



# 2025 HAC 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

2025 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.ufcwempfund.org](http://atlanta.ufcwempfund.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.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. 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 Plan One or Plan Two, you can enroll your spouse in dental and vision coverage only. The Plan does not provide medical or prescription drug coverage for your spouse unless you qualify as a “Dual” covered individual. A “Dual” covered individual is someone whose spouse is also enrolled in medical coverage through the Fund as a result of that spouse’s employment with HAC. 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 as an employee. Once separately enrolled, an employee that is eligible for full-time coverage (Plan 1 or Plan 2 coverage) can then enroll their spouse as a dependent, but if an employee is only eligible for part-time coverage (Plan 3 coverage), he or she cannot enroll their spouse in secondary coverage. **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.

**¿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 8<sup>th</sup>

Beginning on November 8, 2024 and going through December 15, 2024, Open Enrollment can be completed online at [atlanta.ufcwemprfund.org](https://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. 7<sup>th</sup> and Dec. 14<sup>th</sup> 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

## Benefit and Employee Co-Premium Changes for 2025

The enclosed Summary of Material Modifications (SMM) details changes for Plan One and Plan Two to the Calendar Year Deductible for medical benefits and the Maximum Annual Out-of-Pocket that applies to both medical and prescription drug benefits. No other benefits are changing for 2025. Please refer to the SBCs or your SPD for more details on your benefit coverage. These documents are available online at [atlanta.ufcwemprfund.org](https://atlanta.ufcwemprfund.org) (to view your SPD you will need to login to the participant portal).

There are no changes to employee weekly co-premiums for 2025. To view your co-premium amounts, you can click on the link in the enrollment portal or contact the Fund Office for details.

## Make Sure your Beneficiary Information is Up-to-Date

Open enrollment is a good time to make sure that your beneficiary designation for your Life/AD&D benefits is up-to-date. To see your current beneficiaries or initiate a change, login to your participant portal at [atlanta.ufcwemprfund.org](https://atlanta.ufcwemprfund.org) and click on "Beneficiary Form" located near the bottom of the menu options on the left-hand side of the page. 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.

## 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 1<sup>st</sup> 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?

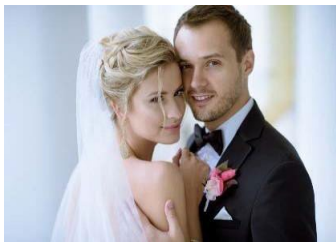
The open enrollment period runs from November 8 through December 15, 2024. The benefits you elect during open enrollment will be effective from January 1 through December 31, 2025, provided you continue to meet the eligibility requirements. If you do not complete the enrollment process or waive coverage, 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](https://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. 7<sup>th</sup> and Saturday, Dec. 14<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.



**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