

# PHBP

Producers' Health Benefits Plan

## Staff Employee Benefit Enrollment Guide 2020





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## A Message from Producers' Health Benefits Plan

To all eligible Staff Employees of PHBP Participating Employers:

We are entering the Open Enrollment Period whereby you can change your medical plan, add/remove dependents, and elect from an array of new Voluntary Benefits, all of which will be 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 assess the value of these new options for you and your families. As always, check with your employer to ascertain how much of the premium is employer paid and how much (if any) will be your responsibility.

We are also trying to make your life a little easier. We are pleased to introduce a 3<sup>rd</sup> 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 Open Enrollment Period from October 28 – November 17<sup>th</sup>. Please note, you must enroll online, even if you are not making any changes to your existing coverage.**

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

# Open Enrollment

**The 2020 plan year Open Enrollment Period is October 28 to November 17, 2019. All currently covered employees must Re-Enroll to continue coverage in 2020.**

Open Enrollment takes place once a year and provides you with the opportunity to make changes to your benefit selections and add/remove dependents. Also, employees who have declined coverage in the past will now have the option to enroll. Once you enroll, you may not change or cancel your coverage until the next Open Enrollment period unless you have a qualified family status change. **All coverage changes made during open enrollment will be effective January 1, 2020.**

## Family Status Change:

A change in family status is a change in your personal life that may impact you or your dependents' 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 notify your employer of the changes to your benefits within 30 days of the event date. Documentation will be required to verify the change of status. Failure to request a change of status within 30 days of the event may result in delay or denial of their enrollment.

## Eligible Dependents:

If you are eligible for our benefits, then your dependents are too, provided you properly enroll them. In general, eligible dependents include the employee's spouse, domestic partner and children up to age 26. If a 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 state-registered domestic partners. Documentation of current eligibility may be required. Complete details on eligible dependents may be found in the Summary Plan Description at [phbp.org/documents](http://phbp.org/documents).

PLEASE NOTE: Only enroll *currently eligible* dependents. The Plan will conduct a Dependent Audit in 2020 and current eligibility of your enrolled dependents will have to be documented and verified. Any ineligible dependents will be terminated from coverage and the participant shall reimburse the Plan for all premiums paid in 2020 on behalf of ineligible dependents, and may be liable to reimburse the carriers for any claims paid in 2020. If you currently have ineligible dependents enrolled in your plan, remove them now, no questions asked.

## What's New for 2020?

Below is an overview of all the plans provided by Producers' Health Benefits Plan.

### New Basic Life, Accidental Death & Dismemberment, Short-Term Disability, Long-Term Disability and Employee Assistance Program

- Employee Basic Life/AD&D Insurance pays a death benefit to your designated beneficiary.
- Short-Term Disability covers 60% of your weekly base salary up to \$3,000 per week.
- Long-Term Disability covers 60% of your monthly base salary up to \$12,500 per month.
- Employee Assistance Program provides you guidance and support for a wide range of personal issues.
- This coverage is not available through all employers. Check with your employer to see if you have this coverage.

# What's New for 2020? ... Continues

## New Supplemental Plans

We have added Supplemental Plans that are limited to those whose employers are provided the Basic Life and AD&D package described above. Check with your employer to see if you have those coverages. If you do, you may purchase:

- 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.

## New Voluntary Plans

Available to all eligible employees are Voluntary Plans through MetLife that can be purchased depending on your needs.

- 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 will be available to answer all of your questions and assist with the online enrollment process.

## Continuing Benefits:

The PHBP will continue to offer the following Benefits, and we're excited to let you know that there will be no change to the current plan designs – no increase in deductibles, out of pocket maximums, co-pays or co-insurance levels.

- Medical and Prescription Drug: High Deductible PPO with a Health Savings Account (HDHP w/ HSA), HMO (California only), Classic Plus PPO and Classic Premier PPO,
- Vision (subject to Employer participation in this benefit).
- Dental (subject to Employer participation in this benefit).



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

The core concept of this plan is the high deductibles offset the low premium. To assist with the deductibles, you can open an associated Health Savings Account (HSA), which allows you and/or your employer 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 “pre-tax” (federally and in most states except CA and NJ), in the form of payroll deductions.
- 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, 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.

# 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 12.

	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

\* “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 pre-tax through payroll deductions. Your contributions are deposited in your HSA account prior to taxes being applied to your paycheck, making your savings immediate. Confirm your tax advantage with your own tax professional. Post-tax contributions may be made as well in the form of a direct deposit by you into your HSA, with applicable deductions applied when you file your taxes.

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).

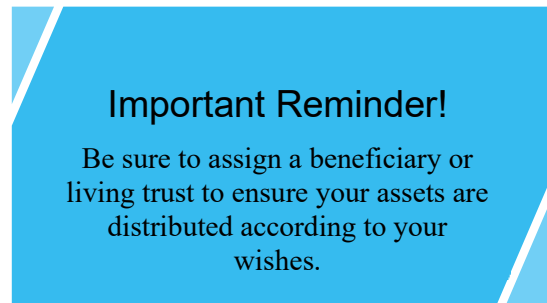
These are just the general guidelines. Please consult a tax professional for more information.





# New Basic Life and Accidental Death & Dismemberment Insurance

Check with your employer to see if this benefit is included. If covered, 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.



## New Short-Term Disability Insurance

Check with your employer to see if this benefit is included. If covered, 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. Please see the Benefit Summary for complete details.

## New Long-Term Disability Insurance

Check with your employer to see if this benefit is included. If covered, 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.

## New Employee Assistance Program (EAP)

If you are covered on the above disability benefits, you may participate in the Employee Assistance Program (EAP). The 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

# New Supplemental Life and Accidental Death & Dismemberment

If your benefits include the Basis Life and AD&D Insurance referenced on the previous page, 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. Staff employee Life Insurance may be purchased in \$10,000 increments (up to \$1 Million), 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 this Open Enrollment Period. If you apply for coverage during the next open enrollment 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

*The following are available to ALL full-time staff employees.* 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 15\***

**\*\* All Benefit Summaries can be found at [PHBP.org/documents](http://PHBP.org/documents) \*\***

# All Staff Employee 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 into which you and/or your employer 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 Classic HMO

Available to employees in California only. 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 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 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
<b>OFFICE VISITS</b>			
Primary Care Physician	20% after deductible	50% after deductible	\$10 copay
Specialist	20% after deductible	50% after deductible	\$30 copay
<b>PREVENTIVE SERVICES</b>			
Preventive Care	No charge (deductible waived)	50% after deductible	No charge
Well-Child Exam			
Well-Woman Exam			
<b>EMERGENCY SERVICES</b>			
Emergency Room	20% after deductible		\$100 copay
Urgent Care	20% after deductible	50% after deductible	\$10 copay
<b>HOSPITAL SERVICES</b>			
Room & Board	20% after deductible	50% after deductible limited to \$1,000 per day	\$250 copay per admission
Maternity/Delivery			
<b>OUTPATIENT SERVICES</b>			
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
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>			
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
<b>PRESCRIPTION DRUGS</b>			
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 Plus PPO and Classic Premier PPO

PLAN BENEFITS	Anthem Classic Plus PPO		Anthem Classic Premier PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$500	\$1,500	\$500	\$1,500
Family	\$1,000	\$3,000	\$1,000	\$3,000
Annual Out-of-Pocket Maximum				
Individual	\$4,000	\$12,000	\$2,500	\$5,000
Family	\$8,000	\$24,000	\$5,000	\$10,000
Coinsurance	20%	50%	20%	50%
<b>OFFICE VISITS</b>				
Primary Care Physician	\$30 copay	50% after deductible	\$25 copay	50% after deductible
Specialist	\$30 copay	50% after deductible	\$25 copay	50% after deductible
<b>PREVENTIVE SERVICES</b>				
Preventive Care	No charge	50% after deductible	No charge	50% after deductible
Well-Child Exam	(deductible waived)		(deductible waived)	
Well-Woman Exam				
<b>EMERGENCY SERVICES</b>				
Emergency Room	20% plus \$150 copay after deductible (copay waived if admitted)		20% plus \$150 copay after deductible (copay waived if admitted)	
Urgent Care	\$30 copay	50% after deductible	\$25 copay	50% after deductible
<b>HOSPITAL SERVICES</b>				
Room & Board	20% after deductible	50% after deductible coverage limited to \$1,000 per day	20% after deductible	50% after deductible coverage limited to \$1,000 per day
Maternity/Delivery				
<b>OUTPATIENT SERVICES</b>				
Outpatient Surgery	20% after deductible	50% after deductible coverage limited to \$350	20% after deductible	50% after deductible coverage limited to \$350
Diagnostic Lab/X-Ray	20% after deductible	50% after deductible coverage limited to \$350	20% after deductible	50% after deductible
Complex Radiology	20% after deductible	50% after deductible coverage limited to \$800	20% after deductible	50% after deductible coverage limited to \$800
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>				
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	\$30 copay	50% after deductible	\$25 copay	50% after deductible
<b>PRESCRIPTION DRUGS</b>				
Retail Prescriptions	<u>30 day supply</u>		<u>30 day supply</u>	
Generic (Tier 1a* / 1b)	\$5 copay / \$20 copay	50% of allowed amount & cost in excess of max allowed up to \$250 per Rx	\$500 Rx deductible for Specialty -Tier 4 (\$1,000 for family)	
Brand (Tier 2)	\$40 copay		\$10 copay	50% of allowed amount & cost in excess of max allowed up to \$250 per Rx
Non-Preferred (Tier 3)	\$65 copay		\$30 copay	
Specialty (Tier 4)	30% up to \$250		\$50 copay	
Mail Order	<u>90 day supply</u>		<u>90 day supply</u>	
Generic (Tier 1a* / 1b)	\$12.50 copay / \$50 copay	Not covered	\$10 copay	Not covered
Brand (Tier 2)	\$120 copay		\$60 copay	
Non-Preferred (Tier 3)	\$195 copay		\$100 copay	
Specialty (Tier 4)	30% up to \$250		30% up to \$300	

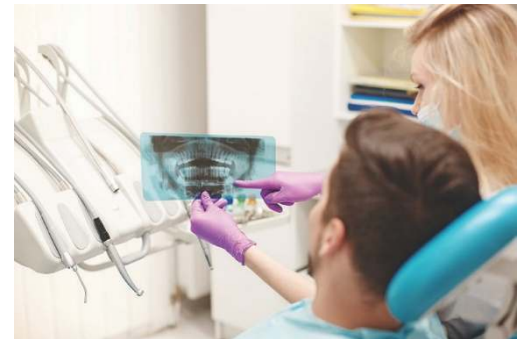
\*Generic Tier 1a are typically lower cost prescription drugs.

# Dental and Vision Overview:

## 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.

## 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
<b>Employee Age</b>		
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
Child	\$0.212	* Spouse rate based on EE age
<b>AD&amp;D Rates</b>		
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

# How do I Enroll?

## **All Currently Covered Employees Must Re-Enroll Online to Continue Coverage!**

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 – PRODUCER to (844) 872-1136
- Call 858-282-0660, mention PHBP
- Click this link: <https://synergyenrollment.fullslate.com/services/1859>

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 4 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*. You will receive an email by October 28<sup>th</sup> with instructions on how to enroll online.

## 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



# Contact Information

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: <a href="https://synergyenrollment.fullslate.com/services/1859">https://synergyenrollment.fullslate.com/services/1859</a>
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. Information provided in this brochure is not a guarantee of benefits.