

# Yearbook 2022-2023



**Since 1989 The Printing Industry Benefits Trust** has been offering and supporting employee benefits insurance for companies from 2 to 500 employees in the printing, graphic arts and web media industries. Our mission is to present solutions that help control costs while delivering meaningful healthcare benefits and to be a trusted source of support and assistance.



- **Industry leading service center - one call for service and support**
- **No cost COBRA Administration**
- **No cost Section 125 Premium Only Plan Document**
- **Access to full Flexible Spending Account (Section 125 Cafeteria Plan)**

|                                      |   |
|--------------------------------------|---|
| MEDICAL                              |   |
| DENTAL                               |   |
| VISION                               |   |
| LIFE: BASIC & VOLUNTARY              |    |
| EMPLOYEE ASSISTANCE PROGRAM          |    |
| EXECUTIVE MEDICAL REIMBURSEMENT PLAN |    |
| VOLUNTARY BENEFITS                   |    |
| FLEX SPENDING ACCOUNT                |    |

\* Billed separately



## Benefits at a Glance


| Kaiser                                       |  |  |
|--|---|---|
| Plan Name                                    | KP HMO 50/55 (117)  | KP Ded HMO 2000 (121)   |
| Network                                      | Full  | Full  |
| Calendar Year Deductible (Individual/Family) | Not Applicable  | \$2,000 [2] / \$4,000 [2]   |
| Out-of-pocket maximum (Individual/Family)    | \$6,350 / \$12,700  | \$4,500 / \$9,000   |
| Office Visit (PCP)                           | \$50 Copay  | \$30 Copay (No Deductible)  |
| Specialist Visit                             | \$55 Copay  | \$40 Copay (No Deductible)  |
| Outpatient Surgery/Treatment                 | \$250 Copay   | No Charge (After Deductible)  |
| Hospital Admission                           | \$1,500 Copay per admission   | No Charge (After Deductible)  |
| X-ray  | No Charge [42]  | No Charge (No Deductible)   |
| Laboratory                                   | No Charge [42]  | No Charge (No Deductible)   |
| Urgent Care                                  | \$50 Copay  | \$60 Copay (No Deductible)  |
| Emergency Room                               | \$250 Copay per visit   | \$250 Copay per visit (No Deductible)   |
| Preventive Care                              | No Charge   | No Charge (No Deductible)   |
| Mental Health Office Visit                   | \$50 Copay  | \$30 Copay (No Deductible)  |
| <b>Prescription Drugs</b>                    | <b>Generic / Brand / Specialty</b>  | <b>Generic / Brand / Specialty</b>  |
| Separate calendar year deductible            | \$100 Individual / \$300 Family (Brand only)                                      | Subject to Plan Deductible  |
| Rx out-of-pocket maximum (Individual/Family) | Not Applicable  | Not Applicable  |
| Retail prescriptions (30 day supply)         | \$35 / \$45 / Not Covered   | \$15 / \$45 / 20% up to \$300 max   |
| Mail order (up to 90-day supply)             | \$70 / \$90 / Not Covered   | \$30 / \$90 / 20%   |
| <b>Dental Coverage</b>                       |   |   |
| Pediatric dental coverage                    | Not Covered   | Not Covered   |
| <b>Vision</b>                                |   |   |
| Routine exam                                 | \$55 Copay (at Kaiser facility)   | \$30 Copay (at Kaiser facility)   |
| Frames and lenses                            | \$150 allowance every 12 months (with EyeMed Network)                             | \$150 allowance every 12 months (with EyeMed Network)                               |
| Plan ID                                      | 6952  | 11343   |

**IMPORTANT NOTICE:** This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit [www.pibt.org](http://www.pibt.org) - Forms and Documents.)

• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan. [42] \$250 in outpatient settings.

## Benefits at a Glance

|  |   |
|--|---|
| <b>Kaiser</b>                                |  |
| Plan Name                                    | KP Ded HMO 3000 (122)   |
| Network                                      | Full  |
| Calendar Year Deductible (Individual/Family) | \$3,000 [2] / \$6,000 [2]   |
| Out-of-pocket maximum (Individual/Family)    | \$5,500 / \$11,000  |
| Office Visit (PCP)                           | \$40 Copay (No Deductible)  |
| Specialist Visit                             | \$50 Copay (No Deductible)  |
| Outpatient Surgery/Treatment                 | No Charge (After Deductible)  |
| Hospital Admission                           | No Charge (After Deductible)  |
| X-ray  | No Charge (No Deductible)   |
| Laboratory                                   | No Charge (No Deductible)   |
| Urgent Care                                  | \$80 Copay (No Deductible)  |
| Emergency Room                               | \$250 Copay per visit (No Deductible)   |
| Preventive Care                              | No Charge (No Deductible)   |
| Mental Health Office Visit                   | \$40 Copay (No Deductible)  |
| <b>Prescription Drugs</b>                    | <b>Generic / Brand / Specialty</b>  |
| Separate calendar year deductible            | Subject to Plan Deductible  |
| Rx out-of-pocket maximum (Individual/Family) | Not Applicable  |
| Retail prescriptions (30 day supply)         | \$15 / \$45 / 20% up to \$300 max   |
| Mail order (up to 90-day supply)             | \$30 / \$90 / 20%   |
| <b>Dental Coverage</b>                       |   |
| Pediatric dental coverage                    | Not Covered   |
| <b>Vision</b>                                |   |
| Routine exam                                 | \$40 Copay (at Kaiser facility)   |
| Frames and lenses                            | \$150 allowance every 12 months (with EyeMed Network)                             |
| Plan ID                                      | 11344   |

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• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan.

## Kaiser Monthly Rates by age, effective 12/1/2022

Dependent monthly rates do not include the employee portion.

| Plan Name            | KP HMO 50/55 (117), Plan ID #6952     |          |          |          |          |          |           |
|----------------------|---------------------------------------|----------|----------|----------|----------|----------|-----------|
| Age/Tier             | Under 30                              | Under 40 | Under 50 | Under 55 | Under 60 | Under 65 | 65 & Over |
| Employee             | 405.06                                | 465.42   | 586.13   | 758.52   | 952.36   | 1,165.59 | 1,165.59  |
| +Spouse              | 473.46                                | 541.86   | 682.71   | 882.59   | 1,111.31 | 1,363.28 | 1,363.28  |
| +Child(ren)          | 323.22                                | 371.48   | 468.07   | 606.02   | 761.09   | 923.89   | 923.89    |
| +Spouse & Child(ren) | 850.34                                | 979.11   | 1,232.62 | 1,594.57 | 2,001.64 | 2,447.47 | 2,447.47  |
| Plan Name            | KP Ded HMO 2000 (121), Plan ID #11343 |          |          |          |          |          |           |
| Age/Tier             | Under 30                              | Under 40 | Under 50 | Under 55 | Under 60 | Under 65 | 65 & Over |
| Employee             | 432.37                                | 496.82   | 625.70   | 809.77   | 1,016.74 | 1,244.38 | 1,244.38  |
| +Spouse              | 505.40                                | 578.43   | 728.81   | 942.22   | 1,186.44 | 1,455.48 | 1,455.48  |
| +Child(ren)          | 344.87                                | 396.44   | 499.54   | 646.84   | 812.38   | 986.23   | 986.23    |
| +Spouse & Child(ren) | 907.69                                | 1,045.19 | 1,315.85 | 1,702.34 | 2,136.93 | 2,612.93 | 2,612.93  |
| Plan Name            | KP Ded HMO 3000 (122), Plan ID #11344 |          |          |          |          |          |           |
| Age/Tier             | Under 30                              | Under 40 | Under 50 | Under 55 | Under 60 | Under 65 | 65 & Over |
| Employee             | 374.28                                | 430.03   | 541.50   | 700.66   | 879.64   | 1,076.53 | 1,076.53  |
| +Spouse              | 437.46                                | 500.63   | 630.66   | 815.21   | 1,026.41 | 1,259.09 | 1,259.09  |
| +Child(ren)          | 298.99                                | 343.59   | 432.74   | 560.11   | 703.30   | 853.64   | 853.64    |
| +Spouse & Child(ren) | 785.75                                | 904.62   | 1,138.70 | 1,472.91 | 1,848.79 | 2,260.46 | 2,260.46  |





This Q&A answers the most frequently asked questions about the PIBT Freedom Plans.

### 1. PIBT Freedom Plans the right choice for me?

These plans are a good choice for you if:

- You want to control your costs
- You prefer to choose your provider
- You like the idea of having an advocate help you navigate the healthcare system
- You are willing to be engage with your health plan occasionally

### 2. Who administers the PIBT Freedom Plans?

PIBT designed the plans and their benefits and engaged Imagine360 to administer and manage claims under the Freedom Plans.

- Imagine360 is a third-party administrator who manages claims and provides support teams to advise members through their concierge service and HealthWatch.
- Imagine360 also audits and settles claims from facilities such as hospitals and outpatient centers. In all cases, the staff of PIBT is always here to assist you. Never hesitate to call us.

### 3. What doctors and other healthcare providers can I use?

Virtually all practitioners accept our plan. Although the plans use a national network, MultiPlan Practitioner and Ancillary network, that includes physicians, labs, urgent care, and similar types of providers. Your benefits are the same whether you seek care from a preferred or non-preferred practitioner.

**If you are looking for a new doctor**, we recommend that you check the MultiPlan Practitioner and Ancillary network and select a suitable doctor from the list. You may also ask Imagine360's concierge service to find the top practitioners in your area to address your medical issue.

### **If you know which doctor you want to see and the provider is non-preferred,**

bring along your new ID card and your PIBT Practitioner Guidance Flyer. If the provider still has questions, ask them to call Imagine360. An explanation of how our plan works will be given to your provider.

**For facilities** like hospitals, outpatient facilities, and surgical centers, the plan does not use a network. You may go to virtually any facility you choose. If the facility needs to contact Imagine360 to confirm your coverage or other information, the contact information is on your Freedom plan ID card.

If you like, you may contact Imagine360 prior to any appointment and we will contact the doctor or facility to make sure there are no challenges when you arrive for your appointment.

Note that certain healthcare providers and facilities, Kaiser for example, only treat patients who are part of their health system. Kaiser will typically not accept the PIBT Freedom Plans except for emergency medical conditions.

### 4. What if a healthcare provider says they don't recognize my insurance plan?

Give them the PIBT Practitioner Guidance Flyer which should answer their questions. If they still have questions, ask them to call Imagine360 at the number on your ID card. We are almost always able to work out a solution for you and get you seen and treated.

Although very rare, if a solution can't be found with your provider, a member of the concierge service team will locate other top-tier provider options for you to select from for your medical services.



**5. What if a healthcare provider asks me to pay upfront?**

Call Imagine360 immediately, even if you are in the provider's office. You should not pay any amounts higher than your plan co-pay, coinsurance or deductible, depending on the type of treatment you are receiving. We will explain to the provider how our plan works and get you seen without an upfront payment higher than these amounts.

**6. Who can I turn to with questions or for help?**

The staff at PIBT can answer many of your questions related to eligibility, benefits and various administrative issues. Imagine360 also has Member Service Professionals who are available to answer more detailed questions.

One of the most valued resources provided under the Freedom Plans is Imagine360's concierge service. These advocates are available to help you:

- Navigate the complex healthcare system
- Find the best healthcare providers in your area
- Better understand a diagnosis and learn about treatment options
- Ensure your physician's office understands the plan and you get seen
- And much more

**7. What happens if a healthcare provider bills me for the balance after I have paid my portion?**

Balance billings do not happen very often but, if you receive a balance bill, send it to us or Imagine360 directly as soon as possible. You will be contacted within 24 hours by an Imagine360 Member Advocate who will work closely with you until the balance billing is resolved.

Our commitment to you is that, if you follow our process, you will only be responsible for co-pays, deductibles and co-insurance based on your Freedom plan. If the bill is sent to collections, your assigned legal representative will contact the collection agency to remove you from the process, and then work with the collection agency to resolve the billing so that your credit is not compromised.



**8. Are these plans HMOs, PPOs or POS plans?**

These plans are PPO level benefits, but you can seek care at virtually any provider. The MultiPlan Practitioner and Ancillary network gives you an excellent starting point. You can check to see if your current doctor is in the MultiPlan network, or you can find a new doctor, but ultimately you are free to seek care at any provider that you choose.





## Benefits at a Glance



| PIBT Freedom                                 |  |  |
|--|---|---|
| Plan Name                                    | PIBT 35/1250  | PIBT 40/1750  |
| Network                                      | Not Applicable [37]   | Not Applicable [37]   |
| Calendar Year Deductible (Individual/Family) | \$1,250 / \$2,500 [2]   | \$1,750 / \$3,500 [2]   |
| Out-of-pocket maximum (Individual/Family)    | \$4,500 / \$9,000   | \$6,000 / \$12,000  |
| Office Visit (PCP)                           | \$35 (No Deductible) [40]   | \$40 (No Deductible) [40]   |
| Specialist Visit                             | \$35 (No Deductible) [40]   | \$40 (No Deductible) [40]   |
| Outpatient Surgery/Treatment                 | 10% per visit (After Deductible)  | 25% per visit (After Deductible)  |
| Hospital Admission                           | \$350 copay + 10% per admission (After Deductible)                                | \$250 copay + 25% per admission (After Deductible)                                  |
| X-ray  | \$35 per visit [40] (After Deductible)  | \$40 per visit [40] (After Deductible)  |
| Laboratory                                   | \$35 per visit [40] (After Deductible)  | \$40 per visit [40] (After Deductible)  |
| Urgent Care                                  | \$35 (No Deductible)  | \$40 (No Deductible)  |
| Emergency Room                               | \$350 copay + 10% per visit (After Deductible)                                    | \$250 copay + 25% per visit (After Deductible)                                      |
| Preventive Care                              | No Charge (No Deductible)   | No Charge (No Deductible)   |
| Mental Health Office Visit                   | \$35 (No Deductible)  | \$40 (No Deductible)  |
| <b>Prescription Drugs</b>                    | <b>Generic/Brand/Non-Pref. Brand/Specialty</b>                                    | <b>Generic/Brand/Non-Pref. Brand/Specialty</b>                                      |
| Separate calendar year deductible            | \$275 per member (Except Generic) [5]   | \$275 per member (Except Generic) [5]   |
| Rx out-of-pocket maximum (Individual/Family) | Not Applicable  | Not Applicable  |
| Retail prescriptions (30-90 day supply)      | \$15 / \$30 / \$50 / Specialty Drugs Program [6] [44]                             | \$15 / \$30 / \$45 / Specialty Drugs Program [6] [44]                               |
| Mail order (30-90-day supply)                | \$30 / \$60 / \$100 / Specialty Drugs Program [6] [44]                            | \$30 / \$60 / \$90 / Specialty Drugs Program [6] [44]                               |
| <b>Dental Coverage</b>                       |   |   |
| Pediatric dental coverage                    | Not Covered   | Not Covered   |
| <b>Vision</b>                                |   |   |
| Routine exam                                 | No Charge [8]   | No Charge [8]   |
| Frames and lenses                            | Not Covered   | Not Covered   |
| Plan ID                                      | 11503   | 11504   |

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• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan. [5] Accrues toward the calendar year out-of-pocket maximum. [6] Some drugs require prior authorization for medical necessity, or when effective, lower cost alternatives are available. [8] Routine vision screening for children only. [37] Some services require pre-authorization. If these services are rendered by providers as a facility, please refer to the appropriate category under level I of the Benefit Summary for the benefit. [40] For outpatient department of a Hospital, copay may differ. [44] Participation in the Specialty Drugs Program is required for specialty drugs or a 100% copay applies. See your plan document for information about drugs that require prior authorization and drugs that are excluded.

## Benefits at a Glance


| PIBT Freedom                                 |  |  |
|--|---|---|
| Plan Name                                    | PIBT 45/3250  | PIBT 55/5500  |
| Network                                      | Not Applicable [37]   | Not Applicable [37]   |
| Calendar Year Deductible (Individual/Family) | \$3,250 / \$6,500 [2]   | \$5,500 / \$11,000 [2]  |
| Out-of-pocket maximum (Individual/Family)    | \$7,500 / \$15,000  | \$8,500 / \$17,000  |
| Office Visit (PCP)                           | \$45 (No Deductible) [40]   | \$55 (No Deductible) [40]   |
| Specialist Visit                             | \$45 (No Deductible) [40]   | \$55 (No Deductible) [40]   |
| Outpatient Surgery/Treatment                 | 25% per visit (After Deductible)  | 40% per visit (After Deductible)  |
| Hospital Admission                           | \$250 + 25% per admission (After Deductible)                                      | \$250 copay + 40% per admission (After Deductible)                                  |
| X-ray  | \$45 per visit [40] (After Deductible)  | \$55 per visit [40] (After Deductible)  |
| Laboratory                                   | \$45 per visit [40] (After Deductible)  | \$55 per visit [40] (After Deductible)  |
| Urgent Care                                  | \$45 (No Deductible)  | \$55 (No Deductible)  |
| Emergency Room                               | \$250 copay + 25% per visit (After Deductible)                                    | \$250 copay + 40% (After Deductible)  |
| Preventive Care                              | No Charge (No Deductible)   | No Charge (No Deductible)   |
| Mental Health Office Visit                   | \$45 (No Deductible)  | \$55 (No Deductible)  |
| <b>Prescription Drugs</b>                    | <b>Generic/Brand/Non-Pref. Brand/Specialty</b>                                    | <b>Generic/Brand/Non-Pref. Brand/Specialty</b>                                      |
| Separate calendar year deductible            | \$275 per member (Except Generic) [5]   | \$275 per member (Except Generic) [5]   |
| Rx out-of-pocket maximum (Individual/Family) | Not Applicable  | Not Applicable  |
| Retail prescriptions (30-90 day supply)      | \$15 / \$30 / \$45 / Specialty Drugs Program [6] [44]                             | \$15 / \$30 / 50% \$100 max [6] / Specialty Drugs Program [44]                      |
| Mail order (30-90-day supply)                | \$30 / \$60 / \$90 / Specialty Drugs Program [6] [44]                             | \$30 / \$60 / 50% \$200 max [6] / Specialty Drugs Program [44]                      |
| <b>Dental Coverage</b>                       |   |   |
| Pediatric dental coverage                    | Not Covered   | Not Covered   |
| <b>Vision</b>                                |   |   |
| Routine exam                                 | No Charge [8]   | No Charge [8]   |
| Frames and lenses                            | Not Covered   | Not Covered   |
| Plan ID                                      | 11505   | 11506   |

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• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan. [5] Accrues toward the calendar year out-of-pocket maximum. [6] Some drugs require prior authorization for medical necessity, or when effective, lower cost alternatives are available. [8] Routine vision screening for children only. [37] Some services require pre-authorization. If these services are rendered by providers as a facility, please refer to the appropriate category under level I of the Benefit Summary for the benefit. [40] For outpatient department of a Hospital, copay may differ. [44] Participation in the Specialty Drugs Program is required for specialty drugs or a 100% copay applies. See your plan document for information about drugs that require prior authorization and drugs that are excluded.

## Benefits at a Glance

|  |   |
|--|---|
| <b>PIBT Freedom</b>                          |  |
| Plan Name                                    | PIBT HSA 6500   |
| Network                                      | Not Applicable [37]   |
| Calendar Year Deductible (Individual/Family) | \$6,500 / \$13,000 [2]  |
| Out-of-pocket maximum (Individual/Family)    | \$7,050 / \$14,100  |
| Office Visit (PCP)                           | 30% (After Deductible) [40]   |
| Specialist Visit                             | 30% (After Deductible) [40]   |
| Outpatient Surgery/Treatment                 | 30% per visit (After Deductible)  |
| Hospital Admission                           | \$250 + 30% per admission (After Deductible)                                      |
| X-ray  | 30% [40] (After Deductible)   |
| Laboratory                                   | 30% [40] (After Deductible)   |
| Urgent Care                                  | 30% (After Deductible)  |
| Emergency Room                               | \$250 + 30% per visit (After Deductible)  |
| Preventive Care                              | No Charge (No Deductible)   |
| Mental Health Office Visit                   | 30% (After Deductible)  |
| <b>Prescription Drugs</b>                    | <b>Generic/Brand/Non-Pref. Brand/Specialty</b>                                    |
| Separate calendar year deductible            | Subject to the calendar year deductible   |
| Rx out-of-pocket maximum (Individual/Family) | Not Applicable  |
| Retail prescriptions (30-90 day supply)      | \$10 / \$25 /\$40 / Specialty Drugs Program [6] [44]                              |
| Mail order (30-90-day supply)                | \$20 / \$50 / \$80 / Specialty Drugs Program [6] [44]                             |
| <b>Dental Coverage</b>                       |   |
| Pediatric dental coverage                    | Not Covered   |
| <b>Vision</b>                                |   |
| Routine exam                                 | No Charge [8]   |
| Frames and lenses                            | Not Covered   |
| Plan ID                                      | 11507   |

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• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan. [6] Some drugs require prior authorization for medical necessity, or when effective, lower cost alternatives are available. [8] Routine vision screening for children only. [37] Some services require pre-authorization. If these services are rendered by providers as a facility, please refer to the appropriate category under level I of the Benefit Summary for the benefit. [40] For outpatient department of a Hospital, copay may differ. [44] Participation in the Specialty Drugs Program is required for specialty drugs or a 100% copay applies. See your plan document for information about drugs that require prior authorization and drugs that are excluded.

## PIBT Freedom Monthly Rates by age, effective 12/1/2022

Dependent monthly rates do not include the employee portion.

| Plan Name | PIBT 35/1250 |          |             |          | PIBT 40/1750 |          |             |          |
|-----------|--------------|----------|-------------|----------|--------------|----------|-------------|----------|
| Plan ID   | 11503        |          |             |          | 11504        |          |             |          |
| Region    | 100          |          |             |          | 100          |          |             |          |
| Emp. Age  | Employee     | +Spouse  | +Child(ren) | +Family  | Employee     | +Spouse  | +Child(ren) | +Family  |
| 18        | 367.57       | 477.87   | 257.31      | 698.43   | 339.40       | 441.23   | 237.58      | 644.88   |
| 19        | 367.57       | 477.87   | 257.31      | 698.43   | 339.40       | 441.23   | 237.58      | 644.88   |
| 20        | 367.57       | 477.87   | 257.31      | 698.43   | 339.40       | 441.23   | 237.58      | 644.88   |
| 21        | 413.00       | 536.90   | 289.09      | 784.69   | 381.33       | 495.74   | 266.92      | 724.53   |
| 22        | 420.90       | 547.20   | 294.64      | 799.75   | 388.64       | 505.25   | 272.05      | 738.44   |
| 23        | 429.40       | 558.22   | 300.60      | 815.89   | 396.49       | 515.43   | 277.54      | 753.33   |
| 24        | 438.47       | 570.01   | 306.93      | 833.10   | 404.86       | 526.31   | 283.40      | 769.23   |
| 25        | 448.12       | 582.56   | 313.69      | 851.44   | 413.77       | 537.91   | 289.64      | 786.16   |
| 26        | 458.37       | 595.89   | 320.85      | 870.91   | 423.22       | 550.21   | 296.26      | 804.15   |
| 27        | 469.22       | 610.00   | 328.47      | 891.53   | 433.25       | 563.21   | 303.27      | 823.18   |
| 28        | 480.69       | 624.90   | 336.48      | 913.32   | 443.84       | 577.01   | 310.70      | 843.31   |
| 29        | 492.79       | 640.64   | 344.96      | 936.32   | 455.01       | 591.52   | 318.51      | 864.55   |
| 30        | 505.54       | 657.21   | 353.88      | 960.56   | 466.79       | 606.83   | 326.75      | 886.91   |
| 31        | 518.95       | 674.65   | 363.26      | 986.02   | 479.18       | 622.93   | 335.42      | 910.45   |
| 32        | 533.04       | 692.96   | 373.13      | 1,012.79 | 492.18       | 639.84   | 344.53      | 935.16   |
| 33        | 547.84       | 712.18   | 383.49      | 1,040.89 | 505.83       | 657.58   | 354.08      | 961.09   |
| 34        | 563.32       | 732.34   | 394.33      | 1,070.31 | 520.15       | 676.18   | 364.09      | 988.27   |
| 35        | 579.54       | 753.41   | 405.68      | 1,101.16 | 535.12       | 695.67   | 374.59      | 1,016.74 |
| 36        | 596.53       | 775.50   | 417.58      | 1,133.42 | 550.79       | 716.05   | 385.57      | 1,046.52 |
| 37        | 614.27       | 798.57   | 429.99      | 1,167.14 | 567.19       | 737.35   | 397.03      | 1,077.66 |
| 38        | 632.82       | 822.67   | 442.98      | 1,202.37 | 584.31       | 759.61   | 409.02      | 1,110.20 |
| 39        | 652.18       | 847.86   | 456.53      | 1,239.17 | 602.18       | 782.86   | 421.54      | 1,144.17 |
| 40        | 672.40       | 874.12   | 470.68      | 1,277.56 | 620.84       | 807.10   | 434.59      | 1,179.63 |
| 41        | 693.46       | 901.51   | 485.43      | 1,317.60 | 640.30       | 832.41   | 448.22      | 1,216.58 |
| 42        | 715.44       | 930.06   | 500.81      | 1,359.32 | 660.59       | 858.76   | 462.42      | 1,255.12 |
| 43        | 738.31       | 959.83   | 516.82      | 1,402.83 | 681.72       | 886.24   | 477.21      | 1,295.28 |
| 44        | 762.15       | 990.80   | 533.51      | 1,448.10 | 703.73       | 914.86   | 492.62      | 1,337.11 |
| 45        | 786.96       | 1,023.06 | 550.88      | 1,495.26 | 726.64       | 944.63   | 508.64      | 1,380.62 |
| 46        | 812.80       | 1,056.63 | 568.95      | 1,544.32 | 750.48       | 975.64   | 525.34      | 1,425.93 |
| 47        | 839.66       | 1,091.56 | 587.75      | 1,595.36 | 775.29       | 1,007.87 | 542.70      | 1,473.07 |
| 48        | 867.57       | 1,127.87 | 607.33      | 1,648.44 | 801.08       | 1,041.41 | 560.77      | 1,522.06 |
| 49        | 896.61       | 1,165.62 | 627.64      | 1,703.60 | 827.89       | 1,076.26 | 579.52      | 1,572.99 |
| 50        | 926.81       | 1,204.83 | 648.77      | 1,760.92 | 855.75       | 1,112.49 | 599.03      | 1,625.95 |
| 51        | 958.16       | 1,245.59 | 670.69      | 1,820.49 | 884.70       | 1,150.11 | 619.29      | 1,680.93 |
| 52        | 990.71       | 1,287.92 | 693.50      | 1,882.37 | 914.76       | 1,189.19 | 640.32      | 1,738.06 |
| 53        | 1,024.52     | 1,331.88 | 717.16      | 1,946.61 | 945.99       | 1,229.78 | 662.17      | 1,797.37 |
| 54        | 1,059.61     | 1,377.49 | 741.72      | 2,013.27 | 978.37       | 1,271.91 | 684.87      | 1,858.94 |
| 55        | 1,096.02     | 1,424.84 | 767.23      | 2,082.47 | 1,012.01     | 1,315.61 | 708.41      | 1,922.84 |
| 56        | 1,133.81     | 1,473.95 | 793.67      | 2,154.25 | 1,046.90     | 1,360.97 | 732.83      | 1,989.10 |
| 57        | 1,172.99     | 1,524.90 | 821.09      | 2,228.69 | 1,083.08     | 1,408.00 | 758.15      | 2,057.87 |
| 58        | 1,213.63     | 1,577.72 | 849.55      | 2,305.92 | 1,120.59     | 1,456.78 | 784.42      | 2,129.16 |
| 59        | 1,255.76     | 1,632.51 | 879.03      | 2,385.96 | 1,159.50     | 1,507.35 | 811.65      | 2,203.05 |
| 60        | 1,299.43     | 1,689.26 | 909.60      | 2,468.91 | 1,199.80     | 1,559.78 | 839.87      | 2,279.65 |
| 61        | 1,344.67     | 1,748.07 | 941.27      | 2,554.88 | 1,241.58     | 1,614.07 | 869.13      | 2,359.04 |
| 62        | 1,391.54     | 1,809.01 | 974.08      | 2,643.94 | 1,284.87     | 1,670.34 | 899.40      | 2,441.26 |
| 63        | 1,440.08     | 1,872.12 | 1,008.05    | 2,736.18 | 1,329.70     | 1,728.60 | 930.78      | 2,526.42 |
| 64+       | 1,505.22     | 1,956.79 | 1,053.66    | 2,859.93 | 1,389.84     | 1,806.78 | 972.89      | 2,640.69 |

## PIBT Freedom Monthly Rates by age, effective 12/1/2022

Dependent monthly rates do not include the employee portion.

| Plan Name | PIBT 45/3250 |          |             |          | PIBT 55/5500 |          |             |          |
|-----------|--------------|----------|-------------|----------|--------------|----------|-------------|----------|
| Plan ID   | 11505        |          |             |          | 11506        |          |             |          |
| Region    | 100          |          |             |          | 100          |          |             |          |
| Emp. Age  | Employee     | +Spouse  | +Child(ren) | +Family  | Employee     | +Spouse  | +Child(ren) | +Family  |
| 18        | 297.08       | 386.22   | 207.96      | 564.46   | 266.47       | 346.41   | 186.52      | 506.31   |
| 19        | 297.08       | 386.22   | 207.96      | 564.46   | 266.47       | 346.41   | 186.52      | 506.31   |
| 20        | 297.08       | 386.22   | 207.96      | 564.46   | 266.47       | 346.41   | 186.52      | 506.31   |
| 21        | 333.78       | 433.92   | 233.65      | 634.20   | 299.39       | 389.21   | 209.57      | 568.85   |
| 22        | 340.18       | 442.24   | 238.13      | 646.36   | 305.12       | 396.67   | 213.59      | 579.76   |
| 23        | 347.05       | 451.17   | 242.94      | 659.39   | 311.29       | 404.69   | 217.91      | 591.47   |
| 24        | 354.37       | 460.70   | 248.06      | 673.31   | 317.86       | 413.22   | 222.51      | 603.94   |
| 25        | 362.17       | 470.83   | 253.51      | 688.13   | 324.86       | 422.32   | 227.40      | 617.23   |
| 26        | 370.45       | 481.59   | 259.32      | 703.88   | 332.28       | 431.97   | 232.61      | 631.34   |
| 27        | 379.23       | 493.00   | 265.46      | 720.55   | 340.15       | 442.20   | 238.11      | 646.30   |
| 28        | 388.50       | 505.04   | 271.95      | 738.15   | 348.47       | 453.02   | 243.94      | 662.11   |
| 29        | 398.27       | 517.77   | 278.81      | 756.75   | 357.24       | 464.43   | 250.07      | 678.78   |
| 30        | 408.59       | 531.17   | 286.01      | 776.32   | 366.49       | 476.43   | 256.55      | 696.32   |
| 31        | 419.42       | 545.26   | 293.60      | 796.92   | 376.20       | 489.07   | 263.35      | 714.82   |
| 32        | 430.81       | 560.06   | 301.57      | 818.55   | 386.41       | 502.37   | 270.49      | 734.21   |
| 33        | 442.75       | 575.59   | 309.93      | 841.24   | 397.14       | 516.28   | 278.01      | 754.57   |
| 34        | 455.28       | 591.87   | 318.70      | 865.05   | 408.37       | 530.88   | 285.86      | 775.92   |
| 35        | 468.40       | 608.92   | 327.88      | 889.97   | 420.13       | 546.17   | 294.09      | 798.27   |
| 36        | 482.11       | 626.75   | 337.49      | 916.04   | 432.44       | 562.17   | 302.70      | 821.65   |
| 37        | 496.47       | 645.41   | 347.53      | 943.29   | 445.31       | 578.91   | 311.73      | 846.10   |
| 38        | 511.44       | 664.90   | 358.03      | 971.77   | 458.76       | 596.38   | 321.13      | 871.64   |
| 39        | 527.10       | 685.24   | 368.97      | 1,001.50 | 472.79       | 614.64   | 330.96      | 898.32   |
| 40        | 543.44       | 706.48   | 380.41      | 1,032.54 | 487.44       | 633.69   | 341.22      | 926.16   |
| 41        | 560.46       | 728.61   | 392.34      | 1,064.89 | 502.71       | 653.54   | 351.90      | 955.18   |
| 42        | 578.21       | 751.69   | 404.76      | 1,098.63 | 518.63       | 674.24   | 363.05      | 985.43   |
| 43        | 596.71       | 775.74   | 417.70      | 1,133.78 | 535.24       | 695.81   | 374.67      | 1,016.96 |
| 44        | 615.99       | 800.77   | 431.19      | 1,170.38 | 552.51       | 718.28   | 386.75      | 1,049.78 |
| 45        | 636.04       | 826.87   | 445.23      | 1,208.49 | 570.51       | 741.66   | 399.35      | 1,083.96 |
| 46        | 656.91       | 853.98   | 459.82      | 1,248.14 | 589.23       | 766.00   | 412.45      | 1,119.53 |
| 47        | 678.62       | 882.19   | 475.03      | 1,289.38 | 608.69       | 791.31   | 426.09      | 1,156.53 |
| 48        | 701.19       | 911.55   | 490.83      | 1,332.27 | 628.94       | 817.63   | 440.26      | 1,195.00 |
| 49        | 724.66       | 942.07   | 507.27      | 1,376.87 | 649.99       | 845.00   | 455.00      | 1,235.00 |
| 50        | 749.04       | 973.77   | 524.33      | 1,423.21 | 671.88       | 873.44   | 470.31      | 1,276.56 |
| 51        | 774.38       | 1,006.71 | 542.07      | 1,471.35 | 694.59       | 902.98   | 486.23      | 1,319.75 |
| 52        | 800.70       | 1,040.92 | 560.49      | 1,521.35 | 718.20       | 933.66   | 502.73      | 1,364.60 |
| 53        | 828.03       | 1,076.45 | 579.63      | 1,573.25 | 742.70       | 965.53   | 519.90      | 1,411.17 |
| 54        | 856.39       | 1,113.32 | 599.48      | 1,627.15 | 768.14       | 998.61   | 537.70      | 1,459.50 |
| 55        | 885.81       | 1,151.57 | 620.09      | 1,683.07 | 794.54       | 1,032.92 | 556.20      | 1,509.65 |
| 56        | 916.36       | 1,191.28 | 641.45      | 1,741.09 | 821.94       | 1,068.51 | 575.37      | 1,561.69 |
| 57        | 948.03       | 1,232.45 | 663.61      | 1,801.26 | 850.35       | 1,105.46 | 595.25      | 1,615.67 |
| 58        | 980.87       | 1,275.14 | 686.63      | 1,863.66 | 879.80       | 1,143.76 | 615.87      | 1,671.66 |
| 59        | 1,014.92     | 1,319.41 | 710.44      | 1,928.36 | 910.34       | 1,183.45 | 637.24      | 1,729.66 |
| 60        | 1,050.21     | 1,365.29 | 735.15      | 1,995.41 | 941.99       | 1,224.61 | 659.41      | 1,789.82 |
| 61        | 1,086.78     | 1,412.82 | 760.74      | 2,064.88 | 974.79       | 1,267.25 | 682.37      | 1,852.13 |
| 62        | 1,124.66     | 1,462.06 | 787.27      | 2,136.87 | 1,008.78     | 1,311.42 | 706.14      | 1,916.68 |
| 63        | 1,163.89     | 1,513.06 | 814.73      | 2,211.40 | 1,043.96     | 1,357.17 | 730.78      | 1,983.55 |
| 64+       | 1,216.53     | 1,581.50 | 851.58      | 2,311.43 | 1,091.18     | 1,418.57 | 763.84      | 2,073.28 |

## PIBT Freedom Monthly Rates by age, effective 12/1/2022

Dependent monthly rates do not include the employee portion.

| Plan Name | PIBT HSA 6500 |          |             |          |
|-----------|---------------|----------|-------------|----------|
| Plan ID   | 11507         |          |             |          |
| Region    | 100           |          |             |          |
| Emp. Age  | Employee      | +Spouse  | +Child(ren) | +Family  |
| 18        | 237.19        | 308.35   | 166.03      | 450.67   |
| 19        | 237.19        | 308.35   | 166.03      | 450.67   |
| 20        | 237.19        | 308.35   | 166.03      | 450.67   |
| 21        | 266.48        | 346.43   | 186.55      | 506.33   |
| 22        | 271.60        | 353.08   | 190.12      | 516.06   |
| 23        | 277.07        | 360.21   | 193.96      | 526.46   |
| 24        | 282.92        | 367.81   | 198.06      | 537.57   |
| 25        | 289.15        | 375.89   | 202.40      | 549.40   |
| 26        | 295.76        | 384.51   | 207.04      | 561.96   |
| 27        | 302.76        | 393.61   | 211.94      | 575.27   |
| 28        | 310.17        | 403.22   | 217.12      | 589.34   |
| 29        | 317.98        | 413.38   | 222.59      | 604.19   |
| 30        | 326.21        | 424.06   | 228.35      | 619.81   |
| 31        | 334.86        | 435.32   | 234.41      | 636.23   |
| 32        | 343.95        | 447.14   | 240.76      | 653.52   |
| 33        | 353.49        | 459.54   | 247.45      | 671.64   |
| 34        | 363.48        | 472.54   | 254.44      | 690.63   |
| 35        | 373.96        | 486.16   | 261.77      | 710.54   |
| 36        | 384.91        | 500.39   | 269.43      | 731.34   |
| 37        | 396.36        | 515.29   | 277.48      | 753.10   |
| 38        | 408.33        | 530.84   | 285.84      | 775.83   |
| 39        | 420.83        | 547.08   | 294.57      | 799.59   |
| 40        | 433.86        | 564.03   | 303.71      | 824.36   |
| 41        | 447.47        | 581.71   | 313.22      | 850.20   |
| 42        | 461.65        | 600.14   | 323.14      | 877.11   |
| 43        | 476.41        | 619.33   | 333.49      | 905.19   |
| 44        | 491.77        | 639.33   | 344.26      | 934.41   |
| 45        | 507.80        | 660.15   | 355.47      | 964.83   |
| 46        | 524.46        | 681.80   | 367.13      | 996.50   |
| 47        | 541.79        | 704.35   | 379.26      | 1,029.43 |
| 48        | 559.82        | 727.77   | 391.87      | 1,063.67 |
| 49        | 578.56        | 752.12   | 404.99      | 1,099.26 |
| 50        | 598.03        | 777.44   | 418.62      | 1,136.27 |
| 51        | 618.26        | 803.74   | 432.78      | 1,174.70 |
| 52        | 639.27        | 831.05   | 447.49      | 1,214.62 |
| 53        | 661.08        | 859.42   | 462.75      | 1,256.06 |
| 54        | 683.73        | 888.85   | 478.61      | 1,299.09 |
| 55        | 707.21        | 919.40   | 495.05      | 1,343.74 |
| 56        | 731.60        | 951.09   | 512.13      | 1,390.06 |
| 57        | 756.90        | 983.95   | 529.82      | 1,438.11 |
| 58        | 783.12        | 1,018.04 | 548.18      | 1,487.91 |
| 59        | 810.29        | 1,053.38 | 567.21      | 1,539.56 |
| 60        | 838.46        | 1,090.03 | 586.94      | 1,593.11 |
| 61        | 867.66        | 1,127.96 | 607.38      | 1,648.58 |
| 62        | 897.90        | 1,167.29 | 628.53      | 1,706.02 |
| 63        | 929.22        | 1,208.01 | 650.46      | 1,765.55 |
| 64+       | 971.26        | 1,262.65 | 679.89      | 1,845.41 |



## Dental DPO Benefits at a Glance

| Plan Features                                | Humana                       |                      | Humana                    |                |
|--|------------------------------|----------------------|---------------------------|----------------|
|  | Humana Trad Pref PPO         |                      | GA Humana Trad PPO 2      |                |
| Services Rendered At                         | In Network                   | Out of Network       | In Network                | Out of Network |
| Calendar Year Deductible (Individual/Family) | \$50 / \$150 [24]            |                      | \$50 / \$150 [24]         |                |
| Calendar Year Maximum                        | \$1,500 per plan period [22] |                      | \$1,000                   |                |
| Waiting Period/Major Services                | None                         |                      | None                      |                |
| Benefit Levels                               | Contracted Rate              | Contracted Allowance | Customary & Reasonable    |                |
| <b>Preventative Services</b>                 |                              |                      |                           |                |
| Oral Exams                                   | No Charge (No Deductible)    |                      | No Charge (No Deductible) |                |
| Cleanings                                    | No Charge (No Deductible)    |                      | No Charge (No Deductible) |                |
| Bitewing X-rays                              | No Charge (No Deductible)    |                      | No Charge (No Deductible) |                |
| Complete X-rays                              | No Charge (No Deductible)    |                      | No Charge (No Deductible) |                |
| <b>Basic Services</b>                        |                              |                      |                           |                |
| Fillings (composite resin)                   | 20%                          |                      | 30%                       |                |
| Oral Surgery                                 | 20%                          |                      | 30%                       |                |
| <b>Major Services</b>                        |                              |                      |                           |                |
| Crowns (high noble)                          | 50%                          |                      | 60%                       |                |
| <b>Orthodontics</b>                          |                              |                      |                           |                |
| Lifetime Maximum                             | \$1,000 per child            |                      | Not Covered               |                |
| Children up to 19th Birthday                 | 50% (No Deductible)          |                      | Not Covered               |                |
| Adults                                       | Not Covered                  |                      | Not Covered               |                |
| <b>Monthly Rates, effective 12/01/2022</b>   |                              |                      |                           |                |
| <b>Employee</b>                              | 47.69                        |                      | 36.86                     |                |
| <b>+Spouse</b>                               | 60.76                        |                      | 34.88                     |                |
| <b>+Child</b>                                | 50.70                        |                      | 34.88                     |                |
| <b>+Children</b>                             | 50.70                        |                      | 73.34                     |                |
| <b>+Family</b>                               | 114.31                       |                      | 73.34                     |                |
| Plan ID                                      | 9126                         |                      | 6985                      |                |

**IMPORTANT NOTICE:** This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit [www.pibt.org](http://www.pibt.org) - Forms and Documents.)

[22] After annual maximum is reached, members receive 30% coinsurance on preventive, basic, and major services for the rest of the plan year (excludes orthodontia). [24] Non-participating dentist can bill you for charges above the amount covered by your dental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist.

## Dental DPO Benefits at a Glance



| Plan Features                                |  DELTA DENTAL® |                   |  DELTA DENTAL® |                |
|--|---|-------------------|--|----------------|
|  | Delta DPO Plan 1  |                   | Delta DPO Plan 2   |                |
| Services Rendered At                         | In Network  | Out of Network    | In Network   | Out of Network |
| Calendar Year Deductible (Individual/Family) | \$25 / \$75   | \$50 / \$150 [24] | \$50 / \$150 [24]  |                |
| Calendar Year Maximum                        | \$1,500 per person  |                   | \$1,500 per person [38]  |                |
| Waiting Period/Major Services                | None [25]   |                   | None [25]  |                |
| Benefit Levels                               | Contracted Rate / Contracted Allowance  |                   | Contracted Rate / Contracted Allowance   |                |
| <b>Preventative Services</b>                 |   |                   |  |                |
| Oral Exams                                   | No Charge (No Deductible)   |                   | No Charge (No Deductible)  |                |
| Cleanings                                    | No Charge (No Deductible)   |                   | No Charge (No Deductible)  |                |
| Bitewing X-rays                              | No Charge (No Deductible)   |                   | No Charge (No Deductible)  |                |
| Complete X-rays                              | No Charge (No Deductible)   |                   | No Charge (No Deductible)  |                |
| <b>Basic Services</b>                        |   |                   |  |                |
| Fillings (composite resin)                   | 10%   | 20%               | 20%  |                |
| Oral Surgery                                 | 10%   | 20%               | 20%  |                |
| <b>Major Services</b>                        |   |                   |  |                |
| Crowns (high noble)                          | 40%   | 50%               | 50%  |                |
| <b>Orthodontics</b>                          |   |                   |  |                |
| Lifetime Maximum                             | \$1,000   |                   | \$1,000  |                |
| Children up to 19th Birthday                 | 50% (No Deductible) [21]  |                   | 50% (No Deductible) [21]   |                |
| Adults                                       | 50% (No Deductible) [21]  |                   | Not Covered  |                |
| <b>Monthly Rates, effective 12/01/2022</b>   |   |                   |  |                |
| <b>Employee</b>                              | 63.30   |                   | 50.93  |                |
| <b>+Spouse</b>                               | 59.04   |                   | 47.45  |                |
| <b>+Child</b>                                | 78.84   |                   | 67.34  |                |
| <b>+Children</b>                             | 78.84   |                   | 67.34  |                |
| <b>+Family</b>                               | 156.39  |                   | 130.59   |                |
| Plan ID                                      | 10424   |                   | 10425  |                |

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[21] In order to be covered, orthodontic treatment must be received in one continuous course of treatment; must be received in consecutive months and must not exceed 24 consecutive months. [24] Non-participating dentist can bill you for charges above the amount covered by your dental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist. [25] Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. [38] Non-Delta Dental PPO dentists: \$1,000 per person each calendar year.



## Dental DMO Benefits at a Glance



| Plan Features                                |  |  |
|--|---|--|
| Plan Name                                    | GA Humana EPO 2S  | Delta USA 11   |
| Calendar Year Deductible (Individual/Family) | None  | None   |
| Calendar Year Maximum                        | None  | None   |
| Waiting Period/Major Services                | None  | None   |
| Benefit Levels                               | Fee Schedule [43]   | Fee Schedule   |
| <b>Preventative Services</b>                 |   |  |
| Oral Exams                                   | No Charge (1 every 6 months)  | No Charge  |
| Cleanings                                    | No Charge (1 every 6 months)  | No Charge (1 per 6 months)   |
| Bitewing X-rays                              | No Charge (1 every 6 months)  | No Charge  |
| Complete X-rays                              | No Charge (1 every 36 months)   | No Charge (1 every 24 months)  |
| <b>Basic Services</b>                        |   |  |
| Fillings (composite resin)                   | No Charge   | No Charge  |
| Oral Surgery                                 | No Charge   | \$5 Copay [20]   |
| <b>Major Services</b>                        |   |  |
| Crowns (high noble)                          | \$466 Copay [29]  | \$240 Copay  |
| <b>Orthodontics</b>                          |   |  |
| Lifetime Maximum                             | Refer to Schedule of Benefits   | Refer to Schedule of Benefits  |
| Children up to 19th Birthday                 | \$2,100 Copay [21]  | \$1,700 Copay [21]   |
| Adults                                       | \$2,300 Copay [21]  | \$1,900 Copay [21]   |
| <b>Monthly Rates, effective 12/01/2022</b>   |   |  |
| Employee                                     | 24.33   | 21.83  |
| +Spouse                                      | 25.81   | 26.67  |
| +Child                                       | 25.81   | 26.67  |
| +Children                                    | 51.30   | 30.84  |
| +Family                                      | 51.30   | 30.84  |
| Plan ID                                      | 6986  | 11303  |

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[20] Surgical removal of erupted tooth, impacted tooth, and tooth root. [21] In order to be covered, orthodontic treatment must be received in one continuous course of treatment; must be received in consecutive months and must not exceed 24 consecutive months.


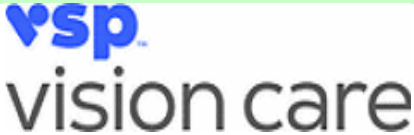
[29] Limit one per tooth every eight years. [43] Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in Humana's advantage plus network. Care received from and out-of-network dentist (except emergency care) is not a covered benefit.

## Vision Benefits at a Glance

| Plan Features                              |  |  |
|--|---|---|
| Plan Name                                  | EyeMed High   | EyeMed Base   |
| Plan ID                                    | 10423   | 8763  |
| Provider                                   | EyeMed Provider   | EyeMed Provider   |
| Eye Exam                                   | \$0 Copay   | \$0 Copay   |
| Frames                                     | \$0 Copay. \$200 allowance, 20% off on balance over \$200                         | \$0 Copay. \$130 allowance, 20% off on balance over \$130                           |
| <b>Lenses</b>                              |   |   |
| Single                                     | \$10 Copay  | \$10 Copay  |
| Bifocal                                    | \$10 Copay  | \$10 Copay  |
| Trifocal                                   | \$10 Copay  | \$10 Copay  |
| Contact Lenses<br>(instead of glasses)     | \$0 Copay. \$200 plan allowance 15% off balance over \$200                        | \$0 Copay. \$130 plan allowance 15% off balance over \$130                          |
| <b>Frequency</b>                           |   |   |
| Examination                                | Once every 12 months  | Once every 12 months  |
| Frame                                      | Once every 12 months  | Once every 12 months  |
| Lenses or Contact Lenses                   | Once every 12 months  | Once every 12 months  |
| <b>Monthly Rates, effective 12/01/2022</b> |   |   |
| Employee                                   | 8.74  | 6.85  |
| +Spouse                                    | 7.85  | 6.15  |
| +Child                                     | 7.85  | 6.15  |
| +Children                                  | 15.61   | 12.25   |
| +Family                                    | 15.61   | 12.25   |
| Plan ID                                    | 10423   | 8763  |

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## Vision Benefits at a Glance

| Plan Features                              |      |  |
|--|---|---|
| Plan Name                                  | EyeMed Kaiser   | VSP Premium   |
| Plan ID                                    | 8764  | 10884   |
| Provider                                   | Kaiser Facility and EyeMed Provider [34]  | VSP Provider [30]   |
| Eye Exam                                   | Plan office visit copay at Kaiser facility  | \$10 Copay  |
| Frames                                     | \$150 plan allowance, 20% off on balance over \$150 for frames, lens and lens options | \$20 Copay. \$200 plan allowance, 20% off balance over allowance                    |
| <b>Lenses</b>                              |   |   |
| Single                                     | \$150 plan allowance, 20% off on balance over \$150                                   | \$20 Copay  |
| Bifocal                                    | \$150 plan allowance, 20% off on balance over \$150                                   | \$20 Copay  |
| Trifocal                                   | \$150 plan allowance, 20% off on balance over \$150                                   | \$20 Copay  |
| Contact Lenses (instead of glasses)        | \$0 Copay. \$150 plan allowance 15% off balance over \$150                            | \$200 plan allowance [31]   |
| <b>Frequency</b>                           |   |   |
| Examination                                | Once every 12 months  | Every 12 months   |
| Frame                                      | Once every 12 months  | Every 12 months   |
| Lenses or Contact Lenses                   | Once every 12 months  | Every 12 months   |
| <b>Monthly Rates, effective 12/01/2022</b> |   |   |
| <b>Employee</b>                            | 0.00  | 12.40   |
| <b>+Spouse</b>                             | 0.00  | 3.75  |
| <b>+Child</b>                              | 0.00  | 3.75  |
| <b>+Children</b>                           | 0.00  | 14.27   |
| <b>+Family</b>                             | 0.00  | 14.27   |
| Plan ID                                    | 8764  | 10884   |

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[30] 20% off for certain materials and services accessed through a VSP provider. [31] Allowance for contacts and contact lens exam (fitting and evaluation). [34] Benefits apply for Kaiser participants only. Plan cannot be added to your plan menu.

## Vision Benefits at a Glance


|  |   |
|--|---|
| <b>Plan Features</b>                       |  |
| Plan Name                                  | VSP Standard  |
| Plan ID                                    | 10883   |
| Provider                                   | VSP Provider [30]   |
| Eye Exam                                   | \$10 Copay  |
| Frames                                     | \$20 Copay. \$150 plan allowance, 20% off balance over allowance                  |
| <b>Lenses</b>                              |   |
| Single                                     | \$20 Copay  |
| Bifocal                                    | \$20 Copay  |
| Trifocal                                   | \$20 Copay  |
| Contact Lenses<br>(instead of glasses)     | \$150 plan allowance [31]   |
| <b>Frequency</b>                           |   |
| Examination                                | Every 12 months   |
| Frame                                      | Every 24 months   |
| Lenses or Contact Lenses                   | Every 12 months   |
| <b>Monthly Rates, effective 12/01/2022</b> |   |
| <b>Employee</b>                            | 9.99  |
| <b>+Spouse</b>                             | 2.39  |
| <b>+Child</b>                              | 2.39  |
| <b>+Children</b>                           | 10.48   |
| <b>+Family</b>                             | 10.48   |
| Plan ID                                    | 10883   |

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[30] 20% off for certain materials and services accessed through a VSP provider. [31] Allowance for contacts and contact lens exam (fitting and evaluation).

# Basic Group Life and AD&D Benefits at a Glance

Distributed by PIA-SC, Insurance Services Inc.

|                           |  |
|---------------------------|--|
| <b>Plan Features</b>      |    |
| Accelerated Death Benefit | If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the member. |
| Conversion                | A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply.                |
| Portability               | This coverage may be continued at group rates upon termination of employment. Certain restrictions apply.  |
| AD&D Riders               | Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care and Spouse Education benefits.   |

## Value Added Services

|                       |   |
|-----------------------|---|
| Beneficiary Companion | Support services for beneficiaries who have experienced a loss.   |
| Travel Assist         | Travel assistance services for employees and eligible dependents traveling more than 100 miles from home. |


## Monthly Rates, effective 12/1/2022

|                  |       |
|------------------|-------|
| Basic Life \$10K | 3.80  |
| Basic Life \$15K | 5.70  |
| Basic Life \$20K | 7.60  |
| Basic Life \$25K | 9.50  |
| Basic Life \$40K | 15.20 |

**IMPORTANT NOTICE:** This comparison is provided to help you compare coverage benefits at a glance only. Before making your plan choice, you should refer to the Evidence of Coverage and Plan Contract for a detailed description of coverage benefits and limitations. In the event of any difference between this summary versus the Evidence of Coverage or Plan Contract, the Evidence of Coverage and Plan Contract shall prevail.

# Voluntary Life and AD&D Benefits at a Glance

Distributed by PIA-SC, Insurance Services Inc.

|  |  |
|--|--|
| <b>Plan Features</b>                               |    |
|  |  |
| Amount   | Increments of \$10,000   |
| Maximum Amount                                     | Lesser of \$500,000 or 10 x Earnings   |
| Guarantee Issue (GIA)                              | \$120,000 (New Hires only)   |
| Age Reduction (Original Benefit Amount reduced to) | 65% at age 70<br>50% at age 75   |
| Eligibility  | Full time employee (of participating employer) and their eligible dependents   |
| Evidence of Insurability (EOI)                     | EOI is required for all amounts of insurance selected after the initial 31-day eligibility period and for any amount in excess of the GIA.           |
| Accelerated Death Benefit                          | If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the member. |

## Spouse

|                 |   |
|-----------------|---|
| Amount          | Increments of \$5,000                             |
| Maximum Amount  | \$250,000 not to exceed 100% of employee coverage |
| Guarantee Issue | \$25,000  |


## Child

Child Amount (Birth to 26 yrs.) \$5,000 or maximum of \$10,000

## Monthly Employee Rates, effective 12/1/2022

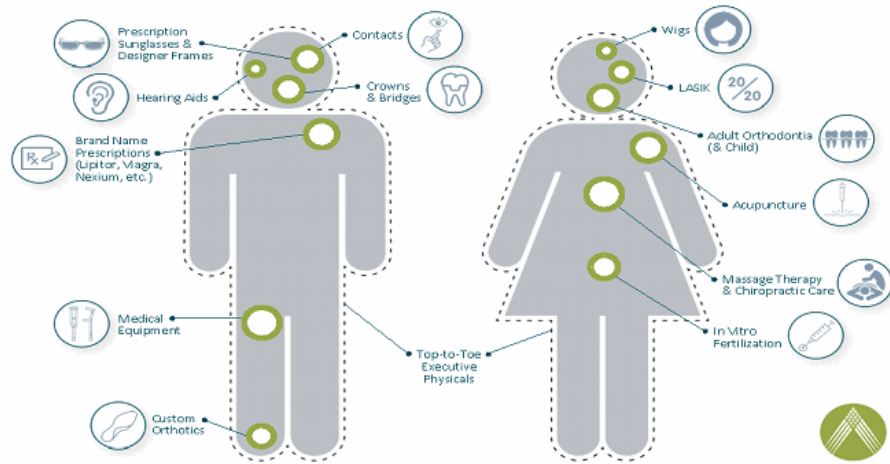
| Benefit  | \$10,000 | \$50,000 | \$80,000 | \$120,000 |
|----------|----------|----------|----------|-----------|
| Under 25 | 0.76     | 3.80     | 6.08     | 9.12      |
| 25-29    | 0.76     | 3.80     | 6.08     | 9.12      |
| 30-34    | 0.86     | 4.30     | 6.88     | 10.32     |
| 35-39    | 1.14     | 5.70     | 9.12     | 13.68     |
| 40-44    | 1.62     | 8.10     | 12.96    | 19.44     |
| 45-49    | 2.76     | 13.80    | 22.08    | 33.12     |
| 50-54    | 4.66     | 23.30    | 37.28    | 55.92     |
| 55-59    | 8.27     | 41.35    | 66.16    | 99.24     |
| 60-64    | 10.36    | 51.80    | 82.88    | 124.32    |
| 65-69    | 17.77    | 88.85    | 142.16   | 213.24    |
| 70-74    | 31.54    | 157.70   | 252.32   | 378.48    |
| 75+      | 31.54    | 157.70   | 252.32   | 378.48    |

## Employee Assistance Program Benefits at a Glance

|   |   |
|---|---|
| <b>Plan Features</b>  |     |
| Plan Name   | EAP MHN   |
| Employee Assistance Program   | Counseling services for various life management problems for employees and dependents |
| Office Visits   | \$0 copay with authorization  |
| Deductible  | None  |
| <b>Clinical Counseling</b>  |   |
| Visits  | 6 visits per incident per plan period, unlimited incidents                            |
| Telephone Counseling  | As needed   |
| Web Video Counseling  | As needed   |
| <b>Monthly Rates, effective 12/01/2022, Employer Sponsored Plan</b> |   |
| Employee  | 5.70  |
| Plan ID   | 3715  |

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**ULTIMATE HEALTH COVERAGE**  
 Providing the robust coverage leaders and their families want and expect



The Ultimate Health Coverage plan is an innovative and convenient way to give an extra level of coverage for employees. It reimburses for many medical expenses not covered by the employer-sponsored base health plan. For more information contact Evie Bañaga at 800.449.4898 ext. 224.

| Supplemental Medical Benefits  | Samples of What is Eligible (Not a Complete List)*   | Platinum                    | Diamond                     | Diamond Plus (Requires 15+ to enroll) |
|--|--|-----------------------------|-----------------------------|---------------------------------------|
| Per-Occurrence (each injury, condition or illness) for medical out-of-pocket costs | Deductibles, co-pays, balance bills and other out-of-pocket costs for medically necessary services | \$5,000                     | \$10,000                    | \$10,000                              |
| Other Supplemental Benefits  |  | Per Covered Person per Year | Per Covered Person per Year | Per Covered Person per Year           |
| <b>Prescriptions</b>   | Co-pays, brand name and lifestyle prescriptions  | \$2,500                     | \$3,000                     | \$10,000                              |
| <b>Mental Health</b>   | Counseling and substance abuse programs  | \$2,000                     | \$3,000                     | \$10,000                              |
| <b>Medical Equipment</b>   | Durable medical equipment, wigs, hearing aids, orthotics   | \$2,000                     | \$5,000                     | \$10,000                              |
| <b>Wellness Treatments</b>   | Acupuncture, massage therapy and chiropractic care (if not covered by primary plan)                | \$1,000                     | \$1,500                     | \$10,000                              |
| <b>Executive Physicals</b>   | Comprehensive physicals for the primary member and enrolled spouse                                 | \$2,000 each                | \$2,500 each                | \$10,000 each                         |
| <b>Ancillary Benefits</b>  |  | Per Covered Person per Year |                             |                                       |
| <b>Dental Treatments</b>   | Routine care, child and adult orthodontia, crowns and bridges                                      | \$4,000                     | \$5,000                     | \$10,000                              |
| <b>Vision Treatments</b>   | LASIK, contact lenses and prescription glasses & sunglasses  | \$1,000                     | \$1,500                     | \$10,000                              |
| <b>Annual Family Maximum</b>   |  | \$50,000                    | \$100,000                   | \$100,000                             |

The levels are for each covered person, whether that person is the enrolled employee or his/her enrolled family member. All the reimbursed expenses across the benefit categories, including medical per occurrences, roll up to the overall annual family maximum, which is the same for a family of one or a family of six.

\*These are examples of 213(d)- eligible expenses that are typically covered by the Ultimate Health plan. We cannot pre-certify specific medical treatments or procedures. A claim must be submitted for review before a claim will be accepted or denied for reimbursement.





## Save money with FSA pretax benefit accounts.



A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:

### HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions and vaccinations
- Eye exams; prescription glasses/lenses

### DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

### TIPS

- You can choose to enroll in a Healthcare FSA, Dependent Care FSA, and more
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at [irs.gov](https://www.irs.gov)

## Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1.  
With less tax taken, your take-home pay increases!

Consider this example:  
(For illustration only)



- Richard has:
- Gross monthly pay of \$3,500
  - \$600 per month in eligible expenses

Here is his net monthly take-home pay:

#### Without FSA

(\$600 spent using post-tax dollars)

**\$1,932**

#### With FSA

(\$600 spent using pretax dollars)

**\$2,098**

That's a net increase in take-home pay of **\$166** every month!

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at [www.tasconline.com/tasc-calculators/tasc-flexsystem-calculator/](https://www.tasconline.com/tasc-calculators/tasc-flexsystem-calculator/)

See how easy it is to start saving with a TASC Benefit Account. See details on reverse.



PIAG Insurance has partnered with Aflac to offer an extensive voluntary benefits portfolio of a broad range of financial protection options with multiple ways to enroll. Employees may quote out personal lines for themselves and their family/friends, and employers may add coverage to cover their employees.

## A Selection of Voluntary Personal Benefits through Aflac

### Accident Insurance

(benefits for unexpected injuries)

- **Accident** - A guaranteed-issue, composite-rated, guaranteed-renewable accident product that offers several coverage levels to fit all budgets
- **Gunshot Wound** - A guaranteed-issue product that provides lump-sum benefits for injury due to non-fatal gunshot wounds

### Disability Insurance

(income protection)

- **Disability** - A short-term disability product that replaces a portion of your income

### Supplemental Health Insurance

(lump sum hospital confinement)

- **MedicalBridge** - A hospital confinement indemnity product that supplements your core medical coverage

### Special Risk Insurance

(treatment & recovery from serious illness)

- **Cancer** - A cancer product that pays indemnity-based benefits to help cover medical and non-medical expenses related to a cancer diagnosis and treatment
- **Critical Illness** - A critical illness product that provides a lump-sum benefit for the diagnosis of a critical illness

### Life Insurance

(family financial protection)

- **Universal Life** - A universal life product with flexibility that allows the employee to adapt to changing needs by varying amounts and premiums
- **Whole Life** - A permanent whole life insurance product that provides guaranteed level premiums, guaranteed cash values, and guaranteed death benefits as long as premiums are paid when due and no loans are taken

**and more!**

**Contact us today to learn about all the ways we can help you plan for the unexpected.**

[www.piaginsurance.com](http://www.piaginsurance.com) | (770) 433-3050

[info@piag.org](mailto:info@piag.org)

## It's time to renew. So, what's next?

### ! OPEN ENROLLMENT DEADLINES

---

- **October - November 22nd:** All forms will be effective December 1st.
- **November 23rd - December 21st:** Changes will be reflected on the January 1st invoice. Changes received after these dates will not be accepted.
- On **December 1st** your invoice will reflect the changes submitted on your participation agreement. If no participation agreement was submitted your invoice will reflect the changes based on PIBT's default plan mapping.

### Next Steps

---

- 1**
  - **Review** the participation agreement to decide which plans you will offer your employees. The participation agreement is the annual contract between your company and PIBT.
  - **Convey** benefit changes to employees. During open enrollment, employees can choose to change their benefits.
  - **Avoid** benefit interruptions by submitting employee changes before the deadlines.
  - **Visit** the PIBT website for resources and updated benefit information.

- 2 Complete the Participation Agreement**

**Online Processing:** Sign in at [www.pibt.org](http://www.pibt.org) and click on the **begin renewal process button**. This feature is available for most groups but if you do not see an online renewal option, please contact your relationship keeper to discuss other options.

**Hard copy:** Fill out ALL required information and plan information for each section. Submit your agreement by email to [pibt@pibt.org](mailto:pibt@pibt.org), by fax to 323-215-1796, or upload at [www.pibt.org](http://www.pibt.org). Thereafter, enrollment forms will be emailed to you. Please allow 2-3 business days.

- 3 Employee Changes**

**Online employee changes:** If employees have portal access, they can login to their personal account to make changes. Otherwise, a portal invitation must be initiated by the company to each employee. Changes will only be allowed after the participation agreement is completed.

**Hard copy enrollment forms:** To download enrollment forms, sign in to the PIBT portal and click on Company Documents. Forms will be available after the participation agreement is completed. Submit completed forms by email to [pibt@pibt.org](mailto:pibt@pibt.org), by fax to 323-215-1796, or upload at [www.pibt.org](http://www.pibt.org).





# ADMINISTRATIVE GUIDELINES

## PIBT GROUP PARTICIPATION REQUIREMENTS

- Must be an active member of the local PIA (Printing Industries Association).
- Have a minimum of 2 full-time employees working 30 or more hours per week. Husband and wife groups are not allowed.
- 75% of full-time employees must participate. Valid waivers do not count against participation.
- A participation agreement and copy of a recent quarterly wage report must be submitted.

## PARTICIPATION AGREEMENT

The Participation Agreement is the annual contract between the employer and PIBT. A new Participation Agreement must be submitted each year to PIBT as part of the renewal process.

## EMPLOYER CONTRIBUTION

The employer must contribute a minimum of 50% of the employee's monthly premium portion of the least expensive plan(s) offered (i.e., medical, dental, vision, etc.). The employer has no dependent contribution requirement, but can choose to do so.

## EMPLOYEE ELIGIBILITY

An eligible employee must work 30 hours or more per week and must satisfy the employer waiting period. Once waiting period is satisfied, an enrollment form or coverage declination must be submitted. Employees who declined coverage at their initial eligibility period are eligible to enroll at the next open enrollment or when a valid qualifying event takes place.

**Qualifying Event:** The following which is not a complete list, are examples of valid qualifying events:

- Family addition - Birth or adoption of a child
- Marital status change - Recent marriage or Legal Domestic Partnership
- Loss of other health coverage - Such as due to divorce, change in spouses' employment, etc.

**Waiting Period:** The waiting period is the time an employee must be employed by that employer before coverage can begin for them and their dependents. The waiting period is set by the employer and remains in place until the next open enrollment (at which point the employer can choose to change it). It is the employer's responsibility to offer health insurance to all eligible employees who have satisfied the waiting period.

**Allowed waiting periods** (due to health care reform, a group health plan may not use a waiting period that exceeds 90 days):

- 1 Month (30 days) - Insurance is effective on the first of the month following the 30-day period.
- 2 Months (60 days) - Insurance is effective on the next first of the month following the 60-day period, not to exceed 90 days.
- No waiting period - Insurance is effective on the first of the month following the date of hire, unless the date of hire is on the first of the month, in which case the billing will begin as of that month.

## DEPENDENT ELIGIBILITY

PIBT will bill as of the first day of the month following the qualifying event, unless the date of the event is on the first of the month, at which case the billing will begin as of that month. Enrollment forms are required to enroll dependents and must be submitted to PIBT within 30 days of the qualifying event date. Qualified dependents are listed below:

- **CHILD** - A child under age 26 of either the employee or spouse may be enrolled at initial employee enrollment or during open enrollment, a Special Enrollment, or with a valid qualifying event. A birth announcement, birth certificate, or court order is required to enroll if event is after initial enrollment.
- **NEWBORN** - The birth of a child is a valid qualifying event. A hospital birth announcement or birth certificate is required to enroll.
- **SPOUSE/DOMESTIC PARTNER** - An adult legally married to the employee may enroll during initial employee enrollment, or during open enrollment, a special enrollment, or with a valid qualifying event. Date of marriage or domestic partnership registration date is required to enroll.

## ADMINISTRATION (Enrollment, Waivers, and Termination Process)

The employer must immediately notify PIBT of any coverage changes. Unlike outside insurance carriers that invoice in advance of providing coverage, PIBT bills on the first business day of every month for the current month. Thus, coverage is provided even if premiums have not been received. PIBT depends on the employer to keep eligibility up to date. Forms received by the 20th of the current month will reflect on the following PIBT monthly invoice.

- **PIBT Portal:** The portal allows the employer to manage day to day administration such as enrollments, terminations, and open enrollment changes. Register on our website at <https://www.pibt.org/EmployerRegistration.aspx>.
- **PIBT Enrollment Forms:** The employer is required to download employee enrollment forms from the PIBT portal. To make the enrollment process easier for the employee, forms are tailored to each employer. For benefit summaries or claim forms, visit our [PIBT](#) website to navigate the [Forms & Documents](#) section.
- **New Enrollments:** A PIBT enrollment form is required to enroll an employee in a plan. The employee and dependents personal information is required in sections 2 and 3 of the enrollment form. Under the Affordable Care Act Employer Reporting Requirements, Social Security numbers must be supplied for all covered individuals to avoid access to care delays. Enrollment forms submitted after 30 days from the eligible effective date will be rejected as a late enrollment. Employees who miss the eligibility window must wait until the next open enrollment period or for a valid qualifying event to be able to enroll. Insurance carriers mail ID cards to enrollee's home address within 10-14 business days after enrollment form has been processed. PIBT mails a PIBT "Help Card" and a "continuation of coverage rights" packet.
- **Employee Declinations/Waiver:** During initial eligibility the employee must complete the declination section of the PIBT enrollment form if they choose to decline coverage for themselves and /or their dependents. If the employee wishes to decline coverage outside the initial enrollment, a PIBT Coverage Update form is required.
- **Terminations of Coverage:** To report terminations of coverage due to employment termination, reduction of hours or death of employee, the employer must submit an Employee Termination Notice. Coverage ends the last day of the qualifying event. To be compliant with state and federal laws, the employer must report terminations to PIBT within 30-days of the qualifying event. Retroactive terminations will not be allowed.

## CONTINUATION OF COVERAGE NOTICES AND ELECTION PROCEDURES

As a complimentary service, PIBT will mail Federal or State COBRA continuation notice when coverage for an employee and/or dependent triggers a qualifying event (i.e., termination of coverage). The employer is not responsible for collecting Federal or State COBRA continuation premiums when a member elects continuation of coverage. PIBT handles all COBRA administration directly with members.

## BILLING STATEMENTS/PAYMENTS

**PIBT Invoices:** Invoices are mailed and emailed the first of the month for each month unless the first falls on a weekend or holiday. In this case, it will be mailed and emailed on the next business day. To protect the employees' information, PIBT auto-encrypts all outgoing emails that contain personal health information (PHI).

**Payments:** Premiums are due upon receipt and no later than the 15th of the month. Any payment received after 5pm on 15th of the current month will be considered delinquent and a \$35 late payment fee will be incurred. Failing to make a payment will result in termination of coverage. In this situation a Termination Confirmation Notice letter will be mailed to the employer informing them that termination of coverage occurred. The employer account will be retro-terminated to the last payment received. Paid claims will then be 100% employee's responsibility.

**Accounts not considered paid:** The following will result in an account not being considered paid: A check that is returned for non-sufficient funds (NSF), a stopped payment, a check written from an account that is now closed, or a declined card payment. In case of NSF check, a \$150.00 fee will apply. The fee will appear on the following monthly invoice.

**Terminations of delinquent account:** Payments received by PIBT after a Termination Confirmation notice has been mailed, will be promptly refunded. Reinstatement of coverage is not guaranteed and is subject to guidelines set by PIBT Trustees and management. Reinstatement may be considered if PIBT receives a written request within five days from the date the Termination Confirmation Notice was sent. If reinstatement is granted, a \$500 reinstatement fee, past due premiums and current premiums must be all paid in full within two business days of approval. Reinstatement payments will only be accepted online or by wire transfer. Reinstatement is granted as a courtesy and will not be considered more than once in a 12-month period.

*Employers may request a review by the California Insurance Commissioner if they believe their coverage or health insurance policy has been or will be wrongly canceled, rescinded, or not renewed. To do so, you must submit your request in writing to: California Department of Insurance, Consumer Communications Bureau, 300 S. Spring St., South Tower, Los Angeles, California 90013, or online at [www.insurance.ca.gov](http://www.insurance.ca.gov). You may also call them at 1-800-927-HELP (4357) or TDD 1-800-482-4833. It will be to your advantage if you are able to provide the Department with your health insurance policy number, copies of any letters you have received from us and a copy of your health insurance card.*

*As soon as we receive notice from the Department of Insurance that you have requested a review by the Commissioner, we must continue to provide coverage as of the date of the review request until a final determination of your request for review has been made, unless your policy or coverage is being cancelled for non-payment of premiums. To ensure that your coverage is continued without interruption, you must request a review by the Commissioner before your coverage ends. In the event the Commissioner determines that your request for review is a proper complaint and, subsequently, the cancellation, rescission or non-renewal was unlawful, the Commissioner shall order reinstatement of your coverage retroactive to the time of cancellation, rescission or non-renewal.*

**WARNING:** *You must continue to pay your insurance premiums on time in order to maintain coverage. If your coverage is reinstated retroactively, you will be responsible for payment of the corresponding premium between the time of termination and the time of reinstatement.*

## PIBT PAYMENT METHODS

### ONLINE PAYMENTS

PIBT makes it easy to pay your invoice online. You can set up automatic recurring payments or make a one-time payment with a debit card, credit card or e-check! Only credit card transactions are subject to a small processing fee.

PIBT: <https://bit.ly/payment-PIBT> PIBT COBRA: <https://bit.ly/payment-PIBT-COBRA>

To set up automatic payments, follow one of the payment links above. Enter the invoice payment amount, add to cart and enter the account number. Then click on the “yes” check box under "please make this monthly". Finally, enter the number of payments for the remainder of the plan year, and indicate the date you wish your automatic payments to be drafted (must be between the 1st- and the 15th of the month).

### PAYMENTS BY MAIL

**LOCKBOX PAYMENT** (regular mail): All paper checks generated by you or auto issued by your bank (under Bill Pay services)

PIBT, File # 2319  
1801 W. Olympic Blvd.  
Pasadena, CA 91199-2319

**OVERNIGHT** (courier service i.e., Federal Express, Messenger, UPS etc.)

PIBT, File # 2319  
1801 W. Olympic Blvd  
4th Floor Lockbox  
Los Angeles, CA 90006

### WIRE TRANSFER/ACH/EFT PAYMENTS

Name of Account: **PIBT**  
Name of Bank: **City National Bank**  
Routing Number: **122016066**  
Account No.: **300035493**  
City and Zip Code: **Los Angeles, CA 90071**



## PIBT FREQUENTLY ASKED QUESTIONS AND ANSWERS

### **Q. Does PIBT help with insurance questions?**

At PIBT each account is assigned a dedicated Relationship Keeper who can answer all your insurance questions. Our Relationship Keepers are trained to have a personal relationship with the employer as well as their employees.

### **Q. Does PIBT have a portal?**

Yes, you can use this portal to process day-to-day administration as well as open enrollment renewals. Our secure portal is an easy way to access resources outside of business hours. Process online terminations, enrollments, and changes all in real time at your convenience. Register at [www.pibt.org](http://www.pibt.org)

### **Q. Can an employee enroll in benefits at any time?**

No. Outside of the open enrollment period, an employee must have a qualifying event to enroll in benefits. A qualifying event includes but is not limited to having a loss of coverage (like a spouse's coverage), or experiencing a lifestyle changes such as, having a baby, adopting a child, or getting married.

### **Q. Are Employee mid-plan year cancellations accepted?**

If the employer offers IRS Section 125 whereby employees pay their portion of premium on a pre-tax basis *and* the employee has elected a benefit plan *and* has elected to have their portion of the premium deducted on a pre-tax basis, then the employee cannot cancel coverage mid-year at will. This will jeopardize the status of the employer's Section 125 plan, employees can only drop coverage during the plan year if they have a qualifying event.

Employees who have not elected to have their portion of premium deducted via a Section 125 plan can cancel at any time. To re-enroll, the employee must either have qualifying event or wait until the next open enrollment.

### **Q. How does an employee cancel coverages?**

To remove coverage for an employee and/or any covered dependents, the employer must complete a **PIBT Coverage Update Form** and carefully check-off all appropriate boxes. Signatures of both the employee and the employer's authorized representative are required. Coverage updates must be sent to PIBT within 30 days from the qualifying event. Retro cancellations will not be accepted.

### **Q. When is open enrollment?**

Open enrollment for most PIBT employers begins in October for a December 1st renewal. PIBT mails out all renewal material in a timely manner to allow enough time for employer and employee changes.

### **Q. What happens if the employer misses the open enrollment window?**

PIBT Relationship Keepers make multiple attempts to inform the employer of open enrollment. In the event changes were not submitted and the open enrollment window was missed, the employer will be allowed to make changes during the following annual open enrollment.

### **Q. Where can enrollment forms be found?**

PIBT offers personalized enrollment forms for each account. The forms are prefilled and have only the plans the employer offers listed. This allows for an easy enrollment process. For this reason, the employer is required to download forms from the PIBT portal. If the account is not registered your Relationship Keeper can provide a copy instead. For general forms such as an Employee Termination Notice form, Coverage Update form or Employee Update form for updating an employee's personal information, visit our website at [www.pibt.org](http://www.pibt.org) <<http://www.pibt.org/>> and download (without portal access) under the [Forms & Documents](#) section. For example, the form forms mentioned here are found under Employer Documents/Administrative Documents within the Forms & Documents tab.

### **Q. Are insurance cards sent annually?**

Employees enrolling for the first time, as well as anyone switching carriers, will receive insurance cards.

### **Q. How do I get a new encryption password for opening secure documents or monthly invoices?**

To keep employee personal information secure, PIBT assigns a unique encryption to each account. If you do not know the password, you can log in to the PIBT portal to recover. Otherwise, contact your Relationship Keeper for delivery options. Non-encrypted invoices will not be permitted via email.

### **Q. Have more questions?**

Contact us at 1.800.449.4898 or email [pibt@pibt.org](mailto:pibt@pibt.org). Business Hours: Monday - Thursday 8:30 a.m. to 5 p.m., Friday 8:30 a.m. to 4 p.m.