

## SPECIAL INSERT FOR PRE-MEDICARE HOURLY RETIREES

*This insert describes specific plan eligibility and termination procedures under this plan for eligible nonunion and union-represented hourly pre-Medicare retirees. It replaces sections titled "How Plan Eligibility Works" through "When Coverage Ends," of the enclosed booklet.*

### ELIGIBILITY, ENROLLMENT AND COST

These sections of your booklet describe who is eligible for coverage, enrollment requirements, and the cost of the coverage.

#### When Your Active Coverage Ends

If you and your eligible dependents participate in Weyerhaeuser-sponsored medical plans when you retire from employment, active employee coverage for you and your covered dependents continues until the end of the month following the month that you retire. For example, if you retire in the month of October, your active coverage will end after the month of November.

### ELIGIBILITY RULES

Weyerhaeuser offers the Medical Plus Plan to any eligible retiree or dependent who is not yet eligible for Medicare.

Enrollment in the Medical Plus Plan for hourly retirees is available if you retired from a full-time position and are a:

- Nonunion hourly pre-Medicare retiree, or
- Union-represented pre-Medicare retiree from these facilities:
  - Longview Extruder AWPPW Local 633
  - Longview WA Liquid Packaging (Pulp/Paperboard) AWPPW Locals 580 & 633
  - New Bern Pulp Mill USW, Local #2-1167
  - New Bern Sawmill USW, Local #1325
  - Plymouth Softwood Lumber USW Local #1356, Unit 2

You also must be:

- Age 55-64 with at least 10 years of vesting service, or
- Eligible to receive a disability retirement from active employment with the company as determined by Weyerhaeuser or its designee. This means that to be considered a disabled retiree under the Plan, you must have earned at least 10 years of vesting service with Weyerhaeuser and you must have received a disability determination (if the effective date is retroactive been eligible to immediately commence a monthly pension benefit (including as a result of a disability determination if the effective date is retroactive to the time period you were employed); and
- Not yet eligible to enroll in Parts A and/or B of Medicare (see note below) unless due to End Stage Renal Disease (ESRD). If Medicare determines you to be ESRD-eligible, you will maintain primary coverage under this plan for the 30-month ESRD period.

**Note: If you were considered a temporary employee when you terminated employment, you are not eligible for retiree medical coverage regardless of the number of hours you worked or age when you terminated, unless you had previously met the required eligibility criteria.**

### ENROLLMENT REQUIREMENTS

If you are eligible for retiree medical, you have a one-time opportunity to elect to participate in this plan, if you retire prior to (the earlier of) Medicare-eligible age or age 65.

Your spouse has the same options that you do, and may enroll in this plan anytime from your retirement date until they become eligible for Medicare.

Your dependent children can enroll anytime as long as either you or your spouse is covered under the plan.\* Enrollment for dependents is available once a year during open enrollment (if applicable), or may occur mid-year if you have a qualifying status change. This plan does not offer coverage following your 65<sup>th</sup> birthday.

\*This restriction does not apply to retirees from Longview WA Cellulose Fibers AWPPW Local 580-633 (Joint) who retire prior to January 1, 2018.

### **Making Your Election**

When you enroll yourself or your dependents in the Medical Plus Plan, you must complete and return the enrollment forms or contact the Employee Service Center in order to begin coverage. You will receive written confirmation of your election. After making your election retiree medical coverage begins on the first day of the month following the date that you elect to enroll. You may not drop coverage under the plan and reenroll at a later date. You are no longer eligible for retiree medical coverage in this plan when you become eligible for Medicare. In addition, your dependents may not remain enrolled in the plan if they become eligible for Medicare.

### **DEPENDENT ELIGIBILITY**

As an eligible retiree enrolled in this plan, you may elect coverage for your eligible dependents under the plan. Use this information as a guide to ensure each dependent you enroll in the plan meets plan eligibility requirements and rules.

<b>DEPENDENT ELIGIBILITY</b>
<p><b>You may cover:</b></p> <p><b>Your spouse</b>, if he or she is legally married to you. Coverage for domestic partners is not available under this plan.</p> <ul style="list-style-type: none"><li>Your spouse is eligible to enroll at any time until they become eligible for Medicare. If you marry while you are a participant in this plan, you must notify Weyerhaeuser within 31 days of your marriage date and add your new spouse at that time. If you end coverage for your eligible spouse, you may not reenroll your spouse in this Plan at any time in the future.</li></ul> <p>You may not cover a former spouse from whom you are divorced or legally separated.</p>
<p><b>Your dependent child(ren)</b>, if you elect coverage for yourself or your spouse*, if he or she is:</p> <ul style="list-style-type: none"><li>Under age 26, and</li><li>Your natural or legally adopted child or your step-child, or</li><li>Your eligible foster child, if placed by an authorized placement agency or by judgment or decree, or</li><li>A child for whom you have court-appointed guardianship or for whom you have a Qualified Medical Child Support Order (QMSCO)</li><li>Not Medicare-eligible.</li></ul> <p>Note: While you may cover your married or unmarried adult child up to age 26, you may not cover his or her spouse or children. Only dependents who meet the eligibility requirements and rules are eligible for plan coverage.</p> <p>*This restriction does not apply to retirees from Longview WA Cellulose Fibers AWPPW Local 580-633 (Joint) who retire prior to January 1, 2018.</p>
<p><b>Your disabled adult child</b>, If you have a disabled dependent child age 26 or over, he or she may remain covered under your plan indefinitely when all of the requirements for a child (as defined above) are met and the child meets the additional requirements outlined in this section. He or she was <b>all</b> of the following:</p> <ul style="list-style-type: none"><li>Enrolled in this plan or another Weyerhaeuser medical plan when he or she reached age 26</li><li>Deemed disabled by the plan administrator or designee, as applicable</li><li>Unable to earn a living because of a continuous physical, developmental, or mental disability that began before age 26</li><li>Living with you and not providing more than half of his or her support, or you (or your spouse) provide 50% or more of his or her financial support, regardless of whether the child is living with you</li><li>Not covered by any other group health plan as an employee</li><li>Unmarried</li><li>Not Medicare-eligible.</li></ul>

Coverage for the disabled child can continue while you (or your spouse) remain enrolled in the plan, as long as the disabled child remains eligible. Coverage is not available for a, disabled child age 26 or older who is not enrolled in this plan or another Weyerhaeuser-sponsored retiree plan.

Note: Continued coverage for a disabled child over age 26 is not automatic. You must request continued coverage from the Weyerhaeuser ESC at least 31 days before the child's 26th birthday. Failure to request coverage continuation in accordance with this rule will result in loss of coverage. Ongoing proof of disability is required.

If your child has been covered as a disabled dependent, and the eligibility administrator determines that the child no longer meets the plan's disability requirements, the child's coverage under the plan will end. In this case, you will be notified with information about continuing coverage as well as your options to appeal this decision.

**Qualified Medical Child Support Orders.** The plan complies with Qualified Medical Child Support Orders (QMCSOs). You can obtain a copy of the plan's procedures for QMCSOs free of charge, by contacting the Weyerhaeuser Employee Service Center.

### **COSTS ASSOCIATED WITH COVERAGE**

Some of the terms Weyerhaeuser uses to describe the retiree medical premium assistance arrangements and other arrangements you may make in conjunction with enrollment in the plan can be confusing. Here are some details about those terms:

**Your Costs:** As a pre-Medicare participant, your costs for coverage will depend on your location and the date you retired. You will receive monthly billings for the portion of your premium that you are responsible to pay.

### **ENROLLMENT RULES AND CERTIFICATION REQUIREMENTS**

To maintain enrollment for your spouse or dependent children under the plan, you must certify that they are eligible dependents under the plan. Weyerhaeuser may initiate this by requesting documents to show eligibility for coverage as your dependent. This information may be requested periodically; failure to provide requested information will result in a loss of coverage.

### **Fraudulent coverage of dependents**

If it is determined that you fraudulently elected or maintained coverage for any enrolled dependent, you may be required to reimburse the cost of any claims or expenses paid under the plan for that dependent. In addition, Weyerhaeuser reserves the right to permanently terminate plan coverage for you and your dependents for fraudulently electing or maintaining coverage for an ineligible dependent. Any individual who fraudulently enrolls or maintains plan coverage for an ineligible participant may also be subject to legal action.

### **WHEN CAN COVERAGE BE CHANGED?**

You may drop coverage for yourself, your spouse and a covered child anytime. It's important to note that if you drop coverage for yourself or your spouse, reenrollment in the plan is not allowed. You or your spouse must be covered under this plan in order to also cover a dependent child.

### **Enrolling a Dependent Child in Plan Coverage**

Certain events allow you to enroll your dependent child into coverage if you or your spouse is also covered under the plan.

You may enroll a dependent in this plan if you gain a new dependent because of:

- Your marriage – your new spouse and any eligible stepchildren under the age of 26 can be enrolled in plan coverage
- Birth of your child – you or your spouse add a dependent to your family due to a new birth. Note: Only your child or your spouse's child may be covered.
- Adoption or placement for adoption of a child in your home
- Placement of a foster child in your home
- You become financially responsible for a child due to court-appointed guardianship or as a result of a Qualified Medical Child Support Order (QMCSO).

If you have never enrolled an eligible dependent child in coverage or previously ended coverage for an eligible dependent child, you may enroll that child in coverage if your dependent child is no longer eligible to remain enrolled in their previous group medical coverage. This coverage loss is generally due to a change in employment of you, your spouse or former spouse, your child or child's spouse or a loss of eligibility for coverage under any

other group medical plan (other than coverage through Medicare or TRICARE). You may also enroll your child in plan coverage if he or she is no longer eligible for Medicaid or a State Children’s Health Insurance Program (CHIP).

**WHEN COVERAGE BEGINS**

Coverage begins on the first day of the month following enrollment.

**WHEN COVERAGE ENDS**

Coverage under the plan ends when certain events occur that affect your eligibility, as follows:

When Coverage Ends/Event	You	Your Spouse	Your Dependent Child
First day of the month of becoming eligible for Medicare	X	X	X
On the “paid through” date, if coverage becomes delinquent due to nonpayment.	X	X	X
On the date that the plan is no longer offered	X	X	X
Coverage ends on the last day of the month of the divorce or legal separation		X	X (if stepchild)
Last day of the month in which your child turns 26			X
Last day of the month in which your disabled child no longer meets plan requirements			X
Last day of the month in which coverage ends for any reason for you and your spouse			X

It is your responsibility to notify the Weyerhaeuser Employee Service Center at 800-833-0030 within 60 days of the event if a covered participant becomes ineligible for coverage. See the remaining sections of the Medical Plus Plan for Retirees’ summary plan description for additional information about how the Medical Plus Plan works.

*This document is only a summary and does not provide a complete description of the available benefits. Weyerhaeuser continues to reserve the right to amend, modify, suspend, or terminate any benefits in whole or in part, at any time and for any reason. Any amendments, modifications, suspensions, or termination of benefits for individuals covered by a collective bargaining agreement will be made in conjunction with the collective bargaining process. Nothing in this document creates a guarantee of current or future benefits or financial contributions/subsidies. Refer to your summary plan description or official plan document for a complete description of plan benefits.*

### Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

### Language Assistance

- ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).
- 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。
- CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).
- 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.
- ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).
- PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).
- УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).
- ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។
- 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。
- ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።
- XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).
- ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).
- ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).
- ໂປດອຸບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).
- ATANSYON:** Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).
- ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).
- UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).
- ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).
- ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

**توجہ:** اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.