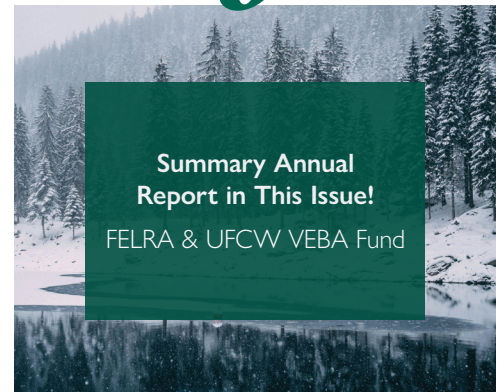


For Your Benefit



**Summary Annual
Report in This Issue!**
FELRA & UFCW VEBA Fund

Open Enrollment for Health and Welfare Coverage Is Now through January 31st

The open enrollment period is now through January 31, 2024, for enrolling in or changing your health and welfare coverage through the Fund for the coverage period from **January 1, 2024 through December 31, 2024.**

If you don't currently have health coverage through the Fund, this is your opportunity to enroll. If you do have coverage, this is your chance to change coverage options, add dependents (if eligible) or drop coverage.

Not Enrolled

If you are not currently enrolled in Fund health and welfare coverage, you were sent a letter, enrollment form, payroll deduction form and, if applicable, a spousal surcharge form.

If You Are Currently Enrolled

If you are already enrolled and want to change coverage levels (from single coverage to husband/wife, for example) or to drop coverage completely, call the Fund Office by January 31, 2024. If you are not making changes, **don't do anything.**

If you are changing your coverage or enrolling for the first time, the Fund Office must receive both the enrollment form and payroll deduction form by January 31, 2024. Your enrollment (or change in coverage) will take effect on January 1, 2024.

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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. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.

Cost for Coverage
(All costs payable via payroll deduction)

Plans I, X and XX Full Time Participants

- Single coverage \$8/Week
- Participant + one dependent \$13/Week
- Family coverage \$18/Week

Plan XXX Full Time Participants

- Single Coverage \$13/Week
- Participant + child(ren) \$18/Week
- Participant + spouse \$23/Week
- Family Coverage \$28/Week

Plan X Part Time Participants

- Single coverage \$8/Week
- Family coverage 20% of cost*

*Plan X part time participants may add dependent coverage by paying 20% of the cost of the coverage. Such dependent coverage would be effective January 1, 2024. Contact the Fund Office for the exact amount of the payroll deduction if you are interested in adding this coverage.

Plan XX Part Time Participants

- Single coverage: \$8/Week
- Per Child Rate: \$183.23/Month
- Two Children: \$366.46/Month
- Three or More Children: \$549.69/Month

Plan XXX Part Time Participants

- Single coverage: \$13/Week
- Per Child Rate: \$161.02/Month
- Two Children: \$322.04/Month
- Three or More Children: \$483.06/Month

Spouses of part time participants under Plan XX and Plan XXX are not eligible for coverage. Part time participants in Plans XX and XXX who enroll their child(ren) will continue to pay the \$8 or \$13 weekly co-premium in addition to the amounts shown above.

Spousal Surcharge Applies To All Full Time Participants and Part Time Plan X Participants, As Follows:

A \$20 weekly spousal surcharge will be deducted from your paycheck if you elect coverage for your spouse and:

- your spouse is eligible for coverage through his/her employer, but is not enrolled in that coverage; or
- your spouse is also enrolled in his/her employer's

coverage. In this case, the Fund will provide secondary coverage to your spouse and the **non-duplication coordination of benefits rules apply**. Any secondary benefit payment will be determined by calculating primary payment, subtracting it from what the Fund's payment would have been, and paying the remaining amount, if any. For example, if your spouse's primary coverage paid 80% for a certain service and the Fund's payment would also have been 80%, no additional payment would be payable under the Fund.

Note: The spousal surcharge does not apply if your spouse is also employed by Giant or Safeway.

Coordination of Benefits

When an eligible dependent under the Plan is offered a program of health, dental, drug, and/or vision benefits by another employer as a result of his or her employment, and the dependent has the option of selecting the other employer's health coverage or receiving cash or other financial incentives, this Plan coordinates its benefits as if the other employer's health coverage were applicable. It does so even when the dependent does not elect the coverage under another employer sponsored plan. Before the Fund will pay benefits to an employed dependent, he or she must provide the Fund Office with information explaining the dependent's employer's health coverage, if any is offered.

Part Time Participants in Plans XX and XXX

Coverage under Plan XX and XXX for part time participants shall be secondary if the employee is also covered under another plan.

If you have questions, contact the Fund Office at (800) 638-2972. Participant Services Representatives are happy to assist you.

All Health Benefits Terminate When You Drop Fund Coverage

If you choose to disenroll from Fund health & welfare coverage, you will no longer have Medical, Accident & Sickness, Life Insurance, Accidental Death & Dismemberment, Prescription Drug, Optical or Dental benefits. Disenrolling from health & welfare coverage under the FELRA & UFCW VEBA Fund will not impact your eligibility for Legal and Pension benefits.

SaveOnSP Product List Effective January 1, 2024



As part of your pharmacy benefit through Express Scripts, the FELRA & UFCW VEBA Fund has implemented a copay assistance benefit administered by SaveOnSP, which helps you save money on certain specialty medications. If you are prescribed a specialty drug that is part of the SaveOnSP program and you enroll in the program, your full Co-payment for the specialty drug will be paid through the drug manufacturer's copay assistance program and you will pay nothing (\$0).

However, if you choose not to enroll and participate in the SaveOnSP program, you will be charged a 30% Co-payment for any specialty drug listed on the SaveOnSP program's current Non-Essential Health Benefit Specialty Drug List for a Participating Specialty Drug. The Co-payment will not count towards your deductible or out-of-pocket maximums.

The applicable Non-Essential Health Benefit Specialty Drug List as of January 1, 2024 is currently available at the following link:

www.saveonsp.com/CACOUT012024

Please direct any questions to the Fund Office or to SaveOnSP at (800) 683-1074, Monday through Thursday: 8 a.m. - 11 p.m. (ET) and Friday: 8 a.m. - 9 p.m. (ET).

Medicare Supplement Increased to Cover 2024 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 increased to cover the 2024 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2024

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2024 is \$1,632 for each benefit period.

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

- A total of \$1,632 for a hospital stay of 1-60 days.
- \$408 per day for days 61-90 of a hospital stay.
- \$816 per day for hospital stays longer than 90 days.

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

- \$204 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 2024 is \$240, and the Fund's Medicare Supplemental benefit will cover this amount.



Accident & Sickness (“A&S”), Disability: Helpful Reminders

Eligibility

Before scheduling a surgery or going out on sick leave, make sure that you have satisfied your Plan’s waiting period for A&S benefits. Consult your Summary Plan Description (“SPD”) or call the Fund Office to determine if you are currently eligible.

A&S Claim Forms

Be sure that your A&S claim form is completed in full before you submit it to the Fund Office. If you fail to answer all questions on the form, it will be returned to you and will delay the processing of your claim.

Mental Health Related Claims

If your disability is due to a mental health condition, call Carelon Behavioral Health (“Carelon”) at (800) 353-3572 for a referral. You must be seen by a Carelon provider for payment of the disability claim.

Benefit Exhaustion

Your eligibility status for other health and welfare benefits will be maintained while you are receiving A&S benefits, but if you exhaust your A&S benefits and do not return to active employment, you will lose eligibility and all of your health and welfare benefits will terminate.

Sclerotherapy – Coverage for Treatment of Varicose Veins

The following article applies to Fund medical coverage, not HMO coverage.

Your plan of benefits offers coverage for sclerotherapy, which is an alternative treatment for painful, enlarged veins. It involves the injection of a solution into a blood vessel to cause it to shut down and eventually disappear. It is used mainly for the treatment of varicose veins.

What are the guidelines?

- Treatment must be pre-approved by Conifer. Contact Conifer at (800) 459-2110.
- Benefits are provided on a “per treatment session” basis with the number and frequency of sessions and the amount of benefit paid to be determined by Conifer.
- Your physician must send a letter of Medical Necessity, pre-operative photographs, and a patient history, indicating the need for testing to Conifer and demonstrating the Medical Necessity of treatment (treatment for cosmetic purposes is not covered).
- Pre-operative testing will be approved only for cases in which justification can be provided. Subsequent review will be required on any case which exceeds five treatments per area.
- Consecutive treatments must be separated by 6-8 weeks to evaluate the effectiveness of the treatment.
- Only the initial consultation will be covered as a separate office visit - charges for subsequent office visits during the course of treatment will not be covered.
- Surgical supplies over the Allowable Charge approved by Conifer will not be covered.
- Billing for laser treatment of varicose veins will be covered at the same level as Sclerotherapy.

Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972

www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972

www.associated-admin.com

Summary Annual Report for FELRA and UFCW VEBA Fund

This is a Summary of the Annual Report for the FELRA and UFCW VEBA Fund, (Employer Identification No. 52-1036978, Plan No. 501) for the period January 1, 2022 to December 31, 2022. The Annual Report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$12,136,648 as of December 31, 2022 compared to \$24,640,544 as of January 1, 2022. During the plan year, the plan experienced a decrease in its net assets of \$12,503,896. This decrease includes unrealized appreciation or depreciation in the value of the plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$124,254,457. This income included employer contributions of \$120,381,043, employee contributions of \$3,911,933, realized losses of \$118,339 from the sale of assets and loss from investments of \$710,941. Plan expenses were \$136,758,353. These expenses included \$9,805,094 in administrative expenses and \$126,953,259 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full Annual Report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Financial information and information on payments to service providers
4. Transactions in excess of 5 percent of the plan assets; and
5. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full Annual Report, or any part thereof, write or call the office of:

Board of Trustees of the FELRA & UFCW VEBA Fund
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152-9451
52-1036978 (Employer Identification Number)
410-683-6500

The charge to cover copying costs will be \$7.50 for the full report, or \$.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full Annual Report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the Annual Report at the main office of the Plan:

Board of Trustees of the FELRA & UFCW VEBA Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210.

Additional Explanation

Dental Insurance Premiums (Dentegra) Paid --- \$5,529,198
HMO Kaiser Permanente Premiums Paid --- \$7,545,674
CareFirst Premiums Paid -- \$17,962,753
Life Insurance/Accidental Death & Dismemberment Premiums (Symetra) Paid -- \$159,575
Vision Premiums (Superior Vision) Paid --- \$845,391

Severance Participants: Is Your Beneficiary Registration Current?

The following article applies to participants in the UFCW & FELRA Severance Fund only. Check your Collective Bargaining Agreement (CBA) to see if you are eligible for Severance benefits.

If you are a participant in the Severance Fund, it is very important that you complete a Severance Beneficiary Registration form and return it to the Fund Office. This form will allow you to designate your beneficiary for the Severance Death Benefit. This form is **separate** from the form you may have completed for Life Insurance or Health and Welfare benefits. The Severance Death Benefit is payable to the beneficiary named on the most **recently received** Severance Beneficiary Registration form.

To Change Your Beneficiary, Update Your Severance Beneficiary Form

You may change your designated beneficiary at any time and for any reason. If you'd like to change your beneficiary, please contact the Fund Office to request a new Severance Beneficiary Registration form. The form will be mailed to you to complete and return to the Fund Office.

You may also visit the Fund Office website at www.associated-admin.com and click on the words "Your Benefits" located at the left of the screen. Under "FELRA," select "UFCW & FELRA Severance Plan." You can print the Severance Beneficiary Registration form under "Downloads."

Once the form is completed and signed by you, return it to:

UFCW & FELRA Severance Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

Apply for Severance Benefits Immediately Upon a Severance from Service

Strict deadlines apply to the payment of severance benefits. Therefore, you should apply for your severance benefit immediately upon experiencing a Severance from Service Date, which generally is after you terminate your employment or you have an extended leave of absence from an employer that participates in the UFCW & FELRA Severance Fund. Failure to submit your application timely could result in loss of your Severance benefit.

There is a four-month waiting period between your Severance from Service Date and the date that you may receive your Payable Severance Benefit. Your benefit can only be paid to you between the expiration of this four-month waiting period and the later of:

1. The last day of the calendar year in which the four-month waiting period expires, or
2. The 15th day of the third calendar month following the expiration of the four-month waiting period.

For example, if you stop working for an employer that participates in the Severance Fund on July 1, 2024, the four-month waiting period will expire on November 1, 2024, and your severance payment deadline will be February 15, 2025.

Remember to apply for your severance benefit, if you are eligible, immediately after your Severance from Service date. This is usually the date that you stop working for an employer that participates in the Severance Fund, but there are special rules for participants on a leave of absence.

Fund Office Can Provide a Translator When Needed

The Fund Office subscribes to a translator service to speak with anyone whose primary or preferred language is not English. Language Line Services assists the Fund Office in speaking with participants in non-English language. Live translation is provided through confidential three-way telephone conversations between the participant, a Participant Services representative at the Fund Office, and a language translator.

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

To use these services, call the Fund Office at (800) 638-2972 and choose Option 2 at the prompt (to speak to a Participant Services Representative), and request a Language Line translator.

If you know of any participants or dependents who hesitate to call the Fund Office because they are non-English speakers, tell them the Fund Office is ready to help and translators are available.

The Fund Office website, www.associated-admin.com, can also translate a variety of languages using the “Translate” tool located at the bottom, left side of the home page.

La Oficina de Fondos Puede Proveer un Traductor Cuando Sea Necesario

La Oficina del Fondo se suscribe a un servicio para ayudarnos a hablar con personas cuyo idioma principal no es el inglés. Language Line Services en inglés nos provee la capacidad de tener conversaciones telefónicas tripartitas que incluyen al participante, un representante de servicios al participante de la Oficina del Fondo, y un intérprete.

Language Line Services permite que la Oficina del Fondo hable con más gente en varios idiomas, que incluye 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 representante de servicios al participante).

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

El sitio web de la Oficina del Fondo, www.associated-admin.com, también puede traducir una variedad de idiomas usando la herramienta “Traducir” que se encuentra en la parte inferior izquierda de la página de inicio.

Availability of Pension Estimate

*The following article applies to participants in the FELRA & UFCW Pension Fund only.
It does not apply to those already collecting a Pension Benefit.*

You have the right to request a pension benefit estimate once a year (or 12-month period). To receive your pension estimate, please complete a Benefit Service Request form and send it to the Fund Office. To get this form, you can:

- Visit www.associated-admin.com. Click on “Your Benefits” located at the left of the screen. Select FELRA & UFCW Pension Fund 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. The Fund Office will work on your request using information you provide on the form. It may take approximately 8 – 12 weeks for the Fund Office to prepare your estimate since your work history must be verified with your employer(s). There is no charge for a Benefit Estimate Statement.



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Reconstructive Surgery Following Mastectomy

The following article applies to you if your medical benefits are provided through the Fund, not an HMO. If you have coverage through an HMO, you should receive a similar notice directly from the HMO.

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.



Flu Season is Upon Us. Your annual flu shot is now available. Ask your primary care provider or local pharmacy for availability.

Want to take charge of your health? Live a healthier life with the Conifer Health Solutions Personal Health Management (PHM) program. Your Personal Health Nurse (PHN) is dedicated to helping you and your family manage their health needs. To get started, call your PHNs:

- Lea at 800.459.2110, x2917
- Renee at 800.459.2110, x2552, or
- Michelle at 800.459.2110, x2061