

**YOU PROTECT
THE PUBLIC...
WE PROTECT YOU**



LEGAL DEFENSE PLAN

- Duty-related Civil, Criminal & Administrative Incidents.
- Non-duty Administrative Supplemental
- After Hours Answering Service for Critical Incidents
- Access to Critical Incident Attorney Specialist
- \$5,000 Accidental Death & Dismemberment (AD&D) 24 Hour on or off Job Coverage
- HR-218-Plan A-\$5,000 Criminal & \$10,000 Civil
- Retail Discount Network

ADDITIONAL BENEFITS AVAILABLE

- Telephone Consultation Program
- Cancer Care Coverage*
- Vision*
- Retail Discounts Network
- Pre-Paid Legal Program
- Group Term Life*
- Directors & Officers Liability*
- Union Liability*
- Group AD&D*
- Moonlighting Coverage*
- Qualified Immunity Coverage*

*Available through Republic Underwriters Inc.

OUR PLANS

ANNUAL COST

INQUIRE TODAY

Legal Defense Plan for Individuals: \$220.00

Legal Defense Plan for Groups:
(Minimum of 5 Members) \$190.00

Website: www.plea.net

Phone: (248) 588-8989

Hours: Monday-Friday
9am-4:30pm EST

This brochure contains only illustrative information about our Legal Defense Program and is not a contract. Refer to the Summary Plan Description for complete description of coverage, limitations, and exclusions.



Professional Law Enforcement Association

Group ID: 50790-2020
Effective Date: January 1, 2022
Plan ID: 050130CZ-L3

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35
MATERIALS*	\$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$10 copay	Up to \$25
Bifocal	Covered in full after \$10 copay	Up to \$40
Trifocal	Covered in full after \$10 copay	Up to \$50
Lenticular	Covered in full after \$10 copay	Up to \$80
Preferred Pricing Options		
Level 3 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressives	\$75	Up to \$40
Level 2 Progressives	\$110	Up to \$40
All Other Progressives	\$50 allowance + up to 20% discount	Up to \$40
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance
PLAN DETAILS		
Contribution	Voluntary	
Frequency		Rates
Eye Exam	Once every 12 month	EO \$10.61
Lenses	Once every 12 month	E1 \$18.78
Frame	Once every 24 month	EF \$28.04
Contact Lenses	Once every 12 month	

RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value

Policies and rates are guaranteed for 3 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
 Policy #: VC-16, Form M-9059

EO = Employee Only
 E1 = Employee + One
 ES = Employee + Spouse
 EC = Employee + Child(ren)
 EF = Employee + FAM

How can we help you?

Avēsis Website:

www.avesis.com

Customer Service:

800-828-9341

7:00 a.m. to 8:00 p.m. EST

LASIK Provider:

877-712-2010

Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

†Prior Authorization is required for medically necessary contacts.





**Peace of mind when
you need it most.**

RU
inc.

Republic Underwriters inc.
General Insurance Agents

Cancer Coverage Individual and Family

**All benefit checks are issued in your name and sent directly to you,
regardless of any other health coverage.**

- In-Hospital Confinement
- Extended Hospital Stays
- Radiation & Chemotherapy Benefit
- Medicine & Drugs
- Nursing Services Benefits
- Survivor Benefit
- Intensive Care Option Available
- Surgery
- Blood & Plasma
- Ambulance
- Physician Services
- Transportation Benefit
- Low Semi-Annual Premiums

Important Questions and Answers

If there is a history of cancer in my family, can I still purchase the protection?

Yes! The group premiums shown on the Enrollment Form apply to all members. However, you or any member of your family who now has or has ever had cancer of any form will be excluded from coverage.

What are the Limitations and Exclusions of this policy?

Benefits are paid only for the definitive treatment of cancer which is first diagnosed more than 60 days after the effective date of coverage. Positive pathological proof of cancer is required. Treatment of other diseases or accidents is not covered with the exception of the intensive care option which pays applicable benefits for confinement due to any illness. Nor does the policy cover expenses in connection with medical care not recommended and approved or performed by a physician; hospital confinement for which an insured is not legally required to pay in the absence of insurance, or to which he is entitled or obtains without charge by law.

How long may I keep my coverage?

There is no age termination! You may keep your coverages as long as you pay your premiums, and the plan remains in force. Coverage for your spouse, and dependent children will terminate whenever they cease to be eligible dependents.

Are benefits paid directly to me or the hospital?

All benefit checks are drawn in your name and sent directly to you. You alone determine how to use them.

Will this plan pay even if I have other insurance?

Yes! You will receive benefit checks regardless of other existing plans or programs that you have.

If I am hospitalized more than once during a year, how are benefits paid?

If you return to the hospital within 30 days of your discharge, your next stay will be considered a continuation of your previous confinement. If you return to the hospital after 30 days or more, your next confinement will be considered a new confinement, and your hospital benefits start all over again.

Is there any limit on the length of confinement?

No! Benefits will be paid to you for as long as you or a member of your insured family is confined in the hospital, up to the lifetime maximum benefit per insured, which is \$250,000.

To enroll, please complete the Enrollment Form on the reverse side and mail it along with your payment to our office.

HILB POLICE SHIELD

Qualified Immunity Insurance



What if...there was protection for those who protect us?

With our combination of fast-growth and client-focused service, we are dedicated to developing and delivering innovative solutions that offer protection and thorough coverage to our customers. Drawing from this background and expertise, we are pleased to introduce Police Shield to the law enforcement community across the country.



LIMITS OF LIABILITY
\$25,000



COST AS LOW AS \$15 PER
MONTH PER OFFICER



CLAIMS FREE DISCOUNT
FOR YEAR 2 AND 3

COVERAGE

We offer coverage that encompasses negligent acts, errors, or omissions committed or alleged to be committed by the insured while in the performance of Police Conduct.

Including but not limited to actual or alleged:

- Unnecessary use of force
- Excessive force
- Improper discharge of firearms
- Improper use of tasers, nightsticks or other equipment
- Unlawful search or seizure
- False arrest and/or imprisonment

POLICE OFFICER PROFESSIONAL LIABILITY 'NON-MANDATORY' LIMIT RATING

\$25,000 - \$15 Per Month Per Officer with Current Legal Defense Cost Plan in Place With Professional Law Enforcement Association (PLEA)

Claims Free Discount: Year 2 - \$14 Per Month and Year 3 - \$13 Per Month

****up to \$5,000 in income replacement****

Retro Date at Inception, Claims Made, Costs Inclusive Policy to Be Finally Agreed

For more information, please contact Professional Law Enforcement Association (PLEA) at 800-367-4321 or email lesliem@plea.net.



Learn more at hilbpoliceshield.com



UNLIMITED
LEGAL DEFENSE
ADMINISTRATIVE SUPPLEMENTAL BENEFIT

DEFENSE OF OTHER EMPLOYMENT DISCIPLINARY PROCEEDINGS

If purchased, this benefit will provide unlimited legal representation for defense of administrative actions brought against the participant which involve:

- ◆ Demotion
- ◆ Transfer
- ◆ Termination
- ◆ Suspension

The action must arise out of a specific incident. Benefits will be provided even if the incident is not “duty related” or is not directly involving a member of the public.

COST

\$80.00 Annual Rate

PLEA – P.O. BOX 82263 * Rochester, MI 48308-2263 * 248-588-8989
Toll Free 800-367-4321 * Fax: 248-641-8857

All conditions and exclusions in the SPD apply. Certain restrictions apply. See complete plan for all details.

PLEA H.R. 218 BENEFIT



DESIGNED SPECIFICALLY FOR LEGAL DEFENSE UNDER HR 218



- Defense of Criminal charges, including all hearings or appearances before any court of Federal, State or local Government, in which the participant is the defendant.
- Defense of Civil lawsuits.
- 6 plans available
- Attorney of your choice
- Low rates
- Don't delay....sign up today.

**Contact: Leslie McMahon,
Executive Director
1-248-554-3310**

**To Sign up today
go to www.plea.net**

**OR Complete the Form on
the reverse side and mail
with your payment to:**

Professional Law
Enforcement Association
P.O. Box 82263
Rochester, MI
48308-2263

On July 22, 2004, President George W. Bush signed H.R. 218, the "Law Enforcement Officers' Safety Act," into law. The Act, now Public Law 108-277, went into effect immediately. The bill exempts qualified active and retired law enforcement officers from local and State prohibitions on the carrying of concealed firearms. Qualified retired law enforcement must carry the photographic identification issued by the agency for which they were employed and documentation which certifies that they have met, within the most recent twelve month period, the active duty law enforcement standards for qualification for a firearm of the same type as the one they intend to carry. This document must be issued by the retired officer's former agency or from the State in which he/she lives.

The legislation requires retired law enforcement officers to meet the active duty standards for qualification with a firearm in the State where they reside or with their former agency. Retired officers must qualify at their own expense, and once they do, will be able to carry the firearm with which they have been qualified under the provisions of this Act.

The State or agency will issue retired officers who have qualified with their firearm a document certifying that the officer has met

the State or agency's requirement. Retired officers must carry this documentation in addition to their photographic identification.

The PLEA Legal Defense Fund shall pay on behalf of participants legal fees for the following: For the legally authorized use of a weapon in the protection of person(s) or property as outlined in the Law Enforcement Officers Safety Act (H.R. 218).

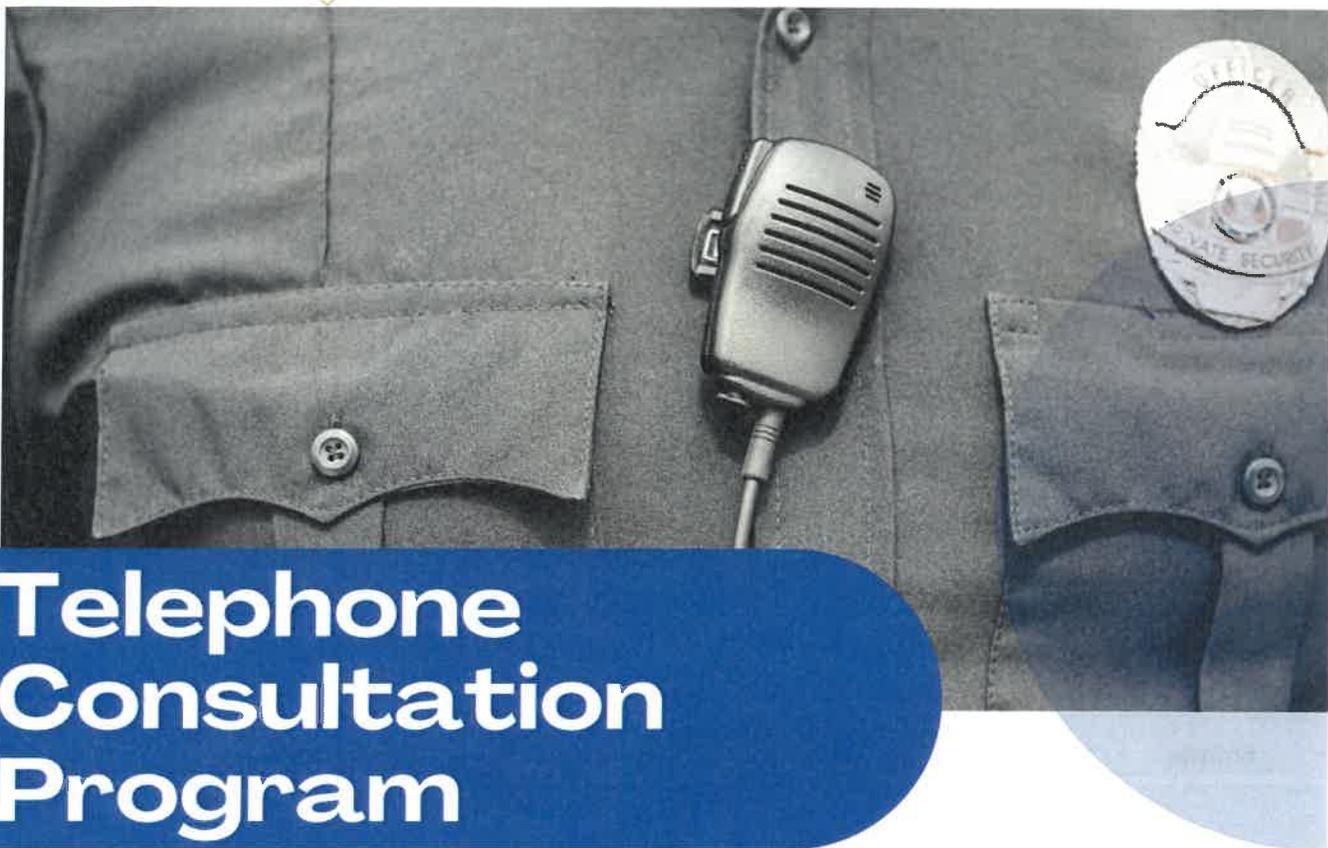


**Legal Defense and Benefits
For all Law Enforcement**



PLEA is a non-profit association for law enforcement.

This Brochure contains only illustrative information about our PLEA Association Membership and is not a contract.



Telephone Consultation Program

Why Choose Us

How much is your peace of mind worth? Do you really know the employment laws of your state and what legal options are available to you? Do you know your rights? Do you wish you had the opportunity to discuss a potential workplace problem and get some advice before a situation escalates? Well now you can if you are a PLEA Participant.

This benefit, at a cost of only \$39 per year, provides up to \$500 of annual attorney time concerning work related issues that may not otherwise be covered by the Plan.

The program will focus on such issues as hostile work environments, workers comp, retirement, employee/employee disputes, unfair working conditions, certain grievances, and many more. This is an opportunity to be able to talk to an attorney without worry about the cost.



PLEA Accidental Death & Dismemberment Plan

What is Accidental Death & Dismemberment (AD&D) Insurance?

AD&D is a form of accident insurance that indemnifies or pays a stated benefit to insured or his/her beneficiary in the event of bodily injury or death due to accidental means (other than natural causes). For example, an insured's arm is severed in an accident. A predetermined schedule of payments is used to compensate the injured for this particular loss. The schedule also lists the sums payable for other parts of the body that may be lost, or for death by accident.

Who is Eligible for this plan?

All eligible members in good standing, of the PLEA and their spouses age 18 or over when applying and their unmarried dependent children are eligible for coverage. Dependent children are defined as those under age 19, but only children age 19 and under 23 are eligible if they are full-time students in an accredited school, college, or university and primarily dependent upon the member for support and maintenance.

How much coverage can I purchase?

You can purchase any amount in increments of \$50,000 up to \$300,000 for yourself and/or family.

How will I be billed for this coverage?

You will be billed for the coverage each year.

When does this coverage cover me?

This is 24 hour on or off duty worldwide coverage.

How do I enroll?

Select the amount of coverage you would like to purchase, then complete the Enrollment Form the back side of this form and return to our office with your payment.

Questions?

Call: 248-641-7800

Email: scottd@republicund.com

www.republicund.com



PLEA PRE-PAID LEGAL ENROLLMENT FORM

\$120.00 Annual \$60.00 Semi-Annual (\$5.00 service charge per billing)

PLEASE PRINT

Account #/Client Code: _____ **Group Name:** _____
(If not currently a PLEA, Inc. Member, there is a \$25.00 Annual Membership Fee)

Member Name: _____ **Phone:** () _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Social Security# (Last 4 digits):** _____

I hereby apply for enrollment in the PLEA Legal Defense Fund and Participation in the PLEA Trust. I agree to abide by all terms and conditions thereof. I understand that no benefit is in effect until this Enrollment Form is approved by the Plan Administrator.

I understand and agree to the terms and conditions of the PLEA Pre-Paid Legal Program Summary Plan Description.

Signature: _____ **Date:** _____

Please complete & sign this Enrollment Form. Please send your completed Enrollment Form and a check made payable to: PLEA. Mail to: P.O. Box 82263, Rochester, MI 48308-2263. If paying by Credit Card you can send your completed Form by fax to 248- 641-8857 or by e-mail to kathyg@plea.net. Any questions, please call 248-554-3319. Note: A \$30.00 Fee applies for returned checks. Please note no refunds.



You may pay by Visa, MasterCard, Discover or American Express by completely filling out the information below:

Name as it appears on your card: _____

Billing Address for credit card (if different from above) _____

Card Number: _____ **CVV2# (last 3 digits on back of card)** _____

Expiration Date: _____

Signature: _____

One-time payment of \$ _____ **Recurring payment**

By signing above, I agree to the following terms: I agree for The Professional Law Enforcement Association to charge my Visa, MasterCard or Discover to make my entire payment.
Note: You can charge up to the amount shown on the Enrollment Form. The amount will be charged on a regular basis on or about the due date. It is not necessary for the Company to notify me when this is done. Any requirement for giving notice due shall be waived as long as this payment plan is in effect. No payment or portion thereof shall be deemed to have been paid unless and until the Company received actual payment at its home office. This payment shall in no way alter or amend the provisions of the plan and no one other than the participant and his assignees will have any interest in the plan. This payment plan shall continue in effect until terminated by the Company or by me. In addition the Company may terminate this payment plan immediately if any charge is dishonored upon presentation.