



2019 Open Enrollment and Action Steps

Open Enrollment and Actions Steps for the 2019 Plan Year are coming soon!

This year, Open Enrollment is required for Active Members who wish to make carrier changes, add or drop Dependents or make changes to their Other Insurance Information (OII).

If you do not need to make changes to any of the aforementioned items for the 2019 Plan Year, you do not need to complete Open Enrollment, **but Active Members will have to complete the Action Step requirements (if applicable) to be eligible for or remain in the wellness program** (sometimes referred to as Health Care Partnership or HCP).

If you need to complete Open Enrollment for the 2019 Plan Year, visit ufcwtrust.com between July 30, 2018, and September 28, 2018. Members requiring additional assistance can visit the Trust Fund Office (TFO) in

(Please see page 2)

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.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 999-1999.

TRUST FUND OFFICE CORE VALUE: TRUST

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2019 Open Enrollment and Action Steps

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Roseville or Concord. If this is not an option, you may complete a Telephonic Open Enrollment by calling the TFO at (800) 552-2400, Monday-Friday from 7:30 a.m. to 5:30 p.m., Pacific Time.

Action Steps Requirements – for Active Members only

This year, Premier and Ultra Active Members and their enrolled Spouses/Domestic Partners **must** complete Action Steps to remain or enroll in the wellness program (sometimes referred to as Health Care Partnership or HCP) for the 2019 Plan Year.

Action Steps are the actions Active Members and their enrolled Spouses/Domestic Partners must take to qualify for the UCBT wellness program (HCP). The Action Steps process runs concurrent with Open Enrollment from July 30, 2018, through September 28, 2018.

Please note: Members (and their enrolled Spouses/Domestic Partners) who graduated from the Standard to the Ultra Plan any time between January 1, 2018, and June 30, 2018, must complete all Action Steps listed on page 3 in order to remain in the wellness program (HCP) for the 2019 Plan Year.

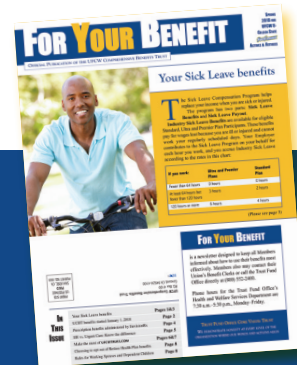


For Your Benefit is the official publication of the UFCW Comprehensive Benefits Trust (UCBT). Every effort has been made to provide correct and complete information regarding particular benefits, but this newsletter does not include all governing provisions, limitations and exclusions, which may vary 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



Share your stories and ideas with the Trust Fund Office

Would you like to share a story of how UCBT benefits made a difference in your life or for one of your loved ones? Do you have a benefit-related topic you would like to learn more about in a future issue of *For Your Benefit*?

Email your story or ideas to
MemberProfile@ufcwtrust.com.
We may contact you for more information.



Open Enrollment Action Steps

Premier and Ultra Blue Shield PPO Active Members and Kaiser HMO Active Members (and their enrolled Spouses/Domestic Partners) need to complete the following Action Steps to participate in the wellness program (HCP) for the 2019 Plan Year:

1. Electronic signing of the wellness (HCP)/GINA Agreement
2. Biometric Screenings
3. A Health Risk Questionnaire (HRQ) for current PPO participants or a Total Health Assessment (THA) for current Kaiser Participants
4. A HIPAA Agreement (required for Kaiser HMO Participants only)

Full details about your specific Action Step requirements will be provided in your Open Enrollment packet, which you will receive in the mail in late July. **Please make sure your address on file with the Trust Fund Office is current so you receive your Open Enrollment packet.**

The wellness (HCP) Agreement and HRQ/THA Action Steps will be available for Active Members and their currently enrolled Spouses/Domestic Partners to complete on ufcwtrust.com between July 30, 2018, and September 28, 2018.

Participants can satisfy the Biometric Screening requirement with information collected by their physician during a regular office visit or annual physical performed any time between January 1, 2018, and September 28, 2018. If you are an Active PPO Member, visit ufcwtrust.com, click on the “Resources” tab, then “UCBT Forms” tab, where you will find the PPO HM7 Biometrics Screening Form, which you need to take with you to your physician’s office for your regular office visit or annual physical.

If you have already had these measurements taken at an office visit or annual exam after January 1, 2018, you can provide the form to your physician’s office for completion. **Please note if your physician orders a screening which is not part of Action Steps, you will be responsible for the applicable charges.**

Active PPO Participants also can schedule a Biometric Screening at Quest Patient Service Center beginning July 30, 2018. Active Kaiser HMO Participants can visit any one of the Kaiser labs for a Biometric Screening and the Nurse’s Station for BMI and blood pressure. Be sure to log into the kp.org website and review if you have already had relevant biometric tests

Glossary

GINA Agreement

Genetic Information Nondiscrimination Act of 2008 (GINA). Enrolled Spouses/Domestic Partners must sign the GINA Agreement before any of the Spouse’s/Domestic Partner’s Action Step information can be released to MedExpert and the Trust Fund Office (TFO).

Biometric Screenings

Blood tests and other medical measurements.

HIPAA Agreement

Signing the Kaiser HIPAA Agreement releases confirmation that the biometrics have been completed, to the Trust Fund Office.

Total Health Assessment (THA)

A survey for Active Kaiser HMO Members and enrolled Spouses/Domestic Partners which asks a series of questions about health-related activities and behaviors and history of certain medical conditions (e.g., cancer, diabetes or heart disease).

Health Risk Questionnaire (HRQ)

A survey for Active PPO Members and their enrolled Spouses/Domestic Partners which asks a series of questions about health-related activities and behaviors and history of certain medical conditions (e.g., cancer, diabetes or heart disease).

done which can be used to meet your Biometric Screening requirements.

Both the Member and enrolled Spouse/Domestic Partner must complete the Action Steps. Failure by either the Member or the Spouse/Domestic Partner to complete all required Action Steps within the specified time period (July 30, 2018, through September 28, 2018) will result in the Member and all enrolled Dependents, being disqualified from the wellness program (HCP) during the 2019 Plan Year.



OPEN ENROLLMENT QUICK GUIDE



Keep your Other Insurance Information current

It is important you have current Other Insurance Information (OII) on file at the Trust Fund Office (TFO).

The TFO must have up-to-date information about any other health insurance Members, their Spouse/Domestic Partner or Dependents may have in order to process claims correctly. Please contact us with any changes.

You can update your OII as part of Open Enrollment by visiting ufcwtrust.com between July 30, 2018, and September 28, 2018. However, you should let us know of any changes throughout the year, so claims are processed correctly. Also, if your Dependent(s) lose other coverage during the year, he/she may have special enrollment rights, but only if you notify the Plan within 30 days of the loss of other coverage.

Benefits paid in error

You are responsible for any benefits paid in error by the TFO. Benefits may be paid in error, for example, because the TFO did not have accurate information about other insurance which may be in place, or benefits may be paid on behalf of Dependents when they no longer qualify (such as a Spouse after a divorce or a child aging out of coverage).

If you are aware of any benefits paid in error, you should notify the TFO as soon as you discover the error.

If benefits are paid in error, you are responsible for paying back the Fund for any overpayment of benefits.

If you do not reimburse the Fund, the Board of Trustees could decide to offset any future benefits payable for you or your Dependents by the amount paid in error.

1 Review the Open Enrollment/Action Steps packet you will receive in the mail in late July.

2 If you need to make any changes to your carrier elections, covered Dependents or Other Insurance Information (OII) **you must complete Open Enrollment at ufcwtrust.com** between July 30, 2018, and September 28, 2018.

3 If you don't need to make any changes to carrier elections, covered Dependents or OII, you do not need to do Open Enrollment (although you may still need to do Action Steps as described on page 3).

If you do not complete Open Enrollment, your current enrollment choices will stay in place through December 2019, as long as you and any enrolled Dependents remain eligible. However, you may lose your eligibility to participate in the wellness program (HCP) if you do not complete the Action Steps.

4 **All applicable Members and their Spouses/Domestic Partners must complete the Action Steps detailed on page 3 to participate in the wellness program (HCP) for the 2019 Plan Year.**

Disability Extensions

What you need to know (for Active Members only)

A Disability Extension provides coverage for you and your covered family members when you are unable to work qualifying hours due to your disability.

If your own illness or injury prevents you from working enough qualifying hours to remain eligible for your health benefits you may be eligible for a Disability Extension.

Standard members are allowed up to three Disability Extensions while a Standard member if they have at least 12 months of eligibility prior to the disability. Ultra/Premier members are allowed up to four Disability Extensions in a rolling 36-month period. Disability Extensions run concurrently with Family Medical Leave Act (FMLA) coverage.

Requesting and completing a Disability Extension

To request a Disability Extension, you can submit a completed Sick Leave/Disability Extension (DE) form to the Trust Fund Office (TFO). You can help ensure the process goes smoothly by supplying all of the necessary information and meeting the filing deadlines.

If you need to file a Sick Leave/Disability Extension form, contact the TFO at (800) 552-2400 or visit ufcwtrust.com. Printable forms can be found by selecting "Resources," then "UCBT Forms," on the home page.

At the top of the form, you are given three options to specify why you are submitting the form: Sick Leave only, Disability Extension only, or both Sick Leave and Disability Extension. It is important to select one of the options. If you do not select an option, the form will be processed for Sick Leave Benefits only, which may cause a delay in a Disability Extension and a loss of coverage if insufficient hours were reported.

Part 1

Part 2

Part 3 (on the back)

The image shows three overlapping forms from the UFCW Trust Fund. The top form is the 'UCBT SICK LEAVE CLAIM FORM/DISABILITY EXTENSION APPLICATION'. It is divided into three parts: Part 1 (Employee Information), Part 2 (Employer Statement), and Part 3 (Attending Physician's Statement). Part 1 includes fields for employee name, address, date of birth, and social security number. Part 2 includes fields for employer name, address, and a signature line. Part 3 includes fields for physician name, address, and a signature line. There is also a table for 'HOURS SCHEDULED - WEEK OF DISABILITY'.

Part 1: Be sure to enter all of your current personal information and sign the middle of the page.

Part 2: For a Disability Extension ONLY, this section may be completed by the member and an employer signature is not required.

Part 3: This portion is completed by your doctor. A doctor's note is only required for Disability Extensions if you are out of work more than seven calendar days.

Reminders to ensure your form is processed correctly:

- Do not leave any sections blank, such as your Social Security number, your signature, etc.
- To avoid gaps in your health coverage, submit the form before you lose coverage. You have 60 days from the loss of eligibility to submit a Disability Extension form, but you should submit it as soon as possible to avoid interruption in your coverage.
- Submit the form directly to the TFO (not to your Union or your Employer).

The Hernia: Sometimes you see it, sometimes you don't

June is National Hernia Month

Written by MedExpert, based on research

We've all heard of hernias, but unless you have one, you may not know much about them. Indeed, you might even have one without knowing it!

Let's take a look at what hernias are, the types of hernias, and what to do about them if you or a loved one is affected.

A hernia is the bulging of an internal organ through a weak area or through a torn tissue. There are 11 types of hernias, from ones affecting children to those related to sports activity to those involved in pregnancy.

In common examples, one of your intestines might bulge through your lower abdominal muscles (an **inguinal hernia**) or your stomach might bulge through an opening in your diaphragm (a **hiatal hernia**). Inguinal hernias are the most common, accounting for 70% of all hernias. These hernias can be seen as a bulging of your intestines through various parts of your lower body and abdomen. They may also be painful. Some small hernias can be pushed back into place; larger hernias may require surgery.

Hiatal hernias cannot be seen and they can mimic the symptoms of gastroesophageal reflux disease (GERD), such as heartburn. One Veterans Administration study of nearly 200,000 patients found almost half of patients with a hiatal hernia were originally diagnosed as having GERD.

According to the National Institute of Diabetes and Digestive and Kidney Diseases, if you have a hernia and it is not causing symptoms or problems, no treatment is necessary.

You can prevent or lessen symptoms with lifestyle changes, including not smoking, not drinking alcohol, avoiding certain foods, and eating smaller meals. And if surgery does become necessary,



a study in the *Journal of the Society of Laproendoscopic Surgeons* says surgery without complications is successful more than 85% of the time.

Members are invited to reach out to MedExpert if they want to know more about hernias and overall health.

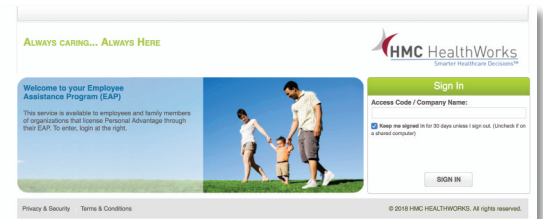
Whether you're in the best of health or dealing with a new or chronic condition, MedExpert is here for you at (800) 999-1999.

SOURCES:

1. British Hernia Centre. Inguinal Hernia. <https://www.hernia.org/types/inguinal>.
2. El-Serag H, Sonnenberg A. Associations between different forms of gastro-oesophageal reflux disease. *Gut*. 1997;41: 594-599.
3. Medline Plus. Hiatal Hernia. <https://medlineplus.gov/hiatalhernia.html>.
4. Edelman DS, et al. Safe esophageal bougie placement for laparoscopic hiatal hernia repair. *JLS*. 1998; 2:31-33.

Active Members:
How to contact **HMC**
to use your benefits
for help with
substance abuse

(Mental Health benefits for UCBT Retirees are provided through Blue Shield.)




Visit **ufcwtrust.com**.

Click the "Resources" tab.

Select "Find a Provider/Pharmacy" to contact HMC.

On the HMC website, use the access code **UFCWTRUST**.



BUYER BEWARE: Hospitals are soliciting loans from patients to pay for treatment

UCBT Members should be aware of a new practice occurring at some hospitals. Patients visiting the emergency room for treatment have been approached by hospital representatives and given the option to take out a loan to pay for their medical treatments.

According to a recent article in *Kaiser Health News* (a nonprofit news service), these “patient financing” strategies are part of a growing trend of hospitals and banks partnering to offer loans to patients on the spot.

Medical and financial experts have expressed concern about the practice for these reasons:

- Patients receiving emergency care at a hospital are likely in a more emotional state than they would be at a scheduled appointment with a doctor or specialist. Financing decisions ideally should be made in a calmer environment.
- While it may seem appealing to receive a loan instantly, without a credit check and with a low or zero-percent interest rate, the actual hospital charges the patient agrees to pay may be much higher than the rate the patient would be responsible for if the charges were processed through the patient’s health insurance.

The *Kaiser Health News* article highlights the experience of a pregnant woman who fell in a parking lot and was approached with a loan offer from the hospital while she was in pain and still undergoing treatment.

Feeling uncomfortable and suspicious, the woman declined the offer and waited for her hospital charges to be processed through her insurance. Neither the woman nor her husband, a cancer survivor, had ever before been asked to pay up front for medical treatment. The patient said she felt intimidated by the experience and feared someone with less knowledge of the health care system could be coaxed into paying a higher amount for treatment.

The final cost for her visit, after insurance adjustments, was \$150, much less than the loan offer of more than \$800.

SOURCES:

- KHN.org
- Clark.com

The importance of eating fruits and vegetables

Eating fresh fruits and vegetables is an important part of a healthy lifestyle. These foods contain vitamins to help reduce the risk of many diseases, and they also contribute to a healthy diet in other ways.

A busy lifestyle can make it hard to choose fresh fruits and vegetables instead of processed foods, which are sometimes less expensive and more readily available. But the convenience of processed foods comes with a host of unhealthy issues, since these foods are often loaded with trans fats, sodium and added sugar. A diet high in these ingredients can lead to many health problems, from obesity and hypertension to diabetes and heart disease.

The healthier option is to stock up on fresh fruits and vegetables when you visit the grocery store, rather than chips, crackers or cookies. Having a steady supply of apples, bananas or other fruits on hand improves the chances you will select a healthy fruit for a snack when you're at home or packing a lunch to bring to work or on a trip.

Having fresh vegetables on hand might inspire you to cook at home, which is almost always a healthier choice than going to a restaurant or ordering take-out. Slicing up peppers for a stir fry or dicing onions and garlic for a homemade pasta sauce is a rewarding experience, and it creates meals with health benefits.

The Harvard School of Public Health has studied the role of a fruit and vegetable-rich diet in lowering blood pressure and reducing cancer risk, as well as preventing heart disease and other ailments.

Specifically, green leafy vegetables such as lettuce, spinach, Swiss chard and kale, as well as citrus fruits like oranges, lemons and limes, lower the risk of cardiovascular disease and stroke. Broccoli, bok choy, garlic, onions and other non-starchy vegetables were also shown to protect against several types of cancers.

The Harvard studies urge people to eat more fruits and vegetables each day to give their bodies the mix of nutrients they need.

SOURCES:

- hsph.harvard.edu
- cooking.nytimes.com



RECIPE

Gazpacho

This classic, chilled tomato soup is chock full of garden-fresh vegetables, cholesterol-free, and made with little added oil.

Ingredients:

- 4 cups tomato juice*
 - ½ medium onion, peeled and coarsely chopped
 - 1 small green pepper, peeled, cored, seeded and coarsely chopped
 - 1 small cucumber, peeled, pared, seeded and coarsely chopped
 - ½ tsp Worcestershire sauce
 - 1 clove garlic, minced
 - 1 drop hot pepper sauce
 - ⅛ tsp cayenne pepper
 - ¼ tsp black pepper
 - 2 tbsp olive oil
 - 1 large tomato, finely diced
 - 2 tbsp minced chives or scallion tops
 - 1 lemon, cut into 6 wedges
- *To cut back on sodium, try low-sodium tomato juice.

Directions:

1. Put 2 cups of tomato juice and all other ingredients except diced tomato, chives and lemon wedges into the blender.
2. Puree.
3. Slowly add the remaining 2 cups of tomato juice to pureed mixture. Add diced tomato. Chill.
4. Serve icy cold in individual bowls garnished with minced chives and lemon wedges.

SOURCE:

- health.gov