



High blood cholesterol is one of the major risk factors for heart disease

When there is too much cholesterol (a fat-like substance) in your blood, it builds up in the walls of your arteries. Over time, this buildup causes arteries to become narrowed and blood flow to the heart is slowed down or blocked.

When blood and oxygen to your heart are diminished, you may suffer chest pain. When they are completely cut off, you may have a heart attack or stroke.

In observance of National Cholesterol Education Month in September, this article will detail the different types of cholesterol and how they affect your health.

(Please see page 3)

FOR YOUR BENEFIT

is a newsletter designed to keep all Members informed about how to use their benefits most effectively. Members also may contact their Union's Benefit Clerks or call the Trust Fund Office directly at (800) 552-2400. Phone hours for the Trust Fund Office's Health and Welfare Services Department are 7:30 a.m.-5:30 p.m., Monday-Friday. Or visit us online at UFCWTRUST.COM.

¿Le gustaría una versión en Español de este boletín de noticias? Would you like a Spanish version of this newsletter?

Visite UFCWTRUST.COM, haga clic en el menú de Recursos y seleccione "For Your Benefit Newsletter" para elegir una edición. Visit UFCWTRUST.COM, highlight the Resources menu and select For Your Benefit Newsletter to choose an issue.

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2020 OPEN ENROLLMENT IS MANDATORY SPREAD THE NEWS



Open Enrollment ends on September 27, 2019! 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 by September 27, 2019, they and their enrolled Dependents will be dropped from coverage for the 2020 Plan Year.

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. If you do not have any changes to your current Carriers or Dependents, you can click on the “Express Enrollment Steps” button. 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.

All Premier and Ultra UEBT Active Members and their currently enrolled Spouses/Domestic Partners (if they were enrolled on or before June 30, 2019) are also required to

complete their customized Wellness Steps by September 27, 2019, in order to be eligible to participate in the Wellness Program (HCP) for the 2020 Plan Year.

There are several ways that Members can get assistance with completing their Enrollment Steps or Wellness Steps. Members can access online tutorials, visit the TFO, call the TFO, or contact Medexpert.

Members requiring assistance completing Wellness Steps—scheduling biometric screenings, completing their Health Risk Questionnaire (HRQ), or agreements—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. Members can also complete their Enrollment Steps during this visit.

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 7:30 a.m. and 5:30 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.



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.



High blood cholesterol and heart disease

(Continued from front page)

Facts about cholesterol

High blood cholesterol itself does not cause evident symptoms, which is why it's important to have your cholesterol levels checked regularly. A blood test called a lipoprotein profile (or lipid panel) is used to measure your:

Total cholesterol: a level of 240 mg/dL and above indicates high blood cholesterol.

LDL (“bad”) cholesterol: low-density lipoprotein is the main source of cholesterol buildup and blockage in the arteries. A level of less than 100 mg/dL is best. Levels to be concerned about include Borderline High (130-159 mg/dL); High (160-189 mg/dL); and Very High (190 mg/dL and above).

HDL (“good”) cholesterol: high-density lipoprotein is a type of cholesterol that keeps LDL cholesterol from building up in the arteries and protects against heart disease. The higher the number, the better, and a level of 60 mg/dL or more helps lower your risk for heart disease. A level less than 40 mg/dL is low and is considered a major risk factor for developing heart disease.

Triglycerides — another form of fat in your blood. Triglycerides can also raise heart disease risk, and people with levels of Borderline High (150-199 mg/dL) or High (200 mg/dL and higher) may need treatment.

What affects cholesterol levels?

Diet, weight, physical activity, age, gender and heredity all play roles in your cholesterol levels. You can do something about diet, weight and physical activity. Reducing the amount of saturated fat and cholesterol in your diet helps lower your blood cholesterol level.

Losing weight and being physically active can help lower your LDL levels and your triglyceride levels. It can also raise your “good” HDL cholesterol levels. Cholesterol levels rise for both men and women as they age. Women’s LDL levels tend to rise after menopause.

Who should get their cholesterol levels checked?

According to the American Heart Association (AHA), everyone should start getting a cholesterol test at age 20. However, it’s a good idea to start having your cholesterol checked at an earlier age, especially young people who have a family history of heart disease.

The AHA recommends an approach of “Check. Change. Control.” **Check** your cholesterol levels. **Change** your diet and lifestyle to improve your levels, if necessary. **Control** your levels, with assistance from a doctor if needed.

You can take the first steps toward awareness of your cholesterol levels with the AHA’s **Check. Change. Control. Calculator™** at: <https://ccccalculator.ccctracker.com>.

The UEBT Trustees recognize the importance of Participants understanding their cholesterol levels and have designed the Plan to encourage cholesterol screening.

For Active PPO Participants, cholesterol screenings are covered at 100% for Participants aged 40–75 years (the Fund covers a maximum of one screening every five years). Additional cholesterol screenings will be covered under the medical benefit subject to deductible and coinsurance.

If you are a Kaiser Participant, you must consult Kaiser’s Clinical Guidelines to determine how often a cholesterol screening can be completed.

SOURCES:

heart.org
webmd.com



Back to school reminder: Your immunization benefits

Flu vaccines are available at network pharmacies and are covered at no cost for PPO Active Participants.

In addition to your annual flu shot, common immunizations include those for hepatitis A and B, chickenpox, and Human Papilloma Virus (HPV). HPV is the most common sexually transmitted disease and can cause genital warts and some cancers. The HPV vaccine is recommended for all children between the ages of 9 and 11. You should also ask your doctor about any additional vaccines you may need, such as tetanus, diphtheria, and pertussis (whooping cough).

Consult your Summary Plan Description (SPD)

for a complete list and schedule of immunizations, including specific pediatric immunizations and those suggested for Participants older than age 60.

Where should I get vaccinated?

Coverage is provided when you obtain the immunization at an in-network Blue Shield provider or at your local UEBT network pharmacy.

To find an in-network UEBT pharmacy near you, call EnvisionRx at (844) 348-9612. You can also find this phone number on the back of your pharmacy ID card.

If you are a Kaiser Member, you can get your vaccines at any Kaiser facility.

Updates to the Market Priced Drug (MPD) program

The Market Priced Drug (MPD) program assists Participants and their physicians in identifying lower-cost prescription drugs with the same clinical effectiveness for treating some common health conditions.

As medication costs continue to rise, the MPD program is designed to identify the most cost-effective medication therapy as new medications enter the market and drug manufacturers change the costs of certain drugs.

Under this program, lower-cost drugs with the same effectiveness as other higher-cost drugs will be listed as Preferred Drugs. Participants using Preferred Drugs will not have additional out-of-pocket expenses besides the applicable prescription copayment. Participants using Non-Preferred Drugs when a Preferred Drug has been identified will need to pay the difference in cost between the Non-Preferred

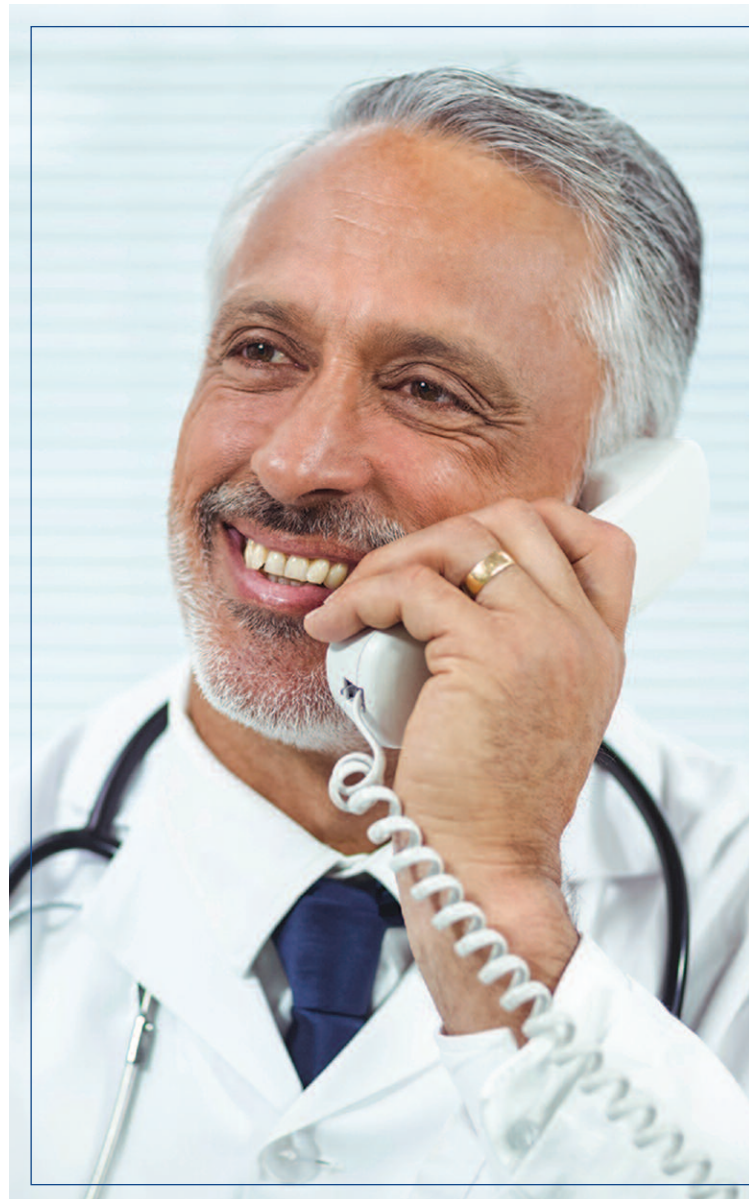
Drug and the Preferred Drug, in addition to the regular copayment.

Each year, the MPD program is refreshed to ensure the program is in line with current prescription drug market conditions.

Effective August 1, 2019, the MPD program was updated to include additional medications and medication prices.

EnvisionRx, your Pharmacy Benefit Manager (PBM), has also identified a number of high-cost prescription medications for which there are lower-cost alternatives available which are proven to be safe and effective in treating the same condition. Only the lower-cost medication will be covered by your prescription benefits.

If a medication you are currently taking was affected by the MPD refresh or Non-Essential Drug (NED) change, you would have received a letter with specific details in June 2019.



Ways to request a prior authorization for prescriptions

- Call EnvisionRx's customer care team at (866) 250-2005 to put in a request
- Have your doctor use covermymeds.com
- Visit envision.promptpa.com
- Have your doctor call into EnvisionRx's prescriber intake line. EnvisionRx's prescriber intake line will allow the doctor to call in and speak with someone from EnvisionRx's clinical team, and get a decision quickly.

To contact the prescriber intake line, please call (866) 250-2005 and follow these instructions:

- Press 0 when asked for member's phone number
- Select option 3 for prescriber
- Select option 2 to initiate a new prior authorization request

Look in future *For Your Benefit* newsletters for more details on prior authorizations with EnvisionRx.

NEW FOR KAISER WELLNESS PROGRAM MEMBERS: Members will have a Health Reimbursement Account (HRA)

A Health Reimbursement Account (HRA) is an account to help eligible members pay for their portion of covered health care expenses not paid by the Plan; i.e., medical deductibles, coinsurance, medical co-pays and preferred prescription drug co-pays.

January 1, 2020, an HRA will be established for Premier Plan Members enrolled in Kaiser who are eligible and participate in the UEBT Wellness Program (HCP) in 2020. Therefore, if you are a Premier Plan Member, and your household has 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 effective January 1, 2020.

**Wellness Program (HCP)
HRA funding: Premier Members**
Employee Only: +\$700
Employee with Dependents: +\$1,250

Current PPO Members with an HRA Balance

If you move from the PPO Plan to the Kaiser Plan, you will not forfeit any remaining HRA funds. Any amount remaining in your HRA when you move from the PPO Plan to Kaiser will become one HRA Bank.

Action required for HRA funding

Active Premier Plan Members and

their enrolled Spouses/Domestic Partners must participate in the Wellness Program (HCP) and complete all of their required Wellness Steps before September 27, 2019, in order to receive HRA credits in 2020.

What can my HRA balance be applied to?

Your HRA balance will be applied to covered benefits incurred under your UEBT Plan to pay for medical* deductibles, coinsurance, medical co-pays and preferred prescription drug co-pays. If you have a question about whether an expense is reimbursable, contact the Trust Fund Office at (800) 552-2400.

*Please note: For Wellness Program (HCP) Participants, your deductible increases from \$200 to \$900, but this increase is offset by your HRA funding.

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.

If you are no longer participating in the UEBT Wellness Program (HCP) or if you retire and have coverage under the UEBT Retiree Health Plan, your balance of HRA credits will be used to pay for eligible expenses until your HRA funds have been depleted.



Exclusions

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

- Premium payments (such as dependent premiums or COBRA)
- Expenses excluded from the Plan's medical and prescription drug program (such as elective cosmetic procedures and co-pays for Non-Preferred Drugs)

- Amounts which exceed 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.)

Since Dual Members enjoy 100% coverage for their in-network medical and prescription needs, Dual Members do not receive HRA funding.

FAQs

Q: Will I receive my annual HRA funding if my family is not participating in the Wellness Program (HCP)?

A: No. Annual funding into your HRA happens only if you (and your eligible Spouse/Domestic Partner if applicable) participate in the Wellness Program (HCP).

Q: Does Kaiser HRA reimburse my prescription out-of-pocket costs when I go to a UEBT Network Pharmacy and use my EnvisionRx pharmacy benefit? If so, how do I seek reimbursement?

A: Kaiser Members must use UEBT Network Pharmacies through EnvisionRx for reimbursement of out-of-pocket costs from their HRA. **If prescriptions are filled at a Kaiser pharmacy, your out-of-pocket costs will not be reimbursed from your available HRA funds.**

Q: When is my HRA account credited each year?

A: HRA accounts are credited at the beginning of the plan year on January 1.

Q: Will my HRA credits roll over if I do not use them by January 1 of the following year?

A: Yes, the HRA credits will roll over.

Q: How are my HRA credits different from a Health Spending Account (HSA)?

A: Unlike an HSA, 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.

Q: If I graduate to the Premier Plan during the Plan Year and elect Kaiser as my Medical Carrier, will I receive Kaiser HRA credits mid-year?

A: If you are in the Wellness Program when you graduate to the Premier Plan and elect Kaiser at graduation, the adjustment to your HRA credit balance due to this graduation will take place on the following January 1. However, any HRA credits you have at the time of your graduation will carry over to the Premier Plan level.



For Premier and Ultra Members: Your vision benefits

Vision benefits are included for all eligible Premier and Ultra Active Members.

The Fund has contracted with Vision Service Plan (VSP) to administer vision care benefits. The VSP network includes both optometrists and ophthalmologists.

If you use an eye care provider who does not participate in the VSP network, the Fund has limited allowances for the annual eye exam, lenses, frames, or contact lenses.

Get the most out of your benefits and greater savings with a VSP network doctor. You can locate a list of providers in your area by visiting UFCWTRUST.COM and selecting “Find a Provider/Pharmacy.” Click the Vision Service Plan (VSP) website link on the “Find a Provider” web page:



DETAILS

Active Premier

Annual Exam

Every calendar year with a \$5 deductible

Frames (once every calendar year)

- \$165 allowance
- 20% savings on the amount over your allowance

Lenses (once every calendar year)

- Single vision, lined bifocal and lined trifocal
- Polycarbonate lenses for Dependent children

Contacts

- Instead of glasses, Members can opt for contacts
- \$100 allowance for exam, contacts, contact lens fitting and evaluation

Active Ultra

Annual Exam

- Every calendar year with a \$10 deductible

Frames

- \$165 allowance (every other calendar year)
- 20% savings on the amount over your allowance

Lenses

- Single vision, lined bifocal and lined trifocal (every other calendar year)
- Polycarbonate lenses for Dependent children (every other calendar year)

Contacts

- Instead of glasses, Members can opt for contacts (every other calendar year)
- \$100 allowance for exam, contacts, contact lens fitting and evaluation

For details about Vision Plan limitations, including coverage details for lens enhancements, consult your Summary Plan Description.