

Always on call

MedExpert delivers
quality health care
advice over the phone

Doctors can't always be by your side when you need advice, but thanks to MedExpert, you can receive expert medical advice from on-call doctors right over the phone, in a matter of minutes.

MedExpert is a benefit available to PPO Members to help them and their families get answers to basic health questions at no extra cost. You can call

(Please see page 4)



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UFCW & Employers Benefit Trust
Working For Your Benefit
UFCW TRUST
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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 www.ufcwtrust.com.

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

Visite www.ufcwtrust.com, haga clic en el menú de Recursos y seleccione formas para elegir un tema.

Visit www.ufcwtrust.com, highlight the Resources menu and select Forms to choose an issue.



Report changes
to your contact
information
directly to the
Trust Fund

Changes? Let us know. Keep in touch with us!

It is important to provide any updated contact information directly to the Trust Fund even if you have updated this information with your Union Local.

It will save the Trust Fund unnecessary time and expense in trying to locate you and will help ensure you receive up-to-date

benefit information which could result in saving you money.

Log into www.UFCWTRUST.COM and on your “My Info” page you can click on “My Contact Info” and fill out the form and submit it online. Your change of information will be updated within five days.



For Your Benefit is the official publication of the UFCW & Employers Benefit Trust. 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 & Employers Benefit 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.

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Glossary

OUT-OF-NETWORK PROVIDER

A provider who doesn't have a contract with your health insurer or Plan to provide services to you. In most instances, you will pay more to see an Out-of-network provider.

OUT-OF-POCKET LIMIT

The most you pay during a policy period (usually a year) before your health insurance or Plan begins to pay 100 percent of the allowed amount for services.

PRE-AUTHORIZATION

A decision by your health insurer or Plan determining a health care service, treatment Plan, prescription drug or durable medical equipment is medically necessary. The terms prior authorization, prior approval or precertification are sometimes also used.



Technology improves battle against hearing loss

Hearing loss traditionally stems from two causes: physical sound blockage or sensory loss.

Physical sound blockage is a breakdown or malformation of the mechanics of the ear. This type of hearing loss is generally fixable with advanced surgical techniques.

Sensory loss is the gradual degeneration of hearing due to aging or damage to the ear caused by loud noises. Sensory hearing loss is difficult to treat unless the hearing loss occurred suddenly.

If treated from the onset, sensory hearing loss can be improved dramatically using the latest crop of hearing aids.

Directional microphones with digital amps and noise filters can provide a clear signal and help a patient distinguish between speech and background noise.

The newest hearing aids also function as wireless receivers, transmitting phone calls and television/computer audio directly into the ear.

New technology doesn't fix every hearing problem, but if you or someone you know has suffered a rapid or sudden hearing loss, do not brush it off as a temporary symptom of allergies or congestion. There is a limited window of time to treat hearing loss in these situations. Contact a doctor immediately!

Whether sudden or gradual, hearing loss should be taken seriously. Participants older than 50 should have hearing tests every few years.

SELF-PAY RETIREES have a supplemental monthly premium for Vision, Hearing and Dental.

The cost is as follows:

Retiree **\$47**

Spouse/Domestic Partner **\$47**

Additional for children **\$39**

FOR PPO RETIREES

Deductible applies – Yes

Coinsurance – PPO 75%/Non-PPO 50%

Maximum benefit – \$800 (for devices and exams)

Frequency – Every 36 months

FOR KAISER RETIREES

Copay applies – Yes

Maximum benefit – \$1,000 per hearing aid

Frequency – Every 36 months

FOR HEALTHNET RETIREES

Coinsurance – 80%

Maximum benefit – \$500 per hearing aid

Frequency – Every 36 months

MedExpert: Health advice over the phone

(Continued from front page)

to speak to a doctor regardless of your current health status.

MedExpert is an Individual Medical Decision Support (IMDS) service providing current, accurate and unbiased information on more than 22,000 recognized medical conditions and more than 16,000 pharmaceuticals.

The qualified MedExpert staff is happy to help with any health matter, large or small, and can help interpret test results, access medical research or assist with any type of inquiry.

Considering treatment options? Not sure about surgery? They're here to help.

Call MedExpert today!

(800) 999-1999

7 a.m. to 7 p.m.,
Monday through Friday



MedExpert success stories

A Trust Fund Member learned he had a blood clot in his lung and needed help interpreting test results. He called MedExpert and his doctor networked with other physicians to discuss treatment options.

"To know you have a valuable resource like this at your disposal is invaluable," the Member said. "It enabled my wife and me to make decisions regarding my treatment based on facts."

Another Member had severe dizzy spells, which impaired her ability to drive. She contacted a MedExpert doctor who then gained access to her medical files. He consulted with neurologists and determined her

dizzy spells were caused by chronic dehydration.

"I was struck by his compassion," she said. "It's unbelievable. It worked and now I only have problems on the days I forget to drink enough water."

Don't speak English? No problem. MedExpert is available in other languages as well.

MedExpert is not a substitute for treatment and should be used in conjunction with a treating physician.

MedExpert is a safe and secure option for you and your family's medical needs. You can call them at (800) 999-1999 from 7 a.m. to 7 p.m., Monday through Friday, or email support@medexpert.com. You can also visit them online at medexpert.com.



Dangers in your medicine cabinet

How to safely dispose of unwanted or expired prescription medications

Each year, more than 15,000 people in the United States die from overdoses of prescription painkillers. Teenagers are among those who abuse prescription medication most often, and about half of these teenage abusers obtain their drugs from friends or family members.

Sometimes, all it takes is opening a medicine cabinet.

Concerned parents and other family members can help control this hazard by becoming more aware of what is in their medicine cabinets and who has access to them.

Unfortunately, the presence of unused and expired medications can make this task more difficult. If you live in a household where a family member takes a large number of prescription medications, chances are some of the medications in your cabinet are no longer needed.

The Drug Enforcement Administration's National Take-Back Initiative helps people dispose of unwanted and expired medications.



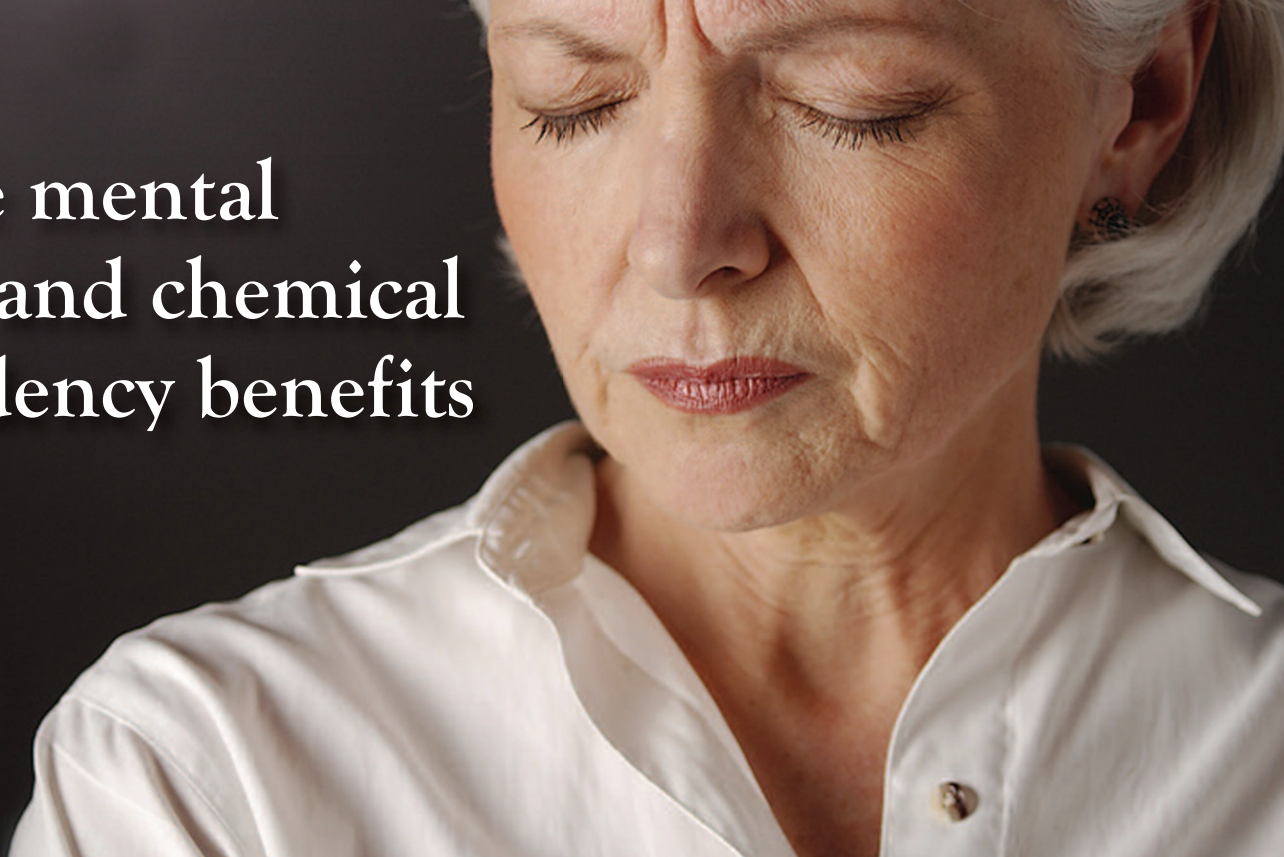
“ Each year, more than 15,000 people in the United States die from overdoses of prescription painkillers. ”

Visit www.deadiversion.usdoj.gov/drug_disposal/takeback for more information. You can also visit www.awarerx.org/get-local/california for details on disposal locations near you.

Local law enforcement agencies also have databases to help you find the nearest collection sites to safely dispose of your medications.

Be aware, dispose of unwanted medication appropriately.

Retiree mental health and chemical dependency benefits



If you are a Retiree who is dealing with mental health issues, help is available. Retired Members experiencing stress, depression, anxiety or other types of emotional or mental health matters can use their benefits to receive treatment right now.

Mental health and chemical dependency benefits for HMO Retirees are provided through the HMO. HMO Retirees can contact their HMO carrier for additional information.

PPO MENTAL HEALTH BENEFITS

Pre-authorization for medically necessary mental health services is not needed. Non-Medicare Retirees may use any mental health provider. However, if you choose a Blue Shield of California-contracted provider your Out-of-pocket expense may be less.

Medicare Retirees are advised to use a Medicare provider as well as a BSCA in-network provider to reduce their Out-of-pocket expense. If a Medicare Provider accepts assignment, the Plan will pay the Medicare provider as if the provider was an in-network provider. If services are rendered by a Out-of-network provider, Out-of-network benefits will

apply. If services are provided by a non-Medicare provider, the Trust Fund will estimate Medicare's payment.

BENEFIT DETAILS

- **Outpatient mental health coverage**
 - \$25 copay per session (\$12.50 for group therapy) for in-network provider
 - \$25 copay (\$12.50 for group therapy) + dollar amount over allowed charge for Out-of-network provider
 - 30 sessions per calendar year. The maximum calendar year visit allowance is combined with outpatient chemical dependency visit allowance.
- **Inpatient mental health coverage**
Subject to the deductible and coinsurance
 - 60 days per calendar year, 120 days per lifetime
 - Two days of Residential treatment = 1 Inpatient Day
 - Two days of Partial Day treatment = 1 Inpatient Day
 - Three days of Intensive Outpatient Treatment (IOP) = 1 Inpatient Day

- **Outpatient chemical dependency coverage**
 - \$25 copay per session for in-network provider
 - \$25 copay + dollar amount over allowed amount for Out-of-network provider
 - 30 sessions per calendar year. The maximum calendar year session allowance is combined with the mental health session allowance.
- **Inpatient chemical dependency treatment**
Subject to the deductible and coinsurance
- **Chemical dependency lifetime max**
 - Two episodes per lifetime or \$25,000 maximum (whichever comes first) for combined inpatient and outpatient chemical dependency
 - An episode of treatment is any continuous course of treatment which focuses on a particular occurrence of a chemical dependency problem. An episode may involve various levels of care and or treatment by one or more providers or facilities. Episodes must be 30 days apart.

ER vs. Urgent Care: Know the difference

Emergency rooms exist to help people when they suffer a major traumatic event like a heart attack, stroke or accident. It is not appropriate to visit an ER for less-serious reasons.

The misuse of ERs can be costly for Members and for the Fund. The average cost of an ER visit is much higher than a regular visit to a doctor. Fortunately, timely and affordable care for non-emergencies is available elsewhere.

If you suffer a minor cut or burn, or if a child is experiencing an earache, call your primary care doctor. Many have extended hours and same-day appointments to treat ailments quickly.

Urgent Care centers are also available to provide fast care, and they too are often at convenient locations.

In an emergency situation, you should always call 9-1-1 or visit an emergency room. However, if you feel your condition could be treated by your primary care provider or at an Urgent Care center, take advantage of those options to keep our Fund healthy for the future.

If you are not sure whether a primary care physician, Urgent Care or ER is the right place to be seen, call your primary care or after-hours advice nurse or on-call doctor.

If your primary care physician does not have an on-call advice line, Blue Shield PPO members can obtain advice by visiting ufcwtrust.com. Select "Find A Provider" from the "Resources" pulldown menu on the homepage, and select the appropriate link under "Blue Shield of California." Kaiser members can call (800) 464-4000.





OTHER INSURANCE INFORMATION

Retirees: All Enrolled Participants* are required to enroll in their Employer's Group Health Plan

Note: "Enrolled Participants" include you, your Spouse/ Domestic Partner and your Dependent Child(ren). All of you must enroll in your employer's Group Health Plan as described below.

Open Enrollment for any Enrolled Participant's Employer Group Health Plan may begin soon. Therefore, keep in mind all Enrolled Participants in this Plan must enroll in their employer's group medical, prescription, vision and dental coverage if it is available through his or her own current or former employer. All Enrolled Participants must enroll in the Plan most comparable to the UEBT Retiree Health Plan, regardless of the cost.

For the 2015 Plan year, if any Enrolled Participant is employed and does not have access to other group insurance, a signed letter on the employer's letterhead must be mailed or faxed to the Trust Fund office before November 15, 2014. The employer letter must state what insurance (medical, prescription, dental or vision) is not offered to the Enrolled Participant. If the employer letter is not received at the Trust Fund office by November 15, 2014, this Plan will reduce the

Enrolled Participant's benefits by 60%. Furthermore, claims for the Enrolled Participant will not have any Out-of-pocket maximum, even if services are from an in-network provider.

If there are no changes to an Enrolled Participant's employer, and you have previously provided a letter the past year, then it is not necessary to send a new letter.

Additionally, if an Enrolled Participant declines group health coverage through an employer, this Plan will reduce your benefits by 60% for the 2015 Plan year. Furthermore, claims for the Enrolled Participant will not have any Out-of-pocket maximum, even if services are from an in-network provider.

If you are an Enrolled Participant with other group health insurance, the UEBT Retiree Health Plan is the secondary payer, and will coordinate with the primary Plan applying "Non-Duplication of Benefits" as the secondary payer. In general, the Plan will never pay more than if the Plan was primary. If you are an Enrolled Participant who is eligible for Medicare, the UEBT Retiree Health Plan is the secondary payer and Medicare will be considered the primary payer. The Plan will pay the Plan's regular benefit minus the primary Plan's payment.