



**2018 OPEN ENROLLMENT – STAFF ELECTION FORM**

PHBP Contributing Employers that choose to cover their staff employees must complete this form.

All completed and signed forms should be in PDF format and sent to:

Benesys Administrators, Inc.  
 Attention: Barry Osharow  
 P.O. Box 2340  
 West Covina, CA 91793

Forms may also be emailed to [staff@phbpbenefits.org](mailto:staff@phbpbenefits.org).

**Section I: Election of Staff Coverage benefit offering:**

Contributing Employers electing Staff Coverage must choose between Option 1, which provides for only medical and pharmaceutical benefits, or Option 2, which provides for medical, dental, vision, and pharmaceutical.

Please check and initial **one** of the following options:

		Check:	Initial:
Option 1:	Medical and Pharmaceutical Benefits Only	_____	_____
Option 2:	Medical, Dental, Vision, and Pharmaceutical Benefits	_____	_____

**Section II: Monthly Premium amount:**

All Contributing Employers electing Staff Coverage are responsible for making monthly payment to PHBP for total staff premium amounts, plus any administrative fees.

Please note that administrative fees are different based upon whether the Contributing Employer is electing Staff Coverage for the first time, whether the Contributing Employer has elected Staff Coverage before, or whether the Freelance Administrative Criteria\* is met. The amount charged to you will be based upon these factors, and monthly amounts based upon these factors are indicated below:

- **Monthly Premium Amount and Staff Coverage Administrative Fee for Contributing Employers that were part of the Staff Plan prior to January 1, 2018:**

2018 Monthly Staff Contribution Amount**								
	Option 1: Medical and RX Only				Option 2: Medical, Dental, Vision, and RX			
	Employee	Employee + SP/DP	Employee + Ch(n)	Family	Employee	Employee + SP/DP	Employee + Ch(n)	Family
Premium	\$528.05	\$1,161.89	\$950.53	\$1,637.06	\$571.30	\$1,247.94	\$1,046.27	\$1,771.73
2% Fee	\$10.56	\$23.24	\$19.01	\$32.74	\$11.43	\$24.96	\$20.93	\$35.43
<b>Total</b>	<b>\$538.61</b>	<b>\$1,185.13</b>	<b>\$969.54</b>	<b>\$1,669.81</b>	<b>\$582.73</b>	<b>\$1,272.90</b>	<b>\$1,067.20</b>	<b>\$1,807.16</b>

\*\* Contributing Employers electing Staff Coverage are required to pay a 2% monthly Staff Coverage Administrative Fee, which is 2% of total staff contributions, for each staff employee.

- **Monthly Premium Amount and Staff Coverage Administrative Fee for Contributing Employers that are electing Staff coverage for the first time:**

2018 Monthly Staff Contribution Amount***								
	Option 1: Medical and RX Only				Option 2: Medical, Dental, Vision, and RX			
	Employee	Employee + SP/DP	Employee + Ch(n)	Family	Employee	Employee + SP/DP	Employee + Ch(n)	Family
Premium	\$528.05	\$1,161.89	\$950.53	\$1,637.06	\$571.30	\$1,247.94	\$1,046.27	\$1,771.73
5% Fee	\$26.40	\$58.09	\$47.53	\$81.85	\$28.57	\$62.40	\$52.31	\$88.59
Total	\$554.45	\$1,219.98	\$998.06	\$1,718.92	\$599.87	\$1,310.34	\$1,098.58	\$1,860.32

\*\*\*Contributing Employers electing Staff Coverage for the first time will be required to pay a 5% monthly Staff Coverage Administrative Fee, which is 5% of total staff contributions, for each staff employee, which may be reduced to 2% once the Freelance Administrative Criteria\* is met.

\*Please note that in order to more fairly apportion and rebalance the Plan's administrative costs among Contributing Employers in light of their varying proportions of covered Freelance to Staff employees, and hence contributions, the Trustees have adopted the following Freelance Administrative Criteria to determine when a Freelance Administrative Cost Assessment is appropriate. A Freelance Administrative Cost Assessment is required where in a calendar year, (i) a Contributing Employer's total annual freelance contributions are less than 40% of total staff contributions and (ii) the Contributing Employer's total annual freelance contributions are less than \$20,000. Each calendar year beginning with 2017 shall be a measuring year for the Freelance Administrative Criteria, and the Freelance Administrative Cost Assessment, if any, shall be effective for the succeeding calendar year. For example, for Contributing Employers not electing staff coverage for the first time, the 2017 calendar year will be the measuring year for the upcoming 2018 calendar year, prorated for partial years. For Contributing Employer's electing staff coverage for the first time, 2018 will be the measuring period for the 2019 calendar year. If in any measuring year, a Contributing Employer's total freelance contributions are less than 40% of combined staff and freelance contributions and its total annual freelance contributions are less than \$20,000, then in the succeeding calendar year the Freelance Administrative Cost Assessment shall be 7% of total staff contributions payable in that succeeding calendar year, plus the then current Staff Coverage Administrative Fee.

Date Agreed, Accepted, and Signed: \_\_\_\_\_

Full Name of Contributing Employer: \_\_\_\_\_

Address of Contributing Employer: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

The Contributing Employer agrees to cover all staff employees for individual medical coverage and pay the full monthly individual contribution rate directly to the PHBP via check to the BeneSys Administrators, Inc. the PHBP's third party administrator except employees who decline in writing as prescribed by PHBP. If the Contributing Employer requires its staff employees to reimburse it for a portion of the total monthly contribution rate it pays for individual medical coverage or medical/dental/vision coverage if that option package is elected, the staff employee paid portion may not exceed 25% of the Contributing Employer's total monthly contribution. Payment of medical coverage for family, spouse, domestic partner and dependents shall be optional on a group basis for the Contributing Employer and reimbursement of the Contributing Employer by the employee may be required by the Contributing Employer, subject to applicable law. PHBP may in its sole judgment and discretion, and at any time, determine to provide at the PHBP's cost any portion of family, spouse, domestic partner or dependent medical coverage, however, PHBP shall have no obligation to take such action. In the event it does, PHBP will notify the Contributing Employer of the effective date of such coverage and the extent/types of coverage provided and the effect on non- provided coverage and costs.

