PHBP

Producers' Health Benefits Plan

Non-California Freelance Benefit Enrollment Guide

2020 New and Renewing Enrollees

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A Message from Producers' Health Benefits Plan

To all Freelance Employees covered by the PHBP:

Congratulations, you are receiving this Benefit Enrollment Guide because you are eligible to enroll or renew benefits offered by the PHBP, including free medical, pharmacy, vision, dental, basic life & accidental death and dismemberment and both short and long term disability coverage. 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 options for you and your family.

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.

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. Details on the online banking options will be mailed under separate cover.

Thank you for choosing the PHBP for your health coverage.

Sincerely,

The Producers' Health Benefits Plan

Freelance Open Enrollment Window

Whether you're enrolling in PHBP for the first time, renewing existing coverage, renewing coverage in a different medical plan, adding voluntary benefits, adding or removing dependents, or any combination thereof, you must enroll and/or make changes during your Open Enrollment Period which is the 30 day period prior to the start of your Coverage Period. Please call BeneSys Administrators at 855-696-2909 ext. 8604 to confirm your Open Enrollment dates if you do not have that information.

What's New in 2020?

New PPO Medical Plan Option

We are excited to add the **PHBP High Deductible PPO Health Plan with a Health Savings Account (HSA)** as a new medical plan option available to ***all Freelancers***, free of charge, regardless of your Tier level or current medical plan. As an introductory offer valid for all Coverage Periods that begin in 2020, if you elect the High Deductible Health Plan with the HSA, the Plan will waive your $300 annual Administrative Fee and, if you have enrolled dependents, will credit $125 per month to your dependent fee invoice, saving up to $1,800 annually in combined incentives.

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 covered Critical Illness
- Accident Insurance pays a lump sum for injuries sustained in an accident

New Online Enrollment Platform and Benefits Counselors

- Schedule a phone consultation with a licensed Benefits Counselor to help you pick the Plan that's best for you and assist you in the online enrollment process.
- Enroll, renew, add/remove dependents or change beneficiaries using the new Employee Navigator online enrollment portal, which includes a cost calculator to help you run the numbers on optional voluntary benefits.

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. Banking details will be mailed after your medical plan selection and voluntary benefit elections are made.

Benefits Offered by the PHBP

All covered Freelancers enjoy the following free benefits:

- Medical and Prescription Drugs
  - High Deductible PPO with tax advantaged Health Savings Account (HSA) - (New in 2020)
  - Classic Plus PPO
  - Classic Premier PPO
- Vision
- Dental
- $25,000 Basic Life Insurance and Accidental Death & Dismemberment
- Short and Long-Term Disability
- Employee Assistance Program (EAP)

All covered Freelancers may purchase the following voluntary benefits:

- Supplemental Life Insurance and Accidental Death & Dismemberment
- Voluntary Hospital Indemnity
- Critical Illness
- Accident Insurance

Non-California Freelance Medical Plans – An Overview

High Deductible PPO with HSA

If you select the PHBP High Deductible PPO, you have the option of enrolling in a Health Saving Account (HSA). An HSA is an individual bank account into which you may contribute tax free money. The money is then used for eligible out of pocket health care expenses.

As with any PPO, you are not required to select a Primary Care Physician (PCP). You may choose your own physicians and 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 physician network is the same as the other PPO plans.

Classic Plus PPO and Classic Premier PPO

The PHBP Classic Plus PPO and Classic Premier PPO plans allows for more flexibility, but more responsibility on your part. You are not required to select a PCP. You may choose your own physicians and 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.

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

Eligible Income Tiers and Monthly Costs for Freelancers 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 earned eligibility for your next *coverage* period. "Reported Earnings" mean the gross income paid on covered jobs, in covered job categories, for work performed for Participating Employers, for which contributions were received by the Plan. All costs for the medical coverage are monthly.

Tier Level	Annual Reported Income	Available Medical Coverage
Tier 1	Up to $74,999	**PHBP Classic Plus PPO** **-OR-** **PHBP High Deductible PPO (HSA Eligible)** • Cost to Freelance Participant: No Charge • Cost for Dependents: $250 for first dependent, $100 for each thereafter • High Deductible PPO Incentive: $125 monthly credit against any dependent fees. Waived $300 annual Administrative fee. *If no choice is made within 30 days of the start of coverage, the Classic Plus PPO is the default Medical Plan.*

Tier 2	$75,000 - $109,999	**PHBP Classic Plus PPO**
		-OR-
		PHBP High Deductible PPO (HSA Eligible)
		
		• Cost to Freelance Participant: No Charge
		• Cost for Dependents: $250 for first dependent, $100 for each thereafter
		• High Deductible PPO Incentive: $125 monthly credit against any dependent fees. Waived $300 annual Administrative fee.
		
		-OR-
		
		"Buy Up" to PHBP Classic Premier PPO
		
		• Cost for Coverage
		  ○ Employee Only: $200
		  ○ Employee + Spouse: $425
		  ○ Employee + Child(ren): $350
		  ○ Employee + Family: $600
		
		If no choice is made within 30 days of the start of coverage, the Classic Plus PPO is the default Medical Plan.

Tier 3	$110,000 and above	**PHBP Classic Plus PPO** **-OR-** **PHBP High Deductible PPO (HSA Eligible)** **-OR-** **PHBP Classic Premier PPO** • Cost to Freelance Participant: No Charge • Cost for Dependents: $250 for first dependent, $100 for each thereafter • High Deductible PPO Incentive: $125 monthly credit against any dependent fees. Waived $300 annual Administrative fee. *If no choice is made within 30 days of the start of coverage, the Classic Premier PPO is the default Medical Plan.*
All Covered Participants	$300 Annual Administrative Fee	• Due at renewal. • Waived for Tier 3 participants who choose PHBP California Classic Plus PPO • Waived for ALL participants who enroll in the HDHP w/HSA.

High Deductible PPO w/ Health Savings Account (HSA)

If you enroll in the HSA the PHBP will waive your mandatory $300 annual administrative fee due upon enrollment or renewal of benefits. Additionally, if you have any PHBP covered dependents, the Plan will credit $125 per month ($1,500 per year) against your monthly dependent fees for your next 12 month Coverage Period.

How does it work? High deductibles offset the low premiums. 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 funds into your account up to the following IRS limits, 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.
- 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.

High Deductible PPO w/ HSA – Additional Details

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.

Medical Plan Design – High Deductible PPO with HSA and Classic Plus PPO

PLAN BENEFITS	Anthem High Deductible PPO		Anthem Classic Plus PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	$2,700	$8,100	$500	$1,500
Family	$5,400	$16,200	$1,000	$3,000
Annual Out-of-Pocket Maximum				
Individual	$5,000	$15,000	$4,000	$12,000
Family	$10,000	$30,000	$8,000	$24,000
Coinsurance	20%	50%	20%	50%
OFFICE VISITS				
Primary Care Physician	20% after deductible	50% after deductible	$30 copay	50% after deductible
Specialist	20% after deductible	50% after deductible	$30 copay	50% after deductible
PREVENTIVE SERVICES				
Preventive Care Well-Child Exam Well-Woman Exam	No charge (deductible waived)	50% after deductible	No charge (deductible waived)	50% after deductible
EMERGENCY SERVICES				
Emergency Room	20% after deductible		20% plus $150 copay after deductible	
Urgent Care	20% after deductible	50% after deductible	$30 copay	50% after deductible
HOSPITAL SERVICES				
Room & Board Maternity/Delivery	20% after deductible	50% after deductible limited to $1,000 per day	20% after deductible	50% after deductible coverage limited to $1,000 per day
OUTPATIENT SERVICES				
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Diagnostic Lab/X-Ray	20% after deductible	50% after deductible coverage limited to $350	20% after deductible	50% after deductible coverage limited to $350
Complex Radiology	20% after deductible	50% after deductible coverage limited to $800	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	20% after deductible	50% after deductible limited to $1,000 per day
Outpatient	20% after deductible	50% after deductible	$30 copay	50% after deductible
PRESCRIPTION DRUGS				
Retail Prescriptions	30 day supply Rx subject to plan deductible		30 day supply	
Generic (Tier 1a* / 1b)	$5 copay / $15 copay after deductible		$5 copay / $20 copay	
Brand (Tier 2)	$40 copay after deductible	50% up to $250 after deductible	$40 copay	50% of allowed amount & cost in excess of max allowed up to $250 per Rx
Non-Preferred (Tier 3)	$60 copay after deductible		$65 copay	
Specialty (Tier 4)	30% up to $250		30% up to $250	
Mail Order	90 day supply		90 day supply	
Generic (Tier 1a* / 1b)	$12.50 / $37.50 copay after deductible		$12.50 copay / $50 copay	
Brand (Tier 2)	$120 copay after deductible	Not covered	$120 copay	Not covered
Non-Preferred (Tier 3)	$180 copay after deductible		$195 copay	
Specialty (Tier 4)	30% up to $250		30% up to $250	

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

Medical Plan Design – PHBP Classic Premier PPO

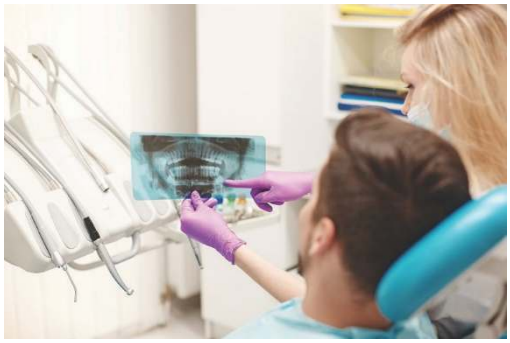
PLAN BENEFITS	Anthem Classic Premier PPO	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	$500	$1,500
Family	$1,000	$3,000
Annual Out-of-Pocket Maximum		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Coinsurance	20%	50%
OFFICE VISITS		
Primary Care Physician	$25 copay	50% after deductible
Specialist	$25 copay	50% after deductible
PREVENTIVE SERVICES		
Preventive Care Well-Child Exam Well-Woman Exam	No charge (deductible waived)	50% after deductible
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 Maternity/Delivery	20% after deductible	50% after deductible coverage limited to $1,000 per day
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	30 day supply $500 Rx deductible for Specialty -Tier 4 ($1,000 for family)	
Generic (Tier 1a* / 1b)	$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	90 day supply	Not covered
Generic (Tier 1a* / 1b)	$10 copay	
Brand (Tier 2)	$60 copay	
Non-Preferred (Tier 3)	$100 copay	
Specialty (Tier 4)	30% up to $300	

Additional Benefits 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 Waived for Preventive Care	Individual: $50 Family: $150 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 Vison	
	In-Network	Out-of-Network
Copayments Exams Materials	$10 copay $25 copay	
Exams (every 12 months)	No charge after copay	Plan pays up to $45
Lenses (every 12 months) Single Vision Bifocal Trifocal	 No charge after copay No charge after copay No charge after copay	 Plan pays up to $30 Plan pays up to $50 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.

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

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 Accidental Death & Dismemberment

You 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' (only during your initial enrollment period), 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 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 your initial enrollment. You may increase your coverage during your next open enrollment, but a medical questionnaire will be required 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

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.

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	$10.40	$16.64	$15.39	$21.63
25 - 29	$10.82	$17.47	$16.02	$22.67
30 - 34	$14.14	$22.46	$19.34	$27.46
35 - 39	$16.64	$26.21	$21.84	$31.41
40 - 44	$20.18	$31.41	$25.38	$36.61
45 - 49	$29.33	$45.14	$34.32	$50.13
50 - 54	$43.06	$65.73	$48.05	$70.72
55 - 59	$60.11	$91.52	$65.31	$96.51
60 - 64	$81.12	$122.93	$86.32	$128.13
65 - 69	$111.28	$168.48	$116.48	$173.47
70 +	$162.66	$245.44	$167.65	$250.64

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 a minimum of 8 hours, "year" as 12 consecutive months) OR Earning $35,000 per year.
- Only non-union commercial work in a covered job category for PHBP participating employers 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 or requalify for continued coverage. See the "Summary Plan Description" and the "Summary of Material Modifications" at phbp.org/documents for complete rules.

Open Enrollment Period:

For eligible freelancers, your open enrollment period is the 30-day period prior to the start of your next coverage period. **This is the only period of time in which you may make changes to your benefits and add or remove dependents.** Exceptions are made when there is a change in your Family Status. See below for details.

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.

Proof of Dependent Status:

For your dependents to be eligible for coverage you must provide proof of dependent status at the time of enrollment. Below is a list of acceptable documents you will need to provide as proof of dependent status:

- **Spouse/Marriage:** Copy of your certified marriage certificate and most recent tax return if the marriage certificate was issued more than 1 year prior (you will also need to notify the Fund Office of other coverage for your Spouse or family, if applicable).

- **Domestic Partner:** Copy of your registered Declaration of Domestic Partnership and documents to support, at least two of the following conditions as evidence of your financial interdependence:

  - Most recent Mortgage statement or Title showing joint ownership of a residence
  - Most recent Car loan statement or Title showing join ownership of an automobile
  - Most recent statement of a joint credit account
  - A lease for a residence identifying both partners as tenants
  - A will and/or life insurance policies which designates the other as primary beneficiary

- **Child/Birth**: Copy of your child's certified birth certificate showing the parents' names and a copy of the child's social security card.

- **Adoption or placement for adoption:** Copy of certified court order signed by a judge, copy of birth certificate and copy of social security card.

- **Stepchild:** Copy of certified birth certificate (if adopted, see above) showing your spouse or Domestic Partner as the biological/adoptive parent of the child and a marriage certificate and tax return between you (the Participant) and the child's parent (if stepchild's parent is your Domestic Partner, see above "Domestic Partner" for proof requirements) and copy of the child's social security card.

- **Child covered pursuant to a Qualified Medical Child Support Order (QMCSO):** Valid QMCSO document signed by judge or National Medical Support Notice.

- **Disabled Dependent Child:** Current written statement from the child's Physician indicating the child's diagnoses that are the basis for the Physician's assessment that the child is currently mentally or physically disabled, that disability existed before the attainment of age 26, that the child is incapable of self-sustaining employment as a result of that disability; and proof the child is dependent chiefly on you and/or your Spouse for support and maintenance. The Plan may require that you show proof of initial and ongoing disability and that the child meets the Plan's definition of Dependent Child including proof that the child is claimed as a Dependent for federal income tax purposes.

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.

Annual Administrative Fee:

An annual administrative fee of $300 will be due upon enrollment and renewal of enrollment. Failure to pay the required fee will result in the forfeiture of all benefits.

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 use toward eligibility is 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 apply is 50 days.
- Only qualifying workdays for Participating Employers can be banked.
- If the sum of your current qualifying days and your applicable 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 applicable 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.
- The $300 Annual Administrative fee due upon enrollment must be paid on a pro rata basis in the amount of $25 per month while "on the bridge". Once "off the bridge", the full administrative fee of $300 will be due upon enrollment in your next eligible 12 month Coverage Period.

How do I Enroll?

The PHBP has partnered with Synergy Enrollment & Benefits. 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 family and walk you through Employee Navigator, the online enrollment portal. There is also an online Cost Calculator to help you run the numbers and evaluate the costs of the plans. Your benefits counselor can assist you with those calculations. If you are new to PHBP, returning after an absence, or adding dependents to continuing coverage, YOU MUST ENROLL OVER THE PHONE WITH A PHONE COUNSELOR. 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://synergynewhires.fullslate.com/services/348

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, as well as policy numbers and coverage dates of all other policies insuring you and/or your covered dependents. You must upload the required documentation proving current eligibility of all dependents you are adding to your plan. Dependent coverage will not go into effect until documentation is received and validated. See page 15 for a list of acceptable documents or in the Summary Plan Description in the Documents and Resources section at PHBP.org.

PLEASE NOTE: Do not enroll any ineligible dependents. The Plan may conduct a dependent audit at any point at its discretion during which current eligibility of all enrolled dependents must be evidenced with supporting documentation. See page 15 of this guide for general rules on Eligible Dependents or go to PHBP.org/documents for the Summary Plan Description and Summary of Material Modifications for a more complete list of rules.

Enroll Online - If you are renewing existing coverage with no change to your Plan **and** you are not adding dependents, you can go directly to the new enrollment system, *Employee Navigator,* and re-enroll or change beneficiaries online. If you do nothing, your current coverage will continue as is with no interruption.

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

Mobile Health

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

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://synergynewhires.fullslate.com/services/348
Online Enrollment	Employee Navigator		www.employeenavigator.com
Medical 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.metlifeeap.lifeworks.com User ID: metlifeeap 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. Information provided in this brochure is not a guarantee of benefits.