

PHBP

Producers' Health Benefits Plan

California Freelance Benefit Enrollment Guide 2020





Table of Contents

A Message from Producers' Health Benefits Plan.....	3
What's New for 2020	4
Health Saving Accounts.....	5
Supplemental and Voluntary Benefits.....	8
Medical Insurance.....	9
Dental Insurance	12
Vision Insurance	12
Basic Life and Accidental Death & Dismemberment Insurance.....	13
Short-Term Disability Insurance	13
Long-Term Disability Insurance	13
Employee Assistance Program (EAP)	13
Supplemental and Voluntary Rates.....	14
How Do I Enroll?.....	15
Mobile App.....	15
Maintaining Your Eligibility	16
Contact Information	19



A Message from Producers' Health Benefits Plan

To all Freelance Employees covered by the PHBP:

The Plan is excited to offer some new benefits to all covered Freelancers in 2020, including a new PPO option at no charge, and self-paid voluntary benefits, including Supplemental Life Insurance up to \$1Million. Though Freelance coverage is on a rolling 12- month cycle, the Plan's renewal with its insurance carriers is on a calendar year. As such, we are entering the Special Enrollment Window whereby you can enroll in these new benefits for coverage effective January 1, 2020. At the Producers' Health Benefits Plan our goal is to provide a comprehensive benefits package that is easy to understand, easy to access and affordable for all. This enrollment guide provides the details that will help you asses the value of these new options for you and your families.

We are also trying to make your life a little easier. We are pleased to introduce a 3rd party partner to manage an online enrollment process that includes scheduled, one-on-one telephone appointments with qualified Benefits Counselors to help you understand the details of each plan and the value they may offer. At the online portal you'll find a contribution calculator to help you figure out the costs of coverage for any of the voluntary benefits you may wish to purchase. **You will need to sign up for any new coverages during the Special Enrollment Window from October 21 – November 17th.**

The Plan will also be introducing online banking, allowing you to pay bills online, set up recurring payments, and use a credit or debit card. More details on that will come in December.

Thank you for choosing the PHBP for your health coverage. We hope you have a happy, healthy and prosperous 2020.

Sincerely,

The Producers' Health Benefits Plan

Special Enrollment Window

You are receiving this Benefit Enrollment Guide because you are currently covered and/or are expected to be covered by the PHBP as of January 1, 2020. **There are several new Benefits offered to ALL FREELANCERS effective January 1, but you must enroll during the Special Enrollment Window from October 21 to November 17, 2019**, or your next opportunity to join will be during your next annual renewal period.

If you are unsure of the duration of your current coverage period or the beginning of your next coverage period, please go to “California Freelancers” at phbp.org and “Verify Your Tier Level or Work History” or click <https://www.ourbenefitoffice.com/PHBP/Benefits/Login.aspx>

What’s New for 2020?

Below is an overview of what is new for 2020. Details begin on the next page.

New PPO Medical Plan Option

We are excited to add the **PHBP High Deductible PPO Health Plan with a Health Savings Account (HSA)** as an additional medical plan option available to **all Freelancers**, free of charge, regardless of your Tier level or current medical plan.

New Voluntary/Supplemental Plans

We have also added Voluntary/Supplemental Plans through MetLife that can be purchased depending on your needs.

- Supplemental Life Insurance of up to \$1Million, with Spousal coverage up to \$100,000 and children at \$10,000 each, with accompanying Accidental Death & Dismemberment coverage
- Hospital Indemnity Insurance pays a lump sum if you are hospitalized
- Critical Illness Insurance pays a lump sum if you are diagnosed with a Critical Illness
- Accident Insurance pays a lump sum for injuries sustained in an accident

New Online Enrollment Platform and Benefits Counselors

- Scheduled phone consultations with licensed Benefits Counselors to answer all of your questions and assist with the online enrollment process.
- All enrollments and renewals will now use the Employee Navigator online enrollment portal which includes a cost calculator to help you run the numbers.

New Online Banking

- You’ll be able to pay your bills online, set up recurring payments, and use credit and debit cards to pay your bill.

Continuing Benefits:

All covered Freelancers currently enjoy the following benefits, all of which will continue in 2020, with no increase in deductibles, out of pocket maximums, co-pays or co-insurance levels:

- Medical and Prescription Drug: (California HMO or Classic Premier PPO)
- Vision
- Dental
- \$25,000 Basic Life Insurance and Accidental Death & Dismemberment
- Short and Long-Term Disability
- Employee Assistance Program (EAP)

New High Deductible PPO w/ Health Savings Account (HSA)

If you switch to the HSA during this one-time **Special Enrollment Window from October 21 to November 17, 2019** the PHBP will waive your next \$300 annual fee, and you'll get \$125 per month credited against any dependent fees you may pay for all of 2020, for up to \$1,800 in savings for the year. Coverage is effective January 1, 2020 for the duration of your coverage period and may be renewed upon renewed eligibility for coverage. Dependents may be added or removed from your coverage as well if moving to the HSA during this special enrollment period.

The idea behind this plan is to have the high deductibles offset the low premium. To assist with the deductibles, you can open an associated Health Savings Account (HSA), which allows you to contribute money into the account tax free and use that money to cover your deductibles and other medical expenses. You may contribute to the account up to the IRS limits shown below, tax free, per the rules indicated below.

Coverage	2020 HSA Deductibles	2020 Calendar Year Contribution Limits*
Employee Only	\$2,700	\$3,550
Employee + Dependent(s)	\$5,400	\$7,100

*If you are 55 or older, you may make an additional "catch-up" contribution of up to \$1,000 per calendar year.

Important Things To Know About The High Deductible Health Plan (HDHP) And Health Savings Account (HSA):

- The HDHP is a PPO plan and utilizes the same large network of doctors as our other PPO plans.
- The money you contribute into your HSA is "post tax", meaning when you file your taxes you may deduct your contributions from your reported income thereby lowering your owed income tax.
- The net gain resulting from tax free contributions leaves you with more money to spend on approved medical expenses.
- If you don't use a lot of health care and don't reach your deductibles, the unspent money rolls over year after year.
- Your funds may be invested and the gains are tax free if spent on approved medical expenses.
- You can use the funds for deductibles, co-pays, out of network doctor bills, prescriptions, acupuncture, COBRA premiums (in case you lose eligibility at a later date), birth control, contact lenses and cleaning solution... the IRS provides a complete listing of approved medical expenses.
- You may also pay for your approved medical expenses out of pocket, save your receipts, let the account grow, and reimburse yourself at a later date, tax free. Your tax free reimbursement can then be spent on anything.
- After age 65, your HSA funds may be used to pay Medicare premiums, long term care insurance and other elder care needs.
- Rules do apply. If funds from your HSA are used on unapproved expenses, the withdrawn/spent amount becomes taxable income. If before age 65, there is an additional 20% penalty.
- See the Benefit Summary for complete details and
- Consult a tax professional to confirm your tax implications.
- Carefully consider your anticipated health care needs to establish which plan may be more beneficial to you and discuss your options with a Benefits Counselor as part of your enrollment process.

Comparison - High Deductible PPO w/ HSA and HMO

Below is a brief comparison between the High Deductible PPO and the HMO. Detailed benefit comparisons can be found on page 9.

	High Deductible PPO with HSA	HMO
What is it?	Large network PPO which allows you to see any doctor you want with costs covered based on carrier's "in network" and "out of network" cost structure. Patients pay all expenses until deductible is met, then share the costs of coverage with coinsurance.	Managed health plan where all provided services are performed "in network" with no deductible to be met. Patient pays small copay for services.
Primary Care Physician Required?*	No	Yes
Out of Network Coverage?	Yes	No
Referral to see a Specialist?	Generally No	Yes
In-Network Plan Design		
Coinsurance*	20%	None
Deductible - Individual	\$2,700	None
Out-of-Pocket Maximum	\$5,000	\$2,000
Preventive Care	100% covered	100% covered
Hospital Services	20% coinsurance after deductible	\$250 copay
Outpatient Surgery	20% coinsurance after deductible	\$125 copay
Office Visit	20% coinsurance after deductible	\$10 copay
Health Saving Account (HSA) Compatible?	Yes	No
HSA Tax Advantage	Money put in the HSA account is exempt from Federal Taxes	None

Note to Tier 2 Freelancers:

- Participation in the HSA is free and is not a “buy up”. If you are currently “buying up” to the Premier PPO and change your plan and enroll in the High Deductible PPO Plan with the HSA during the Special Enrollment Window, you will no longer pay ‘buy up’ fees for coverage effective January 1, 2020.

* “Primary Care Physician” is the HMO ‘gate keeper’ doctor who manages all of your health care. All regular doctor visits must be with the Primary Care Physician, and all specialists must be approved by and referred by the Primary Care Physician to be covered.

* “Coinsurance”: You pay a percentage of the carrier’s allowed cost for services. If the provider is “In Network”, this is the only payment you make. If the provider is “Out of Network”, you will be responsible for any balances owed. E.g. You have a 20% Coinsurance: The doctor charges \$300 for a service. The carrier’s allowed amount is \$100. If provided by an In Network doctor, you pay 20% of the allowed amount (20% of \$100 is \$20) and the provider accepts 80% of the allowed amount (80% of \$100 is \$80) as full payment. If the service is provided by an Out of Network doctor, You pay 20% of the allowed amount (20% of \$100 is \$20), the carrier pays 80% of the allowed amount (80% of \$100 is \$80), and you are responsible for 100% of the balance (\$300 original charge, less \$80 insurance payment, less \$20 coinsurance payment from you, leaves a balance of \$200 payable by you.)

Carefully consider your anticipated health care needs to establish which plan may be more beneficial to you.

High Deductible PPO w/ HSA

Once enrolled in the High Deductible PPO Health Plan, Anthem will send you information on the HSA bank that is used by Anthem. You will also receive a Debit Card linked to your account for the payment of approved medical expenses. From the Anthem website you can pay medical bills from your HSA, reimburse yourself, submit claims, and select and manage your invested funds. You can choose to use the Anthem bank as custodian of your HSA account or use any banking institution of your choice that offers HSA accounts.

Your contributions into the HSA account will be made post-tax. When you file your taxes, your contributions may be deducted from your gross income, saving you income tax on the deposited amounts. Your tax advantage will be realized upon filing your tax return. Confirm your tax advantages with your own tax professional.

If you open your HSA after the calendar year has started, your maximum contribution for the year will be prorated based on the number of months left in the year. For example, if you open your HSA as of September 1, you may not contribute more than 4/12 of the maximums shown above.

HSA Rules

You can contribute money to an HSA if:

- You are enrolled in a qualified high-deductible health plan. The PHBP High Deductible PPO is a qualified plan.
- You are not covered by any other medical plan, unless it is also a qualified high-deductible health plan.
- You are not enrolled in Medicare.
- You do not receive benefits under TRICARE.
- You cannot be claimed as a dependent on another person's tax return.
- You and your covered dependents do not participate in a health care flexible spending account, unless it is a "limited use FSA" that restricts reimbursement to certain benefits (such as dental and vision services).

These are just the general guidelines. Please consult a tax professional for more information.



New Supplemental Life and Accidental Death & Dismemberment

You will have the opportunity to purchase additional portable term life insurance of up to \$1 Million with a guaranteed issue of \$100,000 ‘no questions asked’, plus an accompanying accidental death & dismemberment policy. You may also purchase life insurance for your spouse/domestic partner and children. Freelance employee Life Insurance may be purchased in \$10,000 increments (up to \$1Million), spousal benefits are purchased in \$5,000 increments up to 50% of your benefit, not to exceed \$100,000 with a guaranteed issue of \$25,000, and child coverage caps at \$10,000 per child. Your cost will depend on your age and the amount of coverage you elect. “Guaranteed Issue” means MetLife will guarantee the issuance of a policy up to the stated limits with without the need to submit a medical questionnaire or evidence of insurability. If you wish to purchase a policy with a higher benefit level, a medical questionnaire will be required and the carrier may require evidence of insurability.

The ‘no questions asked’ Guaranteed Issue of limits up to \$100,000 for you, \$25,000 for your spouse/Domestic Partner, and \$10,000 per child are ONLY offered during this Special Enrollment Period. If you apply for coverage during your next renewal period, you will be required to submit a medical questionnaire and the carrier may require evidence of insurability. The only periods in which limits may be increased without evidence of insurability is upon proof of a qualifying Life Event, such as marriage and birth of a child. See the Benefit Summary for complete details

New Voluntary Plans

Benefit choices are based on what’s important and the needs of your lifestyles. That is why we have selected MetLife to provide the three following voluntary plans. You will have access to an array of voluntary plans that may provide wanted coverage and protection. Please refer to the Benefit Summaries for complete details.

- **Accident** – Every accident leaves expenses not covered by major medical plans. This plan helps offset medical expenses such as emergency room fees, deductibles and co-payments that may result from a fracture, dislocation or other covered accident. If you enroll in the accident plan, you may also purchase coverage for your spouse/domestic partner and dependent children. Benefits are paid as a lump-sum and the amount is determined by the type of injury caused by the accident. You decide how to use the benefit.
- **Critical Illness** – Provides a lump-sum benefit you can use to pay the direct and indirect costs related to any of seven covered critical illnesses: cancer, heart attack, major organ transplant, coronary artery bypass graft, Alzheimers, stroke or kidney failure. The benefit amount is \$20,000 for employee and dependents will be offered 50% of the employee benefit amount (\$10,000). The benefit will pay up to 3 times during the life of the policy. An additional 22 illnesses are covered at \$5,000 each. See the Benefit Summary for a complete list. Health Screening Benefits are built into the plan and MetLife will pay a health screening benefit upon submission of proof.
- **Hospital Indemnity** – The Hospital Indemnity plan pays cash benefits, currently \$1,000, directly to you when you’re admitted to the hospital for an inpatient stay for covered services. You can use the money to help cover your medical plan’s deductible, coinsurance, or use the money to pay for everyday expenses like day care, utilities, and groceries. Cover yourself or you and your dependents. There is an additional benefit, currently \$200, payable for each day (they do not have to be consecutive) that you are confined to a hospital, for up to 15 days per year.

These coverages do not take the place of medical insurance.

Rates can be found on page 14

**** All Benefit Summaries can be found at PHBP.org/documents ****

All California Freelance Medical Plans Overview

High Deductible PPO with HSA

If you select the PHBP High Deductible PPO which is an IRS qualified medical plan you have the option of enrolling in a Health Saving Account (HSA). An HSA is an individual bank account you contribute money. The money is used for eligible out of pocket health care expenses.

You are not required to select a PCP. You may access specialist care directly – no referrals are required. When you utilize doctors that are in the Anthem PPO network, you receive the advantage of a higher benefit level. The network is the same of the Classic Premier PPO.

California HMO

With an HMO, you and each of your covered family members select a primary care physician who will coordinate their entire healthcare program. They will work closely with this doctor to determine the care they need. To see a specialist, have laboratory or other diagnostic tests, or to be admitted to the hospital on a non-emergency basis, their primary care physician will have to pre-authorize these services. The HMO plan generally offers a high coverage level for most services, with minimal out-of-pocket expenses with a \$0 deductible.

Classic Premier PPO

The PHBP Classic Premier PPO plan allows for more flexibility, but more responsibility on your part. You are not required to select a PCP. You may access specialist care directly – no referrals are required. When you utilize doctors that are in the Anthem PPO network, you receive the advantage of a higher benefit level.



Medical Plan Design – PHBP High Deductible PPO with HSA and California HMO

PLAN BENEFITS	Anthem High Deductible PPO		Anthem HMO
	In-Network	Out-of-Network	Network Only
Calendar Year Deductible			
Individual	\$2,700	\$8,100	None
Family	\$5,400	\$16,200	None
Annual Out-of-Pocket Maximum			
Individual	\$5,000	\$15,000	\$2,000
Family	\$10,000	\$30,000	\$4,000
Coinsurance	20%	50%	None
OFFICE VISITS			
Primary Care Physician	20% after deductible	50% after deductible	\$10 copay
Specialist	20% after deductible	50% after deductible	\$30 copay
PREVENTIVE SERVICES			
Preventive Care	No charge (deductible waived)	50% after deductible	No charge
Well-Child Exam			
Well-Woman Exam			
EMERGENCY SERVICES			
Emergency Room	20% after deductible		\$100 copay
Urgent Care	20% after deductible	50% after deductible	\$10 copay
HOSPITAL SERVICES			
Room & Board	20% after deductible	50% after deductible limited to \$1,000 per day	\$250 copay per admission
Maternity/Delivery			
OUTPATIENT SERVICES			
Outpatient Surgery	20% after deductible	50% after deductible coverage limited to \$350	\$125 per admission
Diagnostic Lab/X-Ray	20% after deductible	50% after deductible coverage limited to \$350	No charge
Complex Radiology	20% after deductible	50% after deductible coverage limited to \$800	\$100 per test
MENTAL HEALTH & SUBSTANCE ABUSE			
Inpatient	20% after deductible	50% after deductible limited to \$1,000 per day	\$250 copay per admission
Outpatient	20% after deductible	50% after deductible	\$10 copay per visit
PRESCRIPTION DRUGS			
Retail Prescriptions	<u>30 day supply</u> Rx subject to plan deductible		<u>30 day supply</u>
Generic (Tier 1a* / 1b)	\$5 copay / \$15 copay after deductible	50% up to \$250 after deductible	\$5 copay / \$20 copay
Brand (Tier 2)	\$40 copay after deductible		\$40 copay
Non-Preferred (Tier 3)	\$60 copay after deductible		\$65 copay
Specialty (Tier 4)	30% up to \$250		30% up to \$250 per Rx
Mail Order	<u>90 day supply</u>		<u>90 day supply</u>
Generic (Tier 1a* / 1b)	\$12.50 / \$37.50 copay after deductible	Not covered	\$12.50 copay / \$50 copay
Brand (Tier 2)	\$120 copay after deductible		\$120 copay
Non-Preferred (Tier 3)	\$180 copay after deductible		\$195 copay
Specialty (Tier 4)	30% up to \$250		30% up to \$250 per Rx

*Generic Tier 1a are typically lower cost prescription drugs.

Medical Plan Design – PHBP Classic Premier PPO

PLAN BENEFITS	Anthem Classic Premier PPO	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$500	\$1,500
Family	\$1,000	\$3,000
Annual Out-of-Pocket Maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance	20%	50%
OFFICE VISITS		
Primary Care Physician	\$25 copay	50% after deductible
Specialist	\$25 copay	50% after deductible
PREVENTIVE SERVICES		
Preventive Care	No charge (deductible waived)	50% after deductible
Well-Child Exam		
Well-Woman Exam		
EMERGENCY SERVICES		
Emergency Room	20% plus \$150 copay after deductible (copay waived if admitted)	
Urgent Care	\$25 copay	50% after deductible
HOSPITAL SERVICES		
Room & Board	20% after deductible	50% after deductible coverage limited to \$1,000 per day
Maternity/Delivery		
OUTPATIENT SERVICES		
Outpatient Surgery	20% after deductible	50% after deductible coverage limited to \$350
Diagnostic Lab/X-Ray	20% after deductible	50% after deductible
Complex Radiology	20% after deductible	50% after deductible coverage limited to \$800
MENTAL HEALTH & SUBSTANCE ABUSE		
Inpatient	20% after deductible	50% after deductible limited to \$1,000 per day
Outpatient	\$25 copay	50% after deductible
PRESCRIPTION DRUGS		
Retail Prescriptions	<u>30 day supply</u>	
	<u>\$500 Rx deductible for Specialty -Tier 4 (\$1,000 for family)</u>	
Generic (Tier 1a* / 1b)	\$10 copay / \$10 copay	50% of allowed amount & cost in excess of max allowed up to \$250 per Rx
Brand (Tier 2)	\$30 copay	
Non-Preferred (Tier 3)	\$50 copay	
Specialty (Tier 4)	30% up to \$150	
Mail Order	<u>90 day supply</u>	
Generic (Tier 1a* / 1b)	\$10 copay / \$10 copay	Not covered
Brand (Tier 2)	\$60 copay	
Non-Preferred (Tier 3)	\$100 copay	
Specialty (Tier 4)	30% up to \$300	

*Generic Tier 1a are typically lower cost prescription drugs.

Additional Benefits already included with PHBP coverage:

Dental Insurance

The Anthem PPO dental plan allows you to elect any dental provider, but you receive the highest level of coverage when you choose a network dentist.

PLAN BENEFITS	Anthem Dental PPO
	In-Network
Calendar Year Deductible	Individual: \$50 Family: \$150
Waived for Preventive Care	Yes
Calendar Year Maximum	\$1,500 per insured member
Preventive Services (Cleanings, exams, sealants, x-rays)	No Charge
Basic Services (Fillings, Periodontics, root canals, scaling, simple extractions)	20% after deductible
Major Services (Bridges & dentures, inlays, onlays, single crowns)	50% after deductible
Orthodontia Children Only	50% to \$1,500 after deductible



* If using an out-of-network provider you will be responsible for amount over what is usual and customary. Out-of-Network Reimbursement is based on the 90th percentile.

Vision Insurance

Vision insurance is through MetLife. The plan pays benefits for network and out-of-network providers. However, when you see out-of-network providers the plan will reimburse charges up to an allowed amount and you are responsible for all cost over the allowed amount.

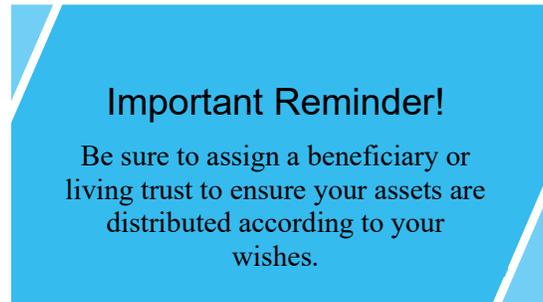


PLAN BENEFITS	MetLife Vision	
	In-Network	Out-of-Network
Copayments	\$10 copay	
Exams	\$10 copay	
Materials	\$25 copay	
Exams (every 12 months)	No charge after copay	Plan pays up to \$45
Lenses (every 12 months)		
Single Vision	No charge after copay	Plan pays up to \$30
Bifocal	No charge after copay	Plan pays up to \$50
Trifocal	No charge after copay	Plan pays up to \$65
Frames (every 12 months)	\$200 allowance plus 20% off any charges above \$200	Plan pays up to \$70
Contacts (every 12 months)		
Elective	\$200 allowance \$60 max copay for fitting and evaluation	Plan pays up to \$105

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of plan benefits, limitation and exclusions.

Basic Life and Accidental Death & Dismemberment Insurance

Producers' Health Benefits Plan provides Basic Life and Accidental Death & Dismemberment in the amount of \$25,000. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The Accidental Death & Dismemberment benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.



Short-Term Disability Insurance

Producers' Health Benefits Plan offers short-term disability through MetLife. This benefit covers 60% of your weekly base salary up to \$3,000 per week and includes disability due to pregnancy and/or childbirth. The benefit begins after a 7 day waiting period. The benefit duration is 52 weeks. Please see the Benefit Summary for complete details.

Long-Term Disability Insurance

Producer's Health Benefits Plan offers long-term income protection through MetLife in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$12,500. Long-Term Disability insurance is designed to pick up where Short-Term disability coverage ends. Please see the Benefit Summary and for complete details.

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) can provide you and your family with guidance, focus, and support for a wide range of issues, such as personal, substance abuse, emotional stress, dependent care and work-related concerns. You can reach a specially trained counselor 24 hours a day for on the spot assistance. You can also access tools and resources directly from your phone. Get the free mobile app – just search for “LifeWorks”. **All services are confidential.**

Call Life Works or reach them online:

1-888-319-7819
www.metlifeeap.lifeworks.com
User ID: metlifeeap
Password: eap

Supplemental Life and Voluntary Benefits Monthly Rates:

SUPPLEMENTAL LIFE/AD&D		
SUPPLEMENTAL LIFE with AD&D		
***Rates per \$1,000 or coverage	Employee Rates	Spouse Rates
Employee Age		
Under 30	\$0.040	\$0.082
30 - 34	\$0.049	\$0.093
35 - 39	\$0.070	\$0.129
40 - 44	\$0.099	\$0.175
45 - 49	\$0.148	\$0.264
50 - 54	\$0.232	\$0.425
55 - 59	\$0.360	\$0.776
60 - 64	\$0.506	\$1.517
65 - 69	\$0.738	\$2.478
70 +	\$1.187	\$4.578
		* Spouse rate based on EE age
Child	\$0.212	
AD&D Rates		
Employee	\$0.022	
Spouse	\$0.022	
Child	\$0.064	

***Rates are per \$1,000 of coverage. Employee coverage can be purchased in \$10,000 increments up to \$1,000,000. Spouse coverage can be purchased in \$5,000 increments up to the lesser of \$100,000 or 50% of employee coverage limit. Child coverage can be purchased in \$1,000 increments up to \$10,000 per child. Supplemental Life and Supplemental AD&D are a package and cannot be purchased separately.

METLIFE VOLUNTARY BENEFITS				
ACCIDENT		HOSPITAL INDEMNITY		
Covered Members	Rates	Covered Members	Rates	
Employee	\$12.58	Employee	\$20.20	
Employee + Spouse	\$23.82	Employee + Spouse	\$51.79	
Employee + Child(ren)	\$25.85	Employee + Child(ren)	\$37.81	
Employee + Spouse/Child(ren)	\$31.80	Employee + Spouse/Child(ren)	\$69.39	
CRITICAL ILLNESS				
Attained Age	Employee Only Rates	Employee + Spouse Rates	Employee + Child(ren) Rates	Employee + Spouse/Child(ren) Rates
<25	\$0.52	\$0.83	\$0.77	\$1.08
25 - 29	\$0.54	\$0.87	\$0.80	\$1.13
30 - 34	\$0.71	\$1.12	\$0.97	\$1.37
35 - 39	\$0.83	\$1.31	\$1.09	\$1.57
40 - 44	\$1.01	\$1.57	\$1.27	\$1.83
45 - 49	\$1.47	\$2.26	\$1.72	\$2.51
50 - 54	\$2.15	\$3.29	\$2.40	\$3.54
55 - 59	\$3.01	\$4.58	\$3.27	\$4.83
60 - 64	\$4.06	\$6.15	\$4.32	\$6.41
65 - 69	\$5.56	\$8.42	\$5.82	\$8.67
70 +	\$8.13	\$12.27	\$8.38	\$12.53

How do I Enroll?

The PHBP is excited to be working with Synergy Enrollment & Benefits. Their online enrollment system, “*Employee Navigator*” will provide you online enrollment specialist who will streamline the enrollment process for you. The services provided include scheduled, one-on-one phone consultations between you and a licensed benefits counselor to help choose which coverage is best for you and your families. There is also a Cost Calculator in Employee Navigator to help you run the numbers and evaluate the costs of the plans. Your benefits counselor can assist you with those calculations. How to enroll and schedule a benefits consultation:

Call a Benefits Counselor - Counselors are available to answer questions and discuss your options. To schedule time to speak to a counselor:

- Text the word – FREELANCE to (844) 872-1136
- Call 858-282-0660, mention PHBP
- Click this link: <https://synergyenrollment.fullslate.com/services/1860>

Once your appointment is scheduled, you should prepare for the call by having beneficiary and dependent information with you: names, social security numbers and dates of birth.

PLEASE NOTE: Do not enroll any ineligible dependents. The Plan will be conducting a dependent audit in 2020 during which current eligibility of all enrolled dependents must be evidenced with supporting documentation. Please see page 14 of this guide for general rules on Eligible Dependents or go to PHBP.org/documents for the Summary Plan Description for a more complete list of rules.

Enroll Online - If you prefer not to speak to a counselor you can go directly to the new enrollment system, *Employee Navigator*

1. Go online to www.employeenavigator.com
2. Click “Login” on the upper right-hand corner
3. Click “Register as a new user”
4. You will be asked for a “Company Identifier” which is FREELANCE

If you do not want to change to the PHBP High Deductible PPO medical plan nor take advantage of the new voluntary plans, you don’t need to do anything. Your current coverage will continue as usual.

Mobile Health

Did you know we have a mobile app which holds each of your employees benefit information?

We Encourage you to Download the “Mobile Health Consumer” app

- Refill A Prescription and Manage Pharmacy Needs
- Locate In-Network Doctors or Nearest Urgent Care Centers
- Access Digital ID Cards and Plan Summaries
- Access Medical Plan, Deductible and Co-Pay Information
- Download Claim Forms and Check Claim Status
- Get Personal Health Reminders

Maintaining your Eligibility:

You are eligible for coverage in the Producers' Health Benefits Plans when you qualify by:

- Working 100 days per year (day defined as minimum of 8 hours, year as 12 consecutive months) OR Earning \$35,000 per year
- Only non-union commercial work in covered job category of PHBP participating employer counts towards eligibility
- Music videos, TV, Features, webisodes, etc., are NOT included
- You must re-qualify each year for continued coverage
- Coverage begins the 1st of the month following a 60-day processing period after you attain eligibility. See the “Summary Plan Description” at phbp.org/documents for complete rules.

Annual Renewal Period:

For eligible freelancers, your annual renewal period is the 30-day period prior to the start of your next coverage period. This is the period of time which you may make changes to your benefits and add or remove dependents.

Migration from one plan to another is only available during your next annual renewal of coverage if eligibility is attained during your current qualification period.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too, provided you properly enroll them and pay applicable contributions. In general, eligible dependents include your spouse, domestic partner and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation will be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in delay in your enrollment.

What if I don't requalify for continued coverage?

You must re-qualify each year for continued coverage. To help you reach the 100-day requirement we have “Banked Days” and “Bridge Payments”.

Banked Days –

- You can bank your worked days in excess of 100 per year for use in the upcoming qualifying year.
- The maximum number of banked days a freelancer can accumulate will be capped at 50% of the total number of days needed for eligibility. For 2020, the requirement is 100 days so the maximum number of banked days a freelancer can accumulate is 50 days.
- Only qualifying workdays for Participating Employers can be banked.
-
- Any banked days from your immediately preceding 12-month qualification period will be automatically added to your current day count.
- If the sum of your current qualifying days and your banked days is 100 days worked or more, you qualify for policy renewal.

Bridge Payment –

- You can “bridge” the gap between your actual days worked and the 100 days of work needed to requalify by making monthly payments equal to \$8.50 per each day needed to bridge the gap.
- Example: You have 20 days banked from your previous qualifying year and worked 48 days in the current qualifying year, for a total of 68 days. That's 32 days short of the 100 needed to re-qualify. The Bridge Payment would be 32 days x \$8.50 per day, for a total of \$272.00 per month.
- You may combine your actual workdays with any banked days from last year's qualifying period. The total of banked and worked days must be at least 50 days.
- While participating in the Bridge, the participants will pay the full cost of dependent coverage each month.
- Bridge payments can be made for up to 12 months, or until you re-qualify by earning \$35,000 or working 100 days in a consecutive year.



Eligible Income Tiers and Monthly Costs for Freelancer and their Dependents:

The medical plan available to you will be based on your Income Tier. Your Income Tier will be determined by your reported earnings in the *qualifying* period in which you earn eligibility for your next *coverage* period. “Reported Earnings” mean the gross income paid on covered jobs, in covered job categories, for work performed by Participating Employers, for which contributions were received by the Plan.

Freelance employee may switch their medical plan to the HDHP with the HSA during the Special Enrollment Window with HSA coverage to begin January 1, 2020. Otherwise, no other change in medical plan or covered dependents is allowed until your next renewal. Please see the Summary Plan Description at PHBP.org/documents for complete plan rules.

Tier Level	Annual Reported Income	Available Medical Coverage
Tier 1	Up to \$74,999	<p style="text-align: center;">PHBP California Classic HMO -OR- PHBP High Deductible PPO (HSA Eligible)</p> <ul style="list-style-type: none"> • Cost to Freelance Participant: No Charge • Cost for Dependents: \$250 for first dependent, \$100 for each thereafter <p><i>If no choice is made within 30 days of the start of coverage, the HMO is the default Medical Plan.</i></p>
Tier 2	\$75,000 - \$109,999	<p style="text-align: center;">PHBP California Classic HMO -OR- PHBP High Deductible PPO (HSA Eligible)</p> <ul style="list-style-type: none"> • Cost to Freelance Participant: No Charge • Cost for Dependents: \$250 for first dependent, \$100 for each thereafter <p style="text-align: center;">-OR-</p> <p style="text-align: center;">“Buy Up” to PHBP Classic Premier PPO</p> <ul style="list-style-type: none"> • Cost for Coverage <ul style="list-style-type: none"> ○ Employee Only: \$200 ○ Employee + Spouse: \$425 ○ Employee + Child(ren): \$350 ○ Employee + Family: \$600 <p><i>If no choice is made within 30 days of the start of coverage, the HMO is the default Medical Plan.</i></p>
Tier 3	\$110,000 and above	<p style="text-align: center;">PHBP California Classic HMO -OR- PHBP High Deductible PPO (HSA Eligible) -OR- PHBP Classic Premier PPO</p> <ul style="list-style-type: none"> • Cost to Freelance Participant: No Charge • Cost for Dependents: \$250 for first dependent, \$100 for each thereafter <p><i>If no choice is made within 30 days of the start of coverage, the Classic Premier PPO is the default Medical Plan.</i></p>
All Covered Participants	\$300 Annual Fee	<ul style="list-style-type: none"> • Due at renewal • Waived for Tier 3 participant who choose PHBP California Classic HMO • 2020 annual fee waived if you enroll in the HDHP w/HSA during the Special Enrollment Window of 10/21 – 11/17, 2019.

Contact Information

Please contact Benesys to complete any changes to your benefits that are not related to your initial enrollment or annual renewal.

COVERAGE	CARRIER	PHONE NUMBER	WEBSITE
Benefit Administrator	BeneSys	(855) 696-2909 Ext. 8604 8 a.m. – 4 p.m. PST	Email: Staff@phbpbenefits.org
Benefit Counselors	Synergy Enrollment & Benefits	(858)282-0660	To schedule an appointment: https://synergyenrollment.fullslate.com/services/1860
Online Enrollment	Employee Navigator		www.employeenavigator.com
Medical HMO and PPO	Anthem	(800) 759-3030	www.anthem.com/ca
Medical HSA	Anthem	(844) 860-3535	www.anthem.com/ca
Dental PPO	Anthem	(877) 567-1804	www.anthem.com/ca
Vision	MetLife	(855) 638-3931	www.metlife.com/mybenefits
Life and AD&D	MetLife	(800) 638-6420	www.metlife.com/mybenefits
Short Term Disability (STD)	MetLife	(800) 438-6388	www.metlife.com/mybenefits
Long Term Disability (LTD)	MetLife	(800) 438-6388	www.metlife.com/mybenefits
Employee Assistance Program	MetLife	(888) 319-7819	www.metlifeep.lifeworks.com User ID: metlifeep Password: eap

This brochure summarizes the benefit plans that are available to Producers' Health Benefits Plan eligible participants and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.