



**HARRISON TRUST**  
*A Family Health Plan*  
[www.harrison.aibpa.com](http://www.harrison.aibpa.com)

October 26, 2009

**TO: RETIRED PARTICIPANTS NOT ENROLLED IN MEDICARE**

The Open Enrollment Period is **November 1 to November 30, 2009**. All enrollment changes will be effective **January 1, 2010**. If you wish to receive more information on one of the following plan options, please complete the enclosed request form and return it or call the Trust Office by **November 13, 2008**. An enrollment packet with enrollment form will be sent to you. You may also obtain the forms online at the Harrison website. **You must complete an enrollment form to change plans. All enrollment forms must be returned to the Trust Office by November 30, 2009.**

If you reside in the Kaiser or Providence service area, you are required to enroll in Kaiser or Providence. Participants who do not reside in the Kaiser or Providence service area will be enrolled in the Trust Plan. Please refer to the enclosed benefit outline.

**Rates Effective January 2010 Coverage**

<b>TRUST SELF-FUNDED PLAN</b>	<b>SINGLE</b>	<b>2-PARTY</b>	<b>FAMILY</b>
Trust Medical/ Rx Only	\$800	\$1,741	\$2,368
Trust Medical/Rx, Trust Dental, VSP	\$858	\$1,857	\$2,542
Trust Medical/Rx, Kaiser Dental, VSP	\$858	\$1,857	\$2,542
Trust Medical/Rx, Willamette Dental, VSP	\$858	\$1,857	\$2,542
<b>PROVIDENCE OPEN OPTION</b>			
Providence Medical/Rx Only	\$800	\$1,741	\$2,368
Medical/Rx, Trust Dental, VSP	\$858	\$1,857	\$2,542
Medical/Rx, Kaiser Dental, VSP	\$858	\$1,857	\$2,542
Medical/Rx, Willamette Dental, VSP	\$858	\$1,857	\$2,542
<b>KAISER PERMANENTE</b>			
Medical/Rx/Vision	\$720	\$1,424	\$2,127
Medical/Rx/Vision, Trust Dental	\$770	\$1,524	\$2,277
Medical/Rx/Vision, Kaiser Dental	\$770	\$1,524	\$2,277
Medical/Rx/Vision, Willamette Dental	\$770	\$1,524	\$2,277

**\*The Trust Plan is available only to retirees who reside outside of the Kaiser or Providence Service Area.**

## **Eligibility Modification for 2010**

Effective January 1, 2007, the Harrison Trust extended health and welfare coverage to an Active employee's same-sex or opposite-sex domestic partner and a domestic partner's children. The purpose of the benefit change was to allow electrical contractors to comply with the City of Portland's Nondiscrimination in Contracting Ordinance, which took effect January 1, 2007, and applies to all entities that enter into direct contracts with the City of Portland. **The Trust is now extending health and welfare coverage to an Early Retiree's same-sex or opposite-sex domestic partner and a domestic partner's children during this Open Enrollment period for a January 1, 2010 effective date.** Please call the Harrison Trust Client Service team at extension 1679 at one of the numbers below for information regarding domestic partner benefits.

## **Benefit Modifications for 2010**

### **1) Kaiser Permanente Benefit Modifications**

- Urgent Care Services co-pay changed from \$15 to \$35.
- Mental Health 45-day limit for residential/day treatment removed.
- Allergy shots and other injections co-pay changes from \$5 to \$10.

### **2) Providence Health Plan Benefit Modifications**

- Mental Health and Chemical Dependency residential treatment is limited to 60 days per calendar year.

### **3) Trust Self-Funded Benefit Modifications**

- There are no benefit changes to the Trust Self-Funded plans.

### **4) Willamette Dental Modifications**

- There are not benefit changes to the Willamette Dental Plan.

**Please refer to the enclosed plan comparisons for the 2010 medical and dental enrollment options. The benefit meetings listed on an attached sheet are also a great opportunity to learn more about the different benefit plan options available to you.**

**The Harrison Trust Plan will be switching pharmaceutical carriers from Kroger Prescription Plan to RESTAT, which has a much broader selection of pharmacies available, effective February 1<sup>st</sup>. Participants who are enrolled in the Trust plan should expect new ID cards around the third week of January. More information will be communicated over the next few months.**

**YOU MUST COMPLETE AN ADDITIONAL ENROLLMENT FORM TO CHANGE PLANS. YOU MAY OBTAIN BENEFIT OUTLINES AND ENROLLMENT FORMS BY SUBMITTING THE ENCLOSED REQUEST FORM, CALLING THE TRUST OFFICE, OR VISITING THE HARRISON WEBSITE AT <http://harrison.aibpa.com> AND CLICKING ON "VIEW AND PRINT FORMS." ALL ENROLLMENT FORMS MUST BE RETURNED TO THE TRUST OFFICE BY NOVEMBER 30, 2009.**

# Harrison Electrical Workers Trust Fund 2010 Retired Plan Medical Options

All information contained in this benefit comparison is in summary and does not fully describe your benefit coverage. For specific information about your medical options, refer to your benefits booklet, or you may obtain a benefits packet for the plan of your choice from the Trust Office. You may also contact the health plan's Customer Service for further assistance.

Medical Plan Feature	Trust Self-Funded Plan	Kaiser Permanente HMO	Providence Open Option	
Provider Choice	Any provider. In Oregon and SW Wash.: Providence PPO <a href="http://www.providence.org/health_plans">www.providence.org/health_plans</a> <b>Click on Providence PPO</b> Outside area: Multiplan <a href="http://ppo.multiplan.com">http://ppo.multiplan.com</a>	Except for emergencies, you must receive care from Kaiser Permanente and affiliated providers.	Refer to the Providence Provider Directory Provider list can be viewed at <a href="http://www.providence.org/health_plans">www.providence.org/health_plans</a> <b>(Click on Open Option)</b>	
Coverage Area	Anywhere Reimbursement at 70% of UCR (Preferred providers reimbursed at 80%)	You must live or work within the Kaiser Service Area	<b>OREGON:</b> all counties <b>except</b> Baker, Curry, Lake, Malheur, Morrow, Union, Wallowa and parts of Klamath and Tillamook counties. <b>WASHINGTON:</b> all counties <b>except</b> Asotin.	
Annual Deductible	\$250 per person, up to \$750 per family	\$100 per person/\$300 per family (office visits not subject to deductible)	\$250 per person, up to \$750 per family (Waived for many outpatient services from participating providers)	
Out of Pocket Maximum (Coinsurance)	\$2,000 per person, up to \$6,000 per family (excluding deductible and Rx)	\$2,000 per person/\$6,000 per family (not all copays apply to this limit)	\$2,000 per person, up to \$6,000 per family. (Deductibles and some services do not apply to maximums) Many services require prior authorization, or 50% penalty of UCR charges (Up to \$2,500 per occurrence) will apply	
Lifetime Maximum Benefit	\$2,000,000	\$2,000,000	\$2,000,000	
Covered Services	Plan Pays	Plan Pays	Plan Pays	
			IN-PLAN	OUT-OF-PLAN
Doctor's Office Visits	70% UCR* (80% Preferred Providers)	100% after you pay \$15 co-pay per visit for primary doctor/ \$25 co-pay per visit for specialist	100% after \$15 co-pay per visit (Deductible does not apply)	60% UCR* (Deductible does not apply)
Hospital Services	70% UCR* (80% Preferred Providers)	80% after the \$100/\$300 deductible per member/family	80% (including maternity and newborn nursery care) (Deductible does not apply to newborn nursery care)	60% UCR*
Maternity - Outpatient	70% UCR* (80% Preferred Providers)	100% after \$15 co-pay per visit	\$150 co-pay (no deductible) for pre/post-natal visits & delivery	60% UCR*
Emergency Room Care (Benefits may be reduced for non emergency treatment)	70% UCR* (80% Preferred Providers)	80% after the \$100/\$300 deductible per member/family	100% after \$125 co-pay (Copay waived if admitted within 24 hours) (Deductible does not apply)	100% after \$125 co-pay (Copay waived if admitted within 24 hours) (Deductible does not apply)
Preventive Care	Annual mammogram, pelvic exam, breast exam, pap smears, and prostate exam subject to deductible and coinsurance 70% UCR* (80% Preferred Providers)	100% after you pay \$15 office visit co-pay per visit.	100% after you pay \$15 office visit co-pay with Personal/Physician/Provider only Deductible does not apply	60% UCR*

# Harrison Electrical Workers Trust Fund 2010 Retired Plan Medical Options

All information contained in this benefit comparison is in summary and does not fully describe your benefit coverage. For specific information about your medical options, refer to your benefits booklet, or you may obtain a benefits packet for the plan of your choice from the Trust Office. You may also contact the health plan's Customer Service for further assistance.

Medical Plan Feature	Trust Self-Funded Plan	Kaiser Permanente HMO	Providence Open Option	
Well Baby Care	70% UCR* (80% Preferred Providers) ages 0-3 years	No charge for ages 0-2.	100% after \$15 copayment per visit	Not Covered
Chiropractic Services and Alternative Care	70% UCR* (80% Preferred Providers) (26 visits per calendar year)	Not covered unless by authorized Kaiser referral (however, discounts available from participating providers)	Not a covered service (however service discounts available from participating providers)	Not Covered
X-ray, Lab and Special Diagnostic Procedures	70% UCR* (80% Preferred Providers)	100% after \$20 co-pay per visit	80% (Deductible does not apply)	60% UCR*
Prescription Drugs <b>Refer to Plan Booklet for full benefit outline.</b>	<p><b>Kroger Prescription Plans participating pharmacies:</b> Generic: \$10 copay (up to 30-day supply) Brand: \$30 copay or 20% of cost of drug if greater, maximum \$50 (up to 30-day supply)</p> <p><b>Postal Prescription Service:</b> Generic: \$10 copay (up to 90-day supply) Brand: \$60 or 20% if greater, maximum \$100 copay (up to 90-day supply)</p>	<p>Kaiser Formulary Rx; (non-formulary medications are not covered): Generic: \$15 copay (up to 30 day supply) Brand: \$30 copay (up to 30 day supply)</p> <p>Mail Order for maintenance medications: 90-day supply for 2 copays</p>	<p>Generic: \$15 copay for a 30-day supply purchased at a participating retail pharmacy Brand-name: \$30 copay for up to a 30-day supply purchased at a participating retail pharmacy (<b>when a generic equivalent is not available</b>) Compounded prescription drugs: 50% copayment for up to a 30-day supply purchased at a participating retail pharmacy</p> <p>Prescriptions by Mail: You may obtain a 90-day supply (three copayments will apply) of each maintenance drug through Wellpartner, Inc, or Walgreens Healthcare Plus or 90-day at Fred Meyer, Walgreens or Providence pharmacies.</p> <p>Use of Non-Participating Pharmacies: Reimbursement subject to review</p>	
Vision Benefits provided by the Trust through Vision Service Plan. (Except Kaiser participants) <b>Refer to Plan Booklet for full benefit outline.</b>	<p>At a VSP Provider: Exam: You pay \$15 copayment Glasses: You pay \$25 copayment and any non-covered services Frames are covered once every 24-months with a \$130 allowance and 20% off out-of-pocket above that amount. Lenses are covered every 12 months (single vision, lined bifocal or lined trifocal).</p>	<p>Kaiser Permanente Plan provider: Exam: You pay \$15 copayment per visit, no limit on number of visits. Glasses or contact lenses: You pay balance after a credit of \$150 once every two years</p>	<p>At a VSP Provider: Exam: You pay \$15 copayment Glasses: You pay \$25 copayment and any non-covered services Frames are covered once every 24-months with a \$130 allowance and 20% off out-of-pocket above that amount. Lenses are covered every 12 months (single vision, lined bifocal or lined trifocal).</p>	

## Benefit Questions?

Harrison Trust Office:

(503) 224-0048, ext. 1618

Kaiser Permanente Membership Services:

(503) 813-2000

Providence Health Plan:

(503) 574-7500

## \*Benefits paid at UCR (Usual, customary and reasonable charges)

(800) 547-4457, ext. 1618

(800) 813-2000 (Refer to Group #2454)

(800) 878-4445 (Refer to Group 105122)



**2010 Retired Dental Options**

The following chart shows key features of your dental options. For more information about your dental options, refer to your benefit booklet, or you may obtain a Kaiser or Willamette dental benefits packet from the Trust Office.

Dental Plan Feature	Trust Self-Funded Dental Plan	Kaiser Dental	Willamette Dental
Provider Choice	Any provider	Kaiser providers	Willamette Dental Providers
Coverage Area	Anywhere	You must live or work within the Kaiser Service Area	Anywhere in Willamette Dental Service Area (Western & Central Oregon, Washington, Idaho)
Annual Deductible	\$25 per person	None	None
Annual Maximum Benefit	\$1,500 per person	\$1,500 per person	No annual maximum
Covered Services	Plan Pays	Plan Pays	Plan Pays
Preventive Care Routine office Visits Oral exam Cleaning X-rays	80% UCR* 80% UCR* 80% UCR* 70% UCR*	100% after \$10 copayment per visit 100% after \$10 copayment per visit 100% after \$10 copayment per visit 100% after \$10 copayment per visit	100% after \$10 copayment per visit 100% after \$10 copayment per visit 100% after \$10 copayment per visit 100% after \$10 copayment per visit
Basic Services Routine fillings and simple extractions.  Oral Surgery  Root Canal	70% UCR*  70% UCR*  70% UCR*	80%, after \$10 copayment per visit  80%, after \$10 copayment per visit  80%, after \$10 copayment per visit	100% after \$10 copayment per visit  Participant Pays: \$100  Participant pays: \$75-\$125, depending on tooth
Major Services: (Crowns, inlays, onlays, bridges, dentures)	50% UCR*	50% after \$10 copayment per visit	Participant Pays: Crowns: \$150 Upper or Lower Denture: \$200 Bridge (per tooth): \$150
Orthodontia Lifetime maximum per person	80% UCR* \$2000	80%, after \$10 copayment per visit \$2000	Participant Pays: \$1500 for Comprehensive Orthodontia.

\* Usual, customary and reasonable **This is just a summary of benefits. Please refer to Trust Plan Booklet or Carrier Benefit Booklets for a complete description.**



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October 27, 2009

TO: ALL PARTICIPANTS

Get all your questions answered. Please come to one of the open enrollment meetings. Spouses welcome. 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 9, 2009	5 pm	Central Electrical Training Center 33309 HWY 99E - Tangent, Oregon
Tuesday Nov 10, 2009	5 pm	NECA-IBEW Local 48 Training Center 16021 NE Airport Way - Portland, Oregon
Thursday Nov 12, 2009	5 pm	IBEW Local 659 4480 Rogue Valley HWY - Central Point, Oregon
Friday Nov 13, 2009	5 pm	IBEW Local 932 3427 Ash Street - North Bend, Oregon
Monday Nov 16, 2009	5 pm	IBEW Local 970 1145 Commerce Street - Longview, Washington

**RETIREE MEETINGS**

DATE	TIME	PLACE
Monday Nov 9, 2009	3 pm	Central Electrical Training Center 33309 HWY 99E - Tangent, Oregon
Tuesday Nov 10, 2009	3 pm	NECA-IBEW Local 48 Training Center 16021 NE Airport Way - Portland, Oregon
Thursday Nov 12, 2009	3 pm	IBEW Local 659 4480 Rogue Valley HWY - Central Point, Oregon
Friday Nov 13, 2009	3 pm	IBEW Local 932 3427 Ash Street - North Bend, Oregon
Monday Nov 16, 2009	3 pm	IBEW Local 970 1145 Commerce Street - Longview, Washington

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

Sincerely,  
*Lee Centrone*  
 Administrator



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**OPEN ENROLLMENT FOR 2010 COVERAGE**  
**RETIREE (NOT ON MEDICARE) REQUEST FORM**

If you are interested in changing plans and would like more information, please check the appropriate box below and mail or call the Trust Office at the address listed below by **November 13, 2009**. An enrollment packet and form will be mailed to you for each plan you request. **If you wish to change plans, you must complete an enrollment form for the plan(s) you wish to enroll in and return to the Trust Office by November 30, 2009.**

**\*\*All enrollment changes will be effective January 1, 2010\*\***

**Please send me information on the following plans:**

- Providence Open Option Plan Packet
- Kaiser Permanente Enrollment Packet
- Kaiser Permanente Dental Enrollment Packet
- Willamette Dental Plan Packet (Use Trust Enrollment form to Enroll)

If you are currently enrolled in Kaiser Dental and wish to enroll in the Trust Self-Funded Dental plan, please check the appropriate box below.

- I am currently enrolled in the Kaiser dental plan and wish to enroll in the Trust Self-Funded Dental Plan effective January 1, 2010.

\_\_\_\_\_  
 Name ID#

\_\_\_\_\_  
 Address Phone #

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Retiree's Signature

**YOU MUST REQUEST AND COMPLETE AN ENROLLMENT FORM TO CHANGE PLANS. ALL ENROLLMENT FORMS MUST BE RETURNED TO THE TRUST OFFICE BY NOVEMBER 30, 2009.**

**\*THIS IS NOT AN ENROLLMENT FORM\***