

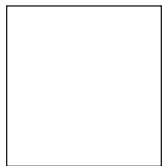


## The value of your benefits

**T**his is the final part of a three-part series of articles in which we compare your health benefits provided through the UFCW & Employers Benefit Trust (UEBT) with those available to other workers in the United States.

Part one examined the importance and cost of health benefits and how the Affordable Care Act (ACA) changed health care in America. Part two looked at the range of services covered by the UEBT and compared the out-of-pocket amounts you pay for specific Covered Services under the UEBT to what other workers pay across the country.

(Please see page 4)



  
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 Working For Your Benefit  
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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 [UFCWTRUST.COM](http://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](http://UFCWTRUST.COM), haga clic en el menú de Recursos y seleccione formas para elegir un tema. Visit [UFCWTRUST.COM](http://UFCWTRUST.COM), highlight the Resources menu and select Forms to choose an issue.

# REMINDERS ABOUT YOUR BENEFITS

## ER vs. URGENT CARE: KNOW THE DIFFERENCE

**E**mergency 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.



## DID YOU KNOW THESE FACTS ABOUT HEALTH REIMBURSEMENT ACCOUNTS (HRAs)?

- 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.



*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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## REMINDERS (continued)

- HRA funds can be used to pay out-of-pocket costs such as deductibles, coinsurance and preferred drug copayments.
- 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.
- 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.



## REVIEW AND UPDATE YOUR PERSONAL INFORMATION AT UFCWTRUST.COM

In order to receive the latest information from the Trust Fund, you must keep the Trust Fund Office updated with your current address and phone number. It is your responsibility to stay informed and keep the benefits information you receive for reference.

The easiest way to do this is to login at **UFCWTRUST.COM** to view your profile. Select the “My Contact Info” icon to make changes directly online. Your contact information will be updated within five business days.

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

While you’re on the website, you can also select the “My Health Benefits” icon to review the benefit details for you and any eligible Dependents.



## ARE YOU APPROACHING RETIREMENT?

Look for a coming edition of *For Your Benefit* with detailed information on how to maximize the extraordinary Pension and Retiree Health & Welfare benefits you have earned. There’s more to the process than you might know!



# THE VALUE OF YOUR BENEFITS PART 3

**IN THIS ISSUE, WE'LL  
EXAMINE HOW THE  
BENEFITS CURRENTLY  
OFFERED BY THE  
EXCHANGES STACK UP  
AGAINST YOUR BENEFITS  
THROUGH UEBT.**

(Continued from front page)

## **THE CHANGING HEALTH CARE LANDSCAPE**

Your UEBT benefits provide you with many of the most sought-after features in a health plan, like high-quality care, a variety of choices and low out-of-pocket costs. It is a successful Plan valued by everyone involved—Members, Unions and Employers.

Other workers across the country have obtained benefits with varying levels of overall quality through the health



insurance exchanges established through the ACA.

Health insurance exchanges are online marketplaces set up on the state level to enable Americans to purchase standardized health plans. They are intended for use by people without insurance or without the option of health insurance through employment.

Health insurance exchanges are a popular choice for employees of small employers not required to provide coverage for full-time workers. They are also used by some workers, such as part-time workers, at large employers which do not sponsor their own coverage.

According to the Kaiser Family Foundation and Health Research & Educational Trust's 2014 Annual Survey, 25 percent of large employers offering retiree coverage to Active workers were considering changes to the way they offered retiree coverage to future retirees because of the implementation of public health insurance exchanges.

In addition, a recent report by Towers Watson stated more than 50 percent of employers who sponsor health care for retirees under age 65 are "planning to reassess their current approach and consider public health insurance exchanges by 2017."

## **DIFFERENT PLAN OPTIONS AT EXCHANGES**

Health insurance exchanges offer four types of plans: Bronze, Silver, Gold and Platinum. The features of those plans vary based on deductibles, copayments and other methods of cost-sharing.

Multiemployer funds like the UEPT typically offer benefit plans categorized in the gold or platinum tier.

Statistics show the majority of participants in the health insurance exchanges are choosing Bronze and Silver plans, which carry high deductibles when compared to the benefit plans offered by UEPT.

A HealthPocket analysis in late 2013 showed an average individual annual deductible of \$5,081 for the Bronze plan and \$2,907 for the Silver plan.

These deductibles are much greater than the \$1,217 national average and far above the UEPT Plans, which at the premier level offer individual deductibles as low as \$200 for Kaiser Participants in the Health Care Partnership (HCP) program. Premier PPO HCP Participants may also use their Health Reimbursement Account (HRA) funds to achieve this lower level of deductible.

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## **HEALTH PLANS WITH LOW OUT-OF-POCKET COST SHARING FOR PARTICIPANTS — LIKE THE ONES OFFERED BY UEPT — REMAIN THE GOLD STANDARD IN BENEFIT COVERAGE FOR WORKERS.**

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The high costs required of individuals using health care exchanges have resulted in lower satisfaction rates among some exchange participants.

According to a recent Deloitte survey, only 30 percent of exchange users reported being "completely satisfied" with their coverage. Most said they were only "somewhat satisfied" and 14 percent of exchange enrollees said they were "not satisfied."

Cost was listed as the most common

source of dissatisfaction by those in the study, with one third of exchange users reporting they experienced difficulty with the out-of-pocket costs.

## **LOOKING TO THE FUTURE**

Health plans with low out-of-pocket cost sharing for participants — like the ones offered by UEPT — remain the gold standard in benefit coverage for workers.

Innovations in the health care environment, including the introduction of exchanges, can be helpful for many individuals, especially those who previously had no coverage, but many of the plans currently offered by exchanges don't stack up to the UEPT Plans in terms of cost and/or access to care.

The reality however is the cost of providing the current UEPT benefits continues to increase. This is why the UEPT Trustees are continually searching for ways to encourage Participants to be better-informed consumers of health care.

Over the last several years, the UEPT has adopted a number of programs and new Plan options designed to empower Participants with information and facts.

In today's fast changing health care environment, the Trustees recognize the cost-efficient use of all health care dollars is a critical part of being able to continue to provide these types of superior benefits.

## **SOURCES**

- **The Kaiser Family Foundation and Health Research & Educational Trust Employer Health Benefits Annual Survey 2013 & 2014**
- **Towers Watson 2015 Survey on Retiree Health Care Strategies**
- **Healthpocket.com**
- **Deloitte 2015 Survey of U.S. Health Care Consumers**

# LIFETIME MAXIMUM

## Information to plan for your future

**U**nder the terms of the Affordable Care Act (ACA), Active Members do not have a lifetime dollar maximum. Retirees covered under the UEBT Retiree Health Plan, however, are exempt from ACA and do have a lifetime dollar maximum under the UEBT Retiree Health PPO Plan.

Retirees and each Covered Dependent have a \$2 million lifetime dollar maximum. Any covered medical expenses a Retiree or Covered Dependent has incurred while covered under the UEBT Active PPO Plan accrues towards the lifetime dollar maximum under the UEBT Retiree Health PPO Plan.

The Trust Fund Office intends to notify the Retiree when he/she or another covered family member is approaching and/or reaches his/her lifetime dollar maximum.

Consequently, if an Active Member or another covered family member is close to or has exceeded his or her \$2 million maximum, enrolling in the UEBT Retiree Health PPO Plan may not be the best choice for this Member.







# OPEN ENROLLMENT 2017

**O**pen Enrollment and Action Steps for the 2017 Plan Year will take place between August 1, 2016 and September 30, 2016. During such time, you can change carriers, add or remove Dependents, and if applicable complete Action Steps to qualify for the Health Care Partnership (HCP) Plan level.

Biometric Screenings are required for ALL Members and enrolled Spouses/Domestic Partners (if applicable), including those currently in Health Care Partnership (HCP), who wish to qualify for or remain in the Health Care Partnership (HCP) Plan level in 2017. These screenings must be completed prior to September 30, 2016.

Those currently in the Personal Direction (PD) Plan level who want to move to HCP in 2017 must complete two other Action Steps in addition to the Biometric

Screening. These additional Action Steps include:

1. Electronic signing of the HCP Agreement; and
2. Health Risk Questionnaire (HRQ) for current PPO Participants; **or**  
Total Health Assessment (THA) for current Kaiser Participants

These additional Action Steps must be completed between August 1, 2016 and September 30, 2016 by current PD Members and their enrolled Spouses/Domestic Partners (if applicable).

Don't wait! Get an early start on your Biometric Screenings. The Trust Fund Office recently mailed instructions to both current PPO and Kaiser Participants on how to complete Biometric Screenings now.

Look for more information on Open Enrollment and Action Steps in your mailbox this summer.

# MEDICAL ID THEFT

## Tips to help keep your information safe

**I**n the past year, more than 100 million medical records in the United States were accessed illegally by cyber criminals.

These attacks are becoming more common as health care providers switch from paper to digital medical records. Many of these providers are behind the curve in the technology needed to safeguard patient data.

Medical identity theft has financial consequences, but lives also can be at stake. Thieves can use a patient's information to get medical services such as bypass surgeries, cancer treatments or other interventions, leaving a legitimate patient unable to receive those services because they have already been performed on an imposter.

There isn't much you can do to prevent a hacker from accessing your health provider's network, but you can take these steps to protect your medical identity:

- **Review your Explanation of Benefits (EOB).** If you are a PPO Participant the Trust Fund will mail you an Explanation of Benefits Statement (EOB) which lists the type of medical services provided. Be sure to review it because it includes information on the doctor, hospital or other service provider who provided service and how much was billed to the Trust Fund. If you see a type of medical service you or your Covered Dependent did not receive, contact the Trust Fund immediately.

- **Don't write your Social Security number on medical forms.** Health providers used to require your Social Security number to verify your identity, but now it is an outdated practice. Ask your doctor if there's a way you can avoid providing it.

- **Review your medical records periodically.** If you have a patient website portal with your health care provider where you can access your medical records online, periodically check your information to ensure it's accurate. Occasionally, hackers can manipulate your data. If your blood type or allergy information is changed, it could have life-threatening consequences.

- **Check your credit history.** Websites like AnnualCreditReport.com offer free annual credit score reports, which you can use to keep tabs on your credit history and look out for any unusual medical billing activity from collectors. If you see any unusual reports, be sure to contact your financial institution.

If you feel you've been a victim of medical identity theft, contact the Trust Fund immediately.

### SOURCES

- **ABCnews.com**
- **Forbes.com**
- **Medical Identity Fraud Alliance**