



## How and when to enroll in Medicare

**D**o you know if you are eligible for Medicare? Read on to learn about the choices you need to make and how the UEBT Retiree Health Plan coordinates with Medicare.

### What is Medicare?

Medicare is a federal health insurance program to help you pay for your medical costs.

Medicare's different parts – A, B, C and D – cover different services, from hospital stays to prescription drugs.

Most people become eligible for Medicare when they reach age 65, although there are some ways to receive Medicare benefits before that age:

- Age 65 (apply during the 3 months before the month you turn age 65)

(Please see page 4)

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UFCW & Employers Benefit Trust  
Working For Your Benefit  
UFCW TRUST  
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100% Union

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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).

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WE DEMONSTRATE HONESTY AT EVERY LEVEL OF THE ORGANIZATION WHERE OUR WORDS AND ACTIONS ALIGN

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UFCW & Employers Trust Phone: (800) 552-2400  
Attn: Compliance Manager Fax: (925) 746-7549  
P.O. Box 4100  
Concord, CA 94524-4100



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You may file a grievance in person or by mail or fax. If you need help writing a grievance, the Compliance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building Phone: (800) 368-1019  
Washington, D.C. 20201 (800) 537-7697 (TDD)

Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>

#### Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-999-1999.

#### 繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-999-1999。

#### Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-999-1999.

#### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-999-1999 번으로 전화해 주십시오.

#### Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-999-1999.

#### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-999-1999.

#### Kreyòl Ayisyen (French Creole, Haitian Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-999-1999.

#### Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-999-1999.

#### Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-999-1999.

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#### Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-999-1999.

#### 日本語 (Japanese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-999-1999 まで、お電話にてご連絡ください。

#### Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-999-1999.

#### فارسی (Persian, Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-999-1999 تماس بگیرید.

#### العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-999-1999.

## Retirees need to know: Choosing to opt out of Retiree Health Plan benefits

If you are approaching retirement age, it is important to contact the Trust Fund Office (TFO) to inform us you are ready to start the retirement process. The Health and Welfare Department can assist you with information you will need about joining the UEBT Retiree Health Plan and if it is applicable to you.

You will lose the ability to enroll in the Retiree Plan forever if you fail to enroll for Retiree Health Plan benefits within the 90-day time frame from when the TFO mails you your enrollment packet or 90 days from the date of your retirement, whichever is later.

A retiree can decline Retiree Health and Welfare coverage at any time and there is no requirement for the Retiree to have other coverage in order to opt out. **However, if you and/or your Spouse/Domestic Partner decline coverage for any reason other than because you and/or your Spouse/Domestic Partner have other group health coverage or Marketplace/Exchange coverage, you will forfeit participation in the UEBT Retiree Health Plan forever.**

You and/or your Spouse/Domestic Partner may later enroll in the UEBT Retiree Health Plan within 60 days of the termination date of the other group health insurance, Marketplace/Exchange coverage or Medicare coverage (if loss occurs prior to age 65 when no longer eligible for Medicare because of disability status change) or during the next UEBT Open Enrollment period.

## Living with arthritis

Arthritis is a potentially debilitating condition which causes pain and/or swelling in the joints.

There are two kinds of arthritis: **rheumatoid arthritis (RA)** and **osteoarthritis (OA)**.

**Rheumatoid arthritis** is a chronic auto-immune disorder with symptoms that can come and go for no apparent reason. It can affect almost any joint in the body, including the hands, neck, shoulders, knees, hips or feet. In addition to pain and swelling, RA's symptoms can include fatigue and fever.

**Osteoarthritis** is more common than RA. It is associated with wear and tear on the joints as cartilage breaks down over time. In addition to joint pain and stiffness, OA can cause a "crunching" feeling or sound when a joint is used.

Both conditions can be treated in a variety of ways, ranging from a simple dose of aspirin or another over-the-counter painkiller to replacement

of the affected joint. Other medical options might include heat/cold therapy or injections of hyaluronic acid into the joint area.

Ask your doctor about the best medical options for you.

At the same time, there are options almost anyone can take to make living with arthritis easier and more comfortable:

- **Lose weight.** Every extra pound adds pressure to such weight-bearing joints as the knees and hips. Losing a few pounds can make you feel significantly better.
- **Get proper exercise.** Stronger muscles can help the joints bear their loads. Exercise also stimulates the production of natural pain killers in the body. Ask your doctor about designing an exercise routine which supports the joints without wearing on them.
- **Reduce stress.** Emotional stress is sometimes linked to flare-ups of

rheumatoid arthritis. Reducing stress – through rest, meditation or simply enjoying friends, a good book or a symphony – can work wonders.

- **Stay active as much as possible.** The expression "use it or lose it" often applies to individuals experiencing joint pain. Successful active therapies can include walking, water-walking, bicycling or bending-and-flexing exercises. Ask your doctor about a program suitable for your needs.
- **Eat the right foods.** The Centers for Disease Control and Prevention recommends a diet with healthy amounts of vegetables, fruits, whole grains, low-fat dairy products and lean protein. Reduce your intake of foods high in solid fats, added sugars and salt. Following this advice can help you control your weight and improve your overall physical and mental health.

### Sources:

- Arthritis.com
- CDC.gov



# How and when to enroll in Medicare

(Continued from front page)

- Under age 65 and have been entitled to Social Security or certain Railroad Retirement Board (RRB) Disability Benefits for more than 24 months
- End Stage Renal Disease (ESRD)
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease)

If you and/or your Spouse/Domestic Partner meet any of the above criteria you and/or your Spouse/Domestic Partner are required to enroll in Medicare to maximize your benefits. **If enrolling in Medicare because of ESRD, you should contact the Trust Fund Office (TFO) for more information.**

## Medicare Parts A and B

*It is important to enroll in Medicare Parts A and B as soon as you and/or your Spouse Domestic Partner become eligible, as the UEBT Retiree Health Plan is secondary to Medicare and will coordinate benefits as the secondary payer regardless of whether or not you enroll in Medicare.*

If you and/or your Spouse/Domestic Partner do not enroll in Medicare Parts A and B you will be responsible for full or

partial claims that would have been paid under Medicare. Your benefits under the UEBT Retiree Health Plan will be reduced by estimated Medicare benefits.

Note: Under non-duplication of benefits the UEBT Retiree Health Plan will pay benefits only if the primary Plan's payment (Medicare) was less than the amount the UEBT Retiree Health Plan would have paid if UEBT Retiree Health Plan were the only plan providing benefits.

## Medicare Part D - Do not enroll

While it is important that you and/or your Spouse/Domestic Partner enroll in Medicare Parts A and B, you and/or your Spouse/Domestic Partner do not have to enroll in Medicare Part D since the Trust Fund provides creditable coverage under its prescription drug program. Creditable coverage means that the value of the UEBT Retiree Health Plan prescription drug benefit is, on average for all plan participants, expected to pay out as much as or more than the standard Medicare prescription drug coverage will pay.

In order to receive prescription drug coverage through the UEBT Retiree

Health Plan, you cannot be enrolled in the Medicare Part D prescription drug program.

*If you and/or your Spouse/Domestic Partner are enrolled in Part D, you must dis-enroll immediately to avoid the termination of your prescription drug coverage under the Plan on the day you and/or your Spouse's/Domestic Partner's Part D coverage activates.*

## Kaiser and Medicare

If you or your covered Dependent is enrolled in Kaiser under the UEBT Retiree Health Plan and you do not enroll in Medicare timely, you and all covered Dependents will be automatically moved to the PPO Plan and will no longer be covered under Kaiser. If you or your covered Dependent do not complete your Kaiser Senior Advantage forms sent to you by the Trust Fund Office (TFO), you and your covered Dependents will be automatically moved into the PPO Plan. If you and/or your Spouse/Domestic Partner also enroll in the Medicare prescription drug plan, Part D, you and your covered Dependents will be automatically dis-enrolled from Kaiser for both medical and prescription drug coverage.

## Participants receiving Social Security or disability benefits

If you and/or your Spouse/Domestic Partner receive – or will be receiving – Social Security or certain disability benefits, you will become eligible for Medicare after a 24-month qualifying period. You will be contacted by Social Security or the administrator of your disability benefits to enroll in Medicare in the months prior to your eligibility. **It is important to enroll in Part A and B and to contact the TFO with the information regarding your Medicare eligibility.**

### Prepare for Medicare

In the months leading up to becoming eligible for Medicare you should:

- Consider what your health care needs are now and what they will be in the future, and choose the best approach for you and your family.
- Research Medicare and its related plans to understand fully what is offered. You can visit [Medicare.gov](https://www.Medicare.gov) to find Medicare plans in your area. The site allows you to compare each plan to find which one may work better for you.
- Notify the TFO prior to your effective date of Medicare coverage to ensure your benefit records are updated.

If you or your enrolled Spouse/Domestic Partner first becomes eligible for Medicare after the UEPT Retiree Health Plan's Open Enrollment period, you must notify the TFO. If you do not notify the TFO of your Medicare eligibility, you will be responsible for refunding any overpayment of benefits made by the UEPT Retiree Health Plan where the Plan did not coordinate benefits with Medicare.

## Working Retiree rules

**R**etirees who return to active employment with a contributing employer and work enough hours to re-qualify for Active Coverage under the UEPT must move to the UEPT Active Plan as required by law. You will lose your coverage under the UEPT Retiree Health Plan.

If you return to UEPT Active Plan coverage after a **break of six months or more**, you will be enrolled in the Standard Plan until you meet the eligibility requirements to graduate to the Ultra Plan. You will cease to be eligible for the Retiree Health Plan (including Dependents) and your premium requirement for the Retiree Health Plan will be suspended for all months in which you are eligible for coverage under the UEPT Active Plan.

In the Standard Plan, PPO coverage is the only carrier option. You can enroll your Dependent Children immediately and you will be able to enroll your Spouse/Domestic Partner for a monthly premium after you have worked 1,200 hours. If you return as a Courtesy Clerk you cannot enroll your Spouse/Domestic Partner, however you will be able to enroll your Dependent Children at a monthly cost.

If you return to UEPT Active Plan coverage **within six months** of losing eligibility, you do not have to satisfy the initial qualifying period and you will be eligible for the same plan level under the UEPT Active Plan you were covered under immediately prior to losing active coverage previously.

If you return to UEPT Active Plan coverage with **no gap in eligibility for coverage**, you will remain covered by the UEPT Retiree Health Plan until you satisfy the initial qualifying period for coverage under the Active Plan, as long as you continue to pay your Retiree premiums.

### Qualifying Hours and loss of eligibility

The UEPT Active Plan determines eligibility, initial and continuing, based on the number of Qualifying Hours you work in Covered Employment. Qualifying Hours include straight-time (up to 40 hours per week or 2,080 in a calendar year), paid vacation and holiday hours.

Qualifying hours are defined as:

- 92 hours in a month for General Employees; or
- 64 hours in a month for Courtesy Clerks; or
- 76 hours in a month for Fuel Station and E-Commerce.

As long as you remain in covered employment and work sufficient hours, you will retain eligibility under the UEPT Active Plan in accordance with the general Active Plan rules. If you lose coverage based on working insufficient hours, you will regain coverage under the Retiree Plan and will be required to pay the Retiree premium for that month or file for a disability extension under the UEPT Active Plan (if eligible).



## March is National Kidney Month!

### Do common pain relief drugs cause kidney damage?

Written by MedExpert

**Y**ou've heard it before: ibuprofen (found in brands such as Advil and Motrin) and acetaminophen (found in brands such as Tylenol) cause kidney damage. The question is: Is this true?

Unfortunately, the answer is: Yes.

Let's look at why and learn how you can keep your family safe from kidney damage caused by these pain relievers.

#### Kidney function and problems

Each person has two kidneys, each of which is about the size of a fist. The function of kidneys is to filter extra water and wastes out of your blood and to make urine. Kidney disease means your kidneys are damaged and can't filter blood the way they should.

Problems with kidneys include kidney failure that may result in transplants or dialysis. About 14% of the general population has chronic kidney disease (CKD). CKD often occurs along with other medical conditions, and for this reason it has been called a "disease multiplier." Almost half of people with CKD also have diabetes and self-reported cardiovascular disease.

Other kidney problems include kidney cysts, kidney stones, kidney infections and acute kidney injury (AKI). AKI occurs suddenly, often within hours or a few days. AKI causes a buildup of waste products in your blood and makes it hard for your kidneys to keep the right balance of fluids in your body.

Most people recover from AKI, but it is

important to avoid its causes, such as reduced blood flow, infection – and misuse of medications such as aspirin, ibuprofen and acetaminophen.

In 2017, Americans purchased \$484 million of Advil, \$339 million of Aleve, \$299 million of Tylenol, and \$87 million of Advil PM. That's more than a billion dollars on these medications alone!

#### What you can do

**The bottom line is you must follow instructions on over-the-counter medications.** When using nonprescription pain relievers, such as aspirin, ibuprofen and acetaminophen, follow the instructions on the package.

Taking too many pain relievers can lead to kidney damage and generally should be avoided if you have kidney disease. And be aware that other medications, such as cough syrup, can also contain these drugs, adding to the total dose.

With a little knowledge, you can keep your family safe from kidney damage caused by improper use of ibuprofen and acetaminophen. And the fastest, most reliable way for you to get the health care information you need is MedExpert.

MedExpert invites you to reach out to us if you want to know more about how pain relievers can affect your kidneys and your overall health. By doing so, you'll allow us to customize medical knowledge to your individual circumstances – as well as those affecting any family members. Whether you're in the best of health or dealing with a new or chronic condition, MedExpert is here for you.

For more information, call MedExpert at:

(800) 999-1999

# PPO Participants: Emergency Room vs. Urgent Care: Know the difference and be prepared

**K**nowing the difference between the Emergency Room and an Urgent Care facility is important for your health and for your medical benefits.

Emergency Rooms (ERs) exist to help people when they have suffered a major traumatic event like a heart attack, stroke or accident, so it is not appropriate to visit an ER for less-serious reasons.

On the other hand, Urgent Care cases are less severe. They involve the kinds of problems your primary care physician can treat in his or her office.

Unfortunately, many people aren't aware of the distinctions and use ERs improperly. Only a small percentage of ER visits are for treating true emergency conditions.

The misuse of ERs can be costly for patients and the Fund. An ER visit costs anywhere from two to five times more than a visit to an Urgent Care center or doctor's office.

## What to do

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.

A simple phone call to your physician's office will take the guesswork out of deciding between Urgent Care and the Emergency Room. If your doctor can't see you right away, you might be referred to the nearest Urgent Care facility. It's that simple.

To find the closest PPO Urgent Care facility visit **UFCWTRUST.COM**. Select "Resources" and then select "Find a Provider/Pharmacy." If you are a Kaiser Member, visit [kp.org](http://kp.org) to locate the Kaiser Urgent Care center nearest you. Be sure to store the phone number and address of your nearest in-network Urgent Care center on your phone and also post it on your refrigerator so it's available when you need it.



## When to use the ER

Emergency Rooms (ERs) have the staff and equipment needed to handle situations which immediately threaten people's lives and long-term health. Some examples of conditions properly treated in an ER include:

- Spinal injuries
- Severe head injury
- Large open wounds or bleeding that won't stop
- Major burns
- Severe abdominal pain
- Sudden dizziness or weakness
- Severe or sudden chest pain
- Whenever you suspect a heart attack or stroke
- Difficulty breathing or shortness of breath