



2025 Kroger Open Enrollment Notice



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

Benefits for Today

Security for Tomorrow

Welcome to Your 2025 Annual Open Enrollment

Open Enrollment Info

2024 Open Enrollment begins **November 8, 2024** and ends on **December 15, 2024**. During this period, you will be able to enroll for your 2025 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 your 2025 benefits during this 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) are available online by going to atlanta.ufcwemprfund.org and clicking on "DOCUMENTS." Your full Summary Plan Description (SPD) booklet is now available online on your health fund dashboard when you log into your participant portal through that website. A print version of the SPD will be mailed out later this year. A Summary of Material Modifications (SMM) for January 2025 has been included with this mailing, as well as being posted in your participant portal. 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 have questions about your benefits, 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.

- If you are eligible for dependent coverage, the Fund generally provides coverage for your 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. **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 have previously enrolled a dependent and provided his or her birth certificate, proof of adoption or other documents indicating that the child is a dependent, you will not need to provide these documents again.
- If you are eligible for Full-Time coverage, you can also enroll your spouse for dental/vision only benefits. **Your spouse will not be enrolled in such coverage until you provide proof of marriage to establish eligibility.** If you have previously provided proof of marriage to this Fund, you still may be asked to verify continued marital status as part of this process.
- You will need names, social security numbers and dates of birth for your 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 need to name or update the beneficiaries for your Life/AD&D benefits, you will 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 atlanta.ufcwemprfund.org and click on "Beneficiary Form" located near the bottom of the menu options on the left-hand side of the page.

¿Necesitas este aviso en español?

Llame a la Oficina del Fondo al 770-997-9910 o 1-800-241-3473

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 atlanta.ufcwemprfund.org or over the phone by calling the Fund Office at 1-800-241-2136. **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.** To avoid long wait times on the phone, we encourage you to enroll early or to use the online option.

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 or update your beneficiaries. To protect your personal information, the online portal requires that you change your password every 6 months. Please follow the online prompts to change your password and call the Fund Office if you need any assistance.

The Fund Office will extend the call center hours during Open Enrollment beginning November 8, 2024. The call center hours will be Monday - Friday 8am to 7pm Eastern time and on the following Saturdays: Dec. 7th and Dec. 14th from 9am to 5pm Eastern time. Both English and Spanish speaking representatives will be available to assist you.

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
- Beneficiary information for your Life/AD&D benefits

Wellness Program – Online Health Questionnaire Requirements

If you are eligible for the Enhanced Level of benefits due to your date of hire and years of previous coverage, you will have to complete your Online Health Questionnaire by **December 15, 2024**, in order to qualify for the Enhanced level of benefits for 2025. You can see details on your specific plan 2025 benefit materials by going to the Fund Office website or by calling the Fund Office. To complete the online health questionnaire, log-in to www.hmchwellness.com/ufcwatl or use your smartphone or table to scan the QR code.



Benefit and Employee Co-Premium Changes for 2025

The enclosed Summary of Material Modifications (SMM) details several changes to your benefits and eligibility provisions effective January 1, 2025, including increases to Life/AD&D benefits, increases to weekly disability benefits, elimination of the separate hospital admission deductibles, changes to coverage for charges incurred with non-network providers, and elimination of the separate waiting periods for dental and vision coverage. These benefit changes are also reflected in the 2025 SPD available online in your participant portal.

There are no co-premium changes for 2025.

You can view your “Benefit Basics” (a summary of your benefits) and your co-premium amounts by clicking on the links in the online enrollment portal. You can also refer to the SBCs or your SPD for more details on your benefit coverage. These documents are available online at atlanta.ufcwemprfund.org (to view your SPD you will need to log-in to the participant portal).

Enrollment Changes

If you are enrolling for the first time or are adding new dependents, those changes may not be reflected in your coverage until late January, but will be made retroactive to January 1st as long as all required documentation is submitted to the Fund Office. If you have not received your new ID cards by February, please contact the Fund Office at 1-800-241-2136 to verify your correct address and obtain instructions on how you can access your ID cards electronically.

Important Reminders



When to Enroll?

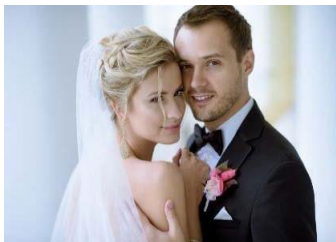
The open enrollment period runs from November 8 through December 15, 2024. The benefits you elect during open enrollment will be effective from January 1 through December 31, 2025, provided you continue to meet the eligibility requirements. If you do not complete the enrollment process or waive coverage,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



How to Enroll?

Enrolling in benefits is easy...

- Enroll Online @ atlanta.ufcwemprfund.org
- Need help? Contact the Fund Office at 770-997-9910 or 1-800-241-2136 from 8am to 7pm M-F (9am to 5pm on Saturday, Dec. 7th and Saturday, Dec. 14th)



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.



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