UFCW TRUST
Working For Your Benefit

SUMMER 2017
for Active Members

Open Enrollment 2018

Open Enrollment and Action Steps for the 2018 Plan Year are coming soon!

Open Enrollment details

Open Enrollment is the period each year when Members can make carrier changes and add or drop Dependents for the upcoming Plan Year.

This year, Open Enrollment is **passive**, meaning no action is necessary during the Open Enrollment time period if you want your current carriers and enrolled Dependents to remain the same for the 2018 Plan Year (effective January 1, 2018).

If you need to complete Open Enrollment for the 2018 Plan Year, visit **UFCWTRUST.COM** between July 31, 2017 and September 29, 2017. Members requiring assistance also can visit the Trust Fund Office in Roseville or Concord. If this is not an option, you may complete a Telephonic Open Enrollment by calling the Trust Fund Office (TFO) at (800) 552-2400, Monday-Friday, from 7:30 a.m. to 5:30 p.m. Pacific Time.

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In This Issue

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 "*For Your Benefit* Newsletter" para elegir una edicion. Visit **ufcwtrust.com**, highlight the Resources menu and select *For Your Benefit* Newsletter to choose an issue.

Open Enrollment 2018

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Action Steps details

Action Steps are the actions Members and enrolled Spouses/Domestic Partners (if applicable) must take during a specified period each year to qualify for the wellness program (called Health Care Partnership or HCP) in the upcoming Plan Year.

This year, the Action Steps program for the 2018 Plan Year is **passive** for Members and Spouses/Domestic Partners already in the wellness program (HCP). This means that no action is necessary during the Action Steps period for these individuals to remain in the wellness program (HCP) for 2018.

Please note: Members who graduate from Standard to Ultra between July 1, 2016, and June 30, 2017, who are provisionally placed in the wellness program (HCP) in 2017 must complete all Action Steps listed below, in order to remain in the wellness program (HCP) for the 2018 Plan Year. For a Spouse/Domestic Partner enrolled after July 1, 2017, Action Steps are not required for HCP in 2018.

Completion of Action Steps is mandatory for Members and currently enrolled Spouses/Domestic Partners who are not currently in the wellness program (which is sometimes referred to as being in the Personal Direction or PD option) and who wish to participate in the wellness program (HCP) for 2018.

The Open Enrollment and Action Steps processes both run from July 31, 2017, through September 29, 2017.

The Action Steps that need to be completed by Members and enrolled Spouses/Domestic Partners who wish to be eligible to participate in the wellness program (HCP) for the 2018 Plan Year are listed below. Specifically, Members and enrolled Spouses/Domestic Partners who wish to be eligible to participate in the wellness program (HCP) for the 2018 Plan Year must complete all of the following under their current carrier before September 29, 2017:

1. Electronic signing of the HCP Agreement;
2. HIPAA Agreement (required for Kaiser HMO Participants only);
3. Biometric Screening covering all required tests; and
4. A Health Risk Questionnaire (HRQ) for current PPO participants or a Total Health Assessment (THA) for current Kaiser Participants.

The HCP Agreement and HRQ/THA Action Steps will be available for Members and their currently enrolled Spouses/Domestic Partners (Participants) to complete on UFCWTRUST.COM between July 31, 2017, and September 29, 2017.

Participants can have their Biometric Screenings performed at their physician's office during a regular office visit or annual physical any time between January 1, 2017 and September 29, 2017. (Please use the Biometric Screening PPO HM7 form, available at UFCWTRUST.COM.) Starting on July 31, 2017, PPO Participants also can schedule a Biometric Screening at a Quest Patient Service Center. Kaiser HMO Participants can visit any one of the Kaiser labs for a Biometric Screening and the Nurse's Station for BMI and blood pressure. **Please note that the specific types of Biometric Screening tests required differ based on whether the Member is enrolled in the PPO or in the Kaiser HMO. Look out for future communications from the Fund Office for the list of Biometric Screening tests that are necessary for PPO Members and Kaiser HMO members.**

Failure to complete all required Action Steps within the specified time period (July 31, 2017 through September 29, 2017) will result in the Member, Spouse/Domestic Partner (if applicable) and any eligible Dependents not being able to participate in the wellness program (HCP) during the 2018 Plan Year.

Reminder: This year, separate from the Open Enrollment and Action Steps processes, the Dependent Eligibility Verification project is under way (see details in the Spring 2017 issue of *For Your Benefit*). As part of Dependent Verification, all Active UEBT Members with an enrolled Spouse/Domestic Partner will be required to provide proof of continued marriage, as well as a completed Other Insurance Information (OII) survey, to the Trust Fund Office (TFO). If you have already sent the TFO your required documentation, thank you! **If you have not yet sent your documentation, submit online by logging into UFCWTRUST.COM immediately.**

UFCW TRUST
Working For Your Benefit

For Your Benefit is the official publication of the UFCW & Employers Benefit Trust (UEBT). 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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Confirm your PPO provider is in-network

When visiting a new health care provider, remember to ask if he or she is "**a current contracting provider with the Blue Shield of California network**."

To make sure you pay the lowest out-of-pocket cost for your care, it is important to confirm your PPO provider is in-network. If you need assistance finding an in-network provider, please call the Trust Fund Office (TFO) at (800) 552-2400.

If you are out-of-state, be sure to ask if your PPO provider is part of the Blue Card network. If you need assistance finding a Blue Card network provider, please call Blue Shield at (800) 810-2583. This number is located on the back of your health card.

Retirement FAQs on Website

Do you need more information about Social Security, Retirement Planning, Medicare, Retiree Health & Welfare, or Joint Pension and Individual Account Pension Plan (IAP)? If so, just log into **UFCWTRUST.COM** to easily access all the information you need!

1. Log into **UFCWTRUST.COM**
2. On your My Info page, click on the My Retirement button.
3. Click on the Planning tab and you will then be able to access all Retirement FAQs applicable to you.

The retirement process: What do I need to do?

Are you ready to begin the transition from actively working to retirement? Here are the steps you need to take to begin receiving your pension benefits and the benefits offered through the UEBT Retiree Health Plan (if eligible).

Pension Benefit Overview

In order to be eligible to receive a pension benefit, you must meet certain requirements, including reaching a certain age and working a sufficient period of time to become "vested" under the Joint Pension Plan.

The Normal Retirement Age for Members hired prior to the 2005 Collective Bargaining Agreement (CBA) ratification (Group 1 Members) is age 60. For Members hired after the 2005 CBA ratification (Group 2 Members), the Normal Retirement Age is age 65.

Generally, a Member must have earned five (5) Vesting Credits to be considered "vested" provided they have at least one Hour of Service on or after January 1, 1999. **Reciprocal Credits** may be available if you earned Credited Service under another Plan that has a reciprocal agreement with this Plan. Please contact the Trust Fund Office (TFO) for the definition of "vested" if you did not work one Hour of Service on or after January 1, 1999 or if you are not covered by a Collective Bargaining Agreement.

You earn one Vesting Credit per calendar year based on 750 or more Hours of Service. (Partial Benefit Credit is earned for Hours of Covered Service between 150 and 750; no Vesting Credit is earned for less than 150 Hours of Service.)

While earning enough Vesting Credits to become "vested" entitles you to a pension benefit, the amount of your Normal Retirement Benefit, which is payable for your life, is based on the amount of Credited Service (also referred to as Benefit Credits) you have earned at the time of your retirement.

If you retire before or after your Normal Retirement Age, the amount of your benefit may be adjusted up or down depending on the circumstances. For example, if you cease working before your Normal Retirement Age, but delay retirement until after your Normal Retirement age, your benefit will be increased to take into account that your benefit will be paid for a shorter amount of time. However, if you continue to work beyond your Normal Retirement Age, there is no increase in your Normal Retirement Benefits, except the increase that results from the additional Credited Service you earned.

Alternatively, if you retire BEFORE your Normal Retirement Age, your benefits may be reduced to take into account that your benefit will be paid over a longer period of time.

You earn a maximum of one Benefit Credit per calendar year based on 1,800 or more Hours of Covered Service. (Partial Benefit Credit is earned for Hours of Covered Service between 150 and 1,799; no Benefit Credit is earned for less than 150 Hours of Covered Service.) For example, if you are part time and work 1,200 Hours of Covered Service each year, the Benefit Credits you earn will take longer to accrue than if you worked 1,800 Hours of Covered Service each year.

The amount of Benefit Credits you have accrued under the Joint Pension Plan at the time of your retirement will be one of the factors used to determine whether you are eligible for coverage under the UEBT Retiree Health & Welfare Plan (RHW), which is discussed further below.

Types of Pension Benefits

There are different types of retirement benefits available under the Plan:

Normal Retirement Benefits

Normal Retirement Benefits are available upon reaching your Normal Retirement Age and fulfilling all of the conditions for entitlement to benefits. This benefit is generally payable as early as age 60 for Group 1 Members and age 65 for Group 2 Members.

Vested Members who meet certain requirements may be eligible to begin receiving their pension benefits before their Normal Retirement Age.

Rule of 85 – Unreduced Early Retirement Benefits (available to Group 1 Members only)

Members who meet the requirements for a "Rule of 85"

retirement are eligible to retire before Normal Retirement Age and still receive the amount they would have received if they had waited until Normal Retirement Age to retire.

The "Rule of 85" is generally available only to Group 1 Members under age 60 (Group 2 Members are not eligible), whose combined age and Benefit Credits equals 85 or more. For example, an eligible Member age 55 with at least 30 Benefit Credits would qualify (55+30=85).

Please contact the TFO for additional information.

Reduced Early Retirement Benefit

If you are eligible and choose to retire before Normal Retirement Age, but do not qualify for "Rule of 85" Retirement Benefits, you will receive a monthly benefit which is actuarially reduced based on your age. This reduction takes into account the fact your benefits became payable earlier than Normal Retirement Age and you will likely be receiving your benefits for a longer period of time.

If you are a Member who has decided on a retirement date

If you have determined what date you would like to begin your retirement, contact the TFO or your Union Local to request a Retirement Application. You must submit your application to the TFO no earlier than 180 days before your requested retirement date. To learn more about the retirement process, you may also request a Summary Plan Description (SPD) or go online to view and/or download a copy.

The typical documents you will need to provide along with a completed application are:

- A copy of your certified birth certificate.
- If you are married, a copy of both your marriage certificate and your Spouse's certified birth certificate.
- If unable to work after March 1, 1992, due to injury or illness and you collected State Disability Insurance (SDI) or Workers' Compensation, provide copies of payment histories for each period. You may be entitled to additional Benefit Credits.
- If you were in military active duty during Industry Service, provide a copy of the DD-214. You may be entitled to additional Benefit Credits.
- If divorced during Industry Service, provide a copy of divorce documents and any Qualified Domestic Relations Orders (QDRO).
- Provide a copy of your Spouse's Death Certificate if he or she is deceased.

Once you file an application, your application will be processed and you will receive a letter if any additional information is needed. When your application is complete and has been processed and verified, you will receive a Choice Letter requesting you to make your benefit elections.

The processing of your retirement application may be delayed if:

- The application is not submitted 90 days before your retirement date, or
- You continue to work past your scheduled retirement date.

Pension Inquiry

In order to help ensure your retirement process goes smoothly, you should complete a Pension Inquiry with the Trust Fund Office (TFO) within one year of your expected retirement date. In response to your Pension Inquiry, you will receive an estimate of your monthly pension benefit and all of your Benefit Credits used to determine the amount of your estimated monthly pension benefits. If there are any gaps in Covered Service, you should provide all additional information such as State Disability or Workers' Compensation documents, military service documents and other information which may be used to close gaps in Covered Service.

By taking this step, you will help avoid delays in the actual processing of your retirement application when you are ready to retire.

Please note: The Joint Pension Fund, which manages Pension benefits, is separate from UEBT, which will manage your RHW benefits. Due to HIPAA Privacy rules, please do not assume documents submitted to the Joint Pension Fund will be sent over to UEBT.

RHW Eligibility

Members who are receiving pension benefits receive RHW benefits, provided all of the following requirements are met:

1. Combined active eligibility under the UFCW & Employers Benefit Trust and reciprocal funds amounts to at least 36 of the 72 months immediately preceding retirement.
2. You must have last worked in covered employment for an Employer who was obligated to make contributions to the UEBT Fund.
3. Effective January 1, 2014, the Member must have at least 20 years of credited service under the Joint Pension Plan. However, any Member who has satisfied the prior "15 years of service" requirement on or before the effective date of this change (January 1, 2014) will remain eligible for RHW coverage provided all other requirements are

met. If reciprocal credit is used for purposes of meeting the eligibility requirements for RHW coverage, the majority of earned credit must have been credited under the Joint Pension Plan. If the Member is absent from Covered Service and has no earned health and welfare eligibility for five or more consecutive calendar years, the Member must return to covered employment and accrue at least 10 additional years of Credited Service under the Joint Pension Plan in order to be eligible for RHW coverage. However, if a Member has five consecutive calendar years with no earned eligibility, but also has 21 years or more of Credited Service, he/she shall be eligible for RHW coverage once he/she accrues enough additional years of Credited Service under the Joint Pension Plan, which when added to prior service totals 30 years, providing he/she meets all other requirements.

4. For immediate RHW coverage, the Member must be at least age 55 or be eligible for a "Rule of 85" pension from the Joint Pension Plan.
5. If the Member has not yet attained the minimum age requirement as described above on his or her retirement date, the Member will nonetheless be entitled to RHW benefits commencing on a later date when the minimum age requirement is met, provided all other eligibility requirements are met at that time. Once you retire under the Joint Pension Plan, you cannot earn additional credit for eligibility for RHW coverage.

Beginning your RHW Benefits

After you submit your retirement application, you will receive an RHW enrollment package from the TFO, provided you are eligible. You have 90 days from when the TFO mails you your enrollment packet or 90 days from the date of your retirement, whichever is later, to return the completed enrollment application and the following required documents:

1. Authorization to Deduct Retiree Health Care Premium Form (if you wish to have the monthly RHW premiums deducted from your Joint Pension Plan benefit)
2. If adding a Spouse/Domestic Partner:
   • Copy of a county-certified Marriage Certificate/Certificate of Registration of Domestic Partnership (CRDP) issued by the California Secretary of State and Other Insurance Information (OII) survey PLUS any one of the following:
   • Recent (within 60 days) recurring household bill or account statement listing your Spouse's/Domestic Partner's name at your address, or
   • Page 1 of your most recently filed federal tax return with your Spouse/Domestic Partner listed or acknowledgement on your tax extension (Form 4868). Please use a marker or other means to hide your financial information.
3. If adding a child (Member must have a minimum of 25 Benefit Credits):
   • County-issued birth certificate PLUS:
   • If the child is between the ages of 19 and 24, a completed student certification form with documentation demonstrating the child is a full time student. This certification must be completed every quarter or semester (depending on the school).

After the TFO reviews your enrollment application and supporting documents, you will be notified by the TFO if the enrollment has been accepted. You will be responsible for paying all RHW premiums going back to your retirement date, or back to the first of the month following receipt of your application to the Joint Pension Fund for retirement benefits, whichever is later.

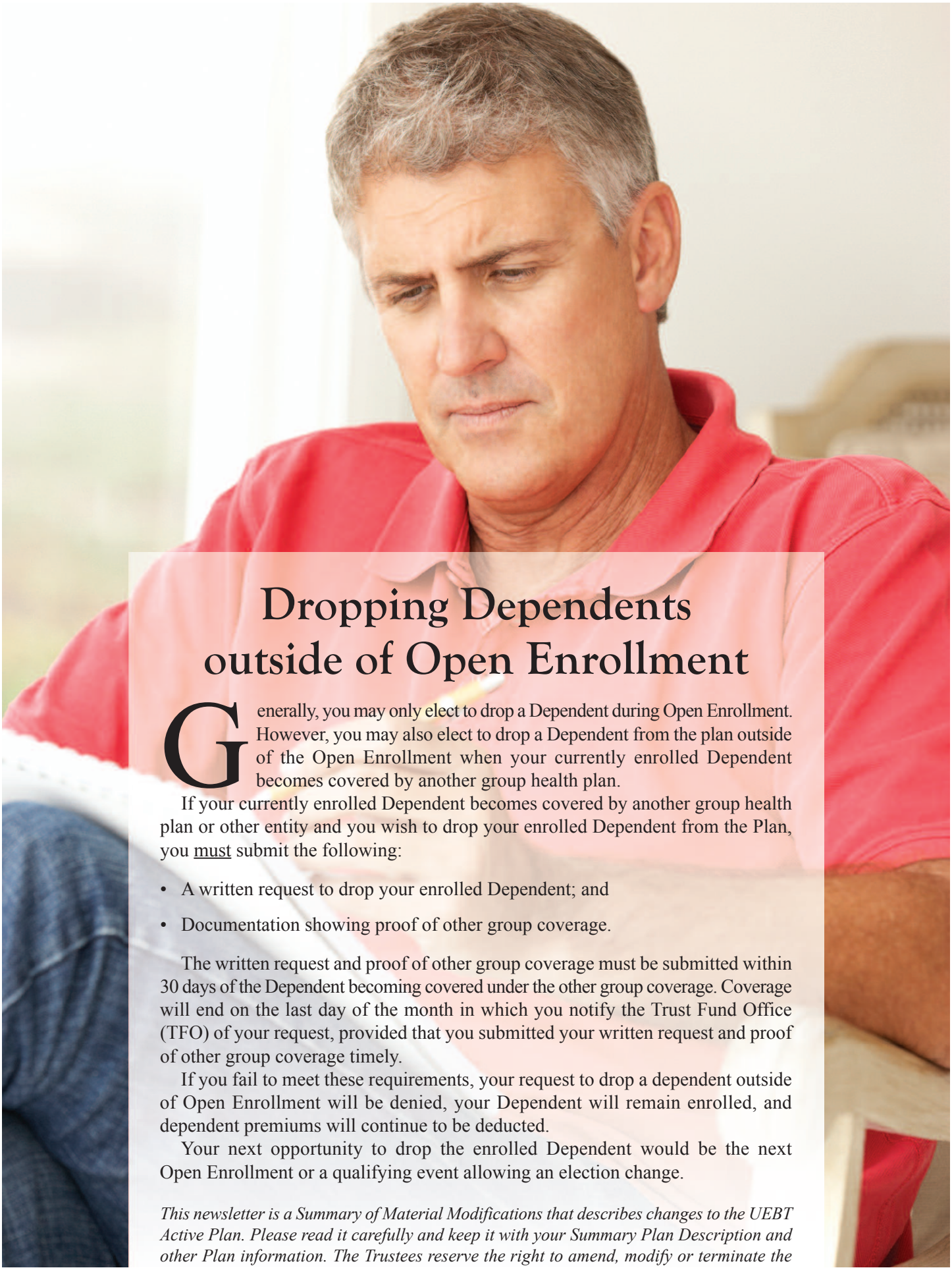
Please note: If you and/or your Spouse/Domestic Partner fail to enroll for RHW benefits within the allowed 90-day timeframe described above, you and/or your Spouse/Domestic Partner forfeit the ability to enroll in the RHW forever. The only exception to this is if you and/or your Spouse/Domestic Partner are declining to enroll in the RHW when first eligible because you and/or your Spouse/Domestic Partner are currently enrolled in other group health insurance through another employer. In this case, you and/or your Spouse/Domestic Partner may later enroll in the RHW provided you apply for coverage within 60 days of the termination date of the other group health insurance or during the next UEBT Open Enrollment period after the loss of the other group coverage.

Becoming eligible for Medicare

Upon becoming eligible for Medicare, you should enroll in Medicare Parts A and B. Enrollment in Medicare Parts A and B is required even though you have RHW coverage through the Trust Fund. If you do not enroll in Medicare Parts A and B, you will be responsible for full or partial claims which would have been paid under Medicare. In other words, if you are eligible to enroll in Medicare, but do not enroll in Medicare Parts A and B, your RHW benefits will be reduced by estimated Medicare benefits.

Additionally, do NOT enroll in Medicare Part D. If you enroll in Medicare Part D, your prescription benefits will be denied through the Trust Fund.

After the Trust Fund Office reviews your enrollment application... you will be notified by the TFO if the enrollment has been accepted.



Dropping Dependents outside of Open Enrollment

Generally, you may only elect to drop a Dependent during Open Enrollment. However, you may also elect to drop a Dependent from the plan outside of the Open Enrollment when your currently enrolled Dependent becomes covered by another group health plan.

If your currently enrolled Dependent becomes covered by another group health plan or other entity and you wish to drop your enrolled Dependent from the Plan, you must submit the following:

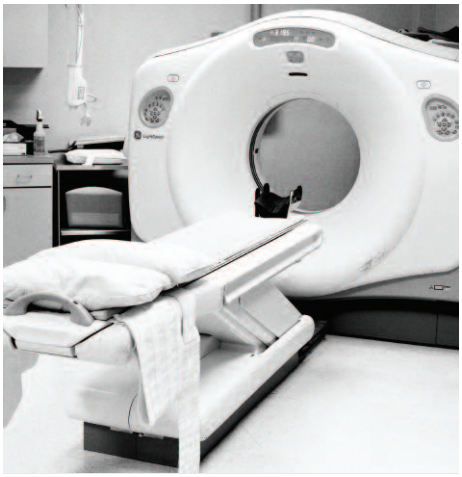
- A written request to drop your enrolled Dependent; and
- Documentation showing proof of other group coverage.

The written request and proof of other group coverage must be submitted within 30 days of the Dependent becoming covered under the other group coverage. Coverage will end on the last day of the month in which you notify the Trust Fund Office (TFO) of your request, provided that you submitted your written request and proof of other group coverage timely.

If you fail to meet these requirements, your request to drop a dependent outside of Open Enrollment will be denied, your Dependent will remain enrolled, and dependent premiums will continue to be deducted.

Your next opportunity to drop the enrolled Dependent would be the next Open Enrollment or a qualifying event allowing an election change.

This newsletter is a Summary of Material Modifications that describes changes to the UEBT Active Plan. Please read it carefully and keep it with your Summary Plan Description and other Plan information. The Trustees reserve the right to amend, modify or terminate the Plan at any time.



Benefits help a family prevail through daughter's cancer ordeal

It was Labor Day in 2014 when 11-year-old Felicia Scott first felt pain in her abdomen.

The pain appeared suddenly during a picnic, where she was enjoying the day with her family.

Her parents took her home to rest, but with her condition failing to improve they called their local Urgent Care facility for advice.

"Because the pain was close to her appendix, they suggested we take her to the Emergency Room," said her father, Leroy, an 11-year Member.

After several tests and a CT scan, hospital doctors and other specialists determined she needed an appendectomy, which was performed later that night.

The next day she was home and feeling better. A week later, she went in for a standard post-surgery checkup.

"After the doctor examined her, he excused her from the room and told my wife and me he needed to speak to us," Leroy said.

Felicia's appendix, which had been studied after the surgery at a pathology lab, contained a carcinoid tumor measuring over two centimeters wide.

It's a condition rarely seen in children, and the normal procedure after such a discovery is to remove a portion of the large intestine and all of the lymph nodes in the area as a precautionary measure.

"We were floored," Leroy said. "You don't expect to hear that as parents."

Doing the research

Seeking more information, the parents reached out to friends and family who had undergone cancer treatments. They also visited some of the best oncology departments in the country.

"We were not only trying to be good parents, we wanted to be prudent with the assets of the Trust Fund as well," Leroy said. "We didn't want her to have to undergo an unnecessary surgery."

As part of their research, they contacted MedExpert. A MedExpert doctor created a synopsis of the situation and sent it off electronically to medical experts across the world.

Because this medical situation involved many moving parts, the family was assigned a case manager from Blue Shield to help them navigate their options and ensure each of the specialty doctors and hospitals were in-network and covered under the UEBT Plan.

Felicia was involved throughout the entire months-long research process, which included visiting doctors in San Francisco and Houston.

"We definitely kept her informed without unnecessarily scaring her at the same time," Leroy said. "She was shocked. She had heard of cancer. We tried to manage that as best we could."

Becoming cancer-free

The family decided Felicia would have her surgery at the UCSF Benioff Children's Hospital in San Francisco.

"She could wait until after Christmas or have it done as soon as possible," Leroy said. "She wanted to have the surgery as soon as possible."

The surgery went perfectly, and after a week of recovering in the hospital, Felicia and her family received the news in early November 2014 that she was cancer-free.

"She was amazing through this whole process, so mature," Leroy said. "That doesn't mean all of us didn't have tears at different times during these stressful months, but she was so beyond her years in terms of maturity."

Felicia remained an active sixth-grader during the entire process and was on the swim team the following summer. She visits a doctor every six months to monitor her health.

"This process certainly made us grateful for our great benefits," Leroy said. "There were caps on what we had to pay so we weren't affected in a catastrophic way. With billed amounts near $198,000, the final, in-network costs ended up being around $66,000, and we were responsible for just a small fraction of that."

The family also appreciates having access to MedExpert and a Blue Shield case manager as part of their UEBT Plan.

"Our benefits really are fantastic," Leroy said. "This experience really helped me appreciate being a member of this Trust Fund."

Share your stories and ideas with the Trust Fund Office

Would you like to share a story of how UEBT benefits made a difference in your life or for one of your loved ones? Do you have a benefit-related topic you would like to learn more about in a future issue of *For Your Benefit?*

Email your story or ideas to **MemberProfile@ufcwtrust.com**. We may contact you for more information.