

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

March 2015 Vol. 31, No. 1

[www.associated-admin.com](http://www.associated-admin.com)

## Collective Bargaining Changes for Participants in Plans Y, Y20 and JSS2 Who Are Employed by Shoppers

Material Modifications

The following article applies to participants in **Plans Y, Y20 and JSS2 who are employed by Shoppers and whose medical coverage is provided through the Fund. It does not apply to Kroger participants.**

As a result of recent collective bargaining, the following changes have been made to your Health and Welfare benefits under the Fund.

### PLAN Y PARTICIPANTS – The following changes are effective February 1, 2015:

- Plan Y participants must use a CareFirst provider in order to be covered for medical benefits, with the following two exceptions:
  - o The services of anesthesiologists, radiologists and pathologists, if treatment is incurred at in-network facilities.
  - o Out-of-network emergency room costs will be covered at the same rate as in-network emergency room costs.
- You must use a Beacon Health Options network provider for mental health and substance abuse services.
- The Fund will no longer cover basic benefits (such as room and board in the hospital) at 100%. Instead, these benefits will be paid under your Comprehensive Medical benefit at 80% (after you meet the deductible).
- In-Network preventive care benefits will be covered at 100% with no cost to the participant.



- There will be an emergency room co-payment of \$75.00 which will be waived if you are admitted to the hospital.
- Coordination of benefits will be subject to a non-duplication rule. This means that any secondary payment will be determined by calculating the primary payment amount, subtracting what the Fund's payment **would have been** had the Fund paid as primary and paying the remaining amount, if any. For example, if your dependent spouse's primary plan pays a claim at 70% and the Fund's Plan would cover the same claim at 80% if it were primary, the Fund would pay 10% of the claim as a secondary benefit. However, if your spouse's primary plan pays 80% and the Fund's Plan also would pay 80%, the Fund would not make any additional secondary payment.

Continued on page 2

### Summary of Material Modifications This Issue!

UFCW Unions & Participating Employers Active Health and Welfare Plan\*

UFCW Unions & Participating Employers Retiree Health and Welfare Plan\*

UFCW Unions & Participating Employers Pension Fund

UFCW Unions & Contributing Employers Legal Benefits Fund

\*Benefit Plans of the UFCW Unions and Participating Employers Health & Welfare Fund

### This issue—

Collective Bargaining Changes for Participants in Plans Y, Y20 and JSS2 Who Are Employed by Shoppers... 1

Open Enrollment Is March 15 – May 16 For Choosing Your Medical Coverage... 3

Preventive Services Benefits for Shoppers Participants in Plans Y, Y20 and JSS2... 4

Planning To Retire? Be Sure Fund Office Has All Necessary Documentation... 4

Trustees Approve 2015 Medicare Co-Payments And Deductibles... 4

Retiree Information Forms You Must Complete And Return... 5

ValueOptions Is Now Called Beacon Health Options... 5

Summary of Material Modifications... 6

Feeling Angry? You Can Get Past It!... 7

The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Those documents always govern.

Continued from page 1

- There is a \$4,000 out-of-pocket maximum per individual per calendar year for medical benefits and an \$8,000 out-of-pocket maximum per family. Covered charges in excess of the out-of-pocket maximum will be paid at 100% of the allowable charge.
- There is a \$2,600 out-of-pocket maximum for prescription drug benefits per individual per calendar year and a \$5,200 out-of-pocket maximum per family. Covered charges in excess of the out-of-pocket maximum will be paid at 100% of the allowable charge.

### **PLAN Y20 PARTICIPANTS – The following changes are effective February 1, 2015:**

- Plan Y20 participants must continue to use a CareFirst provider in order to be covered for medical benefits with the following two exceptions:
  - The services of anesthesiologists, radiologists and pathologists, if treatment is incurred at in-network facilities.
  - Out-of-network emergency room costs will be covered at the same rate as in-network emergency room costs.
- You must use a Beacon Health Options network provider for mental health and substance abuse services.
- The Fund will no longer cover basic benefits (such as room and board in the hospital) at 100%. Instead, these benefits will be paid under your Comprehensive Medical benefit at 75% (after you meet the deductible).
- There will be an emergency room co-payment of \$75.00 which will be waived if you are admitted to the hospital.
- In-Network preventive care benefits will be covered at 100% with no cost to the participant.
- Coordination of benefits will be subject to a non-duplication rule. This means that any secondary payment will be determined by calculating the primary payment amount, subtracting what the Fund's payment **would have been** had the Fund paid as primary, and paying the remaining amount, if any. For example, if your dependent spouse's primary plan pays a claim at 50% and the Fund's Plan would cover the same claim at 75% if it were primary, the Fund would pay 25% of the claim as a secondary benefit. However, if your spouse's primary plan pays 75% and the Fund's Plan also would pay 75%, the Fund would not make any additional secondary payment.
- The deductible will increase to \$500 per calendar year.
- There is a \$5,000 out-of-pocket maximum per individual per calendar year for medical benefits and a \$10,000 out-of-pocket maximum per family. Covered charges in excess of the out-of-pocket maximum will be paid at 100% of the allowable charge.
- There is a \$1,600 out-of-pocket maximum for

prescription drug benefits per individual per calendar year and a \$3,200 out-of-pocket maximum per family. Covered charges in excess of the out-of-pocket maximum will be paid at 100% of the allowable charge.

- **Snapp Backs:** Previously, participants in Plan Y20 "snapped back" to Plan Y after six years of participation in Plan Y20. Now, only those participants who were **enrolled in Plan Y20** as of November 1, 2014 will move to Plan Y after six years.

### **PLAN JSS2 PARTICIPANTS – The following changes are effective February 1, 2015:**

- The Fund will no longer cover basic benefits (such as surgical fee or room and board in the hospital) at 100%. Instead, these benefits will be paid under your Comprehensive Medical benefit at 80% (after you meet the deductible).
- There will be an emergency room co-payment of \$75.00 which will be waived if you are admitted to the hospital.
- In-Network preventive care benefits will be covered at 100% with no cost to the participant.
- Coordination of benefits will be subject to a non-duplication rule. This means that any secondary payment will be determined by calculating the primary payment amount, subtracting what the Fund's payment **would have been** had the Fund paid as primary, and paying the remaining amount, if any. For example, if your dependent spouse's primary plan pays a claim at 70% and the Fund's Plan would cover the same claim at 80% if it were primary, the Fund would pay 10% of the claim as a secondary benefit. However, if your spouse's primary plan pays 80% and the Fund's Plan also would pay 80%, the Fund would not make any additional secondary payment.
- There is a \$4,000 out-of-pocket maximum per individual, per calendar year, for medical benefits and an \$8,000 out-of-pocket maximum per family. Covered charges in excess of the out-of-pocket maximum are paid at 100% of the allowed amount.
- There is a \$2,600 out-of-pocket maximum for prescription drug benefits per individual per calendar year and a \$5,200 out-of-pocket maximum per family. Covered charges in excess of the out-of-pocket maximum are paid at 100% of the allowed charge.



# Open Enrollment Is March 15 – May 16 For Choosing Your Medical Coverage

The following article applies to actively-working participants in **Plans JS, JSS2, Y, Y20 and Z only.**

Open enrollment for medical coverage for the coming year is from March 15 through May 16, for coverage effective June 1, 2015. During this time, you can choose traditional Fund medical coverage or medical coverage through Kaiser Permanente HMO. This open enrollment period is for medical coverage only. It does not affect your optical, dental, or prescription drug coverage.

**You will automatically remain in the coverage you have now unless you actively make a change. If you want to stay with your current coverage, whether it is traditional Fund coverage or Kaiser Permanente, don't do anything!**

## How Open Enrollment Works

If you live within the Kaiser service area, the Fund office will send you a letter describing your medical coverage options, along with a packet from Kaiser Permanente which includes a Kaiser Summary of Benefits, HMO Health Plan Guide, and enrollment application. If you do not live within the Kaiser service area, you will not receive this information and you automatically will be enrolled in "traditional" Fund medical coverage.

## Cost

It is important that you read your open enrollment letter carefully so you'll know if there is a monthly co-payment required for your Plan or, if you already have a co-payment, whether it will be changing.

## I Want To Enroll In Kaiser. What Do I Do?

If you decide to enroll in the Kaiser Permanente HMO, complete the enrollment application and **return it to the Fund office – not to Kaiser!** This is very important because we cannot set up your coverage properly if you don't return the application to us first.

## What's the difference between "traditional" Fund medical coverage and Kaiser Permanente HMO medical coverage?

Under an HMO, you must use a participating provider or facility in order to be covered. There are usually "per visit" co-payments, which you pay to the provider at the time of service. These vary depending on the service.

Under Fund traditional coverage, generally you may use any doctor or hospital you wish, although you receive the best discounts if you use a CareFirst PPO provider. However, **Y and Y20 participants generally must use a CareFirst provider in order to receive coverage.**

Most covered medical services are paid at 80% (75% for Plan Y20) up to the usual, customary, and reasonable ("UCR") amount, after you satisfy your annual deductible. Other services may be covered at different percentages – see your Plan booklet for details.

Your Open Enrollment letter will show the monthly cost, if any, for all of the Fund's traditional coverage benefit Plans. However, only one of those Plans applies to you. If you're not sure which Plan you're in, contact the Fund office. Remember, you do not choose your Plan.

**Important: If you enroll in Kaiser and don't make the monthly co-payment, if any, your medical coverage will be terminated and you will not be eligible to re-enroll until the next open enrollment period.**



## What if I want to switch to Fund medical coverage?

If you are in Kaiser and want to switch to "traditional" Fund medical coverage, call Participant Services at (800) 638-2972 during Open Enrollment and tell the representative. **You must make this call by May 16th in order to make the change.**

## What if I don't get an open enrollment letter?

The Fund office sends open enrollment letters to all eligible participants who live within the zip code areas that Kaiser Permanente services. Therefore, if you don't receive a letter, it is likely you don't live within the Kaiser Permanente service area and cannot enroll in the HMO. If you did not receive a letter but you think you should have, contact the Fund office at (800) 638-2972 and we will check on whether Kaiser covers your area.



# Preventive Services Benefits for Shoppers Participants in Plans Y, Y20 and JSS2

The UFCW Unions and Participating Employers Health and Welfare Fund provides coverage for certain Preventive Services as required by the Patient Protection and Affordable Care Act of 2010 (ACA). **Effective February 1, 2015**, preventive services are provided for participants employed by Shoppers and covered under Plan Y, Y20 or JSS2 on an in-network basis only, with no cost-sharing (for example, no deductibles, coinsurance, or copayments). For a list of covered preventive services for all adults, women (including pregnant women), children, immunizations, preventive medications, office visit coverage, and preventive services coverage limitations and exclusions, log in to [www.associated-admin.com](http://www.associated-admin.com). Click on "Your Benefits" located at the left side of screen and choose "UFCW Union and PE Health and Welfare Fund." On the UFCW homepage, under "Important Notices," you can view the Plan Y, Y20 and JSS2 Preventive Services Benefits. You also may obtain this information by contacting the Fund Office.



## Planning To Retire? Be Sure Fund Office Has All Necessary Documentation

If you are planning to retire in the near future, make sure you have copies of the following documents, if applicable, since you will be asked to provide them to the Fund Office: your birth certificate, a birth certificate and/or death certificate for your spouse, your marriage certificate, any divorce decree or legal separation document and any Qualified Domestic Relations Order.

The Fund office needs this information applicable to your marital status because the automatic form of benefit for married participants is the 50% Joint and Survivor Pension and your spouse must consent to any waiver of this benefit form.

## Trustees Approve 2015 Medicare Co-Payments And Deductibles

*The following applies to Medicare-eligible participants and dependents whose medical coverage is provided through the Fund, not through a Medicare HMO.*

The Board of Trustees is pleased to announce that the Medicare Supplemental benefit has been increased to cover the 2015 Medicare co-payment and deductible amounts.

### New Co-Pays and Deductibles for 2015

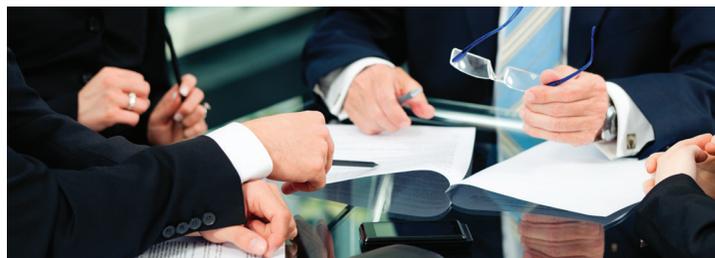
**Medicare Part A** pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2015 is \$1,260 for each benefit period.

### For each benefit period, the Fund's Medicare Supplemental benefit will cover:

- A total of \$1,260 for a hospital stay of 1-60 days.
- \$315 per day for days 61-90 of a hospital stay.
- \$630 per day for days 91-150 of a hospital stay.

### For Skilled Nursing Facility Coinsurance, the Fund's Medicare Supplemental benefit will cover:

- 157 per day for days 21 through 100 of each benefit period.



**Medicare Part B** covers physician services, outpatient hospital services, certain home health services, and durable medical equipment and other items. The Part B deductible is \$147 per year, covered by the Fund's Medicare Supplemental.

# Retiree Information Forms You Must Complete And Return

*The following article applies to you if your pension is from the UFCW Unions & Participating Employers Pension Fund. It does not apply to participants whose pensions are from the Retail Clerks Union and Employers Pension Plan, usually referred to as the “Atlanta Pension Fund.”*

**W**ithin the next few months, the Fund Office will send all retirees a Retiree Information Form (RIF) to be completed and returned to the Fund Office. The form asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed.

**This form must be completed and returned every year, even if nothing has changed.** It is very important that the retiree completes all sections of this form and promptly sends it back to the Fund Office. **If we don't receive your RIF, your benefits may be suspended until it is received.** To assist you, the Fund Office will include a postage-paid, return envelope with the first mailing.

## Helpful Reminders

- Let us know if you have a new telephone number. **This is very important.**

- Do not attach checks or claims to the RIF.
- Report any earnings from all employers.
- Let us know if you or your spouse has other health coverage.
- Be sure to sign the RIF.

**NOTE:** If you are changing your beneficiary or tax deduction, please call the Fund Office. We will send you the necessary form to be completed and returned to the Fund Office. No changes will be made until the proper form is completed.

**No one but the retiree can sign the RIF, unless an individual holds a Power of Attorney for the retiree.** A copy of the Power of Attorney must be on file with the Fund office. If, for health reasons, the retiree is unable to sign the form and there is no Power of Attorney on file, then the retiree must sign an “X” on the RIF and this must be notarized by a Notary Public.

## ValueOptions Is Now Called Beacon Health Options

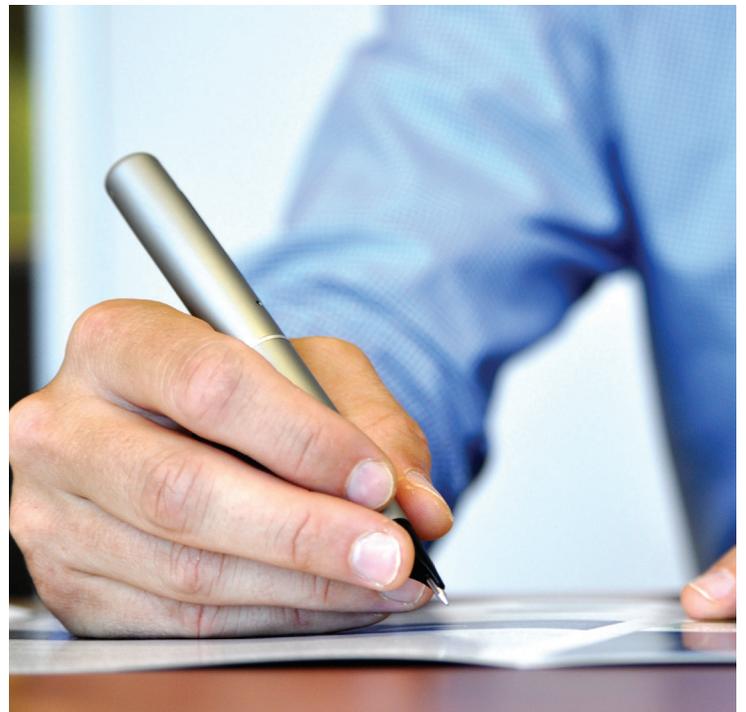
**V**alueOptions recently announced changes to its company name.

### New Company Name

**Effective January 2015,** ValueOptions and Beacon Health Strategies merged and are now called Beacon Health Options. **Nothing else has changed—the address, phone number, policy, and coverage all remain the same.**

### Website

To learn about various mental health conditions and symptoms, and find information on seeking treatment, log onto [www.achievesolutions.net/UFCW](http://www.achievesolutions.net/UFCW).



# Summary of Material Modifications

Below are Material Modifications (changes) made to your Plan over the past year. Please read and clip them where indicated so you can keep them with your Summary Plan Description (“SPD”) booklet and your other benefits information.

## **UFCW Unions & Participating Employers Health and Welfare Fund** (The following SMMs apply to the Active Health & Welfare Plan).

- **Effective February 1, 2015 - Collective Bargaining Changes for Plans Y, Y20 and JSS2.**  
See pages one and two of this newsletter for a complete list of changes.
- **Effective February 1, 2015 – Preventive Services Benefits for Participants employed by Shoppers and covered under Plan Y, Y20 or JSS2**

The UFCW Unions and Participating Employers Health and Welfare Fund provides coverage for certain Preventive Services as required by the Patient Protection and Affordable Care Act of 2010 (ACA). **Effective February 1, 2015**, preventive services are provided for participants employed by Shoppers and covered under Plan Y, Y20 or JSS2 on an in-network basis only, with no cost-sharing (for example, no deductibles, coinsurance, or copayments). For a list of covered preventive services for all adults, women (including pregnant women), children, immunizations, preventive medications, office visit coverage, and preventive services coverage limitations and exclusions, log onto to [www.associated-admin.com](http://www.associated-admin.com). Click on “Your Benefits” located at the left side of screen and choose “UFCW Union and PE Health and Welfare Fund.” On the UFCW homepage, under “Important Notices,” you can view the Plan Y, Y20 and JSS2 Preventive Services Benefits. You also may obtain this information by contacting the Fund Office.



- **Effective January 1, 2014 – Active Plan No Longer Has Annual Major Medical Benefit Maximum on Essential Health Benefits.** The overall annual dollar limit on essential health benefits under the Active Plan has been eliminated for participants and eligible dependents.

- **Effective January 2015 - ValueOptions Is Now Called Beacon Health Options**

ValueOptions and Beacon Health Strategies merged and are now called Beacon Health Options. Nothing else has changed—the address, phone number, policy, and coverage all remain the same.

### **Website**

To learn about various mental health conditions and symptoms, and find information on seeking treatment, log onto [www.achievesolutions.net/UFCW](http://www.achievesolutions.net/UFCW).

- **ING Changed Name To Voya Financial**

Your life insurance benefits and Accidental Death and Dismemberment benefits under the Plan have long been insured through ING. Recently, ING changed its name to Voya Financial. The new name reflects the company's relationship to its parent company, Voya Financial. Nothing else has changed the address, phone number, policy, and coverage all remain the same.

## **(The following SMMs apply to both the Active Health & Welfare Plan and Retiree Health & Welfare Plan).**

- **Group Vision Service Has New Address.**

Group Vision Service (GVS), your vision provider, has a new address:

Group Vision Service  
6700 Alexander Bell Drive, Suite 200  
Columbia, MD 21046

All telephone numbers remain the same (301) 770-1480 or toll free (800) 242-0450. Please make this change in your Summary Plan Description booklet.

- **CareFirst Has New Address.**

If you have a blue ID card, your claims that are not filed electronically should now be sent to:

CareFirst/Network Leasing  
PO Box 981633  
El Paso, TX 79998-1633

Please share this information with your provider the next time you have an appointment.

## **UFCW Unions & Participating Employers Pension Fund**

No changes.

## **UFCW Unions & Contributing Employers Legal Benefits Fund**

No changes.





## Feeling Angry? You Can Get Past It!

**Y**ou've had a bad week. Everything that could've gone wrong has gone wrong. The car battery died on Monday. You had to locate back-up child care on Tuesday after your babysitter called in sick. It's now Thursday morning and your boss asked that you handle your co-workers responsibilities since she didn't report to work. This is in addition to your current responsibilities.

Unfortunately, this scenario is familiar in today's fast-paced world. To make matters worse, anger is an emotion most of us feel uncomfortable with and uncertain how to manage well. Mental health professionals agree it is important that we manage angry feelings effectively. But how?

Anger is a normal human emotion, like love, sadness, fear and joy. How we express anger is something we learn as children. Because we learn how to experience anger, we can also learn how to manage it.

This 4-step approach may help you better manage angry feelings:

- Admit it.
- Explore it.
- Express it.
- Drop it.

### **Admit it**

The next time you feel angry, admit it. Don't deny feeling angry or try to cover it up. When you take responsibility for your feelings, you can then choose how to express them responsibly.

### **Explore it**

Then, explore why you're angry—identify the source of your feelings. Often your anger is caused by the belief that someone is acting unfairly or some event is unjust. The thoughts that generate anger more often than not contain distortions and unrealistic expectations. Adjusting your expectations is the simplest solution.

### **Express it**

Expressing your anger is the next step. Try to put yourself in the driver's seat before expressing yourself. That is, find a way to calm down a bit first. Stop—understand your motives and think about your options before you express yourself. When you can discuss the issue, do so. It is perfectly legitimate to say you are angry or displeased with another person. Use constructive language rather than accusations, threats or name-calling. Use "I" statements to assertively communicate your feelings and to state requests. For example: "I feel angry that you lied to me. I would like you to be honest with me in the future."

### **Drop it**

The final step is often the hardest. Once you've let the object of your anger know how you feel, drop it. Whether the other person changes or not, you've done all you can to express your anger in a healthy manner and influence the situation. Now you've got to let go and move on.

---

*The above article was obtained with permission from ValueOptions (Beacon Health Options) at [www.achievesolutions.net/FELRA](http://www.achievesolutions.net/FELRA). The information provided on the Achieve Solutions site, including, but not limited to, articles, quizzes and other information, is for informational purposes only and should not be treated as medical or health care advice. Nothing contained on the Achieve Solutions site is intended to be used for medical diagnosis or treatment or as a substitute for consultation with a qualified health care professional.*

**UFCW Unions and Participating Employers**  
Health and Welfare Fund  
911 Ridgebrook Road  
Sparks, MD 21152-9451

1ST CLASS PRRST  
U.S. POSTAGE  
**PAID**  
PERMIT NO. 1608  
BALTIMORE, MD