New TFO phone hours
8 a.m. – 5 p.m., Monday–Friday

UFCW TRUST
Working For Your Benefit

Winter
2019/2020
for Active
Members

For Your Benefit: Official Publication of the UFCW & Employers Benefit Trust (UEBT)

How to Earn HRA Monies at All Plan Levels: Standard Plan Members Act Now!

Standard Members: An additional credit of $150 will be added to your HRA in 2020 if you complete an online Health Risk Questionnaire (HRQ) (and $50 more if your Spouse completes theirs too) between February 1, 2020, and March 15, 2020.

(Please see page 4)

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 8 a.m.-5 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.

***Effective January 13, 2020**

Trust Fund Office Core Value: Empathy

We will listen and value
the feelings of others

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In This Issue

Open Enrollment 2020 – you still have time!

All UEBT Active Members are **required** to complete their Enrollment Steps in order to be eligible to maintain coverage for themselves and their enrolled Dependents (if applicable) for the 2020 Plan Year.

If Active Members do not complete their required Enrollment Steps, they and their enrolled Dependents will be dropped from coverage for the 2020 Plan Year, effective January 1, 2020.

To complete the required Enrollment Steps, log into **UFCWTRUST.COM** and click on the "Shopping Cart" button located on the "My Info" page to get started. Check your coverage and your covered Dependents. If you do not have any changes to your current Carriers or Dependents, you can click on the "Express Enrollment Steps" button, if it is still available.

If you have changes to your Carriers, or wish to add or remove Dependents, you will need to click the "Full Enrollment Steps" button and make the necessary changes. When using either method, you will need to complete an Other Insurance Information (OII) update for you and any covered Dependents.

Getting help

There are several ways Members can get assistance with completing their Enrollment Steps. Members can access online tutorials at **UFCWTRUST.COM**, visit the offices of the Trust Fund, or call the TFO at (800) 552-2400.

Members can visit the Trust Fund Office (TFO) in Roseville or Concord, Monday–Friday, from 8:30 a.m. to 4:30 p.m., Pacific Time, to complete their Enrollment Steps during their walk-in visits.

For any other questions, or to complete your Enrollment Steps telephonically, please call the TFO at (800) 552-2400, Monday–Friday, between the hours of 8 a.m. and 5 p.m.*, Pacific Time. If you have questions about Wellness Steps, you can call MedExpert at (800) 999-1999, between the hours of 7 a.m. and 7 p.m., Pacific Time.

***New hours effective January 13, 2020**

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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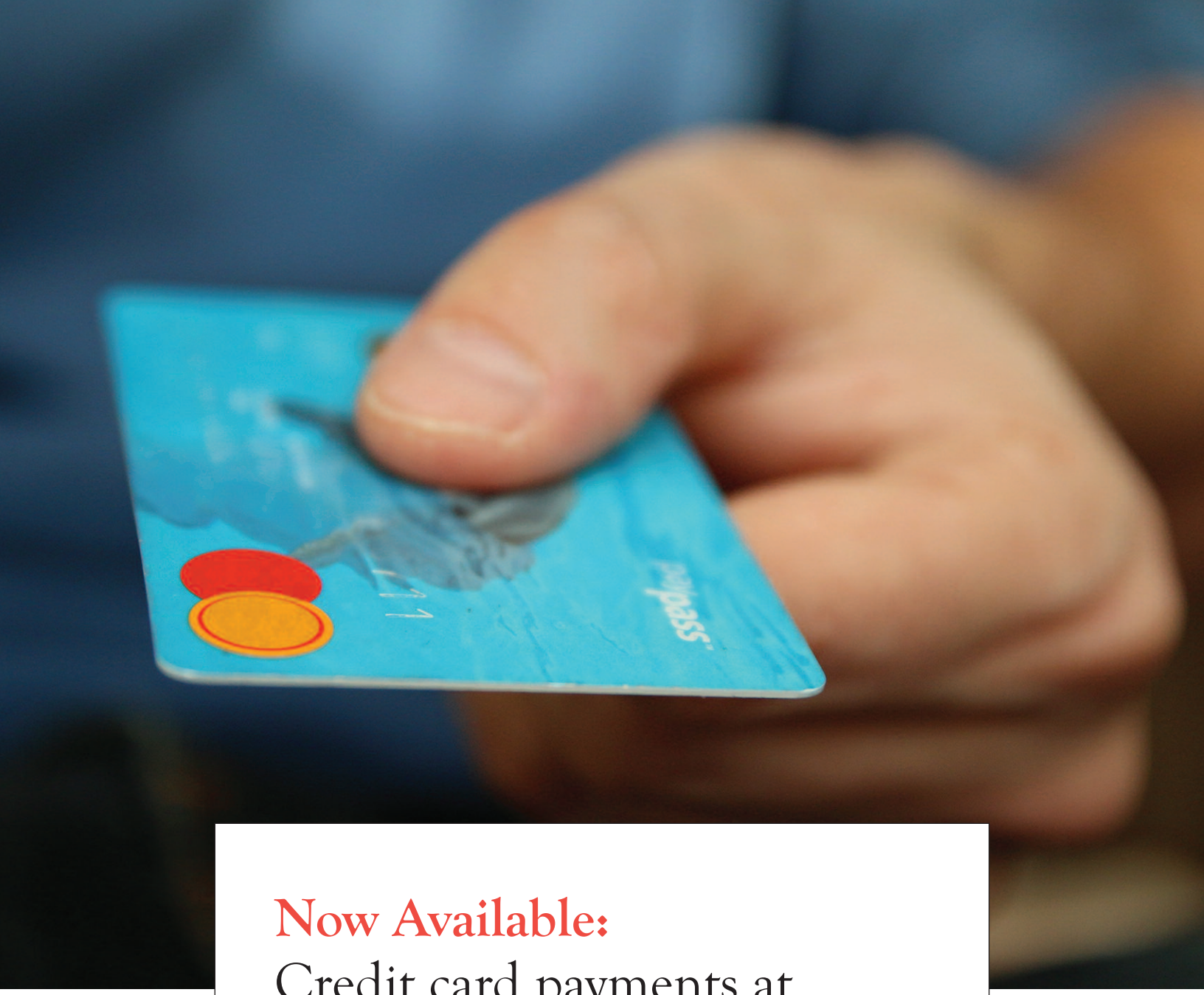
Share your stories and ideas with the Trust Fund Office

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.



Now Available:
Credit card payments at the Trust Fund Office

The Trust Fund Offices in Concord and Roseville now accept medical premium payments by credit card for walk-ins.

Credit card machines are available at the reception desk in each office. All major credit cards (Visa, MasterCard, American Express, Discover) will be accepted with valid government issued identification.

You may pay COBRA, Retiree Health and Welfare (RHW), and Active Member Dependent health care premiums by credit card at the Concord and Roseville offices. All other payments to the Fund need to be made by check.

The Trust Fund Office still allows Active Dependent Premiums to be paid by credit card through **UFCWTRUST.COM**. To do so, log into your account, select the "Resources" tab and then "Payment." Be sure to select the month you are making a payment for.

Note: COBRA or RHW Premiums cannot be paid online.

How to Earn HRA Monies at All Plan Levels: Standard Plan Members Act Now!

(Continued from front page)

A Health Reimbursement Account (HRA) is an account to help eligible members pay for their portion of health care expenses not paid by the Plan.

HRAs will be established for eligible PPO Premier, Ultra and Standard Members on January 1, 2020, in the following amounts:

Standard Plan

- Individual employee, $250;
- Employee with enrolled Dependents, $350.

Ultra Plan

If you are participating in the Wellness Program (HCP):

- Individual employee, $550;
- Employee with enrolled Dependents, $800.

If you are not participating in the Wellness Program (HCP):

No HRA credits for Ultra Members who are not participating in the Wellness Program.

Premier Plan

If you are participating in the Wellness Program (HCP):

- Individual employee, $700;
- Employee with enrolled Dependents, $1,250.

If you are not participating in the Wellness Program (HCP):

No HRA credits for Premier Members who are not participating in the Wellness Program.

Note: No HRA credits are issued for Ultra or Premier Members who are not participating in the Wellness Program (HCP). Completion of your HRQ is part of the Wellness Steps required for participation in the Wellness Program (HCP).

New HRA for Kaiser HMO Premier Members

In accordance with ERISA reporting requirements, the article titled "New HRA for Kaiser HMO Premier Members" constitutes a Summary of Material Modification, which modifies the information contained in the Summary Plan Description regarding the Health Reimbursement Account (HRA) section beginning on page 26 of the current UEBT Summary Plan Description. Please read the article titled "New HRA For Kaiser HMO Premier Members" on this page carefully and keep it with your Summary Plan Description and other Plan information. If there is any discrepancy between the Summary Plan Description and this Summary of Material Modification, the provisions of this Summary of Material Modification will govern. The Trustees reserve the right to amend, modify or terminate the Plan at any time. For further information regarding changes to the Plan's eligibility rules, please contact the Trust Fund Office at (800) 552-2400.

On January 1, 2020, an HRA will be established for Premier Plan Members enrolled in Kaiser who have completed the 2020 Enrollment Steps and who are eligible and participate in the UEBT Wellness Program (HCP) in 2020.

Therefore, if you are a Premier Plan Member who has elected Kaiser, and you and your household have completed the Wellness Steps during 2020 Open Enrollment to allow you to participate in the UEBT Wellness Program (HCP) during the 2020 Plan Year, an HRA will be established for you at the TFO effective January 1, 2020.

If you move from the PPO Plan to the Kaiser Plan while you have funds remaining in your HRA, you will not forfeit these remaining HRA funds. Any amount remaining in your HRA when you move from the PPO Plan to Kaiser can be used while covered under Kaiser.

In order to be able to use HRA funding while enrolled in Kaiser, you and your family members must complete and sign a Kaiser HIPAA Authorization which allows Kaiser to share claims information with the TFO. **Please be aware: For any of the HRA funds to be used, each enrolled member of the family unit (Member plus any covered Spouse/Domestic Partner and Dependent Children age 18 and over, if applicable) must complete and submit a separate Kaiser HIPAA Authorization form to the TFO.** The TFO will work with Kaiser to get claims information and the TFO will send out reimbursements when HRA funds are used.

HRA details

The Trust Fund Office (TFO) will administer the HRAs and allocate credits to each eligible account annually. Active Participants and Spouses/Registered Domestic Partners in the Ultra or Premier PPO Plans participate in the Wellness Program (HCP) by completing all of their required Wellness Steps in order to receive annual HRA credits.

Your HRA balance will be applied to pay for medical* deductibles, co-insurance, medical co-pays, and preferred prescription drug co-pays on covered benefits. If you have a question about whether an expense is reimbursable through your HRA, please call the TFO.

Unlike a regular bank account, you cannot make deposits into your HRA or withdraw funds from it. Your HRA does not earn interest and cannot be invested. HRA contributions are tax-free to you.

Unused HRA credits roll over into the next year, provided you remain eligible under the Plan, and you complete a Kaiser HIPAA Authorization form.

If you retire and have coverage under the UEBT Retiree Health and Welfare plan, your balance of HRA credits accumulated as an Active Member will be used to pay for eligible expenses until your HRA is exhausted. If you cease participation in the Wellness Plan (HCP) and have unused HRA credits, these credits will continue to be used for eligible expenses until your HRA is exhausted.

For details about what happens to your HRA account and credits when you have a break in coverage or your coverage terminates, refer to your Summary Plan Description (SPD).

** Non-duplication of Benefits states the Trust Fund will not issue payment when the primary allowed amount exceeds the Trust Fund allowed amount.*

Exclusions

Your HRA may not be used to reimburse the following expenses:

- Premium payments (such as COBRA)
- Expenses excluded from the Plan's medical and prescription drug program (such as cosmetic procedures and co-pays for non-preferred drugs)
- Amounts exceeding the Plan's annual dollar limits (for example, if your Chiropractic benefit has a $500 annual limit, you cannot use your HRA credits to pay for additional chiropractic care)
- HRA money cannot be used retroactively (i.e. funds for 2020 cannot be used on 2019 claims)

New pharmacy program helps Members stay safe when managing pain

Some Members of the UEBT Plan may take medication to manage pain, either from a recent injury or procedure or because of a chronic condition.

Opioid medications are widely prescribed to deal with these types of pain, and when they are properly managed they can provide positive results.

However, Members are at risk for addiction to these medications if they are not managed properly. To help prevent addiction and promote the safe use of pain medications, your health plan's Pharmacy Benefit Manager (PBM) has created a new program to protect Members by avoiding excessive dosing and dangerous drug combinations.

The EnvisionCare Pain Management Program will help Members receive the pain medications they need while lowering the risk for abuse.

The program tackles opioid abuse in three ways:

Smarter prescribing. Members new to opioids will receive smaller amounts to start. Lower-strength medications will be given as an option first, and prior authorization will be required for higher-dose prescriptions.

Safeguards at the pharmacy. Workers at the pharmacy will communicate with EnvisionRx about frequent or high-dose opioid prescriptions in order to reduce usage and avoid the dispensing of dangerous drug combinations.

Enhanced communications. A shortened refill window for certain medications and other methods will help identify Members who may be in need of intervention. The program will then address the Member's safety through communication with him or her, the provider and the pharmacy.

The EnvisionCare Pain Management program aims to combine several methods to safely and effectively treat pain with opioids.

Submit your California Sick Leave online!

Members can find the most accurate balance of their Sick Leave bank hours on the Trust Fund Office (TFO) website at **UFCWTRUST.COM**.

The California Sick Leave Request form is now available on the website behind the login, which will allow Members to automatically file a claim for this benefit online.

What is the California Sick Leave (SLC) benefit?

California Sick Leave is a Sick Leave benefit mandated by the State of California. It is a calendar year benefit and has a limit of 24 hours or three days, whichever is greater (dependent upon the number of shifts a member missed).

Members can take paid California Sick Leave for the following purposes: their own diagnosis, care or treatment of an existing health condition, or preventive care for an employee or an employee's family member. Family members include the employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, and sibling.

Members may request California Sick Leave for a minimum of two hours and cannot request future dates. To use this benefit, Members must be currently employed and have been employed for at least 90 calendar days. If any sick time is paid by your Employer or the TFO under California Sick Leave, it will be deducted from your sick leave bank. **Please note: if you are a Temporary Meat Floater, you need to contact your own Employer.**

The Trust Fund-administered California Sick Leave benefit reimburses Members for eligible sick time up to a maximum of 24 hours or three days per calendar year, whichever is greater. Your pay stub from your Employer may state you have a different amount of California Sick Leave available. Also, the wage rate listed on your pay stub as being used for purposes of the California Sick Leave Benefit is not necessarily the wage rate on the Member's pay stub. The SLC wage rate is provided by your Employer.

California Sick Leave hours are deducted from your Sick Leave bank. The minimum number of hours a Member can request for a California Sick Leave claim is two hours.

Depending on the number of hours worked and the Sick Leave Benefit you accrue, using your SLC or your regular Industry Sick Leave may affect your eligibility for a Sick Leave Payout. This is because Members who use the benefit may not meet the requirement of having 360 hours accrued in their Sick Leave Bank as of December 31.

PPO, HMO and Coordinating Benefits

Over the years you have probably become familiar with the term "HMO," but what does it really mean? Isn't every insurance an HMO? Why should you care?

The answers to these questions affect how you understand and use your insurance. Let's start with what an HMO is: a Health Maintenance Organization (commonly referred to as an HMO) is a closed network of doctors, hospitals and facilities from which you choose a primary care physician (PCP). Your PCP will coordinate your care and treatments and refer you to specialists within the HMO network when necessary. The network is typically limited and exclusive for the members of the HMO. Kaiser Permanente is an example of an HMO many are familiar with.

How does an HMO compare to a PPO Plan? A PPO, or Preferred Provider Organization, is an open network with a larger number of doctors, hospitals and facilities. You may use any provider of your choice, but you generally pay less out-of-pocket when you use an in-network provider compared to using an out-of-network provider.

If a Member or a Dependent covered under the UEBT plan is also covered under another health plan, the UEBT applies Coordination of Benefits rules to determine which plan pays primary and which plan pays secondary.

How does the UEBT apply its Coordination of Benefits (COB) rules when one of the plans is an HMO? By following these basic rules, you can determine which insurance is primary (i.e. will pay first):

- **If you, the Member, have UEBT PPO coverage and your Spouse also covers you in his or her own health insurance plan (HMO or otherwise), <u>your PPO plan will be the primary</u> plan for your claims.**

- If both you and your Spouse (or former Spouse) cover your Dependent Children, the Birthday Rule of the parents will determine which plan is the primary plan. The Birthday Rule says the plan of the parent with the earliest birthday in a calendar year is used as the primary plan.

  Here are some examples of the Birthday Rule:

  1. The Member (January 3rd birthday) has the Blue Shield of CA PPO plan; their Spouse (April 28th birthday), has the Kaiser HMO plan through his/her employment and both the Member and Spouse cover their Dependent Children.
  - The primary plan for the Member and the Dependent Children is the Blue Shield of CA PPO plan.
  - The primary plan for the Spouse is the Kaiser HMO plan.
  - The Member and Dependent Children should use the PPO Network whenever possible.
  - The Spouse should use the Kaiser HMO network.

  2. The Member (February 2nd birthday) has the Blue Shield of CA PPO plan; their Spouse (January 28th birthday), has the Kaiser HMO plan and both cover their Dependent Children.
  - The primary plan for the Member is the Blue Shield of CA PPO plan.
  - The primary plan for the Spouse and Dependent Children is the Kaiser HMO plan.
  - The Member should use the PPO Network whenever possible.
  - The Spouse and Dependent Children should use the Kaiser HMO network.

- **Blue Shield of CA PPO plan is ALWAYS primary for Active Members enrolled in the PPO Plan when:**

  - The Member has the Blue Shield of CA PPO plan, their Spouse has the Kaiser HMO plan, and they both cover each other under their plans.
  - The Member will need to use an in-network PPO Provider for all health care services.
  - The Spouse will need to use their Kaiser HMO (or any other insurance) network for their health care services.

Knowing and understanding these rules and how they apply to you and your covered dependents can help you choose the correct providers, resulting in the most cost-effective claims payments for you and your family.