



# 2024 Kroger Open Enrollment Notice



**Enrollment will be November 8, 2023 – December 15, 2023**

## **Benefits for Today**

## **Security for Tomorrow**

# Welcome to 2024 Annual Open Enrollment With Your New Health & Welfare Fund

## Open Enrollment Info

Open Enrollment for the 2024 benefit year begins **November 8, 2023** and ends on **December 15, 2023**.

## **COMPLETE YOUR ENROLLMENT BY DECEMBER 15<sup>TH</sup>!**

During this annual enrollment, you will be able to elect your 2024 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 benefits in 2024 during 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 is available online by going to [atlanta.ufcwempfund.org](http://atlanta.ufcwempfund.org). 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 questions about your benefits, please contact the Fund Office.

## Dependent Enrollment

Below is a summary of 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 when you enroll. If you have questions about the list outlined below, please contact the Fund Office or visit the website at [atlanta.ufcwempfund.org](http://atlanta.ufcwempfund.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 qualify as Full-Time, the Fund also provides coverage for your dependent spouse or your domestic partner. If your spouse or domestic partner is employed and has access to health coverage through his/her own employer **but is not enrolled in his/her employer coverage**, you will have to pay a “working spouse fee” of \$150 per month (\$34.62 per week) in addition to your regular employee contribution to enroll your spouse. **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.**
- 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 or any enrolled dependent(s) 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 other coverage.

# What you Need to Know for 2024

## Open Enrollment Starts November 8<sup>th</sup>

Open Enrollment starts **November 8, 2023** and runs through **December 15, 2023**. We encourage you to enroll as early as possible. Open Enrollment can be completed online by clicking on the enrollment link found at [atlanta.ufcwemprfund.org](http://atlanta.ufcwemprfund.org). **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.**

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.

## 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
- 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. You can look up existing beneficiaries by logging into your account on the enrollment portal.

## Extended Hours

The Fund Office will extend the call center hours during Open Enrollment beginning November 8, 2023. The call center hours will be Monday - Friday 7am-5pm Central time and on the following Saturdays: Dec. 2<sup>nd</sup> and Dec. 9<sup>th</sup> from 8am-3pm Central time. Both English and Spanish speaking representatives will be available to assist you.

## No Benefit or Employee Co-premium Changes for 2024

There are no changes to Plan 1-L for 2024. Please refer to your SBC or your SPD for more details on your benefit coverage. These documents are available online [atlanta.ufcwemprfund.org](http://atlanta.ufcwemprfund.org).

There are also no changes to the employee weekly co-premiums. The weekly amounts are shown in the chart below.

<b>If you enroll as:</b>	<b>Your co-premium will be:</b>
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

# Important Reminders

## When to Enroll?



The open enrollment period runs from November 8 through December 15, 2023. The benefits you elect during open enrollment will be effective from January 1 through December 31, 2024, 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?

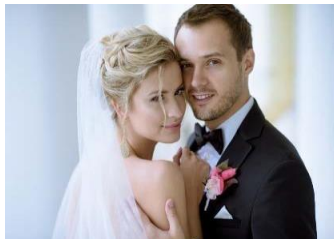
Enrolling in benefits is as easy as 1, 2, 3...

- 1) Click on the Enrollment link at [welcome.ufcwempfund.org](http://welcome.ufcwempfund.org)
- 2) Complete the fast and easy online enrollment
- 3) Contact the Fund Office at 1-800-241-2136 if you have any questions or need help with your enrollment



## 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.

