

# FOR YOUR BENEFIT

Spring 2014 for Active Members



## My Pension information is now online

Learn more about your pension benefits

**U**EBT members now have access to extensive information about their retirement benefits and pension at [www.ufcwtrust.com](http://www.ufcwtrust.com).

Log into\* [www.ufcwtrust.com](http://www.ufcwtrust.com) and select the “My Info” tab at the top of the homepage. Your personal information will be displayed.

It is important for the Trust Fund to have your most current address, so please take a moment to double check your personal information is accurate.

(Please see page 2)

\* Members must have had Health and Welfare benefits in the previous 18 months in order to log into the site.

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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](http://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](http://www.ufcwtrust.com), haga clic en el menú de Recursos y seleccione formas para elegir un tema.**  
**Visit [www.ufcwtrust.com](http://www.ufcwtrust.com), highlight the Resources menu and select Forms to choose an issue.**

# Learn more about your pension benefits

**MY RETIREMENT** OVERVIEW MY ACCOUNT

Hello **JOHN SMITH**.  
Welcome to the new 'My Retirement' section.

This section is designed to provide retirement benefit information on all funds you are a member of. To view customized documents visit the My Account tab or click the View link below.

FUND	STATUS	DOCUMENTS AVAILABLE
Joint Pension	Active Vested	<a href="#">View</a>
Drug Pension	Active Vested	<a href="#">View</a>
RCSS Pension	Active Vested	<a href="#">View</a>
IAP	Participant	<a href="#">View</a>

Features Include:

- **Glossary** - Definition of pension terms [Click Here](#)
- **Mouse over** - Quick access to definition of terms by using your mouse to glide over text.
- **Ability to print forms** with pre-populated member information.
- **Question Section** - If you have a question regarding [Click Here](#) to contact the Pension department. A Pension contact you within two business days to assist in resolution.

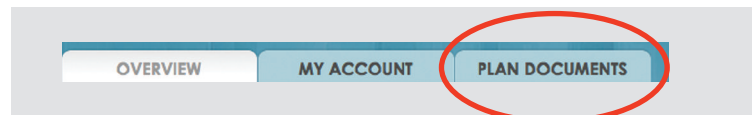
(Continued from front page)

Now select the “My Pension” icon. You will see an overview of your retirement benefit information, including the funds in which you are a member, as well as your status and links to personalized documents.

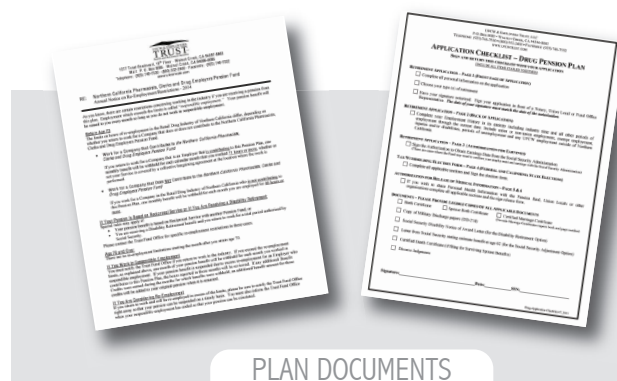
You can also access a glossary of pension terms and submit a question to the Pension Department online. You will receive a response to your question within two business days.

## “PLAN DOCUMENTS”

Select the “PLAN DOCUMENTS” tab:



You will have access to all of the documents related to the plans in which you are a member. These include updates and notices about changes to your benefits, as well as your Summary Plan Description and Annual Funding Notices.



*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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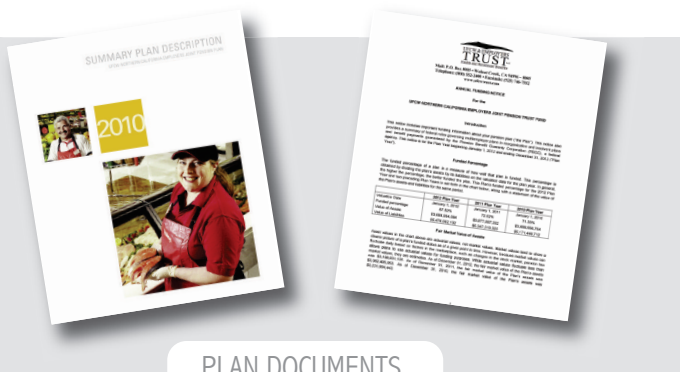
## Glossary

A **covered expense** is the expense which you may incur for covered services, limited to a maximum amount described in the applicable Summary of Benefits and Coverage.

**Covered services** are Medically Necessary services or supplies which are listed in the Summary Plan Descriptions, Evidence of Coverage (HMO participants) and Summary of Benefits Modifications.

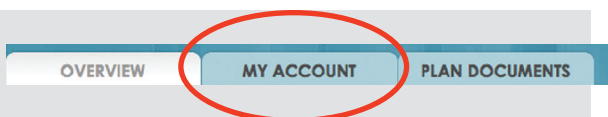
Your **deductible** is the amount of expenses (usually a specific dollar amount) you must pay before the Trust Fund begins paying any expenses.

# online with My Pension



## “MY ACCOUNT”

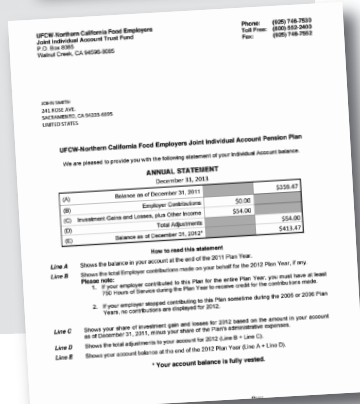
Select the “MY ACCOUNT” tab:



You can access your pension estimate here by clicking on “View” next to “Pension Estimate.” If you are a participant in an Individual Account Pension Plan, you will also find your Annual Statement on this page.



Your **pension estimate** is your most recent personalized retirement statement. It shows the estimated value of the monthly benefit you will earn when you retire.



The **Annual Statement** is a detailed summary of your individual account balance, including employer contributions, gains and losses, and adjustments. Applies only to Individual Account Pension Plans.

## Pension terms to know

**Benefit Accrual Credits** are used to calculate your monthly pension benefit and are based on the Hours of Covered Service you worked in each Plan Year.

**Covered Service** is your work under a Collective Bargaining Agreement that outlines contributions to a Plan on your behalf, or your work for an Employer for which contributions would have been made to a Plan if a Collective Bargaining Agreement had been in place. Covered Service includes hours for which you are paid for vacation, jury duty, holiday absences and funeral leave. In certain circumstances, Covered Service may include periods of time when you receive State Disability or Workers' Compensation Benefits or when you are on military duty.

**Normal Retirement Benefits** is the term for the full retirement benefit which becomes available when you reach your Normal Retirement Age. Please refer to the Plan's Summary Plan Description for your Normal Retirement Age.

When you are **vested**, it means you have earned the right to receive retirement benefits from the Plan. You can become vested by working enough Hours of Service to earn the minimum required number of Vesting Credits under the Plan.

**Vesting Credits** are used to determine your right to receive benefits from the Plan.



# Ensure your family members receive the full benefits to which they are entitled

**M**any factors need to be considered when coordinating the health care benefits you and your spouse/domestic partner enjoy.

Review the information below and take the necessary actions, if applicable, to ensure your family members receive the full benefits to which they are entitled.

Take time to log into **[www.ufcwtrust.com](http://www.ufcwtrust.com)** to review your benefit coverage for you and your spouse/domestic partner. This will help avoid confusion and could help you avoid paying for unnecessary out-of-pocket expenses.

For the purpose of this article, “dual coverage” refers to two active members or an active member and a retiree, both covered under the UEBT health plan.

## Dual coverage

**Q:**

**What if my spouse/domestic partner and I are both covered under the UEBT Plan?**

**A:**

In order to ensure 100% coordination of your benefits and your maximum savings, both of you must:

- Cover each other and the same dependents.
- Choose and complete the requirements for the Health Care Partnership (HCP) plan option.
- Select the same medical carrier (either PPO or HMO). If one member is Premier and the other is Ultra, then both must select the same carrier (PPO, since HMO is not an option for Ultra) in order to receive 100% dual coverage.





**Q:**

**What if I am an active member and my spouse/domestic partner is a retired member?**

**A:**

In order to ensure 100% coordination of your benefits, both of you must:

- Cover each other and the same dependents up to age 24 (you will not be penalized if a dependent child is between the ages of 24-26 and only covered under the Active plan – you and your covered spouse/domestic partner will still receive 100% coordination).
- Select the same medical carrier (either PPO or HMO).
- Choose and complete the requirements for the Health Care Partnership plan option (Active members only).  
Note: your spouse/domestic partner must also complete the Action Steps if the plan requires it.

## Other insurance information

**Q:**

**What if my spouse/domestic partner has an HMO plan?**

**A:**

If your spouse/domestic partner has an HMO as his/her primary carrier, the HMO will be his/her primary plan. UEBS requires that care must be provided by his/her primary plan and will not reimburse any copayments required by the HMO plan.

**Q:**

**What if I am a UEBS Plan member and my covered spouse/domestic partner works elsewhere?**

**A:**

If your spouse/domestic partner is working and is offered other group health insurance through his or her employer, he or she must take the other insurance, regardless of the cost, otherwise his or her benefits will be reduced.

If other group health insurance is not offered, a letter from his or her employer (on company letterhead) must be submitted to the Trust Fund office explaining that other insurance is not offered. A reduction of benefits will be applied if this letter is not submitted. The letter can be faxed to (925) 746-7549.

**Q:**


**What if I am a UEBS Active Plan member and my covered spouse/domestic partner is retired?**


**A:**

If your spouse/domestic partner is retired and offered other insurance through a past employer, he or she must take the other insurance, regardless of the cost, otherwise his or her benefits will be reduced.



# Eight facts to know about Health Reimbursement Accounts

- 
- 1 Health Reimbursement Accounts (HRAs) are available to UEBT Premier and Ultra members who are enrolled in the PPO Health Care Partnership (HCP) Plan. HRAs are also available to HRA Standard members. Non-HRA Standard members will receive HRA funding the first of the following year when they become HRA Standard members. PPO Personal Direction (PD) and HMO members (HCP and PD Plans) do not receive HRA funding.
  - 2 HRA funds can be used to pay out-of-pocket costs such as deductibles, coinsurance and preferred drug copayments.
  - 3 Funds in your HRA can be applied toward your medical deductible, medical coinsurance and preferred prescription drug copays. However, HRA funds may not be used to pay for COBRA or Retiree H&W premium payments or prescription copays for non-preferred drugs.
  - 4 Active members and spouses/domestic partners must choose the PPO HCP Plan and complete all of their required Action Steps in order to receive HRA funding.
  - 5 Annual HRA funding varies depending on your plan level:
    - Standard Plan, member only: \$250. Member with dependents: \$350. An additional funding of \$150 will be credited to your HRA bank when you complete an online Health Risk Questionnaire (HRQ) each spring.
    - Ultra Plan, member only: \$550. Member with dependents: \$800.
    - Premier Plan, member only: \$700. Employee with dependents: \$1,250.
  - 6 Unused HRA funds will roll over into the next year.
  - 7 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 funding.
  - 8 If you change from a Blue Shield PPO plan to a Kaiser HMO plan, you will forfeit your HRA funding.



## Report changes to your contact information directly to the Trust Fund

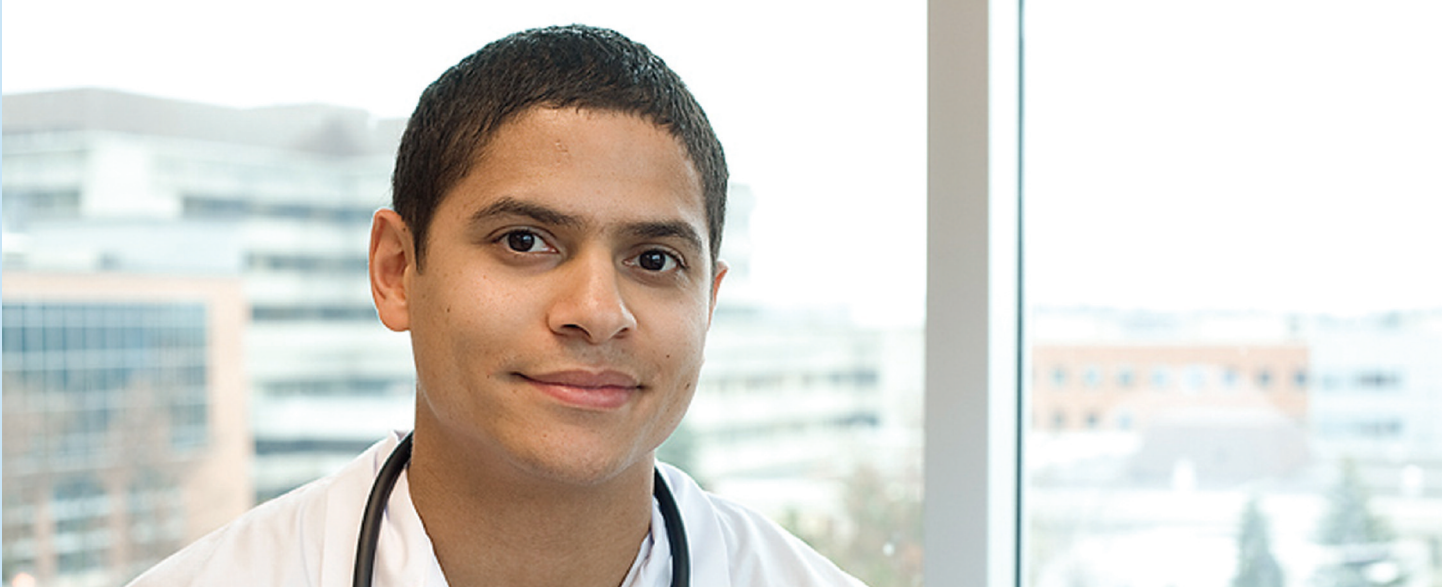
## Keep in touch!

**I**t is important to provide any update of contact information directly to the Trust Fund even if you have updated this information with your Union Local and/or current employer.

It will save the Trust Fund unnecessary expense in trying to locate you and it is important you receive up-to-date benefit information which could result in saving you money. If you leave

the industry and are vested with the Plan, it is still important to keep your contact information current with the Trust Fund as we may need to notify you of your pension benefits at a future time.

Log into [www.ufcwtrust.com](http://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.



# PPO preventive care benefits for active members

**T**aking advantage of preventive care services is one of the best things you can do to maintain your health. Screenings, tests, exams and other preventive services can detect minor health issues and prevent them from turning into major ones.

Some preventive services are completely covered by your benefits (up to their maximum allowed amounts), so you will save money now and in the long term when you schedule them.

Here are some preventive-care benefits to keep in mind:

- Preventive services billed by physicians which are not part of the

Affordable Care Act (ACA) preventive services schedule will be denied.

- ACA preventive services obtained through a PPO provider are completely covered. The Plan pays for 100% of the PPO allowable amount with no out-of-pocket payment required from you.
- Most preventive services have frequency limitations and some are gender-specific.

Some services also have age limitations and gender-specific criteria, such as:

**Cholesterol screening for men:** For ages 35-plus, one screening per five calendar years or, if at increased risk for coronary heart disease, one screening per five calendar years for ages 35 and under.

**Cholesterol screening for women:** For ages 45-plus, one screening per five calendar years for lipid disorders or, if at increased risk for coronary heart disease, one screening per five calendar years for ages 25 and older.

For a comprehensive list of preventive care benefits covered under ACA, visit [www.healthcare.gov/what-are-my-preventive-care-benefits/](http://www.healthcare.gov/what-are-my-preventive-care-benefits/).

## Your dental and vision benefits

**Note:** The benefit information in this article is a correction to the information listed in the 2014 Active Health Plan Open Enrollment Guide.

### Pediatric Dental Care

	Premier Plan	Ultra Plan
Preventive & Diagnostic	100% of covered expense	100% of covered expense
Basic Restorative	80% of covered expense	60% of covered expense
Major Restorative	70% of covered expense	50% of covered expense

There is no annual maximum for Plan payments for pediatric dental care for Premier and Ultra Plan members.

### Vision benefits

- Premier**  
Eye exams are covered at 100% (after the \$5 deductible is met) once every 12 months, if given by a VSP Network provider. Lens and frames are covered every 12 months, up to wholesale allowance.
- Ultra**  
Eye exams are covered at 100% (after the \$10 deductible is met) once every 12 months, if given by a VSP Network provider. Lens and frames are covered every 24 months, up to wholesale allowance.

Costs for exams, lenses and frames from non-VSP Network providers are covered up to Plan allowances. The member is responsible for 100% of costs above the Plan allowances.





Trust Fund **101**

## Walnut Creek office prepares for move

**W**e are pleased to announce the Trust Fund Office Headquarters, currently in Walnut Creek, is moving this summer to the City of Concord.

In cooperation with the UFCW Northern California Employers Joint Pension Plan, whose investment makes this move possible, we plan to open the doors at our new location on Monday, July 28, 2014.

Our beautiful, four-story building, at 1000 Burnett Ave. in Concord, is less than four miles north of the current office in Walnut Creek. It is nestled along Interstate-680, just south of Concord Avenue.

We are changing the name of the building from Galaxy II to the UFCW & Employers Plaza in honor of the outstanding members, employers and unions we work with every day.

There are many advantages to our new location. Parking is free and abundant. Overall, the building is very accessible, with a member lobby and ample meeting rooms on the first floor.

Our Walnut Creek doors will close for walk-ins at noon on Friday, July 25, 2014. We'll be fully operational beginning the following Monday, July 28, 2014. More information will be sent to members this summer.

**We honor the  
outstanding members,  
employers and unions  
we work with every day.**

## Preparing for Open Enrollment 2015

**W**e are working to improve your Open Enrollment experience for the 2015 Plan Year. As a result of your feedback, we are “tooling up” to better serve you during the Open Enrollment and Action Step process for your benefits effective Jan. 1, 2015.

**Easy:** Completing your online enrollment will now be easier than ever. Many of you will receive notification in your Open Enrollment packet about your qualification for Passive Enrollment. This option allows you to continue your benefits from the 2014 Plan Year into the 2015 Plan Year with no action required.

Don't worry though: Even if you qualify for a Passive Enrollment, you still have the option to make changes to your elections if you would like to do so during the Open Enrollment period. And if you do, the online Open Enrollment platform has been completely customized to meet your needs and should only take a few minutes to complete.

To make the process even easier, if you already have Health Care Partnership (HCP) – providing you with lower monthly premiums, and lower deductibles – during the 2014 Plan Year, then you are NOT required to complete any action steps to remain eligible for HCP in the 2015 Plan Year.

**Stress Free:** You now have a two-month period to complete your Action Steps and Open Enrollment. For participants currently on Personal Direction (PD) who would like to transition to HCP, Action Steps must be completed between July 1, 2014, and Aug. 31, 2014, in order to be eligible for the Health Care Partnership on Jan. 1, 2015. Open Enrollment must be completed between Aug. 1, 2014 and Sept. 30, 2014 for you and your family to remain eligible for benefits effective Jan. 1, 2015.

**Reliable:** We are working hard to ensure all elections made during Open Enrollment are communicated correctly to our carriers for Jan. 1, 2015 eligibility. You will receive documentation confirming your elections and plan placement well in advance of Jan. 1, 2015.

Rest assured, we have great plans for this year's upcoming Action Steps and Open Enrollment. We look forward to serving you!