

For Your Benefit



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

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

The open enrollment period is now through December 31, 2025, for enrolling in or changing your health and welfare coverage through the Fund for the coverage period from **January 1, 2026 through December 31, 2026.**

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 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 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 December 31 for coverage to begin as of January 1, 2026.

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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, 2026. 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: \$214.79 /Month
- Two Children: \$429.58/Month
- Three or More Children: \$644.37/Month

Plan XXX Part Time Participants

- Single coverage: \$13/Week
- Per Child Rate: \$212.12/Month
- Two Children: \$424.24/Month
- Three or More Children: \$636.36/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 VEBA Fund Coverage

If you choose to disenroll from VEBA 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.

Accident & Sickness (“A&S”), Disability: Reminder for Giant Food Employees

If you are a Giant Food employee seeking Accident and Sickness benefits under the FELRA & UFCW Active Health and Welfare Plan, you should contact Giant Food’s Retail Business Services department for an A&S claim form. Once you and a physician have completed the applicable sections of the claim form, the “For Employer Only” section must be returned to Retail Business Services for completion by your employer. The Fund Office will only process your Accident & Sickness benefit claim if the applicable sections of the claim form are completed by you, a physician, and your employer. Giant Food has advised the Fund Office that the employer section of the claim form will no longer be completed by a store manager.

Retail Business Services Contact Information

1 (886) 789 – 4748 (Toll Free)
1 (603) 420-7553 (Fax)

Fund Office

(800) 638-2972 (Toll Free)
(410) 683-7795 (Fax)

disabilityclaims@associated-admin.com
(Accident & Sickness Department)



SaveOnSP Product List Effective January 1, 2026

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, 2026 is currently available online at:

- www.saveonsp.com/felra

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 2026 Medicare Co-Payments and Deductibles

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

The Board of Trustees is pleased to announce that the Medicare Supplemental benefit has increased to cover the 2026 Medicare co-payment and deductible amounts.



New Co-Pays and Deductibles for 2026

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2026 is \$1,736 for each benefit period.

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

- A total of \$1,736 for a hospital stay of 1-60 days.
- \$434 per day for days 61-90 of a hospital stay.
- \$868 per day for hospital stays longer than 90 days.

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

- \$217 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 2026 is \$240, and the Fund's Medicare Supplemental benefit will cover this amount.

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Conifer Corner



Happy Holidays!

Many find that this time of year brings as much stress as it does joy. That stress can be caused by many factors and your Personal Health Nurse can help you to find ways to better manage it so you can enjoy the season more.

Managing your health can be pain free!

Conifer Health Solutions and its Personal Health Nurses (PHN) are the perfect option for you and your family's health needs. They will partner with you to help you to work toward better health. To get started, call your PHN, Renee M, at 800-459-2110 x2552.

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

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Sparks, Maryland 21152-9451
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(800) 638-2972
www.associated-admin.com

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Landover, Maryland 20785-2361
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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. 521036978, Plan No. 501) for the period January 1, 2024 to December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The value of plan assets, after subtracting liabilities of the plan, was \$8,894,231 as of December 31, 2023 compare to \$12,136,648 as of January 1, 2023. During the plan year the plan experienced a decrease in its net assets of \$3,242,417. 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 \$126,943,977. This income included employer contributions of \$122,727,986, employee contributions of \$3,756,699, realized losses of \$110,087 from the sale of assets and earnings from investments of \$506,724. Plan expenses were \$130,186,394. These expenses included \$9,973,833 in administrative expenses and \$120,212,561 in benefits paid to participants and beneficiaries.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$16,129,207 as of December 31, 2024 compared to \$8,894,231 as of January 1, 2024. During the plan year, the plan experienced an increase in its net assets of \$7,234,976. This increase 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 \$139,428,600. This income included employer contributions of \$135,071,582, employee contributions of \$3,520,725, realized gain of \$2,136 from the sale of assets and earnings from investments of \$720,508 and other income of \$113,649. Plan expenses were \$132,193,624. These expenses included \$9,882,248 in administrative expenses and \$122,311,376 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 \$.25 per page. 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: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513 Washington, D.C. 20210.

Additional Explanation

Dental Insurance Premiums (Dentegra) Paid --- \$4,691,384

HMO Kaiser Permanente Premiums Paid --- \$7,205,001

CareFirst Premiums Paid -- \$16,010,979

Life Insurance/Accidental Death & Dismemberment Premiums (Symetra) Paid -- \$139,536

Vision Premiums (Superior Vision) Paid --- \$755,863

Reconstructive Surgery Following Mastectomy

The following article applies to you if your medical benefits are provided through the FELRA & UFCW VEBA 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.



Manage Your Expectations Over the Holidays

Everyone knows that while kids tend to get excited, adults tend to get stressed over the holidays. After all, the potential sources of stress are many – time crunches, the “perfectionism” syndrome, work, money, and school schedules. Steps can be taken to remove the excess and get down to what most people really want—fun, companionship and a much needed break from the routine.

- **Accept that the holidays will be busy.** The same things that stressed you out last year will likely appear again.
- **Manage time.** Shop in advance and stock up on the necessities. Plan for at least one activity that you'll know you'll enjoy and be prepared to say no to the things you don't.
- **Build relaxing time** into every day and know when to give up and go to bed.

- **Travel expectations** for family to all be together can lead to feelings of guilt and pressure, especially when travel is involved.
- **Accept that you can't be everywhere.** Many couples face the dilemma of whose family to visit. If possible, consider visiting one family for one holiday and the other family for another holiday each year.
- **Pack ahead of time and allow extra time for traffic or long security lines at the airport.** Pack snacks and make plans for keeping kids entertained.
- **Once you've arrived at your destination, don't overdo it.** Spending time with your family is more important than meeting everyone's expectations.

The above article was provided by Carelon Behavioral Health.

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 January 1, 2026, the four-month waiting period will expire on May 1, 2026, and your severance payment deadline will be December 31, 2026.

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.

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.

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.

FELRA & UFCW

VEBA Fund

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