Open Enrollment and Action Steps for the 2017 Plan Year

Open Enrollment and Action Steps for the 2017 Plan Year are coming soon! The Open Enrollment and Action Steps processes both run from August 1, 2016, through September 30, 2016.

Look in the mail for your detailed, custom Open Enrollment packet in July. This packet will include instructions to complete Open Enrollment and your Action Steps, and information regarding your current medical, dental and vision carriers, and your covered Dependents.

If you do not receive your Open Enrollment packet (Please see page 4)

For Your Benefit

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 the Trust Fund Office 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. Or visit us online at UFCWTRUST.COM.

¿Le gustaría una versión en Español de este boletín de noticias? ¿Would you like a Spanish version of this newsletter?

Visite UFCWTRUST.COM, haga clic en el menú de Recursos y seleccione formas para elegir un tema. Visit UFCWTRUST.COM, highlight the Resources menu and select Forms to choose an issue.

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Enrolled Spouses/Domestic Partners are required to enroll in their Employer’s group health plan

The Trust Fund Office needs to know if other group health insurance is available to your Spouse or Domestic Partner since his or her benefits are coordinated between the UEBT Plan and your Spouse’s or Domestic Partner’s other insurance plan.

If your enrolled Spouse/Domestic Partner (simply “Spouse” for the remainder of this article) is offered group health insurance through a current or former employer, he or she is required to enroll in the other insurance, regardless of the cost. Otherwise, his or her benefits under this Plan will be reduced.

When enrolling in the other group health insurance, your Spouse must enroll in an option at least as comprehensive as what is offered by the UEBT Plan in which he or she is currently enrolled. This rule applies to any Spouse with access to a plan through a previous employer (such as a retiree plan) or an active plan through a current employer.

If other group health insurance is not offered through your Spouse’s current or former employer, a letter from the employer (on company letterhead) must be submitted to the Trust Fund Office explaining other insurance is not offered. The letter can be mailed to the Trust Fund Office or faxed to (925) 746-7549.

The employer letter must state what insurance (medical, prescription, dental or vision) is not offered to your Spouse. If this letter is not sent to the Trust Fund Office, or if your Spouse declines group health coverage through a current or former employer, this Plan will reduce his or her benefits by 60%.

If there are no changes to your Spouse’s employer and the Spouse’s employer’s available group health insurance has not changed and you have previously provided a letter in the past Plan Year (calendar year), then it is not necessary to send a new letter at this time.

When enrolling in the other group health insurance, your Spouse must enroll in an option at least as comprehensive as what is offered by the UEBT Plan in which he or she is currently enrolled.
The UFCW & Employers Trust, LLC, recently went live with its advanced new benefits software, called V3, to improve the administration of its benefit plans.

The V3 system, developed by Vitech Systems Group, Inc. and powered by its V3 Cloud, will help streamline many of the day-to-day functions at the Funds represented by the UFCW & Employers Trust. It is designed to increase efficiency in enrollment, eligibility, billing, claims processing and other services.

“V3 is now helping us deliver world-class customer service to our Members, while simultaneously allowing us to streamline our operations for maximum efficiency,” Jacques Loveall, Chairman of UFCW & Employers Trust, LLC, said. “This project will help ensure we continue to set the gold standard for the delivery of benefits for many years to come.”


New V3 technology helps UEBT maintain gold standard of service

Take advantage of forms available online at ufcwtrust.com

The latest printable forms can be found online at UFCWTRUST.COM. Select “Resources” and then “Forms” on the homepage to see everything available.
by August 10, 2016, please contact the Trust Fund Office at (800) 552-2400 so we can have a new packet sent to you. Visit UFCWTRUST.COM to verify all of your contact information is correct to ensure you receive your Open Enrollment packet and other up-to-date benefit information.

**Action Steps Requirements**
**Must be completed by September 30, 2016**

Members who have qualified for Premier and Ultra level health benefits have the opportunity (along with their Spouse or Domestic Partner, if applicable) to complete Action Steps, which help promote your health awareness. By completing all required Action Steps, you will become or continue as a participant in the Plan’s wellness program, which we call the Health Care Partnership (HCP) Plan option, and which includes lower weekly Dependent premiums and lower out-of-pocket costs. If you are covered under the PPO Plan, being a participant in the HCP Plan option also entitles you to receive annual Health Reimbursement Account (HRA) funding.

For this Open Enrollment period, Blue Shield PPO Members (and their Spouse/Domestic Partner) currently participating in the HCP Plan option are only required to complete one Action Step, the Biometric Screening.

Kaiser HMO Members (and their Spouse/Domestic Partner) currently participating in the HCP Plan option must complete two Action Steps: a Biometric Screening and an online HIPAA authorization.

If you are currently not participating in the Plan’s wellness program, meaning you are currently in the Personal Direction (PD) Plan option, and wish to participate in the HCP Plan option for 2017, you and your enrolled Spouse/Domestic Partner must complete all of the required Action Steps below:

1. Electronic signing of the HCP Agreement,
2. Online HIPAA Authorization for current Kaiser participants,
3. Biometrics Screening, and
4. A Health Risk Questionnaire (HRQ) for current PPO participants or a Total Health Assessment (THA) for current Kaiser participants.

**New for Action Steps 2017:**
Spouses/Domestic Partners must register at UFCWTRUST.COM to complete their Action Steps.

**How do I complete Open Enrollment?**

Watch your mailbox at the end of July for your 2017 Open Enrollment packet. It contains a booklet with instructions for who is required to complete Open Enrollment. The enrollment process will be done online through UFCWTRUST.COM. Members requiring additional assistance can also visit the Trust Fund Office in Roseville or Concord. If this is not an option, you may complete a Telephonic Open Enrollment. To do so, call (866) 772-9835, Monday through Friday, 7 a.m. to 7 p.m. Pacific Time.

For more information about Open Enrollment, you can visit UFCWTRUST.COM after August 1, 2016, to view a walk-through video or step-by-step instructions. If you need further assistance, you may call the Trust Fund Office’s Health & Welfare Services Department at (800) 552-2400.
Preparing for retirement

P reparation is the key to a smooth transition from actively working to retirement. Many aspects of this new chapter in your life require your attention: Social Security, enrolling in Medicare and maintaining a healthy lifestyle.

This article focuses on the steps you need to take to transition to the benefits offered through the UEBT Retiree Health Plan (if eligible) and the process to begin receiving your pension benefits. From a Pension perspective, this article only applies to the Joint Pension Plan.

ELIGIBILITY FOR PENSION BENEFITS

The Normal Retirement Age for “Group 1” members hired prior to the 2005 CBA ratification is age 60. For “Group 2” members hired after the 2005 CBA ratification, the Normal Retirement Age is age 65.

When you reach Normal Retirement Age, the amount of Plan Credits you have will determine your pension amount. There are two basic types of Plan Credits:

**Vesting Credits** are based on Hours of Service accumulated in each Plan Year and are used to determine your vesting status and entitlement to a pension benefit.

**Credited Service or Benefit Credits** are based on Hours of Covered Service accumulated in each Plan Year and are used to calculate the amount of your monthly pension benefit.

You earn a maximum of one Benefit Credit per calendar year based on 1,800 or more Hours of Covered Service. (Partial Benefit Credit is earned for Hours of Covered Service between 150 and 1,799; no credit is earned for less than 150.)

You earn a maximum of one Vesting Credit per calendar year based on 750 Hours of Service. (Partial Vesting Credit is earned for Hours of Service between 150 and 749; no credit is earned for less than 150.)

If you were absent from Covered Service for a period of time, you may receive additional pension credits (Vesting Credits and Benefit Credits) or an excused absence under conditions specified in Pension Plan rules. These excused absences or pension credits may be provided for qualifying Military Service, disability or other approved leaves of absence specified by the Joint Pension Plan.

Participants who meet the requirements for a “Rule of 85” retirement are eligible to retire before Normal Retirement Age, and still receive the amount they would have received if they had waited until Normal Retirement Age to retire.

The “Rule of 85” is generally available to “Group 1” Members under age 60 (minimum age 55) whose combined age and Benefit Credits equals 85. For example, an eligible Member age 55 with at least 30 Benefit Credits

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Joint Pension FAQs

**What is a Vested Participant?**

Being a Vested Participant means you are entitled to receive a benefit from the Plan on your Normal Retirement Date (your Normal Retirement Benefit). Your Normal Retirement Date is the first of the month following your Normal Retirement Age (generally age 60 for Group 1 Members and age 65 for Group 2 Members). Former Participants of the Northern California Retail Clerks Unions and Food Employers Joint Pension Trust Fund whose last Collective Bargaining Agreement provided for retirement at age 65, as well as those former Participants of the California Butchers’ Pension Trust Fund who incurred a Separation from Covered Employment prior to that Fund’s merger with the Joint Plan on January 1, 1998, also have a Normal Retirement Age of 65.

**Can I work after I retire?**

Whether you retire before or after your Normal Retirement Age, the Plan may restrict the number of hours you can work for any employer, whether or not they contribute to the Plan. These restrictions apply to employment in the same industry and in the same trade or craft in the same geographic area (all of California, Hawaii and Nevada) covered by the Plan while you are receiving pension benefits. Under the Plan, such work is defined as “Suspendible Service.” Please note, a Participant may be employed in Suspendible Service and continue to receive retirement benefits without any suspension or reduction beginning the first day of the month following the month in which the Participant attains age 70.

If you work in Suspendible Service, your monthly pension benefit will be suspended for each month you work in excess of the reemployment limits as dictated by the Plan under which your pension is governed. If you decide to go back to work, please contact the TFO in advance to determine whether your post-retirement employment is considered Suspendible Service.

**I’m eligible to retire now but I would like to wait a few more years before submitting my application. Will I get more money in doing so?**

It depends. If you wait to retire until after your Normal Retirement Age and do not work in Suspendible Service, your monthly retirement benefit will be actuarially increased to reflect the delay in your retirement. However, this delay may impact your eligibility for UEBT Retiree Health Plan benefits.

Preparing for retirement

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would qualify \((55+30=85)\). “Group 2” Members are not eligible for the “Rule of 85.”

Participants who meet certain requirements may also be eligible for an Early Retirement Benefit, which provides a benefit payable before Normal Retirement Age, which is actuarially reduced based on your age, and the age of your spouse, if applicable, to take into account the fact that the benefits became payable earlier than Normal Retirement Age.

**Eligibility for Coverage under the UEBT Retiree Health Plan**

The amount of Benefit Credits you have accrued under the Joint Pension Plan at the time of retirement will be one of the factors used to determine whether you are eligible for coverage under the UEBT Retiree Health Plan (also referred to as the “Retiree Plan”).

Generally, you are eligible for Retiree Plan benefits once you have at least 20 years of Benefit Credits and meet all other requirements. However, if you satisfied the prior “15 years of service” requirement on or before December 31, 2013, you will be grandfathered in at the 15 years-of-service requirement.

Another factor in determining whether you are eligible for coverage under the Retiree Plan is whether you have combined active eligibility under the UEBT and reciprocal funds that amounts to at least 36 of the last 72 months immediately preceding retirement. If you do not meet this requirement, you will not be eligible for coverage under the Retiree Plan.

Once you are determined to be eligible for coverage under the Retiree Plan, the amount of Benefit Credit you have accrued under the Joint Pension Plan is also used to establish the monthly premium amount you must pay for coverage under the Retiree Plan.

You may also be required to pay a higher monthly premium for Retiree Plan coverage if you accrued any Benefit Credits under the Joint Pension Plan while working for a withdrawn or “orphaned” Employer – which is an Employer no longer contributing to the Retiree Plan on behalf of its employees.
The retirement and pension process: What do I need to do?

If you are a member getting ready to retire

Pension Inquiry: You should complete a Pension Inquiry with the Trust Fund Office (TFO) within one year of your expected retirement date. In response to your Pension Inquiry, you will receive an estimate of your monthly pension benefit.

This estimate is not final — the final determination of eligibility for benefits and the exact benefit amount payable by the Plan is determined at the time the actual application for retirement is received, processed and verified.

As part of this estimate, you will also be able to see the hours of Covered Service used to determine the amount of your estimated retirement benefit and if there are any gaps in Covered Service. You can then provide any additional information required such as State Disability or Workers’ Compensation documents, military service documents and other information which may be used to close gaps in Covered Service.

By taking this step, you will help avoid delays in the actual processing of your retirement application when you do retire.

If you are a member who has decided on a retirement date

If you have determined what date you would like to begin your retirement, contact the TFO at least 90 days prior and request a retirement application. The documents you will need to provide along with the completed application are:

- A copy of your birth certificate.
- If you are married, a copy of both your marriage certificate and your Spouse’s birth certificate.
- If unable to work after March 1, 1992 due to injury or illness and collected SDI or Workers’ Compensation, provide copies of payment histories for each period.
- If military active duty during Industry Service, provide a copy of the DD-214.
- If divorced during Industry Service, provide a copy of divorce documents and any QDROs (Qualified Domestic Relations Orders).
- A copy of your Spouse’s death certificate if he or she is deceased.

At this point, your application will be processed and you will receive a letter if any additional information is needed. Once your application is complete and has been processed and verified, you will receive a Choice Letter requesting you to make your benefit elections.

Beginning your UEBT Retiree Health Plan benefits

Before you retire, you will receive a UEBT Retiree Health Plan enrollment package from the Trust Fund Office (TFO). You have 90 days from when the Trust Fund Office mails you your enrollment packet or 90 days from the date of your retirement, whichever is later, to return the completed enrollment application (signed by you and your Spouse/Domestic Partner if he or she is included as a Covered Dependent) and the following required documents:

- Authorization to Deduct Retiree Health Care Premium Form (if you wish to have the monthly Retiree Plan premiums deducted from your Joint Pension Plan benefit)
- If adding a Spouse/Domestic Partner:
  - Copy of marriage certificate
  - Copy of a household bill listing Spouse’s name
- If adding a child (Member must have a minimum of 25 Benefit Credits):
  - Birth certificate
  - Student certification for ages 19-24

After we review your application and supporting documents, you will be notified by the TFO if you are officially eligible for UEBT Retiree Health Plan benefits. You will be responsible for paying your premiums for any months between your last month of active employment and the time at which your Pension and Retiree Plan enrollment applications are finalized.

Please note! If you and/or your Spouse/Domestic Partner fail to enroll for UEBT Retiree Health Plan benefits within the allowed 90 day timeframe from when the Trust Fund Office mails you your Retiree Plan enrollment packet or from the date of your retirement, whichever is later, you and/or your Spouse/Domestic Partner forfeit the ability to enroll in the Retiree Plan forever.

The only exception to this is if you and/or your Spouse/Domestic Partner are declining to enroll in the Retiree Plan when first eligible because you and/or your Spouse/Domestic Partner are currently enrolled in other group health insurance through another employer.

In this case, you and/or your Spouse/Domestic Partner may later enroll in the UEBT Retiree Health Plan within 60 days of the termination date of the other group health insurance or during the next UEBT Open Enrollment period.
Eating well and exercising are the two things people most readily associate with a healthy lifestyle, but there are many additional factors contributing to overall wellness.

Sleep — how many hours you get and the quality of those hours — is among them.

Studies examining “short sleepers” — those who sleep six hours or less — show they are more likely to be obese than people who sleep longer. After two days of “short sleep,” participants in the study were hungrier than they were when allowed to sleep longer. They were also more likely to get their calories from high-carb snacks like chips, cookies and candy.

Research links insufficient sleep to many health problems, including diabetes, sleep apnea, Alzheimer’s disease and even cancer.

“Sleep duration, over the last three or four decades, has decreased by an hour and a half to two hours,” Eve Van Cauter, Ph.D., Director of the Sleep, Metabolism and Health Center at the University of Chicago, told the International Foundation of Employee Benefit Plans.

“There is a stigma in our current society, strangely, against getting the amount of sleep you actually need, and this really has to change.”

Van Cauter lists seven rules for good sleep:

1. Avoid napping during the day. It can disturb the normal patterns of sleep and wakefulness.
2. Avoid stimulants such as caffeine and nicotine, as well as alcohol, close to bedtime.
3. Vigorous exercise should be done in the morning or late afternoon, although a relaxing exercise such as yoga before bedtime can help initiate a restful night’s sleep.
4. Keep the bedroom dark, cool and quiet. No TV, computer or tablets.
5. Avoid eating right before sleep. A two- to three-hour delay between dinner and bedtime is a good idea.
6. Ensure adequate daytime exposure to natural light. This is particularly important for older adults who may not venture outside as frequently.
7. Establish a regular relaxing bedtime routine. Avoid emotionally upsetting conversations just before going to bed.

Experts recommend seven to nine hours of sleep each night, consistently, for the greatest health benefits. If you have trouble falling or staying asleep, speak with your health care provider.

**Sources**
- ifebp.org
- cbsnews.com

**Naps, too?**

While Dr. Van Cauter recommends avoiding daytime naps, other medical professionals believe naps can be beneficial for many adults, and recent research shows naps have hidden benefits as well.

A 2010 study from Harvard Medical School determined a virtual maze was easier to navigate for test subjects who were able to nap after being shown the maze for the first time, compared to those who didn’t nap. The nap is thought to have allowed those test subjects to better process their memories of the maze.

“You can think of it almost like putting Jell-O in the refrigerator,” CBS News Medical Correspondent Dr. Jennifer Ashton explained.

“You can eat the Jell-O before it’s really hardened, but it’s really good once it’s been locked in, and that’s the thinking behind what sleeping does to processing memory.”

Participants in the study were able to nap for 90 minutes, but benefits can be reaped after a nap as short as 12 minutes, Ashton said.