



c/o BeneSys Administrators
Mailing Address: P.O. Box 2340, West Covina, CA 91793
P-(626)-646-1078 | Toll Free-(855)-696-2909 | F-(626)-931-1368
E-Mail: staff@phbpbenefits.org | Website: www.phbp.org

Dear PHBP Member:

You are receiving this packet because you recently had a qualifying event that made you ineligible to continue to participate in the PHBP plan

You and each dependent currently covered under your plan, are entitled to elect COBRA continuation coverage, which can continue group health coverage under the Plan for up to 36 months. **You will have 60 days from the date on the attached notification letter to elect COBRA coverage.**

In this packet you will find:

- 1. Benefit Premium Rate Sheet**
- 2. Continuation of Coverage Election Form**
- 3. Important Information of your COBRA Continuation Rights**

If you should elect COBRA you must remit payment within 45 days of election. You will not receive confirmation notices of monthly statements. We encourage you to read the entire package attached. You will not receive any confirmations or any other bills. It is your responsibility to make all payments on time

COBRA continuation coverage is administered and managed by our TPA, BeneSys. You can reach them at 1-855-696-2900.

For additional information, please go to www.phbp.org.



c/o BeneSys Administrators
Mailing Address: P.O. Box 2340, West Covina, CA 91793
P-(626)-646-1078 | Toll Free-(855)-696-2909 | F-(925)-478-4839
E-Mail: staff@phbpbenefits.org | Website: www.phbp.org

COBRA QUALIFYING EVENT FORM

This form is to notify the plan of COBRA qualifying events.
BeneSys will handle administration of Federal COBRA

Important

**This form must be submitted to BeneSys no later than the date of the qualifying event.
Kindly fax to 925-478-4839**

Employer Name: _____

Employee Name: _____ **Last Four Digits of SS #** _____ **Date of Termination:**
(Qualifying Event)

Employee Address: _____

Employee Personal Email: _____

Please check the qualifying event:

_____ Termination of employment for reasons other than gross misconduct; Reduction of the employee's hours (working under 30 hours, going on leave or expiration of FMLA period);

_____ Death of the employee;

_____ Spouse's divorce or legal separation from employee;

_____ Employee's entitlement to Medicare;

_____ Cessation of a child's dependent status under the terms of the plan (child dependent turns 26).

Name: _____

Employer Signature: _____ **Date:** _____

This form is to be completed by the employer for notification purposes only

Physical Address: 1050 Lakes Drive, Suite 120, West Covina, CA 91790

COBRA Continuation Coverage Election Form

Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, you must have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan.

Send completed Election Form to: Producers' Health Benefits Plan, c/o BeneSys Administrators, PO Box 2340, West Covina, CA 91793, (855) 696-2909

This Election Form must be completed and returned by mail. If mailed, it must be post-marked no later than 60 days from the date indicated on the enclosed COBRA Notice.

If you do not submit a completed Election Form by the due date shown above, you will lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you furnish the completed Election Form.

I (We) elect COBRA continuation coverage in the Producers' Health Benefits Plan, c/o BeneSys Administrators, PO Box 2340, West Covina, CA 91793, (855) 696-2909 (the Plan) as indicated below:

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
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- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

Coverage Option Elected: _____ FULL (Med/Den/Vis/Rx) _____ CORE (Med/Rx Only)

Signature

Date

Print Name

Relationship to individual(s) listed above

Print Address

Telephone number

What's COBRA continuation coverage?

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

Can I extend the length of COBRA continuation coverage?

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify **Producers' Health Benefits Plan, c/o BeneSys Administrators, PO Box 2340, West Covina, CA 91793, (855) 696-2909** of a disability or a second qualifying event within a certain time period to extend the period of continuation coverage. If you don't provide notice of a disability or second qualifying event within the required time period, it will affect your right to extend the period of continuation coverage.

For more information about extending the length of COBRA continuation coverage visit <http://www.dol.gov/ebsa/publications/cobraemployee.html>.

What is the Health Insurance Marketplace?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#). You can access the Marketplace for your state at www.HealthCare.gov.

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a “special enrollment” event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an “open enrollment” period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a “special enrollment period.” But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you’ve exhausted your COBRA continuation coverage and the coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse’s plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you’re eligible, you’ll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

What factors should I consider when choosing coverage options?

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse’s plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you’re currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.

- Drug Formularies: If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- Severance payments: If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- Service Areas: Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- Other Cost-Sharing: In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

For more information

This notice doesn't fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact **Producers' Health Benefits Plan, c/o BeneSys Administrators, PO Box 2340, West Covina, CA 91793, (855) 696-2909**.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.

Important Information About Payment

First payment for continuation coverage

You must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked). If you don't make your first payment in full no later than 45 days after the date of your election, you'll lose all continuation coverage rights under the Plan. You're responsible for making sure that the amount of your first payment is correct. You may contact **Producers' Health Benefits Plan, c/o BeneSys Administrators, PO Box 2340, West Covina, CA 91793, (855) 696-2909** to confirm the correct amount of your first payment.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you'll have to make periodic payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage is due the first day of each month for that coverage period. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The Plan will not send periodic notices of payments due for these coverage periods.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you'll be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. You'll get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period. If you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.]

If you don't make a periodic payment before the end of the grace period for that coverage period, you'll lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments for continuation coverage should be sent to:

Producers' Health Benefits Plan, c/o BeneSys Administrators, PO Box 2340, West Covina, CA 91793, (855) 696-2909