



Providing Benefits to Oregon Homecare  
and Personal Support Workers

## Supplemental & Benefits Trusts

October 22, 2016

Dear Participant,

This document describe certain changes to the Benefit Booklet of the Oregon Homecare Workers Supplemental Trust (“Supplemental Trust”) and the Oregon Homecare Workers Benefit Trust (“Benefit Trust”) (collectively, the “Trusts”). The page numbers refer to the section of the Benefit Booklet that is changing. **Please read this summary carefully, and keep it with your Benefit Booklet.**

### Enrollment Rules – Trust-approved Plans for 2017

1. The Trust-approved Plans are changing for 2017. The following language is added to page 11 in the section entitled “Enrolling During Open Enrollment”.

#### Participants Residing in Oregon

- For 2017: Kaiser Service Area: Kaiser Permanente \$2,000 Deductible Silver 2000/30 HMO plan
- For 2017: Non-Kaiser Service Area portion of Clackamas County: PacificSource \$2,500 Deductible Silver LHN plan
- For 2017: Crook, Deschutes or Jefferson County: PacificSource \$2,500 Deductible Silver SCN plan
- For 2017: Non-Kaiser Service Area and outside of Crook, Deschutes or Jefferson County: BridgeSpan \$2,500 Deductible Silver Oregon Standard RealValue plan
- For 2017 MODA enrolled: MODA \$2,250 Deductible Silver Be Prepared plan

#### Participants Residing in Other States

- For 2017 Washington Kaiser Service Area: Kaiser Permanente \$2,000 Deductible Silver 2000/30 HMO plan
- For 2017 Washington Non-Kaiser Service Area: BridgeSpan \$3,500 Deductible Silver Essential plan
- For 2017 Idaho: PacificSource \$3,000 Deductible Silver BrightPath plan

### Summary of Benefits

1. The amount that the Trust pays for Medicare reimbursement is increasing. The following language is add to Section A.2, subsection b) and subsection c) on page 13 :
  - For 2017, the amount is increasing to up to \$44 per month towards either a Medicare Advantage Plan, a Medicare Supplemental Plan or a Medicare Part D plan

*The benefits of the Homecare Workers Supplemental and Benefits Trusts were negotiated by SEIU Local 503 homecare and personal support workers through their bargaining team.*

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2. The amount that the Trust covers under the Benefit Convenience Card also is increasing for 2017. The following language is add to Section A.2, subsection c) on page 13:
  - For 2017, the amount is increasing to up to a maximum amount of \$4,000.
3. The amount that the Trust covers also is increasing for 2017. The following language is add to Section A.3 on page 13:
  - Beginning in 2017, this amount is up to a maximum amount of \$4,000 per year.
4. The sub-section “Payment of Premiums and Out-of-Pocket Expenses” on page 14 also is revised to reflect that the amount that the Trust reimburses is increasing for 2017 as follows:
  - Beginning in 2017, the maximum amount available under the Trust for payment of deductibles, co-payments and co-insurance expenses applicable to benefits and services provided to you under your Trust-approved health insurance plan increases to \$4,000.

### Medicare

1. The amount that the Trust pays for Medicare reimbursement is increasing for 2017. The following language is added to the end of the sub-section entitled “Medicare” on page 16.
  - Beginning in 2017, you are eligible for assistance of up to \$4,000 a year for medical and prescription drug copays, deductibles and co-insurance expenses relating to claims covered by your Medicare plan.

### Exchange Medical Insurance

1. The Trust-approved Plans are changing for 2017. The following language is added to the first paragraph of the sub-section entitled “Oregon” on page 17.
  - The 2017 Trust-approved plans in Oregon are Kaiser Permanente \$2,000 Deductible Silver plan (if you live within the Kaiser Service Area), PacificSource \$2,500 Deductible Silver LHN plan (if you live in the non-Kaiser Service Area portion of Clackamas County), PacificSource \$2,500 Deductible Silver SCN plan (if you live in the Crook, Deschutes or Jefferson County), BridgeSpan \$2,500 Deductible Silver Oregon Standard



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plan RealValue (if you live outside of the Kaiser Service Area or Crook, Deschutes or Jefferson County) or MODA \$2,250 Deductible Silver Be Prepared plan.

2. The following language added to the last bullet in the sub-sections “Oregon” and “Washington” on page 18 of the plan booklet, and “Idaho” and “California” on page 19 of the plan booklet.
  - Beginning in 2017, your medical and prescription copays, deductibles and co-insurance expenses relating to claims covered under your Trust-approved Exchange plan, up to a combined total of \$4,000. You will see in-network deductible costs listed in the Explanation of Benefits that you receive from your medical insurance carrier.
3. The following language is added to the first paragraph of the sub-section entitled “Washington” on page 18.
  - The 2017 Trust-approved plans in Washington are Kaiser Permanente \$2,000 Deductible Silver plan (if you live within the Kaiser Service Area), BridgeSpan \$3,500 Deductible Silver Essential plan (if you live outside the Kaiser Service Area).
4. The following language is added to the first paragraph of the sub-section entitled “Idaho” on page 18.
  - The 2017 Trust-approved plan in Idaho is PacificSource \$3,000 Deductible Silver BrightPath plan.

### What Costs Are Not Covered by the Trust?

1. The following language replaces the second bullet on page 20.
  - Co-Pays, co-insurance and deductibles in excess of the annual out-of-pocket reimbursement benefit available under the Trust.

### What Costs Are Covered by the Trust?

1. The following replaces the table on page 20.

What the Trust reimburses	Amount covered
Monthly premium for Trust-approved plans (above and beyond Federal Tax Credit)	100%



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Medical and prescription copays, deductibles and co-insurance expenses relating to claims covered under your Trust-approved Exchange plan or Medicare related plan	Beginning in 2015, up to the annual maximum
Monthly Medicare Part B premium	Up to \$104.90, or up to \$121.80, depending on eligibility
Monthly Medicare Advantage Plan, a Medicare Supplemental Plan or a Medicare Part D plan	In 2014 up to \$39, in 2015-2016 up to \$41, in 2017 up to \$44
<b>What the Trust does not reimburse</b>	<b>Amount covered</b>
Expenses for family members	Not covered
Dental, Vision and Employee Assistance Program expenses	Not covered

### Supplemental Trust Reimbursement

- The following language replaces the current bullets in the sub-section entitled "You may receive reimbursements for:" on page 23.
  - Medicare deductibles, copays and co-insurance expenses (In 2014 up to \$2,500 for deductibles only, beginning in 2015 up to \$3,000, beginning in 2017 up to \$4,000, must attach EOB from Medicare using the Ameriflex Reimbursement Form)
  - Medicare Supplemental or Prescription plan premium (monthly up to \$39 in 2014, up to \$41 beginning in 2015, and up to \$44 beginning in 2017, must attach invoice and receipt using the Trust Reimbursement Form)
  - Medicare Part B Premium (Monthly up to \$104.90, or up to \$121.80, depending on eligibility, must attach invoice and receipt using the Trust Reimbursement Form)
  - Exchange Insurance Premium (Monthly, must attach invoice and receipt using the Trust Reimbursement Form)
  - Medical Insurance Expenses (For 2014, up to \$2,500 for both medical deductible and prescription copays over \$50. Beginning in 2015, your maximum medical deductible, copay, co-insurance and prescription reimbursement is \$3,000 annually. Beginning in 2017, your maximum medical deductible, copay, co-insurance and prescription reimbursement is \$4,000 annually. Must attach EOB from your Insurance Company using the Ameriflex Reimbursement Form)
  - Advance Premium Tax Credit Reconciliation Reimbursement (Must attach your Form 1095, Form 1040 and Form 8962 using the Premium Adjustment Reimbursement Form)

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### I'm enrolled in medical coverage. What's Next?

1. The following language replaces the sub-section entitled "Oregon Kaiser Permanente/MODA/Oregon Co-op Medical" on page 27.
  - Oregon Medical  
If you have enrolled in a Trust-approved Qualified Health Plan through the Exchange for yourself only and you are eligible for benefits under the Supplemental Trust, the Trust will send you a Welcome Packet specific to your insurance choice. You will also receive a Benefit Convenience Card the first year that you enroll and are eligible. If you enrolled in the plan for yourself only, you will receive instructions to set up that Benefit Convenience Card to auto-pay the premium every month. Failure to pay your monthly premiums by the due date from the insurance company will lead to cancellations of your medical plan by your medical insurance company. Please call the Trust if you have any questions about the premium bill at 1-844-507-7554, Option 3, Option 2.

If you have enrolled in a medical coverage plan that includes your family member(s) and you are eligible for benefits under the Supplemental Trust, the Trust will pay only the portion of the monthly premium related to your own coverage that is not covered by the Federal premium tax subsidy, and you will be responsible for paying any premium amount owed for your family member(s). You will need to pay the bill from your medical insurance company by the due date, and the Supplemental Trust will reimburse you for the portion of the premium relating to your medical coverage. Once you receive and pay your bill, submit a copy of the bill along with a completed Trust Reimbursement Form by mail, fax, or DocuSign to the Trust Administrative Office. You will need to repeat this reimbursement process each month.

Once you pay your first premium, you will be officially enrolled in your new medical insurance company and your ID card will be issued. If you have questions about paying your premium bills or your medical ID cards reach out to your medical insurance company for more information.

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