

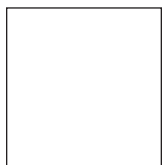



The value of your benefits

This 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 Retirees 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 Retirees pay across the country.

(Please see page 4)




 UFCW & Employers Benefit 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 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.

UEBT RETIREE HEALTH PLAN STUDENT CERTIFICATION

A Retiree must have at least 25 years of credited service upon retirement to enroll an unmarried Dependent child, subject to the child's age and full-time student or disability status.

The UEBT Retiree Health Plan covers a Retiree's unmarried children ages 19 through 23, provided they are primarily dependent on the Retiree for financial support and attend an accredited school or college as full-time students.

Coverage for a full-time Dependent student will end at the earliest of the following:

- The last day of the month in which the child is no longer considered to be a full-time student at the accredited school or college;
- The last day of the month in which the child marries;



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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**IN THE EVENT THE
STUDENT CERTIFICATION
IS NOT RETURNED WITHIN
THE ALLOTTED TIME,
THE STUDENT WILL NOT BE
GRANTED ANY ELIGIBILITY
DURING THIS PERIOD.**

- The last day of the month in which the child attains the age limit of 24; or
- The last day of the month in which the child is no longer financially dependent on the Retiree.

If an eligible Dependent child is not a full-time student during the summer break, coverage can be provided during the break if the student was enrolled within the previous semester and registered as a full-time student for the upcoming semester.

DEADLINE FOR SUBMITTING STUDENT CERTIFICATION

Dependent full-time students are required to submit a Student Certification within 60 days from the start date of the semester/quarter.

Example: The student's semester/quarter begins on August 22. The Student Certification form, along with any other documentation, must be submitted no later than October 21.

In the event the Student Certification form is not returned within the allotted time, the student will not be granted any eligibility during this period. Another Student Certification



form can be submitted for the following semester/quarter if the student meets all of the dependent eligibility requirements.

EXTENSION OF COVERAGE IN CASES OF SERIOUS ILLNESS OR INJURY

If the Dependent child is covered as a full-time student and suffers from a serious illness or injury, he or she may be eligible under federal law for an extension of coverage for up to one year if:

- 1.** The Plan receives written certification from the covered child's treating physician:
 - a)** The child is suffering from a serious illness or injury; and
 - b)** A leave of absence (or other change in enrollment) from his or her post-secondary institution is medically necessary; and
- 2.** The loss of post-secondary student status otherwise would result in a loss of health coverage under the Plan.

If these requirements are met, the Plan will extend the child's coverage for up to one year.

This maximum one-year extension of coverage begins on the first day of the medically necessary leave of absence (or other change in enrollment) and ends one year later or on the date on which coverage otherwise would end under the terms of the Plan, whichever is earlier.



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

Other Retirees across the country have obtained benefits with varying levels of quality through the

health care 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 a Bronze plan and \$2,907 for a Silver plan.

These deductibles are much greater than the \$1,217 national average and far above the UEPT Plans for Actives and Retirees. For the UEPT Retiree PPO Plan, the annual deductible for PPO services is \$400 and \$600 for Non-PPO services.

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 RETIREES.

The high costs required of individuals using health care exchanges have resulted in lower satisfaction rates among 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 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 Active workers and Retirees.

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

Under 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 FOR RETIREES

Open Enrollment 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, or do nothing if you are happy with your current elections. Open Enrollment for UEBT Retirees is completely optional for the 2017 Plan Year. If you do not participate in Open Enrollment, your current carrier and Dependent elections automatically carry over to the 2017 Plan Year.

MEDICAL ID THEFT

Tips to help keep your information safe

In 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](http://MedicalIdentityFraudAlliance.com)