Printing Industries
Benefit Trust

2025-2026
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 Health Net, Kaiser, and PIBT Freedom on one invoice.
Concierge support for employees.	Our in-house (English/Spanish) Health Advocates are just a phone call or email away.
Complimentary services.	We offer COBRA admininstration 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

CURRENT

Delta Dental USA 11	
EE Rate	$22.57
Preventive	No Chg
Basic	$0/$5
Major	$240

Humana Trad PPO 2	
EE Rate	$38.22
Deductible	$50
Maximum	$1000
Preventive	No Chg
Basic	30%/30%
Major	60%
Ortho	None

Humana Trad Pref PPO	
EE Rate	$56.52
Deductible	$50
Maximum	$1500
Preventive	No Chg
Basic	20%/20%
Major	50%
Ortho	$1000/Ch

Delta DPO Plan 2	
EE Rate	$52.58
Deductible	$50
Maximum	$1500
Preventive	No Chg
Basic	20%/20%
Major	50%
Ortho	$1000

Delta DPO Plan 1	
EE Rate	$65.34
Deductible	$25/$50
Maximum	$1500
Preventive	No Chg
Basic	10%/20%
Major	40%/50%
Ortho	$1000

Refer to Dental Benefits at a Glance for details.

NEW

CIGNA DHMO G1-09	
EE Rate	$11.37
Preventive	No Chg
Basic	$33/$64
Major	$390

CIGNA DHMO K1|09	
EE Rate	$15.21
Preventive	No Chg
Basic	$0/$12
Major	$365

CIGNA DHMO P5|0X	
EE Rate	$18.99
Preventive	No Chg
Basic	$0/$5
Major	$185

CIGNA DPPO $1000	
EE Rate	$40.99
Deductible	$50
Maximum	$1000
Preventive	No Chg
Basic	10%/20%
Major	40%/50%
Ortho	None

CIGNA DPPO $1500	
EE Rate	$49.24
Deductible	$50
Maximum	$1500
Preventive	No Chg
Basic	10%/20%
Major	40%/50%
Ortho	None

CIGNA DPPO $2000	
EE Rate	$56.73
Deductible	$25
Maximum	$2000
Preventive	No Chg
Basic	10%/20%
Major	40%/50%
Ortho	None

CIGNA DPPO $1500 w/Ortho – Adult+Child	
EE Rate	$55.84
Deductible	$25
Maximum	$1500
Preventive	No Chg
Basic	10%/20%
Major	40%/50%
Ortho	$1500

CIGNA DPPO $1500 w/Ortho - Child	
EE Rate	$55.27
Deductible	$25
Maximum	$1500
Preventive	No Chg
Basic	10%/10%
Major	40%
Ortho	$1500/Ch

Employer Administrative Guidelines

Group Participation Requirements

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

- Must be an **active member** of the Printing Industries Association (PIA) 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)**.
- A Participation Agreement is required annually from all employers.

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 **the Affordable Care Act (ACA) compliance** to avoid penalties.

Employee & Dependent Eligibility

Coverage eligibility for employees and/or their dependents:

Employees

- Must work **30+ 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.

Employees can also enroll

- During the **annual open enrollment** period (October-December).
- If there's a **qualifying life event** or special enrollment (see below).

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.

Qualifying Life Events (Special Enrollment)
If an employee declines coverage but later experiences one of these events, they can enroll outside of open enrollment:

- **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.

Enrollment, Changes, and Terminations

Submit to

- **Email:** pibt@pibt.org (password-protected documents)
- **Portal:** Secure upload via PIBT portal
- **Fax:** 323-284-2423

Enrollment form
For new and existing employees

- Must be submitted **prior to eligibility** 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.

Invoices and Payment Policies

Invoices

- Sent 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 15th 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 25th of the month.
- **Failure to pay**: Results in termination of coverage retroactive to last payment received, and past 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

Online payments
Make Payment here: https://bit.ly/payment-PIBT

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

Lockbox Payment (Regular Mail):
Printing Industries Benefit Trust
PO Box 80824, City of Industry, CA 91716-8420

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
- 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? Call us! We are here to assist you!

Benefits at a Glance

Kaiser		
Plan Name	KP Ded HMO Plan A 500/20/3K	KP Ded HMO Plan B 1000/20/3.5K
Network	Full	Full
Calendar Year Deductible (Individual/Family)	$500 [2] / $1,000 [2]	$1,000 [2] / $2,000 [2]
Out-of-pocket maximum (Individual/Family)	$3,000 / $6,000	$3,500 / $7,000
Office Visit (PCP)	$20 Copay	$25 Copay
Specialist Visit	$30 Copay	$35 Copay
Outpatient Surgery/Treatment	20% (After Deductible)	20% (After Deductible)
Hospital Admission	20% (After Deductible)	20% (After Deductible)
X-ray	No Charge	No Charge
Laboratory	No Charge	No Charge
Urgent Care	$40 Copay	$50 Copay
Emergency Room	$250 Copay per visit	$250 Copay per visit
Preventive Care	No Charge	No Charge
Mental Health Office Visit	$20 Copay	$25 Copay
Prescription Drugs	**Generic / Brand / Specialty**	**Generic / Brand / Specialty**
Separate calendar year deductible	Not Applicable	Not Applicable
Rx out-of-pocket maximum (Individual/Family)	Not Applicable	Not Applicable
Retail prescriptions (30 day supply)	$15 / $30 / 20% up to $300 max	$15 / $30 / 20% up to $300 max
Mail order (up to 90-day supply)	$30 / $60 / 20%	$30 / $60 / 20%
Dental Coverage		
Pediatric dental coverage	Not Covered	Not Covered
Vision		
Routine exam	Refer to plan summary for complete details	Refer to plan summary for complete details
Frames and lenses	Refer to plan summary for complete details	Refer to plan summary for complete details
Plan ID	11843	11844

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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.

Benefits at a Glance

Kaiser		
Plan Name	KP Ded HMO Plan B 1000/30/3.5K	KP Ded HMO Plan F 3000/40/6.5K VC-New
Network	Full	Full
Calendar Year Deductible (Individual/Family)	$1,000 [2] / $2,000 [2]	$3,000 [2] / $6,000 [2]
Out-of-pocket maximum (Individual/Family)	$3,500 / $7,000	$6,500 / $13,000
Office Visit (PCP)	$25 Copay	$40 Copay (After Deductible) [27]
Specialist Visit	$35 Copay	$60 Copay (After Deductible)
Outpatient Surgery/Treatment	30% (After Deductible)	40% (After Deductible)
Hospital Admission	30% (After Deductible)	40% (After Deductible)
X-ray	No Charge	40% (After Deductible)
Laboratory	No Charge	No Charge
Urgent Care	$50 Copay	$80 Copay (After Deductible) [27]
Emergency Room	$250 Copay per visit	40% (After Deductible)
Preventive Care	No Charge	No Charge
Mental Health Office Visit	$25 Copay	$40 Copay (After Deductible) [27]
Prescription Drugs	**Generic / Brand / Specialty**	**Generic / Brand / Specialty**
Separate calendar year deductible	Not Applicable	Subject to Plan Deductible
Rx out-of-pocket maximum (Individual/Family)	Not Applicable	Not Applicable
Retail prescriptions (30 day supply)	$15 / $30 / 20% up to $300 max	$15 / $30 / 20% up to $300 max after drug deductible
Mail order (up to 90-day supply)	$30 / $60 / 20%	$30 / $60 / 20% after drug deductible
Dental Coverage		
Pediatric dental coverage	Not Covered	Not Covered
Vision		
Routine exam	Refer to plan summary for complete details	Refer to plan summary for complete details
Frames and lenses	Refer to plan summary for complete details	Refer to plan summary for complete details
Plan ID	11845	11846

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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. [27] Deductible is waived for the first 3 visits combined for non-preventive primary care, specialty care other practitioner care, urgent care and mental/behavioral health and substance use disorder outpatient services.

Freedom

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.

Benefits at a Glance

PIBT Freedom	PIBT freedom	PIBT freedom
Plan Name	PIBT 35/1250	PIBT 45/1750
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]	$45 (No Deductible) [40]
Specialist Visit	$40 (No Deductible) [40]	$50 (No Deductible) [40]
Outpatient Surgery/Treatment	15% per visit (After Deductible)	30% per visit (After Deductible)
Hospital Admission	$350 copay + 15% per admission (After Deductible)	$250 copay + 30% 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 + 15% per visit (After Deductible)	$250 copay + 30% per visit (After Deductible)
Preventive Care	No Charge (No Deductible)	No Charge (No Deductible)
Mental Health Office Visit	$35 (No Deductible)	$45 (No Deductible)
Prescription Drugs	**Generic/Brand/Non-Pref. Brand/Specialty**	**Generic/Brand/Non-Pref. Brand/Specialty**
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]	$20 / $40 / $55 / Specialty Drugs Program [6] [44]
Mail order (30-90-day supply)	$30 / $60 / $100 / Specialty Drugs Program [6] [44]	$40 / $80 / $110 / Specialty Drugs Program [6] [44]
Dental Coverage		
Pediatric dental coverage	Not Covered	Not Covered
Vision		
Routine exam	No Charge [8]	No Charge [8]
Frames and lenses	Not Covered	Not Covered
Plan ID	11503	11883

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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	PIBT freedom	PIBT freedom
Plan Name	PIBT 45/3250	PIBT 60/5500
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]	$60 (No Deductible) [40]
Specialist Visit	$50 (No Deductible) [40]	$65 (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)	$60 (No Deductible)
Prescription Drugs	**Generic/Brand/Non-Pref. Brand/Specialty**	**Generic/Brand/Non-Pref. Brand/Specialty**
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)	$20 / $40 / $50 / Specialty Drugs Program [6] [44]	$20 / $40 / 50% $100 max [6] / Specialty Drugs Program [44]
Mail order (30-90-day supply)	$40 / $80 / $100 / Specialty Drugs Program [6] [44]	$40 / $80 / 50% $200 max [6] / Specialty Drugs Program [44]
Dental Coverage		
Pediatric dental coverage	Not Covered	Not Covered
Vision		
Routine exam	No Charge [8]	No Charge [8]
Frames and lenses	Not Covered	Not Covered
Plan ID	11505	11863

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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 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)
Prescription Drugs	**Generic/Brand/Non-Pref. Brand/Specialty**
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)	$15 / $30 /$50 / Specialty Drugs Program [6] [44]
Mail order (30-90-day supply)	$30 / $60 / $100 / Specialty Drugs Program [6] [44]
Dental Coverage	
Pediatric dental coverage	Not Covered
Vision	
Routine exam	No Charge [8]
Frames and lenses	Not Covered
Plan ID	11507

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.

[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.

Rates

Kaiser Monthly Rates by age, effective 12/1/2025

Dependent monthly rates do not include the employee portion.

Plan Name	KP Ded HMO Plan A 500/20/3K, Plan ID #11843						
Age/Tier	**Under 30**	**Under 40**	**Under 50**	**Under 55**	**Under 60**	**Under 65**	**65 & Over**
Employee	443.52	519.99	764.32	934.71	1,133.80	1,281.09	1,447.98
+Spouse	545.53	639.59	940.12	1,149.70	1,394.58	1,575.75	1,781.01
+Child(ren)	620.93	727.98	1,070.06	1,308.59	1,587.33	1,793.54	2,027.18
+Spouse & Child(ren)	1,286.20	1,507.96	2,216.54	2,710.66	3,288.04	3,715.18	4,199.15
Plan Name	**KP Ded HMO Plan B 1000/20/3.5K, Plan ID #11844**						
Age/Tier	**Under 30**	**Under 40**	**Under 50**	**Under 55**	**Under 60**	**Under 65**	**65 & Over**
Employee	429.78	530.09	740.78	932.56	1,099.29	1,289.62	1,443.60
+Spouse	528.63	652.02	911.16	1,147.05	1,352.12	1,586.24	1,775.64
+Child(ren)	601.68	742.13	1,037.09	1,305.58	1,539.00	1,805.47	2,021.05
+Spouse & Child(ren)	1,246.35	1,537.26	2,148.26	2,704.42	3,187.93	3,739.90	4,186.45
Plan Name	**KP Ded HMO Plan B 1000/30/3.5K, Plan ID #11845**						
Age/Tier	**Under 30**	**Under 40**	**Under 50**	**Under 55**	**Under 60**	**Under 65**	**65 & Over**
Employee	422.59	496.39	687.66	865.69	1,028.98	1,221.52	1,315.27
+Spouse	519.79	610.55	845.83	1,064.80	1,265.64	1,502.46	1,617.79
+Child(ren)	591.62	694.94	962.72	1,211.96	1,440.57	1,710.12	1,841.38
+Spouse & Child(ren)	1,225.50	1,439.53	1,994.21	2,510.50	2,984.04	3,542.39	3,814.29
Plan Name	**KP Ded HMO Plan F 3000/40/6.5K VC-New, Plan ID #11846**						
Age/Tier	**Under 30**	**Under 40**	**Under 50**	**Under 55**	**Under 60**	**Under 65**	**65 & Over**
Employee	324.88	400.90	560.07	705.08	831.44	956.98	1,071.24
+Spouse	399.61	493.10	688.89	867.24	1,022.67	1,177.08	1,317.63
+Child(ren)	454.84	561.25	784.11	987.10	1,164.00	1,339.76	1,499.73
+Spouse & Child(ren)	942.16	1,162.59	1,624.23	2,044.71	2,411.17	2,775.24	3,106.61

PIBT Freedom Monthly Rates by age, effective 12/1/2025

Dependent monthly rates do not include the employee portion.

Plan Name	PIBT 35/1250				PIBT 45/1750			
Plan ID	11503				11883			
Region	100				100			
Emp. Age	Employee	+Spouse	+Child(ren)	+Family	Employee	+Spouse	+Child(ren)	+Family
18	508.02	660.41	355.61	965.23	468.91	609.57	328.22	890.92
19	508.02	660.41	355.61	965.23	468.91	609.57	328.22	890.92
20	508.02	660.41	355.61	965.23	468.91	609.57	328.22	890.92
21	570.82	742.07	399.59	1,084.57	526.87	684.92	368.80	1,001.05
22	581.74	756.27	407.22	1,105.30	536.94	698.03	375.87	1,020.19
23	593.46	771.51	415.43	1,127.58	547.76	712.10	383.43	1,040.75
24	606.00	787.80	424.20	1,151.39	559.34	727.13	391.53	1,062.73
25	619.33	805.15	433.55	1,176.74	571.65	743.15	400.16	1,086.13
26	633.49	823.54	443.44	1,203.63	584.71	760.14	409.31	1,110.96
27	648.52	843.06	453.96	1,232.18	598.57	778.16	419.02	1,137.31
28	664.35	863.65	465.05	1,262.27	613.20	797.15	429.24	1,165.06
29	681.14	885.46	476.79	1,294.15	628.68	817.29	440.08	1,194.49
30	698.72	908.33	489.10	1,327.57	644.92	838.39	451.45	1,225.34
31	717.24	932.42	502.07	1,362.77	662.02	860.63	463.40	1,257.85
32	736.72	957.73	515.71	1,399.78	679.99	884.00	476.00	1,291.99
33	757.14	984.28	530.00	1,438.58	698.84	908.50	489.19	1,327.80
34	778.57	1,012.14	545.01	1,479.28	718.62	934.20	503.03	1,365.39
35	801.00	1,041.32	560.71	1,521.92	739.33	961.13	517.54	1,404.73
36	824.45	1,071.80	577.11	1,566.47	760.97	989.27	532.69	1,445.85
37	848.98	1,103.70	594.29	1,613.08	783.62	1,018.70	548.54	1,488.87
38	874.66	1,137.06	612.26	1,661.86	807.31	1,049.50	565.12	1,533.89
39	901.41	1,171.84	630.98	1,712.68	832.00	1,081.61	582.40	1,580.81
40	929.31	1,208.10	650.51	1,765.70	857.75	1,115.07	600.43	1,629.73
41	958.42	1,245.95	670.90	1,821.01	884.63	1,150.01	619.23	1,680.79
42	988.82	1,285.47	692.16	1,878.75	912.67	1,186.48	638.87	1,734.08
43	1,020.43	1,326.55	714.28	1,938.78	941.85	1,224.40	659.30	1,789.50
44	1,053.37	1,369.38	737.36	2,001.40	972.25	1,263.94	680.59	1,847.29
45	1,087.67	1,413.96	761.36	2,066.57	1,003.91	1,305.09	702.75	1,907.44
46	1,123.37	1,460.40	786.37	2,134.43	1,036.89	1,347.94	725.82	1,970.07
47	1,160.51	1,508.65	812.35	2,204.96	1,071.16	1,392.49	749.80	2,035.18
48	1,199.12	1,558.87	839.39	2,278.33	1,106.79	1,438.82	774.75	2,102.90
49	1,239.22	1,610.98	867.45	2,354.51	1,143.80	1,486.93	800.65	2,173.21
50	1,280.93	1,665.20	896.64	2,433.76	1,182.30	1,536.99	827.61	2,246.37
51	1,324.26	1,721.53	926.97	2,516.08	1,222.29	1,588.97	855.60	2,322.36
52	1,369.28	1,780.04	958.49	2,601.62	1,263.84	1,642.99	884.69	2,401.29
53	1,415.96	1,840.76	991.19	2,690.35	1,306.94	1,699.02	914.85	2,483.19
54	1,464.48	1,903.83	1,025.15	2,782.52	1,351.72	1,757.24	946.21	2,568.28
55	1,514.83	1,969.27	1,060.37	2,878.16	1,398.18	1,817.64	978.73	2,656.54
56	1,567.05	2,037.16	1,096.93	2,977.39	1,446.38	1,880.30	1,012.47	2,748.13
57	1,621.22	2,107.59	1,134.86	3,080.33	1,496.38	1,945.31	1,047.48	2,843.15
58	1,677.36	2,180.56	1,174.15	3,186.98	1,548.20	2,012.67	1,083.74	2,941.58
59	1,735.58	2,256.23	1,214.90	3,297.59	1,601.94	2,082.52	1,121.36	3,043.67
60	1,795.95	2,334.73	1,257.16	3,412.31	1,657.66	2,154.97	1,160.37	3,149.56
61	1,858.48	2,416.03	1,300.95	3,531.13	1,715.38	2,230.00	1,200.76	3,259.23
62	1,923.24	2,500.23	1,346.27	3,654.17	1,775.15	2,307.69	1,242.61	3,372.79
63	1,990.37	2,587.46	1,393.24	3,781.67	1,837.11	2,388.24	1,285.97	3,490.50
64+	2,080.39	2,704.50	1,456.26	3,952.73	1,920.20	2,496.26	1,344.14	3,648.37

PIBT Freedom Monthly Rates by age, effective 12/1/2025

Dependent monthly rates do not include the employee portion.

Plan Name	PIBT 45/3250				PIBT 60/5500			
Plan ID	11505				11863			
Region	100				100			
Emp. Age	Employee	+Spouse	+Child(ren)	+Family	Employee	+Spouse	+Child(ren)	+Family
18	410.47	533.62	287.34	779.91	368.31	478.81	257.82	699.79
19	410.47	533.62	287.34	779.91	368.31	478.81	257.82	699.79
20	410.47	533.62	287.34	779.91	368.31	478.81	257.82	699.79
21	461.23	599.59	322.86	876.33	413.84	538.00	289.70	786.31
22	470.05	611.05	329.03	893.07	421.75	548.29	295.23	801.35
23	479.52	623.37	335.67	911.08	430.26	559.34	301.19	817.50
24	489.64	636.55	342.76	930.33	439.34	571.15	307.55	834.76
25	500.44	650.55	350.29	950.81	449.03	583.74	314.32	853.14
26	511.85	665.42	358.30	972.53	459.28	597.06	321.49	872.63
27	524.00	681.21	366.80	995.61	470.17	611.23	329.11	893.34
28	536.80	697.83	375.75	1,019.92	481.66	626.15	337.16	915.15
29	550.36	715.45	385.25	1,045.68	493.81	641.97	345.68	938.25
30	564.57	733.93	395.19	1,072.68	506.56	658.54	354.60	962.49
31	579.54	753.40	405.67	1,101.12	520.01	676.00	364.00	988.01
32	595.26	773.86	416.70	1,131.02	534.12	694.36	373.90	1,014.84
33	611.78	795.30	428.23	1,162.37	548.93	713.61	384.25	1,042.96
34	629.08	817.81	440.36	1,195.27	564.47	733.79	395.12	1,072.47
35	647.22	841.37	453.05	1,229.71	580.73	754.95	406.51	1,103.39
36	666.16	866.01	466.30	1,265.71	597.74	777.05	418.41	1,135.69
37	685.98	891.78	480.19	1,303.37	615.52	800.17	430.86	1,169.47
38	706.72	918.74	494.71	1,342.78	634.14	824.37	443.89	1,204.84
39	728.34	946.85	509.85	1,383.85	653.53	849.57	457.46	1,241.69
40	750.89	976.15	525.63	1,426.67	673.74	875.88	471.63	1,280.13
41	774.41	1,006.72	542.09	1,471.36	694.85	903.32	486.41	1,320.24
42	798.96	1,038.64	559.27	1,518.02	716.89	931.95	501.82	1,362.08
43	824.49	1,071.85	577.15	1,566.55	739.80	961.74	517.86	1,405.63
44	851.12	1,106.45	595.78	1,617.13	763.69	992.80	534.58	1,451.01
45	878.83	1,142.49	615.19	1,669.79	788.56	1,025.13	551.99	1,498.26
46	907.69	1,180.00	635.38	1,724.61	814.45	1,058.79	570.12	1,547.45
47	937.68	1,219.00	656.39	1,781.62	841.37	1,093.78	588.95	1,598.61
48	968.89	1,259.55	678.23	1,840.89	869.37	1,130.17	608.55	1,651.78
49	1,001.29	1,301.67	700.90	1,902.44	898.42	1,167.95	628.91	1,707.02
50	1,034.99	1,345.49	724.49	1,966.48	928.68	1,207.27	650.07	1,764.48
51	1,069.99	1,391.01	749.01	2,033.01	960.09	1,248.12	672.05	1,824.16
52	1,106.37	1,438.28	774.45	2,102.10	992.72	1,290.53	694.90	1,886.17
53	1,144.10	1,487.33	800.87	2,173.79	1,026.58	1,334.54	718.60	1,950.49
54	1,183.30	1,538.30	828.31	2,248.28	1,061.75	1,380.27	743.23	2,017.33
55	1,223.98	1,591.17	856.77	2,325.56	1,098.24	1,427.71	768.78	2,086.67
56	1,266.18	1,646.03	886.32	2,405.72	1,136.11	1,476.94	795.27	2,158.61
57	1,309.95	1,702.93	916.96	2,488.90	1,175.39	1,528.00	822.77	2,233.23
58	1,355.31	1,761.88	948.71	2,575.07	1,216.08	1,580.92	851.27	2,310.56
59	1,402.35	1,823.05	981.64	2,664.46	1,258.29	1,635.79	880.80	2,390.76
60	1,451.14	1,886.47	1,015.79	2,757.15	1,302.07	1,692.69	911.45	2,473.92
61	1,501.65	1,952.16	1,051.16	2,853.15	1,347.40	1,751.63	943.18	2,560.07
62	1,553.99	2,020.18	1,087.78	2,952.56	1,394.35	1,812.67	976.05	2,649.27
63	1,608.21	2,090.68	1,125.75	3,055.61	1,443.01	1,875.92	1,010.12	2,741.73
64+	1,680.95	2,185.23	1,176.66	3,193.81	1,508.29	1,960.75	1,055.80	2,865.74

PIBT Freedom Monthly Rates by age, effective 12/1/2025

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	327.67	425.98	229.36	622.57
19	327.67	425.98	229.36	622.57
20	327.67	425.98	229.36	622.57
21	368.19	478.63	257.73	699.53
22	375.21	487.80	262.66	712.92
23	382.79	497.61	267.94	727.29
24	390.87	508.14	273.62	742.65
25	399.47	519.32	279.63	759.00
26	408.60	531.18	286.01	776.34
27	418.28	543.78	292.80	794.76
28	428.51	557.06	299.96	814.16
29	439.33	571.12	307.53	834.72
30	450.67	585.87	315.47	856.28
31	462.63	601.42	323.83	878.98
32	475.19	617.75	332.62	902.85
33	488.35	634.86	341.85	927.88
34	502.18	652.83	351.53	954.13
35	516.65	671.65	361.65	981.64
36	531.77	691.31	372.24	1,010.37
37	547.59	711.87	383.32	1,040.44
38	564.15	733.41	394.92	1,071.89
39	581.41	755.83	406.98	1,104.69
40	599.40	779.23	419.60	1,138.88
41	618.18	803.63	432.72	1,174.54
42	637.78	829.12	446.44	1,211.79
43	658.17	855.62	460.73	1,250.53
44	679.42	883.25	475.58	1,290.91
45	701.55	912.01	491.08	1,332.94
46	724.58	941.96	507.20	1,376.69
47	748.53	973.09	523.97	1,422.21
48	773.43	1,005.47	541.40	1,469.54
49	799.30	1,039.07	559.50	1,518.66
50	826.20	1,074.06	578.34	1,569.78
51	854.15	1,110.40	597.91	1,622.87
52	883.18	1,148.13	618.23	1,678.04
53	913.30	1,187.29	639.30	1,735.28
54	944.59	1,227.97	661.22	1,794.72
55	977.06	1,270.18	683.94	1,856.41
56	1,010.74	1,313.97	707.52	1,920.42
57	1,045.69	1,359.40	731.99	1,986.81
58	1,081.89	1,406.47	757.33	2,055.60
59	1,119.44	1,455.27	783.61	2,126.94
60	1,158.40	1,505.91	810.86	2,200.93
61	1,198.73	1,558.35	839.12	2,277.58
62	1,240.49	1,612.65	868.35	2,356.94
63	1,283.78	1,668.92	898.66	2,439.20
64+	1,341.85	1,744.41	939.29	2,549.52

Dental

Dental DPO Benefits at a Glance

Plan Features				
Plan Name	CIGNA DPPO $2000		CIGNA DPPO $1500 w/child Ortho	
Services Rendered At	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Calendar Year Deductible (Individual/Family)	$25 / $75 [46]		$25 / $75 [46]	
Calendar Year Maximum	$2,000		$1,500	
Waiting Period/Major Services	Refer to benefit summary		Refer to benefit summary	
Benefit Levels	Refer to benefit summary		Refer to benefit summary	
Preventative Services				
Oral Exams	No Charge (2 per year)		No Charge (2 per year)	
Cleanings	No Charge (2 per year)		No Charge (2 per year)	
Bitewing X-rays	No Charge		No Charge	
Complete X-rays	No Charge		No Charge	
Basic Services				
Fillings (composite resin)	10%	20%	10%	
Oral Surgery	10%	20%	10%	
Major Services				
Crowns (high noble)	40%	50%	40%	
Orthodontics				
Lifetime Maximum	Not Covered		$1,500 (Per Child)	
Children up to 19th Birthday	Not Covered		50% (No Deductible)	
Adults	Not Covered		Not Covered	
Monthly Rates, effective 12/01/2025				
Employee	56.73		55.27	
+Spouse	72.05		70.20	
+Child	60.14		58.59	
+Children	60.14		58.59	
+Family	136.15		132.64	
Plan ID	11986		12003	

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

Dental DPO Benefits at a Glance

Plan Features				
Plan Name	CIGNA DPPO $1500 w/Ortho		CIGNA DPPO $1500	
Services Rendered At	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Calendar Year Deductible (Individual/Family)	$25 / $75 [46]		$50 / $150 [46]	
Calendar Year Maximum	$1,500		$1,500	
Waiting Period/Major Services	Refer to benefit summary		Refer to plan summary	
Benefit Levels	Refer to benefit summary		Refer to plan summary	
Preventative Services				
Oral Exams	No Charge (2 per year)		No Charge (2 per year)	
Cleanings	No Charge (2 per year)		No Charge (2 per year)	
Bitewing X-rays	No Charge		No Charge	
Complete X-rays	No Charge		No Charge	
Basic Services				
Fillings (composite resin)	10%	20%	10% Copay	20%
Oral Surgery	10%	20%	10% Copay	20%
Major Services				
Crowns (high noble)	40%	50%	40% Copay	50%
Orthodontics				
Lifetime Maximum	$1,500		Not Covered	
Children up to 19th Birthday	50% (No Deductible)		Not Covered	
Adults	50% (No Deductible)		Not Covered	
Monthly Rates, effective 12/01/2025				
Employee	55.84		49.24	
+Spouse	70.91		62.51	
+Child	59.18		52.17	
+Children	59.18		52.17	
+Family	133.99		118.14	
Plan ID	11984		11983	

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

Dental DPO Benefits at a Glance

Plan Features				
Plan Name	CIGNA DPPO $1000		CIGNA DEPO $1000	
Services Rendered At	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Calendar Year Deductible (Individual/Family)	$50 / $150 [46]		$50 / $150	Not Covered
Calendar Year Maximum	$1,000		$1,000	Not Covered
Waiting Period/Major Services	Refer to plan summary		Refer to plan summary	
Benefit Levels	Refer to plan summary		Refer to plan summary	
Preventative Services				
Oral Exams	No Charge (2 per year)		No Charge	Not Covered
Cleanings	No Charge (2 per year)		No Charge	Not Covered
Bitewing X-rays	No Charge		No Charge	Not Covered
Complete X-rays	No Charge		No Charge	Not Covered
Basic Services				
Fillings (composite resin)	10% Copay	20%	10%	Not Covered
Oral Surgery	10% Copay	20%	10%	Not Covered
Major Services				
Crowns (high noble)	40% Copay	50%	40%	Not Covered
Orthodontics				
Lifetime Maximum	Not Covered		Not Covered	
Children up to 19th Birthday	Not Covered		Not Covered	
Adults	Not Covered		Not Covered	
Monthly Rates, effective 12/01/2025				
Employee	40.99		33.05	
+Spouse	52.07		41.96	
+Child	43.45		35.02	
+Children	43.45		35.02	
+Family	98.38		79.30	
Plan ID	11987		11985	

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

Dental DMO Benefits at a Glance

Plan Features		
Plan Name	CIGNA DHMO P5I0X	CIGNA DHMO K1I09
Calendar Year Deductible (Individual/Family)	None	None
Calendar Year Maximum	None	None
Waiting Period/Major Services	Refer to plan summary	Refer to plan summary
Benefit Levels	Fee Schedule	Fee Schedule
Preventative Services		
Oral Exams	No Charge	No Charge
Cleanings	No Charge (2 per calendar year)	No Charge (2 per calendar year)
Bitewing X-rays	No Charge	No Charge
Complete X-rays	No Charge (1 per 36 months)	No Charge (1 per 36 months)
Basic Services		
Fillings (composite resin)	No Charge	No Charge
Oral Surgery	$5	$12
Major Services		
Crowns (high noble)	$185	$365
Orthodontics		
Lifetime Maximum	Refer to Schedule of Benefits	Refer to Schedule of Benefits
Children up to 19th Birthday	$1,344	$2,040
Adults	$1,944	$2,376
Monthly Rates, effective 12/01/2025		
Employee	18.99	15.21
+Spouse	23.20	11.40
+Child	23.20	11.40
+Children	26.84	21.56
+Family	26.84	21.56
Plan ID	11988	11989

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Dental DMO Benefits at a Glance

Plan Features	
Plan Name	CIGNA DHMO G1-09
Calendar Year Deductible (Individual/Family)	None
Calendar Year Maximum	None
Waiting Period/Major Services	Refer to plan summary
Benefit Levels	Fee Schedule
Preventative Services	
Oral Exams	No Charge
Cleanings	No Charge (2 per calendar year)
Bitewing X-rays	No Charge
Complete X-rays	No Charge (1 per 36 months)
Basic Services	
Fillings (composite resin)	$33
Oral Surgery	$64
Major Services	
Crowns (high noble)	$390
Orthodontics	
Lifetime Maximum	Refer to Schedule of Benefits
Children up to 19th Birthday	$2,472
Adults	$3,384
Monthly Rates, effective 12/01/2025	
Employee	11.37
+Spouse	9.71
+Child	9.71
+Children	22.81
+Family	22.81
Plan ID	11990

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.)

Vision

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
Lenses		
Single	$10 Copay	$10 Copay
Bifocal	$10 Copay	$10 Copay
Trifocal	$10 Copay	$10 Copay
Contact Lenses (instead of glasses)	$0 Copay. $200 plan allowance 15% off balance over $200	$0 Copay. $130 plan allowance 15% off balance over $130
Frequency		
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
Monthly Rates, effective 12/01/2025		
Employee	9.20	7.22
+Spouse	8.27	6.48
+Child	8.27	6.48
+Children	16.44	12.90
+Family	16.44	12.90
Plan ID	10423	8763

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.)

Vision Benefits at a Glance

Plan Features		
Plan Name	EyeMed hardware	VSP Premium
Plan ID	12045	10884
Provider	EyeMed Provider [34]	VSP Provider [30]
Eye Exam	Not Covered [34]	$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
Lenses		
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]
Frequency		
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
Monthly Rates, effective 12/01/2025		
Employee	2.20	13.66
+Spouse	1.75	4.14
+Child	1.75	4.14
+Children	3.60	15.74
+Family	3.60	15.74
Plan ID	12045	10884

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.)

[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 hardware only.

Vision Benefits at a Glance

Plan Features	vsp vision care
Plan Name	VSP Standard
Plan ID	10883
Provider	VSP Provider [30]
Eye Exam	$10 Copay
Frames	$20 Copay. $170 plan allowance, 20% off balance over allowance
Lenses	
Single	$20 Copay
Bifocal	$20 Copay
Trifocal	$20 Copay
Contact Lenses (instead of glasses)	$170 plan allowance [31]
Frequency	
Examination	Every 12 months
Frame	Every 24 months
Lenses or Contact Lenses	Every 12 months
Monthly Rates, effective 12/01/2025	
Employee	10.30
+Spouse	2.48
+Child	2.48
+Children	10.81
+Family	10.81
Plan ID	10883

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.)

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

Life

Basic Group Life and AD&D Benefits at a Glance

Distributed by PIA-SC, Insurance Services Inc.

Plan Features	
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 12/1/2025 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 at a Glance

Distributed by PIA-SC, Insurance Services Inc.

Plan Features	SYMETRA RETIREMENT | BENEFITS | LIFE
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 Employee Rates, effective 12/1/2025

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

Other

Employee Assistance Program Benefits at a Glance

Plan Features	TELUS Health
Plan Name	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
Monthly Rates, effective 12/01/2025, Employer Sponsored Plan	
Employee	5.92
Plan ID	11643

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SYMETRA VOLUNTARY BENEFITS

Current PIBT Symetra Benefits

Voluntary Life Insurance

All locations that have opted in with Symetra, whether in previous years or for the first time this year, will have a true active open enrollment, giving employees the opportunity to **elect up to the guaranteed issue of $120k with no health questions required.**

Expanded Benefits Lineup: Symetra Worksite Plans

Symetra offers a broad range of voluntary benefits that provide meaningful protection and peace of mind for your employees and their families:

Accident Insurance

Accident insurance provides cash benefits to help cover medical costs and everyday expenses after an accident, giving you financial support when life takes an unexpected turn.

Critical Illness Insurance

Critical illness insurance pays a lump-sum if you are diagnosed with a covered condition such as cancer, heart attack, or stroke. This support helps you focus on recovery instead of expenses.

Hospital Insurance

Hospital indemnity insurance provides cash benefits when you are hospitalized due to illness, injury, or childbirth. The payment can help with medical bills or everyday costs, reducing the financial stress of a hospital stay.

SYMETRA®
RETIREMENT | BENEFITS | LIFE

Scan the QR Code to Learn More!

Strengthen Your Benefits and Support Your Workforce

Today's employees are looking for more than just a paycheck; they want benefits that provide real security and support. Symetra's voluntary benefits help you strengthen your total rewards package, giving your workforce financial protection while making administration simple for your HR team.

Why Offer Symetra Benefits?

Symetra voluntary benefits provide added financial protection and peace of mind, without extra cost or complicated enrollment.

- **Affordable coverage –** Group rates make it easier and more cost effective than buying coverage on your own.
- **Flexible options –** Choose the benefits that best fit your needs and budget.
- **Straightforward enrollment –** Many options are available without medical questions or exams.
- **Everyday value** – Coverage is there when you need it most, from accidents and critical illness to hospital stays.

Additional Value for Employers

Symetra benefits are designed to support you and your workplace by making protection simple and accessible.

- **More from your paycheck –** Group pricing and payroll deduction keep coverage affordable and convenient.
- **Works alongside your health plan –** Cash benefits go directly to you and can help with deductibles, copays, or everyday expenses.
- **Easy to understand and enroll –** Clear communication and simple steps make it easier to choose with confidence..

A Stronger Benefits Experience

Symetra benefits provide financial protection when you need it most and make the process simple and stress free.

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 to 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.

Personalized Education

We prioritize benefits education so employees can make confident, informed choices. Our trained benefit counselors help employees understand the value of their benefits.

Text Messages

Text campaigns provide an easy way for employees to stay informed and complete enrollment without missing a step. Employees have the guidance they need to stay engaged and finish enrollment with ease.

Digital Communications

We create a dedicated enrollment landing page that houses benefit education, plan details, and clear instructions on how to enroll and schedule a phone call with a benefit counselor.

Expert Call Center Support

Our U.S. based call center connects employees directly with knowledgeable Benefit Counselors who can answer questions complete enrollment through the Selerix platform.

Simplified Enrollment

Our streamlined enrollment approach helps HR teams save valuable time and reduce the administrative burden through online enrollment and NEP's benefit education.

SYMETRA®
RETIREMENT | BENEFITS | LIFE

PIBT

NEP
NATIONAL ENROLLMENT PARTNERS

SMALL OFFICE SOLUTIONS

Offer Your Employees Benefits

for FREE

Small businesses are often like families and we know you want to take care of your people, but sometimes it can be difficult to know where to begin. Offering valuable employee benefits at no cost to your business is a great place to start.

Small Office Solutions Included Benefits

- Dependent Care Flexible Spending Account (DCFSA)
- Limited Purpose Flexible Spending Account (LPFSA)
- Limited Scope Flexible Spending Account (LSFSA)
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)

This set of predetermined Employee Benefit Accounts have been simplified to fit with any small business and to be easy to set up and offer to your employees. Offering tax-advantaged benefit options will help you attract and retain staff members by differentiating yourself from other employers **at no cost to you the employer!**

Our Guarantee To You

We **GUARANTEE** that you will only pay the amount listed below **OR** the payroll tax savings you generated from your Small Office Solutions Plan (whichever is the lesser).

- 1-9 Employees - $600
- 10-19 Employees - $1,200
- 20-30 Employees - $1,500

If you currently offer one of the benefits above we will match, or beat, the price you are currently paying

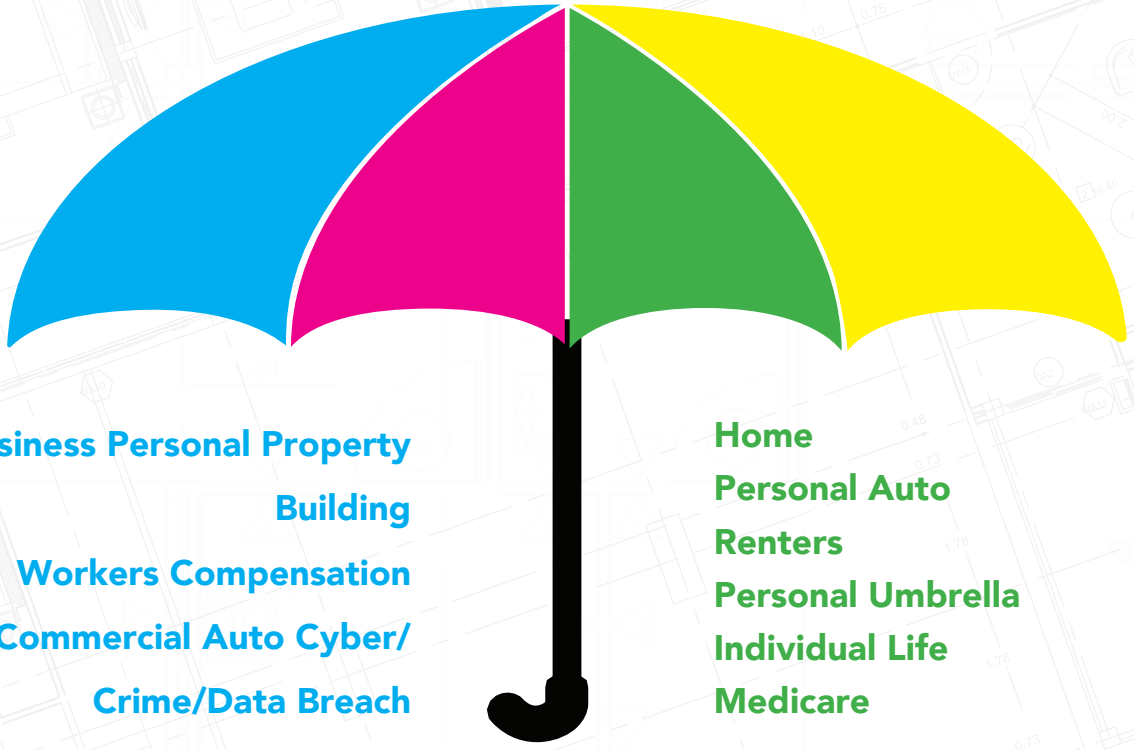
Consider this example: (For illustration only)	**With Small Office Solutions in Place**		
ABC Company has: • 20 Employees • Each electing a total of $1,500 in contributions across all accounts • ABC Company does not offer benefits currently	**Payroll Tax Savings** (7.65%) $2,295	**Plan Cost** (Tax Savings is more than the Administrative Fee) $1,500	**Net Savings** $795

Are You Ready For Simplified Benefits?

Find out how easy it is to start offering benefits today!
Call **1-888-595-2261** or email **iWantTASC@tasconline.com**

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

so what are you insuring?



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Building
Workers Compensation
Commercial Auto Cyber/
Crime/Data Breach

Home
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Renters
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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