

FOR YOUR BENEFIT

ACTIVES

SPECIAL EDITION
FOR ACTIVE
OPEN ENROLLMENT
FOR UFCW 8-
GOLDEN STATE
foodmaxx MEMBERS

OFFICIAL PUBLICATION OF THE UFCW COMPREHENSIVE BENEFITS TRUST



Start your new benefits. Easy as 1-2-3!

(Only for UFCW 8-Golden State FoodMaxx Members)

1. Receive your enrollment packet in the mail before October 16, 2017.
2. Complete and sign forms. Mail to the Trust Fund Office by November 17, 2017.
 - Enrollment Form (all must complete this along with a two-page Other Insurance Information [OII] survey)
 - Authorization to Deduct Form (only if enrolling a Spouse/Domestic Partner or Child)

Note: If you are enrolled in Kaiser HMO now, you can keep Kaiser HMO.
3. Benefits begin on January 1, 2018.

Continue reading to know more about your new benefits!

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is a newsletter designed to keep all Members informed about how to use their benefits most effectively. Members also may contact their Union's Benefit Clerks or call us directly at (800) 552-2400. Phone hours for the Trust Fund Office's Health and Welfare Services Department are 7:30 a.m.-5:30 p.m., Monday-Friday.

ONLINE ACCESS COMING SOON

FoodMaxx Members are not yet able to log into the UFCWTrust website to access detailed benefit information, forms and other materials. Look for an announcement regarding these features in your email and a future issue of *For Your Benefit*.

TRUST FUND OFFICE MISSION STATEMENT:

OUR PURPOSE IS TO PROVIDE EXCEPTIONAL
BENEFIT ADMINISTRATION TO THOSE WE SERVE

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UFCW Comprehensive Benefits Trust
P.O. Box 4100
Concord, CA 94524-4100
100% Union

Start your new benefits. Easy as 1-2-3!

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Your benefit levels

The UFCW Comprehensive Benefits Trust (UCBT) provides three levels of benefits for Active Members: Standard, Ultra and Premier. You will be placed in one of these Plan levels based on your date of hire and reported hours.

All UCBT Active Plan levels include access to a Health Reimbursement Account (HRA) to help cover out-of-pocket expenses. Read more about HRA credits on page 4.

Employees pay ZERO premium for their own medical benefits. In keeping with industry practices, all Plans include a weekly premium for enrolled Dependents.

For Active Members, here are the options offered in each of the Plan levels:

Health Reimbursement Account (HRA) Standard Plan: a comprehensive PPO Plan where Members are able to enroll themselves and their eligible Dependent children with a low weekly premium required for each child up to three children, after which there is no additional premium cost for additional children.

Also included are prescription, preventive dental, mental



health and podiatry benefits, as well as a life insurance benefit.

Note: Standard Members (not Clerk's Helpers) can enroll a Spouse/Domestic Partner after they have worked 1,200 hours. Full-time Clerk's Helpers may be eligible to enroll Dependent Child(ren). Call the Trust Fund Office (TFO) at 1-800-552-2400 for more details.

Ultra Plan: a comprehensive PPO Plan which has all the benefits of the Standard Plan and allows enrollment of a Spouse/Domestic Partner as well as Dependent Children. In addition, a vision benefit and second dental carrier choice are included.

Upon completion of Open Enrollment for the 2018 Plan Year, Participants will be placed in the wellness program, sometimes referred to as "Health Care Partnership" ("HCP").

Weekly premiums are required for covering a Spouse/Domestic Partner, as well as for each child up to three children, after which there is no additional premium cost for additional children.

Premier Plan: Members can choose either a comprehensive PPO Plan or Kaiser HMO Plan. Similar to Ultra Plan Participants, Premier Participants also can be a part of the UCBT wellness program ("HCP") by completing Open Enrollment for the 2018 Plan Year.

Low weekly premiums are deducted for covering a Spouse/Domestic Partner and for the first three Dependent Children.

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For Your Benefit is the official publication of the UFCW Comprehensive Benefits Trust (UCBT). Every effort has been made to provide correct and complete information regarding particular benefits, but this newsletter does not include all governing provisions, limitations and exclusions, which may vary from Plan to Plan. Refer to the Summary Plan Description, Plan Document, Evidence of Coverage and/or Disclosure Form ("Governing Documents") for governing information. In the event of any conflict between the terms of this newsletter and the Governing Documents, the Governing Documents will control. As always, the Board of Trustees for the UFCW Comprehensive Benefits Trust retains the sole and complete discretionary authority to determine eligibility and entitlement to Plan benefits and to construe the terms of the Plans. The information in these articles is for general use only and should not be taken as medical advice. In an emergency, you are advised to call 9-1-1.

1000 Burnett Avenue, Suite 110
Concord, CA 94520

2200 Professional Drive, Suite 200
Roseville, CA 95661

(800) 552-2400

SPREAD THE WORD!

Share this newsletter and all benefits-related materials with your Covered Dependents and your coworkers affiliated with UFCW 8-Golden State and covered under the new plan. We want to ensure everyone is informed on how to use these new benefits wisely to maximize care and efficiency.



Open Enrollment 2018

Only for UFCW 8-Golden State FoodMaxx Members

Open Enrollment for the 2018 Plan Year will take place October 16, 2017, through November 17, 2017. Your custom Open Enrollment packet will arrive in mid-October.

Participation in Open Enrollment is mandatory. If you do not receive your Open Enrollment materials by October 16, call us at (800) 552-2400. If any of your personal contact information has changed recently, please call us.

What is Open Enrollment?

Open Enrollment is a time period when you choose medical and dental carriers and can enroll Dependents in their health care plan for the 2018 Plan Year. All UCBT Members (Actives and Retirees) must complete Open Enrollment in order for you and your Dependents to have coverage on January 1, 2018.

Do I need to complete Open Enrollment?

Yes. If you do not complete Open Enrollment, you will NOT have the opportunity to add Dependents to your coverage (unless under Special Enrollment if you acquire a new Dependent or there is a loss of coverage during the year) and will NOT be placed in the wellness program (“HCP”) for the 2018 Plan Year.

Members who do not complete Open Enrollment will be eligible for Member-Only coverage, which will default to the PPO Plan (Blue Shield of California) for the 2018 Plan Year.

How do I complete Open Enrollment?

Check the mail! You will receive your Open Enrollment packet in the mail containing all information needed to

complete your Open Enrollment. Besides instructions on how to complete Open Enrollment, this packet will include a paper Enrollment Form, Other Insurance Information (OII) survey and an Authorization to Deduct Form (ADF). All forms will be paper and must be returned by November 17, 2017.

For newly added Dependents, you must return all Dependent Proof Documents (marriage certificate, birth certificate, household bill, etc.) by November 17, 2017, with your other enrollment paperwork, otherwise your Dependents will **NOT** be covered for the 2018 Plan Year.

When does Open Enrollment need to be completed?

Friday, November 17, 2017, is the last day for enrolling in coverage in order to be covered for the 2018 Plan Year.

What are the health care options for me during Open Enrollment?

Premier, Ultra, and Standard Plan Participants have Blue Shield of California as their PPO carrier. Premier Participants have the option to select Kaiser HMO as their medical carrier. Also, if you currently are enrolled in Kaiser HMO, you will be able to keep it.

Vision Service Plan (VSP) is the vision coverage offered to Premier & Ultra UCBT Members.

Premier and Ultra Members have the option to select Premier Access Dental or Liberty Dental as your Dental carriers. Standard Members have Premier Access Dental only.

Prescription drug benefits for UCBT Members are administered through EnvisionRx. EnvisionRx will mail you a welcome packet with your prescription ID card and other important information in December.

Wellness program (“HCP”)

If you are an Ultra or Premier Plan Participant and you complete Open Enrollment on or before the deadline of November 17, 2017, your family can participate in the wellness program, sometimes referred to as “Health Care Partnership” (or “HCP”).

The wellness program (“HCP”) provides the highest benefit level and the lowest level of premiums.

In order to be placed in the wellness program (“HCP”) for the 2018 Plan Year, you must complete Open Enrollment and return all required forms and

documentation. Details on what will be required for Open Enrollment are provided in this newsletter as well as in your Open Enrollment packet, which we’ll mail to your home in mid-October.

Participation in Open Enrollment is mandatory. If you do not participate in the required Open Enrollment, you will not benefit from the wellness program (“HCP”) in 2018.

Please read this newsletter carefully, consider what best suits your needs and take the required steps during Open Enrollment.

What is an HRA?

Health Reimbursement Accounts (HRAs), which help pay for out-of-pocket expenses like deductibles, coinsurance and copays, are a no-cost benefit available to most UCBT Members.

HRA Standard, Ultra and Premier level Participants receive credits which are placed in their HRAs to be used throughout the year to aid with medical costs. HRA credit differs by Plan level.

You do not pay into your HRA and credits in your HRA can be applied toward your medical deductible, medical coinsurance and preferred prescription drug copays. However, HRA credits may not be used to pay for COBRA or Retiree Health and Welfare premium payments or prescription copays for non-preferred drugs.

Premier and Ultra Members who are enrolled in the PPO wellness program (“HCP”) are eligible to receive HRA credits. PPO Participants who are not in the wellness program and HMO Members do not receive HRA credits.

Ultra and Premier Members and Spouses/Domestic Partners must be in the wellness program (“HCP”) with their medical carrier being PPO in order to receive HRA credits.

Annual HRA credit varies depending on your plan level

Standard Plan - Member only: \$250. Member with Dependents: \$350. An additional credit of \$150 will be placed in your HRA bank when you complete an online Health Risk Questionnaire (HRQ) between February 1 and March 15.

Ultra Plan - Member only: \$550. Member with Dependents: \$800.

Premier Plan - Member only: \$700. Employee with Dependents: \$1,250.

Unused HRA credits will roll over into the next year.

If you change from a Blue Shield PPO plan to a Kaiser HMO plan, you will forfeit your HRA balance.

When you retire

If you retire and have coverage under the Retiree Health and Welfare plan, your HRA balance accumulated as an active Member will be used to pay for eligible expenses until your HRA is exhausted. As a Retiree, you are not eligible for any additional HRA credits.