

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

September 2014 Vol. 30, No. 3

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

## Kroger Roanoke – Open Enrollment for Medical Coverage Is November 1st – November 30th

*The following article applies to participants in Plans RNK1, RNK2 and RNK3 only.*

November 1 through November 30 is open enrollment for choosing health and welfare coverage starting on January 1, 2015. This open enrollment applies to participants employed by Kroger in the Roanoke area – Roanoke Plan 1 (“RNK1”), Roanoke Plan 2 (“RNK2”) and Roanoke Plan 3 (“RNK3”). If you have not already enrolled for benefits or if you wish to change your enrollment, you may do so during this time. **If you are already enrolled and don’t wish to make a change, don’t do anything—your coverage will continue as it has been for the past year.**

During this time, you may add coverage, drop it, or make changes to your coverage level, such as from individual to husband/wife or from family to individual. Remember that participants in RNK3 are not eligible for dependent coverage.

### Cost for Coverage

The cost to enroll for coverage is as follows:

Type of Coverage	RNK1	RNK2	RNK3
Employee Only	\$15 per week	\$10 per week	\$5 per week
Employee + Spouse (if spouse was enrolled on or before 8/29/13)	\$43.85 per week	\$38.85 per week	\$33.85 per week
Employee + Spouse (if spouse was enrolled after 8/29/13)	\$49.62 per week	\$44.62 per week	\$39.62 per week
Employee + Child(ren)	\$20 per week	\$15 per week	\$10 per week
Family Rate: Employee, spouse and child(ren) (if spouse was enrolled on or before 8/29/13)	\$48.85 per week	43.85 per week	\$38.85 per week
Family Rate: Employee, spouse and child(ren) (if spouse was enrolled after 8/29/13)	\$54.62 per week	\$49.62 per week	\$44.62 per week

*Continued on page 2*

**Notice of Creditable Coverage**  
Cut and keep. See pages 6-7.

**Availability of Pension Statement**  
See page 4.



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*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.*

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Weekly co-payments are made via payroll deduction and include coverage for medical, prescription drug, optical, dental, and life insurance benefits.

### Who May Be Enrolled Under My Coverage?

- **Full Time:** If you are a "Full-Time" Participant, you are eligible for coverage for yourself, your spouse, and your dependent children. A Full Time Participant is a Participant entitled to payment for an average of **32** hours per week for those hired on or before October 31, 2004, or an average of **40** hours per week for those hired after October 31, 2004.
- **Part Time 1:** If you are a "Part Time 1" Participant, you are eligible for coverage for yourself and your dependent children. A Part Time 1 Participant is a Participant entitled to payment for an average of **30-31.99** hours per week for those hired on or before October 31, 2004, or an average of **30-39.99** hours per week for those hired after October 31, 2004.
- **Part Time 2:** If you are a "Part Time 2" Participant, you are eligible **for employee coverage only**. A Part Time 2 Participant is a Participant entitled to payment for an average of **20-29.99** hours a week for those hired on or before August 29, 2013, or an average of **25-29.99** hours per week for those hired after August 29, 2013.
- **NOTE: Spouses who are eligible for coverage through their employers are not eligible for coverage under the Fund.**

### Eligibility for Your Dependent Children:

If you are eligible for dependent child coverage, remember that your biological and adopted dependent children may be covered under the Plan up to age 26. Dependent stepchildren and children over whom you have legal custody may be covered through the end of the calendar year in which they turn 19, or through the end of the calendar year in which they turn 23 for full time students, if they reside with you.

### Letter And Enrollment Materials To Be Mailed

You will receive a letter from the Fund Office explaining this year's open enrollment. You will also receive an enrollment form and payroll deduction form which must be completed and returned to the Fund Office.

### Mail Or Fax Information:

**You must return BOTH the enrollment application and the payroll deduction form by November 30, 2014 (postmarked or faxed) in order for payroll deductions to be set up and coverage to begin on January 1, 2015.** Mail them to the Fund Office at the address below:

Fund Office  
Attn: Kroger Open Enrollment  
4301 Garden City Drive, Suite 201  
Landover, MD 20785-6102

You can fax the information to (301) 459-1042.

## SHOPPERS Employees: Apply Now For The 2015 Annual Scholarship ➔ Award ➔

*The following article applies to eligible participants employed by Shoppers Food Warehouse and their dependents. **Employees (and their dependents) of Shoppers locations which were formerly Metro stores are not eligible for the scholarship benefit.***

The Scholarship Fund is awarding scholarships to a select number of participants and/or their dependents. Please complete the preliminary application below and mail it to the Fund Office postmarked by **December 31, 2014**. You may also print the form by logging onto [www.associated-admin.com](http://www.associated-admin.com). Click on "Your Benefits," located at the left side of the page, and select "UFCW and Participating Employers." From there you can print the "Preliminary Scholarship Application" form under the word "Downloads (Forms)." Late applications will not be accepted.

### Key points to remember:

- **Only those currently employed by Shoppers Food Warehouse, and their dependents, are eligible. The participant must be employed by Shoppers Food Warehouse at the time the scholarship is awarded.**
- The participant must have at least one uninterrupted Year of Service as of December 31, 2014 and be actively employed.
- On December 31, 2014, dependent child applicants must be under the age of 24, unmarried and a dependent of the participant for federal income tax purposes.
- If your dependent does not have medical coverage through the Fund Office, please include a copy of a marriage certificate (if spouse), or birth certificate or custody order (if child) with the preliminary application.

If the above requirements are met and eligibility is verified, a formal application form will be mailed to the applicant in January 2015.

**United Food and Commercial Workers  
and Food Employers Labor Relations Association  
Scholarship Fund**

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (410) 683-6500  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

*A Program of the  
FELRA and UFCW  
Health & Welfare Fund*

4301 Garden City Drive, Suite 201  
Lanover, Maryland 20785-6102  
Telephone: (301) 459-3020  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

**2015 Annual Scholarship Awards**

***Attention: Employees of Shoppers Food Warehouse***

If you work for Shoppers Food Warehouse, under the provisions of your employer's collective bargaining agreement, you and your dependents may be eligible to apply for a scholarship from the UFCW and FELRA Scholarship Fund.

The Scholarship Fund expects to award scholarships to a select number of eligible participants and their dependents who will be enrolled in an accredited college, university, community college, vocational school, or trade or technical school as a full-time student in the fall of 2015. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2014, the participant completes at **least one uninterrupted Year of Service and is actively employed by Shoppers Food Warehouse**. In addition, on December 31, 2014, dependent child applicants must be **under the age of 24, unmarried and a dependent of the participant for federal income tax purposes**.

Applicants who submit preliminary applications and meet the initial scholarship award requirements will be **mailed a full application in early January 2015**.

**IMPORTANT:** If your dependent does not have medical coverage through the Fund Office, please include a copy of a marriage certificate (if spouse), or birth certificate or custody order (if child) with the preliminary application.

**PRELIMINARY APPLICATION MUST BE POSTMARKED BY DECEMBER 31, 2014.**

**Cut, complete and mail to: UFCW & FELRA Scholarship Fund, 911 Ridgebrook Road, Sparks, MD 21152-9451.**

**Employee's Information:**

Name *(Please Print)* \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Employee's Email Address \_\_\_\_\_

Employee's Home Address \_\_\_\_\_  
Street Number City State Zip Code

**Applicant's Information:**

Name *(Please Print)* \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_  
*(If different from Employee's address)* Street Number City State Zip Code

Date of Birth *(If Dependent of Employee)* \_\_\_\_\_ Email Address \_\_\_\_\_

***Remember: Entry Deadline Is December 31, 2014.***

# Availability of Pension Statement

*The following article applies to actively working participants only.*

Under the Employee Retirement Income Security Act of 1974, as amended (“ERISA”), you have the right to request a pension benefit statement annually. **You are entitled to one (1) benefit statement per year.**

To receive your statement, complete a Benefit Service Request form. To get this form, you can:

- Log on to [www.associated-admin.com](http://www.associated-admin.com) and click on “Your Benefits” located at the left side of the page. Select “UFCW and Participating Employers” and go to

the “Downloads (Form)s heading and print the “Benefit Service Request” form, or

- Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972.

Complete **all** the information on the form and return it to the Fund Office. It will take approximately 4-6 weeks for us to prepare your statement. There is no charge for a Benefit Statement.

## How To File For Benefits If You're Injured On The Job

If you suffered an injury or illness related to your job, you must file a claim with your Workers' Compensation carrier before the Fund will provide advance payment for claims relating to the injury or illness. While the Fund does not cover work-related injuries or illnesses, it may provide advance payment of claims while you seek reimbursement through your employer's workers' compensation insurance. At the same time that you file your Workers' Compensation claim, **you should file your claim with the Fund Office** and advise the Fund of your Workers' Compensation claim. Filing with the Fund and Workers' Compensation protects your coverage through the Fund if your Workers' Compensation carrier denies your claim.

**If you are filing for both Medical and Weekly Disability claims, please note this on all information you send us (letters of approval or denial from your Workers' Compensation carrier, doctors' notes, accident details – everything).**

### If Your Claim Is Approved

If your Workers' Compensation carrier approves your claim, they will send payment to the provider of service. Send a copy of the approval to the Fund Office so we may complete our records. If the Fund has paid any claims relating to your inquiry or illness, you will be obligated to reimburse the Fund for such payments.

### If Your Claim Is Denied

If your claim is denied by your Workers' Compensation carrier on the grounds that your illness or injury is non-compensable under the state's Workers' Compensation laws, **send a copy of the denial to the Fund Office.** Before the Fund will cover any claims in connection with your illness or injury, you must also sign an agreement stating that you will request and attend a Workers'

Compensation Commission hearing, asking the Commission to review your denied Workers' Compensation claim.

Upon receiving your signed Agreement, the Fund will advance benefits relating to your injury or illness, pursuant to the terms of the Plan, pending the results of your hearing. If the Commission approves your claim, or denies it for any reason other than a finding that the injury or illness is not work-related, or if you settle your claim, you and/or your medical providers must reimburse the Fund for any payment it made relating to your illness or injury. If the Commission denies your claim, you must send a copy of the denial to the Fund Office.

Remember, you must notify the Fund Office of your hearing date and you must attend your hearing.

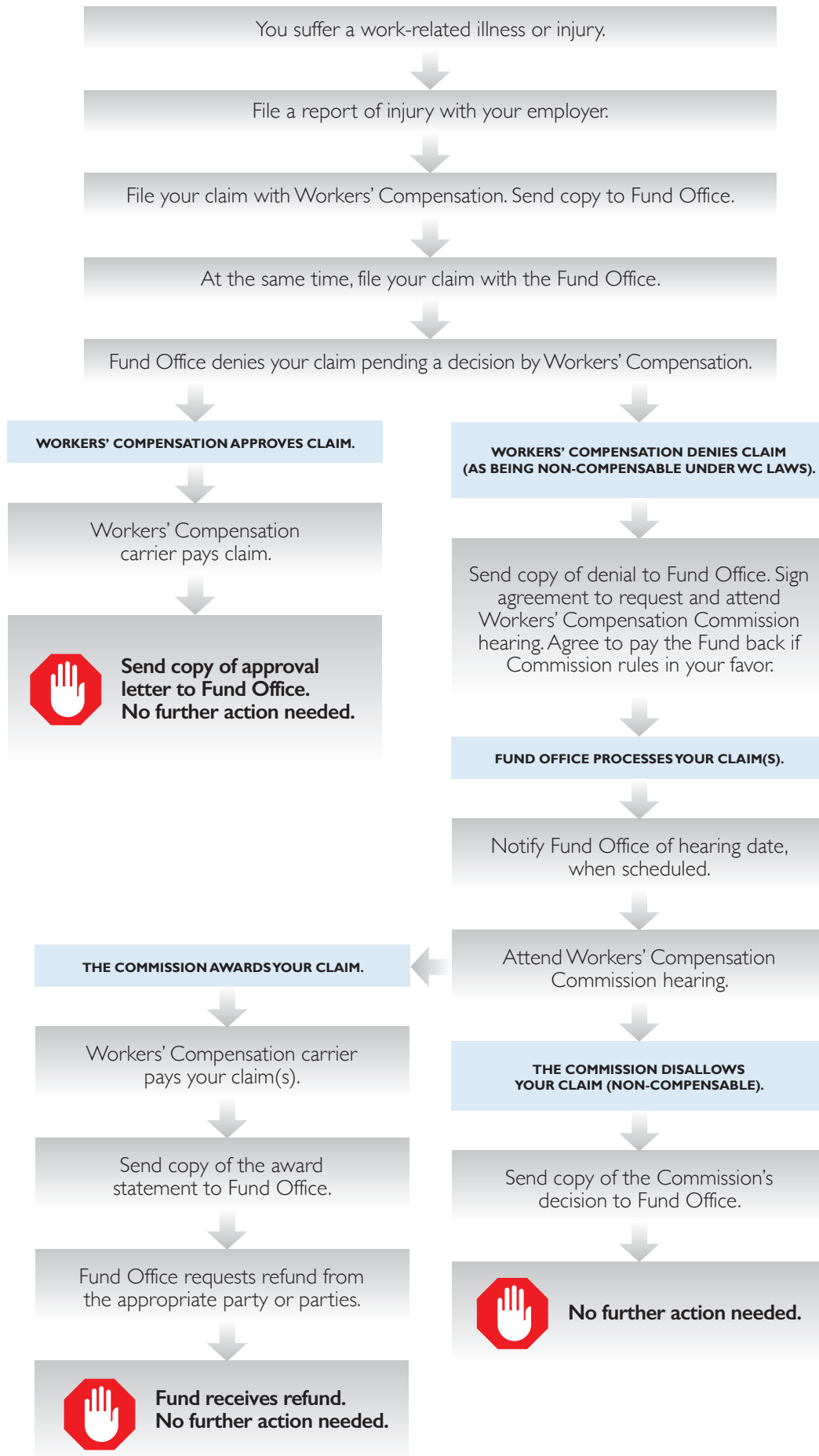
**Remember:** Claims for Weekly Disability benefits through the Fund must be filed **within 90 days** of the date your injury or illness first began. Also, if your Workers' Compensation carrier says your claim is “in dispute,” it does **not** mean it has been denied – no decision has yet been rendered. Until the Fund Office receives an actual decision, we cannot proceed to the next step.

### These Steps Protect You

Filing with the Fund at the same time you file with your Workers' Compensation carrier ensures that your claim is filed within the time limits of the Fund. **This is important!**

Workers' Compensation Commission rulings can take months. If you wait for their decision before filing with the Fund, it may be too late to qualify for Fund benefits (you have 180 days to file Medical claims and 90 days for Weekly Disability claims).

# Claims Process For Work-Related Incidents





# Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

The following Notice of Creditable Coverage applies to Medicare-eligible participants, retirees, and dependent spouses. This notice does not apply to retirees formerly employed by Kroger.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected

to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

**You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you decide to join a Medicare drug plan and drop your UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) prescription drug coverage, be aware that you and your dependents may not be able to get the same Fund coverage back.**

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## Note to Kaiser Medicare HMO Enrollees

You will get a notice from Kaiser Permanente that you are enrolled in Medicare Part D. Your coverage for medical and/or prescription drug benefits through Kaiser will remain the same.

## For More Information about This Notice Or Your Current Prescription Drug Coverage...

Contact the Fund Office for further information at (800) 638-2972 or (410) 683-6500. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the UFCW Unions and Participating Employers Health and Welfare Fund



(Active and Retiree Health Plans) changes. You also may request a copy of this notice at any time.

### For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For

information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

#### Date:

September 1, 2014

#### Name of Entity/Sender:

Fund Office  
UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans)  
911 Ridgebrook Road  
Sparks, Maryland 21152-9451

#### Phone Number:

(800) 638-2972 or (410) 683-6500



## UFCW Pensioners: Make Sure Your Beneficiary Designation Is Current

Under the UFCW Unions & Participating Employers Pension Plan, upon the death of any pensioner (except a pensioner receiving a deferred vested pension), the pensioner's beneficiary will receive a death benefit. To be sure that this

benefit is paid to the person you select, please make sure that your beneficiary designation form is up to date.

This form can be found by logging on to [www.associated-admin.com](http://www.associated-admin.com), clicking on "Your Benefits" located at the left

side of the page, and selecting "UFCW and Participating Employers." You can print the "Change in Beneficiary" form, located under "Downloads (Forms)." You also may receive a beneficiary designation form by contacting the Fund Office at 1-800-638-2972.

## You Must Enroll In Medicare Part B at The Earliest Date It Becomes Available To You

As you know, Medicare is the federal health insurance program for people age 65 and over and certain disabled persons. Medicare has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). Medicare is available at the beginning of the month in which you turn 65, whether you are retired or still working. It is also available after you have been entitled to Social Security disability benefits for two years, and generally if you have end-stage renal disease (kidney failure).

### Enrolling in Medicare

If you are eligible for Retiree Health and Welfare coverage through the Fund and you—or any covered dependent—

become Medicare eligible at any age, for any reason, **you must enroll in Medicare Part B at the earliest date you are eligible for it.** Regardless of whether you or your eligible dependent enroll in the Medicare Part B program, the Health and Welfare Fund **will not** pay any benefits that are available under the Medicare program.

### Send Copy of Medicare Card When Enrolled in Medicare

Once you (or any covered dependent) are enrolled in Medicare, send the Fund Office a copy of the Medicare card.

# Participants: Shoppers or Kroger Pharmacies Offer Free Flu Shot With Catamaran Rx Card

*The following article applies to participants in Y, Y20, JSS2, RNK1, RNK2, and RNK3.  
It does not apply to Richmond/Tidewater participants.*

With flu season just around the corner, it may be a good time to get your flu shot. All actives and retirees with Fund coverage can receive the flu shot at any Shoppers or Kroger pharmacy, at **no cost to you**, using your Catamaran (formerly InformedRx/Catalyst) Prescription ID card.

If you prefer to get your flu shot from your doctor or don't live near a Shoppers or Kroger pharmacy, the shot is still covered under your medical benefits. For those with Fund medical coverage, the injection itself is covered at 100% up to the Usual, Customary and Reasonable fee, and the

office visit charge (if there is one) is covered under your Major Medical or Comprehensive benefit at the applicable co-payment after satisfying the annual deductible. Submit your paid receipt to the Fund Office and you will be reimbursed.

For participants in the Kaiser Permanente HMO (actives and retirees), the flu shot is covered in full with no co-pay if you use a Kaiser physician. However, actively working participants in Kaiser who use Catamaran for their prescription benefit also may get a flu shot at a Shoppers or Kroger pharmacy using their prescription ID card.

## 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.

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