

2025 Open Enrollment Notice



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

Benefits for Today

Security for Tomorrow

Welcome to Your 2025 Open Enrollment

Open Enrollment Info

2025 Open Enrollment begins **November 8, 2024** and ends on **December 15, 2024**. This enrollment period will cover all eligible benefits provided by the Fund. All eligible participants, whether actively working or not, must enroll to receive coverage for 2025. During this time, you will also be allowed to waive coverage. If you do not enroll for benefits or waive coverage during Open Enrollment, you cannot enroll later for 2025 coverage unless you experience a Qualifying Life Event (QLE). Please refer to the "How to Make Changes" section of this notice for more information about QLEs.

Compliance Documents

Your Summaries of Benefits and Coverage (SBCs) are available by going to nashville.ufcwemprfund.org and clicking on **DOCUMENTS**. Benefit highlights will also be available as part of the online enrollment. If you need further information about the Fund or have trouble logging in, please contact the Fund Office. You can request a copy of enrollment materials by contacting the Fund Office.

Documents Needed for Enrollment

If you have questions about the list outlined below, please contact the Fund Office or visit the website at nashville.ufcwemprfund.org.

- If you are eligible for dependent coverage, the Fund provides coverage for the dependent child(ren) to age 26. The Fund provides coverage for 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.
- Participants qualifying for Full-Time coverage can elect to enroll their legal spouse for either full medical coverage or a dental/vision only benefit package. For Plans A and B, spouses can only be enrolled if they are not employed or if their employer does not offer health coverage. For Plan A-GF (grandfathered), spouses who are enrolled in their own employers' health coverage can elect secondary coverage under this Fund by paying a spouse fee of \$57.69 per week in addition to the regular employee plus spouse or employee plus family weekly co-premium. Please note that the secondary coverage will be "non-duplication COB," which means that this Fund will only pay the difference, if any, between what your spouse's plan paid and what this Fund would have paid had it been the primary coverage.
- If you qualify as a "Dual" covered individual, you can enroll your spouse even though they have their own employer coverage under the Fund. "Duals" covered individuals (individuals whose spouse is also enrolled in medical coverage through the Fund as a result of that spouse's full-time employment with Kroger) may continue to be covered as both employee and spouse while full-time and may have coverage coordinated up to 100%. To qualify as "Dual" covered individuals, both you and your spouse must enroll and elect coverage for each other.
- You will need names, Social Security numbers (or Individual Taxpayer Identification Number (ITIN), and dates of birth 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. If you are enrolling a non-Dual spouse, you will also need the name, address, and telephone number for your spouse's employer (if employed) and you may be required to complete and return a spousal affidavit. To assure greater accuracy in enrollment, the Fund will take additional steps and verify the eligibility of all enrolled dependents. This may require you to submit additional documents to the Fund.
- 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 or any enrolled dependent have additional coverage, you will be asked to complete and return a form after enrollment to provide details on that coverage so that we can make sure that any benefits are correctly coordinated with the coverage.
- If you need to name or update the beneficiaries for your Life/AD&D benefits, you will also 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 nashville.ufcwemprfund.org and click on "Beneficiary Form" located near the bottom of the menu options on the left-hand side of the page.

What you Need to Know for 2025

Open Enrollment Will Start November 8th

Beginning on November 8, 2024 and going through December 15, 2024, open enrollment can be completed online at nashville.ufcwemprfund.org or over the phone by calling the Fund Office at 1-800-241-3473. To avoid long wait times on the phone, we encourage you to enroll early or to use the online option.

Online Open Enrollment System

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 regarding your enrollment choices.

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

Wellness Program Requirements

The Wellness Program deadline for this year is December 15, 2024. If you were eligible for benefits in June 2024 you are included in this year's Wellness Program and you will be required to complete an Online Health Questionnaire (OHQ) this year to qualify for the lowest co-premium levels for your 2025 coverage. You can access the OHQ at www.hmchwellness.com/ufcwat or use your smart phone or tablet to scan the QR code.



Please note that the OHQ is separate from your Open Enrollment!

You must complete Open Enrollment in order to have benefit coverage in 2025 and you should also complete the OHQ to qualify for the lowest employee contribution rates for your 2025 coverage.

FAILURE TO COMPLETE THE ONLINE HEALTH QUESTIONNAIRE BY DECEMBER 15, 2024 WILL RESULT IN A RISK PREMIUM OF UP TO \$20.85 PER WEEK BEING ADDED TO YOUR WEEKLY CO-PREMIUM TO MAINTAIN YOUR COVERAGE IN 2025.

Biometric screenings **are not** part of this year's Wellness Program.

Special note for newly eligible participants: If you were not eligible in June 2024 and have just gained or are regaining eligibility under the Plan, you are not required to complete the Online Health Questionnaire this year. Please contact the Fund Office at 1-800-241-3473 to verify if you need to complete the OHQ.

2025 Benefits

There are no changes to benefits for 2025.

IMPORTANT DATES

- Wellness Program Online Health Questionnaire (OHQ) AvailableNOW!
- OPEN ENROLLMENT STARTS..... NOVEMBER 8th
- Saturday Call Center Open DECEMBER 7th & 14th
- Wellness Program OHQ Deadline DECEMBER 15th
- OPEN ENROLLMENT ENDS..... DECEMBER 15th

Rate Changes (Your Cost in 2025)

Grandfathered (GF) Participants

The following rates are for the Grandfathered participants who were enrolled in the Fund prior to January 2005. Be sure to complete your Online Health Questionnaire (“OHQ”) by December 15th to qualify for the “With OHQ” rates!

Weekly Employee Contributions Effective 1/1/2025	Plan A-GF		Plan B-GF Opt-Down	
	With OHQ	Without OHQ	With OHQ	Without OHQ
Employee Only	\$19.00	\$24.70	\$14.50	\$18.85
Employee + Child(ren)	\$32.50	\$42.25	\$28.00	\$36.40
Employee + Spouse *	\$41.00	\$53.30	\$34.00	\$44.20
Employee + Family *	\$53.00	\$68.90	\$46.00	\$59.80
Secondary Spouse Fee	\$57.69	\$57.69	\$57.69	\$57.69
EE Only – with Spouse Dental/Vision	\$24.00	\$29.70	\$19.50	\$23.85
EE + Child(ren) - with Spouse Dental/Vision	\$37.50	\$47.25	\$33.00	\$41.40
Ancillary – EE Only	\$5.00			
Ancillary – EE + Spouse **	\$10.00			

* This rate applies for spouses who do not have access to coverage through their own employer. Spouses who have access to and are enrolled in coverage through their own employer can enroll in this Plan, but have to pay the Secondary Spouse fee in addition to the Employee + Spouse or Employee + Family rate.

** Only available for spouses who do not have access to coverage through their own employer.

All Other Participants

The following weekly contribution rates are for all other employees. Participants who qualify for Plan A can choose to opt down to Plan B for the lower Plan B rates shown. Be sure to complete your Online Health Questionnaire (“OHQ”) by December 15th to qualify for the “With OHQ” rates! If you were not eligible in June 2024 and not required to take the OHQ, you automatically qualify for the “With OHQ” rates.

Weekly Employee Contributions Effective 1/1/2024	Plan A		Plan B		Ancillary
	With OHQ	Without OHQ	With OHQ	Without OHQ	
Employee Only	\$26.00	\$33.80	\$19.00	\$24.70	
Employee + Child(ren)	\$37.50	\$48.75	\$30.50	\$39.65	
Employee + Spouse *	\$62.50	\$81.25	\$55.50	\$72.15	
Employee + Family *	\$69.50	\$90.35	\$62.50	\$81.25	
EE Only – with Spouse Dental/Vision	\$31.00	\$38.50	\$24.00	\$29.70	
EE + Child(ren) - with Spouse Dental/Vision	\$42.50	\$53.75	\$35.50	\$44.65	
Ancillary – EE Only	\$5.00		\$5.00		\$5.00
Ancillary – EE + Spouse *	\$10.00		\$10.00		

* Only available for spouses who do not have access to coverage through their own employer.

Dual Employees

If you and your spouse qualify as Dual Employees, your co-premium amount will be adjusted individually so that you each pay ½ of the highest applicable Employee + Spouse or Employee + Family rate (plus your risk premium if you did not complete your Online Health Questionnaire).

Important Reminders



When to Enroll?

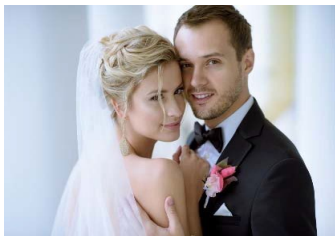
The open enrollment period runs from November 8 through December 15, 2024. The benefits you elect during open enrollment will be effective from January 1 through December 31, 2025, provided you continue to meet the eligibility requirements. If you do not complete the enrollment process or waive coverage,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



How to Enroll?

Enrolling in benefits is easy...

- Enroll Online at nashville.ufcwempfund.org OR
- Enroll over the phone by calling the Fund Office at 770-997-9910 or 1-800-241-3473



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 your 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 Fund 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 **60 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- In addition, if you acquire 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 1-800-241-3473.



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