



2025 Kroger Open Enrollment Notice



Enrollment will be November 8, 2024 – December 15, 2024

Benefits for Today

Security for Tomorrow

Welcome to 2025 Annual Open Enrollment

Open Enrollment Info

Open Enrollment for the 2025 benefit year begins **November 8, 2024** and ends on **December 15, 2024**. During this annual enrollment, you will be able to elect your 2025 Health and Welfare Fund benefits. **The Fund office requires that all eligible participants, whether actively working or not, must enroll to receive coverage for the next year.** If you choose to waive coverage or do not complete your enrollment for your 2025 benefits during this Open Enrollment, you will not be able to enroll mid-year unless you experience a Qualifying Life Event (QLE). Please refer to the “How to Make Changes” section of this notice on more information about QLE’s.

Plan Documents and Information

Your Summaries of Benefits and Coverage (SBC) for Plan 1-L are available online by going to atlanta.ufcwemprfund.org and clicking on “DOCUMENTS.” Your Summary Plan Description (SPD) booklet is now available online on your health fund dashboard when you log into your participant portal through that website. A print version of the SPD will be mailed out later this year. Benefit highlights will also be available as part of the online enrollment process. If you need further information about the Fund, have trouble logging in, or have questions about your benefits, please contact the Fund Office.

Dependent Enrollment

Below is a summary for your eligibility for dependent coverage. Also below is the information you need to provide if you wish to enroll your dependents in coverage. Please have it available to provide when you enroll. If you have questions about the list outlined below, please contact the Fund Office or visit the website at atlanta.ufcwemprfund.org.

- If you are eligible for dependent coverage, the Fund generally provides coverage for your dependent child(ren) to age 26. Dependent children include your natural/adopted child(ren), a child placed with you for adoption, your stepchild(ren), your foster child(ren) or a child whose custody has been awarded to you by a court of competent jurisdiction. **Your dependent child will not be enrolled in coverage until you provide a birth certificate, proof of adoption, or other documents indicating that the child is your dependent.** If you have previously enrolled a dependent and provided his or her birth certificate, proof of adoption or other documents indicating that the child is a dependent, you will not need to provide these documents again.
- If you qualify as Full-Time, the Fund also provides coverage for your dependent spouse or your domestic partner. **Your spouse or domestic partner will not be enrolled in coverage until you complete the spousal or domestic partner affidavit and submit all requested documentation.** If you have previously provided proof of marriage, you may be asked to verify your continued marital status as part of this process. If you have previously provided proof of domestic partnership, you may be asked to verify your continued domestic partner status as well as your domestic partner’s tax dependent status.
- You will need names, social security numbers and dates of birth for any eligible dependent spouse and child(ren). A social security number (SSN) OR Individual Taxpayer Identification Number (ITIN) is **required** for all enrolled dependents. If you have applied for a Social Security number for a dependent, but have not yet received it, please use 100-10-1000, and notify the Fund Office immediately once a Social Security number is obtained.
- You will need to know whether you or any of the dependents you wish to enroll have any other medical or dental coverage in place, including coverage offered through another employer, individual coverage or coverage through Medicare or Medicaid.
- If you need to name or update the beneficiaries for your Life/AD&D benefits, you will need the names, addresses, and social security numbers for your beneficiaries. To see your current beneficiaries or initiate a change, login to your participant portal at atlanta.ufcwemprfund.org and click on “Beneficiary Form” located near the bottom of the menu options on the left-hand side of the page.

¿Necesitas este aviso en español?

Llame a la Oficina del Fondo al 770-997-9910 o 1-800-241-3473

What you Need to Know for 2025

Open Enrollment Starts November 8th

Beginning on November 8, 2024 and going through December 15, 2024, Open Enrollment can be completed online at atlanta.ufcwemprfund.org or over the phone by calling the Fund Office at 1-800-241-2136. **If you have any questions about your benefit options, the enrollment process, or you need assistance enrolling, please contact the Fund Office at 1-800-241-2136.** To avoid long wait times on the phone, we encourage you to enroll early or to use the online option.

The online enrollment portal provides user-friendly options and functionality, making it fast and easy for participants to review their plan information, enroll, and review coverage. When you complete your online enrollment, you will receive a confirmation number and can print a copy of your enrollment summary. Please **be sure to record your confirmation number** in case you need to contact the Fund Office regarding your enrollment choices. After the enrollment period ends, you can still log into the portal to review your benefit plan information and update your beneficiaries. To protect your personal information, the online portal requires that you change your password every 6 months. Please follow the online prompts to change your password and call the Fund Office if you need any assistance.

The Fund Office will extend the call center hours during Open Enrollment beginning November 8, 2024. The call center hours will be Monday - Friday 7am to 6pm Central time and on the following Saturdays: Dec. 7th and Dec. 14th from 8am to 4pm Central time. Both English and Spanish speaking representatives will be available to assist you.

Be PREPARED in Advance!

The information requested during the telephonic or online enrollment session will include the following (See [Dependent Enrollment](#) on previous page):

- Your information, including an email address and phone number
- Dependent information, including SSN, date of birth and relationship
- Information on other coverage available to you and/or a spouse or dependent
- Beneficiary information for your Life/AD&D benefits

No Benefit or Employee Co-Premium Changes for 2025

There are no changes to your employee co-premiums or your Plan 1-L benefits for 2025. You can view your “Benefit Basics” (a summary of your benefits) by clicking on the link in the online enrollment portal. You can also refer to your SBC or your SPD for more details on your benefit coverage. These documents are available online atlanta.ufcwemprfund.org (to view your SPD you will need to login to the participant portal).

Your employee weekly co-premiums for 2025 are as follows:

<u>If you enroll as:</u>	<u>Your co-premium will be:</u>
Employee Only	\$ 9.00 per week
Employee plus Spouse	\$19.75 per week*
Employee plus Child(ren)	\$16.25 per week
Employee plus Family	\$28.75 per week*

* If you spouse has access to but is not enrolled in coverage through his/her own employer, a working spouse fee of \$34.62 per week will be added to your co-premium.

Enrollment Changes

If you are enrolling for the first time or are adding new dependents, those changes may not be reflected in your coverage until late January, but will be made retroactive to January 1st as long as all required documentation is submitted to the Fund Office. If you have not received your new ID cards by February, please contact the Fund Office at 1-800-241-2136 to verify your correct address and obtain instructions on how you can access your ID cards electronically.

Important Reminders



When to Enroll?

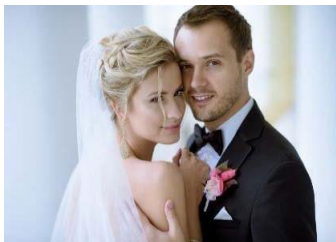
The open enrollment period runs from November 8 through December 15, 2024. The benefits you elect during open enrollment will be effective from January 1 through December 31, 2025, provided you continue to meet the eligibility requirements. If you do not complete the enrollment process or waive coverage, you and any eligible dependents will not be covered under the Fund until the next open enrollment period or upon experiencing a Qualifying Life Event (QLE).



How to Enroll?

Enrolling in benefits is easy...

- Enroll Online @ atlanta.ufcwemprfund.org
- Need help? Contact the Fund Office at 770-997-9910 or 1-800-241-2136 from 7am to 6pm M-F (8am to 4pm on Saturday, Dec. 7th and Saturday, Dec. 14th)



How to Make Changes?

After you have completed your enrollment, you will not be able to change your benefits or add coverage for yourself and/or dependent(s) until the next open enrollment period unless you have a Qualifying Life Event (QLE). Please see below for more information on QLEs. You may also request a copy of the Notice of Special Enrollment Rights by contacting the Fund Office.

- If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your eligible dependents. However, you must request enrollment within **60 days** after the marriage, birth, adoption, or placement for adoption.
- Additional enrollment rights may be available for you and/or your dependents if coverage is lost under Medicaid or a State Children's Health Insurance Program (SCHIP) or if you and/or your eligible dependent(s) become eligible to participate in a health insurance premium assistance program through Medicaid or SCHIP. However, you must request enrollment within **60 days** after loss of coverage or the date you are determined to be eligible for premium assistance.
- To request special enrollment or obtain more information, contact the Fund Office at 770-997-9910 or toll-free at 1-800-241-2136.



NEED HELP ENROLLING? No Problem. Call the Fund Office at 770-997-9910 or 1-800-241-3473

¿NECESITA AYUDA PARA INSCRIBIRSE? No hay problema. Llame a la Oficina del Fondo al 770-997-9910 o 1-800-241-3473