

## 2026 – Harrison Electrical Workers Trust Fund group supplement to Medicare Plan



### Your Dedicated Advocacy Phone Number(s)

(503) 987-8514 (TTY 711) or toll free (855) 430-6354 (TTY 711)

## Frequently Asked Questions

### Plan Design

Medical Carrier:



Medical	You pay
Medicare Part A Deductible	\$0
Medicare Part A Coinsurance	0%
Medicare Part B Deductible	Plan F: \$0 Plan G: CMS Standard Deductible
Skilled Nursing Facility	\$0, Days 1-100
Emergency Room	\$0
Medicare Part B Coinsurance	0%
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Part B Excess Covered	Yes

Foreign Travel (World-wide) Coverage	\$250 deductible and 20% coinsurance for medically necessary emergency care services beginning during the first 60 days of each trip outside the USA up to a \$50,000 lifetime maximum.
Chiropractic	Medicare covered services only
Acupuncture	Medicare covered services only
Podiatry	Medicare covered services only
Hearing	Medicare covered services only
Vision	Medicare covered services only
Dental	Medicare covered services only

## Plan Questions

### **1. Why is this change being made?**

This plan provides the same or equivalent benefits and is significantly less expensive. All of the premium savings are being passed on to you.

### **2. Will I be automatically enrolled in the new plan, or do I need to do anything to enroll?**

Yes. Medicare-eligible retirees and/or dependents currently on Plan F, Plan G or UHC, will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

### **3. Can I stay with the current plan?**

No, you must change over to this plan. Your current plan will no longer be available.

### **4. Can I opt-out of this plan?**

We are required by law to give you the choice of opting out of the new plan. Since you are enrolled in the current medical plan it is unlikely that you would not want to participate in this new plan. However, you have the option to opt-out and decline this medical coverage. Nevertheless, if you would like to opt-out, please

call RetireeFirst at **(503) 987-8514 (TTY 711) or toll free (855) 430-6354 (TTY 711)**, Monday-Friday, 8am-5pm PST.

## 5. Are there any plan changes?

Harrison Electrical Workers Trust Fund did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- Medicare Covered Medical Services are \$0 cost to you. If you are enrolled into the Plan G, you must satisfy the Part B deductible before your costs are \$0.
- Foreign Travel: \$250 deductible and 20% coinsurance for medically necessary emergency care services beginning during the first 60 days of each trip outside the USA up to a \$50,000 lifetime maximum.
- No referrals are needed for Medicare covered Services.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.

## 6. When will I receive my ID card and welcome kit?

Cards and welcome kits should arrive in the month prior to your start date. Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

## 7. What do I do if I lose my card?

Please call RetireeFirst at **(503) 987-8514 (TTY 711) or toll free (855) 430-6354 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

## 8. If I leave the plan, will it affect any of my other benefits?

Yes, it may.

## 9. How much do I have to pay for the plan?

You will pay \$257 per month per person. Harrison Electrical Workers Trust Fund can be reached at (503) 224-0048 or toll free (800) 547-4457 to answer any billing questions.

## 10. Who do I call if I need assistance with the plan?

Please call RetireeFirst at **(503) 987-8514 (TTY 711) or toll free**

**(855) 430-6354 (TTY 711)** to reach your dedicated Harrison Electrical Workers Trust Fund Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

## Medical Questions

**11. Is there a medical deductible?**

If enrolled into Plan F, there is a \$0 deductible. If enrolled into Plan G the deductible is the CMS standard deductible.

**12. Is there co-insurance or copays?**

Yes, there is a co-insurance for Foreign Travel.

**13. Does this plan require referrals?**

No, this plan does not require referrals.

**14. Does this plan require pre-certifications?**

No, this plan does not require pre-certifications.

**15. Does this plan have a network?**

No, you can go to any willing Medicare provider, hospital, or facility.

**16. Can I go to my current providers?**

Yes, you can see any provider that accepts Medicare.

**17. Do I still use my Medicare card?**

Yes, you will present both your Medicare card and your United American ID Card to medical providers.

## Retiree Health Plan Card Sample:

Front:



Certificate Number:

Certificate Effective:

Name:

Retiree of:

Medicare Supplement

Automatic Claims Effective:

Back:

### MEDICARE SUPPLEMENT CLAIM FILING

#### Hospital Instructions:

Send copy of UB-04 and hospital's MEDICARE REMITTANCE ADVICE.

#### Part B Provider Instructions:

After the Automatic Claims Filing effective date shown on the front of the card, we will receive most claims automatically from Medicare Part B. Your Remittance Advice will indicate if Medicare has sent us the claim. Payment will be sent directly to the provider if Medicare assignment is accepted.

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**Disclaimer:** For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights. The policy under which this plan's certificate is issued is not a standardized Medicare supplement plan.