

**If You Are Currently  
Covering a Spouse/  
Domestic Partner  
You MUST Complete  
Dependent  
Verification!**



**2024  
OPEN  
ENROLLMENT**



**October 2, 2023 -  
December 1, 2023**

# **Your Guide to Completing 2024 Open Enrollment**

Retiree Health Plan  
**UEBT Retiree Edition**





# Nondiscrimination Notice

## UEBT Retiree Health Plan

UFCW & Employers Trust, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UFCW & Employers Trust does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

### UFCW & Employers Trust:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Compliance Manager.

If you believe the UFCW & Employers Trust has failed to provide these services or discriminated in another way on the basis of race, color, national origin, disability or sex, you can file a grievance with:

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

You can 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.

### عربي (Arabic)

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

### فارسی، 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.

### 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.

### Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-999-1999.

### 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.

2024  
OPEN  
ENROLLMENT



# COMPLETE THESE STEPS BY DECEMBER 1, 2023



## Dependent Verification

If you are currently covering  
a Spouse/Domestic Partner,  
you **MUST** complete  
Dependent Verification



## Enrollment Steps

Optional  
for Retirees



# SCAN ME

Focus your smart device's camera on this image  
to log in and start your Open Enrollment.

Check your email or postal  
mail for your personalized  
Open Enrollment packet.  
Log in or create your Participant  
Account at [ufcwtrust.com](https://ufcwtrust.com) to enroll  
online from October 2, 2023 to  
December 1, 2023.

If you have not already,  
please create a new account on  
[ufcwtrust.com](https://ufcwtrust.com) to log in and  
complete your Open Enrollment.  
For questions or to complete  
Open Enrollment over the phone,  
call (800) 552-2400 Monday  
through Friday, 8 a.m. to 5 p.m.



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# Before You Begin

## Dependent Verification

*Required for All Retirees Currently Covering a Spouse/Domestic Partner*

If you are currently covering a Spouse/Domestic Partner, you must submit your most recently filed Tax Return or a Recurring Household Bill to the Trust Fund Office as proof of your continued relationship. For full Documentation Requirements and detailed instructions on how to complete your Dependent Verification on [ufcwtrust.com](http://ufcwtrust.com), turn to page 6.

## Enrollment Steps

*Optional for Retirees*

Enrollment Steps are OPTIONAL for the 2024 Plan Year for UEBT Retiree Members who want to keep their current benefit elections and enrolled Dependents. However, if you are currently covering a Spouse/Domestic Partner, you MUST complete Dependent Verification. Continue reading for additional information.

**If you want to make changes to your benefits effective January 1, 2024, or if you have had changes in any of the following areas, you must complete Enrollment Steps for 2024:**

- You want to add or remove Dependents covered under your Plan.
- You want to change your current Medical or Dental carriers.
- You have updated Other Insurance Information (OII) for you, your covered Spouse/Domestic Partner, or Dependent Child(ren).
- You have experienced other changes that may impact benefits coverage for you and/or your Dependents, such as a return to work for you or your Dependents or a divorce.

If you are adding new Dependents, you will be informed during the enrollment process what documents are required before your Dependents can be enrolled in the Plan. These documents will need to be received by the TFO by December 1, 2023, or your newly enrolled Dependents will not have coverage on January 1, 2024.

For detailed instructions on how to complete your Enrollment Steps on [ufcwtrust.com](http://ufcwtrust.com), turn to page 8.



**If you have any questions or concerns about completing Open Enrollment or you would like to complete it by phone, please contact the TFO Open Enrollment Specialists at (800) 552-2400, 8 a.m. to 5 p.m. Pacific Time, Monday through Friday.**



# Dependent Verification



Required for all Retirees currently covering a Spouse/Domestic Partner

**If you are currently covering a Spouse/Domestic Partner, you must submit the required documents to the TFO by December 1, 2023, to continue their coverage in 2024.**

Funding for your UEPT benefits is not unlimited. To make sure the Plan is providing benefits only to Dependents who meet the Plan's eligibility requirements, the Plan must regularly verify Dependent eligibility. Therefore, you are being asked to provide current proof of your continuous relationship with your Spouse/Domestic Partner.

You must submit one of the following as proof of current relationship:

Type of document	Documentation requirements
<b>Tax return</b>	Page 1 of your most recently filed federal tax return with your spouse listed or acknowledgment of your tax extension (Form 4868) (Please cover up financial information)
<b>Recurring household bill</b>	Any of the following documents within the last 60 days. Spouse's name and Member's address must be listed on the document and match with our system. It must be a recurring statement. For privacy, financial information can be covered before sending to the TFO. <ul style="list-style-type: none"> <li>• Utility Bill: Electric, Gas, Water, Phone, Cable, Internet, Cellular</li> <li>• Mortgage or Rent Statement</li> <li>• Car Payment Statement</li> <li>• Bank Statement</li> <li>• Credit Card Statement</li> </ul>

**All Members with a currently enrolled Spouse/Domestic Partner must complete Dependent Verification Steps by December 1, 2023. If you do not complete Dependent Verification Steps, coverage for your currently enrolled Spouse/Domestic Partner will terminate on January 1, 2024.**



**You must complete Dependent Verification even if you do not plan to cover your Spouse/Domestic Partner in Plan Year 2024.**

# Dependent Verification Step-by-Step Instructions

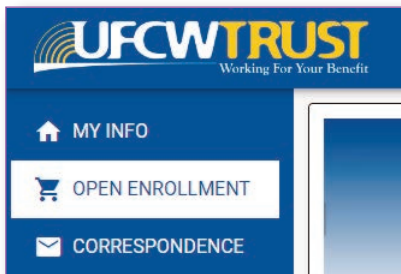
**1** Visit **ufcwtrust.com** and select “Participant Login” under “Access Your Account.”



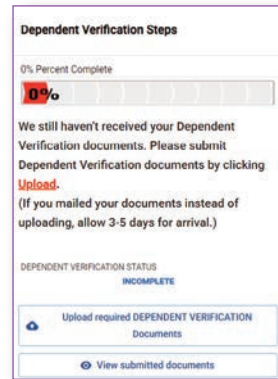
**2** Log in or register on the site.



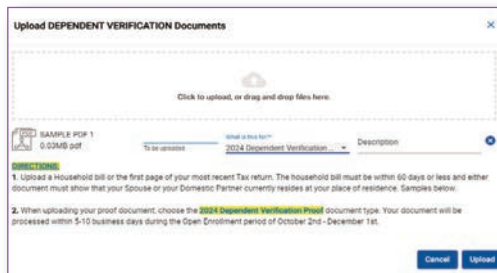
**3** Select the “Open Enrollment” tab.



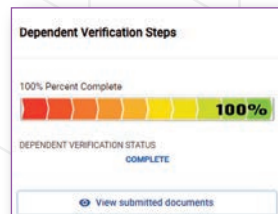
**4** The Open Enrollment page displays your Dependent Verification Action Items and progress bar (if applicable). Your progress bar will update automatically once the TFO reviews and approves your submitted documentation (5-7 business days).



**5** Select “Upload required DEPENDENT VERIFICATION Documents,” and then select the scanned PDF or image from your device. Select “2024 Dependent Verification Proof” for the question “What is this for?” Select “Upload.”



**6** Your Dependent Verification Status will update to “Complete” once the TFO reviews and approves your submitted documentation (5-7 business days).



You can also submit your Dependent Verification documentation through postal mail, fax, or drop it off in-person to one of our offices:

- **Mail:** PO Box 4100, Concord, CA 94524-4100
- **Fax:** Health & Welfare Services Department at (925) 746-7549
- **Concord Drop Off:** 1000 Burnett Ave, Suite 110, Concord, CA 94520
- **Roseville Drop Off:** 2200 Professional Drive, Suite 200, Roseville, CA 95661

**Please allow 5-7 business days for the TFO to review and approve your Dependent Verification.**



# Enrollment Steps



## Optional for Retirees

Open Enrollment runs October 2, 2023, through December 1, 2023, and changes can be made at any time during this period on [ufcwtrust.com](https://ufcwtrust.com). Enrollment Steps are optional for Retirees UNLESS you are making changes to your current plan elections. Examples of what you can change during Open Enrollment include:

- **Your choice of Medical Carrier**
- **Your choice of Dental Carrier**
- **Who you are covering as Enrolled Dependents**
  - **Add new Dependents**
  - **Remove currently enrolled Dependents**

If you are adding new Dependents, you will need to submit the required documents as proof of your relationship with your Dependent. Follow the instructions on [ufcwtrust.com](https://ufcwtrust.com) to log in and upload the necessary documents (shown on page 10).

If you enroll by phone, the Trust Fund Office (TFO) will let you know what documents are required to be submitted to finalize your Dependent's enrollment. If the required documents are not received by the TFO by December 1, 2023, your newly added Dependents will not have coverage on January 1, 2024. Follow the instructions to upload the documents online or mail copies of the required documentation before December 1, 2023.

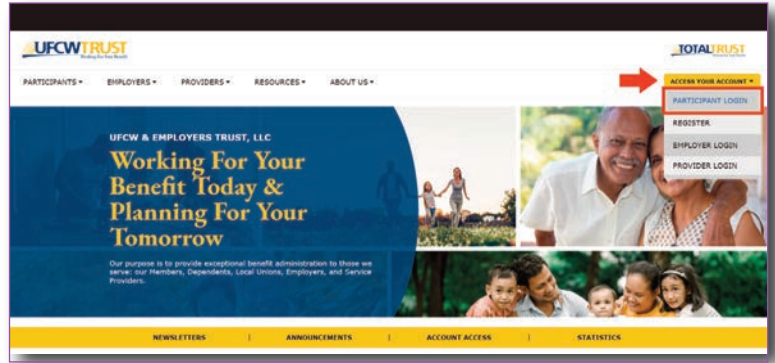
**Retired Members who opt to complete Enrollment Steps must complete the enrollment process during the Open Enrollment period.**



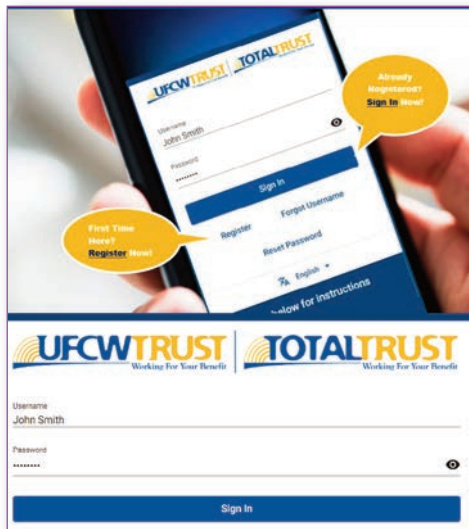


# Enrollment Steps Step-by-Step Instructions

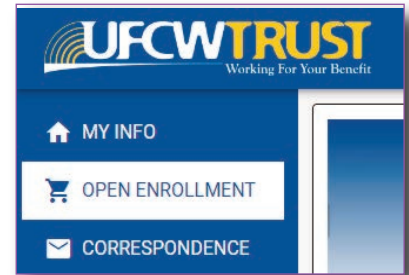
**1** Visit **ufcwtrust.com** and select “Participant Login” under “Access Your Account.”



**2** Log in or register on the site.

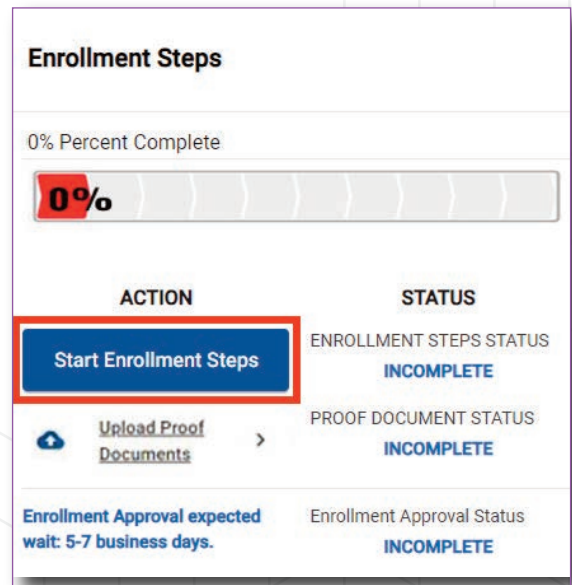


**3** Select the “Open Enrollment” tab.



**4** The Open Enrollment page displays your Enrollment Steps Action Items and progress bar. Your progress bar will update automatically as you complete Action Items, or once the TFO reviews and approves your submitted documents (5-7 business days)

Select “Start Enrollment Steps,” to choose your Carriers and Dependents for Plan Year 2024.





## Instructions for Uploading Proof Documents for Newly Added Dependents

If you are enrolling a new **Dependent for the 2024 Plan Year**, documentation is required to verify the eligibility of the Dependent. To upload, fax, or mail the required Dependent documentation, follow the steps shown below.

5

Select “Upload Proof Documents” to see a list of required documents. Select “Change” next to the document you are uploading and select the scanned PDF or image from your device. Select “Save.” Documents you have uploaded will display a received timestamp next to the name.

Your Proof Documents Status, if applicable, will update to “Complete” once the TFO reviews and approves your submitted documentation (5-7 business days).

5a

### Enrollment Steps

50% Half-Way and In Processing

50%

ACTION	STATUS
<a href="#" style="background-color: #0056b3; color: white; padding: 5px 10px; text-decoration: none;">Start Enrollment Steps</a>	ENROLLMENT STEPS STATUS <b>COMPLETE</b>
<a href="#" style="display: flex; align-items: center; justify-content: center; gap: 5px;"> <span style="text-decoration: underline;">Upload Proof Documents</span> &gt;</a>	PROOF DOCUMENT STATUS <b>INCOMPLETE</b>
<b>Enrollment Approval expected wait: 5-7 business days.</b>	Enrollment Approval Status <b>INCOMPLETE</b>

5b

### Coverage Proof Documents ✕

The following Documents are needed in order for us to successfully process your enrollment. If you do not have these documents ready, you may still exit, and we will pend your enrollment until you submit them.

If there is an **Accepted Date** for the document, then we have one on file already. There is no need to upload a new one

Proof Document	Owner	<a href="#" style="border: 1px solid red; padding: 2px 5px;">Change</a>
County issued Birth Certificate	TESTGUY, TINA	
Not loaded	Natural Child	
Received Date	Accepted Date	

Cancel
Save



**6** Once your enrollment steps have been submitted, please review your preliminary election statement to ensure your elections are accurate for the 2024 Plan Year.

Once you have completed all Enrollment Steps, your status bar will automatically update to 100% complete.

**6a**

### Enrollment Materials

[2024 MY FUND AND PLAN LEVEL Guide >](#)


[View my 2024 Open Enrollment Cover Letter](#)

[View my Enrollment Steps Confirmation Statement](#)

**6b**

### Enrollment Steps

100% Percent Complete



ACTION	STATUS
<a href="#">Start Enrollment Steps</a>	ENROLLMENT STEPS STATUS <b>COMPLETE</b>
<a href="#">Upload Proof Documents &gt;</a>	PROOF DOCUMENT STATUS <b>COMPLETE</b>
Enrollment Approval expected wait: 5-7 business days.	Enrollment Approval Status <b>COMPLETE</b>

You can also submit your documentation through postal mail, fax, or drop it off in-person to one of our offices:

- **Mail:** PO Box 4100, Concord, CA 94524-4100
- **Fax:** Health & Welfare Services Department at (925) 746-7549
- **Concord Drop Off:** 1000 Burnett Ave, Suite 110, Concord, CA 94520
- **Roseville Drop Off:** 2200 Professional Drive, Suite 200, Roseville, CA 95661

**Please allow 5-7 business days for the TFO to review and approve your Enrollment.**



# Why would I, as a Retiree, need to do Wellness Steps?

## Retirees need to complete Wellness Steps if:

- 1) You are married or in a Domestic Partnership with an Active Member; and
- 2) The Active Member covers you, as a Dependent on their Active Coverage; and
- 3) Your Active Member Spouse wants to participate in the Active Plan Wellness Program HCP, so all members of your household pay lower out-of-pocket medical expenses.

Also, if you and your Active Member Spouse/Domestic Partner want to qualify for Dual Coverage you must complete Wellness Steps. For more information on Dual coverage please refer to the Frequently Asked questions (FAQs) at the back of this Guide.



# Important Reminder about Medicare

(Applicable to Retirees and their Spouses/Domestic Partners)

**R**emember to enroll in Medicare Part A and Part B as soon as you or your covered Dependent becomes eligible for Medicare. Delay in enrolling in Part B will result in Medicare imposing a lifetime penalty surcharge on your Part B premium. See more details on Medicare.gov (click on Medicare Costs under the Basics menu).

Because the prescription coverage under the UEBT Retiree Plan is considered to be “creditable coverage” under Medicare Part D, please do not enroll in a separate Medicare Part D prescription drug plan while covered under the UEBT Retiree Health Plan (Kaiser Senior Advantage, UnitedHealthcare Group Medicare Advantage Prescription Drug (HMO) Plan, or Blue Shield Medicare (PPO)). If you do, you will automatically be disenrolled from your UEBT Retiree benefits.

If you are disenrolled from the UEBT Retiree Health Plan because you enrolled in a separate Medicare Part D prescription drug plan, you will have to file an appeal with your Medicare Advantage Prescription Drug (MAPD) plan to be re-enrolled in the MAPD plan.

You and your covered Dependents are generally eligible for Medicare coverage for any of these reasons:

- Turning age 65 (apply during the three months before the month you turn age 65)
- Under age 65 and have been entitled to Social Security or certain Railroad Retirement Board (RRB) Disability Benefits for more than 24 months

- Under age 65 and have End Stage Renal Disease (ESRD)
- Under age 65 and Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig’s disease)

If you do not enroll in Medicare, the

UEBT Retiree Health Plan’s coverage will terminate when you become eligible for Medicare.

For more detailed information, call the Trust Fund Office. You may also visit [medicare.gov](https://www.medicare.gov) or call (800) MEDICARE.

## Additional Important Information

### Retirees and Covered Dependents who are eligible for Medicare or will become eligible for Medicare

- Once you or your enrolled Dependent(s) become eligible for Medicare, you and any Medicare eligible enrolled Dependent(s) are eligible to enroll in a Medicare Advantage Prescription Drug (MAPD) Plan offered by Kaiser, Blue Shield, or UnitedHealthcare under the UEBT Retiree Health Plan. Kaiser and UnitedHealthcare have service area limitations. The service area is determined by Kaiser and UnitedHealthcare under their contracts with Medicare. To review the service area restrictions, you may speak with a TFO Retiree Health and Welfare representative by calling (800) 552-2400.
- You will only be offered the MAPD Plan(s) available in your area. For example, if you live outside of California, the only MAPD Plan available is the Blue Shield Medicare PPO. If you live in California but outside the service area of Kaiser Senior Advantage or UnitedHealthcare Group MAPD Plan, your only choice for coverage will be the Blue Shield Medicare PPO Plan. If you have any questions regarding the MAPD Plan options available to you, please call a TFO Retiree Health and Welfare representative at (800) 552-2400.
- Participants can only be enrolled in one MAPD plan at a time. This means if you and/or your Spouse are currently enrolled in a non-UEBT MAPD plan and elect to enroll in a UEBT MAPD plan, you will be disenrolled from the non-UEBT MAPD plan.
- If you or one of your covered Dependents drop Medicare Part B coverage, you and/or your enrolled Dependent cannot remain in the UEBT Retiree Health Plan. You must be enrolled in Medicare Part A and Part B while covered under the UEBT Retiree Health Plan; otherwise, your benefits under the UEBT Retiree Health Plan may be terminated. Please note enrolling in Medicare when you first become eligible is an important step to minimize your cost of Medicare benefits.



## Additional Plan Information to Assist You in Selecting the Plan Option That is Best for You



### Frequently Asked Questions

**(FAQs)** provide answers to some commonly asked questions about Coordination of Benefits (COB). Read the FAQs to understand how this Plan pays benefits when your Spouse/Domestic Partner also has coverage elsewhere.

The TFO has placed a copy of your Open Enrollment Cover Letter behind the Open Enrollment tab on **ufcwtrust.com**. Log on today to review your current coverages.

**Retiree Plan comparisons** are included to help you determine which health care plan is best for your needs and lifestyle. There are several different comparisons provided. Be sure to select the comparison specific to your needs. Retiree comparison charts are separated as follows:

- Retiree - Medicare Eligible - Living in California - Self-Pay
- Retiree - Not yet Medicare Eligible - Living in California - Self-Pay
- Retiree - Medicare Eligible - Living Outside of California - Self-Pay
- Retiree - Not yet Medicare Eligible - Living Outside of California - Self-Pay



Plan Comparisons

**Retiree**  
**Medicare Eligible**  
**Living in California**  
**Self-Pay**

Benefits effective January 1, 2024



## Retiree-Medicare Eligible-Living in California-Self-Pay

	<b>Blue Shield Medicare Advantage PPO</b>	<b>UnitedHealthcare</b>	<b>Kaiser (Senior Advantage)</b>
<b>Type of Plan/ Provider Choice</b>	Unlimited choice of Medicare participating providers nationwide as long as Medicare providers bill Blue Shield of California directly. Blue Shield is your primary coverage and will be responsible for all your claims. There is uniform benefits with no cost difference when utilizing either In- or Out-of-Network providers nationwide.	This option is available to a Retiree whose Spouse/Domestic Partner <b>and</b> eligible children are all enrolled in Medicare.  Health Maintenance Organization (HMO). You choose a primary care physician to coordinate your care.	Health Maintenance Organization (HMO). You must use a Kaiser hospital and physician, except for emergency care.  <i>Mental health and chemical dependency treatment is provided by Kaiser.</i>
<b>Annual Deductible</b>	\$400 per person	None	None
<b>Lifetime Maximum</b>	None	None	None
<b>Out-of-Pocket Maximum</b>	\$3,000	\$3,400	\$1,500 per person \$3,000 per family
<b>Inpatient Hospital Care</b>	Plan pays 75%	\$500 copay per admission	Plan pays 100% after \$500 copayment per admission. No charge for inpatient physician visits.
<b>Emergency Room Services</b>	\$75 copay	\$50 copay	Plan pays 100% after \$50 copay per visit. ER copayment is waived if admitted.
<b>Surgeon, Assistant Surgeon, Anesthesia</b>	Plan pays 75%	\$0 outpatient surgery	Plan pays 100%.





## Retiree-Medicare Eligible-Living in California-Self-Pay

	<b>Blue Shield Medicare Advantage PPO</b>	<b>UnitedHealthcare</b>	<b>Kaiser (Senior Advantage)</b>
<b>Physician Office Visits</b>	\$25 copay	\$20 copay	Plan pays 100% after \$20 copay per visit.
<b>Annual Physical</b> <b>Annual Wellness Visit/Preventive Care</b>	\$25 copay  \$0 copay	\$0 copay  Retirees have an annual routine physical exam at \$0 and their Annual Wellness Exam covered under Preventive Care	Plan pays 100% after \$20 copayment per visit.
<b>Diagnostic Lab &amp; X-ray (if part of annual physical, see above)</b>	Plan pays 75%	There is a \$0 copay for Lab & X-Ray whether diagnostic or preventive.	Plan pays 100%.
<b>Durable Medical Equipment</b>	Plan pays 75%	\$0	Plan pays 100% in accordance with the Kaiser formulary and when obtained through Kaiser.
<b>Physical and Speech Therapy</b>	Plan pays 75%	\$0	Plan pays 100% after \$20 copay per visit when you use a Kaiser provider.
<b>Chiropractic and Acupuncture</b>	<b>Medicare Covered:</b> \$25 copay  Routine chiropractic and acupuncture: \$25 copay up to 30 combined visits per year	Acupuncture: \$20 copay for 12 visits per year  Chiropractic: \$0 copay for 30 routine visits per year	Provided by Kaiser.

**If you are changing to a different Medicare Advantage Prescription Drug (MAPD) Plan you will need to complete Open Enrollment before December 1, 2023. If you intend to keep your current plan, no action is necessary.**



## Retiree-Medicare Eligible-Living in California-Self-Pay

<b>Prescription Drugs</b>	<b>Blue Shield Medicare Advantage PPO</b>	<b>UnitedHealthcare/ Sav-Rx</b> (Your final cost shares are listed below, after you present both UHC and Sav-Rx ID cards.)	<b>Kaiser (Senior Advantage)</b>
<b>Deductible</b>	\$100 single/\$300 family	\$100 per person/\$300 family	You must use a Kaiser pharmacy. No deductible.
<b>Copayments</b>	<p><b>Preferred Retail</b></p> <p>Generic: \$10 copayment*</p> <p>Formulary brand: \$20 copayment*</p> <p>Non-formulary brand: \$35 copayment*</p> <p>Days Supply: 30 days</p> <p><b>Mail Order Prescriptions &amp; Maintenance Medications received at a preferred retail pharmacy</b></p> <p>Generic: \$20 copayment*</p> <p>Formulary brand: \$40 copayment*</p> <p>Non-formulary brand: \$70 copayment*</p> <p>Days Supply: 90 days</p> <p>* When ordering a Non-Preferred Drug, you also pay the price difference between the Non-Preferred Drug and the Preferred Drug. For a listing of Preferred Drugs, please go to <a href="http://ufcwtrust.com">ufcwtrust.com</a>, log on and click on "Resources" on the left side and then find Elixir Solutions under the heading "Provider Websites."</p>		<p><b>Generic</b></p> <p>\$10 per prescription for up to a 30-day supply, \$20 for 31-60 day-supply or \$30 for 61-100-day supply.</p> <p><b>Mail order</b></p> <p>\$10 for up to 30-day supply or \$20 for 31-100-day supply.</p> <p><b>Brand</b></p> <p>\$25 per prescription for up to 30-day supply, \$50 for 31-60-day supply or \$75 for 61-100-day supply.</p> <p><b>Mail order</b></p> <p>\$25 for up to 30-day supply, \$50 for 31-100-day supply.</p>
<b>Vision</b>			
<b>Exam and Materials</b>	\$10 co-pay; Exam = One per calendar year Lenses and Frames = \$300 eyewear allowance every other calendar year	Routine eye exam refraction – every 12 months: \$20 copay	\$10 co-pay; Exam = One per calendar year Lenses and Frames = Every other calendar year (up to wholesale allowance)



## Retiree-Medicare Eligible-Living in California-Self-Pay

**Optional Benefits:** These benefits have an additional monthly cost.

<p><b>Dental</b></p> <p>A Member cannot elect dental only for themselves. They must cover the same Dependents as covered under the medical plan.</p>	<p><b>You may elect any of the following Dental Carriers: Delta Dental, Cigna Dental or Cypress Dental</b></p> <p>The premiums and out-of-pockets costs are the same for each option; however, the Dental Network for each carrier option may vary.</p>
<p><b>Monthly premium per person</b></p>	<p>If you are currently enrolled for dental coverage, you may elect to continue that coverage at the current monthly premium rate of:</p> <ul style="list-style-type: none"> <li>• \$42 per month for Retiree Only coverage</li> <li>• \$84 per month for Retiree and spouse/domestic partner coverage (including dependent children, if applicable)</li> </ul> <p>If you are not currently enrolled for dental coverage, but at least two Open Enrollments have passed since you dropped coverage, you can elect dental coverage again during this Open Enrollment for the monthly premiums shown above. If you are not currently enrolled for dental coverage, and at least two Open Enrollments have not passed since you dropped coverage, you cannot enroll for dental coverage during this Open Enrollment.</p>
<p><b>Calendar Year Deductible</b></p>	<p>\$50 per person/\$150 per family, waived for preventive and diagnostic procedures</p>
<p><b>Calendar Year Benefit Maximum</b></p>	<p>\$1,000 per person</p>
<p><b>Plan Payment</b></p>	<p><b>Preventive &amp; Diagnostic:</b> 100% of covered charges  <b>Basic Restorative:</b> 60% of covered charges  <b>Major Restorative:</b> 50% of covered charges</p>

**This comparison summarizes the benefits for the plans. Not all provisions, limitations and exclusions have been included and they may vary from plan to plan. Refer to the For Your Benefit newsletter, the plan document, the Summary Plan Description and to the Evidence of Coverage and Disclosure Form from each Plan for additional information. In the case of any difference between the information in this brief comparison and the legal Plan documents or Plan agreements, the official documents will prevail.**

**Medicare Advantage Prescription Drug Plan (MAPD)**

**NOTE:** You cannot currently elect additional prescription drug coverage with your Medicare Advantage Prescription Drug Plan (MAPD). If you buy any plan that provides Medicare prescription drug coverage (Medicare Part D) outside of the UEBS Retiree Health Plan and you are enrolled in a MAPD plan through the UEBS Retiree Health Plan, your coverage under the UEBS Retiree Health Plan will be terminated.

### Contact Information

<p><b>Trust Fund Office Health &amp; Welfare Services:</b></p> <p>(800) 552-2400 www.ufcwtrust.com</p>	<p><b>Blue Shield Medicare Advantage PPO:</b></p> <p>(800) 776-4466 www.blueshieldca.com</p>	<p><b>UnitedHealthcare:</b></p> <p>(844) 481-8820, TTY 711 Pre-enrollment: 8 a.m.–8 p.m. local time, 7 days a week Post enrollment: 8 a.m.–8 p.m. local time, Monday–Friday retiree.uhc.com</p>	<p><b>Kaiser:</b></p> <p>(800) 464-4000 www.kaiserpermanente.org</p>
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Plan Comparisons

**Retiree**

**Not Yet Medicare Eligible**

**Living in California**

**Self-Pay**

Benefits effective January 1, 2024



## Retiree-Not Yet Medicare Eligible-Living in California-Self-Pay

	<b>Blue Shield PPO Plan</b>	<b>Kaiser</b>
<b>Type of Plan/ Provider Choice</b>	Self-funded PPO plan. Unlimited choice of providers. However, you are offered higher benefits when you use a Blue Shield PPO Hospital, Physician, or other network provider. Podiatry network is through Podiatry Plan Inc.	Health Maintenance Organization (HMO). You must use a Kaiser hospital and physician, except for emergency care.  <i>Mental health and chemical dependency treatment is provided by Kaiser.</i>
<b>Annual Deductible</b>	<b>PPO:</b> \$400 per person <b>Non-PPO:</b> \$600 per person	\$500 per person \$1,000 per family
<b>Lifetime Maximum</b>	\$2,000,000 per person (PPO/Non-PPO combined)	None
<b>Out-of-Pocket Maximum</b>	<b>PPO:</b> \$3,000 per person <b>Non-PPO:</b> No limit	\$3,000 per person \$6,000 per family
<b>Inpatient Hospital Care</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible.	Plan pays 80% after deductible is met.
<b>Emergency Room Services</b>	<b>Facility Charges:</b> Plan pays 100% after \$75 per visit for treatment within 24 hours after emergency occurs. The deductible does not apply. The \$75 copayment <u>is</u> waived if admitted. <b>Physician Fees:</b> Plan pays 100% after \$25 copayment per visit. The deductible does not apply. The \$25 copayment <u>is not</u> waived if you are admitted.	Plan pays 80% after deductible is met.
<b>Ambulance</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible.	Plan pays 100% after \$150 per trip after deductible is met.
<b>Surgeon, Assistant Surgeon, Anesthesia</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible. Maximum plan payment for non-PPO ambulatory or outpatient surgery facility fees is \$1,000.	Plan pays 80% after deductible is met.
<b>Physician Office Visits</b>	<b>PPO:</b> Plan pays 100% after \$25 copayment per visit. The deductible does not apply. <b>Non-PPO:</b> Plan pays 50% after deductible.	Plan pays 100% after \$20 copayment per visit.



## Retiree-Not Yet Medicare Eligible-Living in California-Self-Pay

	<b>PPO Plan</b>	<b>Kaiser</b>
<b>Annual Physical</b>	Up to \$75 maximum benefit for exam and up to \$100 maximum benefit for X-ray/lab. <b>PPO:</b> Plan pays 100% after \$25 copayment for exam. The deductible does not apply. Plan pays 75% after deductible for X-ray/lab. <b>Non-PPO:</b> Plan pays 50% after deductible.	Plan pays 100%. Deductible does not apply.
<b>Diagnostic Lab &amp; X-ray (if part of annual physical, see above)</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible.	Plan pays 100% after \$10 copayment per encounter when deductible is met.
<b>Durable Medical Equipment</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible.	Plan pays 80%. Deductible does not apply.
<b>Physical and Speech Therapy</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible.	Plan pays 100% after \$20 copayment per visit when deductible is met.
<b>Chiropractic and Acupuncture</b>	<b>PPO:</b> For office visits, Plan pays 100% after \$25 per visit (deductible does not apply). Lab/x-ray paid at 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible. Maximum Plan payment of \$750 per year for all chiropractic and acupuncture services combined, including diagnostic tests.	Provided by Kaiser
<b>Contact Information</b>		
<b>Trust Fund Office Health &amp; Welfare Services</b> (800) 552-2400 www.ufcwtrust.com	<b>Blue Shield of California</b> (800) 258-3091 • www.blueshieldca.com <b>Podiatry Plan Inc:</b> (800) 367-7762 <b>Elixir:</b> (844) 348-9612	<b>Kaiser</b> (800) 464-4000 • www.kaiserpermanente.org <b>Elixir:</b> (844) 348-9612
<b>Optional Benefits</b> These benefits have an additional monthly cost.		
<b>Dental</b> Members cannot elect dental only for themselves. They must cover the same Dependents as covered under the medical plan.	<b>You may elect any of the following Dental Carriers: Delta Dental, Cigna Dental or Cypress Dental</b> The premiums and out-of-pocket costs are the same for each option; however, the Dental Network for each carrier option may vary.	
<b>Monthly Premium Per Person</b>	If you are currently enrolled for dental coverage, you may elect to continue that coverage at the current monthly premium rate of: • \$42 per month for Retiree Only coverage • \$84 per month for Retiree and Spouse/Domestic Partner coverage (including Dependent Children, if applicable)  If you are not currently enrolled for dental coverage, but at least two Open Enrollments have passed since you dropped coverage, you can elect dental coverage again during this Open Enrollment for the monthly premiums shown above. If you are not currently enrolled for dental coverage, and at least two Open Enrollments have not passed since you dropped coverage, you cannot enroll for dental coverage during this Open Enrollment.	
<b>Calendar Year Deductible</b>	\$50 per person/ \$150 per family, waived for preventive and diagnostic procedures.	
<b>Calendar Year Benefit Maximum</b>	\$1,000 per person	
<b>Plan Payment</b>	<b>Preventive &amp; Diagnostic:</b> 100% of covered charges <b>Basic Restorative:</b> 60% of covered charges <b>Major Restorative:</b> 50% of covered charges	



## Retiree-Not Yet Medicare Eligible-Living in California-Self-Pay

<b>Prescription Drug Deductible</b>	<b>Administered by Elixir</b> \$100 per person
<b>Copayments</b>	<p><b>Retail</b></p> <p>Generic: \$10 copayment*</p> <p>Formulary brand: \$20 copayment*</p> <p>Non-formulary brand: \$35 copayment*</p> <p>Days Supply: 30 days</p> <p><b>Mail Order Prescriptions &amp; Maintenance Medications received at a retail pharmacy</b></p> <p>Generic: \$20 copayment*</p> <p>Formulary brand: \$40 copayment*</p> <p>Non-formulary brand: \$70 copayment*</p> <p>Days Supply: 90 days</p> <p>* When ordering a Non-Preferred Drug, you also pay the price difference between the Non-Preferred Drug and the Preferred Drug.</p>
<b>Vision</b>	
<b>Exam and Materials</b>	\$10 copay; Exam = One per calendar year; Lenses and Frames = Every other calendar year (up to wholesale allowance)

**This comparison summarizes the benefits for the plans. Not all provisions, limitations and exclusions have been included and they may vary from plan to plan.**

**Refer to the *For Your Benefit* newsletter, the plan document, the Summary Plan Description and to the Evidence of Coverage and Disclosure Form from each HMO for additional information. In the case of any difference between the information in this brief comparison and the legal Plan documents or HMO agreements, the official documents will prevail.**

**Benefits for non-PPO services are based on Allowed Charges.**

**Medicare Coverage**

If you are a Retiree and you and/or your Spouse is eligible for Medicare coverage for any reason; Disabled, Age 65 or End Stage renal disease, it is very important that you and your Spouse enroll in Medicare Part A and B upon your retirement, or when you first become eligible, if later.

If you are retired and you or your Spouse chooses not to enroll as soon as eligible, your benefits under the UEPT Retiree Health Plan will be terminated as a result of failing to enroll in both Medicare Part A and Part B timely. This requirement applies when you are enrolled in an HMO or the UEPT Retiree Health Plan. This also applies if you or your Dependents are eligible for Medicare due to disability, end stage renal disease or amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease).

Medicare Beneficiaries are not required by Medicare to sign up and enroll in Medicare Part D. The Medicare Advantage Prescription Drug Plans (MAPD) offered by the UEPT Retiree Health Plan include prescription drug coverage. Therefore, you do not need to enroll in other Medicare Part D Prescription Drug Plans, or individual Prescription Drug Plans (PDPs). If you enroll in other Part D Prescription Drug Plans outside of the coverage offered by the UEPT Retiree Health Plan, your UEPT Retiree Health Plan medical and prescription drug coverage will be terminated as of the effective date of your other Medicare Part D drug coverage. If you are disenrolled from your UEPT Retiree Health Plan MAPD Plan because you enrolled in an individual Part D Prescription Drug Plan, you will have to file an appeal with your UEPT Retiree Health Plan MAPD Plan to be re-enrolled in the MAPD Plan.

**Medicare and Social Security Disability Benefits**

If you and/or your Spouse receive or will be receiving Social Security disability benefits, you and/or your Spouse will be eligible for Medicare after a 24 month qualifying period. The first 24 months of disability benefit entitlement is the waiting period for Medicare. You will be contacted by Social Security a few months before you become eligible to enroll.

*Remember to enroll when you become eligible for Medicare; otherwise your benefits through the Trust Fund will be terminated.*



## Plan Comparisons

**Retiree**

**Medicare Eligible**

**Living Outside of California**

**Self-Pay**

Benefits effective January 1, 2024





# Retiree-Medicare Eligible-Living Outside of California-Self-Pay

<b>Blue Shield Medicare Advantage PPO</b>	
<b>Type of Plan/ Provider Choice</b>	Unlimited choice of Medicare participating providers nationwide as long as Medicare providers bill Blue Shield of California directly. Blue Shield is your primary coverage and will be responsible for all your claims. There is uniform benefits with no cost difference when utilizing either In- or Out-of-Network providers nationwide.
<b>Annual Deductible</b>	\$400
<b>Lifetime Maximum</b>	None
<b>Out-of-Pocket Maximum</b>	\$3,000
<b>Inpatient Hospital Care</b>	Plan pays 75%
<b>Emergency Room Services</b>	\$75 copay
<b>Surgeon, Assistant Surgeon, Anesthesia</b>	Plan pays 75%
<b>Physician Office Visits</b>	\$25 copay



## Retiree-Medicare Eligible-Living Outside of California-Self-Pay

<b>Blue Shield Medicare Advantage PPO</b>	
<b>Annual Physical</b>	\$25 copay
<b>Annual Wellness Visit/ Preventive Care</b>	\$0 copay
<b>Diagnostic Lab &amp; X-ray (if part of annual physical, see above)</b>	Plan pays 75%
<b>Durable Medical Equipment</b>	Plan pays 75%
<b>Physical and Speech Therapy</b>	Plan pays 75%
<b>Chiropractic and Acupuncture</b>	Medicare Covered: \$25 copay  Routine Chiropractic/Acupuncture: \$25 copay up to 30 combined visits per year
<b>Contact Information</b>	
<b>Trust Fund Office Health &amp; Welfare Services</b>  (800) 552-2400 www.ufcwtrust.com	<b>Blue Shield Medicare (PPO):</b> (800) 776-4466  www.blueshieldca.com



## Retiree-Medicare Eligible-Living Outside of California-Self-Pay

<b>Prescription Drugs</b>	<b>Blue Shield Medicare Advantage PPO</b>
<b>Deductible</b>	\$100 single/\$300 family
<b>Copayments</b>	<p><b>Preferred Retail</b></p> <p>Generic: \$10 copayment*</p> <p>Formulary brand: \$20 copayment*</p> <p>Non-formulary brand: \$35 copayment*</p> <p>Days Supply: 30 days</p> <p><b>Mail Order Prescriptions &amp; Maintenance Medications received at a retail pharmacy</b></p> <p>Generic: \$20 copayment*</p> <p>Formulary brand: \$40 copayment*</p> <p>Non-formulary brand: \$70 copayment*</p> <p>Days Supply: 90 days</p> <p>* When ordering a Non-Preferred Drug, you also pay the price difference between the Non-Preferred Drug and the Preferred Drug. For a listing of Preferred Drugs please go to <a href="http://ufcwtrust.com">ufcwtrust.com</a>, log on and click on “Resources” on the left side and then find Elixir Solutions under the heading “Provider Websites.”</p>
<b>Vision</b>	
<b>Exam and Materials</b>	\$10 co-pay; Exam = One per calendar year; Lenses and Frames = Every other calendar year (up to wholesale allowance)



# Retiree-Medicare Eligible-Living Outside of California-Self-Pay

**Optional Benefits** These benefits have an additional monthly cost.

<p><b>Dental</b> Members cannot elect dental only for themselves. They must cover the same Dependents as covered under the medical plan.</p>	<p><b>You may elect any of the following Dental Carriers: Delta Dental, Cigna Dental or Cypress Dental</b> The premiums and out-of-pocket costs are the same for each option; however, the Dental Network for each carrier option may vary.</p>
<p><b>Monthly Premium Per Person</b></p>	<p>If you are currently enrolled for dental coverage, you may elect to continue that coverage at the current monthly premium rate of:</p> <ul style="list-style-type: none"> <li>•\$42 per month for Retiree Only coverage</li> <li>•\$84 per month for Retiree and spouse/domestic partner coverage (including dependent children, if applicable)</li> </ul> <p>If you are not currently enrolled for dental coverage, but at least two Open Enrollments have passed since you dropped coverage, you can elect dental coverage again during this Open Enrollment for the monthly premiums shown above. If you are not currently enrolled for dental coverage, and at least two Open Enrollments have not passed since you dropped coverage, you cannot enroll for dental coverage during this Open Enrollment.</p>
<p><b>Calendar Year Deductible</b></p>	<p>\$50 per person, waived for preventive and diagnostic procedures.</p>
<p><b>Calendar Year Benefit Maximum</b></p>	<p>\$1,000 per person</p>
<p><b>Plan Payment</b></p>	<p><b>Preventive &amp; Diagnostic:</b> 100% of covered charges <b>Basic Restorative:</b> 60% of covered charges <b>Major Restorative:</b> 50% of covered charges</p>

**This comparison summarizes the benefits for the plans. Not all provisions, limitations and exclusions have been included and they may vary from plan to plan. Refer to the *For Your Benefit* newsletter, the plan document, the Summary Plan Description and to the Evidence of Coverage and Disclosure Form for additional information. In the case of any difference between the information in this brief comparison and the legal Plan documents or the official documents will prevail.**

**Medicare Advantage Prescription Drug Plan (MAPD)**

**NOTE:** You cannot currently elect additional prescription drug coverage with your Medicare Advantage Prescription Drug Plan (MAPD). If you buy any plan that provides Medicare prescription drug coverage (Medicare Part D) outside of the UEBT Retiree Health Plan and you are enrolled in a MAPD plan through the UEBT Retiree Health Plan, your coverage under the UEBT Retiree Health Plan will be terminated.



Plan Comparisons

**Retiree**

**Not Yet Medicare Eligible**

**Living Outside of California**

**Self-Pay**

Benefits effective January 1, 2024



## Retiree-Not Yet Medicare Eligible-Living Outside of California-Self-Pay

	<b>Blue Shield PPO Plan</b>
<b>Type of Plan/ Provider Choice</b>	Self-funded PPO plan. Unlimited choice of providers. However, you are offered higher benefits when you use a Blue Card Hospital, Physician, or other network provider.
<b>Annual Deductible</b>	<b>PPO:</b> \$400 per person <b>Non-PPO:</b> \$600 per person
<b>Lifetime Maximum</b>	\$2,000,000 per person (PPO/non-PPO combined).
<b>Out-of-Pocket Maximum</b>	<b>PPO:</b> \$3,000 per person <b>Non-PPO:</b> No limit
<b>Inpatient Hospital Care</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible.
<b>Emergency Room Services</b>	<b>Facility Charges:</b> Plan pays 100% after \$75 per visit for treatment within 24 hours after emergency occurs. The deductible does not apply. The \$75 copayment <u>is</u> waived if admitted. <b>Physician Fees:</b> Plan pays 100% after \$25 copayment per visit. The deductible does not apply. The \$25 copayment is <u>not</u> waived if you are admitted.
<b>Surgeon, Assistant Surgeon, Anesthesia</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible. Maximum Plan payment for non-PPO ambulatory or outpatient surgery facility fees is \$1,000.
<b>Physician Office Visits</b>	<b>PPO:</b> Plan pays 100% after \$25 copayment per visit. The deductible does not apply. <b>Non-PPO:</b> Plan pays 50% after deductible.
<b>Annual Physical</b>	<i>Up to \$75 maximum benefit for exam and up to \$100 maximum benefit for x-ray/lab.</i> <b>PPO:</b> Plan pays 100% after \$25 copayment for exam. The deductible does not apply. The Plan pays 75% after deductible for X-ray/lab. <b>Non-PPO:</b> Plan pays 50% after deductible.
<b>Diagnostic Lab &amp; X-ray</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible.
<b>Durable Medical Equipment</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible.



## Retiree-Not Yet Medicare Eligible-Living Outside of California-Self-Pay

	<b>Blue Shield PPO Plan</b>
<b>Physical and Speech Therapy</b>	<b>PPO:</b> Plan pays 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible.
<b>Chiropractic and Acupuncture</b>	<b>PPO:</b> For office visits, Plan pays 100% after \$25 per visit (deductible does not apply). Lab/x-ray paid at 75% after deductible. <b>Non-PPO:</b> Plan pays 50% after deductible. Maximum Plan payment of \$750 per year for all chiropractic and acupuncture services combined, including diagnostic tests.
<b>Trust Fund Office Health &amp; Welfare Services</b> (800) 552-2400 www.ufcwtrust.com	<b>Blue Card:</b> (800) 810-2583 • www.bcbs.com <b>Elixir:</b> (844) 348-9612

<b>Prescription Drugs</b>	<b>Administered by Elixir</b> You must use an Elixir pharmacy.
<b>Deductible</b>	\$100 per person/\$300 Family
<b>Copayments</b>	<p><b>Retail</b></p> <p>Generic: \$10 copayment* Formulary brand: \$20 copayment* Non-formulary brand: \$35 copayment* Days Supply: 30 days</p> <p><b>Mail Order Prescriptions &amp; Maintenance Medications received at a retail pharmacy</b></p> <p>Generic: \$20 copayment* Formulary brand: \$40 copayment* Non-formulary brand: \$70 copayment* Days Supply: 90 days</p> <p>* When ordering a Non-Preferred Drug, you also pay the price difference between the Non-Preferred Drug and the Preferred Drug.</p>
<b>Vision</b>	
<b>Exam and Materials</b>	\$10 co-pay; Exam = One per calendar year; Lenses and Frames = Every other calendar year (up to wholesale allowance)



## Retiree-Not Yet Medicare Eligible-Living Outside of California-Self-Pay

**Optional Benefits** These benefits have an additional monthly cost.

<p><b>Dental</b> Members cannot elect dental only for themselves. They must cover the same Dependents as covered under the medical plan.</p>	<p><b>You may elect any of the following Dental Carriers: Delta Dental, Cigna Dental or Cypress Dental</b> The premiums and out-of-pocket costs are the same for each option; however, the Dental Network for each carrier option may vary.</p>
<p><b>Monthly Premium per person</b></p>	<p>If you are currently enrolled for dental coverage, you may elect to continue that coverage at the current monthly premium rate of:</p> <ul style="list-style-type: none"> <li>•\$42 per month for Retiree Only coverage</li> <li>•\$84 per month for Retiree and Spouse/Domestic Partner coverage (including Dependent Children, if applicable)</li> </ul> <p>If you are not currently enrolled for dental coverage, but at least two Open Enrollments have passed since you dropped coverage, you can elect dental coverage again during this Open Enrollment for the monthly premiums shown above. If you are not currently enrolled for dental coverage, and at least two Open Enrollments have not passed since you dropped coverage, you cannot enroll for dental coverage during this Open Enrollment.</p>
<p><b>Calendar Year Deductible</b></p>	<p>\$50 per person, waived for preventive and diagnostic procedures.</p>
<p><b>Calendar Year Benefit Maximum</b></p>	<p>\$1,000 per person</p>
<p><b>Plan Payment</b></p>	<p><b>Preventive &amp; Diagnostic:</b> 100% of covered charges <b>Basic Restorative:</b> 60% of covered charges <b>Major Restorative:</b> 50% of covered charges</p>

**This comparison summarizes the benefits for the plans. Not all provisions, limitations and exclusions have been included and they may vary from plan to plan.**

**Refer to the *For Your Benefit* newsletter, the plan document, the Summary Plan Description and to the Evidence of Coverage and Disclosure Form for additional information. In the case of any difference between the information in this brief comparison and the legal Plan documents agreements, the official documents will prevail. Benefits for non-PPO services are based on Allowed Charges.**

### Medicare Coverage

If you are a retiree and you and/or your spouse is eligible for Medicare coverage for any reason; Disabled, Age 65 or End Stage renal disease, it is very important that you and your spouse enroll in Medicare Part A and B upon your retirement, or when you first become eligible, if later.

If you are retired and you or your spouse chooses not to enroll as soon as eligible, your benefits under the UEET Retiree Health Plan will be terminated as a result of failing to enroll in both Medicare Part A and Part B timely. This requirement applies when you are enrolled in an HMO or the UEET Retiree Health Plan. This also applies if you or your dependents are eligible for Medicare due to disability, end stage renal disease or amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease).

Medicare Beneficiaries are not required by Medicare to sign up and enroll in Medicare Part D. The Medicare Advantage Prescription Drug Plans (MAPD) offered by UEET include prescription drug coverage. Therefore, you do not need to enroll in other Medicare Part D Prescription Drug Plans, or individual Prescription Drug Plans (PDPs). If you enroll in other Part D Prescription Drug Plans outside of the coverage offered by UEET, your UEET medical and prescription drug coverage will be terminated as of the effective date of your other Medicare Part D drug coverage. If you are disenrolled from your UEET MAPD Plan because you enrolled in an individual Part D Prescription Drug Plan, you will have to file an appeal with your UEET MAPD Plan to be re-enrolled in the MAPD Plan.

### Medicare and Social Security Disability Benefits

If you and/or your Spouse receive or will be receiving Social Security disability benefits, you and/or your Spouse will be eligible for Medicare after a 24 month qualifying period. The first 24 months of disability benefit entitlement is the waiting period for Medicare. You will be contacted by Social Security a few months before you become eligible to enroll.

*Remember to enroll when you become eligible for Medicare; otherwise your benefits through the Trust Fund will be terminated.*





**Do you and your  
Spouse/Domestic Partner  
both work?**

**Do you have multiple  
health insurance  
plans and insurance  
coverages?**

Read these FAQs to help  
understand how it all works.



## Frequently Asked Questions About Coordination Of Benefits (COB)

If your Spouse/Domestic Partner, or any of your Dependent Children work and their job provides health care benefits, or if any of you is eligible for Medicare, it is important for you to understand how your UEBT Active or Retiree benefits will coordinate with their other coverage through work or Medicare. Review the information below and take the time to log into [ufcwtrust.com](http://ufcwtrust.com) to review your coverage. This will help avoid confusion and could help you avoid paying for unnecessary out-of-pocket expenses.

### Non-Duplication of Benefits

#### Question 1: What is the Non-Duplication of Benefits rule?

**ANSWER:** The UEBT Plan uses Non-Duplication of Benefits rules to calculate benefit payments when the UEBT Plan is the secondary coverage and pays after another health plan. The UEBT Plan pays after another health plan when that other health plan is the primary coverage for you, your Spouse/Domestic Partner, or your Dependent Child. If the other plan pays more than what the UEBT Plan would have paid if the UEBT Plan was the only coverage, the UEBT plan as the secondary plan would not pay any additional benefits. The UEBT

Plan will pay benefits only if the primary plan's payment was less than the amount the UEBT Plan would have paid if the UEBT Plan were the only coverage. In other words, when the UEBT pays secondary, the UEBT Plan does not duplicate the payments under the primary coverage.

**Example 1:** If the primary plan paid 80% of the UEBT Plan's allowed amount for a service, and the UEBT Plan would have paid 75% of the allowed amount for that same service if it were the only plan providing benefits, the UEBT Plan will not pay any additional amounts for that service. The patient will be responsible for the remaining 20% of the cost.

**Example 2:** If the primary plan paid 70% of the UEBT Plan's allowed amount for a service and the UEBT Plan would have paid 75% of the allowed amount for that same service if it were the only plan providing benefits, the UEBT Plan would pay an additional 5% of the UEBT Plan's allowed amount for that service. The patient will be responsible for the remaining 25% of the UEBT Plan's allowed amount (plus any additional amounts if the primary plan's allowed amount was greater than the UEBT Plan's allowed amount for the service, and any additional billed charges if the services



were performed by an out of network provider).

If you and your Spouse/Domestic Partner both are covered as Members under a UEPT Plan but do not qualify for Dual Coverage, the UEPT Plan will pay each Member's claims as primary under their respective plan and then apply non-duplication to the secondary claim.

## Dual Coverage

"Dual Coverage" refers to the coverage available to couples (you and your Spouse/Domestic Partner) when both are Members of the UEPT Active Plan or the UEPT Retiree Health Plan – for example, both are Active Members, both are Retirees, or one is an Active Member and one is a Retiree. When both individuals are enrolled in a UEPT Plan and both meet the requirements as described below, the couple is eligible for Dual Coverage. Dual Coverage provides 100% Coordination of Benefits. This means that generally you will have lower out of pocket expense than if you didn't have Dual Coverage.

### Question 2: I am covered under the UEPT Active Plan as a member because I work in the industry. My Spouse/Domestic Partner is also covered under the UEPT Active Plan as a member because they work in the industry. What do we need to do to qualify for Dual Coverage?

**ANSWER:** In order to qualify for Dual Coverage, you must meet the following eligibility requirements:

- a. Both of you must enroll in the same medical carrier (either PPO or HMO).
- b. Both of you must cover each other as a Dependent and cover all of the same Dependent Children. In other words, all of your enrolled household members will have two coverages through UEPT. You and your Spouse/Domestic Partner will each pay Dependent premiums that cover the Spouse/Domestic Partner and all Dependent Children.
- c. Both of you must complete the Wellness Steps to

participate in the Wellness Program (HCP). If one of you does not participate in the Wellness Program, both of you will not qualify for Dual Coverage, even if you meet the a. and b. requirements above. Instead of Dual Coverage and 100% Coordination of Benefits, benefits will be coordinated based on the Non-Duplication of Benefits rules. See answer to Question 1 above to understand what Non-Duplication of Benefits means.

### Question 3: I am an active member and my Spouse/Domestic Partner is a retired member. How do we qualify for Dual Coverage?

**ANSWER:** In order to qualify for Dual Coverage, both of you must meet the eligibility requirements described in Answer 2 above, with the following clarifications:

- If any of your children are eligible for coverage as a Dependent Child under the Active Plan but are not eligible to be covered under the Retiree Plan (either because of the child's age or the Retiree having less than 25 years of credited service), the Dependent Child may be covered under the Active Plan only and you will still qualify for Dual Coverage.
- Although Retirees are not eligible to participate in the Wellness Program (HCP), both you and your Spouse/Domestic Partner must still complete the Wellness Steps, because the UEPT Active Plan requires both the Active Member and the Member's enrolled Spouse/Domestic Partner to complete the required Wellness Steps for the family to be eligible to participate in the Wellness Program (HCP).

### Question 4: Both my Spouse/Domestic Partner and I are retired UEPT members. How do we qualify for Dual Coverage?

**ANSWER:** In order to qualify for Dual Coverage, both of you must meet the eligibility requirements described in a. and b. under Answer 2 above, with the following clarifications:

- If any of your children are eligible for coverage as a



Dependent Child under one Member's Retiree coverage but not the other Member's Retiree coverage (because one of the Retiree Members has 25 years or more of credited service, while the other Retiree Member has less than 25 years of credited service), the Dependent Child may be covered under one Member's Retiree Plan only and you will still qualify for Dual Coverage.

- There is no Wellness Program (HCP) for UEBT Retirees.

## Other Insurance Information

### Question 5: What if I am a UEBT Active Plan member and my covered Spouse/Domestic partner works elsewhere?

**ANSWER:** If your Spouse/Domestic Partner is working and is offered group health insurance through their employer, they must enroll in that other insurance and select the option that is the most comparable to the UEBT Plan, regardless of the cost; otherwise their benefits under the UEBT Plan will be reduced by 60%.

If health insurance is not offered by your Spouse/Domestic Partner's employer, you must submit a letter from their employer (on company letterhead) to the Trust Fund Office (TFO) explaining that the employer does not offer insurance. If you do not submit this letter, a 60% reduction in benefits under the UEBT Plan will be applied to claims incurred by your Spouse/Domestic Partner. You can fax the letter to (925) 746-7549 or submit it online to [ufcwtrust.com](http://ufcwtrust.com).

### Question 6: What if I am a UEBT Active Plan member and my Spouse/Domestic Partner is retired and not a UEBT Retiree?

**ANSWER:** If your Spouse/Domestic Partner is retired and offered retiree health coverage through a past employer, they must enroll in that other insurance and select the option that is the most comparable to the UEBT Plan coverage, regardless of the cost; otherwise their benefits under the UEBT Plan will be reduced by 60%. If retiree health insurance is not offered by your Spouse/Domestic Partner's past employer, you must submit a letter from their past employer (on company letterhead) to the Trust Fund Office (TFO) explaining

that the employer does not offer retiree insurance. If you are unable to obtain such a letter (for example because your Spouse's/Domestic Partner's former employer is no longer in business), please contact the TFO for acceptable alternative documentation.

### Question 7: What if I am a UEBT Retiree and I, my Spouse/Domestic Partner, or covered Dependent Children work elsewhere?

**ANSWER:** A Spouse, Domestic Partner or Dependent Child enrolled in the UEBT Retiree Health Plan who has access to either retiree health benefits through a past employer or health benefits through a current employer must take the insurance offered by the employer (past or current) and select the option that is the most comparable to the UEBT Retiree Plan coverage, regardless of the cost; otherwise benefits under the UEBT Retiree Plan will be reduced by 60% for that individual.

A UEBT Retiree who has access to an active plan through a current employer must take the insurance offered by the current employer and select the option that is the most comparable to the UEBT Retiree Plan coverage, regardless of the cost; otherwise benefits under the UEBT Retiree Plan will be reduced by 60% for the Retiree.

### Question 8: Both my Spouse/Domestic Partner and I are UEBT Retirees. Does my Spouse/Domestic Partner have to take their own UEBT Retiree coverage or may I cover my Spouse/Domestic Partner under my UEBT Retiree plan?

**ANSWER:** You may cover your Spouse/Domestic Partner under your UEBT Retiree Health Plan. Your Spouse/Domestic Partner does NOT need to enroll under their own UEBT Retiree Health Plan coverage. While UEBT Retirees are required to enroll in any other employer-based retiree group plan when offered, this rule does not apply if both of you are UEBT Retirees. However, if you want Dual Coverage, you must both enroll and select the same medical carrier, while covering each other and the same Dependent Children. (See Question/Answer 2.)



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## Dental Providers Information

### Delta Dental

For more information on Benefits from Delta Dental, please go to the following website:

<https://www1.deltadentalins.com/uebtfund>

### Cigna Dental

For more information on Cigna Dental benefits, please go to the following website:

<https://view.ceros.com/cigna/ucfw/p/1>

### Cypress Dental

Please visit the link below and in the upper right corner, click in the blue box that says "Plan" and select "Union Employees" to find a provider near you.

<https://directory.mycypressadmin.com/home>



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