

# *IBU of the Pacific National Health Benefit Trust*

November 2025

## PLAN YEAR 2026 OPEN ENROLLMENT

*Please Read This Material Carefully*

The **open enrollment dates for the 2026 Plan Year are November 1 through December 7, 2025**. During this period, you have an opportunity to review the IBU Health Trust plan options available for 2026 and determine if you wish to make any changes to your coverage. Changes made to your coverage during the annual enrollment period will be effective January 1, 2026. All changes must be received by the Trust Office on or before December 7, 2025. See page 2 on how to initiate an open enrollment change if you wish to make any changes.

Enclosed you will find information on the following:

- Important Plan information/reminders, premium rates for 2026 - **please read**
- How to initiate an open enrollment change
- Section 125 Plan Information (*payroll deductions as applicable*)
- A 2026 Summary of Benefits and Coverage (SBC), enrolled plan and PPO Plan
- Premera 365 Flyer

### ***Important Plan Information/Reminders***

The Board of Trustees are pleased to announce all current plans will remain for 2026.

### **NEW MONTHLY RATES EFFECTIVE FOR JANUARY 1, 2026 COVERAGE**

<b>State</b>	<b>Carrier</b>	<b>2025 Rate</b>	<b>2026 Rate</b>	<b>2026 COBRA**</b>
All States	Trust Plan (Premera BCBS of Washington & Alaska) Medical & Moda Rx, Trust Dental, VSP	<b>\$1,747</b>	<b>\$1,684</b>	<b>\$1,777 - Full \$1,669 - Med Only</b>
N. California*	Kaiser HMO and Trust Dental	<b>\$1,945</b>	<b>\$2,085</b>	<b>\$2,194 - Full \$2,099 - Med Only</b>
S. California*	Kaiser HMO and Trust Dental	<b>N/A</b>	<b>\$1,440</b>	<b>\$1,536 - Full \$1,441 - Med Only</b>
Hawaii*	Kaiser HMO & Hawaii Dental Service	<b>\$1,461</b>	<b>\$1,612</b>	<b>\$1,711 - Full \$1,607 - Med Only</b>
Hawaii	HMSA PPO (Includes Dental)	<b>\$1,366</b>	<b>\$1,303</b>	<b>\$1,396- Full \$1,312 - Med Only</b>

**\* You must reside within a 30-mile radius to be eligible to enroll in an HMO.**

**\*\*Full = Medical/Dental/Vision/Rx benefits; Med Only = Medical/Rx benefits**

## **CHANGES FOR 2026:**

The IBU Health Trust is pleased to announce that **Kaiser of Southern California** is now offered to eligible IBU Health Trust Participants. This plan is an HMO provided by Kaiser in which your care is managed within the Kaiser network. Your doctors, hospitals and health plan benefits should work together to give you the care when and where you need it. This includes primary care, preventative, virtual, pharmacy, labs, vision, and mental health supporting working together to make the health care work for you. Go to [www.kp.org/choosekp](http://www.kp.org/choosekp) for more information. If you are ready to enroll, please contact the Trust Office. You may go to [www.ibubenefits.org](http://www.ibubenefits.org) for more information about the Plan or ask the Trust Office for a SBC or more information or questions.

## **HOW TO INITIATE AN OPEN ENROLLMENT CHANGE:**

If you would like to change plans, add or delete dependents, you will need to:

- Go to the IBU website at [www.ibubenefits.org](http://www.ibubenefits.org).
- Obtain a new enrollment form, (Kaiser or HMSA enrollment forms emailed/mailed upon request), print, complete and return that form to the Trust Office (if adding a spouse, include a copy of your marriage certificate, if adding a child, enclose a copy of the birth certificate);
- Scan or electronically capture your completed enrollment form and securely upload via the IBU website. (You must be logged into your account first.);
  - Under Member Benefits, go to Documents to Submit
  - Choose Document type
  - Browse and select location of document on your device
  - Click Submit, and the Trust Office will securely receive your document; or,
- Fax your completed enrollment form (with applicable certificates) to 503-228-0149, Attn: IBU Health on the fax cover sheet; or,
- Send via regular mail to the Trust Office address below or email [ibu@benesys.com](mailto:ibu@benesys.com)
- If changing plans, please remind your Employer to confirm your contributions are paid at the correct rate.

## **Enrollment forms must be returned to the Trust no later than December 7, 2025**

### ***Change in Family Status***

Members who experience a ***change in family status must contact the Trust office within 120 days of the change in status***. A new enrollment form needs to be completed along with corresponding documentation, to add or delete dependent(s) as warranted by circumstance. Changes in family status and the required documentation are listed below:

- Marriage – include a copy of your marriage certificate;
- Establishment or dissolution of a Domestic Partnership – Contact the Trust Office for the documents needed to enroll the domestic partner, or send written notification of the date of dissolution of the domestic partnership;
- Adoption or placement for adoption – Include legal adoption affidavit from the court;
- Birth of a child – Send proof of birth/birth certificate;

- Dependent's loss of other coverage – Send certificate of coverage with termination date of other insurance; and
- Divorce – Include a copy of the divorce decree.

You have 120 days from the date of the family status change to complete enrollment. Failure to report these changes in a timely manner may result in waiting until the following open enrollment period to enroll your dependents or may cause overpayment in claims in which refunds will be requested.

## **IMPORTANT REMINDER:**

### ***Refresher on Using Your (Blue Card) PPO Network***

IBU members who are enrolled in the Trust Self-Funded Plan may utilize the Premera Blue Cross Blue Shield Network of providers. In utilizing network doctors and hospitals, members and the Trust benefit by the provider discounts.

In order to have your claims submitted and processed easily, please be sure to:

- Supply your providers with your ID card (all ID numbers begin with the letters INB);
- Make sure your provider submits your claim directly to Premera (if you live in Washington or Alaska) or submit your claim to your local Blue Cross (Regence in Oregon, Anthem in California etc.) who will price the claim for their network discount then they will forward it to Premera. Premera will prepare the claim and forward it to the Trust Office for processing and payment.
- The Trust holds your eligibility and benefits, therefore all member or provider questions on medical, dental, or vision claims should be directed to the Trust office. Our phone number is on the back of your ID card listed under "Member Customer Service" which is (503) 224-0048 extension 1651.
- Premera should only be contacted if you need assistance obtaining a network "medical" provider. You may call their customer service line or visit [www.premera.com](http://www.premera.com) to search for a provider as a visitor and use the "Blue Card PPO Network" when asked for network information.

### ***Prescription Overrides***

IBU members who are enrolled in the Trust Self-Funded Plan utilize Moda as their prescription carrier. You may need to refill a prescription early if you will be on the boat for an extended period and you will not be able to obtain a refill while out to sea.

To initiate an override for the times when you will be away at work, you will need to call the pharmacy for a refill and explain you wish to obtain an override [as you will be out on the boat.] Your pharmacy will reach out to Moda to ask for approval for the override. Moda will then reach out to the Trust for approval. Once approved, Moda will allow the pharmacy to fill your prescription.

## ***Supplemental Account***

Please be reminded that the Reserve Account (where all employer monies are deposited and grants monthly eligibility), is what funds the Supplemental Account effective every January. The formula for funding the Supplemental Account is to take your reserve balance as of December 31, grant January coverage (based on the rate for the plan you are enrolled in) retain one more month of coverage from your reserve, then transfer any remaining available balance into the Supplemental Account so long as the Supplemental Account does not exceed **\$5,000** in total. If you have a Supplemental Account balance, you will receive a letter in January outlining your balance and an opportunity to switch from automatic or on-demand reimbursement if you are enrolled in the Trust PPO Plan. Please refer to your benefit booklet for more detailed information. If you are covered under the Premera PPO plan and wish to make an election change between monthly recap/on-demand and automatic reimbursement, please contact the Trust Office for an election form, which can be done at any time throughout the year.

## **SECTION 125 DEDUCTIONS:**

If you currently have a Section 125 payroll deduction to cover your monthly health premium, you will need to adjust your payroll deduction amount to reflect your new rate. Please contact your employer's HR or payroll department as soon as possible to ensure this change is made. They may have an election form needed for you to make your payroll deduction change.

**IMPORTANT - Please continue reading as the following outlines how the monthly vs. bi-monthly reporting periods will affect your 125 deductions when rates change in January 2025.**

**NOTE:** The Section 125/Flexible Benefit Plan provides you the opportunity to use *pre-tax dollars* to pay the difference between the premium for your health plan and your employer's contribution only.

### **◆ If you work for an employer that reports to the Trust monthly:**

- November hours will grant January coverage.
- You must have your payroll deduction adjusted on your NOVEMBER payroll in order for it to cover JANUARY COVERAGE.

**OR**

### **◆ If you work for an employer that reports to the Trust bi-monthly:**

- September/October hours will grant December/January coverage.
- You must have your payroll deduction adjusted on your October payroll in order for it to credit you for JANUARY COVERAGE.
- Because the Board of Trustees do not set the rates until late in October, please ask your employer to make an adjustment to your payroll early in November to cover the difference in premium that will be reported to the Trust by November 20<sup>th</sup>.

## **SUMMARY OF BENEFITS AND COVERAGE**

The Trust is federally required to provide you with a Summary of Benefits and Coverage (SBC) document for the plan you are enrolled in with a standardized summary about the Plan's medical benefits and coverage.

Enclosed is the IBU Health Trust PPO Plan SBC and if applicable the Kaiser or HMSA plan you are currently enrolled in. To obtain information on one of the other plans available to you; copies of SBC's for all plans can be found on the Trust's website at [www.ibubenefits.org](http://www.ibubenefits.org).

- Doc > Health Care

If you do not have access to the website, you may request a copy from the Trust Office at no charge. For additional copies, or if you have questions about the SBC or the Glossary of Terms it refers to, please contact the Trust office at one of the numbers listed below.

If you have any questions, feel free to contact us.

Sincerely,

The Trust Office

Receipt of this letter does not guarantee benefits or provide current enrollment for you and/or your dependents. Please see the Summary Plan Description for details of eligibility requirements, covered benefits and exclusions.