Q: I have already retired. When do my Retiree Health & Welfare benefits begin?

The Health & Welfare Services Department will send you a Retiree Health & Welfare (RHW) enrollment packet if:

1. You are eligible for retirement benefits under the UFCW - Northern California Employers Joint Pension Plan (the “Pension Plan”),
2. You have started the application process for benefits under the Pension Plan with the Pension Department, and
3. You have been approved as eligible for RHW benefits under the UFCW Employers Benefit Trust Retiree Plan (the “UEBT Retiree Plan”)

Once we receive and process the enrollment form, we will generate an invoice and send it to you. Once we receive payment, eligibility will be granted for the periods listed on the invoice. RHW Benefits will begin on the same day as your Pension Benefits under the Pension Plan. Please submit your completed enrollment paperwork as soon as possible to avoid delays in processing.

Q: What is Non-Duplication of Benefits?

Non-duplication of benefits applies to medical, dental and prescription drug benefits and is how the plan coordinates benefits when the UEBT Retiree Plan is the secondary plan. The UEBT Retiree Plan will pay benefits only if the benefits paid by the primary plan (i.e. Medicare, your Spouse’s, or Domestic Partner’s plan) was less than the amount the UEBT Retiree Plan would have paid if the UEBT Retiree Plan were the only plan providing benefits.

Example: If Medicare or another plan paid 80% of the allowed amount as the primary plan and the UEBT Retiree Plan would have only paid 75% of the same allowed amount (after your deductible), there would be no additional benefit under the UEBT Retiree Plan. You will be responsible for the 20% coinsurance amount that was not paid by the primary plan.

Similar to medical and dental coverage, if your working Spouse/Domestic Partner has other prescription drug coverage through his or her own employer, he or she must enroll in and use that other prescription drug coverage first. If he or she tries to fill a prescription using the UEBT Retiree Plan/Prescription Drug ID card, coverage will be denied and the pharmacist will ask for the ID card for the other prescription drug plan.

Q: How long does it take before I can have my RHW payment deducted from my Pension check if I elect to do so?

If you are approved for RHW benefits, you will receive a monthly invoice for premiums until your pension benefits have been approved. Once your pension benefits have been approved the Trust Fund Office (“TFO”) can automatically deduct your required RHW premiums from your monthly pension payments if you have submitted an Authorization to Deduct Form (“ADF”) to the TFO. The process usually takes between one and three months before your automatic deductions begin.

Q: What are the requirements to have 100% coverage (Dual Coverage) on covered charges and how does this affect our claims being paid?

Participants are eligible for Dual coverage if both participants are covered as Employees by the UEBT Active Plan, when both are covered as retirees under the UEBT Retiree Plan, or when one is covered as a Retiree by the UEBT Retiree Health & Welfare Plan and the other is covered as an Employee by the UEBT Active Plan. In addition:

a) Both participants must be enrolled with the same carrier,
b) Both participants must have authorized premiums at the same level,
c) Active participants must elect (and participate in) the HCP Plan Option

d) Both must mirror the coverage of any eligible respective dependent children, if eligible for dependent coverage.

If the above requirements are met, the applicable UEBT Active Plan or UEBT Retiree Plan will reimburse the deductible, coinsurance and copayments up to the Plan’s allowed amount.

Q: I currently am in the process of enrolling in RHW and I need a prescription. What do I do?

You should contact Health & Welfare Services at 800-552-2400 and request a one-time override for the prescription you need filled. The TFO can authorize a prescription override if your RHW application is being processed, eligibility for RHW has been approved and noted in the system and the TFO has not yet sent an invoice. If the TFO has sent an RHW premium invoice to you for retroactive premiums an override cannot be made until payment is received or proof can be provided that payment is in transit to the TFO.

Q: If I do not want to cover my Spouse/Domestic Partner, but want to cover my dependent children. Can I?

Yes, if a dependent child is eligible for coverage under the UEBT Retiree Plan, you can enroll the dependent child without enrolling your Spouse. You are not required to enroll your Spouse/Domestic Partner.
Q: Can I cover my Dependent Child?
Retirees must have at least 25 years of credited service upon retirement to enroll a dependent child, subject to Plan rules. A dependent child will be covered up to the age of 19 unless documentation is provided that he or she is a full-time unmarried student and they are primarily dependent on you for financial support became totally and permanently disabled while covered under the UEBT Retiree Health Plan before age 19. Coverage is extended for full-time unmarried students until age 24 if the required Student Certification paperwork is submitted timely. For more information please contact the Trust Fund Office.

Q: I am a Regular Retiree and have become eligible for Medicare. What happens now?
If you are retired, it is very important that you and your Spouse/Domestic Partner enroll in Medicare Parts A and B as soon as you are eligible, because coverage under this UEBT Retiree Plan is secondary to Medicare for Retirees who are eligible for Medicare. Therefore, the UEBT Retiree Plan will coordinate your benefits with those programs if you are eligible to enroll in them, regardless of whether or not you and your Spouse/Domestic Partner are actually enrolled in and receiving benefits from Medicare. This means that the UEBT Retiree Plan will only pay the amount that would be covered based on non-duplication of benefits, if you had enrolled in Medicare timely, which may leave you in some cases responsible for the full costs. We recommend you apply for Medicare Parts A and B at least three (3) months before you reach age 65 (or when you become disabled) to avoid any possible overpayments.

Q: How can I reduce my monthly premiums required under the UEBT Retiree Plan?
If you are a Regular Retiree and you become covered under Medicare, the monthly premium for you and your covered dependents will be reduced. However, as a Medicare retiree you will now pay a premium for each covered dependent which could result in an increase in your premiums, depending on how many dependents you choose to cover. If you are a Self-Pay Retiree and you or your Spouse/Domestic Partner become covered under Medicare, the monthly premium for you or your Spouse/Domestic partner will be reduced.

Q: I am a Regular Retiree. What if my premiums are higher than I think they should be?
Your required UEBT Retiree Health & Welfare Plan monthly premium is based on a combination of your Years of Credited Service earned as calculated by the Pension Department and Medicare eligibility. If you have questions regarding your premiums, please contact the Health & Welfare Department at (800) 552-2400 and press option 3. If you have specific questions regarding your Years of Credited Service, you will need to contact the Pension Department by calling (800)-552-2400 and press option 4. Monthly premium amounts based upon Years of Credited Service do not apply to Self-Pay Retirees.

Q: Do I need to notify the TFO if I obtain other insurance?
Yes, the UEBT Retiree Health & Welfare Plan rules state that any Retiree, Spouse/Domestic Partner and dependent child who has access to another employer-paid active and/or retiree plan will be required to enroll in that plan at a level at least as comprehensive as the UEBT Retiree Plan in which they are currently enrolled, without regard to cost. The UEBT Retiree Plan will reduce benefit payments by 60% for any participant or beneficiary who does not enroll in a plan as described above.

Q: If I decide to drop my UEBT Retiree Health & Welfare Plan coverage, what do I need to do?
You will need to submit the request for cancellation in writing to the TFO. The termination will occur on the last day of the month for which you requested your cancellation to be effective. For example, if the TFO receives your request to opt-out of the UEBT Retiree Plan in January, the opt-out will be effective February 1. However, please be advised that once you drop coverage for any reason other than having coverage under another group health plan, you will forever waive your right to enroll in the UEBT Retiree Plan. In order to re-enroll in the UEBT Retiree Plan (if you are eligible) you have 60 days to submit proof to the TFO that you were covered under other group health coverage and coverage under that health plan has terminated.

Please note that this FAQ is being provided to you for your benefit and is intended for informational use only. The terms of the applicable UEBT Retiree Plan Document and Summary Plan Description shall control to the extent there are any inconsistencies between those documents and this FAQ. Furthermore, not all information on this FAQ may apply to you, as it depends on your individual situation. You are encouraged to contact the TFO at 800-552-2400 for your personal information about vesting, eligibility and benefits amounts. If you have any questions about taxes, Medicare, Social Security benefits, or how any other federal or state laws may affect your retirement and health benefits, we recommend that you consult with your own financial advisor or an attorney.