

Supplemental & Benefit Trusts

October 20, 2018

Dear Participant,

This document describes 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 2019

1. The Trust-approved Plans are changing for 2019. The following language is added to page 11 in the section entitled “Enrolling During Open Enrollment”.

Participants Residing in Oregon

- For 2019: Non-Kaiser Service Area portion of Clackamas County: PacificSource \$2,850 Deductible Silver LHN plan
- For 2019: Crook, Deschutes or Jefferson County: PacificSource \$2,850 Deductible Silver SCN plan
- For 2019: Coos, Curry, Josephine, Tillamook, or Wasco County: Moda Health \$2,850 Deductible Standard Silver (Beacon) plan, Providence \$2,850 Deductible Oregon Standard Silver - Signature Network plan, or Moda Health \$3,000 Deductible Beacon Silver 3000 plan
- For 2019: Jackson or Hood River County (outside of the Kaiser Service Area): Moda Health \$2,850 Deductible Standard Silver (Beacon) plan, Providence \$2,850 Deductible Oregon Standard Silver - Choice Network plan, or Moda Health \$3,000 Deductible Beacon Silver 3000 plan
- For 2019: Benton (outside of the Kaiser Service Area), Clatsop, Douglas, Lane (outside the Kaiser Service Area), Lincoln, Linn (outside of the Kaiser Service Area), or Marion County (outside of the Kaiser Service Area): Providence \$2,850 Deductible Oregon Standard Silver - Choice Network plan

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- For 2019: Baker, Gilliam, Grant, Harney, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, or Wheeler County: Providence \$2,850 Deductible Oregon Standard Silver - Signature Network plan
 - For 2019 Moda enrolled: Moda Health \$2,850 Deductible Standard Silver (Beacon) plan or Moda Health \$3,000 Deductible Beacon 3000 plan or the other Trust-Approved plan for your area
 - For 2019: 2018 Providence enrolled Lane county participants that now inside the Kaiser Service Area: either Kaiser Permanente \$2,500 Deductible Silver 2500/30 plan or Providence \$2,850 Deductible Oregon Standard Silver - Choice Network plan
2. The sentence “The Trust-Approved Plan for the Kaiser Service Area for 2018 is the Kaiser Permanente \$2,500 Deductible Silver 2500/30 HMO plan” on Pages 11, 17 and 18 is revised to read as follows: “The Trust-Approved Plan for the 2019 Kaiser Service Area is the Kaiser Permanente \$2,500 Deductible Silver 2500/30 plan with the exception of Participants in Lane county that are enrolled in the 2018 Providence \$2,500 Deductible Oregon Standard Silver - Choice Network plan – those participants may choose to stay enrolled in the Providence \$2,850 Deductible Oregon Standard Silver - Choice Network plan or enroll in the Kaiser Permanente \$2,500 Deductible Silver 2500/30 plan.

Participants Residing Other States

- For 2019 Washington Kaiser Service Area: Kaiser Permanente \$2,500 Deductible Silver 2500/30 plan.

Summary of Benefits

1. The amount that the Trust pays for Medicare reimbursement Part B is increasing. The following language is added to the end of Section A.2 on page 13:
 - Effective January 1, 2019, Participants covered by Medicare shall be entitled to reimbursement of the actual cost of Medicare Part B premiums up to \$135.50 per month.

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2. The amount that the Trust covers for out-of-pocket expenses relating to claims covered under a participant's Trust-approved qualified health plan or Medicare plan, payable using the Benefit Convenience Card, also is increasing for 2019. The following language is added to Section A.2, subsection C) on page 13:
 - For 2019, the maximum reimbursement amount is increasing to \$6,000.The following language also is added to Section A.3 on page 13:
 - Beginning in 2019, this maximum reimbursement amount increases to \$6,000 per year.
3. The sub-section "Payment of Premiums and Out-of-Pocket Expenses" on page 14 also is revised by adding the following to the end thereof:
 - Beginning in 2019, 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 qualified health plan increases to \$6,000.

Medicare

The amount that the Trust pays for Medicare premium and out-of-pocket reimbursements is increasing for 2019. The following language is added to the end of the sub-section entitled "Medicare" on page 16.

- Beginning in 2019, Participants covered by Medicare shall be entitled to reimbursement of the actual cost of Medicare Part B premiums up to \$135.50 per month, and will be eligible for assistance of up to \$6,000 a year for medical and prescription drug copays, deductibles and co-insurance expenses relating to claims covered by their Medicare plan.

Exchange Medical Insurance Plans

1. The Trust-approved Plans are changing for 2019. The following language is added to the first paragraph of the sub-section entitled "Oregon" on page 17.
 - The 2019 Trust-approved plans in Oregon are Kaiser Permanente \$2,500 Deductible Silver 2500/30 plan (if you live within the Kaiser Service Area), PacificSource \$2,850 Deductible Silver LHN plan (if you live in the non-Kaiser

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Service Area portion of Clackamas County), PacificSource \$2,850 Deductible Silver SCN plan (if you live in the Crook, Deschutes or Jefferson County), Moda Health \$2,850 Deductible Standard Silver (Beacon) plan, Providence \$2,850 Deductible Oregon Standard Silver - Signature Network, or Moda Health \$3,000 Deductible Beacon Silver 3000 if you live in Coos, Curry, Josephine, Tillamook, or Wasco County, Moda Health \$2,850 Deductible Standard Silver (Beacon) plan, Providence \$2,850 Deductible Oregon Standard Silver - Choice Network, or Moda Health \$3,000 Deductible Beacon Silver 3000 if you live in Jackson or Hood River County (outside of the Kaiser Service Area), Providence \$2,850 Deductible Oregon Standard Silver - Choice Network if you live in Benton (outside of the Kaiser Service Area), Clatsop, Douglas, Lane (outside the Kaiser Service Area), Lincoln, Linn (outside of the Kaiser Service Area), or Marion County (outside of the Kaiser Service Area), Providence \$2,850 Deductible Oregon Standard Silver - Signature Network if you live in Baker, Gilliam, Grant, Harney, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, or Wheeler County, Moda Health \$2,850 Deductible Standard Silver (Beacon) plan or Moda Health \$3,000 Deductible Beacon Silver 3000 or the other Trust-Approved plan for your area if you are enrolled in the Moda plan in 2018. If you live in Lane (inside the Kaiser Service Area) and are enrolled in the Providence \$2,500 Deductible Oregon Standard Silver - Choice Network for 2018 either the Providence \$2,850 Deductible Oregon Standard Silver - Choice or Kaiser Permanente \$2,500 Deductible Silver 2500/30.

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 2019, your medical and prescription copays, deductibles and co-insurance expenses relating to claims covered under your Trust-approved qualified health plan, up to a combined total of \$6,000. You will see in-network deductible costs listed in the Explanation of Benefits that you receive from your medical insurance carrier.

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3. The following language is added to the first paragraph of the sub-section entitled “Washington” on page 18.
 - The 2019 Trust-Approved plans for Washington are the Kaiser Permanente \$2,500 Deductible Silver 2500/30 plan (if you live within the Kaiser Service Area).

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%
Medical and prescription copays, deductibles and co-insurance expenses relating to claims covered under your Trust-approved qualified health plan or Medicare related plan	Beginning in 2019, up to the annual maximum of \$6,000
Monthly Medicare Part B premium	Beginning in 2019, up to \$104.90, or up to \$135.50, depending on eligibility
Monthly Medicare Advantage Plan, a Medicare Supplemental Plan or a Medicare Part D plan	Beginning in 2017 up to \$44
What the Trust does not reimburse	Amount covered
Expenses for family members	Not covered
Dental, Vision and Employee Assistance Program expenses	Not covered

Supplemental Trust Reimbursement

1. The following language replaces the current bullets in the sub-section entitled “You may receive reimbursements for:” on page 23.

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- Medicare deductibles, copays and co-insurance expenses (beginning in 2019 up to \$6,000, but you must attach EOB from Medicare using the Ameriflex Reimbursement Form)
- Medicare Supplemental or Prescription plan premium (up to \$44 monthly beginning in 2017, but you must attach invoice and receipt using the Trust Reimbursement Form)
- Medicare Part B Premium (beginning in 2019 up to the actual cost of Medicare Part B premiums up to \$135.50 per month, but you must attach invoice and receipt using the Trust Reimbursement Form)
- Trust-Approved Qualified Health Plan Premium (Monthly, but you must attach invoice and receipt using the Trust Reimbursement Form)
- Medical out-of-pocket Expenses (beginning in 2019, your maximum medical deductible, copay, co-insurance and prescription reimbursement is \$6,000 annually. You must attach the EOB(s) from your Insurance Company using the Ameriflex Reimbursement Form)
- Advance Premium Tax Credit Reconciliation Reimbursement (Must attach your Form 1095A, Form 1040 and Form 8962 using the Premium Adjustment Reimbursement Form)

Trust Administrative Office Contact Information Update

1. In all places where Benefit Solutions Inc. is listed, it is replaced with Vimly Benefit Solutions.
2. In all places where the email address ohcwt@bsitpa.com is found, it is replaced by ohcwt@vimly.com.
3. In all places where the email address ohcwtpto@bsitpa.com is found, it is replaced with ohcwtpto@vimly.com.

More Information or Questions

If you have any questions about benefits that you may be eligible to receive through the Oregon Homecare Workers Supplemental Trust or the Oregon Homecare Workers



Providing Benefits to Oregon Homecare
and Personal Support Workers

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Benefit Trust, you can visit <https://www.orhomecaretrust.org> or call the Trust Administrative Office at 1-844-507-7554, select Option 3 and then Option 2.

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