

Labor's Language: Glossary of Union Terms

Labor agreements, publications, and even officials often use terms that are almost exclusive to the labor arena. To help stewards feel more comfortable operating in this area, "Labor's Language: A glossary of Labor's Terms" is a regular Steward Edition feature.

Equal Opportunities Employment Commission (EEOC): The federal government agency which administers most discrimination lawsuits.

Escalator Clause: Union contract provision calling for the raising and lowering of wages according to changes in the cost of living index or a similar standard; most commonly referred to as a Cost of Living Adjustment (COLA).

Excelsior List: Established in the case of "Excelsior Underwear," this is a list of names and addresses of employees eligible to vote in a union election. It is normally provided by the employer to the union within 10 days after the election date has been set or agreed upon by the National Labor Relations Board.

Exclusive Bargaining Rights: The right of a union which has been certified by the National Labor Relations Board or other government agency to be the only union representing a bargaining unit.

Executive Order 10988: Issued by President Kennedy in 1962, the order recognizes the rights of federal employ-

ees to bargain with management.

Exempt Employee: An employee who is not covered by the Fair Labor Standards Act and is therefore not eligible for time-and-one-half monetary payments for overtime. Exempt employees are generally paid a salary rather than an hourly rate.

Expedited Arbitration: An effort to streamline the arbitration hearing by reducing both time and cost. Transcripts and post-arbitration hearing briefs are usually eliminated. Often the arbitrator issues a decision upon the completion of the hearing or shortly thereafter.



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Members Must Meet Nov. 10 Deadline to Activate Health Benefits for 2008

Stewards Critical to Smooth Insurance Enrollment Process

Local 876 members eligible for health benefits from the Michigan UFCW Unions and Employers Health and Welfare Fund (see list at right) will be required to complete an enrollment process in order to activate their health benefits for the following year.

"The Fund office is working very closely with BlueCross BlueShield to insure that the enrollment process is easy and convenient for Local 876 members," Roger Robinson, Local 876's president, said. "But with any new procedure, there is bound to be some confusion, which is where stewards can help. If stewards talk to their members about the open enrollment period, educating them about the process, I am confident it will go much smoother for the membership."

By October 24, members will receive their health benefits enrollment packet in the mail. In addition to a brief summary of the improved benefit plan, the packet will include two forms members must complete and return by November 10, 2007. If members fail to return the forms by the deadline, the Fund office will assume they no longer want

health coverage, and will stop their benefits on January 1.

"In the past, when members missed form filing deadlines and the Fund stopped paying claims, they reinstated payment upon receipt of the forms. This is not the case with the enrollment forms," Robinson said. "Members must meet the November 10 deadline to have health insurance in 2008.

Missing the deadline could be devastating for members, which is why the union is working hard to make sure this does not happen. Stewards can help by stressing the finality of the deadline and reminding members of the deadline as

Change Effects Members at

Beaver's
Cygnet Financial
Hiller's
Hollywood
Kroger
Oleson's
Plumb's
Riverside Markets
Turri's

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it nears."

Members are also likely to have questions regarding the enrollment process. The question and answer section on the next page was designed to assist stewards in answering members' questions. Please review it carefully and contact the Health and Welfare office at 1-800-322-8190 for more information.

"Probably one of the best things stewards can do to become familiar with the enrollment process is to review and complete their enrollment packet as soon as they receive it," Robinson said. "Once stewards go through the process for themselves it will be easier to help others."

Union Survey Return Date Extended to October 31

Members, except those at Kroger, were mailed a union survey in early September. As an incentive for participation, members who return the survey by the deadline will be entered into a random drawing for one of 15 U.S. Savings Bonds valued up to \$1,000. The previous deadline of Oct. 15 has been extended to Oct. 31. Stewards should encourage members to participate in this important program.

Q&A: UFCW Fund Requires Members to Complete New Health Benefits Open Enrollment

As the page one article announced, members with health benefits through the Michigan UFCW Unions and Employers Health and Welfare Fund must complete an open enrollment period for their 2008 health insurance by November 10, 2007.

This question and answer section will assist stewards in answering members' questions regarding the process.

Q: [What is an open enrollment period and why is it necessary?](#)

A: As most employment based health insurance programs involve employee copayments and require employees to make decisions regarding coverage, open enrollment periods have become necessary.

During open enrollment periods, employees make choices presented by their plan and complete required forms. An open enrollment period is held to give workers an opportunity to enroll in their benefit plan and make individual selections.

Q: [Can I choose to participate in any of the benefit coverage levels listed on the Election of Health Care Benefits form?](#)

A: No, depending on their full-time or part-time status and length of service, members will qualify for benefits for themselves "employee only" or dependent coverage. There are three levels of dependent coverage -- "employee and child," "employee and spouse," and "employee, child(ren) and/or spouse."

Full-time members who are eligible for dependent coverage may elect

"employee only" coverage, but part-time members are eligible for "employee only" coverage and cannot cover their dependents.

Page three of the 2008 Enrollment Guide lists the length of service in a covered classification requirements for benefits as follows:

Full-time employees: nine months for employee coverage; 12 months for dependent coverage

Part-time employees: 18 months for employee coverage.

These guidelines apply to most members. Stewards should check the health and welfare requirements listed in their contract for their benefit eligibility requirements.

Members should calculate their length of service in a covered classification as of January 1, 2008.

Q: [If members are only eligible for employee coverage, is it necessary to complete an Election of Health Care Benefits Form?](#)

A: Yes, the Fund cannot assume members want the only coverage they are eligible to receive, or the coverage level they chose for 2007. This is because, for the first time in 2008, members can choose not to have health benefits through the Fund, even though employers are required to make benefit payments on all eligible members. **If members want health coverage in 2008, they must return their enrollment forms by November 10, 2007.**

Q: [Why is a Payroll Deduction Authorization Form necessary?](#)

The Payroll Deduction Form gives the

employer authorization to deduct the appropriate pre-tax weekly contribution for health insurance from a member's paycheck -- employee only \$4/week; employee plus spouse or employee plus child \$8/week; family coverage (three or more) \$12/week. (Members at Plumb's and Turri's will have different instructions included in their Enrollment Packets regarding this form.)

If members want health coverage in 2008, they must return their enrollment forms by November 10, 2007.

Members who decide to forego coverage should select the "Waiver to Enroll in Health Benefit Coverage for 2008" box on the Payroll Deduction Authorization Form and return it in the postage paid envelope included in the Enrollment Guide. This will let the Fund know the member has made a decision regarding benefits.

Q: [On the Election of Health Care Benefits form I selected "employee and child" coverage, but I don't see that option listed on the Payroll Deduction Authorization Form. What should I do?](#)

A: Select the "employee plus spouse" option since the weekly deduction of \$8 is the same as employee plus child.

Q: [What is the significance of the employee contribution being deducted "pre-tax"?](#)

A: Deducting the employee contribution from members' paychecks before taxes are calculated reduces members' taxable income. This lowers members' tax bill by saving federal withholding tax, social security

and Medicare expense.

For example, at a federal tax rate of 15 percent, a member would save \$15 of federal withholding tax, and \$7.65 of Social Security and Medicare tax (a total of \$22.65) for every \$100 in deductions for health insurance.

Q: [Who is effected by the "working spouse" payment listed on the enrollment forms?](#)

A: Members with a working spouse who has health coverage available to him/her through his/her employer who chooses not to participate in his/her employer's health benefits plan, for any reason, are charged an additional monthly fee of \$100 for the spouse to receive benefits on a primary basis from the Fund.

There is no fee (beyond the weekly copayment) for the coordination of benefits which allow a spouse to receive coverage on a secondary basis from the Fund. However, in order for a working spouse to qualify for benefit coordination, the spouse must be enrolled in his/her employer's health plan and the Local 876 member must select employee plus spouse or family coverage.

Members with a working spouse who is eligible to receive health coverage from his/her employer should carefully compare the benefits available to the spouse, and the cost of these benefits, with the benefits provided by the UFCW Fund.

In some cases, depending on the family's medical needs, having a spouse opt out of a high priced, low value benefit plan and paying the \$100 monthly fee will be the best option. In other cases, where the spouse has a solid plan with a low weekly contribu-

tion, having the spouse participate in his/her employer's plan, and the member taking "employee only" coverage may be a better value, although they would not have coordinated benefits.

This can be a complicated decision, and it is recommended that members facing this decision talk to a representative from their spouse's benefit plan as well as the Fund office so they can make an informed decision.

Q: [Some people are saying the weekly contribution for health benefits makes the coverage too costly, others say I will save money compared to the current plan. Who is right?](#)

A: Even with the weekly contributions for health benefits, the Local fully expects most members will have less out-of-pocket expenses under the improved plan, taking effect January 1, than with the current health benefits plan.

There are several reasons for the expected savings. Members will benefit from the expansive BlueCross BlueShield network which covers all of the hospitals and almost all of the doctors in Michigan. BlueCross BlueShield receives better pricing on services provided by these hospitals and doctors. This cost savings is passed onto patients who enjoy lower medical bills.

In addition, the new Wellness benefit means every family member covered by the plan will save \$500 on previously uncovered wellness/preventive care such as screenings, immunizations, and well child visits. The flat rate for doctors' office visits will also result in significant savings for members, several hundreds of dollars in most cases. Eighty percent of the members who

participate in the plan will also receive an additional \$800 in dental coverage per family member covered by the plan.

Stewards can also remind members that their 2008 weekly contribution rates are well below the national averages for 2006. Last year, on average, workers paid \$12.06 per week for single coverage and \$51.27 per week for family coverage to participate in their employer's health insurance plan.

Stewards should caution members against opting out of the plan, especially if it means they will go uninsured during 2008. Members will be unable to change their decision regarding benefit coverage during the year, unless they experience a "life changing event."

Q: [What is a "life changing event" that would allow me to make a change in my enrollment or coverage level in the benefit plan mid-year?](#)

A: The comprehensive benefits guide included in the Enrollment Guide explains the very specific limited situations which would allow members to change their coverage level, or start or stop participation in the plan mid-year. These events, often referred to as "life changing" events include; birth, adoption, death, marriage, divorce and change in employment status.

For example, single members planning to marry in 2008, can start the year with single coverage, and switch to single plus one after they marry, provided they are eligible for dependent coverage.

For more information on the enrollment process or the new benefit plan, contact the Fund office at 1-800-322-8190.