

# 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, 2024, for enrolling in or changing your health and welfare coverage through the Fund for the coverage period **from January 1, 2025 through December 31, 2025.**

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 December 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 December 31 for coverage to begin as of January 1, 2025.**

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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, 2025. 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: \$197.74 /Month
- Two Children: \$395.48/Month
- Three or More Children: \$593.22/Month

**Plan XXX Part Time Participants**

- Single coverage: \$13/Week
- Per Child Rate: \$173.16/Month
- Two Children: \$346.32/Month
- Three or More Children: \$519.48/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.

# 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](mailto:disabilityclaims@associated-admin.com)  
(Accident & Sickness Department)



## SaveOnSP Product List Effective January 1, 2024

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

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, 2025 is currently available at the following link:

- [www.saveonsp.com/CACOUT012025](http://www.saveonsp.com/CACOUT012025)

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).

# Severance Participants: Is Your Beneficiary Registration Current?

*The following applies to actively working participants whose medical coverage is provided through the Fund, not an HMO*

## Lactation Consultation and Breast Pumps

- In conjunction with birth, the Plan pays for comprehensive lactation support and counseling (including breastfeeding classes) by a trained provider during pregnancy and/or in the postpartum period, at 100%, no deductible, when provided by an In-Network provider. Under this Plan, a trained provider is a Breastfeeding/Lactation Educator.
- For the first 12 months following the birth of a child, coverage is provided for rental or purchase of one standard manual or standard electric breast pump (purchase price up to \$400) plus necessary breast pump supplies. Coverage is available at no cost from in-network providers only. The Plan does not cover hospital grade breast pumps (heavy duty breast pumps designed for multiple users), or any other

lactation supplies, such as ointments, wipes, cleaning and storage supplies, nursing bras, or lactation pillows. There is no coverage for breast pumps and supplies purchases through an out-of-network provider.

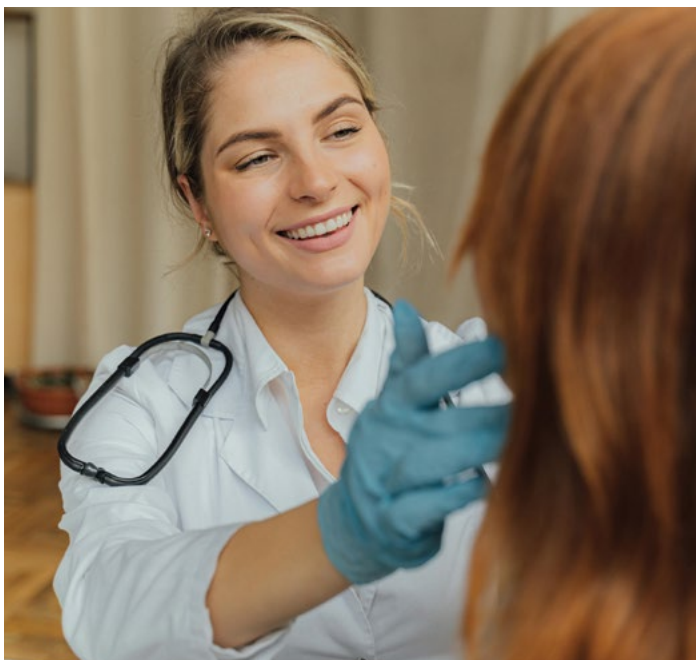
## Who is a Breastfeeding/Lactation Educator?

A Breastfeeding/Lactation Educator is a provider who is currently certified as a lactation consultant by the International Board of Lactation Consultant Examiners (IBLCE). If he/she is not IBLCE certified, the provider must be a licensed, registered, or certified health care professional with referenced experience and training in lactation management. Breastfeeding/lactation educators help mothers initiate or maintain lactation and provide assessment, planning, intervention, and evaluation for optimal breastfeeding, working in conjunction with the mother's physician, midwife and/or baby's pediatrician.

# Medicare Supplement Increased to Cover 2025 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 2025 Medicare co-payment and deductible amounts.



## New Co-Pays and Deductibles for 2025

**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.



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

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (301) 459-3020  
(800) 638-2972  
[www.associated-admin.com](http://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, 2023 to December 31, 2023. 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.

### 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. Transactions in excess of 5 percent of the plan assets; and
4. 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 --- \$4,579,776  
HMO Kaiser Permanente Premiums Paid --- \$6,421,110  
HMO CareFirst Premiums Paid --\$17,934,409  
Life Insurance/Accidental Death & Dismemberment Premiums (Symetra) Paid -- \$136,275  
Vision Premiums (Superior Vision) Paid --- \$731,182

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to the collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@DOL.GOV](mailto:DOL_PRA_PUBLIC@DOL.GOV) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

# 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.



## Keep Holiday Stress at Bay

Some people look forward to the holidays all year, while others see the holiday season approaching and are overcome by a sense of dread. Try these tips for managing the stress that seems to be built into the holiday season.

### **Make a plan.**

Once you have decided what your priorities are for holiday celebrations, plan how you will organize yourself to get the important work done. Plan your menus and do your shopping in an organized fashion, with a list. You will be much less likely to forget important ingredients and eliminate the last minute running that leaves you exhausted and frazzled.

### **Keep expectations realistic.**

It's not your responsibility to be sure that everybody has a perfect holiday. Don't put that demand on yourself. Holiday joy is something that comes from within a person.

### **Make a budget and stick to it.**

If gift buying is part of your holiday celebration, decide in advance what you can afford to spend this year. Create a list of all the people you will shop for and set aside a portion of your total holiday budget for each person. Overspending during the holidays is a major source of stress. Be careful. All the gifts in the world cannot buy happiness.

### **Care for yourself and your family.**

During the holidays, stress can really take its toll and people tend to neglect doing the things that reduce stress. You may overindulge in food and drink while forgetting such things as rest, relaxation, and exercise. Be realistic about the types and amounts of foods you choose. Get outside for a brisk walk and take the kids. Rest, relax, and reflect on the meaning of the season—peace!

*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, 2025, the four-month waiting period will expire on May 1, 2025, and your severance payment deadline will be December 31, 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.

## 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](http://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](http://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.



### **Back Pain Relief**

Depending on the cause, back pain can cause a range of symptoms. It may be dull or sharp, in one small area or over a broad area, and you may have muscle spasms. Low back pain can also cause leg symptoms, such as pain, numbness, or tingling, often extending below the knee.

### **Want to take control of your back pain?**

A good start is by calling your Personal Health Nurse (PHN) with Conifer Health Solutions. Your PHN can help with back health and get you the help you need. 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

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