

UFCW TRUST

Working For Your Benefit

FALL
2016

for Active
Members



Keep your personal information up to date with the Trust Fund Office

In order to receive the latest information from the Trust Fund, you must keep the Trust Fund Office (TFO) updated with your current contact information. You must update information with the TFO even if you have already updated this information with your Union Local and/or current employer.

There are four easy ways to update your information:

During Open Enrollment

- Each year during the Open Enrollment period you have an opportunity to confirm the contact information we have on file for you is current. If the information is not current, any necessary changes can be made at that time.

(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. 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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Working For Your Benefit


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Keep your personal information up to date

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Outside of Open Enrollment

- The easiest way to do this is to log into **UFCWTRUST.COM** to view your profile and make changes directly online. On your My Info page, select the “My Contact Info” button and you will be directed to the “Change of Information” page where you can make and submit changes.
- To update your information over the phone, call the TFO at (800) 552-2400. If you change your address on the phone, to confirm you are the requester for the change of contact information, the TFO will send a confirmation letter to your former and current address advising you your information on file has changed.
- You can also print out a Change of Personal Information form, complete it, and mail it to the TFO. Visit **UFCWTRUST.COM**, click on the “Resources” tab located near the top of the page, select “Forms” and choose the “Change of Personal Information Form.” You can also deliver your completed form to your Union Local and it will be passed on to the TFO for processing.

The benefits of being current

It is important for Members to keep their contact information up to date.



Many forms are available on **UFCWTRUST.COM**, including the “Change of Personal Information Form.”

When Members call the TFO, we use your personal information to perform a HIPAA check to be sure you are who you say you are for your protection. We take privacy seriously.

The TFO sends Members important benefit information and notices. These updates will keep you informed about your benefits and could save you money.

Finally, if you leave the industry and are vested with your Pension Plan, it is still important to keep your contact information current with the TFO since we may need to notify you of your pension benefits in the future.

Keeping your information current and staying informed will help you better manage your benefits and assist in reducing health care costs for you and the Trust Fund Office.



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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(800) 552-2400 • **UFCWTRUST.COM**

DO YOU HAVE PAPERWORK YOU NEED TO FAX TO THE TRUST FUND OFFICE? NO PROBLEM!

All paperwork can be securely faxed to the Trust Fund Office (TFO) at (925) 746-7549. If you receive a fax confirmation from your fax machine, it means we have received it, so no need to call us! Please note, it can take up to two hours for the TFO to document and note your record indicating receipt of your faxed paperwork.

RULE OF 85 CORRECTION

The Active edition of *For Your Benefit* Summer 2016 contains an error which states 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. **Please note: There is no minimum age “Group 1” Members must attain to qualify for “Rule of 85.”**



Vaccinations and flu season

Autumn is approaching, bringing warm and clear days, crisp and cool nights, the brilliant colors of the changing leaves—and influenza.

In the United States, flu season runs from October through May and typically peaks between December and February.

With the flu come those perennial reminders to get your flu vaccine.

Because it takes about two weeks after vaccination for the body to produce enough antibodies against the viruses targeted in the vaccine, it's important to get vaccinated early enough in the fall, usually by October, to provide season-long protection.

If you can't get a vaccination early, get one as soon as possible to have as much protection as possible during the remainder of the season.

The Centers for Disease Control recommends Americans over age 6 months be vaccinated against the flu every year.

Not only will vaccination reduce the likelihood you will get the flu, it can decrease the possibility others around you will get it.

Although the vaccine does not provide 100% protection against the flu, if you do get sick you're more likely to get a milder case and will be less likely to become seriously ill and require hospitalization.

The CDC recommends several additional vaccines to help keep you healthy:

Pneumococcal vaccine. Pneumococcal bacteria cause thousands of serious,

sometimes lethal infections each year, including pneumonia, meningitis, bloodstream infections and ear infections.

Two pneumococcal vaccines are available. The pneumococcal conjugate vaccine (PCV13) provides protection against 13 types of pneumococcal bacteria and is recommended for all children younger than 5 years, all adults 65 years or older, and people 6 years or older with certain risk factors.

The pneumococcal polysaccharide vaccine (PPSV23), which protects against 23 types of pneumococcal bacteria, is recommended for all adults 65 years or older.

Shingles vaccine. The risk of getting shingles and postherpetic neuralgia increases with age. Postherpetic neuralgia, which affects nerve fibers and skin, causes burning pain that lasts long after the rash and blisters of shingles disappear. The CDC recommends all adults over age 60 get vaccinated against shingles.

Human papillomavirus (HPV). HPV is the most common sexually transmitted disease and can cause genital warts and some cancers. The HPV vaccine is recommended for all children by age 12. For anyone not vaccinated by age 12, the vaccine is recommended by age 21 in males and by age 26 in females and gay and bisexual men.

**ARTICLE BY MEDEXPERT
SOURCES OF INFORMATION:**

- CDC.GOV
- MAYOCLINIC.ORG

Where should I get vaccinated?

Ask your doctor about any vaccines you may need, such as tetanus, diphtheria and pertussis (whooping cough).

If you are a Kaiser member, you can get your vaccines at any Kaiser facility.

If you are covered by the PPO Plan, you can receive your vaccine at your doctor's office and it will be fully covered at no cost to you as a Preventive Care Benefit.

Please reference the 2016 PPO Preventive Care Guidelines for more information. To obtain a copy, visit our website at UFCWTRUST.COM and click on Resources, then select Forms to access.

Note: If you receive other non-preventive or preventive medical services not covered under the Affordable Care Act (ACA) or services not covered for your age and gender during your visit, your flu shot will still be fully covered. However, coverage for the other non-preventive and preventive medical services may be subject to the deductible and coinsurance.

Flu vaccines are also available at network pharmacies and are covered with no cost for PPO Active Participants. Contact OptumRX to find a participating pharmacy at (866) 635-6906 or visit mycatamaranrx.com, sign in and then click on the Contact Us link to send an email.

Premier

Blue Shield of California PPO Calendar Year Deductible (In-Network)*			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
HCP & PD	\$900	\$1,800	\$1,850

Kaiser HMO Calendar Year Deductible (In-Network)			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
HCP	\$200	\$600	\$600
PD	\$900	\$1,850	\$1,850

Blue Shield of California PPO Calendar Year Deductible (Out-of-Network)*			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
	\$1,100	\$2,200	\$2,450

Blue Shield of California PPO Calendar Year Out-of-Pocket Maximum (Medical In-Network and Out-of-Area)**			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
HCP	\$2,900	\$5,800	\$7,850
PD	\$5,650	\$11,300	\$11,300

Kaiser HMO Calendar Year Out-of-Pocket Maximum (Medical In-Network and Out-of-Area)**			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
HCP	\$2,200	\$4,400	\$6,600
PD	\$5,350	\$10,700	\$10,700

Calendar Year Out-of-Pocket Maximum (Medical Out-of-Network)			
Blue Shield of California & Kaiser HMO: No maximum (unlimited out-of-pocket)			

Blue Shield of California PPO Calendar Year Out-of-Pocket Maximum (Prescription In-Network and Out-of-Area)**			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
HCP	\$4,250	\$8,500	\$6,450
PD	\$1,500	\$3,000	\$3,000

Kaiser HMO Calendar Year Out-of-Pocket Maximum (Prescription In-Network and Out-of-Area)**			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
HCP	\$4,950	\$9,900	\$7,700
PD	\$1,800	\$3,600	\$3,600

Calendar Year Out-of-Pocket Maximum (Prescription Out-of-Network)			
Blue Shield of California & Kaiser HMO: No maximum (unlimited out-of-pocket)			

Vision Benefit			
Exam, lenses and frames (VSP Network Provider): \$5 deductible			

Dental Benefit Calendar Year Deductible			
Liberty Dental DMO: None			
Premier Access Dental (PAD) DPO/Indemnity None	Delta Dental DPO (Only available to Members currently enrolled in Delta Dental): None		

Understanding Your Benefits

2017 COST COMPARISONS

Your deductible is the amount you must pay before the Plan begins to pay for the Covered Services you use. Your deductible amount depends on several factors, including your Plan level, your Dependents, and whether you are participating in the Health Care Partnership (HCP) or Personal Direction (PD) Plan option (if applicable).

Your out-of-pocket maximums for medical services and prescriptions is the most you could pay during a calendar year for your share of the cost of covered medical services and covered prescriptions. Some out-of-pocket costs, like premiums and non-covered expenses, do not count toward your out-of-pocket maximum.

Here are the 2017 comparisons of the different deductibles and out-of-pocket maximums paid by Members:

Ultra (Blue Shield of California PPO)

Calendar Year Deductible (In-Network)*			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
HCP & PD	\$950	\$1,900	\$2,000

Calendar Year Deductible (Out-of-Network)*			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
	\$1,150	\$2,300	\$2,600

Calendar Year Out-of-Pocket Maximum (Medical In-Network and Out-of-Area)			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
HCP	\$3,950	\$7,900	\$11,000
PD	\$5,650	\$11,300	\$11,300

Calendar Year Out-of-Pocket Maximum (Medical Out-of-Network)			
No maximum (unlimited out-of-pocket)			

Calendar Year Out-of-Pocket Maximum (Prescription In-Network and Out-of-Area)			
	Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
HCP	\$3,200	\$6,400	\$3,300
PD	\$1,500	\$3,000	\$3,000

Calendar Year Out-of-Pocket Maximum (Prescription Out-of-Network)			
No maximum (unlimited out-of-pocket)			

Vision Benefit			
Exam, lenses and frames (VSP Network Provider): \$10 deductible			

Dental Benefit Calendar Year Deductible			
Premier Access Dental (PAD) DPO/Indemnity Liberty Dental DPO	None		

Standard (Blue Shield of California PPO)

Calendar Year Deductible (In-Network)*		
Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
\$1,000	\$2,200	\$2,300

Calendar Year Deductible (Out-of-Network)*		
Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
\$1,200	\$2,000	\$2,300

Calendar Year Out-of-Pocket Maximum (Medical In-Network and Out-of-Area)		
Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
\$5,900	\$11,800	\$11,800

Calendar Year Out-of-Pocket Maximum (Medical Out-of-Network)		
No maximum (unlimited out-of-pocket)		

Calendar Year Out-of-Pocket Maximum (Prescription In-Network and Out-of-Area)		
Employee Only	Employee + 1 Dependent	Employee with 2+ Dependents
\$1,250	\$2,500	\$2,500

Calendar Year Out-of-Pocket Maximum (Prescription Out-of-Network)		
No maximum (unlimited out-of-pocket)		

Dental Benefit Calendar Year Deductible	
Premier Access Dental (PAD) DPO/Indemnity Delta Dental DPO	None

Dental Benefit Calendar Year Benefit Maximum	
Premier Access Dental (PAD) DPO/Indemnity Delta Dental PPO	Preventive & diagnostic procedures only with no annual maximum

* HRA funding will be used to pay your annual deductible until either the deductible is met or the HRA funding is exhausted.

Both the PPO and HMO options have a combined Medical and Prescription In-Network Out-of-Pocket Maximum of \$14,300 **for employees with one or more dependents. Although the individual amounts differ between PPO and HMO, when the Medical and Prescription In-Network Calendar Year Out-of-Pocket Maximums are combined, the total is \$14,300 for both options.

Keys to a healthy heart

Many people think they do not need to be concerned about their heart health until later in life, but a properly functioning heart is important at any age.



While heart disease affects millions of Americans, it is preventable or controllable in many cases.

Risk factors for heart disease include, among others: diabetes, obesity, smoking, drug use, heredity, high blood pressure, and high cholesterol levels. Fortunately, many of these factors can be eliminated, or at least minimized, through the following healthy life choices:

MAINTAIN A HEALTHY WEIGHT: The road to a healthy heart often begins with maintaining a healthy weight. A healthy weight addresses three risk factors simultaneously: blood pressure, cholesterol and diabetes risk. Talk to your doctor about a weight management program or call MedExpert at (800) 999-1999 for help getting started.

EXERCISE: Exercising at moderate to high intensity three to four days a week for an average of 40 minutes can strengthen your heart and help you lose weight.

EAT RIGHT: You don't need to give up meat to reduce weight, control diabetes and improve your cholesterol levels and blood pressure.

"We don't have solid evidence that vegans live longer than vegetarians, or that vegetarians live longer than meat-eaters," says Atlanta cardiologist David E. Montgomery, MD. "But we do know that eating low levels of red meat and high levels of lean meats and fish is a way to optimize your heart health."

DON'T SMOKE: Plenty of evidence exists to show smoking's bad

effects on the heart. Smokers who quit start to improve their health almost immediately as their hearts, lungs and other smoke-damaged organs begin to repair themselves.

DON'T ABUSE ALCOHOL: The same is true for excessive alcohol consumption. Restricting one's drinking can be good for the heart and other organs, including the stomach, liver and kidneys.

RELAX: Reducing stress, either through techniques like meditation or by simply making more time for relaxation, also can have a positive effect on your health.

GET SOME SLEEP: Getting good sleep each night gives both your body and mind a break, allowing your heart rate and blood pressure to go down. "You can't feel good if you're not restoring yourself," Montgomery said.

TALK TO YOUR DOCTOR: Your health care provider can monitor your blood pressure and cholesterol levels and may prescribe medication. If you have any risk factors for heart disease, make an appointment to talk to your doctor. Make a plan together to reduce your risk, including a list of achievable goals.

In the process, your heart could become healthier and happier — and so could you.

SOURCE OF INFORMATION:

- Webmd.com
- American Heart Association (heart.org)

Make the most of your Biometric Screening data

If you've done your Action Steps, your Biometric Screening tells you a lot about your general health status.

You've learned where you fit in each of the categories measured. You know whether your body mass index (BMI) is in the normal range or whether you're considered to be underweight, overweight or obese.

You know where your blood pressure fits within the American Heart Association's five-level classification system, and whether your cholesterol and other blood lipids are within normal limits or are too high.

Measuring your biometrics is a valuable step in becoming more aware of your health status, but now what do you do? How can you use this information to maximize your health?

We all have access to the Internet, which has put huge amounts of medical information at everyone's fingertips, but how do we sift through the mountains of available data?

Even more important, how can we determine which information is based on solid medicine and which is junk science?

And how do we know which are the most appropriate treatment options for us?

MedExpert, your partner in health care, is ready to help you find the best solutions to your specific health care issues.

MedExpert's dedicated staff members have access to a large database of continually updated, evidence-based medicine. They combine this information with your profile to find solutions specifically tailored to fit in with your lifestyle and your needs.

MAKING CHANGES

If your BMI is too high, MedExpert can help you find the most appropriate exercise and nutrition program to help you manage your weight.

If you have elevated blood pressure, MedExpert can assist in identifying what treatments are available at each level. MedExpert will teach you tips for maximizing self-care and will advise you whether physician management is appropriate.

If your blood pressure is dangerously elevated, MedExpert will help you get the most appropriate care, including helping you obtain an urgent appointment with your primary-care physician or instructing you to go to the emergency room for more immediate help.

If you have a problem with substance abuse and want help, MedExpert will work with you to find your best treatment options, including rehab.

MedExpert's staff will always treat you with utmost respect and will never judge you, even if you have tried and failed to conquer your problems before.

MedExpert's staff members recognize it is never easy to address substance abuse issues and make major lifestyle changes, including quitting smoking and losing

weight. They know dealing with these matters is a process and most people will fail many times before they succeed.

They will help you see that failing does not mean you're a failure.

In addition, MedExpert will never push you into doing something you don't want to do or are not ready for.

MedExpert's staff is always available if you would like help. Simply dial (800) 999-1999.

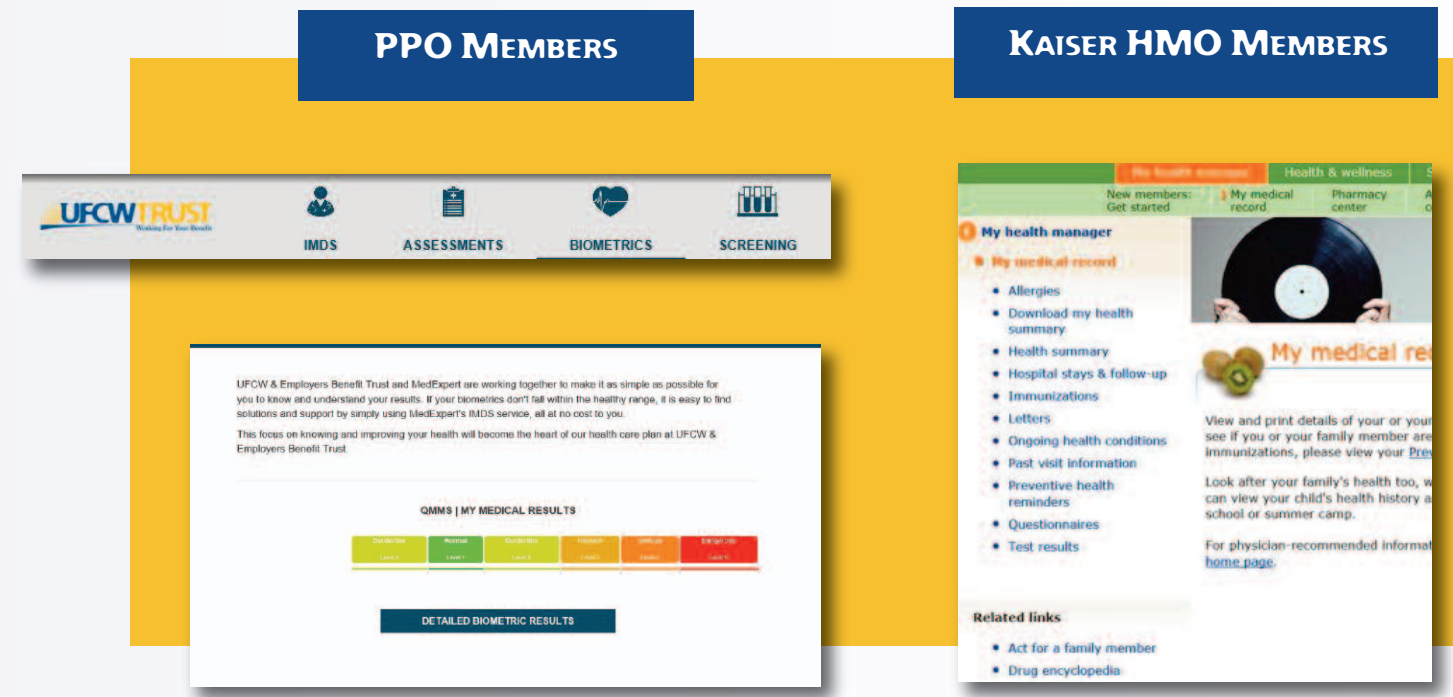
Wherever you are in your personal journey, MedExpert can help you take charge of your health care and maximize your outcomes.

All you have to do is ask.

ARTICLE BY MEDEXPERT

PPO MEMBERS can access their Biometric Screening data through MedExpert. Click on the "Biometrics" and "Screening" buttons at the top of the screen and you will be directed to the "Results" screen.

KAISER HMO MEMBERS should log in to their kp.org account and visit: My health manager>>My medical record. On the left side, click on "Past visit information" for BMI and Blood Pressure, selecting a recent visit. For labs, click on "Test results" to review your data.



Submitting required Dependent documentation

If you enrolled any new Dependents during Open Enrollment for the 2017 Plan Year, required documentation such as a marriage certificate, birth certificate, etc., must be submitted to the Trust Fund Office (TFO) by October 31, 2016, in order to secure enrollment.

If you do not submit the required documentation by the deadline, any Dependent added during Open Enrollment will not be covered for the 2017 Plan Year and you will not be able to enroll that Dependent until the next Open Enrollment period, unless you have a qualifying life event which allows you to make Dependent coverage changes under the Special Enrollment Rights Provisions. Refer to your Summary Plan Description (SPD) regarding Special Enrollment Rights.

Below are the required documentation and timelines for adding Dependents:

Spouse/Domestic Partner

Spouse

- A county-certified marriage certificate, plus any one of the following:
 - Page 1 of your most recently filed federal tax return with your Spouse listed or acknowledgement of your tax extension (Form 4868). (Please cover up financial information.)
 - Recent (within 60 days) recurring household bill or account statement listing your Spouse's name at your address.

Domestic Partner

- Certificate of Registration of Domestic Partnership (CRDP) issued by the California Secretary of State), plus:
 - Recent (within 60 days) recurring household bill or account statement listing your Domestic Partner's name at your address.

Natural Child

- County-issued certified birth certificate.

Stepchild

- County-issued certified birth certificate, plus:
 - County-certified marriage certificate with natural parent.

Adopted Child

- Court adoption papers.



DISABLED DEPENDENT

- Disabled Overage Dependent Child Form, available at UFCWTRUST.COM or by calling (800) 552-2400.
- Proof of current Social Security Disability Award letter.
- Page 1 of your most recently filed federal tax return, plus:
 - All documents required from one of the following categories to which this child belongs: Natural Child, Stepchild, or Adopted Child.

Please note: When adding a Spouse/Domestic Partner or Dependent Child, the Plan requires you to complete an Other Insurance Information Survey. If you are adding your Spouse/Domestic Partner to your UEBT coverage for the first time, you are required to provide a letter from his or her employer on company letterhead, stating what insurance(s) are not provided.

You may also be required to complete an Authorization to Deduct Form. Call the TFO at (800) 552-2400 to request a copy of these forms, or email your request by logging into UFCWTRUST.COM, selecting "About Us" and then "Questions."

You may also complete the Other Insurance Information Survey online by visiting UFCWTRUST.COM. Log in and you will be taken to your "My Info" page. Once there, click on the Health Benefit Update button where you will be able to update Other Insurance Information.

**ALL REQUIRED DOCUMENTATION
SHOULD BE MAILED DIRECTLY TO:**

**UFCW & EMPLOYERS TRUST, LLC
P.O. Box 4100
CONCORD, CA 94524-4100**