

**Welcome to the
PIAG Insurance
2024-2025
Open Enrollment
Kickoff Meeting**

All microphones will be muted during the call. If you have any questions, please use the chat function within Zoom. All questions will be addressed at the end of the meeting.

**OPEN ENROLLMENT
2024-2025 KICKOFF
MEETING**



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Jon Krueger
President/CEO
PIAG & PIAG Insurance

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Heather Paruta
Account Manager
PIAG Insurance



Also joining
Evie Banaga
Director, Employee Benefits
PIBT




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PIBT Medical Insurance Options



- Kaiser Permanente
 - HMO plan
- Freedom Plan
 - PPO plan

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Kaiser Permanente Signature HMO Plans

- An HMO plan is based on a network of hospitals, doctors and other health care providers that agree to coordinate care within a network in return for a certain payment rate for their services. An HMO generally only covers care received from the plan's contracted providers, known as "in network" providers. When you're a Kaiser Permanente member, your whole care team is connected — to you, and to each other — through your electronic health record. Every visit is captured, so your doctor can use your health history to inform your care.

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Kaiser Permanente



- Kaiser Permanente plans average 5.3% increase
- Plan changes and 1 additional plan option

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Insurance

Kaiser Permanente Migration 50/55 to KP plan A 500/20/3k

Plan Name	KP HMO 50/55 (117)	KP DHMO Plan A 500/20/3K
Network	Full	Full
Coinsurance	N/A	20%
Calendar Year deductible (Individual / Family)	None	\$500 / \$1,000
Out-of-pocket maximum (Individual / Family)	\$6,350 / \$12,700	\$3,000 / \$6,000
Preventive Care	No charge	No charge
Primary Care / Specialist	\$50 / \$55 ded waived	\$20 / \$30 ded waived
Urgent Care	\$50 ded waived	\$40 ded waived
Mental Health	\$50 ded waived	\$20 ded waived
X-ray	no charge	no charge
Laboratory		
Hospital Admission	\$1,500 per admit	20% after ded
Outpatient	\$250	
Emergency	\$250	\$250 ded waived
Chiropractic (up to 20 visits per yr.)	\$55 ded waived	\$30 ded waived
Vision	\$50 at KP facility	\$20 ded waived
Frames and lenses (EyeMed)	\$150 allowance every 12 months	\$150 allowance every 12 months
Prescription Drugs *	Generic / Brand / Specialty	Generic / Brand / Non-preferred / Specialty
Brand RX Ded.	\$100 Ind. / \$300 Fam.	None
30 day supply	\$35 / \$45 / not covered	\$15 / \$30 / \$45 / 20% up to \$300 Max.
90 day mail order	\$70 / \$90 / not covered	\$30 / \$60 / \$90

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Insurance

Kaiser Permanente Migration HMO 2000 to Plan B 1000/20/3500

Plan Name	KP Ded HMO 2000 (121)	KP DHMO Plan B 1000/20/3500
Network	Full	Full
Coinsurance	N/A	20%
Calendar Year deductible (Individual / Family)	\$2,000 / \$4,000	\$1,000 / \$2,000
Out-of-pocket maximum (Individual / Family)	\$4,500 / \$9,000	\$3,500 / \$7,000
Preventive Care	No charge	No charge
Primary Care / Specialist	\$30 / \$40 ded waived	\$25 / \$35 ded waived
Urgent care	\$60 ded waived	\$50 ded waived
Mental Health	\$30 ded waived	\$25 ded waived
X-ray		
Laboratory	No charge ded waived	No charge
Hospital Admission		
Outpatient	No charge after ded	20% after ded
Emergency	\$250 ded waived	\$250 ded waived
Chiropractic (up to 20 visits per yr.)	\$40 ded waived	\$35 ded waived
Vision	\$30 at Kaiser facility	\$25 ded waived
Frames and lenses (EyeMed)	\$150 allowance every 12 months	\$150 allowance every 12 months
Prescription Drugs *	Generic / Brand / Specialty	Generic / Brand / Non-formulary / Specialty
Brand RX Ded.	Subject to plan deductible	None
30 day supply	\$15 / \$45 / 20% up to \$300 max	\$15 / \$30 / \$45 / 20% up to 300 Max
90 day mail order	\$60 / \$90 / 20%	2 copays per 90-day supply
Plan ID	11343	11844

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Kaiser Permanente Migration HMO 3000 to Plan B 1000/30/3500



Plan Name	KP HMO 3000 (122)	KP DHMO Plan B 1000/30/3.5K
Network	Full	Full
Coinsurance	N/A	30%
Calendar Year deductible (Individual / Family)	\$3,000 / \$6,000	\$1,000 / \$2,000
Out-of-pocket maximum (Individual / Family)	\$5,500 / \$11,00	\$3,500 / \$7,000
Preventive Care	No charge	No charge
Primary Care / Specialist	\$40 / \$50 ded waived	\$25 / \$35 ded waived
Urgent care	\$80 ded waived	\$50 ded waived
Mental Health	\$40 ded waived	\$25 ded waived
X-ray		no charge
Laboratory		
Hospital Admission	no charge	
Outpatient		30% after ded
Emergency	\$250 ded waived	\$250 ded waived
Chiropractic (up to 20 visits per yr.)	\$50 ded waived	\$35 ded waived
Vision	\$40 at KP facility	\$25 ded waived
Frames and lenses (EyeMed)	\$150 allowance every 12 months	\$150 allowance every 12 months
Prescription Drugs	Generic / Brand / Specialty	Generic / Brand / Non-formulary / Specialty
Brand RX Ded	None	None
30 day supply	\$15 / \$45 / \$20% up to \$300 Max	\$15 / \$30 / \$45 / 20% up to \$300 max
90 day mail order	\$30 / \$90 / 20%	\$30 / \$60 / \$90 / 20% up to \$300 max
Plan ID	11344	11845

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Option 4 DHMO F3000/40/6.5K VC – New plan, cost-effective



Plan Name	DHMO Plan F 3000/40/6.5K VC
Network	Full
Coinsurance	40%
Calendar Year deductible (Individual / Family)	\$3,000 / \$6,000
Out-of-pocket maximum (Individual / Family)	\$6,500 / \$13,000
Preventive Care	No charge
Primary Care / Specialist	\$40 (1st (3) visits ded waived) / \$60 after ded
Urgent care	\$80 after ded (1st (3) visits ded waived)
Mental Health	\$40 after ded (1st (3) visits ded waived)
X-ray	40% after ded
Laboratory	No charge
Hospital Admission	
Outpatient	40% after ded
Emergency	\$40 after ded
Vision	
Frames and lenses (EyeMed)	\$150 allowance every 12 months
Prescription Drugs	Generic / Brand / Non-formulary / Specialty
Brand RX Ded	Subject to Medical deductible
30 day supply	\$20 / \$40 / \$60 / 20%
90 day mail order	\$40 / \$80 / \$120 / 20%
Plan ID	11846

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PIBT Freedom Plan

This is a PPO network plan based on **physicians** only which have agreed to coordinate care within a network in return for a certain payment rate for their services. Unlike an HMO you do not need a referral to seek care from a specialist.

Remember you are free to seek care anywhere.

- Small changes to copays and prescriptions**
- 5 plans to choose from**
- Approximately 5-8 % increase overall**

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Freedom Plans
PPO plans, Migration small changes to OV and RX

#1	11503	PIBT Freedom 35-1250 \$35 OV., \$1,250K/\$2.5K Ded. 10%+\$350 Hosp., \$4.5K/\$9K Max OOP, RX 15/30/50 \$275 Brand Ded. Specialty RX program	11503	PIBT Freedom 35-1250 \$35/40 OV SP , \$1,250K/\$2.5K Ded. 15%+\$350 Hosp. , \$4.5K/\$9K Max OOP, RX 15/30/50 \$275 Brand Ded. Specialty RX program
#2	11504	PIBT Freedom 40-1750 \$40 OV., \$1750/\$3.5K Ded., 25%+\$250 Hosp., \$6K/\$12K Max OOP, RX 15/30/45 \$275 Brand Ded. Specialty RX program	TBD	PIBT Freedom 45-1750 \$45 OV \$50 OV/ SP , \$1750/\$3.5K Ded., 30%+\$250 Hosp., \$6K/\$12K Max OOP, RX 20/40/55 \$275 Brand Ded. Specialty RX program
#3	11505	PIBT Freedom 45-3250 \$45 OV, \$3250/\$6.5K Ded., 25%+\$250 Hosp., \$7.5K/\$15K Max OOP, RX 15/30/45 \$275 Brand Ded. Specialty RX program	11505	PIBT Freedom 45-3250 \$45 OV. \$50 SP , \$3250/\$6.5K Ded., 25%+\$250 Hosp., \$7.5K/\$15K Max OOP, RX 20/40/50 \$275 Brand Ded. Specialty RX program

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Freedom Plans
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Insurance

PPO plans Migration small changes to OV 60-5500 plan and RX on HSA

#4	11506	<u>PIBT Freedom 55-5500</u> \$55 OV, \$5.5K/\$11K Ded., 40%+\$250 Hosp., \$8.5K/\$17K Max OOP, RX 15/30/50% \$275 Brand Ded. Specialty RX program	<u>PIBT Freedom 60-5500</u> \$60 OV, \$65 SP, \$5.5K/\$11K Ded., 40%+\$250 Hosp., \$8.5K/\$17K Max OOP, RX 20/40/50% \$275 Brand Ded. Specialty RX program
#5	11507	<u>PIBT Freedom HSA 6500</u> \$6.5K/\$13K Ded., 30%+\$250 Hosp., \$7,050/\$14,100 Max OOP, RX 10/25/40 Specialty RX program	<u>PIBT Freedom HSA 6500</u> \$6.5K/\$13K Ded., 30%+\$250 Hosp., \$7,050/\$14,100 Max OOP, RX 15/30/50 Specialty RX program


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Processing a claim with Imagine 360 (Evie)

- Find a provider
- Reach out to verify benefits
- Pre-auth needs to be done

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We take care of you throughout your healthcare journey.

1:1 patient-nurse ratio with credentialed, compassionate healthcare specialists

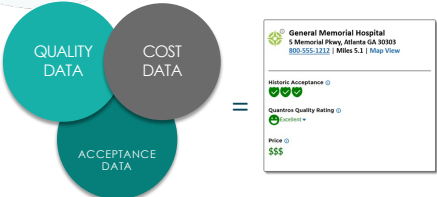
*Available depending on your plan

- Disease Management**
 - Management of complex and chronic conditions
 - Provider and community resource coordination
- Health Management & Wellness**
 - Health education and lifestyle coaching
 - Assessments, screenings and incentives
- Utilization Management & Benefit Review**
 - Independent medical reviews
 - Transition of care
- Pharmacy Management**
 - Specialty pharmacy coordination
 - National Pharmacy Network & Mail Order


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Member Guidance
Make informed provider choices with our Care Navigation services



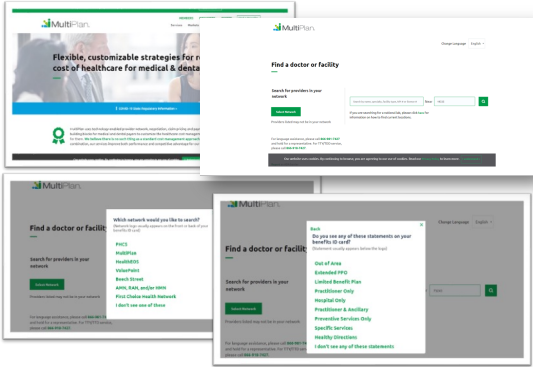
Our team can help identify providers that will work best for you based on quality, cost and acceptance data.

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Multiplan

How to Find a Provider



1. Go to multiplan.com
2. Click on **Find a Provider**
3. Choose the **Multiplan** network
4. Choose **Practitioner & Ancillary**
5. Use the search options to facilitate your search

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UCM Digital Health

- **Because better care is built around the patient.**
- UCM Digital Health offers a digitally integrated, whole person health solution that provides patients with immediate access to care on their terms.
- UCM combines a digital front door platform, multi-disciplinary team of providers, and a 24/7 telehealth triage, treatment, and navigation service to provide a range of patient services, including emergent and urgent care, primary and specialty care, behavioral health, and more. Care begins digitally and can seamlessly integrate across other points of care for a simple patient experience.
- UCM brings together clinical expertise, advanced technology and compassionate care to offer powerful advantages for insurers, employers, patients and providers
- Phone # 844-494-7362


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Who is Imagine360?


- Provides claim review and audit
- Handles all Balance Bill issues



Member receives care




Imagine360 will review claim to check for errors & charges above plan's limits



Imagine360 sends an adjusted payment to the provider

If you have a question about the status of your claim, you may contact the Balance Bill Response Team any time:
Phone: 1-800-827-7223
Email: balancebills@imagine360.com
Hours: 9am – 8pm EST

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Questions that may come up...

Question	Answer
My Doctor(Provider) said they don't accept my insurance	You may call or you can have the provider call Imagine360 at 800-827-7223. Imagine360 will explain how the provider will be paid. <u>Please do not pay more than your copayment that is due per your plan benefit.</u>
I can't find any facility (hospital) that is in network.	The Freedom plan does not have in/out-of network coverage for facilities. Imagine360 will pay any facility that you choose to go to as there is no network as mentioned. The facility may call Imagine360 to see how to file a claim.
What if I receive a bill from my provider after the insurance company has paid?	You need to contact Imagine360. They will work directly with the provider to resolve the balance due. You may be asked to sign a client relationship agreement and a HIPPA form (medical records release authorization form). This allows Imagine360 and their attorney to be able to discuss your open balance with the provider. Phone: 1-800-977-7381 Email: balancebills@imagine360.com Hours: 9am – 8pm EST
I have not received my ID card yet and need to use the benefits.	You can log onto Imagine360's portal (www.imagine360.com) and print an ID card.

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PIBT Freedom is committed to providing you and your family with the right tools to help you manage health care costs and improve your well-being.

Mon. - Thurs. 8:30 am - 5 pm, Fri. 8:30 am - 4 pm PST
P: 323.728.9500 or 800.449.4898 | email: pibt@pibt.org


Resource	Detail	Purpose	Website/Email Address	Contact Information
 (Formerly GPA & ELAP)	Member services assistance	<ul style="list-style-type: none"> • Benefits • Provider search • ID cards • Claim issues • Balance Bill issues 	Member Services: myplan@imagine360.com Balance Bills: balancebills@imagine360.com	P: 800.827.7223 F: 972.238.7900 Mon. - Thurs. 7 am - 9 pm CST P: 800.827.7223 F: 972.238.7900 Fri. 7 am - 7 pm CST
	Virtual care at \$0 copay out of pocket in most cases.	Virtual care with medical professionals from wherever you are 24/7.	www.ucmdigitalhealth.com	P: 844.484.7362
 Keep It Simple Imaging	Imaging services for little to no cost out of pocket with most plans.	Provides you assistance when an MRI, CT, or Pet Scan is prescribed.	kisimaging@getkisx.com	P: 888.458.8746 Mon. - Fri. 8:30 am - 6 pm EST

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Medicare

- Do you have employees that will be 65 soon?
- Do they need help deciding if they should take advantage of their Medicare benefits vs the group plan?
- PIAG has partnered with Becky Wilson at Onestop insurance solutions to help your employee see what their options are.
- Contact Becky at 330-289-1298 or becky@onestopinsurancesolutions.com
- CODE: PIAG** to make sure Becky knows you are a PIAG member.

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Vision, Dental and Life

2-3% rate increase for vision and dental

Basic life rates stayed the same.

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Compare your options
Delta and Humana

<p>PPO</p> <ul style="list-style-type: none"> ❖ Visit any dentist, but save money by staying in network ❖ Pay amount (%) not covered by plan ❖ Annual maximums may apply 	<p>DeltaCare USA</p> <ul style="list-style-type: none"> ❖ Choose a primary care dentist from the DeltaCare USA network ❖ Pay set copayment (\$) for the procedure ❖ No maximums
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Symetra Life Insurance



- No benefit changes
- Possible rate change if employee moves to a different age bracket
- Voluntary term life available
- Guaranteed Issue for employee \$120k
- Spouse \$25k, children \$10k or \$5k
- Important to add employees after waiting period

Presenter: Evie Banaga

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Employee Assistance Program



- EAP is an employer sponsored plan. Employer pays 100% of the premium therefore 100% employee participation is required.
- Anyone living in the EE's home can use the plan
 - \$5.80 per employee (paid by employer)
- Offers many types of services such as:
 - Personal Wellness Coaching
 - Online wills and trust prep
 - Financial Consulting
 - Identity Theft Assistance
 - Dependent Care Assistance
 - Referral Options
 - I.E. : pet care, home contractors and travel arrangements

Presenter Evie Banaga

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TASC

- Flexible Spending Account Option
 - Employers save money when employees elect the FSA pre-tax as it reduces your FICA.
 - Employees can increase take home pay by reducing taxable income.
 - For more info – see yearbook
 - <https://fsastore.com/>
 - \$3050 max

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PIBT Portal

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Renewal Options: Portal or Paper



Employers can renew on the portal (www.pibt.org) or send in paper Participation Agreement

Once the renewal has been completed you are able to get 2024-2025 documents

- Prefilled enrollment forms for all currently enrolled employees
- Custom enrollment form for NEW employees
- PIBT’s website (www.pibt.org) contains all general documents
- REMINDER: **\$35.00 late fees** will be charged if payment is not received by the 15th of the month. Payments are due by the 1st and past due on the 15th. You can have your bill emailed to you on the 1st or you can pull off the portal instead of waiting for the mail.

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2024 PARTICIPATION AGREEMENT

* Complete sections 1-6 and sign all required areas.
 * Failure to complete required fields will result in significant processing delays.
 * Submit your agreement by email to pibt@pibt.org, by fax to 323-215-1796, or upload at www.pibt.org. Plan comparison and blank enrollment form will be emailed to you within 2-3 business days.

SECTION 1: COMPANY INFORMATION				
Company Name:		Federal Tax ID:	Effective Date Requested:	Account #:
Physical Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Additional Company Information: (REQUIRED)				
Authorized Representative:			Email:	
Number of Full-Time W/2 Employees:	Number of Part-Time W/2 Employees:	<input type="checkbox"/> Federal COBRA (20+employees)	<input type="checkbox"/> State COBRA (19 or less employees)	Annual Gross Sales:
Billing Method Selection - Select all that apply		Billing Contact:		
<input type="checkbox"/> Mail <input type="checkbox"/> Email PDFs <input type="checkbox"/> Email Excel Files		Full Name: _____ Email: _____		
Waiting Period - For Future Hires (choose only one option)		<input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> No Waiting Period		
Company Contribution: (REQUIRED)				
	Medical	Dental	Vision	Dollar Amount
For Employees:				
For Dependents:				
Now, therefore, the Company agrees to participation guidelines as follows:				

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1. The Company wishes to offer its "eligible" employees, as deemed by the Printing Industries Benefit Trust (the "Trust") coverage under the employee benefit plans selected by the Company (the "Plan") and offered by the Trust.
2. The Company shall participate in the Trust pursuant to the Amended and Restated Agreement and Declaration of the Trust of PIBT
3. The Company shall enroll a minimum of two W-2 employees working 30 or more hours per week to be considered a group. 75% of all full-time employees must participate in medical and in ancillary plans offered. Valid waivers will be required and do not count against participation.
4. A copy of a quarterly wage report (DEEC) may be requested to continue as a group.
5. The Company shall pay a minimum of 50% of the employee's monthly premium portion for the least expensive medical plan offered and 50% of the monthly premium for the least expensive ancillary plan(s) (i.e., dental, vision, etc.). Please note: Employees with 50 or more employees may be subject to penalties under the Affordable Care Act if they do not offer coverage to a sufficient number of employees or require an employee to contribute more than 8.39% of W-2 wages for self-only coverage under the lowest cost medical option. See discussion of "Potential Liability under the Affordable Care Act" on the Administrative Guidelines.
6. The Company shall give each eligible employee the opportunity to elect coverage from any plan offered by the Company for Self, Spouse, and/or Children based on the employer's contribution.
7. The Company shall review the statement received from the Trust each month to verify that the coverage set forth therein for each eligible employee is correct and shall report any corrections to the Trust within 20 days following receipt of such statement.
8. Failure to remit to the Trust the contributions required under the Plan when due will cause the termination of coverage under the Plan for all eligible employees of the Company and their spouses and children. In any such event, the Trust shall further be entitled to take any appropriate legal action, including, but not limited to, action to recover all amounts due, interest thereon and expenses incurred, including reasonable attorneys' fees, and coverage will not be reinstated.
9. The Company shall remit to the Trust by the 15th day of each month the total contributions required under the Plan for the month. Contributions not received will incur a \$35 late fee. If termination should occur and reinstatement is granted a \$500 fee will be required prior to reinstatement.
10. The undersigned may voluntarily terminate its participation in the Trust 30 days after receipt by the Trust of written notice thereof.
11. Terminations are effective at the end of the month in which the employee was terminated. Terminations should be reported to the Trust prior to last day of coverage to ensure continuation of coverage is sent in a timely manner.
12. This Agreement supersedes any prior agreements related to the subject matter of this agreement.
13. In the absence of anything to the contrary, this agreement will be continuous and will be deemed valid, including any changes to plans or replacement to plans offered.


SECTION 2: PARTICIPATION AGREEMENT CERTIFICATION (Required) ^P			
Authorized Representative Name:	Signature:	Date:	
Email:			Title:

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Next Steps:

- Time to make a decision!
 - Do you want to renew with Printing Industries Benefit Trust?
 - No? Please contact Heather at heather@piag.org to let her know to shop your company with other carriers.
 - Yes? Complete your Participation Agreement in PIBT portal or send in paper copy to piat@piat.org
 - Once the PA has been processed, you can pull your custom enrollment form with all your new plans.
 - PIAG staff can provide virtual enrollment meeting with your staff, if requested.
 - Changes with a 12/1 start date will need to be submitted by 11/15.
 - Changes with a 1/1 start date will need to be submitted by 12/15.

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Health Insurance Outside PIBT

- [Cigna \(open access\)](#)
- [United Healthcare](#)
- [Anthem](#)

Dental

- [Guardian](#)
- [Ameritas employer paid or voluntary](#)
- [Principal](#)
- [Voluntary dental and vision with Humana or Ameritas](#)

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PIAG Insurance is partnering with AFLAC to offer extensive voluntary benefits.

- STD covers employees up to 60% if out for accident or illness. Illness to include Covid-19.
- CI Rider pays employee up to \$5K if diagnosed with Covid-19, Flu, or Pneumonia and admitted to the hospital.
- Individual life products
- Cancer products
- Aflac cost the employer nothing. Paid 100% by employee.

For more information, contact Phillip White at 706-575-9931 or pwbenefits@yahoo.com.

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Insurance

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

*Group policies are for companies with 2 or more employees.

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Printers 401k

Contact Information:
Joe Trybula
Diversified Financial Advisors, LLC
Tel: 800-307-0376

Association 401k Plan

- Multiple Employer Aggregation Plan
- Easy Administration and Operation
- Compliant 401k Program
- Protection from Fiduciary Liability
- Reduce Plan Cost
- Easy Plan Transition
- No Set-Up Fee

How we help members

Results | 32 Plan Participants

<p>103%</p> <p>Increase in the plan participation rate from 34% to 69% More employees are now saving for their future retirement needs.</p>	<p>518%</p> <p>Increase in the average deferral % from 1.02% to 6.30% Owners and key employees can now contribute more money towards retirement.</p>
<p>22%</p> <p>Reduction in overall 401k plan expenses</p>	<p>1.3,5</p> <p>Better investment returns 1, 3- & 5-year averages</p>

Provided Fiduciary delegation of Trustee, Administration and Investments, which reduced company liability and staff workload.

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Printers' Disability Trust

Group LTD and STD

- Employer paid or voluntary
- (100% employee paid)

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Questions?

Please ask any questions via the chat function.

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Thank You

For questions, please contact:

Heather Paruta

heather@piag.org

678.816.1161

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