



**UFCW UNIONS & EMPLOYERS  
HEALTH & WELFARE FUND - ATLANTA**

# **2024 Kroger Open Enrollment Notice**



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

## **Benefits for Today**

## **Security for Tomorrow**

# Welcome to Your 2024 Annual Open Enrollment

## Open Enrollment Info

2024 Open Enrollment begins **November 8, 2023** and ends on **December 15, 2023**. During this period, you will be able to enroll for your 2024 Health and Welfare Fund benefits. 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 for more information about QLE's.

## Plan Documents and Information

Your Summaries of Benefits and Coverage (SBC) are available online by going to [atlanta.ufcwemprfund.org](http://atlanta.ufcwemprfund.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 to request a copy of the Summary Plan Description (SPD), please contact the Fund Office.

## Dependent Enrollment

Below is a summary of your eligibility for dependent coverage. There is certain information below that needs to be provided 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](http://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 are enrolled in medical benefits under Plan 1 or Plan 2, your spouse can only be enrolled for medical coverage if he or she does not have access to other group health coverage through his or her employer. **Your spouse will not be enrolled in coverage until you complete the spousal affidavit, provide contact information for your spouse's employer, and other documentation requested.** If you are enrolled in medical or ancillary benefits under Plan 1 or Plan 2, you can also enroll your spouse in dental and vision coverage only, regardless of any other coverage they may have, subject to providing proof of marriage.
- There is an exception to the above rule for spousal coverage for "dual" covered individuals. A "Dual" covered individual is someone whose spouse is also enrolled in medical coverage through the Fund as a result of that spouse's full-time employment with Kroger. If you are a "Dual" covered individual, special enrollment options are available that will allow you to be enrolled as both an employee and a spouse and your coverage may coordinate up to 100%. To be considered as "Dual" covered individuals, you and your spouse must both enroll separately, and you both must be eligible for and elect spouse coverage for each other. Therefore, if one of Kroger employees is only eligible for part-time coverage (i.e., coverage for him or herself only), that spouse cannot be enrolled as a dependent with secondary coverage under a full-time (Plan 1 or Plan 2) Kroger employee. **Your spouse will not be enrolled in such coverage until you provide proof of marriage to establish eligibility.**
- You will need names, social security numbers and dates of birth for your eligible 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>

Beginning on November 8, 2023 and going through December 15, 2023, Open Enrollment can be completed telephonically by calling the Fund Office at 1-800-241-2136 or online at [atlanta.ufcwemprfund.org](http://atlanta.ufcwemprfund.org) (see below for further information). **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.**

**Online:** 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 your 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

## 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 8am-6pm Eastern time and on the following Saturdays: Dec. 2<sup>nd</sup> and Dec. 9<sup>th</sup> from 9am-4pm Eastern time. Both English and Spanish speaking representatives will be available to assist you.

## Wellness Program – Online Health Questionnaire Requirements

The Wellness Program deadline for this year is December 15, 2023. To qualify for a waiver of the \$15.00 per week wellness program surcharge, an eligible employee must complete the online health questionnaire by the December 15<sup>th</sup> deadline.

To complete the online health questionnaire, log-in to [www.hmchwellness.com/ufcwatl](http://www.hmchwellness.com/ufcwatl).

If you are currently eligible for the Ancillary Plan, you can still complete the online health questionnaire. If you do not participate in the Wellness Program, the \$15.00 per week surcharge will only apply if you qualify for, and choose to enroll in, medical coverage (Plan One, Two, or Three) for 2024.

## Benefit and Employee Co-premium Changes for 2024

If you qualify for Plan 1 or Plan 2, there will be a change to your calendar year deductible for medical benefits in 2024:

|                               | <b>PLAN 1</b>                              | <b>PLAN 2</b>                              |
|-------------------------------|--|--|
| 2024 Calendar Year Deductible | \$550 per Individual<br>\$1,100 per Family | \$875 per Individual<br>\$1,750 per Family |

No other benefits are changing for 2024. Please refer to the SBCs or your SPD for more details on your benefit coverage. These documents are available online at [atlanta.ufcwemprfund.org](http://atlanta.ufcwemprfund.org).

Employee weekly co-premiums will be changing for Plan 1 and 2 only. To view your co-premium amounts, you can click on the link in the enrollment portal or contact the Fund Office for details.

# Important Reminders



## When to Enroll?

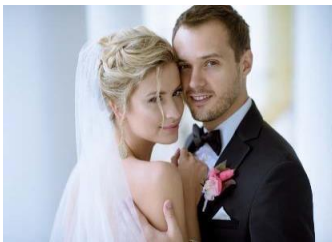
The open enrollment period runs from November 8 through December 15, 2023. The benefits you elect during open enrollment will be effective from January 1 through December 31, 2024, provided you continue to meet the eligibility requirements. If you do not complete the enrollment process or waive coverage, 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 easy.

- Enroll Online @ [atlanta.ufcwempfund.org](http://atlanta.ufcwempfund.org)
- Need help? Contact the Fund Office at 770-997-9910 or 1-800-241-2136 from 8am to 6pm M-F (9am to 4pm on Saturday, Dec. 2<sup>nd</sup> and Saturday, Dec. 9<sup>th</sup>)



## 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.