



HARRISON TRUST

A FAMILY HEALTH PLAN

WWW.HARRISONBENEFITS.ORG

October 2019

TO: RETIRED PARTICIPANTS NOT ENROLLED IN MEDICARE

2020 OPEN ENROLLMENT IS HERE!
NOVEMBER 4 THROUGH DECEMBER 6, 2019
THERE ARE MINIMAL BENEFIT CHANGES! PLEASE READ CAREFULLY.

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

Do you ever want to be able to have your spouse call us about your claims or information or vice versa? Enclosed you will find the PHI release form to make it easier to get information from the Trust Office on your dependents.

The open enrollment period is November 4 through December 6, 2019. All enrollment changes are effective January 1, 2020. You must complete an enrollment form to change plans and all enrollment forms must be returned to the Trust Office by December 7, 2019. You can find enrollment forms enclosed.

NOTE: If you reside in the Kaiser or Providence service area, you are required to enroll in Kaiser or Providence. Participants who do not reside in the Kaiser or Providence service area will be enrolled in the Trust Plan. Please refer to the enclosed benefit outline. The Trust Plan is available only to retirees who reside outside of the Kaiser or Providence Service Area.

Rates Effective January 2020 Coverage

TRUST SELF-FUNDED PLAN	SINGLE	2-PARTY	FAMILY
Trust Medical/ Rx Only	\$1,247	\$2,469	\$3,691
Trust Medical/Rx, Trust Dental, VSP	\$1,304	\$2,583	\$3,862
Trust Medical/Rx, Kaiser Dental, VSP	\$1,304	\$2,583	\$3,862
Trust Medical/Rx, Willamette Dental, VSP	\$1,304	\$2,583	\$3,862

KAISER PERMANENTE	SINGLE	2-PARTY	FAMILY
Medical/Rx/Vision	\$1,107	\$2,188	\$3,269
Medical/Rx, Trust Dental, VSP	\$1,157	\$2,288	\$3,419
Medical/Rx, Kaiser Dental, VSP	\$1,157	\$2,288	\$3,419
Medical/Rx, Willamette Dental, VSP	\$1,157	\$2,288	\$3,419

PROVIDENCE	SINGLE	2-PARTY	FAMILY
Providence Medical/Rx Only	\$1,315	\$2,863	\$3,896
Medical/Rx/Vision, Trust Dental	\$1,372	\$2,977	\$4,067
Medical/Rx/Vision, Kaiser Dental	\$1,372	\$2,977	\$4,067
Medical/Rx/Vision, Willamette Dental	\$1,372	\$2,977	\$4,067

Enclosed with these materials is a Summary of Benefits Comparison (SBC). You can use this to compare your health plan options!

BENEFIT MODIFICATIONS FOR 2020

You are encouraged to attend one of the benefit meetings listed on the attached sheet. These meetings are a great opportunity to learn about changes to your plan and learn more about the different benefit plan options available to you. Spouses are welcome to attend.

The Board of Trustees is pleased to announce that there will not be any benefit changes for the 2020 Plan year to the Trust Self-Funded Medical Plan.

1) Trust Self-Funded Medical/Rx Benefit Modifications

No changes.

2) Kaiser Permanente Medical/Rx/Vision Benefit Modifications

No changes.

3) Providence Health/Rx Plan Benefit Modifications

No changes.

4) All Dental and Vision Plans

Similar to the Trust Dental Plan, Kaiser and Willamette Dental added a dental implant benefit.

No changes to Vision Service Plan (VSP).

2020 Summary of Benefits and Coverage (SBC) documents are enclosed. The SBC is a required notice created to provide you with a standardized summary about the Plan’s medical benefits and coverage. You are receiving SBC’s for all the benefit options available under the Plan. You may not be eligible for each of these benefit options based on where you work or reside. If you would like a copy of the Glossary of Terms you will find a link to the document on the group website at www.harrisonbenefits.org.

- Select the Doc Tab
- Click on Active Employee
- Documents can be found under Recent Employee Mailing

If you do not have access to the website you may request a copy at no charge. For additional copies, or if you have questions about the SBC or the Glossary of Terms referred to in the SBC, please contact the Trust office at 503-224-0048 or 800-547-4457 extension 1679.

The **benefit meetings** listed on an attached sheet are also a great opportunity to learn more about the different benefit plan options available to you.

YOU MUST COMPLETE A NEW ENROLLMENT FORM TO CHANGE PLANS. The Enrollment form is enclosed for your convenience. When adding dependents to your plan you need to provide a copy of the marriage certificate for your spouse or birth certificate(s) for your dependent child(ren). You may also receive the forms by visiting www.harrisonbenefits.org.

ENROLLMENT FORMS MUST BE RETURNED TO THE TRUST OFFICE BY December 7, 2019.

Send your completed enrollment form to Harrison Trust

Mail PMB #116, 5331 SW Macadam Ave #258, Portland, OR 97239
Fax 503-228-0149
Email harrison@benesys.com (please send using a password, or you can securely upload documents on the website by logging in and using the “Documents to Submit” button.)

Enrollment forms can be found online at www.harrisonbenefits.org



Local 503-224-0048 **Toll Free** 1-800-547-4457 ext 1679
harrison@benesys.com

NOTICE OF NONDISCRIMINATION

Harrison Trust (“the Health Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact 800-547-4457.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language	Message About Language Assistance
Español Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 547-4457.
繁體中文 Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (800) 547-4457.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (800) 547-4457.
Tiếng Việt Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 547-4457.
한국어 Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 547-4457 번으로 전화해 주십시오.
عربية Arabic	ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 (800) 547-4457.
Українська Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1 (800) 547-4457
ខ្មែរ Cambodian	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1 (800) 547-4457.
Tagalog Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (800) 547-4457.
Oroomiffa Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1 (800) 547-4457.
日本語 Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1 (800) 547-4457 まで、お電話にてご連絡ください。
Русский Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 (800) 547-4457.
አማርኛ Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1 (800) 547-4457.
ਪੰਜਾਬੀ Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1 (800) 547-4457.

Language	Message About Language Assistance
ພາສາລາວ Lao	<p>ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1 (800) 547-4457.</p>