

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

March 2016 Vol. 32, No. 1

www.associated-admin.com

IRS Form 1095-B Sent

The Affordable Care Act is a federal law that requires almost everyone in the United States to have medical coverage. People who don't have at least a minimal level of coverage could have to pay a tax to the Internal Revenue Service (IRS).

This form details your medical coverage for each month in 2015 and also lists each covered dependent in your household, if applicable. You may need to refer to this Form when you file your 2015 tax return with the IRS.

In early February 2016, the Fund sent an IRS Form 1095-B to all participants with traditional Fund medical coverage (and Kaiser sent a Form 1095-B to participants covered by the Kaiser HMO). If you are a retiree, you may have received a Form 1095-B directly from Medicare, rather than from Kaiser

You also probably received a Form 1095-C from your employer, which outlines the medical coverage available through your employer in 2015.

Should you have any questions regarding the Form 1095-B, please contact the Fund Office.



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

Material Modifications

Plan Y20 and Plan Y30 Part Time Participants Employed by Shoppers Can Enroll Dependent Children for Coverage

If you are a part time participant under Plan Y20 or Y30, you may enroll your dependent **children** (but not your spouse) for coverage. However, if you choose to enroll your dependent child(ren), you must pay the full cost of such coverage via payroll deduction.

You are in Plan Y30 if you were hired on or after January 1, 2015. If you were hired before that date, you are in Plan Y20.

Effective January 1, 2016, the cost to add a dependent child/ren is:

Plan	Per Child	3 or More Children
Plan Y20 Part Time	\$121.01 per month	\$363.03 per month
Plan Y30 Part Time	\$118.91 per month	\$356.73 per month

Your regular weekly co-payment continues to apply in addition to the cost of dependent child(ren) coverage shown in the table below.

If you are a Plan Y20 or Y30 part time participant the Fund sent you a letter in February, directing you to contact the Fund Office at (800) 638-2972 by March 15 to enroll any dependent children. If you contact the Fund by March 15th, the Fund Office will send you an enrollment form and set up your new payroll deduction effective March 1, 2016. If you do not contact the Fund Office by March 15, 2016, the next opportunity you will have to enroll your dependent child(ren) will be during the November 2016 open enrollment period, for coverage beginning January 1, 2017.

This issue—

IRS Form 1095-B Sent	1
Plan Y20 and Plan Y30 Part Time Participants Employed by Shoppers Can Enroll Dependent Children for Coverage	1
2016 Medicare Co-Payments And Deductibles	2
Group Vision Service (GVS) Announces Eyefit As A Network Provider.	2
Eligibility for Participants in Plans Y20, Y30 and Y40	3
Open Enrollment Is March 15 – May 16 For Choosing Your Medical Coverage.	4
Translation Service Is Available to Help Participants.	5
Servicio de Traducción Está al Alcance para Ayudar a los Participantes.	5
Summary of Material Modifications	6

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.

2016 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 2016 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2016

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2016 is \$1,288 for each benefit period.

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

- A total of \$1,288 for a hospital stay of 1-60 days.
- \$322 per day for days 61-90 of a hospital stay.
- \$644 per day for lifetime reserve days.

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

- \$161 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 annual deductible for all Part B beneficiaries in 2016 is \$166.



Group Vision Service (GVS) Announces EyeFit As A Network Provider



Group Vision Service (GVS) is pleased to announce the addition of EyeFit to its network of providers. EyeFit has the following convenient locations in our area: Annapolis, Bel Air, Columbia, Dundalk, Hagerstown, Hanover/Arundel Mills, Overlea, Salisbury, Towson, Washington, D.C., and Westminster. To learn more about GVS, visit the GVS web site www.gvsmd.com.



Eligibility for Participants in Plans Y20, Y30 and Y40

The following Summary of Material Modifications (SMIM) applies to actively working participants in Plans Y20, Y30 and Y40 who are employed by Shoppers Food Warehouse. The Board of Trustees adopted the following changes to the UFCW Unions and Participating Employers Active Health and Welfare Plan ("Plan"):

1. If you were hired as a bargaining unit employee before January 1, 2015 and you were not yet eligible to participate under Plan Y20 on January 1, 2015, the paragraphs on page 16 of your Plan Y20 SPD entitled "Initial Eligibility – Full Timers" and "Initial Eligibility – Part Timers" are deleted and replaced with the following:

A. Plan Y20 – Initial Eligibility for Full-Time Employees

If you were hired as a "full-time" employee (as defined under the collective bargaining agreement applicable to your employment), you will be eligible for benefits under the Plan as follows, subject to the Fund's receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund office the necessary enrollment forms, including any payroll deduction forms:

Type of Benefit	Enrollment Date
(Group A) Hospital, Medical, Prescription Drug, Life, Accidental Death & Dismemberment	1 st of the month following 3 months of continuous employment
(Group B) Weekly Disability, Dental, Vision	1 st of the month following 6 months of continuous employment

For example, if you were hired as a full-time employee on November 15, 2014, you would become eligible for: Group A benefits (Hospital, Medical, Prescription Drug, Life and Accidental Death & Dismemberment benefits) on March 1, 2015; Group B benefits (Weekly Disability, Dental and Vision benefits) on June 1, 2015.

B. Plan Y20 – Initial Eligibility for Part-Time Employees

If you were hired to work an undetermined number of hours per week and you were entitled to be paid for an average of at least 1 hour per week during your first 12 months of employment, you will be eligible for Group A benefits (Hospital, Medical, Prescription Drug, Life and Accidental Death and Dismemberment benefits) on the first day of the month after you have worked for 12 months, subject to the Fund's receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund office the necessary enrollment forms, including any payroll deduction forms. For example, if you start work on September 15, 2014 and you worked at least an average of one hour a week through September 14, 2015, you will be covered under Plan Y20 as of October 1, 2015.

You will become eligible to receive Group B benefits (Weekly Disability benefits, Dental and Vision benefits) under Plan Y20 on the first day of the month after you have worked for 18 months. For example, if you begin work on September 15, 2014 and you continue to work in Covered Employment for an average of at least 1 hour a week for 18 months, you will be eligible for Weekly Disability, Dental and Vision benefits on April 1, 2016.

C. Plan Y20 – Continued Eligibility for Full-Time and Part-Time Employees

As long as you continue to work in Covered Employment, you will continue to be eligible for benefits under Plan Y20 for a period of 12 months from the date that your coverage begins. For example, if you first become covered on June 1, 2015, you will continue to be covered under Plan Y20 at least until May 31, 2016, provided you continue to work in Covered Employment.

After your first period of coverage ends, your continuing eligibility for benefits under Plan Y20 in each calendar year will depend on whether you were entitled to be paid for an average of at least 1 hour per week in Covered Employment in each 12-month period ending October 14th of the prior year. For example, if your first coverage period ends on May 31, 2016, your eligibility for coverage for the balance of 2016 will depend on whether you were entitled to payment for an average of at least 1 hour per week during the period of October 15, 2014 – October 14, 2015. If you were entitled to payment for an average of 1 hour per week during this period, your eligibility for benefits under Plan Y20 will continue until at least December 31, 2016.

2. If you were hired as a bargaining unit employee on or after January 1, 2015, you will become eligible to participate in Plan Y30 or Plan Y40, based on the following eligibility rules:

A. Plan Y30 – Initial Eligibility for Full-Time Employees

If you were hired as a "full-time" employee (as defined under the collective bargaining agreement applicable to your employment), you will be eligible for benefits under Plan Y30 as follows, subject to the Fund's receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund office the necessary enrollment forms, including any payroll deduction forms:

Type of Benefit	Enrollment Date
(Group A) Hospital, Medical, Prescription Drug, Life, Accidental Death & Dismemberment	1 st of the month following 1,200 hours of service plus 60 days of continuous employment

For example, if you were hired as a full-time employee on May 15, 2015, you would become eligible for: Group A benefits (Hospital, Medical, Prescription Drug benefits, Life and Accidental Death & Dismemberment benefits) on the first of the month following 1,200 hours of service plus 60 days; and Group B benefits (Weekly Disability, Dental and Vision benefits) on September 1, 2016.

B. Plan Y30 and Plan Y40 – Initial Eligibility for Part-Time Employees

If you were hired to work an undetermined number of hours per week, and you were entitled to be paid for an average of at least 28 hours per week during your first 12 months of employment, you will be eligible for Group A benefits (Hospital, Medical, Prescription Drug, Life and Accidental Death and Dismemberment benefits) under Plan Y30 on the first day of the month after you have worked for 12 months, subject to the Fund's receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund office the necessary enrollment forms, including any payroll deduction forms. For example, if you start work on May 15, 2015 and you are entitled to be paid for an average of 28 hours a week through May 14, 2016, you will be covered under the Plan Y30 as of June 1, 2016.

If you are covered under Plan Y30, you will become eligible to receive: Group B benefits (Weekly Disability, Dental and Vision benefits) on the first day of the month after you have worked in Covered Employment for 18 months. For example, if you begin work on May 15, 2015 and you continue to be eligible for payment for Covered Employment for 18 months, you will be eligible for: Group B benefits (Weekly Disability, Dental and Vision benefits) on December 1, 2016.

If you were hired to work an undetermined number of hours per week and you were entitled to be paid for an average of less than 28 hours per week during your first 12 months of employment, you will be eligible for: Life, Accidental Death & Dismemberment, Dental, Vision, and Weekly Disability benefits under Plan Y40 on the first day of the month after you have worked for 18 months, subject to the Fund's receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund office the necessary enrollment forms, including any payroll deduction forms. For example, if you start work on May 15, 2015 and you are entitled to be paid for an average of 1 hour a week through May 14, 2016, you will be covered under the Plan Y40 as of December 1, 2016.

C. Plan Y30 and Plan Y40 – Continued Eligibility for Full-Time and Part-Time Employees

As long as you continue to work in Covered Employment, you will continue to be eligible for the above-described benefits under Plan Y30 or Plan Y40 for a period of one year (12 months) from the date that your coverage begins. For example, if you first become covered on April 1, 2016, you will continue to be covered at least until March 31, 2017, provided you continue to work in Covered Employment. (There is a limited exception to the above described rule for participants who are hired between October 16th – November 1st of any calendar year and first become eligible for coverage under Plan Y30 or Y40 on December 1st of the following year. If this applies to you, your initial eligibility period will continue for 13 months, until the next December 31st, provided you continue in Covered Employment. For example, if you first become covered on December 1, 2016, you will continue to be covered until at least December 31, 2017).

After your first period of coverage ends, your continuing eligibility for benefits under Plan Y30 or Plan Y40 each calendar year will depend on the average number of hours per week for which you were entitled to be paid in each 12-month period ending October 14th of the prior year. For example, if you start work on May 15, 2015 and you are entitled to be paid an average of 28 hours a week through May 14, 2016, you will first be covered under the Plan Y30 as of June 1, 2016 and remain covered through May 31, 2017. Your eligibility for continued coverage through December 31, 2017 will depend on the average number of hours per week for which you were entitled to payment during the period of October 15, 2015 – October 14, 2016. If you were entitled to payment for an average of at least 28 hours per week during this period, you will be eligible for benefits under Plan Y30 until at least December 31, 2017. If you continued to be employed in Covered Employment but were entitled to be paid for an average of less than 28 hours per week during this period, you will be eligible for benefits under Plan Y40 until at least December 31, 2017.

Plan Y30 and Plan Y40 – After Your Initial Eligibility Determination

If you first become eligible to participate in Plan Y40 because you were entitled to payment for an average of less than 28 hours per week during your first 12 months of Covered Employment, but you later become entitled to payment for at least 28 hours per week, you may be eligible to move from Plan Y40 to Plan Y30. Your eligibility to switch from Plan Y40 to Plan Y30 on January 1st of any given year will depend on your average hours in Covered Employment during the preceding October 15 – October 14. For example, assume you are hired on January 15, 2015 and you are entitled to payment for an average of 27 hours per week from January 15, 2015 – January 14, 2016. You would become eligible for Plan Y40 on March 1, 2016. However, if your average hours for the period of October 15, 2015 – October 14, 2016 increase to 29 hours per week, you would become eligible for Plan Y30 on January 1, 2017.

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, and Y20 only.**

If you live in the Kaiser service area, open enrollment for medical coverage for the coming year is from March 15 through May 16, for coverage effective June 1, 2016. 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.

What's the difference between “traditional” Fund medical coverage and Kaiser Permanente HMO medical coverage?

Under the Kaiser 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.

I Want To Switch to Kaiser. What Do I Do?

If you decide to switch from traditional Fund coverage to 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.

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.



Translation Service Is Available to Help Participants

The Fund Office subscribes to a service to help us speak with people for whom English is not their primary language. Language Line Services provide us with the ability to have a three-way telephone conversation that includes the participant, a Participant Services representative from the Fund Office, and a language translator.

Language Line Services allow the Fund Office to speak with people in a number of languages, including Spanish, French, Mandarin, Vietnamese, Burmese and more.

To reach the Language Line Services, call (800) 638-2972 and when the pre-recorded message comes on, select option 2 (to speak to a Participant Services representative).

If you know of participants or dependents who have not called the Fund Office because they don't feel they speak English well enough, tell them we're ready to help. All we need to know is what language to speak.

Servicio de Traducción Está al alcance para Ayudar a los Participantes.

La Oficina del Fondo se suscribe a un servicio para ayudar en la comunicación con quien el Inglés no es su idioma principal. Language Line Services nos provee la capacidad de tener una conversación telefónica de tres vías que incluye el participante, un representante de los participantes de los servicios de la oficina del Fondo, y un intérprete.

Language Line Services permite que la oficina del Fondo hable con más gente en varios idiomas, incluyendo Español, Francés, Mandarín, Vietnamita, Birmano y más.

Para comunicarse con Language Line Services, llame al (800) 638-2972 y cuando escuche el mensaje pre-grabado, seleccione la opción 2 (para hablar con un agente). Usted será conectado con un representante de Servicios de Participantes que estará encantado de ayudarle.

Si usted sabe de participantes o dependientes que no han llamado la Oficina del Fondo porque sienten que no hablan Inglés bastante bien, avíseles que estamos listos para ayudar. Todo lo que necesitamos saber es qué idioma hablar.



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

- **Effective January 1, 2016, Shoppers Plan Y20 and Y30 Part Time Participants Can Enroll Dependent Children for Coverage.** The cost for the coverage is:

Plan	Per Child	3 or More Children
Plan Y20 Part Time	\$121.01 per month	\$363.03 per month
Plan Y30 Part Time	\$118.91 per month	\$356.73 per month

Please see page one of this newsletter for complete information.

- **Eligibility for Shoppers Plans Y20, Plan Y30 and Plan Y40**

Please see page three of this newsletter for the complete SMM reflecting changes to eligibility provisions of Plans Y20, Y30, and Y40 for participants who are employed by Shoppers Food Warehouse.

- **Effective December 31, 2015 – Coverage Ends for Non-Medicare Retirees Previously Employed by Shoppers/SuperValu**

As a result of collective bargaining, health and welfare benefits for non-Medicare retirees and their non-Medicare dependents under the UFCW Unions & Participating Employers Health and Welfare Plan and the SuperValu Plan will end **effective December 31, 2015**. This means that you and your non-Medicare dependents will no longer receive medical, dental, optical, prescription drug or any other coverage through the Fund.

Instead, you'll be eligible for a monthly Social Security supplemental benefit of \$450 from the UFCW Unions and Participating Employers Pension Fund. You will receive this supplemental benefit until you become Medicare-eligible, at which point you will be given a one-time opportunity to enroll in coverage under the UFCW Unions & Participating Employers Health & Welfare Fund's Retiree Health Plan. You may use the supplemental benefit for any purpose, including but not limited to paying for healthcare coverage obtained through a state or federal marketplace.

Who Is Eligible for the Supplemental Benefit?

If you retired before age 65 and are currently eligible for the Fund's pre-Medicare retiree health coverage, you are considered a pre-Medicare retiree and you will be eligible for the \$450/month supplemental benefit from the Pension Fund, effective January 1, 2016. Your eligibility for the supplemental benefit will continue until you become eligible for Medicare.

How Does the Supplemental Benefit Work?

If you have direct deposit for your pension check, your supplemental benefit check will be deposited in the same bank account unless you notify the Fund Office in writing that you prefer your supplemental benefit by paper check each month. When you become eligible for Medicare, the supplemental benefit will end and *you will have a one-time opportunity* to enroll in the coverage under the Health and Welfare Fund's Retiree Health and Welfare Plan.

Transition Assistance

While you are not required to use your monthly supplemental benefit from the Pension Fund to help pay for an individual medical plan, that is one option. To assist retirees who are interested in purchasing an individual medical plan through the state or federal healthcare marketplace, the Health & Welfare Fund has contracted with the Woodard Agency, an insurance brokerage firm, to help you understand your coverage options and to help you enroll in medical coverage, if you are interested in doing so. Woodard can also help you find other supplemental coverage, including:

- Dental coverage
- Vision coverage
- Critical illness insurance
- Life insurance.

Medicare Coverage Enrollment

Remember, when you become eligible for Medicare (generally age 65), you'll be eligible to enroll in Medicare supplemental coverage under the Health & Welfare Fund's Retiree Health Plan. Shortly before you become Medicare-eligible, the Retiree Plan will mail you an enrollment form for the Kaiser Permanente Medicare HMO Program, if you are in a Kaiser Permanente area, or the Fund's Medicare supplemental benefits program, if you are not in Kaiser's service area. If you do not enroll by the date specified on that mailing, *you will not have another opportunity to enroll in the future!* That's why it's important to make sure the Fund Office has your most current contact information.

Questions?

Please contact the Fund Office at (800) 638-2972 or the Woodard Insurance Agency at (855) 856- 1600 for more information.

- **Effective January 1, 2016 – Medicare-Eligible Retirees Previously Employed by Shoppers: Monthly Co-Payment Required to Continue Coverage**

As a result of collective bargaining, you will be required to make a monthly co-payment in order to maintain your retiree health and welfare benefits (including medical, prescription drug, optical and dental) through the UFCW Unions and Participating Employers Health and Welfare Fund. The co-payment will be \$20 per month for individual coverage, \$40 per month for individual plus one, and \$60 per month for family coverage, which includes you and two or more of your dependents.



This co-payment will be deducted from your pension benefit each month unless you notify the Fund Office that you prefer to pay by check. If you choose to pay by check, the payment is due on the 25th of the month **preceding** the month for which coverage is desired (for example, March's payment would be due on February 25th). If you do not make this monthly co-payment, your retiree health and welfare benefits will terminate.

- **Effective January 1, 2016, all Shoppers employees in Plans Y, Y20 and JSS2** must pay a weekly co-premium for health and welfare coverage, including a spousal surcharge if applicable. This payment is handled via salary deduction. A letter and form(s) were sent to participants who (1) are not currently enrolled in Fund coverage, or (2) previously have not had a salary deduction from their paychecks for coverage. If you received this mailing from the Fund Office, it is very important that you complete and sign the form(s) and return them to the Fund Office to ensure that you have health and welfare coverage – including Weekly Disability/Accident and Sickness benefits – effective January 1, 2016.

The co-payments shown in the letter were determined in collective bargaining for Shoppers employees and will be deducted from your paycheck by your employer starting January 1, 2016. Once we receive your payroll deduction form and enrollment application, the Fund Office will contact your employer to begin the payroll deduction.

If you do not return the salary deduction form, your coverage under the Fund is terminated as of December 31, 2015.

- **Effective October 1, 2015 MetLife Became Your New Provider for Life Insurance and Accidental Death & Dismemberment Benefits.** MetLife replaced ING/Voya Financial. Your benefits are not changing.

▪ **Value Options Merged with Beacon Health Options**

ValueOptions, which provides your mental health, substance abuse and employee assistance program benefits, has merged with Beacon Health Strategies to form Beacon Health Options. There are no changes to your ValueOptions program, other than a new name, logo and design for program materials. Your benefits remain the same. The provider network and the phone number (1-800-454-8329) remain the same.

▪ **Plans Y and Y20 – Clarification Regarding Coverage of Emergency Services**

Effective February 1, 2015, emergency services are covered as follows, regardless of whether you receive treatment in-network or out-of-network:

	Facility Charges	Physician Charges
Plan Y	\$75 co-pay 20% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.	20% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.
Plan Y20	\$75 co-pay 25% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.	25% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.

▪ **Clarification of Initial Eligibility for RNK3 Participants**

The following clarifies the Summary of Material Modification issued in the March 2014 For Your Benefit newsletter regarding the initial enrollment for participants under Plan RNK3. Eligibility for employees hired after September 1, 2013 who are hired without a specific understanding as to the average number of hours they will work per week will be determined as follows:

<u>Average Hours/Week</u>	<u>Enrollment</u>	<u>Coverage</u>
25-29 hrs.	First of the month following 12 months from date of hire.	RNK 3 -- Self only
30-39 hrs.	First of the month following 12 months from date of hire.	RNK 3 – Self; dependent children
40 or more hrs.	First of the month following 12 months from date of hire.	RNK 3 -- Self; Spouse; dependent children

UFCW Unions & Participating Employers Pension Fund

▪ **Effective June 10, 2015 – Notice of Pension Plan Amendment**

Effective June 10, 2015, the Board of Trustees of the UFCW Unions and Participating Employers Pension Fund amended the Plan's rule relating to the payment of a terminal benefit to provide that the terminal benefit will be \$2,500 if the majority of the Pensioner's Credited Service was full-time at the date of his retirement, \$1,500 if the majority of his Credited Service was part-time at the date of his retirement, or \$2,000 if, at the date of his retirement, half of his Credited Service was full-time and half of his Credited Service was part-time.

UFCW Unions & Contributing Employers Legal Benefits Fund

No changes.

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

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