



IBEW 125 - PGE HEALTH & WELFARE TRUST



ENROLLMENT GUIDE

2019 OPEN ENROLLMENT FOR MEDICAL, DENTAL AND VISION BENEFITS

Open enrollment for the IBEW 125 – PGE Health & Welfare Trust (“Trust”) is your annual opportunity to review the benefits available to you and/or your eligible dependents and make benefit elections and changes for coverage effective January 1, 2019 through December 31, 2019.

This year’s Open Enrollment period runs from **October 22 through November 5, 2018.**

Who’s eligible?

You’re eligible for Trust 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
- Dependent, including:
 - Spouse or domestic partner
 - Child up to age 26
 - Adult disabled child of any age
 - Surviving child or children

** Check with the Trust Office if you have any questions about the Trust’s eligibility requirements*

Things you should do

- ✓ Review all the information in this Enrollment Guide.
- ✓ Read about and understand your medical plan options (starting on page 3).
- ✓ Use the HealthEquity tool to compare your estimated costs under the medical plans (see page 12).
- ✓ Complete and return your enrollment form along with all required documentation by **5 p.m. Pacific Time November 5, 2018.**

Verification of New Dependent Eligibility

If you will be enrolling your spouse and/or dependent child(ren) for the first time, you must provide 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 verifying their status.



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Your Responsibility During Open Enrollment

Review this Enrollment Guide thoroughly and determine the benefit coverage that will best fit your needs in 2019. Consider the type of expenses you anticipate in the coming year. Choose who to enroll and provide the required dependent information. Complete the Open Enrollment Election Form and return it to the Trust Office by **5 p.m. Pacific Time on November 5, 2018**.

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

Sincerely,

The Board of Trustees



MEDICAL PLAN OPTIONS

***UNDERSTAND YOUR MEDICAL PLAN OPTIONS
SO YOU CAN MAKE AN INFORMED DECISION ABOUT YOUR BENEFITS***

Active Employee Medical Plan Options

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

- **Preferred Provider Plan (PPO)** offers a lower deductible with a higher monthly cost share.
- **HSA Qualified Plan (HSAQP)** offers a higher deductible with a lower monthly cost share. This option also includes a tax-free Health Savings Account (HSA). In addition, eligible participants receive a PGE contribution to their HSA*

*Full-time, active employees and those in an active status on a qualified leave of absence are eligible for PGE's 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; surviving and divorced spouses and their dependents; and dependents of retirees.

What does it cost?

For Active and LTD Participants- both Medical Plans require employee contributions (or cost share). Under the PPO 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/Domestic Partner, Employee and Children or Employee and Family).

For Early Retiree Participants- both Medical Plans require monthly retiree contributions (or cost share). Your cost share for the PPO or HSA Qualified Plan depends on the coverage level you choose (i.e., Retiree only, Retiree and Spouse/Domestic Partner, Retiree and Children or Retiree and Family) and the company contribution you receive based on the year you retired.

Retirees - Important note for Post-65 Medical Coverage!

You must take action to have coverage upon turning Age 65. Post-65 medical coverage is provided through United Healthcare Medical Solutions. You will need to take action 30-90 days before your Medicare Parts A and B effective date to ensure you are covered. Your current Regence BlueCross BlueShield medical benefit coverage provided through the Trust will end upon your Medicare eligibility date. Contact the Trust Office for additional information on how to enroll in Post-65 medical as well as dental and vision coverage.



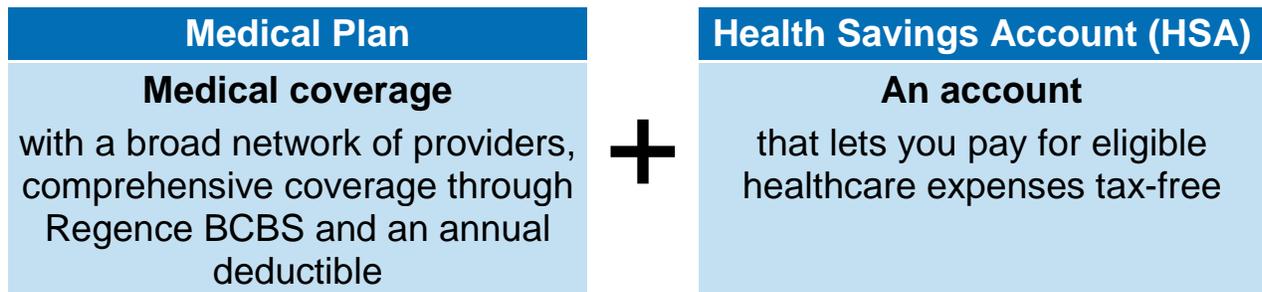
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Accompanying this Enrollment Guide are rate sheet(s) that identify the premiums (or your cost share) in effect for 2019. The rate sheet(s) provide important information you can use to estimate your out-of-pocket costs and cost share for the health care options you choose.

How does the HSA Qualified Plan work?

The plan is made up of two parts:



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

How the medical coverage works

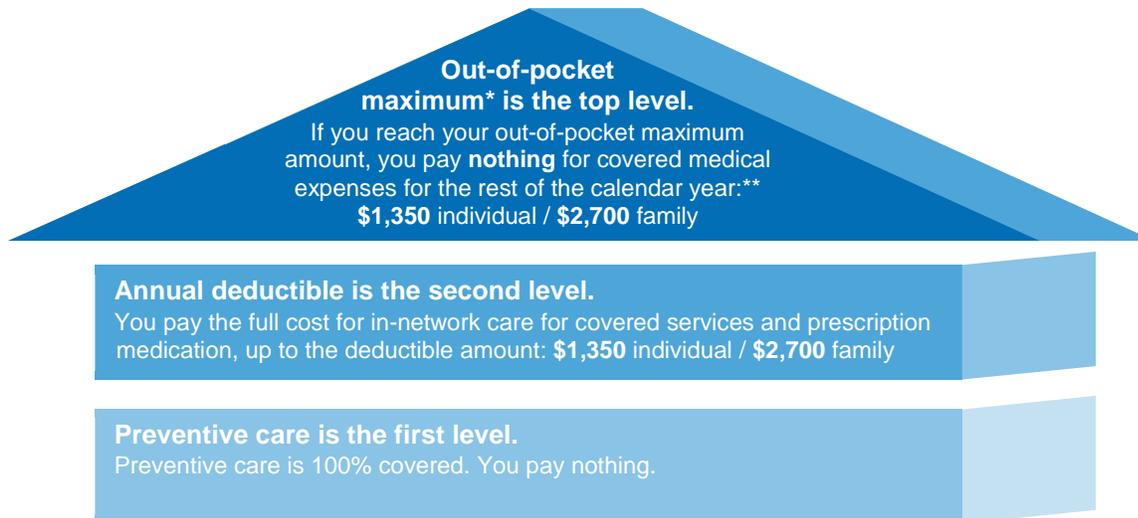
The HSA Qualified Plan is similar to the PPO Plan in several ways. The HSA Qualified Plan covers the same services, provides the same quality of care and uses the same Regence Blue Cross Blue Shield (BCBS) network available under the PPO Plan. But there are also some important differences.



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Medical coverage with the HSA Qualified Plan works a lot like other medical insurance plans. It may help to think of the medical coverage as a house. You move up through the levels as you receive care.



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

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

For Active participants there is **no cost share** for medical coverage under the HSA Qualified Plan. However, there is cost-share for dental and vision coverage. Your cost share will be deducted from each paycheck throughout the year. For non-active participants (i.e., COBRA, Early Retiree, etc.) who do not receive a pension, the Trust Office will bill you monthly for your cost share. For non-active participants who receive a pension, your cost share will be automatically deducted from your pension, provided you have enough for the deduction.

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**, **\$1,350 individual / \$2,700 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.



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If you enroll in the HSA Qualified Plan as an individual, your expenses will credit towards your individual deductible. If you enroll yourself plus any additional dependents, the expenses of everyone who is enrolled will credit towards the family deductible together.

You cannot split enrollment among your family members. For example, you cannot enroll in the PPO Plan and have your family enroll in the HSA Qualified Plan. You and all of your family members must be enrolled together in the same plan.

What's an HSA?

A Health Savings Account is an easy-to-use savings account available only with HSA-qualified medical plans. 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 healthcare expenses for you and your family, such as:

- Annual deductibles
- Copays
- Coinsurance
- Prescription drugs
- Alternative care, such as acupuncture or chiropractic care
- Dental care and orthodontia
- Vision care

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

How much can you contribute?

The IRS sets annual limits on how much can be contributed to your HSA each year. For 2019, the IRS maximum contribution limit for individual coverage is **\$3,500** and for family is **\$7,000**.

For eligible participants, PGE will contribute money to your HSA to help you cover your expenses: **\$600** for individual coverage and **\$1,200** for family coverage. You can use this contribution to help pay your deductible. PGE's HSA contribution applies only to full-time, active employees and those in an active status on a qualified leave of absence.

Note: You must make a contribution election to receive PGE's HSA contribution, even if the amount you elect is \$0 and even if you already made an election in 2018.



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You can also contribute to your HSA and can change your election at any time during the year. For 2019, here's the maximum amount you can contribute:

Coverage Level	2019 HSA Contribution Limit	PGE Contributes...	So, the maximum amount You can Contribute Is...
Individual coverage	\$3,500	\$600	\$2,900
Family coverage	\$7,000	\$1,200	\$5,800

If you are an eligible Participant and make a contribution election, you will receive PGE's full contribution in January. This means you will have money in your HSA at the beginning of the year in case you incur an expense. As noted above, you must make a contribution election (even if \$0) to receive the PGE contribution.

If you will be age 55 or older during the plan year, **you can contribute an additional \$1,000** to your HSA – called a Catch-up Contribution. Only the account holder is eligible to make a catch-up contribution. For example, if your spouse will be age 55 or older during the plan year, your spouse must make the catch-up contribution to his/her own HSA.

Contributing to your HSA is a great way to build a balance so you can use it if you need to – or save it for later. You can change your contribution amount at any time by contacting the Trust Office. If you enroll in the HSA Qualified Plan, your HSA will be set up by HealthEquity. If you are enrolling in the HSA Qualified Plan for the first time, a HealthEquity welcome kit and debit card will be mailed to your home.

For Active Employees, if you elect the HSA Qualified Plan and elect to make contributions to your account, your contributions will be deducted from your paycheck in equal amounts over the course of the year. If you elected the HSA Qualified Plan last year and elected to contribute (and wish to do so for 2019), **your prior year's election will not automatically rollover into 2019. You must re-elect an HSA contribution amount for 2019 even if it is the same as last year.**

For Non-Active Participants, if you elect the HSA Qualified Plan and elect to make contributions to your account, the HealthEquity welcome kit will provide you with instructions on how to establish your account and make periodic HSA contributions.

You'll also be able to access and manage your HSA at www.healthequity.com. For easy access to your account information wherever you are - download HealthEquity's mobile app, which is available in the Apple App Store (for iOS) and Google Play (for Android).



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Things to Consider About an HSA?

An HSA is a valuable tool that helps you **save** on medical expenses and maximize the value of your HSA Qualified Plan coverage. Here are some of the **advantages** of an HSA:

- **It's yours.** You own your HSA and the money is always yours (including PGE's contribution), even if you leave PGE or retire. It will automatically rollover into the next subsequent year if you don't spend it, and you won't lose it if you change jobs, retire or leave the health plan.
- **No receipts to submit.** You do not have to submit your healthcare receipts in order to be reimbursed. Use the convenient HSA debit card to pay your provider or reimburse yourself later for out-of-pocket expenses. No need to turn in receipts, but keep them for your tax records to prove you used your HSA for qualified healthcare expenses. Helpful tip! You can reimburse yourself at any point in the future all the way back to the original account opening date. For example, if you opened an HSA for the first-time last year in January 2018, but never reimbursed yourself for any expenses, you can still do that at any time.
- **The balance rolls over.** With HSAs, there's no "use it or lose it" rule. This means the unspent money rolls over from year to year and never expires.
- **HSAs have a triple tax advantage:**
 - Money *contributed* goes in tax-free.
 - Your HSA earns *interest and investment earnings* tax-free
 - Money *withdrawn* to pay for eligible healthcare expenses comes out tax-free.
- **You can invest your HSA balance similar to your 401(k) in a variety of target date and index mutual funds. Contact HealthEquity for more information on investment options and minimum balance requirements to start. Investing is completely optional, you can start or stop at any time.**

Tip: No tax penalty after age 65

If you use HSA funds for something other than eligible healthcare expenses, you'll pay taxes on the amount, plus a penalty. However, once you turn 65, you can use your HSA dollars for anything (subject to normal taxes), similar to a 401(k) plan. Funds used after age 65 for eligible healthcare expenses will still be tax-free.



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Interested in enrolling in the HSA Qualified Plan?

Here are some considerations to keep in mind:

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 A or 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.

Set your contribution amount

If you enroll in the HSA Qualified Plan you'll need to choose an HSA annual contribution amount (see the enclosed enrollment form for details).

Develop a saving strategy

Get the most from your HSA by planning ahead and tracking your expenses through the year. There are lots of ways to decide how much to contribute to your HSA. Consider contributing:

- Enough to cover your deductible
- The amount you spent on healthcare expenses last year, and maybe a little extra for any unexpected healthcare costs (the balance **rolls over from year to year**, so you can always use it in the future)
- As much as you can, as a long-term savings vehicle to use during retirement, similar to a 401(k)
- Your contributions are spread out over the year and deducted pre-tax from each paycheck to make saving simple and automatic.

When comparing the HSAQP option to the PPO, ask yourself...

- How much will I pay for each plan over the year?
- What is the deductible for each plan?
- What is the out-of-pocket limit for each plan?
- How much will I want to contribute to my HSA for now or future retirement planning?
- How much will I spend on health care in 2019?



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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	\$1,350 per individual \$2,700 per family	\$200 per individual \$400 per family	\$200 per individual \$500 per family
Out-of-pocket maximum	\$1,350 per individual \$2,700 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 (\$1,350 per individual or \$2,700 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</p> <p>In-Network and Out-of-Network:</p> <p>You pay: \$5 generic \$20 preferred brand-name \$40 non-preferred brand-name</p> <p>MAIL ORDER</p> <p>In-Network and Out-of-Network:</p> <p>You pay: \$10 generic \$40 preferred brand-name \$80 non-preferred brand-name</p> <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>Some prescriptions, such as ACA Preventative drugs, are covered differently, which means you could pay less. Contact Regence BCBS directly for the latest list of covered medications.</p>	<p>RETAIL and MAIL ORDER In-Network and Out-of-Network:</p> <p>You pay: 20% generic 20% preferred brand-name 20% non-preferred brand-name</p> <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>
PGE contribution to your Health Savings Account (HSA)	\$600 individual coverage; and \$1,200 family coverage.	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 healthcare expenses are tax-free.	NA	
Use your Health Reimbursement Account (HRA) to pay for healthcare 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 medical expenses reimbursement until your balance is exhausted.



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Dental Benefits

Your Trust-sponsored benefits include dental coverage for you, your spouse 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)ODS Dental Plan*	
Calendar year deductible	\$25 per individual
Calendar year maximum	\$2,500 per individual
Preventative/diagnostic services <ul style="list-style-type: none"> • Routine exam/bitewing x-rays (once every 6 months) • Cleanings (twice per calendar year) • Sealants • Fluoride • Space maintainers 	80% not subject to deductible
Basic Services <ul style="list-style-type: none"> • Restorative fillings • Oral Surgery • Endodontic • Periodontics 	80% after deductible
Major services <ul style="list-style-type: none"> • Implants • Crowns • Cast Restorations • Denture and bridge work 	80% after deductible
Orthodontia	50% after deductible, lifetime maximum of \$1,000 per individual

*if you use a non-participating provider, plan benefits are subject to the Maximum Plan Allowance (MPA), which is determined by Delta Dental. You are responsible for any amount above the MPA.



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Vision Benefits

Your Trust-sponsored benefits include vision coverage for you, your spouse 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	\$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): \$25 copay • Premium progressives: \$80 - \$90 copay • Custom Progressives: \$120-\$160 copay 	Progressive: up to \$75
Frames Adults and Children: Every Calendar Year	\$130 allowance for a wide selection of frames; \$150 allowance for featured frame brands; \$70 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

Use HealthEquity's Online Tool to Compare Your Plan Options

See how the HSA Qualified Plan might work for you

Active participants have access to a HealthEquity online cost estimator to help compare potential 2019 medical plan costs under the HSA Qualified Plan and PPO Plan. Try the tool at <https://comparemyhsa.com/ibew125pgetrust>.

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 application 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 pre-tax cost share pursuant to terms of the collective bargaining agreement rather than premiums.



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How to Enroll

To enroll, complete the Enrollment Form and return it along with all required documentation, to the Trust Office no later than **5 p.m. on November 5, 2018**. You need to take enrollment action if you:

- Are a new employee who wants to enroll
- Want to change plans and enroll in the HSA Qualified Plan (if you don't take enrollment action, your PPO Plan coverage will continue automatically)
- Want to add or remove a dependent or other family member from coverage
- If you enrolled in the HSA during 2018, don't forget to reenroll for your HSA contribution to continue in 2019.

After open enrollment ends, you cannot make any changes to your 2019 Trust-sponsored medical, dental and vision benefits unless you experience a qualifying life event. These include marriage, divorce, birth, adoption or a change in employment status (you or your spouse) that affects your benefit eligibility.

If you are enrolling your spouse and dependent children for the first time, you must provide copies of the required documentation – refer to the Eligibility Documentation Policy/Proof of Dependent Eligibility Documents.

If you don't return a completed enrollment form by November 5

You and your currently enrolled dependents will be re-enrolled automatically for the same Trust coverage you have for 2019.

If you had an HSA account in 2018, your contributions will end and PGE will **not** make a 2019 contribution. You must take action to receive the PGE contribution to your HSA account.



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Your benefits contact information

Member Service, Eligibility and IBEW 125-PGE Health & Welfare Trust Administration	Trust Office – BeneSys Administrators 5331 SW MacAdam Avenue, Suite 258 Portland, OR 97239 Phone. (503) 224-5906 Toll Free. (877) 545-9471 Fax (503) 228-0149 www.IBEW125PGEbenefits.org
Medical	Regence (866) 240-9580 www.regence.com
Health Savings Account Administration	HealthEquity (866) 960-8055 www.healthequity.com
Dental	Delta Dental of Oregon (800) 452-1058 www.deltadental.com
Vision	VSP (800) 877-7195 www.vsp.com

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 & Welfare Trust retains the right to amend all Plans at any time.