Washington Farm Bureau Healthcare Trust
PO Box 5433
Spokane, WA 99205

WASHINGTON FARM BUREAU Healthcare

MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare eligible or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under the Medical Plan is or is not creditable with (as valuable as) Medicare's prescription drug coverage.

To find out whether the prescription drug coverage under the medical plan offered by the Fund is or is not creditable you should review the Plan's Medicare Part D Notice of Creditable Coverage beginning on page 2 of this notice.

ANNUAL NOTICE TO PLAN PARTICIPANTS

This mandatory notice is sent in compliance with Federal Law. Please keep this notice with your Summary Plan Description booklet. If you have any questions regarding these Federal Requirements, please contact Rehn & Associates at 509-534-0600 or 833-963-0043.

HIPAA PRIVACY NOTICE

The Washington Farm Bureau Health Care Trust (the "Trust") is required by law to maintain the privacy of protected health information ("PHI") and to provide individuals covered under the Trust with notice of its legal duties and privacy practices with respect to PHI in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition, health care services provided to you, or payment for health care services provided to you. The Notice of Privacy Practices ("Notice") is provided for the Trust and applies with respect to each benefit in which you are enrolled. The Notice describes how the Trust and its Administrator may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

If you have any questions, or to obtain a copy of the Notice of Privacy Practices, please contact the Trust Privacy Official at Rehn and Associates, P.O. Box 5433, Spokane, WA 99205, 509-534-0600, Email: rehn@rehnonline.com. The Trust has hired various insurance companies to provide benefits to you and your dependents. These insurance companies also maintain their own Privacy Practices, which may separately be sent to you. If you would like a copy of the insurance companies' Notices of Privacy Practices, please contact the Trust Privacy Official.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Trust and about your options under Medicare's prescription

drug coverage. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug 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. This Health Care Plan has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays 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 drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Health Care Plan coverage will not be affected. You will be eligible to receive your current health and prescription drug benefits even if you choose to enroll in a Medicare prescription drug plan.

Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you do decide to enroll in a Medicare prescription drug plan and drop your Health Care Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) to Join A Medicare Drug Plan?
You should also know that if you drop or lose your coverage with the Trust and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by 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 nineteen months without creditable coverage, your premium may consistently 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 the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage…
Contact Rehn & Associates for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your Health Plan changes. You also may request a copy.

For More Information about Your Options under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

October 1, 2026
Washington Farm Bureau Healthcare Trust

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