.

In most cases, you will receive a response within 30 days of receipt of the claim. If the Fund Office needs additional time, a response will be sent to you within 45 days of receipt of your request. You will be notified if additional information is required. If you do not provide the additional information, the Fund Office will decide your request based on the information it has.

You have until **March 31** of the year following the year you incur the expense to apply for reimbursement.

For example, if you receive medical services on July 8, 2023, you must submit your request for reimbursement, along with any required supporting documents, to the Fund Office by March 31, 2024.

If Your Request for Reimbursement Is Denied

If your request for reimbursement is denied, you will receive a written explanation that will include:

- The specific reason for the denial.
- The CCPU Health Care Fund rules on which the decision was based.
- Any additional information necessary to reconsider your claim, including the reason that information is necessary.
- The CCPU Health Care Fund's review procedures and the time limits for those procedures.

Review Request Procedure

If your initial request for reimbursement is denied by the Fund Office, you may request a review by the Board of Trustees by writing within 60 days from receipt of the denial. Your request should state the reason why you believe the decision should be reviewed. You are not required to request that the Board of Trustees review the denial. However, you must have a Board review before you have the right to file suit in court.

You may appoint an authorized representative to assist you with your review request. To do so, you must complete an authorization form and send it to the Fund Office. An authorization form is available online at ccpuhealth.org.

The denial will be reviewed within 60 days of receipt of the request for review. If an extension of time is required for review, you will receive a decision no later than 120 days after receipt of your request. You will be notified by mail if an extension is required. The Trustees will send you a notice of the review decision within 10 days of the decision.

You or your authorized representative may, upon request and free of charge, have reasonable access to all documents relevant to the request for reimbursement and request for review. Relevant documents include information relied upon, submitted, considered, or generated in making the benefit determination.

If your request is denied, you will receive a written notice that includes information to identify the reimbursement request, the reason for denial, and the CCPU Health Care Fund rules on which the decision was based.

If you wish to file suit regarding the Board of Trustees' denial, you must do so within two years of the date the Trustees denied your request for review.

Definitions

To understand CCPU Health Care Fund benefits, here are some helpful terms for you to know.

- **Coinsurance:** An amount (usually a percentage of the total cost) that you are required to pay for a health care service. The amount can vary by the type of service. Your coinsurance costs are eligible to be reimbursed by the CCPU Health Care Fund benefits.
- **Copayments (copays):** A flat amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service. Copays are eligible to be reimbursed by the CCPU Health Care Fund.
- **Deductible:** The amount you must pay (“meet”) for covered health care services before your qualified health insurance plan begins to pay. For example, if your deductible is \$1,000, your qualified health insurance plan won’t pay anything until you’ve met (“paid”) your \$1,000 deductible for covered health care services. The deductible may not apply to all services. Your annual deductible is eligible to be reimbursed by the CCPU Health Care Fund.
- **Eligible provider:** A child care provider who:
 - Is being paid by the State of California for work with a subsidized child for the eligibility period (see the eligibility information on page 4);
 - Is enrolled in the qualified health insurance plan based on their circumstances;
 - Enrolls in the CCPU Health Care Fund by completing an application.
- **Medi-Cal permissible expenses:** Expenses related to health care that are not included in Medi-Cal benefits, such as dental braces, eyeglasses, over-the-counter medications, and over-the-counter therapy devices. Copays, coinsurance, and deductible amounts not otherwise covered by Medi-Cal are also considered Medi-Cal permissible expenses.
- **Qualified health plan:** This is the source of your health coverage that pays some or all of your health care costs in exchange for payment of a premium—it can be Medi-Cal, Medicare, Covered California, an employer group health insurance plan, or an individual policy (in some cases). **The CCPU Health Care Fund is not a qualified health insurance plan.** See page 7 for a description of the various types of qualified health insurance plans.
- **Out-of-pocket expenses:** The expenses that you are required to pay as your share of costs for expenses covered by your qualified health insurance plan. This includes copays, coinsurance, and deductibles.
- **Out-of-pocket maximum:** The maximum amount that you will have to pay for covered services in a plan year. After you meet the out-of-pocket maximum, your qualified health insurance plan pays 100% of the cost of covered services for the remainder of the plan year.

The out-of-pocket maximum does not include your premium, amounts that exceed the covered charge for out-of-network providers (also called “balance-billed charges”), or health care that your qualified health insurance plan doesn’t cover.
- **Premium expense:** The amount that you must pay for your qualified health insurance plan. You usually pay it monthly.

- **Reimbursable expenses or eligible expenses:** The expenses that the CCPU Health Care Fund will reimburse you. Reimbursable expenses for each qualified health insurance plan are described starting on page 8. Expenses that are not covered under your qualified health insurance plan are never reimbursable expenses (except Medi-Cal permissible expenses).

Important Fund Information

Authority of the Board of Trustees

The Trustees have full and exclusive authority, in their discretion, to interpret, construe, and apply the CCPU Health Care Fund rules, Trust agreement, and all policies, procedures, actions, and resolutions adopted in administering or operating the CCPU Health Care Fund, and to make factual determinations regarding the construction, interpretation, and application of any CCPU Health Care Fund rule. They have the authority to remedy possible ambiguities, inconsistencies, or omissions and to decide all CCPU Health Care Fund rule questions. Trustee decisions are final and binding.

Only the Board of Trustees is authorized to interpret the benefits described in this guide. No employer or local union, or representative of any employer or local union, is authorized to act as an agent of the Board of Trustees.

The Board of Trustees has the right and discretionary authority to amend the CCPU Health Care Fund rules and this guide at any time.

Coordination of Benefits

To be eligible to participate in the CCPU Health Care Fund, you are required to enroll in a qualified health insurance plan.

You also may have other health coverage in addition to your qualified health insurance plan, such as through your spouse's employer. Your coverage under the other plan is taken into account when your benefits under this Fund are determined. This provision, known as "coordination of benefits," may change how benefits are paid under the CCPU Health Care Fund.

The plan that pays benefits first is considered the primary plan and pays benefits without regard to your benefits under other plans. When another plan is primary, the CCPU Health Care Fund pays an amount that, when added to the other plan benefits, does not exceed 100% of allowable expenses under the primary plan.

This provision applies whether or not a claim is filed under Medicare or another plan. The CCPU Health Care Fund is authorized to obtain information from Medicare or other plans to implement this rule.

If you are covered by more than one health insurance plan, please advise the Fund Office and it will work with the other plan to determine how benefits will be paid.

General Plan Exclusions

With respect to all benefits, unless otherwise specifically provided, the CCPU Health Care Fund does not reimburse for:

- Any expense incurred before your date of eligibility. An expense is considered incurred on the date you receive the service or supply for which the charge is made.
- Any expense incurred after the termination of your eligibility under this Fund.
- Any expense that is covered under a plan (such as a dental or vision plan) that is separate from your qualified health insurance plan.
- Charges for missed appointments or completion of claim forms.

- Lodging, food, or transportation, unless otherwise provided under this Fund.
- Any illness, disease, or injury for which an employer is required to furnish hospital care or other benefits in whole or in part by state or federal workers' compensation laws or other legislation, including employee compensation or liability laws of the United States, or a program that provides equivalent eligibility, even though the employee or dependent waives their rights to such benefits.
- Benefits for services or supplies to the extent that benefits are payable for such services or supplies under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowners policy, or other similar type of coverage.
- Any service or supply for which no charge is made or no payment is required.
- Services performed by a health care professional not licensed in the state where services are performed or not within the scope of the health care professional's license.
- Services or supplies covered by other group insurance or medical service program or for which no charge is made or no payment is required from you as a condition of receiving eligibility.
- Reimbursement requests received after the filing limit.
- Late fees, finance charges, or collection charges imposed by the medical provider.

CCPU Health Care Fund Information

Name of Fund

This fund is the Child Care Providers United California Workers Health Care Fund.

Fund Sponsor

The Board of Trustees of the Child Care Providers United California Workers Health Care Fund is the CCPU Health Care Fund sponsor. Its address and phone number are:

Child Care Providers United California Workers Health Care Fund
P.O. Box 57027
Irvine, CA 92619
(833) 714-6028

Employer Identification Number/Plan Number

The employer identification number assigned by the Internal Revenue Service is EIN 88-6733960.

Type of Administration

The Board of Trustees has contracted with Pinnacle Claims Management, Inc. ("Pinnacle," "CCPU Health Care Fund Office," or "Fund Office"), a contract administrative organization, to provide administrative services.

Fund Rules

This guide summarizes the Fund rules. The Trustees have the complete and exclusive discretionary authority to interpret this guide and any other documents governing the CCPU Health Care Fund.

Name and Address of Agent for Service of Legal Process

Pinnacle is an agent for accepting service of legal process on behalf of the CCPU Health Care Fund. In addition, each Trustee is an agent for accepting service of legal process.

The mailing address for all Trustees is P.O. Box 57027, Irvine, CA 92619.

Horace Turner – Chair CCPU, UDW/AFSCME Local 3930	Joseph “Joe” Skala CCPU, SEIU Local 99
Jacque Galiyano CCPU, UDW/AFSCME Local 3930	Riko Mendez CCPU, SEIU Local 521
Patricia Moran CCPU, SEIU Local 521	Deanna Robles CCPU, SEIU Local 99

Circumstances That May Result in Ineligibility or Denial of Benefits

The circumstances that may result in disqualification, ineligibility, denial, or loss of benefits appear throughout this guide. The Board of Trustees has the authority to terminate the CCPU Health Care Fund. If such an event occurs, any and all remaining monies and assets, after payment of expenses, will be used as permitted by the CCPU Health Care Fund, until the monies and assets are used up, unless some other disposition is required by law.

Plan Year

The plan year is January 1 through December 31.

Right to Receive and Release Necessary Information

For the purpose of applying the rules described in this guide, the CCPU Health Care Fund may (without the consent of or notice to any person) release to or obtain from any insurance company or other organization or person any information with respect to any person that the CCPU Health Care Fund considers to be necessary for those purposes. Any person claiming benefits under this Fund must furnish any information that may be necessary to implement this provision.

Facility of Payment

Whenever payments that should have been made under the CCPU Health Care Fund have been made under any other health insurance plan, the CCPU Health Care Fund has the right, in its sole discretion, to pay over to any organization making the other payments any amounts that it may determine, in order to satisfy the intent of this Fund. Amounts so paid will be benefits paid under this Fund, and to the extent of those payments, the CCPU Health Care Fund will be fully discharged from liability.

Overpayments and Right of Recovery

If you or your medical providers receive more benefits than you are entitled to under CCPU Health Care Fund rules, you must restore the full amount of the overpayment to the CCPU Health Care Fund. Otherwise, any benefits payable to you can be reduced by the overpayment. If the CCPU Health Care Fund pays benefits another plan should have paid (such as an account of coordination of benefits), it may recover these benefits from you or the other plan. Whenever payments have been made by the CCPU Health Care Fund in excess of the correct or maximum amount, it has the right to recover these payments from any persons to or for or with respect to whom these payments were made.

The CCPU Health Care Fund has constructive trust, lien, and/or an equitable lien by agreement on any overpaid or advanced benefits received by you or your representative (including an

attorney) that is due to the CCPU Health Care Fund under this section, and any such amount is deemed to be held in trust by you for the benefit of the CCPU Health Care Fund until paid to the CCPU Health Care Fund. By accepting benefits from the CCPU Health Care Fund, you agree that a constructive trust, lien, and/or equitable lien by agreement in favor of the CCPU Health Care Fund exists regarding any overpayment or advancement of benefits. Under that constructive trust, lien, and/or equitable lien by agreement, you agree to cooperate with the CCPU Health Care Fund in reimbursing it for all its costs and expenses related to the collection of those benefits.

As a service to you, the CCPU Health Care Fund may advance benefits to you for expenses following an accident for which someone else is liable; however, these payments must be reimbursed to the Plan in full if you receive any recovery as a result of the accident. You are required to notify the CCPU Health Care Fund within 10 days of any accident or injury for which someone else may be liable. Further, you must provide notice within 10 days of the initiation of any lawsuit arising out of the accident and of the conclusion of any settlement, judgment, or payment relating to the accident in any lawsuit initiated to protect the CCPU Health Care Fund's claims.

If you fail to reimburse the CCPU Health Care Fund and it is required to pursue legal action against you to obtain repayment of the benefits advanced by the CCPU Health Care Fund, you shall pay all costs and expenses, including attorneys' fees and costs, incurred by the CCPU Health Care Fund in connection with the collection of any amounts owed it or the enforcement of any of its rights to reimbursement. You also are required to pay interest at the rate determined by the Trustees from time to time from the date that the CCPU Health Care Fund is paid the full amount owed.

Health Care Enrollment Partners

Use the resources below for help enrolling in a qualified health insurance plan.

Covered California

<p>Freeway Insurance freewayinsurance.com (800) 673-1149 Languages: English, Spanish</p>	<p>Lion's Health lionsinsurance.com (818) 357-2188 Languages: English, Spanish, Armenian, Russian, Farsi, Arabic, Tagalog</p>
<p>Health Markets ccpu.healthmarkets.com (833) 678-0439 Languages: English, Spanish, Tagalog, Korean, Persian, Vietnamese</p>	<p>Neighborhood Health Insurance enrollsocal.com (844) 367-6555 Languages: English, Spanish</p>
<p>KCAL Health Insurance kcal.net/english (888) 520-9855 Languages: English, Chinese</p>	<p>Stride Health stridehealth.com support@stridehealth.com (844) 995-2702 Languages: English, Spanish</p>
<p>Keenan Direct keenandirect.com (855) 653-3626 Languages: English, Spanish</p>	

Medi-Cal

For a list of Medi-Cal resources, visit dhcs.ca.gov/services/medi-cal/pages/countyoffices.aspx.

Medicare

<p>Health Markets ccpu.healthmarkets.com (877) 372-2835 Languages: English, Spanish, Tagalog, Korean, Persian, Vietnamese</p>	<p>Neighborhood Health Insurance enrollsocal.com (844) 367-6555 Languages: English, Spanish</p>
<p>KCAL Health Insurance kcal.net/english (888) 520-9855 Languages: English, Chinese</p>	<p>Lion's Health lionsinsurance.com (818) 357-2188 Languages: English, Spanish, Armenian, Russian, Farsi, Arabic, Tagalog</p>
<p>Keenan Direct keenandirect.com (855) 653-3626 Languages: English, Spanish</p>	