



Members now can submit Special Enrollments online, year-round


Special Enrollment provides an opportunity for Members to make health benefit updates outside of the annual Open Enrollment period. It is available when important events change the circumstances of their lives.

Examples of such events include:

- Marriage
- Domestic Partner registration
- Birth
- Adoption or placement for adoption
- Loss of health care coverage

(Please see page 2)

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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.

¿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.

Special Enrollments online

(Continued from page 1)

Members can now submit Special Enrollment applications online at any time.

To do so, visit ufcwtrust.com and log into your UFCWTrust Account on the homepage by entering your username and password.

Upon entering your customized online benefits portal showing your personal information, you will see a blue “Enroll” button (Courtesy Clerks will not see the Enroll button since coverage is Member-Only).

If you recently experienced a qualifying life event, click on the “Enroll” button to continue. You can then select your applicable life event and enter the date of the event on the following menus.

If you are reporting the life event **inside** the required time period (see the box to right) following the event, you will then be shown a list of documents (marriage certificate, birth certificate, etc.) required to complete your Special Enrollment.

If you are reporting the life event **outside** the required time period following the event, you will not be able to proceed with online Special Enrollment and must wait until the next annual Open Enrollment period to make changes to your plan.

If you are able to proceed, you will be directed to a page

where you can accept the user agreement and enter the applicable information relating to your Special Enrollment.

Next, you will authorize your new payroll deductions for Dependent premiums, enter other insurance information and, finally, submit your elections.

Note: Your enrollment cannot be fully completed online. Once you have completed your application online, you will receive a letter from the Trust Fund Office detailing your plan changes and listing the documentation you must fill out and return in order to complete your Special Enrollment.

For Enrollment in the PPO Plan, if you enroll your Dependent in the Fund within 90 days of a qualifying event, coverage will become effective as of the date of the marriage, Domestic Partner registration, or a child's birth, adoption or placement for adoption.

For Enrollment in the HMO Plan, if you enroll your Dependent in the Fund within 60 days of a qualifying event, coverage will become effective as of the date of the marriage, Domestic Partner registration, or a child's birth, adoption or placement for adoption.

For both PPO and HMO Participants, if you are enrolling your Dependent due to a loss of coverage from another source you must enroll your Dependent within 30 days of the loss of coverage.



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

APPEAL

A request for your health insurer or plan to reconsider a decision or grievance.

COMPLICATIONS OF PREGNANCY

Conditions due to pregnancy, labor and delivery requiring medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section are not considered complications of pregnancy.

HOSPICE CARE

Hospice care is Medically Necessary care and treatment for a patient who has six months or less to live due to a terminal illness or injury as certified by a physician. This specialized form of care is normally provided by a licensed hospice facility or home health agency.

2016

OPEN ENROLLMENT

August 1 through September 30, 2015

Open Enrollment allows you to make changes to your carriers and add or remove coverage for your Dependents if you are eligible to do so. It also allows you to update your other insurance information.

If you have covered Dependents and would like to keep their coverage, please note you are required to complete Open Enrollment. Check below to see if it is necessary for you to complete Open Enrollment to ensure you and your covered Dependents have coverage for the 2016 Plan year.

Who is **REQUIRED** to complete Open Enrollment?

- Active Members with covered Dependents who would like coverage to **continue** for their covered Dependents in the 2016 Plan Year
- Everyone who would like to change Medical or Dental carriers
- Everyone who would like to add or remove Dependents

- Everyone with other insurance information updates for themselves or their covered Dependents

Who is **NOT REQUIRED** to complete Open Enrollment?

- Active Members with **NO** covered Dependents who would like **Member-only** coverage to continue into the 2016 Plan Year are not required to complete Open Enrollment. All current elections will carry into the 2016 plan year.

To complete your Open Enrollment, log into **ufcwtrust.com** between August 1 and September 30, 2015. You can enroll online or by calling (866) 772-9835, Monday through Friday, 7 a.m. to 7 p.m. Pacific Time.

Note: To maintain or change your plan tier status (HCP or PD), refer to page 8 regarding Action Steps requirements.

For more information regarding your health care benefits, Members can call the Trust Fund Office's Health & Welfare Services Department at (800) 552-2400.



Prenatal benefits for surrogates

Benefits for surrogate pregnancies and related expenses, including childbirth and coverage for the child following birth, are not an included benefit of your health plan. In compliance with the Affordable Care Act, specific prenatal screenings and prenatal visits are covered under the Plan's Preventive Care Benefit.

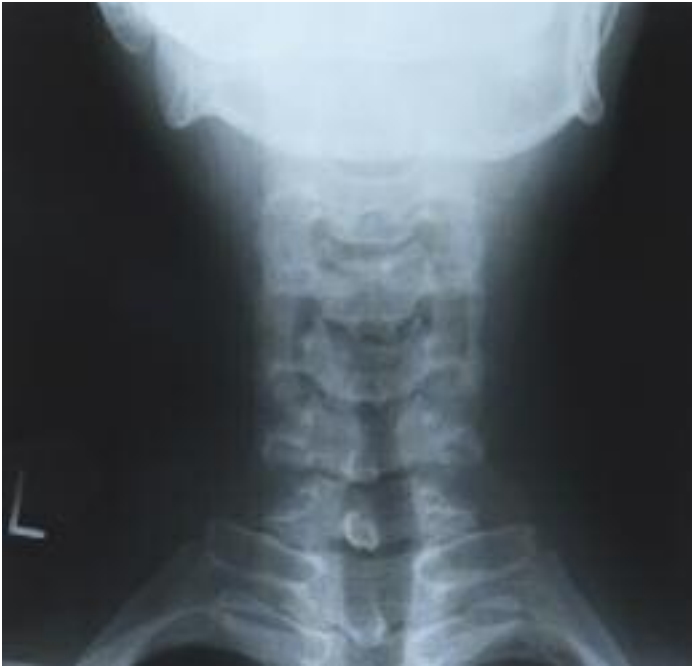
Report changes to your contact information directly to the Trust Fund

It is important to provide any updated contact information (address, phone numbers and email) directly to the Trust Fund, even if you have updated this information with your Union Local and/or Employer.

This will save the Trust Fund unnecessary time and expense in trying to locate you, and it will help ensure you receive up-to-date benefit information which could save 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 **ufcwtrust.com** and on your "My Info" page you can click on "My Contact Info" to complete the form and submit it online. Your change of information will be updated within five days.



Treating osteoporosis

One of the health concerns people experience as they get older is osteoporosis, a condition in which bones lose density and become susceptible to breaks and fractures.

As other tissues do when functioning properly, our bones constantly break down older cells and replace them with newer ones. As we age, though, the process is disrupted and bone cells break down faster than they are replenished.

Osteoporosis affects men and women of all races, but older Caucasian and Asian women are at the highest risk because they lose about 20 percent or more of their bone density within five to seven years after menopause.

Fortunately, breakthroughs in medical science have made it possible to prevent bone loss and even strengthen already weak bones.

According to the Mayo Clinic, you can prevent further bone loss with the following:

- **Prescription medication.** Medicines containing bisphosphonates (Fosamax, Boniva, Actonel and Atelvia) can help reduce the risk of a fracture. When taken properly, these medicines can strengthen your bones for up to 10 years. Side effects include nausea, abdominal pain, difficulty swallowing and increased risks of ulcers and inflammation of the esophagus.
- **Intravenous medication.** For people suffering from severe osteoporosis, bisphosphonates like Prolia and Forteo can be injected by your doctor every six months over two years.

These lifestyle changes also can help prevent osteoporosis:

- **Quit smoking and excessive drinking.** Doctors say bone

growth can be restored if you stop smoking and limit your drinking to fewer than two alcoholic drinks a day.

- **Prevent falls.** It seems easier said than done, but there are some ways you can prevent damaging falls. It helps to wear shoes with good traction and without high heels. If you have exposed cords on the floor, cover them with tape or a rug so you won't trip. You can also install rails in your bathroom.
- **Vitamins.** Take adequate amounts of calcium and vitamin D to strengthen your bones.
- **Exercise.** Try low-impact exercises like swimming, cycling and elliptical machines to build strength in your body. Strength training also can help, but be sure to consult your doctor before starting a workout regimen.
- **Improve your posture.** If you have broken a bone or more, improving your posture is essential. The National Osteoporosis Foundation recommends these exercises to strengthen your hips and back:
 - shoulder stretches
 - hip abductor stretches
 - prone leg stretches
 - balancing exercises

If you feel you are at risk for osteoporosis, make an appointment to see your doctor. He or she will perform a bone density test using X-rays. The procedure is pain-free and typically covers your hips, wrists and spine.

Bone density screening is covered under Preventive Care at 100 percent once every two years for participants age 65 and over, and age 60 and over for participants who have an increased risk.

With proper planning, you can improve your quality of life and minimize the pain of osteoporosis.

Osteoporosis facts

- More than 10 million people in the U.S. suffer from osteoporosis.
- After age 35, men and women lose 0.3 to 0.5 percent of their bone density each year.
- Your bones contain roughly 99 percent of the calcium in your body.
- More than 900,000 spinal fractures occur in the U.S. every year.
- Men and women younger than age 50 need 1,000 mg of calcium and 400 to 800 IU (International Units) of vitamin D daily.

Sources

Mayo Clinic (mayoclinic.org)

National Osteoporosis Foundation (nof.org)

Are you disabled?

You may be eligible for having your medical benefits extended



A Disability Extension provides you and your covered family members with coverage when you have a reduction of hours due to your disability.

However, if you have reached the maximum Disability Extensions, you may be eligible for continued coverage under COBRA/Self-Pay or Extended Medical benefits.

If you or your Dependent are **Totally Disabled** at the time **Earned Coverage** terminates, medical benefits (including prescription drugs) may be extended. These extended benefits will pertain **only to treatment of the disabling illness or injury**.

Prescription drug charges during this period of extended benefits will be covered under the medical portion of the plan if they are directly related to the disabling condition. You must pay for your prescription(s) at the time it is filled and submit

your receipt (receipt must include fill date, name of drug and cost) directly to the Trust Fund Office for consideration of benefits. Coverage for prescription drugs during this period is not provided through the Prescription Drug Program with Catamaran.

Extended Medical Benefits are provided only through the PPO Plan. They are not a covered benefit under Kaiser HMO plans. If you are a Kaiser member and you or your covered Dependent become eligible for Extended Medical, you or your Dependent's extended benefits will be provided through the PPO Plan.

Total Disability is defined as an illness or injury your Physician determines will prevent you from engaging in any occupation for which you are otherwise reasonably capable of performing by virtue of your education, training and experience.

Earned Coverage is defined as coverage as a result of Employer contributions to the Fund (hours worked or compensated), FMLA or disability extension. COBRA and Self-Pay are not earned coverage and will run concurrently (at the same time) with this extension of medical benefits.

Extended Medical Benefits will end at the earliest of (1) the date you or your Dependent is no longer Totally Disabled; (2) 12 months from termination of earned coverage; or (3) the date you or your Dependent become covered under another plan providing similar benefits for the disabling illness or injury.

The Extended Medical Benefit is not automatic. You must submit an application to apply for this benefit and the application must be submitted within 60 days from the notification of termination. The application can be downloaded from ufcwtrust.com under Resources and Forms.

If you have questions about your eligibility for Extended Medical Benefits, contact the Trust Fund Office at (800) 552-2400.



Member profile: Jim Perkins is thankful his health benefits saved his life



Pathologists look closely at biopsy samples to determine whether they contain cancerous cells.

Last year, Jim Perkins was seven years into his second act as a produce clerk at a prominent UFCWTrust Participating Employer.

Perkins had completed a 31-year career at IBM and joined the grocer partly for access to affordable health care, but also because he was bored.

Following his retirement from IBM in 2003, he moved from San Jose to Pioneer to build a new home. He and his wife, Wendla (who goes by Wendy), owned 2.5 acres of land there.

“I built us a pretty nice house,” Perkins recalled. “It’s 2,200 sq. ft. and I built a 1,500 sq. ft. workshop for myself.”

But once the project was over, boredom settled in. Tired of paying exorbitant health care fees, which drained his 401(k), he decided to go back to work.

“It’s a nice 45-minute commute from where I live, and it’s a great place to work,” Perkins said. “And my wife works there, too, as a checker and bookkeeper.”

The blackhead

Last November, during a routine visit to his dermatologist, Perkins asked for a “blackhead” on his face to be removed. As with any dermatological procedure, his doctor reviewed a tissue sample for any potential cancer.

“ We seriously have the best health insurance — and I worked at IBM, so I know what I’m talking about. ”

“My doctor called and asked me to return to his office because he was concerned about the results,” Perkins said. “After a few more tests, he told me I had basal cell carcinoma, one of the most treatable forms of cancer.”

Perkins and his wife were devastated but optimistic about the diagnosis. At least it was treatable.

His dermatologist scheduled a Mohs micrographic surgical procedure, which removes small layers of the skin sequentially so they can be immediately inspected with a microscope.

“The whole procedure took about eight hours and 41 stitches,” Perkins said. “A plastic surgeon performed the stitches, so you can’t even tell anything happened to my face.”

He returned to work the following week, and within three weeks he was fully healed.

“Ever since the procedure, I’ve made sure to apply sunscreen to my face before I even leave my house,” he said.



Jim Perkins built this house after he retired from a 31-year career with IBM.

“I don’t want to go through another procedure like this ever again, so the sunscreen is worth it.”

Perkins credits his superior health benefits for getting him through one of the most difficult periods of his life.

“We seriously have the best health insurance — and I worked at IBM, so I know what I’m talking about,” Perkins said.

Grateful for his benefits

This wasn’t the only time his benefits came to the rescue. In 2012, Wendy had an episode requiring a 40-mile ambulance ride to Sacramento.

She complained of headaches and felt ill, Perkins said. She stayed in an intensive care unit for three days while doctors determined whether she had an aneurysm. Perkins slept on the floor, rarely leaving his wife’s bedside.

Wendy’s spine was tapped twice to remove blood and eventually she recovered. It’s still unknown if she had an aneurysm, but Perkins is glad his benefits were there to help Wendy recover.

“Having to worry about finances would have made these two ordeals much worse,” he said.

“I’m really glad I have a Union, an Employer and my health benefits, because without any of those, I don’t know if either my wife or I would be here.”

Melanoma facts

- Melanoma is the deadliest form of skin cancer, much more aggressive than basal cell carcinoma.
- Nearly 90 percent of melanomas are caused by ultraviolet exposure from the sun or other sources like tanning beds.
- While melanoma is preventable, the U.S. is experiencing a rising number of cases each year.
- The most common melanoma sites on men are the head, neck, back and chest. On women, the most common sites are the arms and legs.
- Melanoma is most common in men over the age of 50 (more common than colon, prostate and lung cancer).

Source

Melanoma Research Foundation (melanoma.org)

Changes to Coordination of Benefits for prescription drugs

Effective October 1, 2015, Coordination of Benefits (COB) will apply to UEBT prescription drug benefits in both the Active and Retiree Funds based on non-duplication of benefits.

This is the same coordination process already in effect on your medical, dental and vision benefits.

If your Spouse/Domestic Partner has other access to prescription drug coverage through his or her employer, the other prescription drug coverage must be used first when filling a prescription.

The current rule allowing for reimbursement of the other plan's copayment plus \$1 will no longer apply to Spouses/Domestic Partners.

If your Spouse/Domestic Partner has other prescription drug coverage through his or her employer and tries to fill a prescription using the UEBT Plan first, coverage will be denied at the pharmacy and the pharmacy will ask for the ID card for the other prescription plan.

Once the other prescription drug plan information has been updated into the pharmacy's computer system, your Spouse/Domestic Partner will be able to fill prescriptions using the other prescription drug plan as the primary payor and the UEBT Health Plan as the secondary payor (if applicable and eligible for additional benefits).

This rule does not apply to your covered Dependent children, and you may continue to use the UEBT prescription drug plan as the primary plan for Dependent children in the plan.

More information will be sent to you about this upcoming change. In the meantime, if your Spouse/Domestic Partner has other prescription drug coverage through their employer they have not been using when purchasing their prescriptions, please make sure the pharmacy has this other insurance information on file.



Action Steps help promote your health awareness and education and are an important part of your benefits. You have an eight-week period during which you can complete Action Steps to get the most out of your benefits.

The Action Steps 2016 period is separate from Open Enrollment 2016. Look for the Action Steps 2016 logo on materials from the Trust Fund Office.

During this time, all Members covered under Kaiser or the PPO Plan who are currently on a Health Care Partnership Plan (HCP) or are interested in transitioning to an HCP Plan must take action. Not all Plan levels require completing the same steps.

Check your mail for materials from the Trust Fund Office with detailed instructions on how to complete your Action Steps.

The benefits of completing your Action Steps include lower weekly Dependent premiums, lower out-of-pocket costs and, if covered under the PPO Plan, annual Health Reimbursement Account funding to help with your health care costs.

