Trust

Employee Benefit Trust

AWC EMPLOYEE BENEFIT TRUST

LEOFF 1 Medicare Advantage Plan
City of Vancouver

CHOICE | HEALTH | SERVICE

Disclaimer

This presentation is intended to provide a brief description of 2026 coverage and is not a complete explanation of covered services, exclusions, limitations, reductions or terms under which a program may be continued in force. This presentation is not a contract. For full coverage provisions, including a description of limitations and exclusions, please contact Human Resources for applicable summary plan documents.

AWC Trust Regence MedAdvantage Plan

- Regence MedAdvantage is a PPO Employer Group Waiver Plan (EGWP)
  - EGWP is a type of Medicare Advantage plan, that has been specifically designed by the AWC Trust for LEOFF 1 Retirees

- Plan combines Parts A & B +Part D + Additional benefits integrated into a single plan

- Regence is the administrator on behalf of Medicare and claims are submitted by providers to Regence for processing

- Plan pays for most covered services at 100%, with no out of pocket to the LEOFF 1

What does Regence MedAdvantage cover?

- Part A & B benefits – hospital and physician coverage (Part B premiums are still required to be paid)
- Part D Prescription coverage
- Additional benefits not usually covered by Original Medicare

Wrapped into one easy package!

Regence MedAdvantage PPO Plan

- Freedom to use your own in-network doctors and hospitals
- No referrals to see specialists
- Large provider and pharmacy network
- Worldwide emergency coverage

Eligibility

LEOFF 1 Retiree Members:

1. Must be entitled to Medicare benefits under Part A and enrolled in Part B

2. Cannot live outside of the United States (must live within the U.S. which is defined as a jurisdiction that is one of the 50 states and includes Washington D.C.)

3. LEOFF 1 Retirees must sign an enrollment form authorizing this change in coverage.

   **Note, another plan is available to LEOFF 1 Retirees that do not meet the above criteria*.

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits

Annual deductible:	$0
Maximum out-of-pocket:	$0 for services you receive from in-and out-of-network providers combined .

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits
Medical Benefits (in/out-of-network)

Inpatient hospital:	Member pays $0 per day: days 1-999 Plan covers an unlimited number of days per stay; may require prior authorization.
Outpatient hospital:	Member pays $0 Services may require prior authorization.
Ambulatory surgery center:	Member pays $0 Services may require prior authorization.

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits
Medical Benefits (in/out-of-network)

Doctor visits:	Member pays $0 (primary/specialty)
Preventive Care:	Member pays $0
Emergency care:	Member pays $0 Emergency room visit; worldwide emergency care.

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits
Medical Benefits (in/out-of-network)

Urgent care:	Member pays $0 Virtual urgent care available through Doctor on Demand, in network only.
Diagnostic services: (including labs, imaging)	Member pays $0 Services may require prior authorization.

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits
Medical Benefits (in/out-of-network)

Hearing services:	Member pays $0 for exam to diagnose and treat hearing and balance issues.
	Member pays $0 in network and $150 out-of-network for routine hearing exam, limited to 1 per calendar year. Services do not apply to out-of-pocket maximum.
Hearing aids:	$499, $699, or $999 per aid, per ear, per calendar year provided by TruHearing. In network coverage only and does not apply to out-of-pocket maximum.

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits
Medical Benefits (in/out-of-network)

Dental services :	Member pays $0 Medicare-covered services (medical conditions of the mouth only; not traditional dental care)

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits Medical Benefits (in/out-of-network)

Vision services :	Member pays $0 for exam to diagnose and treat diseases and conditions of the eye. Member pays $0 for routine eye exam in-network with VSP provider (50% out-of-network) covered 1 per calendar year. *Services do not apply to out-of-pocket maximum.* Member pays $0 for routine eyewear (lenses) in-network with VSP (50% out-of-network). Frames/contact lenses allowance is $200 every calendar year. *Services do not apply to out-of-pocket maximum.*

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits
Medical Benefits (in/out-of-network)

Mental health services:

Inpatient:	Member pays $0 per day 1-190 days (190-day lifetime maximum). *Services may require prior authorization.*
Outpatient:	Member pays $0 *Services may require prior authorization.*
Virtual:	Member pays $0 in-network through Doctor on Demand. *Not covered out-of-network.*

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2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits
Medical Benefits (in/out-of-network)

Skilled nursing facility:	Member pays $0 per day, days 1-100. Up to 100 days covered per benefit period. *Services may require prior authorization.*
Rehabilitation:	Member pays $0 for outpatient occupational therapy and physical and speech language therapy. *Services may require prior authorization*.
Ambulance :	Member pays $0 for Medicare covered transport including ground ambulance, air ambulance.

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits
Medical Benefits (in/out-of-network)

Acupuncture:	Member pays $0 for Medicare covered services – limited to treatment of chronic low back pain. *Additional covered services do not apply to the out-of-pocket maximum.*
Chiropractic:	Member pays $0 for Medicare covered services – limited to a manipulation of the spine to correct a subluxation. *Additional covered services do not apply to the out-of-pocket maximum.*

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits Medical Benefits (in/out-of-network)

Massage Therapy:	Member pays $0, up to 6 visits per calendar year, up to 60 minutes per visit. *Services do not apply to the out-of-pocket maximum*.
Naturopathy	Member pays $0. *Services do not apply to the out-of-pocket maximum.*
Fitness program:	Member pays $0 in-network for fitness membership through the Silver & Fit Program. *Not covered out-of-network.*

2026 LEOFF 1 MedAdvantage + RX Enhanced Plus Opt 1 PPO Benefits

Prescription Drugs (in-network)

Annual prescription (Part D) deductible stage	$0

Initial coverage stage (the amount you pay until you have paid $2,000 for covered drugs)	**30-day**	**up to 100-day**
Tier 1: Preferred generic		
Standard retail / Standard mail order	$0	$0
Tier 2: Generic		
Standard retail / Standard mail order	$0	$0
Tier 3: Preferred brand		
Standard retail / Standard mail order	$0	$0
Tier 4: Non-preferred drug		
Standard retail / Standard mail order	$0	$0
Tier 5: Specialty		
Standard retail / Standard mail order	$0	N/A

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Additional Benefits through the AWC Trust

- **Employee Assistance program (1-6)**
  - Confidential counseling: in-person, telephone, video
  - Work-life assistance
  - Financial guidance
  - Legal assistance

1-800-570-9315

guidanceresources.com

Company Web ID: trusteap71

Enrollment Process

LEOFF 1 Retiree's must complete a Medicare Advantage Enrollment Form

The Enrollment Form must be completed and turned into the City by November 21, 2025

Enrollment Process

Once enrolled

- Welcome letter arrives from Regence in 7 days to the member, after enrollment received
  - This can be used as your ID card until it arrives

- ID Card typically arrive from Regence 10-14 days after enrollment form received

Enrollment Materials

After ID Cards, the LEOFF 1 will receive a new enrollment kit from Regence containing:

- Evidence of Coverage (EOC)

Drug formulary, Pharmacy directory, Provider directory – may be requested from Regence customer service

Annual Mailing

On an annual basis, members will receive from Regence

- Annual Notice of Change letter (ANOC)
- Evidence of Coverage for the upcoming new plan year (EOC)
  - Only if new to plan
- Drug formulary – upon request
- Pharmacy directory – upon request
- Provider directory – upon request

Questions?

- Call us at 1-800-562-8981
- Email us at benefitinfo@awcnet.org
- Website: www.awctrust.org