



**UFCW LOCAL 1000 AND KROGER DALLAS
HEALTH AND WELFARE PLAN "MED-1000"**
C/O NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.
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Date: October 15, 2020
To: All Eligible Participants
From: Board of Trustees
Re: Healthcare Benefits

Si usted necesita la traducción, llame por favor a la oficina del fondo en
(866) 817-6278

IMPORTANT ANNOUNCEMENT ABOUT YOUR HEALTHCARE BENEFITS

As a result of collective bargaining between United Food and Commercial Workers (UFCW) Local 1000 and the Kroger Company, changes will be made to the UFCW Local 1000 and Kroger Dallas Health and Welfare Plan "Med-1000" (the Plan) effective January 1, 2021. There will be changes to the benefits, employee contribution rates and eligibility rules. This notice is intended to help you understand the changes.

Benefits

Effective January 1, 2021, the following benefit changes will take effect:

The annual deductible will decrease by \$500 per individual / \$1,500 per family.

The participant coinsurance will decrease by 10%.

The Office Visit copays for primary care and specialist visits will decrease by \$10.

Medical Network will change from UHC to HealthSmart Physician Network with no network for facilities.

Vision coverage will be added.

Employee Contribution Rates

Effective January 1, 2021, employee contribution rates will decrease.

A summary of the new employee contribution rates can be found on page 4 of this notice.

Eligibility Rules

Effective January 1, 2021, the number of hours required for employee only, employee and spouse, and employee and family coverage will decrease.

The number of hours required for employee and child(ren) coverage will remain the same.

A summary of the hours required can be found on pages 4 & 5 of this notice.

Benefit Plans

Effective January 1, 2021, the Value Plan will be called the smart-care Sapphire Plan and the Premium Plan will be called the smart-care Emerald Plan.



Provider Network – Professional Services

Effective January 1, 2021, [HealthSmart will replace United Healthcare as the provider network for professional service providers](#), such as primary care doctors, radiologists, pediatricians, cardiologists, oncologists and gynecologists. The vast majority of our participants will find their doctors are still in-network with HealthSmart.

Provider Network – Facility Services

Effective January 1, 2021, [there will be no provider network for facilities](#) such as hospitals, surgical centers, outpatient centers, dialysis clinics, and other similar locations. [Participants will have freedom of choice for providers of facility care.](#)

Med-1000 is partnering with HST, a company with over a decade of experience in negotiating fair prices for paying these types of facilities. Additional details will be provided in future communications.

Healthcare Concierge Service

The smart-care benefit designs will include access to your own personal healthcare concierge service, through a company called Rightway. [Rightway will put additional resources and support in your hands so you can effectively use your plan and make informed decisions about choosing quality healthcare providers.](#) More information about these additional resources will be sent in the coming months.

**PLEASE VISIT THE SMART-CARE WEBSITE AT
[HTTPS://WWW.NEBAINC.COM/SMART-CARE](https://www.nebainc.com/smart-care) TO LEARN MORE, READ
IMPORTANT UPDATES, AND WATCH OUR EXPLAINER VIDEOS.**

Medical Benefits Effective 1/1/2021		Sapphire Plan (Formerly Value)	Emerald Plan (Formerly Premium)
Deductible and Maximums		In-Network Benefits Only	In-Network Benefits Only
Calendar Year Deductible per Covered Person <i>Does not apply to in-network preventive care or office visits</i>		\$600 Single \$1,800 Family	\$400 Single \$1,200 Family
Calendar Year Out-of-Pocket Maximum per Covered Person		\$6,850 Single \$13,700 Family	\$6,850 Single \$13,700 Family
Employee Coinsurance		30%	20%
Services		In-Network	In-Network
Preventive Care		No Charge	No Charge
Primary Care Visit		\$25 Copay	\$25 Copay
Specialist Visit		\$50 Copay	\$50 Copay
Urgent Care Visit		\$25 Copay	\$25 Copay
Hospital Inpatient¹	Facility Fee²	Deductible & 30% Coinsurance	Deductible & 20% Coinsurance
	Physician Fee	Deductible & 30% Coinsurance	Deductible & 20% Coinsurance
Hospital Outpatient³	Facility Fee	Deductible & 30% Coinsurance	Deductible & 20% Coinsurance
	Physician Fee	Deductible & 30% Coinsurance	Deductible & 20% Coinsurance
Emergency Room and ER Professional⁴		\$500 Deductible per Visit & 30% Coinsurance ⁴	\$500 Deductible per Visit & 20% Coinsurance ⁴
Other Services		Deductible & 30% Coinsurance	Deductible & 20% Coinsurance

1. Includes mental/behavioral health inpatient services.
2. \$300 deductible applies for failure to pre-certify.

3. Includes mental/behavioral health outpatient services.
4. \$500 per visit deductible waived if admitted.
Emergency benefits available out of network.

Vision Benefits

Effective January 1, 2021, Vision benefits will be added. Additional details will be provided in a future communication.

<u>Vision Benefits Effective 1/1/2021</u>	Sapphire Plan	Emerald Plan
Benefit	In-Network Benefits Only	In-Network Benefits Only
Eye Exams	Covered at 100% once every 12 months.	
Frames and Lenses or Contact Lenses	\$150 Allowance Every 24 Months	

Employee Contributions

Effective January 1, 2021, the following employee contribution rates apply:

Family Tier	Weekly Sapphire Plan Contribution	Weekly Emerald Plan Contribution
Employee Only	\$5.00	\$10.00
Employee & Spouse	\$10.00	\$15.00
Employee & Children	\$10.00	\$15.00
Employee & Family	\$15.00	\$20.00

Eligibility Rules

Eligibility will continue to be based on employee status, seniority and hours worked. Standard 12-month measurement and stability periods will continue to be used. Eligibility will be based on these standards for all employees effective January 1, 2021.

- The number of hours required for employee only coverage will decrease from an average of 27 hours per week to an average of 24 hours per week.
- The number of hours required for employee and spouse or employee and family coverage will decrease from an average of 36 hours per week to an average of 33 hours per week.
- There is no change to the number of hours required for employee and child(ren) coverage.

Hour Requirements for Sapphire and Emerald Plans:

Family Tier	Minimum Hours Required
Employee Only Coverage	1,248 Hours in Measurement Period (average of 24 hours per week).
Employee and Child(ren) Coverage	1,560 Hours in Measurement Period (average of 30 hours per week).
Employee and Spouse Coverage	1,716 Hours in Measurement Period (average of 33 hours per week).
Employee and Family Coverage (Includes spouse and child(ren))	1,716 Hours in Measurement Period (average of 33 hours per week).

Seniority Requirements for Sapphire and Emerald Plans:

The Plan for which You are eligible is based on seniority requirements.

- The seniority requirement for Sapphire Plan coverage is 12 months of employment.
- The seniority requirement for Emerald Plan coverage is:
 - 24 months of employment if You were hired before November 15, 2017 or
 - 36 months of employment if You were hired on or after November 15, 2017

Please refer to your Summary Plan Description (SPD) for full details regarding the eligibility rules.

If you have any questions, please contact us at (866) 817-6278.

