



Enrollment Guide 2026

Medical, Dental, Vision, and Hearing Aid Coverage

January 1, 2026 – December 31, 2026

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This guide is a summary of your Trust-sponsored benefits and not a substitute for the official plan documents. If there's any discrepancy between the information in this guide and the official plan documents, the official plan documents will govern. The IBEW 125 – PGE Health and Welfare Trust retains the right to amend all plans at any time.

A Message From the Board of Trustees

The Board of Trustees is pleased to provide you with health care options to help you and your family protect your health and financial security. Your benefits are a valuable part of your overall compensation. We encourage you to learn more about the benefits available to you and how they work, so you can get the most out of them.

Open enrollment is November 3 through November 17, 2025

Open enrollment is your once-a-year opportunity to make sure your benefits continue to be the right fit for you and your family in 2026. You can change coverage—or add or drop dependents—November 3 to November 17.

Review this Enrollment Guide thoroughly, and determine the benefits coverage that will best fit your needs in 2026. Consider the type of expenses you anticipate in the coming year. Choose whom to enroll, and provide the required dependent information.

Active participants

Complete your open enrollment electronically in PGE's Workday system by **5 p.m. Pacific Time on November 17, 2025**. For assistance enrolling in the Workday system, call PGE at **503-464-7250**.

Non-active participants

Non-active participants include early retirees, divorced spouses, COBRA participants, surviving spouses, and long-term disability recipients.

Complete the Open Enrollment Election form, and return it to the Trust Fund Office by **5 p.m. Pacific Time on November 17, 2025, by email or fax. Mailed enrollment forms must be postmarked by November 17.**

Things you should do

- Review all the information in this Enrollment Guide.
- Read about and understand your medical plan options.
- Use the HealthEquity tool to compare your estimated costs under the medical plans. Visit www.comparemyhsa.com/ibew125pgetrust.
- Complete enrollment, along with all required documentation, by **5 p.m. Pacific Time on November 17, 2025**. See page 3 for more information on how to enroll.

If you need assistance, feel free to contact the Trust Fund Office at **503-224-5906** or **877-545-9471** (toll-free) Monday–Friday, 8 a.m.–5 p.m.

Keep this enrollment guide for future reference. If you need any assistance, feel free to contact the Trust Fund Office at **503-224-5906** or **877-545-9471** (toll-free).

Need help? Call:

For Trust Plans and benefits, contact the Trust Fund Office at **503-224-5906** or **877-545-9471** (toll-free) for assistance with open enrollment and benefits questions.

For PGE Plans and benefits, active participants in need of Workday navigation assistance or who have questions about PGE's voluntary benefits and spending accounts, should contact PGE HR Connect at **503-464-7250**, or email benefits@pge.com.

Active Participants – Be sure to read PGE's benefits guide for information on voluntary benefits, including life insurance, Flexible Spending Accounts, legal plan, and more.

What's New in 2026?

Livongo program now available at no cost

Get access to connected health devices, mental health support, personalized coaching, blood pressure, mental health, etc. To enroll, text "GO IBEW125PGE" to 85240, visit www.Go.Livongo.com/IBEW125PGE/Register, or call **800-945-4355** using code IBEW125PGE.

Nutritional counseling

No more visit limits! You now have unlimited access to nutritional counseling services, giving you the flexibility to get the support you need, whenever you need it.

90-day prescription option

Eligible medications will be available in 90-day supplies at participating retail pharmacies and through mail order, offering greater convenience.

Automatic bank deduction option

Members who self-pay monthly health premiums can now enroll in ACH auto-deduction. Submit the enclosed form to activate; payments will be withdrawn between the first and the tenth of each month for the following month's coverage.

Note: Active employees on payroll deduction do not have this option.

HSA contribution limits increasing

In 2026 you can contribute up to \$4,400 for individual coverage and \$8,750 for family coverage. If you're age 55 or older, you may contribute an additional \$1,000. Plus, PGE will contribute \$945.72 for individual coverage and \$1,891.08 for family coverage to help you save even more. This is for active participants only.

Teladoc Health's chronic condition support program

Managing diabetes, prediabetes, or hypertension just got easier. This program provides personalized support and tools to help you stay on track, all at no extra cost.

Activating your optional benefit is fast and simple:

Confirm your information at www.Go.Livongo.com/IBEW125PGE/Register. It only takes five minutes.

Your Welcome Kit is ready to ship. Don't miss this opportunity to take charge of your health.

Renalogic ImpactAdvocate program

The ImpactAdvocate program provides personalized care management for employees at risk of kidney disease, helping delay progression and reduce emergency dialysis starts. Registered nurses offer one-on-one support, monthly coaching, and help navigating complex care decisions, including transplant preparation and post-care. With proven outcomes—like over 85% success in preventing end-stage renal disease (ESRD) progression—and a strong return on investment, this program empowers members to take control of their health while lowering overall plan costs.

Who's Eligible?

You're eligible for coverage if you satisfy the eligibility requirements for one of the following categories:

- Active employee
- Early retiree (under age 65)
- Divorced spouse (age 55 or older)
- COBRA participant
- Surviving spouse
- Long-term disability recipient (under age 65 and not Medicare eligible)
- Dependent, including:
 - » Spouse or domestic partner
 - » Child up to age 26
 - » Adult disabled child of any age, provided the child is unmarried and dependent upon you for financial support; incapable of self-support because of a physical, mental, or developmental disability; and the disability is ongoing and initially occurred before the child's 26th birthday
 - » Surviving child or children

Please contact the Trust Fund Office at **503-224-5906** or **877-545-9471** if you have any questions about the eligibility requirements.

Verification of new dependent eligibility

If you will be enrolling your eligible dependents for the first time, you must provide all required documentation. A list of required documents is included with your enrollment materials; see the document titled "Eligibility Documentation Policy/Proof of Dependent Eligibility."

Dependents are not enrolled unless you provide sufficient documentation that verifies their status.

Newborns are automatically eligible for 60 days following birth. To ensure continued eligibility, you must provide all required documentation to enroll the newborn within the 60-day period.

How To Enroll

Active participants

Enroll between November 3 and November 17 in PGE's Workday system. Access is available on any PGE-issued computer. For assistance with Workday enrollment, call PGE at **503-464-7250**.

You need to take enrollment action if you:

- Want to change medical plans
- Want to add or remove a dependent from coverage
- Have an HSA or will elect one for 2026. You must enter your HSA contribution amount. You need to make an election, even if it's \$0, to receive PGE's HSA contribution and to start your 2026 contributions.

After open enrollment ends, you cannot make any changes to your 2026 Trust-sponsored medical, dental, and vision benefits, unless you experience a qualifying life event. These events include marriage, divorce, birth, adoption, or a change in employment status (you or your spouse) that affects your benefits eligibility.

If you don't submit your enrollment in Workday by 5 p.m. Pacific Time on November 17, you and your currently enrolled dependents who are eligible will be reenrolled automatically for the same Trust coverage you have for 2025. If you had an HSA in 2025, your contributions will end, and PGE will not automatically make a 2026 contribution. You must take action to receive a PGE contribution to your HSA account.

Steps to enroll for active participants

1. Log on to Workday from a PGE-issued computer (**myPGE > My Tools > Workday**) or the Workday app.
2. Once you are in Workday, click on the **Open Enrollment Change** task in your inbox. (If you are a new employee, you will see **Change Benefits for Life Event**.)
3. You will begin on a page showing all the available benefits and your current elections.
 - » Select **Manage** or **Enroll** for the first benefit. When finished with your selections, click **Confirm and Continue** to move to the next screen.
 - » Next, select dependents to be covered, using the check mark next to their names and/or **Add New Dependent** button if they are not in your list.
 - » For life insurance, LTD, AD&D: Select the **Coverage** box for available options. For Flexible Spending Accounts or HSAs: Type in the dollar amount you are electing per pay period or annually.
 - » Click **Save** when finished.
4. Scroll down the entire page, repeating the above steps for each benefit.

5. When all benefits elections are complete, click **Review and Sign** at the bottom. A summary of your choices, covered dependents, and any waived benefits will display. If you see something you need to edit, select **Cancel** to go back to the main screen.
 - » Review for accuracy, and read the electronic signature information.
 - » Select the **I Accept** box, authorizing PGE to make the required payroll deductions for the coverage you selected.
 - » Choose **Submit** to complete.
6. A printable confirmation statement is instantly available. Click the **View 2026 Benefits Statement** button. Print or save for your records.
7. If you've added new dependents, please refer to the instructions in your Open Enrollment packet for how to submit the required dependent verification documents to the Trust in order to finalize their coverage.

Important! If you select **Save for Later**, it **will not submit your choices**. You must return to Workday to submit your enrollment.

YOU MUST SUBMIT BEFORE THE OPEN ENROLLMENT PERIOD CLOSES, OR YOUR CHANGES ARE NOT FINALIZED.

Once open enrollment closes, all submissions will be final. Paper confirmation statements are not mailed.

Non-active participants: How to enroll

Non-active participants are early retirees, divorced spouses, COBRA participants, surviving spouses, and long-term disability recipients.

To enroll, complete the enclosed Enrollment Form, and return it along with all required documentation to the Trust Fund Office no later than 5 p.m. Pacific Time on November 17, 2025. You need to take enrollment action if you:

- Want to change plans
- Want to add or remove a dependent or other family member from coverage

After open enrollment ends, you cannot make any changes to your 2026 Trust-sponsored medical, dental, and vision benefits, unless you experience a qualifying life event. These events include marriage, divorce, birth, adoption, or a change in employment status (you or your spouse) that affects benefits eligibility for you and your dependents.

If you don't return a completed enrollment form by November 17, you and your currently enrolled dependents who are eligible will be reenrolled automatically for the same Trust coverage you have for 2025.

Medical Plan Options

Medical coverage is an important part of your IBEW Local 125 – PGE Health and Welfare Trust benefits. The Trust offers you two health plan options to choose from (both plans include the same dental and vision coverage):

- Preferred Provider Organization (PPO) Plan offers a lower deductible with a higher monthly cost share.
- HSA Qualified Plan offers a higher deductible with a lower monthly cost share. Under this option, you may elect to have a tax-free Health Savings Account (HSA). In addition, eligible participants may receive a PGE contribution to their HSAs.

» **Full-time, active employees and those in an active status on a qualified leave of absence are eligible for PGE's HSA contribution.**

The following participants are not eligible for PGE's contribution, but they can elect to have an HSA opened and make their own contributions: early retirees, disabled dependent children age 26 and older (provided the child is unmarried and dependent upon you for financial support; incapable of self-support because of a physical, mental, or developmental disability; and the disability is ongoing and initially occurred before the child's 26th birthday), surviving and divorced spouses and their dependents, and dependents of retirees.

What does it cost?

Your premium (your cost share) is noted on the accompanying rate sheet. The rate sheet provides important information you can use to estimate your out-of-pocket costs and cost share for the health care options you choose for 2026.

LTD participants (under age 65, not Medicare eligible)

Both medical plans require employee contributions (or cost share). Under the PPO Plan, you pay a cost share for medical, dental, and vision. Under the HSA Qualified Plan, you pay a cost share for dental and vision but no cost share for medical. The cost share under either plan does not change depending on the coverage level you choose (i.e., Employee Only, Employee and Spouse or Domestic Partner, Employee and Children, or Employee and Family).

For early retiree participants

Both medical plans require retiree contributions (or cost share). The Trust Fund Office will send you a monthly invoice for the full benefit cost. You separately receive an RRA (retiree reimbursement arrangement) company contribution to your Optum reimbursement account, which can be used to offset your cost share. The company contribution is based on the year you retired and your age. Submit proof of your premium payments to Optum for reimbursement of the company contribution amount. You must be continuously enrolled in a Trust medical plan to receive a company contribution. Your cost share for the PPO Plan or HSA Qualified Plan depends on the coverage level for which you are enrolled (i.e., Retiree Only, Retiree and Spouse or Domestic Partner, Retiree and Children, or Retiree and Family). For assistance submitting reimbursements, contact Optum at **877-298-2322**.

Understanding your medical plan options

Which plan is best for you depends on your health care needs, your budget, and whether you expect to use out-of-network providers. The HSA Qualified Plan is similar to the PPO Plan in several ways. The HSA Qualified Plan covers the same services, provides the same quality of care, and uses the same Regence Blue Cross Blue Shield (BCBS) network that is available under the PPO Plan.

* The IBEW 125 – PGE Trust is providing this link to HealthEquity's online cost estimator to give participants a tool to help compare plans. The cost estimator does not take the place of a careful consideration of all aspects of plan design and costs. As the name implies, the cost estimator provides an estimate of potential cost savings. Cost estimator results are not guaranteed. Your savings may vary, depending on factors like your family's medical costs during the plan year and your individual income tax situation. The cost estimator tool allows you to pick an applicable tax rate. You may want to use your average tax rate, since both federal and Oregon tax rates are tiered (the tax rate changes as income increases). The cost estimator tool uses the word "premium." Active participants pay a pretax cost share pursuant to terms of the collective bargaining agreement rather than premiums (contributions).

Use HealthEquity's online tool to compare your plan options*

Participants have access to a HealthEquity online cost estimator to help compare potential 2026 medical plan costs under the HSA Qualified Plan and PPO Plan. Try the tool at www.comparemyhsa.com/ibew125pgetrust.

Retirees – Important note for Post-65 medical coverage!

You must take action to have coverage upon turning age 65. Post-65 medical coverage is offered through UnitedHealthcare Medicare Solutions. You will need to take action 30–90 days before your Medicare Parts A and B effective date to ensure that you are covered. Your current Regence Blue Cross Blue Shield medical benefit coverage, provided through the Trust, will end on your Medicare eligibility date. Contact the Trust Fund Office for additional information on how to enroll in Post-65 medical, as well as dental and vision coverage.

Compare the medical plans

Here's a comparison of the HSA Qualified Plan and the PPO Plan.

Plan Features	HSA Qualified Plan	PPO Plan	PPO Plan (early retirees)
Annual deductible	\$1,700 per individual \$3,400 per family	\$200 per individual \$400 per family	\$250 per individual \$500 per family
Out-of-pocket maximum (includes deductible)	\$1,700 per individual \$3,400 per family	\$1,200 per individual \$2,400 per family	\$2,000 per individual \$4,000 per family
Prescription drugs	<p>RETAIL and MAIL ORDER In-Network and Out-of-Network:</p> <p>You pay the full cost for retail and mail-order prescriptions until you've met the deductible (\$1,700 per individual or \$3,400 per family). Then, the HSA Qualified Plan pays 100% of the cost.</p> <p>Deductible does not apply to certain preventive prescription drugs. Examples of these Optimum Value Medications include maintenance medications to help control diabetes, cardiovascular, cholesterol, respiratory, osteoporosis, and other conditions.</p> <p>Prescription drugs count toward the medical plan out-of-pocket maximum.</p>	<p>RETAIL In-Network and Out-of-Network:</p> <p>You pay:</p> <ul style="list-style-type: none"> \$5 generic \$20 preferred brand-name \$40 non-preferred brand-name <p>MAIL ORDER In-Network and Out-of-Network:</p> <p>You pay:</p> <ul style="list-style-type: none"> \$10 generic \$40 preferred brand-name \$80 non-preferred brand-name <p>Prescription drugs have a separate out-of-pocket maximum from the medical plan. This is the total amount of money you pay for prescription drugs (\$1,000 per individual) each plan year before the plan pays 100% of most covered prescription drug costs.</p>	<p>RETAIL and MAIL ORDER In-Network and Out-of-Network:</p> <p>You pay:</p> <ul style="list-style-type: none"> 20% generic 20% preferred brand-name 20% non-preferred brand-name <p>Prescription drugs have a separate out-of-pocket maximum from the medical plan. This is the total amount of money you pay for prescription drugs (\$700 per individual) each plan year before the plan pays 100% of most covered prescription drug costs.</p> <p>Some prescriptions, such as ACA Preventive drugs, are covered differently, which means you could pay less. Contact Regence BCBS directly for the latest list of covered medications.</p>
PGE contribution to your Health Savings Account (HSA)	\$945.72 individual coverage, and \$1,891.08 family coverage (based on eligibility)	NA	NA
Preventive care	Plan pays: 100% in-network		
Provider choice	Use any provider, but pay less when you use a Regence in-network provider.		
Tax advantages	Tax advantages: With the HSA, contributions, interest and investment earnings, and withdrawals used for eligible health care expenses are tax-free.	NA	NA
Use your Health Reimbursement Account (HRA) to pay for health care expenses once you retire	Yes, once you retire, your HSA and HRA work together to pay for your medical expenses in retirement.	Yes, once you retire.	Yes, in retirement your HRA is established, and you can submit for reimbursement of medical expenses until your balance is exhausted.

How does the HSA Qualified Plan work?

The plan is made up of two parts:

Medical Plan

Medical coverage

with a broad network of providers, comprehensive coverage through Regence BCBS, and an annual deductible



Health Savings Account (HSA)

An account

that lets you save and pay for eligible health care expenses tax-free

The two parts work together: The medical plan provides comprehensive medical and prescription coverage, and the HSA helps you save and pay for health care expenses, such as doctor's bills, hospital charges, prescriptions, dental and vision expenses, and more.

Medical coverage with the HSA Qualified Plan works a lot like other medical insurance plans.

Out-of-pocket maximum* is the top level.

If you reach your out-of-pocket maximum amount, you pay nothing for covered medical expenses for the rest of the calendar year.**

Annual deductible is the second level.

You pay the full cost for in-network care for covered services and prescriptions.

Preventive care is the first level.

Preventive care is 100% covered. You pay nothing.

** For family coverage, the deductible and out-of-pocket maximums include expenses across all covered individuals.*

*** If using out-of-network providers, balance billing may apply.*

When you receive care, you're responsible for paying 100% of your medical and certain prescription expenses until you reach the annual deductible. You can see any provider you like, but you'll pay less when you see providers in the Regence BCBS network. With this plan, once you meet the annual deductible, you've also reached the out-of-pocket maximum. This means that once you reach the out-of-pocket maximum, the HSA Qualified Plan will pay 100% of your covered medical and prescription expenses for the remainder of the year.

The HSA Qualified Plan out-of-pocket maximum: Your medical plan safety net

The out-of-pocket maximum, \$1,700 individual or \$3,400 family, is the MOST you spend on medical and prescription expenses during a year. Even if you have a serious health event or chronic condition, you won't pay more than this amount during the year.

Health Savings Account (HSA)

Available only to those who enroll in the HSA Qualified Plan

A Health Savings Account (HSA) is a tax-advantaged savings account that can be used for qualified medical expenses today and can help you save for future expenses.

The HSA works a lot like a normal bank account, so it's easy to put money in and take it out. You can use the money in your HSA to pay for health care expenses for yourself and your family, as long as they are your qualified tax dependents (generally includes those claimed on your tax return).

Contributing tax-free to your HSA

Annual maximum: \$4,400 individual or \$8,750 family*

If you are age 55 or older, you can contribute an additional \$1,000 to your HSA each year.

* 2026 IRS limits include your contributions and PGE's contributions combined.

Did you know?

PGE contributes to your HSA!

\$945.72 for individual coverage or \$1,891.08 for family coverage. This applies to active employees and those in an active-status qualified leave of absence.

Pay for qualified medical, dental, and vision expenses

- Certain out-of-pocket expenses
- Certain medical and prescription drug expenses
- Eyeglasses and contacts
- Dental copays

For an expanded list of qualified medical expenses, visit www.HealthEquity.com/qme, or see IRS Publication 502, available at www.irs.gov.

Triple tax benefits

- Contributions are made pretax.
- Withdrawals are tax-free when used for qualified expenses.
- Account accumulates interest tax-free, and your balance grows tax-deferred.

Make informed decisions

Not sure how much to contribute or how much you'll save?

Visit www.HealthEquity.com to help you understand the benefits of an HSA and investment options available once your account reaches a \$2,000 balance.

You must elect your HSA contribution amount each year. You will need to choose an HSA contribution, even if it is \$0, to receive PGE's contribution. Elect your HSA in PGE's Workday site. This applies to active employees and those in an active-status qualified leave of absence.

Rules and regulations to be eligible for an HSA

In order to establish and contribute to the HSA, you:

- Must be enrolled in the HSA-qualified plan
- Can only have a Limited Purpose Flexible Spending Account (FSA) for dental and vision expenses, not a Health FSA or Health Reimbursement Account (HRA)
- Cannot be covered by another health plan, unless it is also an HSA-qualified plan and/or permissible coverage, such as vision or dental
- Cannot be enrolled in Medicare Part A or Part B, TRICARE, or TRICARE For Life
- Cannot have received Department of Veterans Affairs (VA) benefits within the past three months, except for preventive care. However, this exclusion does not apply if you are a veteran with a VA disability rating
- Cannot be claimed as a dependent on someone else's tax return

For more information, see IRS Publication 969, available at www.irs.gov.

Hearing Aids, Cochlear Implants, and Assistive Listening Devices

Coverage

- One hearing aid per ear every 48 months, or sooner if modifications to an existing device are insufficient to meet the member's needs. **The benefit limit is \$4,000 per device.**
- Cochlear implants and the associated surgical services
- Ear molds and replacement ear molds
- One box of replacement batteries per year for each hearing aid
- Necessary diagnostic and treatment services, including hearing tests appropriate for a member's age or developmental need; hearing aid checks; aided testing
- Bone conduction sound processor and the associated surgical services, if necessary for appropriate amplification of the hearing loss, every 36 months
- Assistive listening devices if necessary for appropriate amplification of the hearing loss every 36 months
- Other components required for a hearing device to function properly and effectively
- Repair or replacement parts for a hearing aid or other assistive listening device, if the repair or parts are not covered by a warranty and are necessary for the device to be functional for the member. Hearing aids must be prescribed, fitted, and dispensed by a licensed audiologist with approval from a licensed physician. Over-the-counter hearing aids are not covered.

Participants maintain their current benefit as stated below:

- **Active PPO:** Hearing Aids / Assistive Technology: not subject to deductible for category 1/2/3 providers;* participant pays 10% coinsurance category 1, 30% coinsurance category 2, 30% coinsurance category 3. One hearing aid per ear, every 48 months, applies to all members.
- **Early Retiree PPO:** Hearing Aids / Assistive Technology: not subject to deductible category 1/2/3 providers;* participant pays 20% coinsurance category 1, 40% coinsurance category 2, 40% coinsurance category 3. One hearing aid per ear, every 48 months, applies to all members.
- **Active HDHP HSA, Early Retiree HDHP HSA:** Hearing Aids / Assistive Technology: subject to deductible for all providers; participant pays 100% coinsurance until deductible is met, then pays 0% coinsurance. One hearing aid per ear, every 48 months, applies to all members.

* "Category 1/2/3 providers" refers to Preferred Network / Participating Network / Nonparticipating Network providers.



Care-on-Demand Resources

Your medical plan includes several resources for accessing care from the comfort and safety of home.

MDLIVE

Virtual visits through MDLIVE are available 24/7 and can take place anywhere you have access to the internet, on your computer, tablet, or mobile device. Doctors can diagnose your symptoms and prescribe medication over the phone or video. Virtual visits can be a cost-effective alternative to expensive emergency room or urgent care visits. With MDLIVE, you can also visit with a counselor or psychiatrist 24/7 from your home, office, or on the go.

Access quality health care from the comfort and safety of home. MDLIVE is included in your medical plan, so you pay only for a medical visit, and prescriptions can be quickly sent to your local pharmacy. Call 888-725-3097, or visit www.MDLIVE.com/regence-or.

DispatchHealth

Get quality care in the comfort of your own home. Request a visit, and a medical team will arrive, ready to treat your illness or injury in the privacy and comfort of your home. To request a visit, have your member ID ready, and download the app, visit www.dispatchhealth.com, or call 720-647-5329. (Available in select locations in Idaho, Oregon, and Washington; use your zip code to verify access at www.dispatchhealth.com/locations.)



Register for care-on-demand resources, so you're ready when you need care.

Find a provider, specialist, or place (urgent care or ER):

1. Use the [Regence find-a-doctor search tool](#).
2. Sign in to your Regence account, or select **Choose a Network**.
3. Your network is found on the front of your Regence ID card, or type *Preferred Network* in the search box.
4. Search for a type of provider by name, specialty, or location.
5. Or call Regence customer service at **866-240-9580** for assistance.



Dental Benefits

Your Trust-sponsored benefits include dental coverage for yourself and/or your eligible dependents. You can use any provider, but you'll pay less if you use a participating provider.

Delta Dental of Oregon (Delta Dental) Dental Plan*

Calendar-year deductible

\$25 per individual

Calendar-year maximum

\$2,500 per individual

Preventive or diagnostic services

- Routine exam or bitewing X-rays (twice per calendar year)
- Cleanings (twice per calendar year)
- Sealants
- Fluoride
- Space maintainers

Plan pays 80% after deductible

Basic services

- Restorative fillings
- Oral surgery
- Endodontic
- Periodontics

Plan pays 80% after deductible

Major services

- Implants
- Crowns
- Cast restorations
- Denture and bridge work

Plan pays 80% after deductible

Orthodontia

Plan pays 50%; lifetime maximum of \$1,000 per individual

* Payment to a nonparticipating dentist or dental care provider is paid at the applicable coinsurance and limited to the nonparticipating dentist fee schedule. The allowable fee in states other than Oregon will be that state's Delta affiliate's nonparticipating dentist allowance.



Vision Benefits

Your Trust-sponsored benefits include vision coverage for yourself and/or your eligible dependents. You can use any provider, but you'll pay less if you use a participating provider.

VSP		
	In-Network	Out-of-Network (reimbursement amounts)
Exam Adults and children: every calendar year	\$10 copay Retinal screening: \$10 copay (in lieu of dilation)	\$10 copay, then up to \$50
Prescription glasses	\$25 copay	\$25 copay
Lenses Adults and children: every calendar year	Single-vision, lined bifocal, lined trifocal: covered in full	<ul style="list-style-type: none">• Single-vision: up to \$50• Lined bifocal: up to \$75• Lined trifocal: up to \$100
Lens enhancements	<ul style="list-style-type: none">• Standard progressives (covered in full in-network): \$0 copay• Premium progressives: \$80-\$90 copay• Custom progressives: \$120-\$160 copay	Progressives: up to \$75
Frames Adults and children: every other calendar year	\$200 allowance for a wide selection of frames; \$250 allowance for featured frame brands; \$110 equivalent at Costco; 20% discount on amount over allowance at VSP doctors	Up to \$70
Contact lenses (instead of glasses)	\$130 allowance for contacts (copay does not apply)	Up to \$105



Ways To Save

Shop smart and save money

You can reduce your out-of-pocket costs during the year by following a few simple guidelines:



Get preventive care.

Help identify health problems before they become serious and costly. This includes services like annual checkups, immunizations, Pap tests, mammograms, colonoscopies, blood pressure screenings, and more. Plus, in-network preventive care is covered at 100%.



Use care-on-demand resources.

In non-life-threatening cases, choosing a care-on-demand option instead of the emergency room can save you time and money when you're not feeling well and want to stay home. For more information, see page 8.



Use in-network providers and facilities.

You will save money by using in-network providers and facilities.



Save on dental and vision expenses too!

You will also save money on dental and vision care if you use in-network providers. They will often cost less than non-contracted, out-of-network doctors and facilities. Make sure that you check whether your doctor and facility are in-network before you go.



Go to the emergency room for true emergencies.

The ER is the place to go if you need immediate treatment for a critical, life-threatening injury or illness (this can be the most expensive place to receive medical care). Retail clinics, urgent care facilities, and telehealth can save you money for nonurgent health concerns over costly emergency room visits.

Benefits Contact Information

Member Services, Eligibility, and IBEW 125 – PGE Health and Welfare Trust Administration	Trust Fund Office—BeneSys Administrators Mailing address: BeneSys, Inc. PMB 116, 5331 S. Macadam Avenue, Suite 258 Portland, OR 97239-3871 Physical address: BeneSys, Inc. 5331 S. Macadam Avenue, Suite 220 Portland, OR 97239-3839 Phone: 503-224-5906 Toll-Free: 877-545-9471 eFax: 781-398-9219 ibew125pge@benesys.com www.ourbenefitoffice.com/IBEW125PGE/
Workday Enrollment Assistance and PGE Voluntary Benefits – PGE HR Connect Team	Phone: 503-464-7250 7 a.m.–5 p.m., M–F benefits@pgn.com
Medical Group number 71318001	Regence 866-240-9580 www.regence.com FlexAccess 888-302-3618
Health Savings Account Administration	HealthEquity 866-960-8055 www.healthequity.com www.comparemyhsa.com/ibew125pgetrust
Telehealth or Virtual Visits	MDLIVE 800-400-6354 www.MDLIVE.com/regence-or
Dental Group number 10000153 (Active or Retirees)	Delta Dental of Oregon 888-217-2365 www.deltadentalor.com
Vision Group number 30022560	VSP 800-877-7195 www.vsp.com
Teladoc Group number IBEW125PGE	Livongo by Teladoc Health 800-945-4355 www.Go.Livongo.com/IBEW125PGE/Register

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