

2016 Coverage Decision Guide

An Overview of Your Options for Coverage in 2016



UFCW Unions and Participating Employers Retiree Health and Welfare Plan

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It's Time to Decide on Your Health Coverage for 2016

As a result of collective bargaining, health and welfare benefits for pre-Medicare retirees and their pre-Medicare dependents under the UFCW Unions and Participating Employers Retiree Health and Welfare Plan (the Retiree Plan) will end December 31, 2015. Instead, pre-Medicare retirees will be eligible for a \$450 monthly Social Security supplemental benefit from the UFCW Unions and Participating Employers Pension Fund.

You will receive this Social Security supplemental benefit until you become Medicare-eligible, at which point you will be given a one-time opportunity to enroll in coverage under the Retiree Plan. You may use the Social Security supplemental benefit for any purpose, including but not limited to paying for individual healthcare coverage obtained through a state or federal marketplace.

We know that change brings about many questions and concerns. To help you navigate this transition, the Fund has developed this guide to help you understand your coverage options and to help you enroll in medical or other supplemental coverage, if you are interested in doing so.

Transition Assistance

While you are not required to use your monthly Social Security supplemental benefit to help pay for an individual medical plan, that is one option. To assist pre-Medicare retirees who are interested in purchasing an individual medical plan through the applicable state or federal healthcare marketplace, the Fund has contracted with The Woodard Agency, an insurance brokerage firm. Woodard can also help you find other supplemental coverage, including:

- Dental coverage
- Vision coverage
- Critical illness insurance
- Life insurance.

If you are interested in enrolling in medical or other supplemental coverage and you have not already contacted the Woodard Agency, please call Woodard at (855) 856-1600.

Eligibility for the Social Security Supplemental Benefit

If you retired before age 65 and are currently eligible for the Retiree Plan's pre-Medicare retiree health coverage, you will be eligible for the \$450/month Social Security supplemental benefit from the UFCW Unions and Participating Employers Pension Fund, effective January 1, 2016. Your eligibility for the Social Security supplemental benefit will continue until you become eligible for Medicare. You may elect to have the Fund direct deposit your Social Security supplemental benefit in the same bank account in which your pension check is deposited, or you may receive your Social Security supplemental benefit by paper check each month.

Transition to Medicare

When you become eligible for Medicare (generally age 65), your eligibility for the Social Security supplemental benefit will end and you'll be eligible to enroll in Medicare supplemental coverage under the Retiree Plan. Shortly before you become Medicare-eligible, the Retiree Plan will mail you an enrollment form for the Kaiser Permanente Medicare HMO Program, if you are in a Kaiser Permanente Medicare area, or the Fund's Medicare supplemental benefits program, if you are not in Kaiser's service area. If you choose not to enroll by the date specified on this mailing, you will not have another opportunity to enroll in the Retiree Plan in the future. That's why it's important to make sure the Fund Office has your most current contact information.

Information for Retirees Eligible for Medicare

If you are eligible for Medicare, your coverage and the coverage of your dependents will not change at this time. Co-payments for Medicare-eligible retirees will be required effective January 1, 2016. If you are Medicare-eligible and you do not make the monthly co-payment, you will immediately lose all eligibility for benefits.

Information About the Health Insurance Marketplaces

What are the Health Insurance Marketplaces?

The Health Insurance Marketplaces were created by the Affordable Care Act (ACA). (The Marketplaces also are sometimes referred to as the “Exchanges.”) The Marketplaces offer a way for people without employer-provided healthcare to find health insurance. You can compare your options and costs based on what’s available in your state.

What is the Individual Mandate?

One of the requirements of the Affordable Care Act (ACA) is the “individual mandate,” which requires that just about everyone have a minimum level of health coverage. If you don’t, you may have to pay a penalty.

Your health insurance coverage can come:

- From your (or your spouse’s) employment,
- Through a policy you buy on your own, including those offered through the Health Insurance Marketplace, or
- Through a government-sponsored program like Medicare or Medicaid.

Who Can Buy a Marketplace Plan?

To be eligible to purchase health coverage through the Marketplace, you must:

- live in the United States,
- be a U.S. citizen or national (or be lawfully present), and
- not be incarcerated.

What is the Federal Advanced Premium Tax Credit?

The Advanced Premium tax credit is a tax credit that can reduce what you pay for insurance through the Health Insurance Marketplace. You can use these tax credits, based on your estimate of your expected household income for 2016, to lower your monthly insurance bill (or “premium”). If at the end of the year you’ve taken more advance payments of the premium tax credit than you’re due based on your final income, you must repay the excess with your 2016 federal tax return. If you’ve taken less advance payments than you qualify for, you’ll get the difference when you file your taxes.

Who is Eligible for a Federal Advanced Premium Tax Credit?

An Advanced Premium Tax Credit, which you can use to pay part of your premium for a healthcare plan purchased through the Marketplace, may be available to you if:

- You are not eligible for public coverage (e.g., Medicare, Medicaid or Children’s Health Insurance Program);
- You are not eligible for coverage through an employer (yours or your spouse’s);
- You are a resident of the state where the Marketplace is established;
- You are a U.S. citizen or legally-documented immigrant;
- You cannot be claimed as a dependent on anyone’s federal income tax return; and
- Your household income is 100%-400% of the federal poverty level (adjusted annually for inflation)

When Can You Enroll in the Marketplace?

Since your coverage through the Fund will be ending on December 31, 2015, you will have 60 days from the date your current coverage ends to enroll in a Marketplace plan. If you enroll in a Marketplace plan within 60 days after you lose your Fund coverage, your Marketplace coverage will be effective January 1, 2016. And, you don't have to wait for your current coverage to end. You can start the enrollment process today.

If you do not enroll in a Marketplace plan by the 60th day after you lose your Fund coverage, you cannot enroll in a Marketplace plan until the next Open Enrollment Period (starting November 1, 2016 for coverage effective January 1, 2017) unless you later qualify for a Special Enrollment Period. A Special Enrollment Period should be available to you if you experience a Qualifying Life Event, such as moving to a new state, getting married or divorced, or having or adopting a child. You will have 60 days from the date of the Qualifying Life Event to enroll.

What Kinds of Plans are Available Through the Marketplace?

Most states offer a mix of Exclusive Provider Organization (EPO) plans, Health Maintenance Organization (HMO) plans, Preferred Provider Organization (PPO) plans and High Deductible Health Plans (HDHPs). These health insurance plans are categorized as "Bronze," "Silver," "Gold," "Platinum" or "Catastrophic." The ratings are an attempt to reflect your potential out-of-pocket costs, taking into account the plan's deductibles, copayments, coinsurance and out-of-pocket maximums. The categories have nothing to do with the quality or amount of care you get.

Plan	Features	Who May Choose this Type
Bronze	Lower monthly premiums; Higher out-of-pocket costs	People who do not use medical services frequently
Silver	Higher monthly premiums; Moderate out-of-pocket costs	People who use medical services on a somewhat regular basis and want to balance monthly premiums and out-of-pocket expenses
Gold	Higher monthly premiums; Lower out-of-pocket costs	People who expect to visit the doctor regularly during the coming year
Platinum	Highest monthly premiums; Lowest out-of-pocket costs	People who use health care services frequently
Catastrophic	Generally, you pay all medical costs (except for some primary and preventive services) up to a certain amount before the insurance company starts to pay; Premiums are lower, but coverage is intended for worst-case scenarios, like serious accidents or illnesses	Healthy people under 30 and people with limited income

How Can You Find Out About Options in Your State?

- If you live in Maryland: www.marylandhealthconnection.gov/
- If you live in Virginia: www.healthcare.gov
- If you live in Washington, DC: <https://dchealthlink.com/>
- If you live in other states, go to the Federal Exchange website, www.healthcare.gov, for more information.

Still Need Help?

- Go to www.healthcare.gov
- Go to the ACA Navigators' website: <http://acanavigators.com>
- Contact the Fund Office at (800) 638-2972 or The Woodard Agency at (855) 856-1600

Questions?

Please contact the Fund Office at (800) 638-2972 or The Woodard Agency at (855) 856-1600 for more information.



Important Benefits Information Inside— Please Read Immediately!

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