NECA IBEW
LEADING THE ELECTRICAL INDUSTRY

HARRISON TRUST

A FAMILY HEALTH PLAN
WWW.HARRISONBENEFITS.ORG

November 2025

TO: **ALL RETIRED PARTICIPANTS ENROLLED IN MEDICARE**

The Harrison Trust's open enrollment period is November 1 to November 30, 2025.

All enrollment changes will be effective January 1, 2026.

In order to change plans, you must complete an enrollment form and return it to the Trust Office by November 30, 2025.

If you do not wish to make any changes during this open enrollment period, no action is required.

Benefit Modifications and Plan Features for 2026

1) <u>Rate Changes & Subsidies for 2026</u>

The subsidy provided by the Trust to Medicare Retirees remains unchanged at $135 per month for 2026 for each retiree and spouse.

Please review the rates, some plans have significant changes in the premium cost in 2026.

2) <u>Medical, Prescription Drug and Dental Plan Benefit Changes</u>

Good News on the Medicare Supplement Plan F and Plan G plans. Plan F, which had been closed to new enrollment, is now available. The new Plan F is significantly reduced in cost compared to the current Plan F. **Effective January 1, 2026**, United American Retiree Health Plan will be the NEW Medicare Supplement. If you are on Regence Bridge Plan F, Regence Bridge Plan G, Regence Companion Plan F or United Health Care for Oregon and Washington your plan will terminate on December 31, 2025, and you will automatically be

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enrolled on the NEW Medicare Supplemental plan with United American. The prescription coverage remains the same.

Included in the packet is a brief description of each of the plans offered by the Trust, including the United American plan and a breakdown of the cost for each plan. Your Medicare carrier will continue to offer your Prescription Drug Coverage. The prescription drug coverage offered by each of the carriers varies greatly, so be sure to confirm which one may be most suitable for your particular pharmaceutical needs.

Any other health plan benefit modifications for 2026 will be communicated directly by your medical plan. Please attend the virtual or in-person open enrollment meeting for additional information, or you may contact your medical plan directly to find out about any changes.

If you wish to receive more information on any of the plans offered by the Trust, please complete the enclosed request form and return it to the Trust Office no later than November 17, 2025. Or you may contact the Trust Office for enrollment forms and benefit outlines:

In Portland: (503) 224-0048, extension 1679
Toll Free: (800) 547-4457, extension 1679


Please refer to the coverage area for each plan offered by the Trust on the enclosed listing prior to making your selection for 2026. If you do not see your county listed, the plans available to you are the plans that are nationwide.

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2026 Medicare Plan Rate Comparison
January 1, 2026 through December 31, 2026

MEDICAL/RX PLAN	PARTICIPANT PAYMENT PER PERSON ($135 Subsidy)	PARTICIPANT PAYMENT PER PERSON (Full Pay)
Kaiser Sr. Advantage	$253.89	$388.89
PacificSource Essentials Rx 14	$0	$108
Providence Align	$298.38	$433.38
Providence Discover HMO + Rx	$130.66	$265.66
United American Retiree Health Plan F	$257	$392
United American Retiree Health Plan G	$257	$392
Regence MedAdvantage – Classic	$175	$310
Regence MedAdvantage – Enhanced	$245	$380

DENTAL PLAN	PARTICIPANT PAYMENT (Per Person)
Kaiser Dental	$43.40
Willamette Dental	$41.00

Please note: You must be enrolled in a Harrison Trust Medicare Plan in order to enroll in the Harrison Trust Kaiser Dental Plan or Willamette Dental Plan. You do not need to be enrolled in Kaiser Medical in order to enroll in Kaiser Dental.

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2026 Harrison Trust Medicare Plan Comparison

All information provided here is in summary and intended to provide highlights of the plans. While every effort has been made for accuracy, we strongly recommend referring to each carrier's booklet for complete and accurate details before making any decisions related to benefits.

Plan → Benefits ↓	Kaiser Medicare	PacificSource Medicare Essentials Rx 14	Providence Align	Providence Discover HMO + Rx
Primary Care Office Visits	$15 copay for primary and specialty care No charge for Lab or X-ray	$0 copay for primary care $35 copay for specialty care (Contracted providers) $0-20 copay for Lab	$15 copay for primary care $20 copay for specialty care 10% charge for Lab or Diagnostic Tests	$0 copay for primary care $25 copay for specialty care No charge for Lab or X-ray
Emergency Room Visits	$50 copay (waived if admitted)	$120 copay (waived if admitted)	$50 copay (waived if admitted within 24 hours)	$90 copay (waived if admitted within 24 hours)
Hospitalization	Covered at 100%	$375/day copay for days 1-7 Then, $0/day copay after day 7	$100/day copay for days 1-5 Then, $0/day copay after day 5	$325/day copay for days 1-5 Then, $0/day copay after day 5
Pharmacy Benefits	**Kaiser formulary:** Generic: $15 Name Brand: $30 Non-Formulary Drugs: not covered Kaiser mail-order for maintenance medications: 90 days for 2 copays **After $2,100 out-of-pocket Costs:** $0 copay	**From $0 to $2,100** $199 Deductible for Tier 3, 4, 5 **Total Costs 30-day Supply:** Standard Retail Pharmacies $0 Preferred Generic; $10 Generic; 24% Preferred Brand; 28% Nonpreferred Brand; 30% Specialty Drugs **90-day Preferred Mail Order:** $0 Preferred Generic; $10 Generic; 15% Preferred Brand; 28% Nonpreferred Brand **After $2,100 out-of-pocket costs:** $0 copay	**Providence formulary:** $0 Deductible for all Tiers **From $0-$2,100** Preferred Retail and Mail-Order Cost Sharing: 30-day supply: Generic: $15 Brand Name: $30 60-day supply: Generic: $30 Brand Name: $60 90-day supply: Generic: $45 Brand Name: $90 **After $2,100 out-of-pocket costs:** $0 copay	**Providence formulary:** $100 Deductible for Tier 3, 4, 5 **From $0-$2,100** 30-day supply, Preferred Retail and Mail-Order Cost Sharing: Tier 1: $0 Tier 2: $10 Tier 3: $47 Tier 4: $100 Tier 5: 31% of total cost **After $2,100 out-of-pocket costs:** $0 copay

2026 Harrison Trust Medicare Plan Comparison

All information provided here is in summary and intended to provide highlights of the plans. We strongly recommend referring to each carrier's booklet for complete and accurate details before making any decisions related to benefits and coverage.

Plan → Benefits ↓	Regence MedAdvantage-Classic	Regence MedAdvantage-Enhanced	United American RetireeFirst Plan F or G
Primary Care Office Visits	$0 copay (in-network) 50% (out-of-network) $35 Specialist Visit copay (in-network) 50% (out-of-network)	$0 copay (in-network) 50% (out-of-network) $25 Specialist Visit copay (in-network) 50% (out-of-network)	**Plan F Deductible: $0** **Plan G: CMS Standard Deductible** $0 copay $0 Specialist Visit copay
Emergency Room Visits	$130 copay (waived if admitted within 48 hours)	$130 copay (waived if admitted within 48 hours)	$0 copay
Hospitalization	$395/day copay for days 1-5 Then, $0 copay after day 5 (in-network) 50% per day (out-of-network)	$325/day copay for days 1-5 Then, $0 copay after day 5 (in-network) 50% per day (out-of-network)	$0 copay, Days 1-100
Pharmacy Benefits	**MedAdvantage Classic Rx:** $300 deductible $3-10 Tier 1 and 2 23%-43% Tier 3, 4, and 5 **From $0 to $2,100** total costs: **Preferred Retail Pharmacies:** Tier 1 – $0 Tier 2 – $5 Tier 3 – 20% Tier 4 – 40% Tier 5 – 29% **After $2,100 out-of pocket:** $0 copay	**MedAdvantage Enhanced Rx:** $200 deductible $3-6 Tier 1 and 2 $47 Tier 3 30%-38% Tier 4 and 5 **From $0 to $2,100** total costs: **Preferred Retail Pharmacies:** Tier 1 – $0 Tier 2 – $3 Tier 3 – $40 Tier 4 – 35% Tier 5 – 30% **After $2,100 out-of pocket:** $0 copay	**Asuris Medicare Script Enhanced:** No deductible **From $0 to $2,100** total costs: **Preferred Retail Pharmacies:** Tier 1 – $2 Tier 2 – $8 Tier 3 – $42 Tier 4 – 40% Tier 5 – 33% **After $2,100** out-of pocket: $0 copay

2026 MEDICARE PLANS OFFERED BY THE HARRISON TRUST

To enroll in a plan offered by the Trust, you must reside in the coverage area checked below:**

OREGON	KAISER	PACIFIC SOURCE MEDICARE	PROVIDENCE ALIGN	PROVIDENCE DISCOVER HMO + Rx	REGENCE MED-ADVANTAGE CLASSIC	REGENCE MED-ADVANTAGE ENHANCED	UNITED AMERICAN-RETIREEFIRST PLAN F OR G***
BENTON	✓		✓	✓	**Available Nationwide**	**Available Nationwide**	**Available Nationwide**
CLACKAMAS	✓		✓	✓			
COLUMBIA	✓		✓	✓			
CROOK		✓	✓	✓			
DESCHUTES		✓	✓	✓			
GRANT		✓					
HOOD RIVER		✓	✓	✓			
JEFFERSON		✓	✓	✓			
LANE			✓	✓			
LINN	✓		✓	✓			
MARION	✓		✓	✓			
MULTNOMAH	✓		✓	✓			
N KLAMATH		✓					
POLK	✓		✓	✓			
SHERMAN		✓					
WASCO		✓					
WASHINGTON	✓		✓	✓			
WHEELER		✓	✓	✓			
YAMHILL	✓		✓	✓			

2026 MEDICARE PLANS OFFERED BY THE HARRISON TRUST

To enroll in a plan offered by the Trust, you must reside in the coverage area checked below:**

WASHINGTON	KAISER	PACIFIC SOURCE MEDICARE	PROVIDENCE ALIGN	PROVIDENCE DISOCVER HMO + Rx	REGENCE MED-ADVANTAGE CLASSIC	REGENCE MED-ADVANTAGE ENHANCED	UNITED AMERICAN-RETIREEFIRST PLAN F OR G***
CLARK	✓		✓	✓			
COWLITZ	✓						
SNOHOMISH			✓	✓	**Available Nationwide**	**Available Nationwide**	**Available Nationwide**
SPOKANE			✓	✓			
WAHKIAKUM	✓						

****PLEASE NOTE:** **Some plans may not be available throughout an entire county.** See below for phone numbers. You may contact the carrier to determine if you reside in the coverage area or if you have questions about their plan. Phone numbers are listed below.

*****TO DETERMINE IF YOU WOULD HAVE PLAN F OR PLAN G, answer the following questions:**

1. Is my primary residence in Washington, Minnesota, Vermont or Maryland?
2. Is my Medicare Part A effective date 1/1/2020 or later?

If you answer no to EITHER of these questions, you receive Plan F. If you answer yes to BOTH of these questions you receive Plan G.

Carrier	Customer Service #'s	
PACIFICSOURCE MEDICARE	1-541 385-5315	1-888-863-3637
REGENCE MEDADVANTAGE- ENHANCED	1-888-319-8904	
REGENCE MEDADVANTAGE- CLASSIC	1-888-319-8904	
KAISER	(503) 813-2000	1-877-221-8221
PROVIDENCE MEDICARE	(503) 574-8000	1-800-603-2340
UNITED AMERICAN- RETIREEFIRST	(503) 987-8514	1-855-430-6354

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PLEASE COME TO ONE OF THE VIRTUAL OR IN-PERSON OPEN ENROLLMENT MEETINGS TO HAVE YOUR QUESTIONS ANSWERED. SPOUSES ARE WELCOME TO ATTEND. REPRESENTATIVES OF THE TRUST AS WELL AS THE VARIOUS CARRIERS WILL PRESENT THE BENEFIT OPTIONS AVAILABLE TO YOU.

ARE YOU NEAR EARLY RETIREMENT OR MEDICARE AGE AND YOU WOULD LIKE MORE INFORMATION ON OTHER PLANS? THEN PLEASE ATTEND ANY OF THE RETIREE MEETINGS.

MEDICARE RETIREE MEETINGS

DATE	TIME	PLACE
Monday Nov 17, 2025	**3 pm**	**Central Electrical Training Center 33309 HWY 99E - Tangent, Oregon**
Tuesday Nov 18, 2025	**1 pm**	**Join from a PC, Mac, iPad, iPhone or Android device: Please click this URL to join. https://us02web.zoom.us/j/83837952142**
Wednesday Nov 19, 2025	**3 pm**	**NECA-IBEW Local 48 Training Center 16021 NE Airport Way - Portland, Oregon**
Thursday Nov 20, 2025	**3 pm**	**Southern Oregon Labor Temple 4480 Rogue Valley Hwy Ste 3- Central Point, Oregon**
Friday Nov 21, 2025	**2 pm**	**IBEW Local 932 3427 Ash Street - North Bend, Oregon**

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-547-4457 (TTY: 711) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-547-4457 (TTY: 711) o hable con su proveedor.

中文 (Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 800-547-4457（文本电话： 711）或咨询您的服务提供商。

Tiếng Việt (Vietnamese) LƯU Ý: Nếu bạn nói một ngôn ngữ khác, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các dịch vụ và trợ giúp bổ sung phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng có sẵn miễn phí. Gọi 800-547-4457 (TTY: 711) hoặc nói chuyện với nhà cung cấp của bạn.

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format.
Tumawag sa 800-547-4457 (TTY: 711) o makipag-usap sa iyong provider.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800-547-4457 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Հայերեն (Armenian) ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք այլ լեզվով, ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Զանգահարեք 800-547-4457 (TTY՝ 711) կամ խոսեք ձեր մատակարարի հետ

فارسی (Persian) توجه: اگر به زبان دیگری صحبت می کنید، خدمات کمک زبان رایگان برای شما در دسترس است. خدمات کمکی و کمکی مناسب برای ارائه اطلاعات در قالب های قابل دسترس نیز به صورت رایگان در دسترس هستند. با 800-547-4457 (TTY: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-547-4457 (TTY: 711) или обратитесь к своему поставщику услуг.

日本語 (Japanese) 注意: 別の言語を話す場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助手段やサービスも無料でご利用いただけます。800-547-4457 (TTY: 711) に電話するか、プロバイダーにお問い合わせください。

العربية (Arabic)
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 800-547-4457 (TTY: 711) أو تحدث إلى مقدم الخدمة.

ਗੁਰਮੁਖੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੀਆਂ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। 800-547-4457 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

ខ្មែរ (Khmer) យកចិត្តទុកដាក់៖
ប្រសិនបើអ្នកនិយាយភាសាផ្សេង
សេវាជំនួយភាសាឥតគិតថ្លៃអាចរកបានសម្រាប់អ្នក។
ជំនួយ
និងសេវាជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែល
អាចចូលប្រើបានក៏អាចរកបានដោយឥតគិតថ្លៃដងដែរ។
ទូរស័ព្ទទៅ 800-547-4457 (TTY: 711)
ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Hmoob (Hmong) CEEB TOOM: Yog tias koj hais lwm hom lus, muaj kev pabcuam lus pub dawb rau koj. Cov kev pabcuam tsim nyog thiab cov kev pabcuam los muab cov ntaub ntawv hauv cov qauv siv tau kuj muaj pub dawb. Hu rau 800-547-4457 (TTY: 711) lossis tham nrog koj tus kws kho mob.

हिंदी (Hindi) ध्यान दें: यदि आप दूसरी भाषा बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। 800-547-4457 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ภาษาไทย (Thai) หมายเหตุ: หากคุณพูดภาษาอื่น คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี นอกจากนี้ยังมีบริการช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โปรดโทร 800-547-4457 (TTY: 711) หรือพูดคุยกับผู้ให้บริการของคุณ