



FREQUENTLY ASKED QUESTIONS FOR PARTICIPATING PHBP EMPLOYERS REGARDING STAFF COVERAGE

The Board of Trustees of the Producers' Health Benefits Plan (PHBP) is pleased to announce that Staff Coverage is now being offered through the PHBP Plan. Reaching this goal was a collaborative effort, requiring much perseverance, and the Board of Trustees is pleased to offer its valued Participating Employers health insurance coverage for staff, in addition to the existing coverage for non-union freelance employees in qualified categories. The Board of Trustees has additionally enhanced PHBP by now offering dental and vision to the benefits package.

Effective March 1, 2013 "staff" and "freelance" health benefits are offered through Anthem Blue Cross. Employees have access to the largest national network in the country, with over 784,000 providers nationwide. Nationwide, Anthem members have access to more than 90 percent of hospitals and 80 percent of physicians through the BlueCard® program - more than any other insurer. The Dental PPO Plan is offered through Anthem Blue Cross and Vision is offered through VSP Vision Plan Network.

Below are answers to many questions about the PHBP and "staff" coverage.

HOW DOES A COMPANY ENROLL?

Definitions of Terms Used in This Section

Open Enrollment Period: Open Enrollment Period means:

- a. a time when employees who have declined coverage may elect coverage by "enrolling"
- b. this is also the time they will be able to add or remove dependents if no qualifying event applies.

Newly hired *does not need* to wait for an open enrollment period as these employees enroll all the time, per the rules of the trust, throughout the year.

Employer staff Coverage Election: The points in time when the participating employer may elect to have staff coverage and it comes in two varieties:

- a. Initial election is the time that the Employer enrolls all its employees when it first becomes involved in the staff plan.
- b. Annual election period (by December 15th for coverage to begin the January 1 of any succeeding year)

1. For Active Participating Employers:

There are “open enrollment” periods for coverage annually. As a PHBP Participating Employer you may elect staff coverage during the open enrollment period, which happens at the end of the year. Participating Employer’s enrollment forms must be submitted during the open enrollment period set by the Plan.

Afterwards, the anniversary enrollment will be for coverage to begin January 1st, which is defined by the Plan at the end of year for each year thereafter.

In order for your company to continue to take part in PHBP your company will need have a current Participation Agreement (PA), if you would like to participate in staff coverage, the Staff Coverage Election Form will need to be executed. The PA binds your company to the terms and financial obligations to the Plan, akin to a trust acceptance of a union welfare plan. You can log onto www.phbp.org for a PA. Once you have signed your agreement, please forward to:

Producers’ Health Benefits Plan
Attn: Diana Nappi
3 West 18th Street 5th Floor
New York, NY 10011

Please note that if you chose to enroll you will need to cancel your existing health plan policy.

ABOUT ELIGIBILITY AND ENROLLMENT

1. Who is eligible for coverage in the plan, once a company signs the Staff Coverage Election Form?

“Staff” employees means the permanent, common law employees of the Producer hired for an indefinite period of employment (i.e. not on a freelance, project by project, or temporary basis, or covered under a collective bargaining agreement), who are normally and regularly scheduled to work at least 30 hours per week.

Staff employees that are working in a category that is covered by a union by a collective bargaining agreement negotiated by AICP on behalf of its member companies (whether or not that individual is in the union, or working under a union agreement) cannot be covered. Any employee covered by a union plan is not required to complete an enrollment form for the PHBP, as other employees who are “opting out” will need to do.

2. Does Anthem have any employer contribution requirements for Staff Employees?

Anthem requires that that each employer pays at least 75% of the premium for each eligible staff employee only. Employers will be responsible for paying the plan the full contributions for all employees each month, no matter what their company policy towards “employee financial participation” might be.

3. Must all eligible participants enroll during the open enrollment period when a company begins coverage?

Yes. All eligible employees must be enrolled in the plan during the designated open enrollment periods.

4. **Does an employer need to offer like benefits to all staff?**

Yes, an employer needs to offer all non-union staff employees' medical coverage. They also must contribute at least 75% of the actual amount due for each eligible staff employee and must do so across the board for all eligible employees. Employees can waive enrollment if they have other coverage. If an employer elects to pay for additional coverage, such as the full Medical/Dental/Vision plan, they must offer that to all employees in the same manner.

If an employer wishes to cover any amount for dependent coverage, that too must be covered equally amongst all employees.

5. **Can Employees who have previously waived coverage be added by the employer mid-year?**

If the employee is covered in a qualified group plan through a spouse or domestic partner and they lose coverage for any reason, they may be enrolled immediately upon the "event" that caused cancellation of coverage; otherwise the employee must wait for the open enrollment period.

6. **Can New Hires be added during the year?**

Yes. New hires must be enrolled and benefits for the new hire will begin the first of the month following 30 days from date of hire. Any Freelancers, hired as staff and are qualified and covered by PHBP at the time of hire, may be covered as staff immediately upon being hired by a participating employer. Additionally, if the new employee was covered by the PHBP plan with another participating employer at the time of hire, they may also be covered immediately.

7. **Can an Employee enroll their dependents?**

Yes. Dependents can be covered under this plan. As explained above, an employer is obligated to pay at least 75% of individual employee coverage, but may choose to pay any portion of the dependent coverage's (+ Spouse/Domestic Partner, + Child(ren), + Family). The employer will need to contribute the entire amount for all employees and dependents, to the administrator each month and then must recoup the employee allocated portion, either through a 125 Plan (the most common vehicle), or any other vehicle where the employer can legally deduct the contributed amount.

8. **Can eligible participants enroll their spouse/domestic partner/children at a later date or must they be enrolled right away?** Spouses and children may only be enrolled during the initial eligibility period and during the annual open enrollment period each year. The only exceptions are if the spouse and/or children lose coverage under other qualified group plans or if an employee adopts or gives birth to a child. **You must report these changes to BeneSys within 31 days, by faxing the enrollment change form.**

9. **What is a Qualifying Event?**

Employers are responsible for notifying the TPA of any qualifying event within 31 days of the event. The form can be found online at www.phbp.org. The following are considered "qualifying events":

Termination of employment for reasons other than gross misconduct;

Reduction of the employee's hours (working under 30 hours, going on leave or expiration of FMLA period);

_____ Death of the employee;

_____ Spouse's divorce or legal separation from employee;

- _____ Employee's entitlement to Medicare;
- _____ Change in number of dependents
- _____ Cessation of a child's dependent status under the terms of the plan (child dependent turns 26).

ABOUT THE PLAN DESIGN

1. Is this plan an HMO or PPO?

This is a PPO Plan.

Does this plan include Dental and Vision Coverage?

As of March 1, 2013, PHBP will offer dental and vision insurance as an optional benefit for employers in addition to the medical PPO coverage. The Dental and Vision Coverage is bundled with Medical as "Option 2" on the staff coverage election form.

All coverage (Medical or Medical/Dental/Vision) must be offered by the participating employer evenly to all employees. Employees cannot elect additional coverage (Dental/Vision, when only medical is offered) on their own. Expenses up to 25% can be recovered by the Employer for either plan option.

2. Can I elect only dental and/or only vision?

No.

ABOUT THE CONTRIBUTIONS

1. What are the monthly contributions effective January 1, 2015- December 31, 2015?

Please contact the PHBP Office at 646-370-1431 or visit us on the web at www.phbp.org, click on employer documents and download the staff election form which will contain the rates.

2. When are staff contributions due?

Staff Contributions are due the 15th of the month for the following month, i.e. February Coverage statement is due January 15th. The TPA will send a monthly email to the employers; you will be able to remit payments and changes on line.

ABOUT THE TRANSITION OF COVERAGE

How will employees access the new plan if they have not received their cards from Anthem prior to first day of coverage?

1. Prior to the effective coverage date, an employee may contact Anthem at 800-759-3030, if they are enrolled Anthem will be able to answer questions for employees (including finding network providers and answering benefit questions).

ABOUT ADDITIONAL COVERAGE

1. What about employees who have other insurance?

For employees who have other active insurance, this new plan could work in conjunction with that policy, depending on the Coordination of Benefit (COB) rules associated with each policy. The employee may also be excluded from coverage, but would need to be so at time of

enrollment. We recommend that any employee looking to coordinate coverage with another plan closely look at that plan's coordination rules.

2. Can an employee remain covered by any other plan (including a union plan) AND the new plan?

Yes.

3. Will DGA coverage be affected? What about coverage under MPIHP?

If an employee is currently covered under the DGA or MPIP plan (or if he or she is in the future) and is a union member, they are not eligible for benefits under the PHBP Staff Plan. If an employee is covered under the DGA plan as a spouse and qualifies for PHBP, PHBP will be his/her secondary plan and the DGA can continue as the primary plan.

MPIHP works in the same way as DGA coverage. However, if you are eligible for coverage in PHBP and you are covered by MPIHP as a spouse, you must enroll in PHBP and use it as your primary and utilize MPIHP as secondary coverage or your MPIHP coverage will be terminated (according to current MPIP Plan Documents). DGA has no such rule, at this time.

If an employee, or either combination of the employee and his/her spouse are covered by PHBP and elects coverage for children in both plans, there is a coordination of benefits process in both that are very specific to each situation. Plan documents or plan administrators should be consulted to make sure that rules are fully adhered to.

ABOUT DEPENDENT AND CONTINUING COVERAGE

1. Can a covered employee elect to cover a same-sex domestic partner?

Yes, a same-sex domestic partner may be covered under PHBP provided the appropriate criteria are fulfilled.

2. COBRA coverage is available under PHBP. How long is COBRA in effect?

A. An employee is eligible for COBRA coverage for up to 18 months from the date of the qualifying event, if due to the end of employment or reduced hours.

B. An employee is eligible COBRA coverage for 36 months from the date of the qualifying event for an enrolled dependent whose coverage ended because of the death, divorce or legal separation of the subscriber or loss of eligibility by an enrolled dependent who is over the age of 26.

COBRA is administered by our TPA, BeneSys. All questions regarding COBRA should be directed to BeneSys at 855-696-2909.

Terms of coverage, benefits and eligibility are governed by the Plan's Rules and Regulations, Insurance Policies, other Plan documents, and the decisions of its Trustees, and shall control in the event of any conflict with this summary.