

Retiree health coverage options

Not eligible for Medicare yet?

There are three paths available to you under the AWC Trust



Enroll on an AWC Trust retiree medical plan

- The retiree must meet age and service requirements under an AWC Trust employer's pension (you don't need to draw the pension; you just have to be eligible).
- You must be enrolled on an AWC Trust medical plan immediately preceding retirement.

or

Defer your AWC Trust retiree coverage if you enroll on other employer-sponsored insurance

- You may be covered as an employee or a dependent.
- You must submit a coverage deferral form to the AWC Trust within 60 days of separation from the time your AWC Trust coverage ends.
- Other actions are required, contact the AWC Trust for more details or to obtain the deferral form.

or

Continue your current coverage through COBRA

- Monthly cost is the full premium amount + 2%.
- COBRA coverage is typically available for 18 months.

Other things to think about:

- If your employer or employee group leaves the AWC Trust, you are no longer eligible to be covered on an AWC Trust plan.
- Service areas may vary. Planning to move or travel? Contact AWC Trust staff to confirm you'll still have access to services.
- The AWC Trust also offers retiree dental coverage, through both Delta Dental and Willamette Dental.

[Check out AWC Trust retiree plan options](#)



Pre-Medicare retiree plan options

Regence BlueShield/Asuris Northwest Health			Kaiser Permanente	
HealthFirst 1000	Retiree HDHP	HealthFirst 2500	Kaiser 1000	Retiree HDHP
Deductible				
\$1,000/individual	\$1,600/individual	\$2,500/individual	\$1,000/individual	\$1,600/individual
\$3,000/family	\$3,200/family	\$7,500/family	\$2,000/family	\$3,200/family
Typical member copay/coinsurance				
10% coinsurance	20% coinsurance	10% coinsurance	10% coinsurance	10% coinsurance
Prescription				
\$5 copay generic	20% coinsurance generic, preferred brand, or specialty medications <i>Most prescriptions are subject to deductible</i>	\$5 copay generic	\$10 copay preferred generic	\$15 copay preferred generic
\$25 copay preferred brand		\$25 copay preferred brand	\$20 copay preferred brand	\$30 copay preferred brand
\$50 copay brand		\$50 copay brand	\$40 non-preferred brand	\$50 non-preferred generic/brand
<i>Specialty medication costs may be different.</i>				
Out-of-pocket maximum				
\$6,350/individual \$12,700/family	\$5,000/individual \$10,000/family	\$6,350/individual \$12,700/family	\$5,500/individual \$11,000/family	\$3,750/individual \$7,500/family

Questions? Here are some options for help

Get free unbiased education and advice:
Statewide Health Insurance Benefits Advisor (SHIBA)
 Office of the Insurance Commissioner
 1.800.562.6900

Contact us for more detailed information about retiree medical and dental coverage, current rates, and deferral:
AWC Employee Benefit Trust
 1.800.562.8981
benefitinfo@awcnet.org

