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HARRISON ELECTRICAL WORKERS TRUST FUND

YOUR BENEFITS GUIDE



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LEADING THE ELECTRICAL INDUSTRY

Medicare

WHAT'S *INSIDE*

What's Happening	2
Open Enrollment Meetings — Join us!	4
2027 Broad Network Medicare Plan Comparison	5
Kaiser Permanente HMO	8
Dental Benefits	9
Questions?	10



WHAT'S HAPPENING

Effective January 1, 2027:

- The Providence plans are being discontinued - participants on these plans will be automatically moved to new coverage
- United American Plan F and G prescription drug benefits will be provided through Express Scripts
- There are some benefit changes to the Regence MedAdvantage plans – see the enclosed notices
- Monthly premium rates are going up – it's a good time to consider all of the options to be sure you have the plan that works best for you in 2027
- There are no changes to the dental plan options.

If you want to make a change, you must submit an enrollment form by Friday, December 6, 2026.

JOIN US AT AN OPEN ENROLLMENT MEETING

Please come to one of the open enrollment meetings to have your questions answered. Spouses are welcome to attend. Representatives of the Trust as well as various carriers will present the benefit options available to you.

See page 4 for dates, times and locations.

Providence Plans Discontinued

As you likely heard in the news, the Providence Health Plan is shutting down at the end of this year. As a result, those who are currently enrolled in the Providence Align or Providence Discover HMO plans will have new coverage in 2027.

If you take no action, you will be automatically enrolled in United American Plan F or G, which includes Providence providers in its network. Contact RetireeFirst at (855) 430-6354 to confirm your current providers are in the network, or with any other questions about the United American Plans.

During open enrollment (now through December 6), you can choose from any of the 2027 plan options. It's a good idea to review all of the plans, so you can decide which is best for you. The available plan options in 2027 are:

- United American Plan F or G
- Regence MedAdvantage Classic
- Regence MedAdvantage Enhanced
- PacificSource Medicare Cascade Premier Rx (HMO-POS)
- Kaiser Permanente Senior Advantage High HMO Plan

See pages 5-7 for more details about the United American, Regence and PacificSource plans, and page 8 for more about the Kaiser Permanente plan.

No Action Required, Unless...

You will be automatically enrolled as shown below. If you are satisfied with your new plan, no action is required. There's nothing you need to do unless you want one of the other plans instead.

If your current plan is...		You will be automatically enrolled in...
Providence Align	→	United American Plan F or G
Providence Discover HMO	→	United American Plan F or G

We are required by law to give you the choice of opting out of the new plans. Since you are currently enrolled in the Harrison Electrical Workers Trust Fund Medical and Prescription Drug Plan it is unlikely that you would not want to participate in the new Medical Carrier name group supplement to Medicare plan and the PDP Carrier name Prescription Drug Plan. However, you have the option to opt-out. If you opt-out, you will not have medical or prescription drug coverage through these plans. 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 to discuss the other plan options available to you.

New Prescription Benefit Manager for United American Plans F and G

Effective January 1, 2027, the prescription benefit manager for United American Plans F and G will be Express Scripts. This change applies to United American Plans F and G only.

For prescriptions filled through December 31, 2026: Your current coverage continues as usual, with no disruption. Continue to use your current prescription ID card through the end of the year.

For prescriptions filled starting January 1, 2027: Use your new Express Scripts prescription ID card when you fill prescriptions in 2027.

What this change may mean for you:

- **New card:** You'll get a new prescription plan ID card from Express Scripts by the end of the year. When you fill a prescription in 2027, use your new card.
- **New prescription drug list:** Express Scripts uses a different prescription drug list (also called a formulary). If you have a question about how your medications will be covered, you can call RetireeFirst at **(855) 430-6354**.
- **Network pharmacies:** You must use a network pharmacy for coverage. Express Scripts has a very large network, and the vast majority of pharmacies are included. Call RetireeFirst at (855) 430-6354 to find out if your pharmacy is in the network.
- **90-day supply at the pharmacy:** You will be able to fill up to a 90-day supply of maintenance medications at any network pharmacy.
- **Preauthorization:** If you have a prescription that was preauthorized by your current plan, you should not need a new authorization for the refills you have left. But, when it's time for a new prescription, you'll need to get preauthorization from Express Scripts.
- **Current prescriptions:** In 2027, if you have refills left, you should be able to get a refill at the pharmacy using your current prescription.
- **Mail order:** If you use mail order, you will need to get a new prescription before you order from Express Script's Home Delivery Pharmacy.

Watch for more information about your prescription drug coverage and Express Scripts later this year. In the meantime, if you have questions, you can contact RetireeFirst at **(855) 430-6354**.

QUESTIONS?

If you have questions about the United American Plans F or G, call RetireeFirst at **(855) 430-6354.**

For all other plan questions, please reach out to the plan carrier (see the last page for phone numbers).

Monthly Rates for 2027

The monthly costs for each retiree and spouse effective January 1, 2027 are shown below.

	Subsidized Participant Payment per Person	Full-Pay Participant Payment per Person
Medical/Rx Plan		
United American Plan F or G	$296.00	$426.00
Regence MedAdvantage Classic	$265.00	$395.00
Regence MedAdvantage Enhanced	$335.00	$465.00
PacificSource Medicare Cascade Premier Rx (HMO-POS)	$83.00	$213.00
Kaiser Permanente Senior Advantage High HMO Plan	$255.00	$385.00
Dental Plan		
Willamette Dental	$43.00	
Kaiser Permanente Dental	$45.00	

ID Cards

If applicable, new ID cards are mailed in December. Please watch your mailbox for any mailings from your plan(s).

If you are currently enrolled in either of the Providence Plans, you will receive new medical plan ID cards for 2027. You will receive separate prescription benefit ID cards. Be sure to use your new cards starting January 1, 2027.

If you are currently enrolled in United American Plan F or G, with the Asuris Prescription Plan, you will receive new prescription benefit ID cards. Continue using your current medical ID card.

If you are currently enrolled in the Kaiser Permanente HMO, you will only receive new ID cards if you switch plans.

OPEN ENROLLMENT MEETINGS – JOIN US!

Please come to one of the open enrollment meetings to have your questions answered. Spouses are welcome to attend. Representatives of the Trust as well as various carriers will present the benefit options available to you.

Medicare Retiree Meetings

Date	Time	Place
Monday Nov. 16	1:00 p.m.	Join from a PC, Mac, iPad, iPhone or Android device: Please use this URL to join: **https://us02web.zoom.us/j/81928253944**
Tuesday Nov. 17	3:00 p.m.	Central Electrical Training Center 33309 HWY 99E, Tangent, Oregon
Wednesday Nov. 18	3:00 p.m.	NECA-IBEW Local 48 Training Center 16021 NE Airport Way, Portland, Oregon
Thursday Nov. 19	3:00 p.m.	Southern Oregon Labor Temple 4480 Rogue Valley Hwy, Suite 3, Central Point, Oregon
Friday Nov. 20	2:00 p.m.	IBEW Local 932 3427 Ash Street, North Bend, Oregon



2027 BROAD NETWORK MEDICARE PLAN COMPARISON

All information provided here is in summary and intended to provide highlights of the plans. We strongly recommend referring to each carrier's booklet for complete and accurate details before making any decisions related to benefits and coverage.

As you review your options, take a look at the Carrier Booklets available on **harrisonbenefits.org** to compare how each plan covers the services you are most interested in, as well as additional benefits such as dental and vision care.

	United American Plan F or G	Regence MedAdvantage Classic*		Regence MedAdvantage Enhanced*		PacificSource Medicare Cascade Premier Rx (HMO-POS)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coverage area	Available nationwide	Available nationwide		Available nationwide		You must live in the PacificSource coverage area to enroll	
Medical deductible	**Plan F:** $0 **Plan G:** CMS Standard Deductible	$0		$0		$0	
Medical out-of-pocket maximum	None	**From in-network providers:** $6,200 **From in-network and out-of-network providers combined:** $10,100		**From in-network providers:** $5,900 **From in-network and out-of-network providers combined:** $9,550		$7,150	None
Office visits (Primary care)	$0 copay	$0 copay per provider per day	50% coinsurance	$0 copay per provider per day	50% coinsurance	$0 copay	50% coinsurance
Office visits (Specialist)	$0 copay	$35 copay per provider per day	50% coinsurance	$25 copay per provider per day	50% coinsurance	$50 copay	50% coinsurance
Inpatient hospital care	$0 copay	**Days 1–5:** $395 copay per day **Days 6 and beyond:** $0 copay per day	50% coinsurance	**Days 1–5:** $325 copay per day **Days 6 and beyond:** $0 copay per day	50% coinsurance	**Days 1–5:** $475 copay per day **Days 6 and beyond:** $0 copay per day	50% coinsurance
Outpatient surgery	$0 copay	$375 copay	50% coinsurance	$300 copay	50% coinsurance	$425 copay	50% coinsurance
Skilled nursing facility		**Up to 100 days per benefit period**					
	Days 1-100: $0 copay	**Days 1-20:** $10 per day **Days 21-48:** $218 per day **Days 49-100:** $0 per day	50% coinsurance	**Days 1-20:** $10 per day **Days 21-48:** $218 per day **Days 49-100:** $0 per day	50% coinsurance	**Days 1-20:** $0 per day **Days 21-100:** $221 per day	50% coinsurance
Urgent care center	$0 copay	$45 copay		$30 copay		$50 copay	
Emergency room visits	$0 copay	$130 copay		$130 copay		$130 copay, waived if admitted within 72 hours	
Ambulance	$0 copay	$275 copay		$250 copay		$500 copay	

*See the Annual Notice of Change for 2027 for what's new under the Regence MedAdvantage plans.

This is just a summary of benefits. Please refer to the Carrier Benefit Booklets for a complete description.

TO DETERMINE IF YOU WOULD HAVE PLAN F OR PLAN G

Answer the following questions:

1. Is my primary residence in Washington, Minnesota, Vermont or Maryland?
2. Is my Medicare Part A effective date 1/1/2020 or later?

If you answer no to EITHER of these questions, you receive Plan F.

If you answer yes to BOTH of these questions you receive Plan G.

	United American Plan F or G	Regence MedAdvantage Classic*		Regence MedAdvantage Enhanced*		PacificSource Medicare Cascade Premier Rx (HMO-POS)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hearing							
Hearing exam	$0 copay (Medicare-covered services only)	$0 copay	20% coinsurance	$0 copay	20% coinsurance	$0 copay	Not covered
Diagnostic exam		$35 copay	50% coinsurance	$25 copay	50% coinsurance	$25 copay	50% coinsurance
Hearing aids	Not covered	$499 - $999 copay per hearing aid	20% after $1,000 deductible	$499 - $999 copay per hearing aid	20% after $1,000 deductible	**TruHearing only:** $599 - $999 copay per hearing aid	
Chiropractic							
Medicare-covered services only	$0 copay	$15 copay	50% coinsurance	$15 copay	50% coinsurance	$0 copay	50% coinsurance
Additional non-Medicare covered services	Not covered	Not covered		$30 copay (up to 18 per year)	50% coinsurance	Not covered	
Acupuncture							
Medicare-covered services only	$0 copay	$20 copay	50% coinsurance	$20 copay	50% coinsurance	$0 copay	50% coinsurance
Additional non-Medicare covered services	Not covered	Not covered		$30 copay (up to 18 per year)	50% coinsurance	Not covered	

*See the Annual Notice of Change for 2027 for what's new under the Regence MedAdvantage plans.

This is just a summary of benefits. Please refer to the Carrier Benefit Booklets for a complete description.





Prescription Drugs

	United American Plan F or G	Regence MedAdvantage Classic*	Regence MedAdvantage Enhanced*	PacificSource Medicare Cascade Premier Rx (HMO-POS)
	Express Scripts	Regence	Regence	PacificSource
Prescription deductible (Generics and insulin)	$0	$0	$0	$0
Prescription deductible (Brand name and specialty drugs)	$0	$300	$200	$700
Prescription out-of-pocket maximum	$2,400			
Preferred generics				
Retail 30-day supply	$0 copay	$3 copay	$3 copay	$0 copay
Retail 90-day supply**	$0 copay	$6 copay	$6 copay	n/a
Mail order 90-day supply**	$0 copay	$6 copay	$6 copay	$0 copay
Generics				
Retail 30-day supply	$20 copay	$10 copay	$6 copay	$6 copay
Retail 90-day supply**	$40 copay	$20 copay	$12 copay	n/a
Mail order 90-day supply**	$20 copay	$0 copay	$0 copay	$6 copay
Preferred brand name		After deductible:	After deductible:	After deductible:
Retail 30-day supply	$50 copay	23%	$47 copay	20%
Retail 90-day supply**	$100 copay	23%	$117.50 copay	n/a
Mail order 90-day supply**	$100 copay	23%	$117.50 copay	15%
Non-preferred brand name		After deductible:	After deductible:	After deductible:
Retail 30-day supply	$100 copay	43%	38%	26%
Retail 90-day supply**	$250 copay	43%	38%	n/a
Mail order 90-day supply**	$250 copay	43%	38%	28%
Specialty		After deductible:	After deductible:	After deductible:
30-day supply	30%	30%	31%	25%

*See the Annual Notice of Change for 2027 for what's new under the Regence MedAdvantage plans.

**100-day supply for Regence plans.

This is just a summary of benefits. Please refer to the Carrier Benefit Booklets for a complete description.

You won't pay more than $35 per one-month supply of each covered insulin product regardless of the cost-sharing tier.

KAISER PERMANENTE HMO

You must live within the Kaiser service area to select this plan. Generally, you must receive care from Kaiser Permanente and affiliated providers.

	Kaiser Permanente Senior Advantage High HMO Plan	
Medical deductible	$0	
Medical out-of-pocket maximum	$600 (does not include Medicare Part D drugs)	
Office visits	Primary care: $15 copay per visit Specialist:* $15 copay per visit	
Inpatient hospital care*	$0	
Outpatient surgery*	$15 copay per visit	
Inpatient mental health and substance abuse*	$0	
Outpatient mental health and substance abuse	$15 copay per visit	
Skilled nursing facility*	$0 (covered up to 100 days per benefit period)	
Urgent care center	$20 copay	
Emergency room visits	$50 copay per emergency department visit	
Ambulance*	$75 copay	
Hearing	**Exams:** $15 copay per visit **Hearing aids:** $500 allowance every 36 months	
Vision	**Exams:** $15 copay per visit **Eyewear:** $150 allowance every 24 months; eyeglasses or contacts after cataract surgery covered in full up to Medicare's limit	
Foreign travel (world-wide) coverage	Urgent or emergency care covered anywhere in the world as shown above	
Pharmacy benefits		
Prescription deductible	$0	
Prescription out-of-pocket maximum	$2,400	
Vaccines	Most injectable Medicare Part D vaccines are covered at no cost to you	
	Up to 30-day supply	**61- to 100-day supply**
Generic	$15 copay	$30 copay
Brand name	$30 copay	$60 copay

*Prior authorization and/or referral may be required.



DENTAL BENEFITS

The following chart shows key features of your dental options. For more information about your dental options refer to your benefit booklet, or you may obtain a dental benefits packet from the Trust Office. If there is any conflict between this summary and the SPD, the SPD prevails.

No matter which medical plan option you choose, you can select either dental plan option. You must be enrolled in a Harrison Trust Medicare Plan to enroll in dental.

Dental Plan Feature	Willamette Dental Plan	Kaiser Dental
Provider Choice	**Willamette Dental Providers**	**Kaiser Providers**
Coverage Area	The Willamette Dental Service Area (Western & Central Oregon, Washington, and Idaho)	You must live within the Kaiser Service Area
Annual Deductible	None	None
Annual Maximum Benefit	None	$2,000 per person
Covered Services	**Plan Pays**	**Plan Pays**
Exams	100% after $10 copayment per visit	100% after $10 copayment per visit
Cleaning	100% after $20 copayment per visit	100% after $10 copayment per visit
X-rays	100% after $4 to $45 copayment	100% after $10 copayment per visit
Basic Services Routine fillings and simple extractions	100% after $30 to $80 copayment	80%, after $10 copayment per visit
Oral Surgery	100% after $40 to $80 copayment	80%, after $10 copayment per visit
Root Canal	100% after $200 to $275 copayment	80%, after $10 copayment per visit
Major Services (Crowns, inlays, onlays, bridges, dentures)	Copayments depend on service	50% after $10 copayment per visit
Orthodontia	Not covered	Not covered

* Usual, customary and reasonable

This is just a summary of benefits. Please refer to Trust Plan Booklet or Carrier Benefit Booklets for a complete description.





QUESTIONS?

Enrollment	
United American Plan F or G:	**RetireeFirst Advocates** Local: (503) 987-8514 (TTY 711) Toll Free: (855) 430-6354 (TTY 711)
Regence Classic and Enhanced	**Harrison Trust Office:** **Local:** (503) 224-0048 **Toll Free:** (800) 547-4457 ext. 1679 **Email:** harrison@benesys.com
Pacific Source	
Kaiser Member Service	
Coverage and benefits **Finding a provider** **Prior authorizations** **Preventive care or wellness**	
United American Plan F or G:	**RetireeFirst Advocates** Local: (503) 987-8514 (TTY 711) Toll Free: (855) 430-6354 (TTY 711)
Regence Classic and Enhanced	888-319-8904 (TTY 711)
Pacific Source	888-530-1428 (TTY 711)
Kaiser Member Service	1-877-221-8221 (TTY 711)

This newsletter contains an overview of the Harrison Electrical Workers Trust Fund benefit program. Although we have made every effort to ensure this newsletter is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy.


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HARRISON TRUST

A FAMILY HEALTH PLAN
WWW.HARRISONBENEFITS.ORG

MEDICARE RETIREE REQUEST FORM

To receive an **enrollment packet** for any of the plans offered by the Trust, please check the appropriate box below and mail it to the following office by November 17, 2026 or call the Trust Office.

Harrison Electrical Workers Trust
PMB #116, 5331 S Macadam Ave, #258
Portland, Oregon 97239

An **enrollment packet** with enrollment form will be mailed to you for each plan you request.

- ☐ **Kaiser Dental**
- ☐ **Kaiser Permanente**
- ☐ **PacificSource**
- ☐ **Regence Medadvantage- Classic**
- ☐ **Regence Medadvantage- Enhanced**
- ☐ **United American- RetireeFirst**
- ☐ **Willamette Dental**

_____ _____
Name **ID#**

_____ _____
Address **Phone #**

_____
Retiree's Signature

THIS IS NOT AN ENROLLMENT FORM!