



The value of your benefits

This is the second 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 changed health care in America.

In this issue, we'll look at the range of services covered by the UEBT and how the amount you pay for specific Covered Services compares to the amount paid by other covered Retirees across the country.

(Please see page 2)

PRSRST STD
PAID
US POSTAGE
P S P


UFCW & Employers Benefit Trust
Working For Your Benefit
P.O. Box 4100
Concord, CA 94524-4100

IN THIS ISSUE

What is Form 1095-B?	Page 4
Questions for your doctor	Page 5
Know your deadlines to submit forms	Page 6
Becoming eligible for Medicare	Page 7
Learn more about your pension online	Page 8

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.



The value of your benefits **Part 2**

(Continued from front page)

More than half of Retirees in the U.S. are not offered health insurance by their Employers. Retirees in the UEFT are fortunate to have benefits to prevent them from financial ruin in the event an illness affects them or their loved ones. Retirees worked hard to earn these benefits in order to protect their families and provide for their future.

INDUSTRY-LEADING BENEFITS FOR RETIREES

Even among other Retirees with health insurance in the U.S., the affordability and breadth of benefits enjoyed by UEFT Retirees compare very favorably, and it covers every aspect of their wellbeing.

Preventive screenings, tests and exams are covered for



The UEFT Retiree Health Plan offers high-quality, low-cost health care to Retirees and enables them to stay healthy in retirement.



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.

1000 Burnett Avenue, Suite 110
Concord, CA 94520

2200 Professional Drive, Suite 200
Roseville, CA 95661

(800) 552-2400 • UFCWTRUST.COM

UEFT Retirees, including your annual physical exam, flu shot and well-child care. Refer to your Summary Plan Description (SPD) for more information on limitations and provisions.

PPO Retirees also have access to 24-hour expert medical advice on the phone via MedExpert, as well as extensive mental health and chemical dependency treatment.

ADDITIONAL BENEFITS

As part of their comprehensive health benefits, most UEFT Retirees have hearing, vision and optional dental benefits.

Retirees can pay as little as a \$10 deductible for their annual eye examination when using an in-network VSP provider. Frames and lenses coverage is also included, up to a maximum of \$165 for frames, biennially.

PPO Retirees also receive coverage for hearing aid(s) and exams, up to an \$800 maximum payment for one exam and device(s) per 36-month period. HMO Retirees should refer to their Evidence of Coverage materials for details.

THE BENEFITS ENJOYED BY UEBT RETIREES LEAD THE INDUSTRY.

For dental benefits, expenses related to preventive and diagnostic services are completely covered. Basic restorative services are covered at 60 percent of covered services, while major restorative services are covered at 50 percent.

The benefits listed above are just part of the expansive benefit coverage enjoyed by UEBT Retirees. Coverage for podiatry, chiropractic care, acupuncture, durable medical equipment and many other services are available to Retirees.

ENCOURAGING AND ENABLING WELLNESS

As the cost of health care continues to grow, health plans across the country are focusing on overall wellness programs to encourage participants to not only use the benefits available to them, but also use those benefits wisely.

The benefits enjoyed by UEBT Retirees lead the industry in both the expansive amount of covered health services available as well as the low out-of-pocket costs Retirees pay to access these services.

In the final part of the Value of Your Benefits feature, we will look at how health care exchanges – created as part of the Affordable Care Act – will affect your benefits, and how the benefits currently offered by exchanges stack up against your benefits.

SOURCES

- **The Kaiser Family Foundation and Health Research & Educational Trust Employer Health Benefits Annual Survey 2013 & 2014**
- **AARP.org**

Your benefits: How do they compare with other plans?

From 1988 to 2013, the percentage of Employers offering Retiree health coverage has dropped by more than half, from 66 percent to 28 percent.

UEBT: Participants in the UEBT Retiree Plan continue to receive robust health coverage as a result of the collectively bargained agreements between the Unions and Employers.

The average annual health care cost in 2015 (Employer and Retiree contributions combined) was \$12,000 for pre-65 Retirees and \$5,000 for Medicare-eligible Retirees. In 39 percent of the large-Employer sponsored plans, Retirees are required to pay or contribute 100 percent of the cost for their coverage. On average, Retirees are required to contribute 57 percent of the cost of their coverage, or \$6,840 per year.

UEBT: For the UEBT Retiree Plan, Non-Medicare Retirees' average premium contribution is \$3,300 per year per family, for average paid benefits of \$12,500. For Medicare-eligible Retirees, the average annual premium contribution is \$900 for single-only coverage, for \$5,200 in paid benefits.

When the cost of health care insurance is shared between Employers and Retirees, the average Retiree contribution was 37 percent of the health care cost.

UEBT: The Employers and the Retirees share the cost of the UEBT Retiree Plan. Retirees' contribution is 26 percent of the cost for Non-Medicare Retirees and 17 percent of the cost for Medicare Retirees – SUBSTANTIALLY lower than the 37 percent national average.

Retirees across the U.S. who rely only on Medicare for their retirement health benefits must reach into their savings to cover expenses for items that Medicare does not cover, such as hearing aids and eyeglasses.

UEBT: Participants in the UEBT Retiree Plan get hearing coverage and vision benefits, which help cover the costs of exams, devices, frames and lenses.

Retirees enrolled in the Medicare Part D drug plan pay an average monthly premium of \$40, or \$480 annually.

UEBT: Participants in the UEBT Retiree Plan have creditable coverage through the UEBT's own prescription drug program, so UEBT Retirees do not need to enroll in Medicare Part D or pay its monthly premiums.



NOTICE:
**WHAT IS FORM 1095-B AND WHAT DO I
NEED TO DO FOR MY 2015 TAXES?**

Under the Affordable Care Act, all non-exempt taxpayers must prove they have minimum qualifying health insurance coverage during a calendar year in order to avoid an individual shared responsibility payment, also known as an income tax penalty.

The Form 1095-B is a tax reporting form which generally indicates the type of health insurance coverage you have, the enrolled Dependents on your health insurance plan, and the period of coverage for the 2015 calendar year for you and each of your enrolled Dependents. This form will provide the basic information you will need to verify, on your tax return, that you and your enrolled Dependents have at least minimum qualifying health insurance coverage during the calendar year.

The Trust Fund Office will mail you a copy of your Form 1095-B in early 2016. You may also receive an additional Form 1095-B from your Medical Carrier (HMO), if applicable. Form 1095-B is also electronically reported to the IRS directly, but make sure you keep the copy of Form 1095-B for your records.

Please review your Form 1095-B carefully and verify the information on the form is accurate. If information needs to be updated, please contact the organization that issued the 1095-B to request an updated form. For instance, if the 1095-B mailed to you by your HMO needs to be updated, you must call your HMO to receive an updated form. If you believe corrections are needed on the Form 1095-B sent to you by the Trust Fund Office, please call the Trust Fund at (800) 552-2400.

The information from Form 1095-B is electronically reported to the IRS. All communications and forms you receive in the mail from the Trust Fund Office in connection with any tax reporting forms under the Affordable Care Act, including this notice, are not intended to serve as tax advice. Please contact your tax advisor with questions regarding your individual tax liability. For additional information on the Form 1095-B and 1095-C, you can log onto the IRS website at: <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>.



PPO Non-Medicare Retirees: Talk to your doctor before receiving medical services

Consider yourself a consumer, as well as a patient, during your doctor visits. It is your responsibility to ensure the care you receive is covered by your health plan.

IN-NETWORK?

Always be sure to ask the doctor if he or she is “a current contracting provider with the Blue Shield of California network.” Do not simply ask if he or she will accept your insurance.

Using an in-network Blue Shield PPO provider ensures you receive the in-network discount and prevents the provider from billing you the difference between the in-network discount and the actual billed charges on covered expenses. Additionally, if you have elective admissions, be sure the hospital is an in-network hospital with Blue Shield in order to keep your costs down.

If your doctor orders a blood test, be sure to ask why the lab test is needed and only use a Blue Shield in-network laboratory. Standard blood work can cost anywhere from \$150 to \$2,000. You may lower your out-of-pocket expenses if you use an in-network freestanding lab facility versus the lab at the outpatient department of a hospital or other medical facility. Diagnostic lab tests are subject to your deductible and coinsurance.

While covered under Medicare, if your provider accepts Medicare assignment, this Plan will pay as secondary as if the provider was in the PPO network.

QUESTIONS FOR YOUR DOCTOR

Here are some additional questions to ask your doctor at your next visit. The answers to these questions could make a big difference when it comes to your out-of-pocket expenses.

“You have prescribed a brand-name drug which is not listed on my Preferred Drug List. Do I need this specific drug?”

“You have referred me to a specialist. Is the specialist you are recommending a current Blue Shield in-network provider?”

Know your deadlines to submit forms on time and save money

In order to best take advantage of the industry-leading benefits you have as a UEBT Retiree, you must submit the necessary paperwork to the Trust Fund Office (TFO) when you experience a life event. Knowing the deadlines to submit important forms can help you avoid out-of-pocket expenses and loss of coverage.

Keep the following deadlines in mind the next time you experience a major life event:

- **New Spouse or Domestic Partner:** Notify the TFO within 90 days.

- **Loss of Spouse or Domestic Partner coverage:** Notify the TFO within 60 days from the loss of your Spouse or Domestic Partner's other group coverage.

- **Newborn:** Notify the TFO and submit the County Issued Birth Certificate within 90 days of the date of birth (Kaiser Members: 60 days). If you do not have the County Issued Birth Certificate by these deadlines:

- Submit the Hospital Issued Birth Certificate and proof you applied for your child's County Birth Certificate within 60 days of the date of birth (for both PPO and HMO) for six months of temporary coverage beginning at date of birth.
- The County Issued Birth Certificate must be received by the TFO no later than 6 months after the date of birth.

If the County Issued Birth Certificate is not submitted timely, coverage for the newborn will end on the last day of the sixth month following the newborn's date of birth and you will have to wait until the next Open Enrollment to enroll your child.

Due to possible delays in obtaining the County Issued Birth Certificate, be sure to apply for the official Certificate as soon as possible, and **NO LATER** than 60 days after the date of birth, and keep a copy of proof of your application.

- **New adopted child or foster child:** Notify the TFO within 90 days (Kaiser Members: 60 days) from the date of placement of the adopted or foster child.

- **Loss of Dependent Child coverage:** Notify the TFO within 60 days from your loss of coverage notice or 60 days from loss of eligibility.

**SUBMIT IMPORTANT FORMS
ON TIME TO AVOID
OUT-OF-POCKET EXPENSES
AND LOSS OF COVERAGE.**





Becoming eligible for Medicare at age 65

If you are approaching age 65, you will soon become eligible for Medicare. Once eligible, you will need to make several choices about your coverage. We can help you make the best choices to coordinate with your UEBT Retiree Plan.

Notify the Trust Fund Office prior to your effective date to ensure your records are updated quickly and efficiently. You and/or your spouse/domestic partner can – and should – enroll in Medicare three months before turning 65.

In the months leading up to this time, you should research Medicare and its related plans.

COORDINATING WITH THE UEBT RETIREE PLAN

Upon becoming eligible for Medicare, you should enroll in Medicare Parts A and B, but not Part D (the Trust Fund provides creditable coverage under its prescription drug program).

If you and/or your Spouse/Domestic Partner have Medicare coverage, Medicare will be your primary coverage. This Plan will be secondary to Medicare based on the Non-Duplication of Benefits provision.

Enrollment in Medicare is necessary even though you are also covered under the UEBT Retiree Plan. 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. Your benefits under the UEBT Retiree Health Plan will be reduced by estimated Medicare benefits, and Non-Duplication of Benefits will still apply.

If you elect the HMO option under the UEBT Retiree Health Plan and are eligible for Medicare but do not enroll in Medicare Parts A and B, you will be disenrolled from the HMO option and automatically enrolled in the PPO option with reduced benefits.

MEDICARE PARTS C AND D

Medicare Advantage Plans are offered by both Kaiser and Health Net. If you would like more information on Medicare Part C, including how to enroll and what they offer, please contact either Kaiser or Health Net for more information.

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.

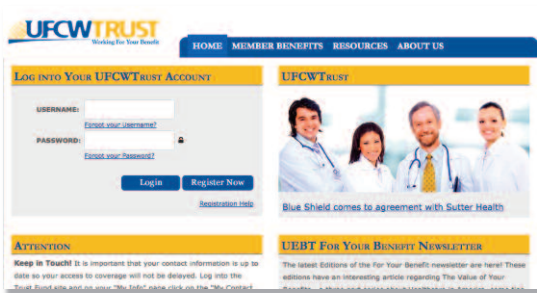
If you are enrolled in Part D, you must disenroll immediately to avoid the termination of your prescription drug coverage under the Plan on the day your Part D coverage activates.

If you are enrolled in Kaiser Senior Advantage under the UEBT Retiree Health Plan and you also enroll in a Medicare prescription drug plan, you will be automatically disenrolled from your Kaiser Senior Advantage plan for both medical and prescription drug coverage.

Learn more about your pension benefits online at ufcwtrust.com

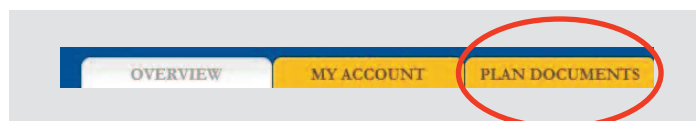
UEBT Retirees have access to information about their Retirement Benefits and Pension at UFCWTRUST.COM.

Access your personalized information by following these steps:



1. LOG INTO UFCWTRUST.COM. YOU WILL LAND ON YOUR “MY INFO” PAGE.

Your personal information will be displayed. Confirm your personal information is accurate and, if it is not accurate, please take the time to update it. If you need to update your street address, phone numbers or email address, you can click on the My Contact Info box on the bottom right of the page to fill out an online Change of Contact Information form. If you need to update your name, birth date, Social Security Number or marital status, you can contact the Trust Fund Office to update your details as necessary.



3. SELECT THE “PLAN DOCUMENTS” TAB.

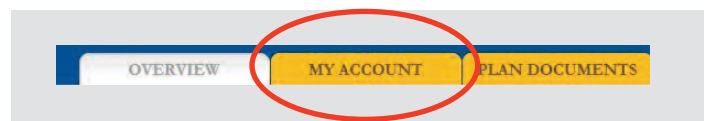
You will have access to all of the documents related to the plans in which you are a Member. These include updates and notices about changes to your benefits, as well as your Summary Plan Description and Annual Funding Notices.



2. SELECT THE “MY PENSION” ICON.

You will see an overview of your Retirement Benefit information, including the funds in which you are a member, as well as your status and links to personalized documents.

You can also access a glossary of pension terms and submit a question to the Pension Department online. You will be contacted by a Pension representative within two business days to assist in resolving your issue.



4. SELECT THE “MY ACCOUNT” TAB.

If you are a Retiree who has not yet submitted your annual Pension Payment Verification form, you can access the form here. Also accessible are your 1099R tax statements and Verification of Deposit documents.