
Supplemental Trust

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 2020

1. The Trust-Approved Plans are changing for 2020. The following language is added to page 11 in the section entitled “Enrolling During Open Enrollment”.

Participants Residing in Oregon

- For 2020: Non-Kaiser Service Area portion of Clackamas County: PacificSource Oregon Standard Silver Plan NAV
- For 2020: Crook, Deschutes or Jefferson Counties: PacificSource Oregon Standard Silver Plan NAV
- For 2020: Coos, Curry, Josephine, Tillamook, or Wasco Counties: Moda Health Oregon Standard Silver (Beacon), Providence Oregon Standard Silver Plan – Signature Network, Moda Health Beacon Silver 3000
- For 2020: Jackson or Hood River Counties (outside of the Kaiser Service Area): Moda Health Oregon Standard Silver (Beacon), Providence Oregon Standard Silver Plan – Choice Network, Moda Health Beacon Silver 3000
- For 2020: 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 Counties (outside of the Kaiser Service Area): Providence Oregon Standard Silver – Choice Network
- For 2020: Baker, Gilliam, Grant, Harney, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, or Wheeler Counties: Providence Oregon Standard Silver Plan – Signature Network

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- For 2020 Moda enrolled: Moda Health Oregon Standard Silver (Beacon), Moda Health Beacon Silver 3000, or the other Trust-Approved plan for your area
- For 2020: 2018 Providence enrolled Lane County participants who now reside inside the Kaiser Service Area: either KP OR Silver 2500/35 or Providence Oregon Standard Silver Plan - Choice Network

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 2020 Kaiser Service Area is KP OR Silver 2500/35 with the exception of Participants in Lane County who are enrolled in the 2019 Providence Oregon Standard Silver - Choice Network plan –those participants may choose to stay enrolled in the Providence Oregon Standard Silver Plan - Choice Network or enroll in the Kaiser Permanente KP OR Silver 2500/35 plan.

Participants Residing Other States

- For 2020 Washington Kaiser Service Area: Kaiser Permanente KP WA Silver 2500/35.
- For 2020 Idaho: PacificSource SILVER Navigator HSA 3500

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, 2020, Participants covered by Medicare shall be entitled to reimbursement of the actual cost of Medicare Part B premiums up to \$144.30 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 2020. The following language is added to Section A.2, subsection C) on page 13:

- For 2020, the maximum reimbursement amount is increasing to \$6,190.

The following language also is added to Section A.3 on page 13:

- Beginning in 2020, this maximum reimbursement amount increases to \$6,190 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 2020, 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 \$6,190.

Medicare

The amount that the Trust pays for Medicare premium and out-of-pocket reimbursements is increasing for 2020. The following language is added to the end of the sub-section entitled "Medicare" on page 16.

- Beginning in 2020, Participants covered by Medicare shall be entitled to reimbursement of the actual cost of Medicare Part B premiums up to \$144.30 per month, and will be eligible for assistance of up to \$6,190 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

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1. The Trust-Approved Plans are changing for 2020. The following language is added to the first paragraph of the sub-section entitled “Oregon” on page 17.
 - The 2020 Trust-Approved Plans in Oregon are Kaiser Permanente KP OR Silver 2500/35 (if you live within the Kaiser Service Area), PacificSource Oregon Standard Silver Plan NAV (if you live in the non-Kaiser Service Area portion of Clackamas County, or Crook, Deschutes or Jefferson Counties), Moda Health Oregon Standard Silver (Beacon), Providence Oregon Standard Silver Plan - Signature Network, or Moda Health Beacon Silver 3000 if you live in Coos, Curry, Josephine, Tillamook, or Wasco Counties; Moda Health Oregon Standard Silver (Beacon), Providence Oregon Standard Silver Plan - Choice Network, or Moda Health Beacon Silver 3000 if you live in Jackson or Hood River Counties (outside of the Kaiser Service Area); Providence Oregon Standard Silver Plan - 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 Counties (outside of the Kaiser Service Area); Providence Oregon Standard Silver Plan - Signature Network if you live in Baker, Gilliam, Grant, Harney, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, or Wheeler Counties; Moda Health Oregon Standard Silver (Beacon), Moda Health Beacon Silver 3000, or the other Trust-Approved Plan for your area if you are enrolled in the Moda plan in 2019. If you live in Lane County (inside the Kaiser Service Area) and are enrolled in the Providence Oregon Standard Silver - Choice Network for 2019, either Providence Oregon Standard Silver Plan - Choice Network or Kaiser Permanente KP OR Silver 2500/35.
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 2020, your medical and prescription copays, deductibles and co-insurance expenses relating to claims covered under your Trust-

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Approved Qualified Health Plan, up to a combined total of \$6,190. 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 2020 Trust-Approved Plans for Washington is the Kaiser Permanente KP WA Silver 2500/35 (if you live within the Kaiser Service Area).

4. The following language is added to the first paragraph of the sub-section entitled “Idaho” on page 19.

- The 2020 Trust-Approved Plan in Idaho is PacificSource SILVER Navigator HSA 3500.

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 2020, up to the annual maximum of \$6,190
Monthly Medicare Part B premium	Beginning in 2020, up to \$144.30

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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.

- Medicare deductibles, copays and co-insurance expenses (beginning in 2020 up to \$6,190, 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 2020 up to the actual cost of Medicare Part B premiums up to \$144.30 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 2020, your maximum medical deductible, copay, co-insurance and prescription reimbursement is \$6,190 annually. You must attach the EOB(s) from your Insurance Company using the Ameriflex Reimbursement Form)

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- Advance Premium Tax Credit Reconciliation Reimbursement (Must attach your Form 1095A, Form 1040 and Form 8962 using the Premium Adjustment Reimbursement Form)

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 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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