

WESTERN STATES HEALTH & WELFARE TRUST FUND OF THE OPEIU 2018 PLAN YEAR

OPEN ENROLLMENT: NOVEMBER 1-22, 2017

WHAT YOU NEED TO DO...

- **REVIEW THE 2018 BENEFITS IN THIS BOOKLET**
 - The Summary of Material Modification (SMM) – Important Plan Changes
 - The Medical and Dental Benefit Comparison
- **DECIDE IF YOU WANT TO MAKE A CHANGE FOR 2018 – THIS IS YOUR CHANCE!**
 - To change your medical and dental plan elections
 - Add or remove dependents
 - If you do not wish to make any changes to your coverage, **no action is required**
 - *Note - refer to the enclosed cover letter for special instructions, if required, by your employer*
- The **DEADLINE** to submit your enrollment form is November 22!

SEND YOUR COMPLETED ENROLLMENT FORM TO WESTERN STATES TRUST:

MAIL: 1220 SW Morrison Street, Suite 300, Portland, OR 97205-2222

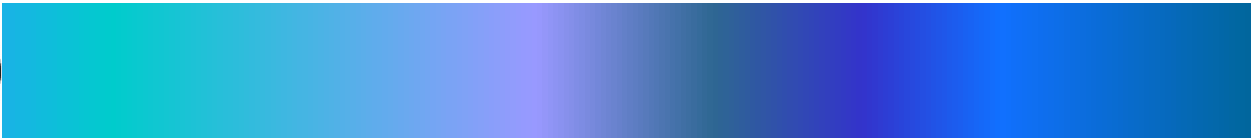
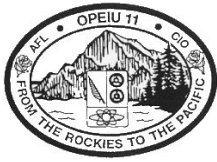
FAX: (503) 228-0149

EMAIL: westernstates@aibpa.com

Enrollment forms can be found online at www.westernstates.aibpa.com



Local (503) 224-0048 Toll Free 1-800-547-4457 ext. 1678
westernstates@aibpa.com



✓ **Keeping your costs down.** The OPEIU Health and Welfare Trustees work diligently with the health plans to minimize rate increases in order to provide you and your family with a comprehensive benefits package.



✓ **Remember.** You have a hearing aid benefit!

✓ **Did you know?** If you and or your dependents will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 7 - 8 for more details.



| CONTENTS | WHAT IS IT? | WHERE DO I FIND IT? |
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| Summary of Material Modification (SMM) | Detailed list of 2018 benefit changes | Page 3 |
| Benefit Comparisons <i>Note - refer to your bargaining agreement as benefits can vary per employer</i> | At-A-Glance benefit comparison chart of available medical and dental coverage options | Pages 4 - 5 |
| Women's Health & Cancer Rights Act | Required annual notice | Page 6 |
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SUMMARY OF MATERIAL MODIFICATIONS (SMM)

Important benefit changes to your health plan effective Jan. 1, 2018

This plan is no longer considered Grandfathered under the Patient Protection and Affordable Care Act.

REGENCE BLUECROSS BLUESHIELD OF OREGON (REGENCE BCBSO)

MEDICAL

- The medical out-of-pocket maximum (OOPM) is now \$3,000 per individual and \$6,000 per family for Preferred and Participating providers.
- Complementary care (acupuncture and chiropractic spinal manipulation) cost shares now apply to the medical out-of-pocket maximum (OOPM).
- Blue Distinction Total Care is a new subset of in-network PPO providers that can be seen for a \$10 copay. These providers are noted with the Blue Distinction logo within the online provider directory.
- Telehealth visits from in-network providers are covered after a \$10 copay.
- The Participating provider office visit copay will now be \$20.
- The BlueCard network has been renamed: Blue Cross Blue Shield Global Care.
- The response time for pre-service appeals is 30 days to align with state requirements.
- Animal assisted therapy is an exclusion.
- Service dogs, including training and maintenance, is an exclusion.

PHARMACY

- Regence is changing their Pharmacy Benefits Manager (PBM) to Prime Therapeutics:
 - Mail order vendor is changing from OptumRx to AllianceRx Walgreens
 - Members currently using mail order will receive a letter in November outlining the change
 - The updated Regence website will be available 12/15/17
 - Specialty pharmacy vendor is changing from BriovaRx to AllianceRx Walgreens Specialty
 - Members currently using the specialty pharmacy will receive a letter in November or December outlining the change
 - The updated Regence website will be available 12/15/17
- Very high-cost drugs that have a lower cost alternative are now excluded.
- Non-specialty self-injectable medications are available up to a 90-day supply at the same copay's as other drugs.
- MedSavvy Essentials is a new service available. Members can compare their pharmacy benefits in an online tool to see how benefit coverage intersects with the cost of drugs.

KAISER PERMANENTE

MEDICAL

- The medical out-of-pocket maximum (OOPM) is now \$3,500 per individual and \$7,000 per family.
- Coverage for one synthetic wig following chemotherapy or radiation therapy per calendar year has been added.
- Gender affirming treatment has been added to the list of covered services.

VISION

VSP

- No benefit changes for the 2018 plan year.

DENTAL PLANS

TRUST DENTAL PLANS 10 – 11 – 12

- New plastic ID cards were mailed in September; make sure your dentist has a copy of your new card!
- No benefit changes for the 2018 plan year.

KAISER PERMANENTE

- No benefit changes for the 2018 plan year.

WILLAMETTE DENTAL INSURANCE

- No benefit changes for the 2018 plan year.

LIFE INSURANCE

STANDARD INSURANCE

- No benefit changes for the 2018 plan year.



2018 PLAN YEAR MEDICAL BENEFIT COMPARISON

| Providers / Hospitals | REGENCE BLUECROSS BLUESHIELD OF OREGON | | | KAISER PERMANENTE |
|---|---|---|---|---|
| | Preferred Providers (PPO) ¹ | Participating Providers | Non-Participating Non-PPO Provider ² | Kaiser Permanente, The Portland Clinic, and Legacy Salmon Creek Providers |
| Calendar Year (CY) Maximum | None | | | None |
| Calendar Year (CY) Deductible | \$300 per individual - \$600 per family | | | None |
| Medical Calendar Year (CY) Out-of-Pocket Maximum (OOPM) | \$3,000 per individual \$6,000 per family | | \$6,000 per individual \$12,000 per family | \$3,500 per individual \$7,000 per family |
| Provider Office/Clinic Visit | MEMBER PAYS after deductible (unless otherwise noted with * = deductible waived): | | | MEMBER PAYS: |
| <ul style="list-style-type: none"> ▪ Primary care (injury or illness) ▪ Specialist ▪ Other practitioner (Acupuncture, Chiropractor) | <ul style="list-style-type: none"> ▪ \$20 copay / visit* ▪ \$20 copay / visit* ▪ 20%* ³ | <ul style="list-style-type: none"> ▪ \$20 copay / visit* ▪ \$20 copay / visit* ▪ 20%* ³ | <ul style="list-style-type: none"> ▪ 40% ▪ 40% ▪ 20%* ³ | <ul style="list-style-type: none"> ▪ \$15 copay / visit ▪ \$15 copay / visit ▪ \$10 copay / visit – Chiropractic coverage only (15 visits/CY) ⁴ |
| Preventive Care | | | | |
| <ul style="list-style-type: none"> ▪ Screening/immunization | <ul style="list-style-type: none"> ▪ No cost share* | <ul style="list-style-type: none"> ▪ No cost share* | <ul style="list-style-type: none"> ▪ 40% ⁵ | <ul style="list-style-type: none"> ▪ No cost share |
| Testing | | | | |
| <ul style="list-style-type: none"> ▪ Diagnostic tests (x-ray, blood work) ▪ Imaging (CT/PET scans, MRIs) | <ul style="list-style-type: none"> ▪ 20%* ▪ 20%* | <ul style="list-style-type: none"> ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ \$20 copay / visit ▪ \$20 copay / visit |
| Prescription Drugs Calendar Year Out-of-Pocket Maximum (OOPM) | | | | |
| <ul style="list-style-type: none"> ▪ Value medications ▪ Generic medications ▪ Preferred brand medications ▪ Non-preferred brand medications ▪ Specialty medications | <ul style="list-style-type: none"> ▪ \$4,300 per individual ▪ Retail and Mail Order: \$0 copay ▪ Retail: \$10 or 20% (whichever is greater) ▪ Mail Order: \$20 or 20% (whichever is greater) ▪ Retail: \$20 or 20% (whichever is greater) ▪ Mail Order: \$40 or 20% (whichever is greater) ▪ Retail & Mail Order: 50% ▪ Specialty drugs are paid according to their formulary designation | | | <ul style="list-style-type: none"> ▪ None (accumulates under medical OOPM) ▪ Specific list of medications apply ▪ \$15 copay ▪ \$30 copay ▪ \$30 copay ▪ \$30 copay |
| Outpatient surgery | | | | |
| <ul style="list-style-type: none"> ▪ Facility fee ▪ Physician/surgeon fees | <ul style="list-style-type: none"> ▪ 20% ⁶ ▪ 20% | <ul style="list-style-type: none"> ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ No cost share ▪ \$15 copay / procedure |
| Emergency Care | | | | |
| <ul style="list-style-type: none"> ▪ Emergency Room ▪ Emergency medical transportation ▪ Urgent care | <ul style="list-style-type: none"> ▪ \$75 copay/visit, then 20% ▪ 20% ▪ \$20 copay / visit | <ul style="list-style-type: none"> ▪ \$75 copay / visit, then 20% ▪ 20% ▪ 40% | <ul style="list-style-type: none"> ▪ \$75 copay / visit, then 20% ▪ 20% ▪ 40% | <ul style="list-style-type: none"> ▪ \$75 copay / visit ▪ \$75 copay / transport ▪ \$15 copay / visit |
| Hospital | | | | |
| <ul style="list-style-type: none"> ▪ Facility fee ▪ Physician/surgeon fee | <ul style="list-style-type: none"> ▪ 20% ▪ 20% | <ul style="list-style-type: none"> ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ \$100 copay/day (\$500 max/CY) ▪ No cost share |
| Mental Health/Substance Abuse | | | | |
| <ul style="list-style-type: none"> ▪ Inpatient services ▪ Outpatient services | <ul style="list-style-type: none"> ▪ 20% ▪ \$20 copay / visit* | <ul style="list-style-type: none"> ▪ 20% ▪ \$20 copay / visit* | <ul style="list-style-type: none"> ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ \$100 copay/day (\$500 max/CY) ▪ \$15 copay / visit |
| Maternity | | | | |
| <ul style="list-style-type: none"> ▪ Prenatal and postnatal care ▪ Delivery and all inpatient services | <ul style="list-style-type: none"> ▪ 20% ▪ 20% | <ul style="list-style-type: none"> ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ \$15 office visit copay ⁷ ▪ \$100 copay/day (\$500 max/CY) |
| Recovery or special health needs | | | | |
| <ul style="list-style-type: none"> ▪ Home health care ⁸ ▪ Rehabilitation services (OT, PT, ST) ▪ Skilled nursing care ▪ Durable medical equipment | <ul style="list-style-type: none"> ▪ 20% ▪ 20% ⁹ ▪ 20% ▪ 20% | <ul style="list-style-type: none"> ▪ 40% ▪ 40% ⁹ ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ 40% ▪ 40% ⁹ ▪ 40% ▪ 40% | <ul style="list-style-type: none"> ▪ No cost share ▪ \$15 office visit copay ¹⁰ ▪ No cost share ▪ 20% |

Please note: This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this comparison and the plan document, the information in the plan document shall prevail.

¹ Blue Distinction Total Care providers require a \$10 office visit copay.

² Members may be balanced billed for balances beyond any deductible and coinsurance amounts.

³ Complementary Care covers spinal manipulations and acupuncture only; visits are limited to 24 visits per Calendar Year. Coinsurance amounts apply toward the medical OOPM. Other forms of chiropractic care apply to the rehabilitation benefit.

⁴ Copays do not apply to the medical OOPM.

⁵ Immunizations for children up to age 18 are covered in full.

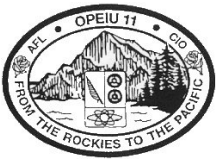
⁶ Coinsurance is reduced to 10% when in-network Preferred Provider Ambulatory Surgery Centers are used.

⁷ Prenatal care is considered preventive, therefore there is no cost share and the copay does not apply.

⁸ Up to 130 visits per year

⁹ Inpatient: 60 day limit/CY; Outpatient: 45 visit limit/CY (combined limit includes occupational therapy (OT), physical therapy (PT), and speech therapy (ST)).

¹⁰ 20 visits per therapy per calendar year.



2018 PLAN YEAR VISION / DENTAL BENEFIT COMPARISON

| VISION BENEFITS | | | |
|---|--|---|--|
| | VISION SERVICE PLAN (VSP) – REGENCE ENROLLEES ONLY | | KAISER PERMANENTE ¹¹ |
| Providers | VSP Providers | Non-VSP Providers ¹² | Kaiser Permanente Providers |
| | MEMBER PAYS: | MEMBER PORTION & REIMBURSEMENT: | MEMBER PAYS: |
| Exams | \$15 copay Diabetic eyecare: \$20 copay | \$15 copay, then reimbursed up to \$50 | \$15 copay |
| Lenses ▪ Single ▪ Bifocal – Lined ▪ Trifocal - Lined | \$25 copay | \$25 copay, then reimbursed: ▪ Up to \$50 ▪ Up to \$75 ▪ Up to \$100 | Allowance of \$150 for lenses, frames or contacts; if full allowance is not used, the balance is forfeited. |
| Frames | Allowance of \$130 | Reimbursed up to \$70 | |
| Contact Lenses ▪ Fitting exam | Allowance of \$130 Up to a \$60 copay for contact lens exam; contact lens exam (fitting & evaluation) copay no longer applies to \$130 allowance. | Reimbursed up to \$105 | |
| Frequency (based on last date of service) ▪ Exam ▪ Lenses ▪ Frames | ▪ 12 months ▪ 12 months ▪ 24 months | ▪ 12 months ▪ 12 months ▪ 24 months | ▪ No limit ▪ Two (2) calendar years ▪ Two (2) calendar years |

| DENTAL BENEFITS | | | |
|---|--|--|---|
| | TRUST PLANS | WILLAMETTE DENTAL ¹³ | KAISER PERMANENTE ¹⁴ |
| Providers | Any licensed Dentist | Willamette Dental Insurance, Inc. Providers | Kaiser Permanente Dentist's |
| Dental Calendar Year (CY) Deductible | \$10 per individual | None | None |
| Dental Calendar Year (CY) Maximum | \$1,500 – PLAN PAYS | None | None |
| | MEMBER PAYS after deductible: | MEMBER PAYS: | MEMBER PAYS: |
| Services ▪ Preventive Care (exam/cleaning) ▪ Basic (fillings, simple extractions) ▪ Prosthetic (crowns, bridges) | ▪ 20% of UCR ▪ 20% of UCR ▪ 20% of UCR ¹⁵ | ▪ \$10 copay ▪ \$10 copay + applicable copays ¹⁶ ▪ \$10 copay + applicable copays ¹⁶ | ▪ \$5 copay ▪ \$5 copay + 20% ▪ \$5 copay + 50% |
| Orthodontia ▪ Services | ▪ 50% of UCR | ▪ \$2,400 initial fee, then \$10 copay each visit | ▪ \$5 copay + 50% |
| Orthodontia Lifetime Maximum | \$1,000 – PLAN PAYS | None | 50% up to \$1,000 – PLAN PAYS |

Please note: This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this comparison and the plan document, the information in the plan document shall prevail.

¹¹ Coverage shown is for members age 19 and older. Pediatric vision coverage for children 18 and younger is different; refer to the medical summary for more information.

¹² Services and eyewear obtained through out-of-network providers are subject to the same limitations as services obtained through VSP doctors.

¹³ Willamette Dental Insurance, Inc. is available to Oregon and Vancouver, WA residents only.

¹⁴ Kaiser dental is available to all members – one does not need to be enrolled on Kaiser medical.

¹⁵ Actual benefit varies; refer to your labor contract.

¹⁶ Applicable copays vary based on services received.



2018 PLAN YEAR REQUIRED ANNUAL NOTICES

Women's Health and Cancer Rights Act

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services? A summary of the benefits provided under the Women's Health and Cancer Rights Act of 1998 follows:

Beginning in 1999, Federal law required group health plans to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction on the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and,
- Prostheses and coverage for physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles, coinsurance amounts and copayments that are consistent with those that apply to other benefits under the plan.

Please contact Regence BlueCross BlueShield of Oregon or Kaiser Permanente if you have any questions regarding the Women's Health and Cancer Rights Act.



2018 PLAN YEAR REQUIRED ANNUAL NOTICES

Western States Health & Welfare Trust Fund of the OPEIU Participants and Their Eligible, Covered Dependents

Prescription Drug Coverage and Medicare

We are sending this notice to all employees, early retirees and COBRA participants currently covered under the Western States Trust medical plans. This notice is intended for participants who are eligible for Medicare. **If you are NOT and NO ONE in your immediate family is eligible for Medicare you may disregard this notice.**

If you or a covered dependent is eligible for Medicare, please read this notice carefully and keep it where you can find it. This notice has information about Western States Trust pharmacy plan and about your options under a Medicare prescription drug plan. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Following are some important points about Medicare Prescription Drug (Medicare Part D) coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Regence BlueCross BlueShield of Oregon and Kaiser Permanente have determined that the prescription drug coverage offered by Western States Trust is, on average for all plan participants, expected in 2018 to pay out as much or more than what the standard Medicare prescription drug coverage would be expected to pay on average and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare prescription drug plan.
3. **Read this notice carefully** – it explains the options you have under Medicare prescription drug coverage, and can help you decide whether or not you want to enroll.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15 and December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to enroll in a Medicare prescription drug plan and drop your coverage under the Western States Trust pharmacy plan you and your covered dependents will automatically lose coverage under the Trust medical plan as well. You may not be able to get this coverage back at a future date. In addition, Western States Trust is not permitted to contribute to your premiums should you elect to drop the Trust's sponsored coverage.

Remember, your current coverage pays for other health expenses, in addition to prescription drugs. You will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. However, you may not exclude prescription drug coverage from your Regence BlueCross BlueShield of Oregon or Kaiser Permanente Trust coverage.



2018 PLAN YEAR REQUIRED ANNUAL NOTICES

If your coverage is a result of active employment, under Regence BlueCross BlueShield of Oregon, your prescription drug coverage would be primary. Regence BlueCross BlueShield of Oregon does not coordinate with Medicare, but Medicare would be secondary. While enrolled under Kaiser, if a secondary Medicare Prescription drug plan was purchased outside of Kaiser, Kaiser is not capable of coordinating with Medicare if drugs are purchased outside of the Kaiser system.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose coverage under Western States Trust's pharmacy plan and don't enroll in Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription drug coverage later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium will go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go 19 months without coverage, your premium will always be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until next October to enroll.

Information regarding your pharmacy benefits has been provided to you in your benefit comparison and Summary Plan Description (SPD). NOTE: You may receive this notice at other times in the future, such as before the next period you may enroll in Medicare prescription drug coverage, and if Western States Trust's coverage changes. You also may request another copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also get more information about Medicare prescription drug plans from the following:

- Centers for Medicare, Medicaid Services (CMS/Medicare): www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Senior Health Insurance Benefits Assistance program (SHIBA - their telephone number is noted in the Medicare & You handbook).

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare prescription drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2017
Name of Entity: **Western States Health & Welfare Trust Fund of the OPEIU**
Contact: BeneSys, Inc.
Address: 1220 SW Morrison Street, Suite 300, Portland, OR 97205-2222
Phone: 503-224-0048



2018 PLAN YEAR REQUIRED ANNUAL NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility -

| OREGON – Medicaid | WASHINGTON – Medicaid |
|--|--|
| Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 | Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473 |

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



2018 PLAN YEAR REQUIRED ANNUAL NOTICES

Western States Health & Welfare Plan Of The OPEIU Notice of Privacy Practices

This notice of privacy practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Western States Health & Welfare Trust Fund of the OPEIU (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you in accordance with HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact:

BeneSys, Inc.
Attn: Privacy Official
700 Tower Drive, Suite 300, Troy, MI 48098
Telephone: (248) 813-9800

Effective Date

This Notice is effective October 1, 2017.

Our Responsibilities

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information;
- Follow the terms of the Notice that is currently in effect.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices in the Plan's next annual mailing.



2018 PLAN YEAR REQUIRED ANNUAL NOTICES

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stoploss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

Other Covered Entities. The Plan may use or disclose Your Protected Health Information to assist Providers in connection with their treatment or payment activities or to assist other covered entities in connection with payment activities and certain health care operations. For example, the Plan may disclose Your Protected Health Information to a Provider when needed by the Provider to render treatment to You or the Plan may disclose Protected Health Information to another covered entity to conduct health care operations in the area of quality assurance.

Disclosures to the Centers for Medicaid and Medicare Services. The Plan may disclose Your Protected Health Information, as permitted by federal regulations, to the Centers for Medicaid and Medicare Services, in order to comply with mandatory Medicare coordination of benefit requirements. The Plan may share required data, including health information, with the Centers for Medicaid and Medicare Services and state Medicaid agencies.



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As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose protected health information to the Plan's Trustees. However, the Trustees will use or disclose that information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. These programs provide benefits for work-related injuries or illness;

Public Health Risks. We may disclose your protected health information for public health actions. These actions generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure only if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.



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Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information is not disclosed in accordance with your individual authorization.



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Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee participating in the Trust. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will be made only with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work

with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to the Trust administration office. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Trust administration office.



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Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to:

BeneSys, Inc. Attn: Privacy Official
700 Tower Drive, Suite 300, Troy, MI 48098

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made in accordance with your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Trust administration office. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a twelve-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing to:

BeneSys, Inc. Attn: Privacy Official
700 Tower Drive, Suite 300, Troy, MI 48098



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In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to:

BeneSys, Inc. Attn: Privacy Official
700 Tower Drive, Suite 300, Troy, MI 48098

We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.westernstates.aibpa.com

To obtain a paper copy of this notice, contact:

BeneSys, Inc. Attn: Privacy Official
700 Tower Drive, Suite 300, Troy, MI 48098
Telephone: (248) 813-9800

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact:

BeneSys, Inc. Attn: Privacy Official
700 Tower Drive, Suite 300, Troy, MI 48098
Telephone: (248) 813-9800

All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.



PLAN CONTACT INFORMATION

| | CARRIERS | CUSTOMER SERVICE INFORMATION | WEB INFORMATION |
|-------------------------------|--|------------------------------|--|
| Medical and Prescription Drug | Regence BCBSO Group # 10010748 | 1.888.370.6157 | www.regence.com |
| | Regence BCBSO Group # 10010748 <i>Mail order Prescription Drugs - AllianceRx Walgreens</i> | 1.844.765.2894 | www.regence.com |
| | Kaiser Permanente Group # 1616 | 1.800.813.2000 | www.kp.org |
| | Kaiser Permanente Group # 1616 <i>Mail order Prescription Drugs</i> | 1.800.548.9809 | www.kp.org/refill |
| Dental | Trust Plans 10 – 11 – 12 | 1.800.547.4457 | www.westernstates.aibpa.com |
| | Willamette Dental Insurance, Inc. Group # OR67 | 1.855.433.6825 | www.willamettedental.com |
| | Kaiser Permanente Group # 1616 | 1.800.813.2000 | www.kp.org |
| Vision | Vision Service Plan (VSP) Group # 12217447 | 1.800.877.7195 | www.vsp.com |
| Life and Disability Benefits | Standard Insurance Group # 309780 | 1.800.378.5742 | www.standard.com |

If you have specific questions about treatment or how benefits apply to your situation, call the insurance carrier directly.

24 hour phone numbers for urgent help

- Regence BCBSO nurse advice line: 1.800.267.6729
- Kaiser Permanente nurse advice line: 1.800.813.2000

The Trustee's have completed another year of negotiations with the insurance companies, completing the renewal of your benefits plans, and are pleased to be able to continue to provide you with a comprehensive benefit package for 2018.

As in the past, the Trustee's focus is to provide you and your family with a complete benefit package assisting you in maintaining good health while providing comprehensive benefits in the event of an illness or injury.

Because the Trustee's are responsible for the long term financial health of the Trust itself, they often consider cost effective ways to manage benefits while maintaining quality. There are no significant benefit changes for the 2018 plan year, the specifics of most of the changes are detailed in this handbook on page 3.

Premium increases to you, the participant, are due to the increased rates the insurance companies are charging the Trust for the 2018 Plan Year; a substantial portion of which is the result of Federal and State taxes. As a result, the Trustee's have elected to provide a significant premium subsidy to offset the impact of those taxes.

Wishing you the best in health for 2018!

