Printing Industries
Benefit Trust

2026-2027
Group Benefits

Healthcare that puts members first



The Printing Industries Benefit Trust (PIBT), founded in 1989, provides health insurance and expert advocacy for members of our trade group partners in the printing, graphic communications, and creative manufacturing industries. As a member-driven trust, we put members' health over the bottom line, reinvesting proceeds to provide high-touch, concierge-level service, and tirelessly advocating for the best possible care.

WHY CHOOSE US

Multiple plans. One invoice.	Mix and match Medical, Dental, Vision, Chiropractic/ Acupuncture, and Life benefits for employees on one invoice as a packaged program.
Concierge support for employees.	Our in-house (English/Spanish) Health Advocates are just a phone call or email away.
Complimentary services.	We offer COBRA administration and Section 125 Premium Only Plan Document at no cost.
Full healthcare FSA	Offered pre-tax under Section 125 plan.

Our Providers

MEDICAL	KAISER PERMANENTE® PIBT freedom
DENTAL	cigna healthcare
VISION	eyeMed vsp vision care
LIFE AND SUPPLEMENTAL BENEFITS	SYMETRA®
EMPLOYEE ASSISTANCE PROGRAM	TELUS® Health
EXECUTIVE MEDICAL REIMBURSEMENT PLAN	ArmadaCare®
FLEX SPENDING ACCOUNT	* TASC®

* Billed separately

KEY DEADLINES

Action	Due	Goes into Effect
Submit Participation Agreement	Once renewal packet is received	December 1st
Default renewal plan mapping and rates	Happens before November 30th	December 1st
Submit employee changes	October - November 20th	December 1st
Late submission changes	November 23rd - December 22nd	January 1st

1. Pick your plans
    - Review your current and renewal plan options.
    - Decide which benefit plans to offer employees.
2. Submit Participation Agreement
    - Complete electronically: www.pibt.org
    - Email to: pibt@pibt.org
    - Fax: 323-284-2423
    - Upload: www.pibt.org and go to Company Documents, Secure Upload.
    - You will receive a plan comparison and employee enrollment forms within 2-3 business days after submission. IMPORTANT: Enrollment forms are only available after the Participation Agreement is processed.
3. Communicate Changes to Employees
    - Let employees know what's changing.
    - Employees can switch, update, or add plans during this time.
    - Provide Employees with a copy of their enrollment form to review their options.
4. Submit Employee Enrollment Forms
    - Complete it electronically: www.pibt.org
    - Email: pibt@pibt.org
    - Fax: 323-284-2423
    - Upload: www.pibt.org and go to Company Documents, Secure Upload.
    - IMPORTANT: Enrollment forms are required even if the employee is NOT making changes. NEED HELP? Your PIBT Health Advocate is here to support you. Call 800-449-7898 or 323-728-9500.

TIP: Start early. Submitting before the deadlines ensures your employees stay covered without interruption.

Employer Administrative Guidelines

Group Participation Requirements

To qualify for Printing Industries Benefit Trust (PIBT) insurance, employers:

- Must be an active member of the Printing Industries Association (PIA) dba Print Creative Alliance or affiliated printing associations.
- Have at least two full-time employees working 30+ hours per week (husband-and-wife groups do not qualify).
- Enroll 75% of full-time employees (valid waivers do not count against participation).
- Submit annual Participation Agreement and a recent DE-9C (quarterly wage report).
- The annual Participation Agreement is mandatory. All employers are required to complete and return the new participation agreement each year.

Employer Benefits Contribution Requirements

- Employers must pay at least 50% of the employee's premium for the lowest-cost plan offered (e.g., Medical, Dental, Vision, Etc.).
- Employers are not required to contribute toward dependent coverage but may choose to do so.
- Employers with 50+ full-time employees should consult legal counsel regarding Affordable Care Act (ACA) compliance to avoid penalties.

Employee & Dependent Eligibility

Cverage eligibility for employees and/or their dependents

Employees

- Must work 30 or more hours per week.
- Coverage starts after the employer selected waiting period (0, 30, or 60 days) is satisfied.
- Must enroll or decline within eligibility period using a PIBT Enrollment form.
- Must be enrolled within 30 days of a qualifying event date.

Dependents

- Children under 26 (employee's or spouse's child). A birth certificate or court order may be required to enroll.
- Newborn child is eligible following birth with required documentation (birth announcement or birth certificate).
- Spouse/Domestic Partner. A marriage certificate or domestic partnership registration is required .
- Must be enrolled within 30 days of a qualifying event date.

Waiting Period Options (Employer Chooses One)

- 30-day waiting period - Coverage starts on the 1st of the following month.
- 60-day waiting period - Coverage starts on the 1st of the month after 60 days (not exceeding 90 days).
- 0-No waiting period - Coverage starts on the 1st of the next month after hire. If hired on the 1st, coverage starts immediately.

Enrollment, Changes, and Terminations

Submit to:

- Email: pibt@pibt.org (password-protected documents)
- Portal: Secure upload at www.pibt.org
- Fax: 323-284-2423

Enrollment form

For new and existing employees

- Employee Enrollment forms must be submitted two (2) weeks prior to effective date.
- For new enrollees coverage begins on the 1st of the month following the employer waiting period. Waiting period does not apply for existing employees.
- Carrier Insurance ID cards take 10-14 business days to arrive.
- A form is required even when the employee is declining all coverage.

Termination/Change Form

For job termination, reduction of hours, or death

- Submit prior to the last day of the month in which the qualifying event occurred.
- Coverage ends the last day of the qualifying event month.
- Late terminations will NOT be accepted, and the employer will be financially liable for coverage.

Example of termination submission policy:

Employee Termination Date	Submission Deadline	Coverage Termination Date
July 11	On or before July 31	July 31
July 1	On or before July 31	July 31

IMPORTANT: PIBT requires that you encrypt all emails using your PIBT encryption password. For more information on encryption options, contact your Health Advocate.

COBRA & Continuation Coverage

- PIBT provides complimentary COBRA or State Continuation administration services for employees/dependents losing coverage.
- Employers are not responsible for collecting COBRA or State Continuation payments. PIBT manages COBRA administration directly with former employees.

Open Enrollment

This is the time each year when employees are allowed to enroll for, make changes to, or cancel health insurance.

- Open Enrollment period from October - November.
- Employers receive renewal materials in advance.
- Renewal is effective December 1st.
- Missing the Open Enrollment window means an employee must wait until the next Open Enrollment for changes.

Qualifying Life Events (Special Enrollment)

Upon experiencing a qualifying life event, employees are eligible to enroll or modify their benefit elections outside of the standard open enrollment period. You may be required to provide documentation that you have experienced a qualifying event. Requests must usually be submitted to the carrier within 30 days of most qualifying events, or within 60 days for certain qualifying events. See Evidence of Coverage (EOC) for full detailed coverage terms and conditions for special enrollments.

- New child - Birth or adoption of a baby.
- Marriage or domestic partnership - Newly married employees can enroll themselves and their spouse/partner.
- Loss of other health coverage - If an employee loses other insurance (e.g., spouse's job loss), they can enroll in your plan.

Invoices and Payment Policies

Invoices

- Sent during the 1st five days of each month by mail, email, or both.
- To ensure the privacy of your account and employees, emailed invoices are protected with your PIBT encryption password.
- View and download invoices online at any time through the PIBT portal.

Premium Payments

- Due Date: The 1st of each month for the current invoiced month. Failure to complete payment by the due date will result in termination of coverage.
- Late Fee: A $35 late fee is charged when payment is received after the 15th of the month.
- Failure to pay: Results in termination of coverage retroactive to last payment received, and previously paid claims become the employee's financial responsibility.
- Returned payments (NSF, stopped checks, closed accounts): Incur an additional $150 fee.
- Terminated accounts: May be considered for reinstatement once per 12 months with a payment of $500 reinstatement fee plus all past late fees, and any past and current premiums due.

Payment Methods

Secure online payments https://bit.ly/payment-PIBT	Lockbox Payment (Regular Mail): Printing Industries Benefit Trust PO Box 80824, City of Industry, CA 91716-8420
Wire Transfer/ACH/EFT: Account: Printing Industries Benefit Trust Bank: Citizens Business Bank Routing Number: 122234149 Account Number: 0901107922 City, State, and Zip: Burbank, CA 91505	Overnight Payment (FedEx, UPS, Messenger, etc.) Printing Industries Benefit Trust Box 80824 2525 Corporate Place, Suite 250 Monterey Park, CA 91754

IMPORTANT: Terminated 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. 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.

Health Advocate Team

PIBT Health Advocates are dedicated to assisting with any benefit related needs including eligibility, prescription questions, claims, benefits questions, and any other concerns you may have.

- Call: 1-800-449-4898 or 323-728-9500
- Fax: 323-284-2423
- Email: pibt@pibt.org

Business Hours (all time Pacific Standard Time)

- Monday - Thursday 8:30 a.m. to 5 p.m.
- Friday - 8:30 a.m. to 4 p.m.

PIBT Website and Portal Resources

- Call: 1-800-449-4898 or 323-728-9500
- Email: onlinehelpdesk@pibt.org

PIBT Portal (www.pibt.org/login.aspx)

- Register at: www.pibt.org/EmployerRegistration
- Download PIBT employee enrollment form
- Pay monthly invoice
- Monthly invoice download
- Complete Employee enrollments, terminations, and open enrollment changes
- Renew annual Participation Agreement
- Securely upload directly to PIBT's Employee Benefits Department
- View Employee benefits and coverage details

PIBT website (www.pibt.org)

- Download Termination Forms, Change Notice, or Address Changes
- Download/View Benefit Summaries
- Download/View Summary of Benefits and Coverage, Evidence of coverage, etc.
- Download/View additional documentation for benefit purposes

Frequently Asked Questions

Q: Can employees enroll at any time?

A: No. They must enroll at initial eligibility following their waiting period, during open enrollment, or after a qualifying life event.

Q: Can employees cancel coverage mid-year?

A: Not unless they have a qualifying life event. If premiums are deducted pre-tax, IRS rules prohibit mid-year cancellations.

Q: Where can I find enrollment forms?

A: Employers can download forms from the PIBT Portal under the Company Documents section. If you are not registered for portal access, contact your PIBT Health Advocate.

Q: How do employees cancel coverage?

A: Employers must submit the proper form to decline coverage within 30 days from the event date. Retroactive cancellations are not allowed.

Q: When will employees receive insurance cards?

A: First-time enrollees and those switching plans will receive new cards within 7-14 business days after enrollment form is processed.

Q: What is the PIBT Portal?

A: The PIBT Portal is an available tool for managing day-to-day administration. The portal can be found on the PIBT website at www.pibt.org/login.aspx

Have more questions or need more information? Contact us! We are here to assist you!

KAISER PERMANENTE®

	KP DHMO_D 2000/30/4.5K	KP DHMO_B 1000/30/3.5K	KP DHMO_ G 4000/40/7.5K VC
PLAN ID:	**12223**	**12225**	**12224**
Network	Full[7]	Full[7]	Full[7]
Deductible (Individual/Family)	$2,000[2] / $4,000[2]	$1,000[2] / $2,000[2]	$4,000[2] / $8,000[2]
Copay Maximum (Individual Family)	$4,500 / $9,000	$3,500 / $7,000	$7,500 / $15,000
Office Visit	$30 / visit (No Deductible)	$25 / visit (No Deductible)	$50 / visit (Ded does not apply to first 3 visits)
Specialist Visit	$40 / visit (No Deductible)	$35 / visit (No Deductible)	$70 / visit (After Deductible)
Preventative Health Services	No Charge (No Deductible)	No Charge (No Deductible)	No Charge (No Deductible)
Urgent Care	$60 / visit (No Deductible)	$50 / visit (No Deductible)	$100 / visit (Ded does not apply to first 3 visits)
X-Ray	No Charge (No Deductible)	No Charge (No Deductible)	40% (After Deductible)
Lab	No Charge (No Deductible)	No Charge (No Deductible)	No Charge (No Deductible)
Outpatient Facility Surgery/Treatment	30% (After Deductible)	30% (After Deductible)	40% (After Deductible)
Hospital Admission	30% (After Deductible)	30% (After Deductible)	40% (After Deductible)
Emergency Room	$350 / visit (No Deductible)	$350 / visit (No Deductible)	40% (After Deductible)
Prescription Drugs	GENERIC / PREF / NON-PREF / SPECIALTY	GENERIC / PREF / NON-PREF / SPECIALTY	GENERIC / PREF / NON-PREF / SPECIALTY
Rx Brand Deductible	Not Applicable	Not Applicable	Not Applicable
Retail pharmacy 30 day supply	$15 / $30 / $45 / 20% (up to $300)	$15 / $30 / $45 / 20% (up to $300)	$20 / $40 / $60 / 20% (up to $300)
Mail order up to 90 day supply	$30 / $60 / $90 / 20% (up to $300)[18]	$30 / $60 / $90 / 20% (up to $300)[18]	$40 / $80 / $120 / 20% (up to $300)[18]
Routine Vision Exam	Pediatric eye exam only	Pediatric eye exam only	Pediatric eye exam only

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- Prescription drug benefits listed are for participating pharmacies only.

[18] Specialty Drugs, up to $250 maximum per prescription. Availability for mail order varies by item. Talk to your local pharmacy.
[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan.
[7] For Services that are subject to the Plan Deductible or the Drug Deductible, you must pay Charges for covered Services you receive during the Accumulation period until you reach the deductible amounts listed. All payments you make toward your deductible(s) apply to the Out-of-Pocket maximum amounts listed.

GA-Kaiser Permanente Monthly Dollar Rates by age, Effective 12/01/2026

Dependent monthly rates do not include the employee portion

Plan Name & ID	KP DHMO_D 2000/30/4.5K, Plan ID #12223						
Age/Tier	**Under 30**	**Under 40**	**Under 50**	**Under 55**	**Under 60**	**Under 65**	**65 & Over**
Employee	468.34	549.35	765.09	963.16	1,149.87	1,383.53	1,548.72
+ Spouse	576.05	675.70	941.06	1,184.68	1,414.35	1,701.74	1,904.93
+ Child(ren)	655.66	769.08	1,071.12	1,348.41	1,609.82	1,936.93	2,168.20
+ Spouse & Child(ren)	1,358.17	1,593.10	2,218.75	2,793.16	3,334.65	4,012.23	4,491.29
Plan Name & ID	**KP DHMO_ G 4000/40/7.5K VC, Plan ID #12224**						
Age/Tier	**Under 30**	**Under 40**	**Under 50**	**Under 55**	**Under 60**	**Under 65**	**65 & Over**
Employee	357.00	443.10	596.63	776.54	934.49	1,071.26	1,208.84
+ Spouse	439.12	545.02	733.86	955.16	1,149.44	1,317.66	1,486.88
+ Child(ren)	499.81	620.33	835.27	1,087.15	1,308.28	1,499.76	1,692.37
+ Spouse & Child(ren)	1,035.32	1,284.98	1,730.21	2,251.98	2,710.04	3,106.66	3,505.64
Plan Name & ID	**KP DHMO_B 1000/30/3.5K, Plan ID #12225**						
Age/Tier	**Under 30**	**Under 40**	**Under 50**	**Under 55**	**Under 60**	**Under 65**	**65 & Over**
Employee	493.73	583.96	785.55	1,026.23	1,248.19	1,418.20	1,615.89
+ Spouse	607.28	718.27	966.22	1,262.27	1,535.27	1,744.39	1,987.54
+ Child(ren)	691.22	817.54	1,099.77	1,436.73	1,747.47	1,985.49	2,262.25
+ Spouse & Child(ren)	1,431.82	1,693.48	2,278.08	2,976.07	3,619.75	4,112.78	4,686.07

What is the Freedom Plan?

PIBT freedom

The Freedom Plan is a PPO-type plan created and managed by the Printing Industries Benefits Trust (PIBT). It gives you **the freedom to choose any doctor or facility**—anywhere.

See who you want, when you want.
Use any doctor or facility that's right for you, whether in or out of network. Pricing is based on the service. No matter the provider, your deductible, co-pay, and benefits don't change.

Real support.
Your Health Advocate makes calls, helps you prep for visits, and steps in if things get complicated.

Built for flexibility.
Especially helpful for employees and their families with changing care needs.

More freedom means a little more legwork—but it's worth it.

Because you can see any doctor, you may need to do a bit more upfront—like letting us contact your provider in advance. We're here to guide you every step of the way. And in return, you get access, support, and savings you won't find in traditional plans.



Is It a Good Fit?

Freedom Plan members tend to value:

- **More provider choice**
- **Hands-on support**
- **Cost clarity and transparency**

If that sounds like you, you might be in the right place.

Guide to the Ecosystem

The Freedom plan is built with support from partners that help us execute services to give you the best possible coverage.

Main players

Companies you're likely to engage with for your health coverage

- Imagine360 - benefits and claims
- Recuro - virtual care
- Prime Therapeutic - pharmacy benefits

Secondary players

Companies you may come across depending on your situation

- KIS Imaging - complex imaging such as MRIs, CTs & PET Scans
- Payer Matrix - specialty medications
- MultiPlan Practitioner and Ancillary Network - the name of the provider network (remember, as a Freedom Plan member, you're not limited to this network)



(800) 449-4898
OnlineHelpDesk@pibt.org
www.pibt.org

How to Get the Most Out of The Freedom Plan

Not all providers recognize the name "Freedom Plan" at first, so we equip you with a quick-reference guide and ID card. If questions come up, we'll talk to them for you.

Before you go to the doctor, follow these simple steps:

1. **Call your PIBT Health Advocate.**
   Let us know who you're seeing and for what.
2. **We'll confirm the details.**
   We can contact the provider in advance to smooth the way.
3. **Bring your ID card + quick reference card.**
   This helps explain how the plan works
4. **Need help understanding bills?**
   If you get a confusing or unexpected charge, or a "balanced bill" call us right away. We'll help you sort it out.
5. **Keep us looped in.**
   The more we know, the better we can advocate for you.

PIBT freedom

	PIBT 35/1250	PIBT 45/1750	PIBT 45/3250
PLAN ID:	**11503**	**11883**	**11505**
Network	Not Applicable[37]	Not Applicable[37]	Not Applicable[37]
Deductible (Individual/Family)	$1,250 / $2,500[2]	$1,750 / $3,500[2]	$3,250 / $6,500[2]
Copay Maximum (Individual Family)	$4,500 / $9,000	$6,000 / $12,000	$7,500 / $15,000
Office Visit	$35 / visit (No Deductible)	$45 / visit (No Deductible)	$45 / visit (No Deductible)
Specialist Visit	$40 / visit (No Deductible)	$50 / visit (No Deductible)	$50 / visit (No Deductible)
Preventative Health Services	No Charge (No Deductible)	No Charge (No Deductible)	No Charge (No Deductible)
Urgent Care	$35 / visit (No Deductible)	$40 / visit (No Deductible)	$45 / visit (No Deductible)
X-Ray	$35 / encounter (After Deductible)	$40 / encounter (After Deductible)	$45 / encounter (After Deductible)
Lab	$35 / encounter (After Deductible)	$40 / encounter (After Deductible)	$45 / encounter (After Deductible)
Outpatient Facility Surgery/Treatment	15% (After Deductible)	30% (After Deductible)	25% (After Deductible)
Hospital Admission	$350 + 15% (After Deductible)	$250 + 30% (After Deductible)	$250 + 25% (After Deductible)
Emergency Room	$350 + 15% (After Deductible)	$250 + 30% (After Deductible)	$250 + 25% (After Deductible)
Prescription Drugs	Generic / Brand / Non-Pref. Brand / Specialty	Generic / Brand / Non-Pref. Brand / Specialty	Generic / Brand / Non-Pref. Brand / Specialty
Rx Brand Deductible	$275 Individual (Except Generic)	$275 Individual (Except Generic)	$275 Individual (Except Generic)
Retail pharmacy 30 day supply	$15 / $30 / $50 / Specialty Drugs Program[644]	$20 / $40 / $55 / Specialty Drugs Program[644]	$20 / $40 / $50 / Specialty Drugs Program[644]
Mail order up to 90 day supply	$30 / $60 / $100 / Specialty Drugs Program[644]	$40 / $80 / $110 / Specialty Drugs Program[644]	$40 / $80 / $100 / Specialty Drugs Program[644]
Routine Vision Exam	No Charge[8]	No Charge[8]	No Charge[8]

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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.
[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.
[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.
[6] Some drugs require prior authorization for medical necessity, or when effective, lower cost alternatives are available.
[8] Routine vision screening for children only.

PIBT freedom

	PIBT 60/5500	PIBT HSA 6500
PLAN ID:	**11863**	**11507**
Network	Not Applicable[37]	Not Applicable[37]
Deductible (Individual/Family)	$5,500 / $11,000[2]	$6,500 / $13,000[2]
Copay Maximum (Individual Family)	$8,500 / $17,000	$7,050 / $14,100
Office Visit	$60 / visit (No Deductible)	30% / visit (After Deductible)
Specialist Visit	$65 / visit (No Deductible)	30% / visit (After Deductible)
Preventative Health Services	No Charge (No Deductible)	No Charge (No Deductible)
Urgent Care	$55 / visit (No Deductible)	30% / visit (After Deductible)
X-Ray	$55 / encounter (After Deductible)	30% / encounter (After Deductible)
Lab	$55 / encounter (After Deductible)	30% / encounter (After Deductible)
Outpatient Facility Surgery/Treatment	40% (After Deductible)	30% (After Deductible)
Hospital Admission	$250 + 40% (After Deductible)	$250 + 30% (After Deductible)
Emergency Room	$250 + 40% (After Deductible)	$250 + 30% (After Deductible)
Prescription Drugs	Generic / Brand / Non-Pref. Brand / Specialty	Generic / Brand / Non-Pref. Brand / Specialty
Rx Brand Deductible	$275 Individual (Except Generic)	Subject to the calendar year deductible
Retail pharmacy 30 day supply	$20 / $40 / 50% $100 max[6] / Specialty Drugs Program[44]	$15 / $30 /$50 / Specialty Drugs Program[644]
Mail order up to 90 day supply	$40 / $80 / 50% $200 max[6] / Specialty Drugs Program[44]	$30 / $60 / $100 / Specialty Drugs Program[644]
Routine Vision Exam	No Charge[8]	No Charge[8]

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[6] Some drugs require prior authorization for medical necessity, or when effective, lower cost alternatives are available.
[8] Routine vision screening for children only.

PIBT Freedom Monthly Dollar Rates by age, Effective 12/01/2026

Dependent monthly rates do not include the employee portion

Plan Name	PIBT 35/1250				PIBT 45/3250				PIBT HSA 6500			
Plan ID	11503				11505				11507			
Region	100				100				100			
Emp.Age	Employee	+Spouse	+Child(ren)	+Family	Employee	+Spouse	+Child(ren)	+Family	Employee	+Spouse	+Child(ren)	+Family
15	546.41	710.34	382.49	1,038.18	441.50	573.94	309.05	838.84	352.44	458.16	246.70	669.62
16	546.41	710.34	382.49	1,038.18	441.50	573.94	309.05	838.84	352.44	458.16	246.70	669.62
17	546.41	710.34	382.49	1,038.18	441.50	573.94	309.05	838.84	352.44	458.16	246.70	669.62
18	546.41	710.34	382.49	1,038.18	441.50	573.94	309.05	838.84	352.44	458.16	246.70	669.62
19	546.41	710.34	382.49	1,038.18	441.50	573.94	309.05	838.84	352.44	458.16	246.70	669.62
20	546.41	710.34	382.49	1,038.18	441.50	573.94	309.05	838.84	352.44	458.16	246.70	669.62
21	613.95	798.15	429.78	1,166.53	496.08	644.90	347.26	942.55	396.00	514.81	277.20	752.41
22	625.70	813.42	438.00	1,188.83	505.56	657.24	353.90	960.58	403.57	524.66	282.51	766.80
23	638.31	829.81	446.82	1,212.80	515.76	670.48	361.03	979.93	411.72	535.22	288.19	782.25
24	651.79	847.33	456.26	1,238.41	526.65	684.64	368.66	1,000.64	420.41	546.52	294.28	798.77
25	666.14	865.99	466.30	1,265.67	538.24	699.72	376.77	1,022.66	429.67	558.55	300.76	816.36
26	681.37	885.77	476.95	1,294.58	550.54	715.70	385.37	1,046.02	439.48	571.31	307.63	835.01
27	697.53	906.78	488.27	1,325.29	563.60	732.68	394.52	1,070.85	449.90	584.88	314.93	854.82
28	714.55	928.93	500.20	1,357.67	577.37	750.57	404.15	1,096.98	460.89	599.16	322.63	875.69
29	732.61	952.38	512.82	1,391.95	591.95	769.53	414.36	1,124.69	472.53	614.29	330.76	897.80
30	751.52	976.98	526.06	1,427.89	607.22	789.40	425.07	1,153.74	484.73	630.15	339.31	920.98
31	771.45	1,002.89	540.02	1,465.77	623.33	810.34	436.33	1,184.33	497.59	646.86	348.31	945.41
32	792.40	1,030.12	554.68	1,505.56	640.26	832.34	448.19	1,216.50	511.10	664.42	357.77	971.08
33	814.36	1,058.67	570.04	1,547.28	658.00	855.41	460.61	1,250.20	525.26	682.84	367.68	997.99
34	837.41	1,088.63	586.19	1,591.08	676.62	879.61	473.64	1,285.59	540.12	702.17	378.09	1,026.25
35	861.55	1,120.00	603.08	1,636.93	696.12	904.97	487.29	1,322.64	555.69	722.40	388.99	1,055.82
36	886.77	1,152.79	620.73	1,684.85	716.51	931.46	501.55	1,361.36	571.96	743.56	400.38	1,086.74
37	913.15	1,187.09	639.19	1,734.97	737.82	959.17	516.48	1,401.87	588.98	765.67	412.29	1,119.06
38	940.76	1,222.99	658.53	1,787.44	760.14	988.18	532.10	1,444.26	606.79	788.83	424.76	1,152.90
39	969.53	1,260.40	678.68	1,842.12	783.38	1,018.40	548.37	1,488.44	625.35	812.95	437.75	1,188.16
40	999.54	1,299.40	699.67	1,899.12	807.63	1,049.91	565.33	1,534.49	644.71	838.12	451.29	1,224.93
41	1,030.85	1,340.11	721.59	1,958.62	832.93	1,082.81	583.06	1,582.57	664.90	864.36	465.42	1,263.30
42	1,063.54	1,382.60	744.48	2,020.72	859.34	1,117.14	601.54	1,632.74	685.98	891.78	480.19	1,303.36
43	1,097.53	1,426.79	768.27	2,085.30	886.81	1,152.84	620.76	1,684.92	707.91	920.28	495.54	1,345.02
44	1,132.98	1,472.86	793.07	2,152.64	915.44	1,190.07	640.81	1,739.34	730.77	950.00	511.53	1,388.45
45	1,169.86	1,520.82	818.91	2,222.74	945.25	1,228.82	661.68	1,795.98	754.56	980.93	528.20	1,433.67
46	1,208.27	1,570.76	845.80	2,295.73	976.29	1,269.17	683.39	1,854.94	779.33	1,013.15	545.54	1,480.74
47	1,248.21	1,622.68	873.75	2,371.61	1,008.55	1,311.13	705.99	1,916.26	805.10	1,046.62	563.57	1,529.68
48	1,289.75	1,676.66	902.81	2,450.50	1,042.11	1,354.75	729.48	1,980.01	831.89	1,081.44	582.32	1,580.57
49	1,332.86	1,732.72	933.00	2,532.44	1,076.95	1,400.05	753.88	2,046.22	859.70	1,117.62	601.80	1,633.42
50	1,377.73	1,791.05	964.41	2,617.68	1,113.21	1,447.17	779.24	2,115.09	888.64	1,155.22	622.04	1,688.40
51	1,424.33	1,851.63	997.03	2,706.23	1,150.86	1,496.11	805.59	2,186.63	918.69	1,194.30	643.08	1,745.52
52	1,472.74	1,914.58	1,030.92	2,798.22	1,189.98	1,546.98	832.99	2,260.96	949.93	1,234.90	664.94	1,804.85
53	1,522.98	1,979.87	1,066.08	2,893.64	1,230.56	1,599.74	861.40	2,338.08	982.32	1,277.01	687.62	1,866.40
54	1,575.15	2,047.71	1,102.62	2,992.81	1,272.73	1,654.55	890.91	2,418.18	1,015.98	1,320.77	711.18	1,930.35
55	1,629.30	2,118.10	1,140.52	3,095.67	1,316.47	1,711.41	921.53	2,501.30	1,050.90	1,366.16	735.62	1,996.71
56	1,685.47	2,191.11	1,179.83	3,202.40	1,361.86	1,770.41	953.31	2,587.53	1,087.12	1,413.27	761.00	2,065.54
57	1,743.74	2,266.87	1,220.63	3,313.12	1,408.94	1,831.63	986.26	2,676.99	1,124.71	1,462.14	787.30	2,136.96
58	1,804.12	2,345.35	1,262.87	3,427.82	1,457.73	1,895.04	1,020.41	2,769.68	1,163.66	1,512.75	814.56	2,210.95
59	1,866.74	2,426.76	1,306.72	3,546.80	1,508.32	1,960.82	1,055.83	2,865.81	1,204.05	1,565.25	842.83	2,287.68
60	1,931.68	2,511.18	1,352.18	3,670.18	1,560.79	2,029.04	1,092.56	2,965.51	1,245.93	1,619.71	872.15	2,367.27
61	1,998.93	2,598.62	1,399.26	3,797.98	1,615.14	2,099.68	1,130.59	3,068.76	1,289.31	1,676.12	902.52	2,449.70
62	2,068.59	2,689.16	1,448.00	3,930.31	1,671.42	2,172.84	1,170.00	3,175.69	1,334.24	1,734.51	933.97	2,535.05
63	2,140.78	2,783.00	1,498.54	4,067.47	1,729.75	2,248.67	1,210.82	3,286.51	1,380.80	1,795.04	966.57	2,623.52
64	2,237.60	2,908.89	1,566.32	4,251.45	1,807.99	2,350.38	1,265.59	3,435.16	1,443.25	1,876.23	1,010.29	2,742.19

PIBT Freedom Monthly Dollar Rates by age, Effective 12/01/2026

Dependent monthly rates do not include the employee portion

Plan Name	PIBT 60/5500				PIBT 45/1750			
Plan ID	11863				11883			
Region	100				100			
Emp.Age	Employee	+Spouse	+Child(ren)	+Family	Employee	+Spouse	+Child(ren)	+Family
15	396.15	514.99	277.31	752.68	504.34	655.64	353.04	958.24
16	396.15	514.99	277.31	752.68	504.34	655.64	353.04	958.24
17	396.15	514.99	277.31	752.68	504.34	655.64	353.04	958.24
18	396.15	514.99	277.31	752.68	504.34	655.64	353.04	958.24
19	396.15	514.99	277.31	752.68	504.34	655.64	353.04	958.24
20	396.15	514.99	277.31	752.68	504.34	655.64	353.04	958.24
21	445.12	578.66	311.58	845.73	566.69	736.68	396.68	1,076.70
22	453.64	589.72	317.53	861.90	577.52	750.78	404.26	1,097.29
23	462.78	601.61	323.94	879.27	589.16	765.91	412.41	1,119.40
24	472.54	614.32	330.79	897.85	601.61	782.08	421.12	1,143.04
25	482.96	627.84	338.06	917.61	614.85	799.30	430.39	1,168.21
26	493.99	642.18	345.79	938.58	628.90	817.56	440.23	1,194.91
27	505.71	657.42	353.98	960.84	643.81	836.96	450.67	1,223.26
28	518.06	673.47	362.64	984.30	659.54	857.40	461.68	1,253.12
29	531.14	690.48	371.80	1,009.16	676.20	879.05	473.34	1,284.76
30	544.86	708.30	381.40	1,035.22	693.66	901.74	485.56	1,317.94
31	559.30	727.10	391.52	1,062.68	712.05	925.67	498.44	1,352.90
32	574.49	746.83	402.15	1,091.53	731.38	950.80	511.97	1,389.64
33	590.41	767.54	413.29	1,121.79	751.65	977.15	526.16	1,428.15
34	607.12	789.26	424.99	1,153.53	772.93	1,004.81	541.05	1,468.56
35	624.61	812.01	437.24	1,186.78	795.20	1,033.76	556.64	1,510.88
36	642.91	835.78	450.03	1,221.51	818.48	1,064.03	572.95	1,555.12
37	662.03	860.64	463.42	1,257.86	842.84	1,095.68	589.98	1,601.38
38	682.05	886.66	477.43	1,295.89	868.33	1,128.82	607.82	1,649.80
39	702.92	913.79	492.03	1,335.53	894.88	1,163.34	626.41	1,700.28
40	724.66	942.07	507.27	1,376.87	922.57	1,199.35	645.81	1,752.90
41	747.36	971.58	523.16	1,420.00	951.48	1,236.91	666.04	1,807.80
42	771.07	1,002.38	539.74	1,465.02	981.65	1,276.14	687.15	1,865.13
43	795.70	1,034.43	557.00	1,511.85	1,013.02	1,316.92	709.11	1,924.74
44	821.40	1,067.83	574.98	1,560.67	1,045.73	1,359.46	732.01	1,986.90
45	848.15	1,102.60	593.70	1,611.48	1,079.78	1,403.72	755.85	2,051.59
46	876.00	1,138.80	613.19	1,664.40	1,115.23	1,449.81	780.68	2,118.96
47	904.96	1,176.44	633.46	1,719.41	1,152.10	1,497.72	806.47	2,188.98
48	935.06	1,215.58	654.54	1,776.61	1,190.43	1,547.56	833.31	2,261.82
49	966.33	1,256.23	676.43	1,836.03	1,230.24	1,599.30	861.16	2,337.44
50	998.86	1,298.50	699.19	1,897.81	1,271.64	1,653.14	890.16	2,416.13
51	1,032.64	1,342.43	722.85	1,962.02	1,314.65	1,709.06	920.26	2,497.85
52	1,067.74	1,388.07	747.43	2,028.72	1,359.34	1,767.15	951.55	2,582.76
53	1,104.16	1,435.40	772.91	2,097.90	1,405.71	1,827.42	984.00	2,670.83
54	1,141.99	1,484.58	799.39	2,169.77	1,453.87	1,890.03	1,017.71	2,762.35
55	1,181.24	1,535.61	826.87	2,244.36	1,503.84	1,955.00	1,052.69	2,857.31
56	1,221.97	1,588.55	855.37	2,321.73	1,555.68	2,022.39	1,088.98	2,955.82
57	1,264.21	1,643.47	884.95	2,402.00	1,609.47	2,092.31	1,126.63	3,058.00
58	1,307.99	1,700.38	915.58	2,485.16	1,665.20	2,164.76	1,165.64	3,163.88
59	1,353.38	1,759.40	947.37	2,571.43	1,723.00	2,239.89	1,206.10	3,273.69
60	1,400.46	1,820.60	980.32	2,660.88	1,782.93	2,317.82	1,248.06	3,387.58
61	1,449.23	1,883.99	1,014.46	2,753.54	1,845.01	2,398.53	1,291.51	3,505.54
62	1,499.72	1,949.65	1,049.81	2,849.49	1,909.30	2,482.10	1,336.51	3,627.68
63	1,552.06	2,017.67	1,086.44	2,948.91	1,975.94	2,568.71	1,383.15	3,754.28
64	1,622.26	2,108.94	1,135.59	3,082.30	2,065.30	2,684.91	1,445.72	3,924.09

	CIGNA DPPO $2000		CIGNA DPPO $1500 w/Ortho Adult+Child		CIGNA DPPO $2000 w/Ortho Adult+Child	
PLAN ID:	**11986**		**11984**		**12243**	
Plan Deductible (Individual/Family)	$25 / $75[46]		$25 / $75[46]		$25 / $75[46]	$50 / $150[46]
Annual Maximum Benefit	$2,000		$1,500		$2,000	
Oral Exams	No Charge (2 per year)		No Charge (2 per year)		No Charge (2 per year)	
Cleanings	No Charge (2 per year)		No Charge (2 per year)		No Charge (2 per year)	
Complete X-Ray Series	No Charge		No Charge		No Charge	
Bite Wing X-Rays	No Charge		No Charge		No Charge	
Standard Fillings (One Surface)	10%	20%	10%	20%	10%	
Porcelain with Base Metal Crowns*	40%	50%	40%	50%	40%	
Ortho Lifetime Max	Not Covered		$1,500		$1,500	
Children up to 19th Birthday	Not Covered		50% (No Deductible)		50% (No Deductible)	
Adults	Not Covered		50% (No Deductible)		50% (No Deductible)	
Monthly Rates, effective 12/01/2026						
Employee	$63.06		$56.96		$73.63	
+ Spouse	$80.10		$72.33		$72.88	
+ 1 child	$66.86		$60.36		$90.56	
+ 2+ children	$66.86		$60.36		$90.56	
+ Family	$151.36		$136.67		$180.38	

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- Prescription drug benefits listed are for participating pharmacies only.

[46] No Deductible applies for Class 1 preventative benefits. Refer to plan Benefit Summary for more details and information.

	CIGNA DPPO $1500		CIGNA DPPO $1000		CIGNA DEPO $1000	
PLAN ID:	**11983**		**11987**		**11985**	
Plan Deductible (Individual/Family)	$50 / $150[46]		$50 / $150[46]		$50 / $150	Not Covered
Annual Maximum Benefit	$1,500		$1,000		$1,000	Not Covered
Oral Exams	No Charge (2 per year)		No Charge (2 per year)		No Charge	Not Covered
Cleanings	No Charge (2 per year)		No Charge (2 per year)		No Charge	Not Covered
Complete X-Ray Series	No Charge		No Charge		No Charge	Not Covered
Bite Wing X-Rays	No Charge		No Charge		No Charge	Not Covered
Standard Fillings (One Surface)	10%	20%	10%	20%	10%	Not Covered
Porcelain with Base Metal Crowns*	40%	50%	40%	50%	40%	Not Covered
Ortho Lifetime Max	Not Covered		Not Covered		Not Covered	
Children up to 19th Birthday	Not Covered		Not Covered		Not Covered	
Adults	Not Covered		Not Covered		Not Covered	
Monthly Rates, effective 12/01/2026						
Employee	$50.22		$41.81		$33.71	
+ Spouse	$63.76		$53.11		$42.79	
+ 1 child	$53.21		$44.32		$35.72	
+ 2+ children	$53.21		$44.32		$35.72	
+ Family	$120.50		$100.35		$80.88	

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[46] No Deductible applies for Class 1 preventative benefits. Refer to plan Benefit Summary for more details and information.

	CIGNA DHMO P5I0X	CIGNA DHMO K1I09	CIGNA DHMO G1-09
PLAN ID:	**11988**	**11989**	**11990**
Plan Deductible (Individual/Family)	None	None	None
Annual Maximum Benefit	None	None	None
Oral Exams	No Charge	No Charge	No Charge
Cleanings	No Charge (2 per calendar year)	No Charge (2 per calendar year)	No Charge (2 per calendar year)
Complete X-Ray Series	No Charge (1 per 36 months)	No Charge (1 per 36 months)	No Charge (1 per 36 months)
Bite Wing X-Rays	No Charge	No Charge	No Charge
Standard Fillings (One Surface)	No Charge	No Charge	$33 Copay
Porcelain with Base Metal Crowns*	$185 Copay	$400 Copay	$425 Copay
Ortho Lifetime Max	Refer to Schedule of Benefits	Refer to Schedule of Benefits	Refer to Schedule of Benefits
Children up to 19th Birthday	$1,344 Copay	$2,040 Copay	$2,472 Copay
Adults	$1,944 Copay	$2,376 Copay	$3,384 Copay
Monthly Rates, effective 12/01/2026			
Employee	$19.37	$15.51	$11.60
+ Spouse	$23.66	$11.63	$9.90
+ 1 child	$23.66	$11.63	$9.90
+ 2+ children	$27.38	$21.99	$23.27
+ Family	$27.38	$21.99	$23.27

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- Prescription drug benefits listed are for participating pharmacies only.

	EyeMed High 200	EyeMed Base 130
PLAN ID:	**10423**	**8763**
Network	Insight Network / PLUS Providers	Insight Network / PLUS Providers
Vision exam	$0 Copay	$0 Copay
Frames	$0 Copay; $200 allowance ($250 at PLUS providers), 20% off balance over allowance	$0 Copay; $130 allowance ($180 at PLUS providers), 20% off balance over allowance
Single	$10 Copay, 20% off balance over allowance	$10 Copay, 20% off balance over allowance
Bifocal	$10 Copay, 20% off balance over allowance	$10 Copay, 20% off balance over allowance
Trifocal	$10 Copay, 20% off balance over allowance	$10 Copay, 20% off balance over allowance
Lenticular	$10 Copay, 20% off balance over allowance	$10 Copay, 20% off balance over allowance
Contact Lenses (Instead of a complete pair of glasses, but only to plan limitations)	$0 Copay; $200 allowance ($250 at PLUS providers), 15% off balance over allowance	$0 Copay; $130 allowance ($180 at PLUS providers), 15% off balance over allowance
Examination	Every 12 months	Every 12 months
Frames	Every 12 months	Every 12 months
Lenses or Contacts	Every 12 months	Every 12 months
Monthly Rates, effective 12/01/2026		
Employee	$9.39	$7.36
+ 1 dependent	$8.43	$6.62
+ 2+ dependents	$16.77	$13.18

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- Prescription drug benefits listed are for participating pharmacies only.

	EyeMed hardware
PLAN ID:	**12045**
Network	Insight Network / PLUS Providers
Vision exam	Not Covered[34]
Frames	$0 Copay; $120 allowance ($170 at PLUS providers), 20% off balance over allowance
Single	$25 Copay, 20% off balance over allowance
Bifocal	$25 Copay, 20% off balance over allowance
Trifocal	$25 Copay, 20% off balance over allowance
Contact Lenses **(Instead of a complete pair of glasses, but only to plan limitations)**	$0 Copay; $120 allowance ($170 at PLUS providers), 15% off balance over allowance
Examination	Not Covered
Frames	Every 12 months
Lenses or Contacts	Every 12 months
Monthly Rates, effective 12/01/2026	
Employee	$2.24
+ 1 dependent	$1.79
+ 2+ dependents	$3.67

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- Prescription drug benefits listed are for participating pharmacies only.

[34] Benefits apply for hardware only.

	VSP Premium	VSP Standard
PLAN ID:	**10884**	**10883**
Network	VSP easyoptions: See plan summary for $250 allowance upgrades.	VSP Provider[30]
Vision exam	$10 Copay	$10 Copay
Frames	$20 Copay. $200 plan allowance, 20% off balance over allowance	$20 Copay. $170 plan allowance, 20% off balance over allowance
Single	$20 Copay	$20 Copay
Bifocal	$20 Copay	$20 Copay
Trifocal	$20 Copay	$20 Copay
Contact Lenses (Instead of a complete pair of glasses, but only to plan limitations)	Up to $60 copay. $200 plan allowance	$0 copay. $170 plan allowance
Examination	Every 12 months	Every 12 months
Frames	Every 12 months	Every 24 months
Lenses or Contacts	Every 12 months	Every 12 months
Monthly Rates, effective 12/01/2026		
Employee	$13.93	$10.51
+ 1 dependent	$4.22	$2.53
+ 2+ dependents	$16.05	$11.03

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 - Forms and Documents.)

- Prescription drug benefits listed are for participating pharmacies only.

[30] 20% off for certain materials and services accessed through a VSP provider.

	Basic Group Life and AD&D Benefits Distributed by PIA-SC, Insurance Services Inc.
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.
Age Reduction (Original Benefit Amount reduced to)	70% at age 70 40% at age 75 35% at age 80
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 12/01/2026. 100% Employer paid. 100% employee enrollment required.	

$0.28 per $1,000 face amount, minimum of $4,000 and maximum not to exceed $50,000.

Face Amount	Rate
$4,000	$1.12
$5,000	$1.40
$6,000	$1.68
$7,000	$1.96
$8,000	$2.24
$9,000	$2.52

Face Amount	Rate
$10,000	$2.80
$15,000	$4.20
$20,000	$5.60
$30,000	$8.40
$40,000	$11.20
$50,000	$14.00

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 Distributed by PIA-SC, Insurance Services Inc.
Employee	
Amount	Increments of $10,000
Maximum Amount	Lesser of $500,000 or 10 x Earnings (subject to underwriting)
Guarantee Issue (GIA)	$120,000 maximum without additional underwriting (New Hires only)
Age Reduction (Original Benefit Amount reduced to)	65% at age 70 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 (subject to underwriting)
Guarantee Issue	$25,000 maximum without additional underwriting
Child	
Child Amount (Birth to 26 yrs.)	$5,000 or maximum of $10,000

Monthly Rates, effective 2026-12-01

Benefit	$10,000	$50,000	$80,000	$120,000
24 and Under	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

	EAP
Employee Assistance Program	Counseling services for various life management problems for employees and dependents
Office Visits	$0 copay with authorization
Deductible	None
Clinical Counseling	
Visits	6 visits per incident per plan period, unlimited incidents
Telephone Couseling	As needed
Web Video Couseling	As needed
Employer Sponsored Plan Monthly Rates, effective 12/01/2026	
Employee	6.06

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 - Forms and Documents.)



SYMETRA VOLUNTARY BENEFITS

PIBT Symetra Benefits

Supplemental Life and AD&D Insurance

- Pays a benefit to your beneficiaries in the event of your death
- Option to keep benefits if you leave the company
- Benefit Amounts:
  - Employee: Increments of $10,000
  - Spouse: Increments of $5,000
  - Child: Increments of $5,000

Accident Insurance - starting at $8.46/month

- On and off the job coverage
- Covers accident related injuries
- Ambulance, doctor visits, ER, urgent care, fractures, dislocations, burns
- Child organized sports injuries

Critical Illness Insurance

- Cancer, heart attack, cardiac arrest, skin cancer, stroke, mini-strokes, childhood conditions, infectious disease (flu, pneumonia, COVID)
- $50 wellness benefit for screenings, blood tests, etc.

Hospital Insurance - starting at $13.31/month

- Admission benefit $1000 per admission, 30 days
- Day 2+: $100 standard room / $200 ICU
- Covers new mom and new baby for 31 days
- Substance abuse, mental health, nursing facilities
- $50 wellness benefit for screenings, blood tests, etc.

SYMETRA®
RETIREMENT | BENEFITS | LIFE

Scan the QR code to Learn More!

Your Employee Education Partner for Symetra Benefits: National Enrollment Partners (NEP)

To support a smooth and successful rollout of these new voluntary benefits, **PIBT** and **Symetra** have partnered with **National Enrollment Partners (NEP)**, a leading national firm specializing in employee benefits communication and enrollment. This collaboration ensures employees have access to one-on-one guidance through a virtual call center, helping employees fully understand their options and make informed decisions during open enrollment.

Simplifying Benefits: NEP's Role in Employee Education and Enrollment

NEP provides educational resources and expert support to make benefits enrollment easy and stress-free for employees and HR.

Landing Page

- Access via QR code and link www.mybenefit.site/pibt
- Link to schedule an appointment with a benefit counselor
- Self-enroll instructions
- Educational videos and brochures highlighting the Symetra coverage options offered

NEP Call Center

- Certified Benefit Counselors trained specifically on the Symetra coverage offered
- Outbound Call Center
- Bilingual options: English/Spanish
- Convenient and flexible schedule during or after work.
- Employees can include their spouse or dependents on the call

SYMETRA® RETIREMENT | BENEFITS | LIFE

PIBT

NEP NATIONAL ENROLLMENT PARTNERS

TASC®

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**

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	With FSA
($600 spent using post-tax dollars)	($600 spent using pretax dollars)
$1,932	$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/

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

How to participate.

It's easy to start saving with a TASC FSA.

Just follow 3 simple steps:



1. DECIDE how much you want contribute for the upcoming plan year

The more you contribute, the lower your taxable income will be. In spite of this, it's important be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. (Note: If your employer offers a Carryover option, up to $500 in unused contributions to a Healthcare FSA can carry over to the next year.)

PLANNING TIPS

START by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

COMPARE your estimate to the IRS limits at **www.tasconline.com/benefits-limits.** If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

2. ENROLL by completing the enrollment process each year

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

SPECIAL FEATURES

Individual Giving Account: Every participant receives a complimentary TASC giving account.

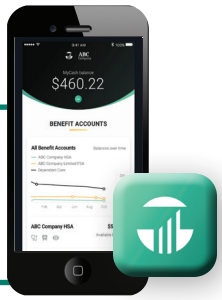
Identify Theft Protection: All active participants receive TASC Identity Theft Protection.

3. ACCESS your funds easily using the TASC Card

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast — within 12 hours — when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!





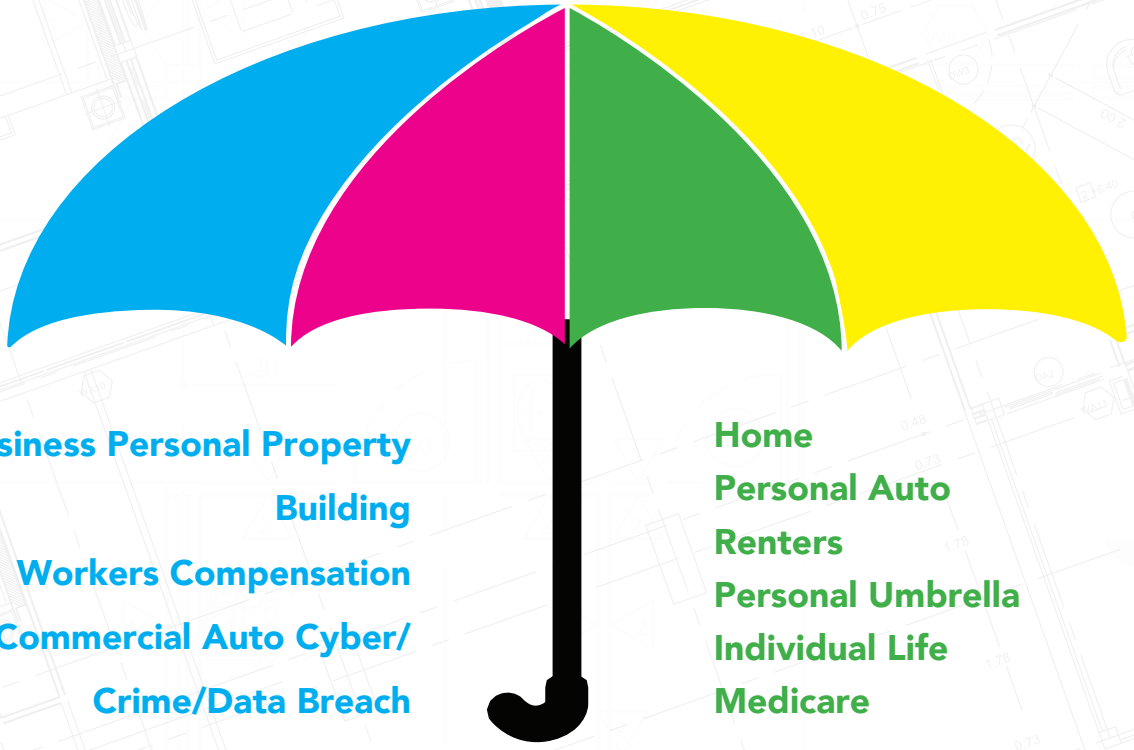
Track and manage all TASC benefits and access numerous helpful tools, anywhere and anytime—with just one app!

GET IT ON Google Play | Download on the App Store | Search for "TASC" (green icon)

Questions? Ask your employer or contact your Plan Administrator:
Total Administration Services Corporation • www.tasconline.com • 1-800-422-4661

It's said that you protect what's important to you,

so what are you insuring?



Business Personal Property
Building
Workers Compensation
Commercial Auto Cyber/
Crime/Data Breach

Home
Personal Auto
Renters
Personal Umbrella
Individual Life
Medicare

Group Health **Group Dental** **Group Vision** **Group Disability**

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Serving Georgia's Graphic Communications Industry

Printing&Imaging Association of Georgia

Who is PIAG?

The **Printing & Imaging Association of Georgia (PIAG)** has served Georgia's dynamic graphic communications industry for over 125 years. PIAG's **mission statement** is to support its members by providing them valuable resources to succeed. As the voice of the industry, PIAG supports graphic communicators of all kinds from printers to imagers to designers and beyond. The membership consists of printing & imaging owners, CEOs, managers, professionals, designers, marketers, and in-plant personnel, all working together hand-in-hand in helping each other achieve business success.

Member Benefits

Membership provides you the programs, resources, and networks to help you achieve more. PIAG is here to be a business resource, advocate, and partner. In addition to serving as the voice of the industry within Georgia, PIAG has two additional arms to help our members and the industry:

Insurance Agency

A full-service insurance agency that can provide cost-effective group health, business property and casualty, and personal insurance. For over 40 years, PIAG Insurance has been assisting employers in obtaining coverage to protect their business and employees. We are here to help you find the best fit for your company and are happy to provide free, no-obligation, quotes from numerous respected carriers.

Educational Foundation

A 501(c)(3) organization that aims to attract and develop the next generation workforce by ensuring a pipeline of talented workers for the industry. The John Dillard Memorial Scholarship Program awards students enrolled in graphic communications programs, while our partnership with SkillsUSA Georgia provides students an opportunity to showcase and sharpen their workplace and technical skills.

Additional Benefits

- Professional Development and Education
- State Government Affairs
- Human Resource Programs
- Hotlines and Consultants
- Financial, Business, and Technology Services
- Industry News and Trends
- Marketing Support
- Nationwide Affiliate Network

770-433-3050 www.piag.org info@piag.org

We're here to help you.
Your Health Advocate team:

Bilingual (English/Español)
M-T 8:30am-5pm PST | Friday 8:30am-4:30pm PST



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