



EMPLOYEE BENEFITS GUIDE

2026 PLAN YEAR OPEN ENROLLMENT



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WELCOME TO YOUR 2026 BENEFITS

The Trustees have successfully negotiated another year of benefit plan renewals with the Trust's insurance carriers and administrators. As always, in 2026 we will continue to provide a comprehensive benefit package, helping you and your family stay healthy as well as provide valuable coverage in the event of illness or injury.

There are usually legislatively mandated or administratively imposed changes to health insurance plans each year. Most of the changes being implemented in 2026 are described on pages 5-6 of this handbook.

Due to increases in healthcare costs overall, Trustees have opted to continue subsidizing premiums, reducing the financial impact on you to a level below what other employers in the region are experiencing.

Welcome to your 2026 Benefits. May the upcoming year be filled with good health for you!

TRUSTEE NAME	TITLE	EMPLOYER	CONTACT INFORMATION
Howard Bell	Co-Chair, Labor	OPEIU	hb@opeiu11.org (360) 719-1860
Sara Eder	Co-Chair, Employer	NW Natural	sara.eder@nwnatural.com (503) 610-7246
Karyn Morrison	Labor Trustee	OPEIU	km@opeiu11.org (360) 719-1796
Darcy Noxon	Employer Trustee	NW Natural	darcy.noxon@nwnatural.com (503) 610-7626
Cheyenne Russell	Labor Trustee	OPEIU	cr@opeiu11.org (360) 719-1814
Sara Slack	Employer Trustee	Skamania County	sslack@co.skamania.wa.us (509) 427-3976



2026 PLAN YEAR

Open Enrollment November 1-26, 2025.

WHAT YOU NEED TO DO...

REVIEW THE 2026 BENEFITS IN THIS BOOKLET

- The Summary of Material Modification (SMM) Important Plan Changes
- The Medical, Vision and Dental Benefit Comparison

DECIDE IF YOU WANT TO MAKE A CHANGE FOR 2026 – THIS IS YOUR CHANCE!

- To change your medical and dental plan elections
- Add or remove dependents - If you do not wish to make any changes to your coverage, no action is required
 - * Note - refer to the enclosed cover letter for special instructions, if required, by your employer
- **The DEADLINE** to submit your enrollment form is **November 26!**

SEND YOUR COMPLETED ENROLLMENT FORM TO WESTERN STATES TRUST:

- **Mail:** PMB#116, 5331 S Macadam Ave., Suite 258, Portland, OR 97239
- **Fax:** (503) 228-0149
- **Email:** westernstates@benesys.com
- **Enrollment forms can be found online at:**
www.westernstatesbenefits.org

CONTACT US:

- **Local:** (503) 224-0048
- **Toll Free:** (800) 547-4457 ext. 1678
- **Email:** westernstates@benesys.com

KEEPING YOUR COSTS DOWN

- The OPEIU Health and Welfare Trustees work diligently with the health plans to minimize rate increases in order to provide you and your family with a comprehensive **benefits package**.

REMEMBER

- You have a hearing aid benefit!

DID YOU KNOW?

- If you and/or your dependents will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see compliance notices for more details.

HAVE YOUR BENEFICIARIES CHANGED?

- If yes, please complete and submit a beneficiary form. Forms are located on the Trust website.

SUMMARY OF MATERIAL MODIFICATIONS (SMM)

Important benefit changes to your health plan effective Jan. 1, 2026

This plan is not Grandfathered under the Patient Protection and Affordable Care Act.

REGENCE BLUECROSS BLUESHIELD OF OREGON

MEDICAL

- Licensed ground ambulance providers in Oregon can no longer balance bill patients. HB3243.
- Doula perinatal services from a trained professional, are covered up to a benefit limit of \$3,760, subject to regular plan cost shares.
- Visit limitations for nutritional counseling have been removed.
- Radiology/diagnostic breast examinations with a cancer diagnosis are subject to member cost shares.

PHARMACY

- FDA-approved prescription contraceptives can refill when at least 50% of the previous medication fill has been taken. HB3391.
- Specialty medications with an FDA-approved dosing regimen that exceeds 30-days must be packaged in a multiple month supply package, the cost share is based on each 30-day supply package.

KAISER PERMANENTE

MEDICAL

- Fully compliant with HB 3243, HB 3391, SB 692 and SB 699. Further information will be provided in the final Summary of Plan Changes that will be included in the 2026 EOC.
- Optum has replaced the CHP Active and Healthy program.

VISION

VSP

- No benefit changes.

SUMMARY OF MATERIAL MODIFICATIONS (SMM) CONTINUED

Important benefit changes to your health plan effective Jan. 1, 2026

DENTAL PLANS

DENTAL PLANS 10 – 11 – 12

- No benefit changes.

KAISER PERMANENTE

- Coverage for routine fillings are covered to include amalgam (silver), glass ionomer, and composite (tooth-colored) fillings on both posterior and anterior teeth.
- Nitrous oxide for members aged 12 years and younger is covered at \$25 cost share.
- Emergency dental care from non-participating providers is covered at a \$100 cost share plus amounts that exceed usual and customary charges for qualifying claims.

WILLAMETTE DENTAL INSURANCE, INC

- No benefit changes.

LIFE INSURANCE

STANDARD INSURANCE

- No benefit changes.

MEDICAL & PHARMACY COMPARISON

REGENCE BLUECROSS BLUESHIELD OF OREGON				KAIER PERMANENTE
PROVIDERS / FACILITIES	PREFERRED PROVIDERS (PPO)	PARTICIPATING PROVIDERS	NON-PARTICIPATING NON-PPO PROVIDER ¹	KAISER PERMANENTE PROVIDERS & CONTRACTED FACILITIES
Calendar Year (CY) Maximum	None			None
Calendar Year (CY) Deductible	\$300 per individual - \$600 per family			None
Medical Calendar Year (CY) Out-of-Pocket Maximum (OOPM)	\$3,000 per individual \$6,000 per family		\$6,000 per individual \$12,000 per family	\$3,500 per individual \$7,000 per family
Provider Office / Clinic Visit	MEMBER PAYS after deductible (unless otherwise noted with * = deductible waived):			MEMBER PAYS:
<ul style="list-style-type: none"> Primary care (injury or illness) Virtual Care / Telehealth Specialist Other practitioner (Acupuncture, Chiro) 	<ul style="list-style-type: none"> \$20 copay / visit ² \$10 copay / visit* \$20 copay / visit* 20%⁵ 	<ul style="list-style-type: none"> \$20 copay / visit* \$20 copay / visit* \$20 copay / visit* 20%⁵ 	<ul style="list-style-type: none"> 40% 40% 40% 20%⁵ 	<ul style="list-style-type: none"> \$15 copay / visit ^{3,4} No cost share \$15 copay / visit \$10 copay / visit ⁶
Preventive Care	<ul style="list-style-type: none"> No cost share* 	<ul style="list-style-type: none"> No cost share* 	<ul style="list-style-type: none"> 40%⁷ 	<ul style="list-style-type: none"> No cost share
Outpatient Testing <ul style="list-style-type: none"> Diagnostic tests (x-ray, blood work) Imaging (CT/PET scans, MRIs) 	<ul style="list-style-type: none"> 20%* 20%* 	<ul style="list-style-type: none"> 40% 40% 	<ul style="list-style-type: none"> 40% 40% 	<ul style="list-style-type: none"> \$20 copay/visit \$20 copay / visit
Prescription Drugs RX Calendar Year Out-of-Pocket Maximum Value medications <ul style="list-style-type: none"> Generic medications Preferred brand medications Non-preferred brand medications Specialty medications 	<ul style="list-style-type: none"> \$4,300 per individual Retail and Mail Order: \$0 copay (Optimum Value medications) Retail: \$10 or 20% (whichever is greater) Mail Order: \$20 or 20% (whichever is greater) Retail: \$20 or 20% (whichever is greater) Mail Order: \$40 or 20% (whichever is greater) Retail & Mail Order: 50% Paid according to their formulary designation 			<ul style="list-style-type: none"> None Specific list of medications apply Retail: \$15 copay Mail Order: \$30 copay Retail: \$30 copay Mail Order: \$60 copay Retail: \$50 copay Mail Order: \$100 copay Paid according to their formulary designation
Outpatient surgery <ul style="list-style-type: none"> Facility fee Physician / surgeon fees 	<ul style="list-style-type: none"> 20%⁸ 20% 	<ul style="list-style-type: none"> 40% 40% 	<ul style="list-style-type: none"> 40% 40% 	<ul style="list-style-type: none"> No cost share \$15 copay / procedure
Emergency Care <ul style="list-style-type: none"> Emergency Room Emergency medical transportation Urgent care 	<ul style="list-style-type: none"> \$75 copay/visit, then 20% 20% \$20 copay / visit ⁹ 	<ul style="list-style-type: none"> \$75 copay/visit, then 20% 20% \$20 copay / visit⁹ 	<ul style="list-style-type: none"> \$75 copay/visit, then 20% 20% 40% 	<ul style="list-style-type: none"> \$75 copay / visit \$75 copay / transport \$15 copay / visit
Hospital <ul style="list-style-type: none"> Facility fee Physician / Surgeon Fees 	<ul style="list-style-type: none"> 20% 20% 	<ul style="list-style-type: none"> 40% 40% 	<ul style="list-style-type: none"> 40% 40% 	<ul style="list-style-type: none"> \$100 copay / day (\$500 max/CY) No cost share
<ul style="list-style-type: none"> Mental Health / Substance Abuse Inpatient services Outpatient services 	<ul style="list-style-type: none"> 20% \$20 copay / visit² 	<ul style="list-style-type: none"> 20% \$20 copay / visit² 	<ul style="list-style-type: none"> 40% 40% 	<ul style="list-style-type: none"> \$100 copay / day (\$500 max/CY) \$15 copay / visit
<ul style="list-style-type: none"> Maternity Prenatal and postnatal care Delivery and all inpatient services 	<ul style="list-style-type: none"> 20% 20% 	<ul style="list-style-type: none"> 40% 40% 	<ul style="list-style-type: none"> 40% 40% 	<ul style="list-style-type: none"> \$15 copay / office visit¹⁰ \$100 copay / day (\$500 max/CY)
<ul style="list-style-type: none"> Recovery or special health needs Home health care¹¹ Rehabilitation services (OT, PT, ST) Skilled nursing care Durable medical equipment 	<ul style="list-style-type: none"> 20% 20%¹² 20% 20% 	<ul style="list-style-type: none"> 40% 40%¹² 40% 40% 	<ul style="list-style-type: none"> 40% 40%¹² 40% 40% 	<ul style="list-style-type: none"> No cost share \$15 copay / visit (20 visits/CY) No cost share 20%

Please note: This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this comparison and the plan document, the information in the plan document shall prevail.

1. Members may be balanced billed for balances beyond any deductible and coinsurance amounts.

2. The first three mandated primary care/behavioral health (Preferred providers only) office visit or psychotherapy visits are covered after a \$5 copay. Regular plan cost shares apply for subsequent visits.

3. First preventive care visits each year, either virtually or in-person covered at no member cost share.

4. First three visits each year for primary care or primary care related services are covered after a \$5 copay per visit.

5. Chiropractic spinal manipulations are limited to 30 visits, and are combined with osteopathic spinal manipulation visits for a combined 30 visits per calendar year. Acupuncture visits are limited to 30 visits per calendar year.

6. Chiropractic care is limited to 20 visits per calendar year. Self-referred acupuncture is limited to 12 visits per calendar year. Copays do not apply to the out-of-pocket maximum (OOPM).

7. Immunizations for children up to age 18 are covered in full.

8. Coinsurance is reduced to 10% when in-network Preferred Provider Ambulatory Surgery Centers are used.

9. Members are responsible for their portion of any ancillary charges, e.g. x-rays, lab work, and outpatient surgery.

10. Prenatal care is considered preventive, therefore there is no cost share and the copay does not apply.

11. Up to 130 visits per year

12. Inpatient: 60 day limit/CY; Outpatient: 45 visit limit/CY (combined limit includes occupational therapy (OT), physical therapy (PT), and speech therapy (ST)).

VISION AND HEARING BENEFIT COMPARISON

VISION BENEFITS			
PROVIDERS	VISION SERVICE PLAN (VSP) REGENCE ENROLLEES ONLY		
	MEMBER PAYS:	MEMBER PORTION & REIMBURSEMENT:	MEMBER PAYS:
Exams	\$20 copay Diabetic eyecare: \$20 copay	\$20 copay, then reimbursed up to \$50	\$15 copay
Lenses • Single • Bifocal - Lined • Trifocal - Lined	\$25 copay ¹⁵	\$25 copay, then reimbursed: • Up to \$50 • Up to \$75 • Up to \$100	Allowance of \$175 for lenses, frames or contacts; if full allowance is not used, the balance is forfeited.
Frames	Allowance of \$150	Reimbursed up to \$70	
Contact Lenses • Fitting Exam	Allowance of \$150 for contacts; Up to a \$60 copay for contact lens exam	Reimbursed up to \$105	
Frequency <i>Based on last date of service</i> • Exams • Lenses • Frames	• 12 months • 12 months • 24 months	• 12 months • 12 months • 24 months	• No limit • Two (2) calendar years • Two (2) calendar years

HEARING AID BENEFITS	
Eligibility	<ul style="list-style-type: none"> • All enrolled, Active employees and dependents regardless which medical plan
Exam / Evaluation / Hardware	<ul style="list-style-type: none"> • The Plan will pay 80% of the usual and customary charges up to a maximum of \$400 per ear in a period of three (3) consecutive calendar years. • Examination must be made by a physician prior to obtaining a hearing aid. Physician must provide a written certificate stating that hearing may be improved with the use of a hearing aid. Benefits will not be provided without this certificate.

Please note: This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this comparison and the plan document, the information in the plan document shall prevail.

13. Coverage shown is for members age 19 and older. Pediatric vision coverage for children 18 and younger is different; refer to the Kaiser medical summary for more information.

14. Services and eyewear obtained through out-of-network providers are subject to the same limitations as services obtained through VSP doctors.

15. Standard progressive lenses are covered in full.

DENTAL BENEFIT COMPARISON

DENTAL BENEFITS			
	TRUST PLANS	WILLAMETTE DENTAL INSURANCE, INC. ¹⁶	KAISER PERMANENTE ¹⁷
PROVIDERS	ANY LICENSED DENTIST	WILLAMETTE DENTAL INSURANCE, INC. PROVIDERS	KAISER PERMANENTE PROVIDERS
Dental Calendar Year (CY) Deductible	\$10 per individual	None	None
Dental Calendar Year (CY) Maximum	\$1,500 - PLAN PAYS	None ¹⁸	None
	MEMBER PAYS after deductible:	MEMBER PAYS:	MEMBER PAYS:
Services • Preventive Care (exam/cleaning) • Basic (fillings, simple extractions) • Prosthetic (crowns, bridges) • Implant Surgery	<ul style="list-style-type: none"> 20% of UCR 20% of UCR 20% of UCR¹⁹ Not covered 	<ul style="list-style-type: none"> \$10 copay \$10 copay + app. copays²⁰ \$10 copay + app. copays²⁰ \$1,500 annual benefit max/CY 	<ul style="list-style-type: none"> \$5 copay \$5 copay + 20% \$5 copay + 50% Not covered
Orthodontia • Services	50% of UCR	\$2,400 initial fee, then \$10 copay each visit	\$5 copay + 50%
Orthodontia Lifetime Maximum	\$1,000 - PLAN PAYS	None	50% up to \$1,000 - PLAN PAYS

Please note: This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this comparison and the plan document, the information in the plan document shall prevail.

16. Willamette Dental Insurance, Inc. is available to Oregon, Washington and Idaho residents only.

17. Kaiser dental is available to all members – one does not need to be enrolled on Kaiser medical.

18. Benefits for implant surgery have a benefit maximum.

19. Actual benefit varies; refer to your labor contract.

20. Applicable copays vary based on services received.

HEALTH PLAN CONTACT INFORMATION

BENEFIT	PROVIDER	CUSTOMER SERVICE INFORMATION	WEB INFORMATION
Medical and Prescription Drug	Regence BCBSO Group # 10010748	1.888.370.6157	www.regence.com
	Regence BCBSO Group # 10010748 Mail order Prescription Drugs - Express Scripts Pharmacy	1.844.765.2894	www.regence.com/pharmacy
	Kaiser Permanente Group # 1616	1.833.599.0451	www.expressscripts.com
	Kaiser Permanente Group # 1616 Mail order Prescription Drugs	1.800.813.2000	www.kp.org
Dental	Trust Plans 10 – 11 – 12	1.800.547.4457	www.westernstatesbenefits.org
	Willamette Dental Insurance, Inc. Group # OR67	1.855.433.6825	memberservices@willametedental.com
	Kaiser Permanente Group # 1616	1.800.813.2000	www.kp.org
Vision	Vision Service Plan (VSP) Group #: 30068764	1.800.877.7195	www.vsp.com
Life and Disability Benefits	The Standard Insurance Company	1.888.937.4783	www.standard.com

If you have specific questions about treatment or how benefits apply to your situation, call the insurance provider directly.

24 HOUR PHONE NUMBERS FOR URGENT HELP

Regence BCBSO nurse advice line: 1.800.267.6729, Press 1
 Kaiser Permanente nurse advice line: 1.800.813.2000

REQUIRED ANNUAL COMPLIANCE NOTICES

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, contact Regence BlueCross BlueShield of Oregon or Kaiser Permanente.

For more information regarding your rights after a mastectomy, visit:

<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/your-rights-after-a-mastectomy.pdf>

Newborns and Mothers' Health Protection Act

Special Rights on Childbirth

Group health plans and health insurance issuers offering group insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than the above periods. In any case, such plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of the above periods.

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Annual Compliance Notice

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

CALIFORNIA – Medicaid	OREGON – Medicaid and CHIP
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/

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WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

2026 Plan Year
Annual Compliance Notice

TO: **Western States Health & Welfare Trust Fund of the OPEIU Participants and Their Eligible, Covered Dependents**

REGARDING: **Prescription Drug Coverage and Medicare**

We are sending this notice to all employees, early retirees and COBRA participants currently covered under the Western States Trust medical plans. This notice is intended for participants who are eligible for Medicare. **If you are NOT and NO ONE in your immediate family is eligible for Medicare you may disregard this notice.**

If you or a covered dependent is eligible for Medicare, please read this notice carefully and keep it where you can find it. This notice has information about Western States Trust pharmacy plan and about your options under a Medicare prescription drug plan. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Following are some important points about Medicare Prescription Drug (Medicare Part D) coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Regence BlueCross BlueShield of Oregon and Kaiser Permanente have determined that the prescription drug coverage offered by Western States Trust is, on average for all plan participants, expected in 2026 to pay out as much or more than what the standard Medicare prescription drug coverage would be expected to pay on average and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare prescription drug plan.
3. **Read this notice carefully** – it explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to enroll in a Medicare prescription drug plan and drop your coverage under the Western States Trust pharmacy plan you and your covered dependents will automatically lose coverage under the Trust medical plan as well. You may not be able to get this coverage back at a future date. In addition, Western States Trust is not permitted to contribute to your premiums should you elect to drop the Trust's sponsored coverage.

2026 Plan Year Annual Compliance Notice

Remember, your current coverage pays for other health expenses, in addition to prescription drugs. You will still be eligible to receive all your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. However, you may not exclude prescription drug coverage from your Regence BlueCross BlueShield of Oregon or Kaiser Permanente plan.

If your coverage is a result of active employment, under Regence BlueCross BlueShield of Oregon, your prescription drug coverage would be primary. Regence BlueCross BlueShield of Oregon does not coordinate with Medicare, but Medicare would be secondary. While enrolled under Kaiser, if a secondary Medicare Prescription drug plan was purchased outside of Kaiser, Kaiser is not capable of coordinating with Medicare if drugs are purchased outside of the Kaiser system.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose coverage under Western States Trust's pharmacy plan and don't enroll in Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription drug coverage later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium will go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go 19 months without coverage, your premium will always be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until next October to enroll.

Information regarding your pharmacy benefits has been provided to you in your benefit comparison and Summary Plan Description (SPD). NOTE: You may receive this notice at other times in the future, such as before the next period you may enroll in Medicare prescription drug coverage, and if Western States Trust's coverage changes. You also may request another copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also get more information about Medicare prescription drug plans from the following:

- Centers for Medicare, Medicaid Services (CMS/Medicare): www.medicare.gov , or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Senior Health Insurance Benefits Assistance program (SHIBA - their telephone number is noted in the Medicare & You handbook).

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare prescription drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 2025
Name of Entity:	Western States Health & Welfare Trust Fund of the OPEIU
Contact:	BeneSys, Inc.
Address:	PMB #116
Phone:	5331 S Macadam Ave., Suite 258, Portland, OR 97239 503-224-0048