

October 2019

TO: ALL RETIRED PARTICIPANTS ENROLLED IN MEDICARE

The Harrison Trusts **open enrollment period** is **November 4 to December 6, 2019**. **All enrollment changes will be effective January 1, 2020**. If you wish to receive information regarding any of the Medicare plan options offered by The Harrison Electrical Workers Trust (“Trust”), please complete the enclosed request form and return it or call the Trust Office by **November 13, 2019**. An enrollment packet with enrollment form will be sent to you. **You must complete an enrollment form to change plans. All enrollment forms must be returned to the Trust Office by December 7, 2019.**

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

Benefit Modifications and Plan Features for 2020

1) Rate Changes & Subsidies for 2020

You will notice that some of the rates for the Medicare Plan options have decreased for 2020.

Additionally, after reviewing the anticipated retiree subsidy income to the Plan from the Actives of each Local, the Trust is providing a **\$130 per month subsidy for 2020 to each retiree and/or spouse. This is an increase of \$10 from the prior year.**

2) Medical, Prescription Drug and Dental Plan Benefit Changes

Your Medicare carrier will continue to offer your Prescription Drug Coverage. However, some of the carriers have slightly modified benefits for 2020. The prescription drug coverage offered by each of the carriers varies greatly, so be sure to confirm which one may be most suitable to your particular pharmaceutical needs.

Any other health plan benefit modifications for 2020 will be communicated to you directly by your medical plan. Please come to the meetings for additional information, or you may contact your medical plan directly to find out about any changes for 2020.

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If you wish to receive more information on any of the plans offered by the Trust, please complete the enclosed request form and return it to the Trust Office no later than November 13, 2019. Or, you may contact the Trust Office for enrollment forms and benefit outlines:

In Portland: (503) 224-0048, extension 1679

Toll Free: (800) 547-4457, extension 1679

PLEASE REFER TO THE COVERAGE AREA FOR EACH PLAN OFFERED BY THE TRUST ON THE ENCLOSED LISTING PRIOR TO MAKING YOUR SELECTION FOR 2020. IF YOU DO NOT SEE YOUR COUNTY LISTED, THE PLANS AVAILABLE TO YOU ARE THE PLANS THAT ARE NATION WIDE.

October 2019

TO: ALL PARTICIPANTS

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

ACTIVE PARTICIPANT MEETINGS

DATE	TIME	PLACE
Monday Nov 18, 2019	6 pm	NECA-IBEW Local 48 Training Center 16021 NE Airport Way - Portland, Oregon
Wednesday Nov 20, 2019	5 pm	Central Electrical Training Center 33309 HWY 99E - Tangent, Oregon
Thursday Nov 21, 2019	4 pm	IBEW Local 932 3427 Ash Street - North Bend, Oregon
Friday Nov 22, 2019	5 pm	Marriott Courtyard Medford 600 Airport Road – Medford, Oregon

RETIREE MEETINGS

DATE	TIME	PLACE
Monday Nov 18, 2019	3 pm	NECA-IBEW Local 48 Training Center 16021 NE Airport Way - Portland, Oregon
Tuesday Nov 19, 2019	3 pm	IBEW Local 48 (formerly 970) 1145 Commerce Street - Longview, Washington
Wednesday Nov 20, 2019	3 pm	Central Electrical Training Center 33309 HWY 99E - Tangent, Oregon
Thursday Nov 21, 2019	2 pm	IBEW Local 932 3427 Ash Street - North Bend, Oregon
Friday Nov 22, 2019	3 pm	Marriott Courtyard Medford 600 Airport Road – Medford, Oregon

WE HOPE TO SEE YOU AT ONE OF THESE INFORMATIONAL MEETINGS!

Sincerely,
Lee Centrone
Administrator

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2020 Medicare Plan Rate Comparison

Harrison Trust

January 1, 2020 through December 31, 2020

MEDICAL/RX PLAN	PARTICIPANT PAYMENT PER PERSON (\$130 Subsidy)	PARTICIPANT PAYMENT PER PERSON (Full Pay*)
Kaiser Sr. Advantage	\$214	\$344
PacificSource Essentials Rx 14	\$0	\$114
Providence Align	\$204	\$334
Regence MedAdvantage – Enhanced	\$137	\$267
Regence MedAdvantage – Classic	\$72	\$202
Regence Bridge Plan F – Oregon	\$232	\$362
Regence Bridge Plan F – Clark County	\$209	\$339
Regence Companion Plan F – Oregon (closed to new enrollment)	\$351	\$481
Regence Companion Plan F – Washington (closed to new enrollment)	\$239	\$369
UnitedHealthcare – Oregon	\$390	\$520
UnitedHealthcare – Clark County	\$420	\$550

DENTAL PLAN	PARTICIPANT PAYMENT (Per Person)
Kaiser Dental	\$47
Willamette Dental	\$37

Please note: You must be enrolled in a Harrison Trust Medicare Plan in order to enroll in the Harrison Trust Kaiser Dental Plan or Willamette Dental Plan. You do not need to be enrolled in Kaiser Medical in order to enroll in Kaiser dental.

*For those who meet the 24 of 60 months of eligibility.

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2020 Harrison Trust 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.

Plan →	Regence Companion & Bridge Plan F	Regence MedAdvantage- Enhanced	Regence MedAdvantage- Classic	Kaiser Medicare	Providence Align	PacificSource Medicare Essentials Rx 14	United Healthcare
Benefits ↓							
Primary Care Office Visits	Covered at 100%	\$0 copay (in-network) 50% (out-of-network)	\$5 copay (in-network) 50% (out-of-network)	\$15 copay for primary and specialty care. No charge for lab and x-ray.	\$15 copay (primary and specialist providers)	\$10 copay (primary) \$35 copay (specialist) (Contracted providers) \$20 copay for lab \$15 copay for x-ray	\$10 copay (United Healthcare network providers)
Emergency Room Visits	Covered at 100%	\$75 copay (waived if admitted within 48 hours)	\$75 copay (waived if admitted within 48 hours)	\$50 copay (waived if admitted)	\$50 copay (waived if admitted within 24 hrs.)	\$90 copay (waived if admitted)	\$75 copay (waived if admitted)
Hospitalization	Covered at 100%	\$315 copay per day for days 1-5 (in-network), \$0 copay after day 6, 50% per day (out- of-network)	\$395 copay per day for days 1-4 (in-network), \$0 copay after day 5, 50% per day (out- of-network)	Covered at 100%	\$100 copay per day, \$500 maximum per admission	\$295 copay per day for days 1-6 Then \$0 copay after day 6	\$0 per admit

2020 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.

Plan →	Regence Companion & Bridge Plan F	Regence MedAdvantage-Enhanced	Regence MedAdvantage-Classic	Kaiser Medicare	Providence Align	PacificSource Medicare Essentials Rx 14	United Healthcare
Benefits ↓	Asuris Enhanced Medicare Script:	MedAdvantage Enhanced Rx:	MedAdvantage Classic Rx:	Kaiser formulary:	Providence formulary:	From \$0 to \$4,020 total costs 30-day supply:	From \$0 to \$3,750 total costs – 30-day supply at the pharmacy:
Pharmacy Benefits	<p>No deductible</p> <p>From \$0 to \$4,020 total costs:</p> <p>Preferred Retail Pharmacies:</p> <p>Tier 1 - \$2 Tier 2 - \$8 Tier 3 - \$42 Tier 4 – 40% Tier 5 – 33%</p> <p>After \$6,350 out-of-pocket: 5% copay or \$3.60 generic \$8.95 all other drugs</p>	<p>No deductible</p> <p>From \$0 to \$4,020 total costs:</p> <p>Preferred Retail Pharmacies:</p> <p>Tier 1 - \$3 Tier 2 - \$8 Tier 3 - \$40 Tier 4 – 40% Tier 5 – 33%</p> <p>After \$6,350 out-of-pocket: 5% copay or \$3.60 generic \$8.95 all other drugs</p>	<p>\$250 deductible</p> <p>From \$0 to \$4,020 total costs:</p> <p>Preferred Retail Pharmacies:</p> <p>Tier 1 - \$3 Tier 2 - \$13 Tier 3 - \$40 Tier 4 – 40% Tier 5 – 28%</p> <p>After \$6,350 out-of-pocket: 5% copay or \$3.60 generic \$8.95 all other drugs</p>	<p>Generic: \$15 Name Brand: \$30</p> <p>Non-formulary drugs: not covered</p> <p>Kaiser Mail order for maintenance medications: 90 days for 2 copays</p>	<p>Generic: \$15 Name Brand: \$30</p> <p>Compounded: 50% copay for one-month's supply</p> <p>90-day Mail order through Walgreens or Wellpartner (no copay reduction) Or 90-day at Providence, Fred Meyer or Walgreens Pharmacies</p>	<p>Standard Retail Pharmacies</p> <p>\$8 preferred generic \$17 generic \$47 preferred brand 33% non-preferred brand</p> <p>\$0 Select Care Drugs 29% specialty drugs</p> <p>90-day Preferred Retail or Mail Order pharmacy, you pay: 3 x 30-day copay</p> <p>After \$6,350 out-of-pocket costs: 5% coinsurance or \$3.60 generic drugs \$8.95 all other drugs</p>	<p>Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$35 Tier 4 - \$35</p> <p>90-day supply via mail order: Tier 1 - \$20 Tier 2 - \$40 Tier 3 - \$70 Tier 4 - \$70</p> <p>After \$5,000 out-of-pocket: 5% copay or \$3.35 generic 5% copay or \$8.35 all other drugs</p>

2020 MEDICARE PLANS OFFERED BY THE HARRISON TRUST

To enroll in a plan offered by the Trust, you must reside in the coverage area** checked below:

OREGON	PACIFIC SOURCE MEDICARE	UNITED HEALTHCARE	KAISER	PROVIDENCE ALIGN	REGENCE COMPANION & BRIDGE PLAN F	REGENCE MED- ADVANTAGE ENHANCED	REGENCE MED- ADVANTAGE CLASSIC
BENTON		✓	✓	✓	Available In All Counties In Oregon	Available Nationwide	Available Nationwide
CLACKAMAS		✓	✓	✓			
COLUMBIA			✓	✓			
CROOK	✓			✓			
DESCHUTES	✓			✓			
GRANT	✓						
HOOD RIVER	✓			✓			
JEFFERSON	✓			✓			
LANE		✓		✓			
LINN		✓	✓	✓			
MARION		✓	✓	✓			
MULTNOMAH		✓	✓	✓			
POLK		✓	✓	✓			
WASHINGTON		✓	✓	✓			
YAMHILL			✓	✓			
SHERMAN	✓						
WASCO	✓						
WHEELER	✓						

WASHINGTON	PACIFIC SOURCE MEDICARE	UNITED HEALTHCARE	KAISER	PROVIDENCE ALIGN	REGENCE COMPANION & BRIDGE PLAN F	REGENCE MED- ADVANTAGE ENHANCED	REGENCE MED- ADVANTAGE CLASSIC
CLARK		✓	✓	✓	✓	Available Nationwide	Available Nationwide
COWLITZ		✓	✓				
ISLAND		✓					
KING		✓					
LEWIS		✓	✓				
PIERCE		✓					
SNOHOMISH		✓					
THURSTON		✓					

****PLEASE NOTE: SOME PLANS MAY NOT BE AVAILABLE THROUGHOUT AN ENTIRE COUNTY. SEE BELOW FOR PHONE NUMBERS.
 YOU MAY CONTACT THE CARRIER TO DETERMINE IF YOU RESIDE IN THE COVERAGE AREA OR IF YOU HAVE QUESTIONS
 ABOUT THEIR PLAN. PHONE NUMBERS ARE LISTED BELOW. REFER TO THE HARRISON GROUP NUMBER LISTED:**

<u>Carrier</u>	<u>Customer Service #'s</u>	
PACIFCSOURCE MEDICARE	(541) 385-5315	1-866-695-8684
REGENCE MEDADVANTAGE- ENHANCED	1-888-319-8904	
REGENCE MEDADVANTAGE- CLASSIC	1-888-319-8904	
REGENCE COMPANION & BRIDGE PLAN F		
-OREGON	1-800-319-0942	
-CLARK COUNTY WASHINGTON	1-800-319-0942	
UNITED HEALTHCARE	1-877-714-0178	
KAISER	(503) 813-2000	1-800-813-2000
PROVIDENCE MEDICARE	(503) 574-8000	1-800-603-2340



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 13, 2019 or call the Trust Office.

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

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

- PACIFICSOURCE
- UNITEDHEALTHCARE
- KAISER PERMANENTE
- PROVIDENCE ALIGN
- REGENCE BRIDGE PLAN F
- REGENCE BRIDGE PLAN F (WA)
- REGENCE MEDADVANTAGE- Enhanced
- REGENCE MEDADVANTAGE- Classic
- WILLAMETTE DENTAL
- KAISER DENTAL

Name

ID#

Address

Phone #

Retiree's Signature

THIS IS NOT AN ENROLLMENT FORM!