

For Your Benefit



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

Open Enrollment for Health and Welfare Coverage Is Now through December 27th

Now through December 27, 2017 is open enrollment to choose health and welfare coverage through the Fund **effective January 1, 2018 and continuing (assuming you remain eligible) through December 31, 2018.**

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 add dependents (if eligible) or to drop coverage.

Open Enrollment Letter

You will soon receive an open enrollment letter, along with payroll deduction and enrollment forms, from the Fund Office. If you are already enrolled and want to change coverage levels (from single coverage to husband/wife, for example) or to drop coverage completely, note the change on the payroll deduction form and complete the enrollment form and return both to the Fund Office. If you don't want to make changes, there is no need to return the form(s). You will remain in your current coverage (assuming you are still eligible for the same Plan).

If you are changing your coverage or enrolling for the first time, the Fund Office must receive both the enrollment form

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and payroll deduction form. This is what tells us to change your payroll deduction and set up your new coverage level. Forms must be returned by December 27 for coverage to begin as of January 1, 2018. However, if you're already enrolled and are not making changes, don't do anything.

Cost for Coverage (All costs payable via payroll deduction) Plans I, X and XX Full Time Participants

- Single coverage \$5 per week
- Participant + one dependent \$10 per week
- Family coverage \$15 per week

Plan XXX Full Time Participants

- Single Coverage \$10 per week
- Participant + child(ren) \$15 per week
- Participant + spouse \$20 per week
- Family Coverage \$25 per week

Plan X Part Time Participants

- Single coverage \$5 per week
- Family coverage 20% of cost*

*Plan X Part Time participants may add dependent coverage at a cost of 20% of the overall cost of the coverage. Contact the Fund Office for the exact amount of the payroll deduction if you are interested in adding this coverage.

Plans XX Part Time Participants

- Single coverage \$10 per week
- Per Child Rate: \$108.39
- Two Children: \$216.78
- Three or More Children: \$325.17

Plan XXX Part Time Participants

- Single coverage: \$10 per week
- Per Child Rate: \$106.80
- Two Children: \$213.60
- Three or More Children: \$320.40

Spouses of Plan XX and Plan XXX Part Time participants are not eligible for coverage.

The rates for Part Time Dependent Children are current at this time. However, **when the 2018 rates are determined**, you will be notified and you will have the opportunity to keep or drop your children at that time. Part Time participants in Plans XX and XXX who enroll a child/ren will continue to pay the \$10 weekly co-payment in addition to the amounts shown above. Spouses of Part Time participants in Plan XX and Plan XXX are not eligible for coverage.



Spousal Surcharge Applies to Full Time participants and Part Time participants in Plans I and X, as follows:

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

- your spouse is eligible for coverage through his/her employer, but elects not to enroll for that coverage; or
- your spouse also is 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 a participant in the FELRA VEBA Fund.

Watch your mail for your open enrollment letter and materials. Don't let the time creep up on you—complete the forms right away. If you have questions, contact the Fund Office at (800) 638-2972. We will be happy to walk you through the process.

Don't Get The Flu. Get The Flu Shot.

Participants with Fund Coverage

Participants in Active Plans I, X, XX and XXX, as well as retirees who have Fund medical coverage with prescription benefits through Express Scripts, can receive a flu shot at any Giant or Safeway pharmacy at **no cost**, using their Express Scripts Prescription Drug ID card.

Flu Shot at Doctor's Office

Participants in one of the above Plans also may receive flu shots at their doctor's office. If the primary reason for the office visit is preventive and a flu shot is administered, then the office visit and flu shot will be paid at 100%. If the flu shot is administered and there is a medical reason for the office visit other than just the flu shot, the flu shot will be paid at 100% and the office visit will be paid at 80% for Plans I and X, 75% for Plan XX and 70% for Plan XXX, based on the diagnosis for the visit. If there has been a previous preventive visit and there is not a medical diagnosis listed, the office visit will be denied and only the flu shot will be paid at 100%. Members are only entitled to 100% coverage for one routine preventive office visit per year. Participants in Plans X, XX and XXX **must** use a participating CareFirst provider in order to be covered. Note: Plan XL participants do not have prescription drug coverage.



Participants with Kaiser Permanente HMO Coverage

For participants in the Kaiser Permanente HMO who prefer to get a flu shot from their doctor, the flu shot is covered in full, with no co-pay, as long as you use a Kaiser physician. Members can get a flu shot at no cost – no appointment needed – at any of Kaiser Permanente medical centers. To find the nearest Kaiser Permanente medical center, go to kp.org/flu or contact Member Services at (800) 777-7901, Monday through Friday (except holidays), 7:30 a.m. to 5:30 p.m. Actively working participants in Kaiser who use Express Scripts for their prescription benefit may also choose to get a flu shot at a Giant or Safeway pharmacy using the Express Scripts ID card, at no cost.

Let The Fund Office Know If Your Eligible College Student Lives Outside The Baltimore/Washington/Northern Virginia Area

The following article applies to actively-working participants who have traditional Fund medical coverage, not Kaiser Permanente HMO.



If you live in the Baltimore/Washington/Northern Virginia area and have a green Fund ID card, that means you are what CareFirst calls a "Local Lease" participant. If you don't live in the "local" area and you have a white ID card, you are what CareFirst calls a "Flexlink" participant.

If you are a Local Lease participant and your dependent does not live in the area (for example, a college student), his/her claims will not be covered if he/she uses a "Non-Local Lease" provider while carrying a "Local" (green) card.

To solve this problem, contact the Fund Office. Your whole family will be re-coded for the Flexlink network and you will be sent new Flexlink ID cards. That way, you can show the card to any CareFirst provider and your claims will be processed.

Be Sure You Understand A Workers' Compensation Settlement Before Accepting One

If you have benefits through the Fund and you sustain a work-related illness or injury, you must file a claim with your employer's Workers' Compensation ("WC") carrier. You should also submit your claim to the Fund Office at the same time, along with a note that you have filed for workers' compensation. That way, you will have filed your claim within the Fund's time limits (90 days for Accident & Sickness/180 days for Medical claims) if the claim is eventually determined to be **not work-related**. The Fund initially will deny your claim as being work-related until a final decision is made by the WC carrier.

If the WC carrier denies your claim as being **not** work-related, send a copy of the denial to the Fund Office. The Fund will send you an agreement called a "Promise to Appeal." It states that you agree to appeal the WC carrier denial to the WC Commission (or its equivalent in your state).

The agreement also lists the steps you must follow in order to have the Fund pay your claim (for medical or accident and sickness claims) before your case is decided by the WC Commission (which can take a long time). Because we don't want you to have to wait that long to be paid, the Fund will process your claims as soon as you sign and return the agreement – **before** the final decision has been made by the Commission.

However, Fund rules state that you must repay the Fund in full for any monies it has paid if you ultimately receive a recovery from the WC carrier or another party relating to your injury.

Although this seems clear enough, it can become a little confusing when a settlement is involved. If your attorney advises you (or if you decide on your own) to accept a settlement of your WC claim, and that settlement is less than the amount of the injury-related claims the Fund has paid to you or on your behalf, you must notify the Fund Office and obtain the Fund's approval prior to accepting the settlement. If you don't obtain approval before accepting such a settlement, you will be required to repay the Fund the entire amount it has paid in related benefits, even if that amount is more than the settlement amount you received.

For example, if the Fund paid \$4,000 in Accident and Sickness and/or Medical claims, and you accept a settlement for \$3,000 without the Fund's approval, you would be required to repay the Fund the full \$4,000, *even though your settlement was for \$3,000.*

Be careful! Once you accept a **WC settlement**, the **WC Commission will close your case –**

for current claims and for any future claims relating to the same injury. For example, if your work-related shoulder injury flares up a year from now (and you have accepted a settlement), you will not receive benefits from the WC carrier **or** the Fund relating to that injury. Since benefits were paid by the WC carrier, the Fund will deny the claim as being work-related.

Accepting a settlement is your choice. In some cases, it may be the best solution for you, but make sure you understand what it means and what your responsibilities are **before** you agree to accept one.

IMPORTANT: Notify The Fund Office If Receiving Workers' Compensation

If you are receiving, or have received, Workers' Compensation benefits, it is important that you notify the Eligibility Department of the Fund Office at (301) 459-3020 or (800) 638-2972. Your health and welfare benefits for non-work related claims will continue while you are collecting Workers' Compensation, up to the time limits for your Accident and Sickness benefit entitlement. Notifying the Fund Office of your Workers' Compensation benefits helps ensure you do not lose eligibility for other benefits under the Fund.

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.

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, 2016, to December 31, 2016. 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 \$58,210,974 as of December 31, 2016, compared to 64,468,392 as of January 1, 2016. During the Plan year, the Plan experienced a decrease in its net assets of \$6,257,418.

This decrease includes unrealized appreciation or depreciation in the value of 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 \$131,033,945. This income included employer contributions of \$122,972,337, employee contributions \$4,676,623, realized losses of \$678,877 from the sale of assets, and earnings from investments of \$4,033,837. Plan expenses were \$137,291,363. These expenses included \$9,561,314 in administrative expenses and \$127,730,049 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:

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| 1. An accountant's report; | 3. Assets held for investment; | 5. Insurance information including sales |
| 2. Financial information and information on payments to service providers; | 4. Transactions in excess of 5 percent of the Plan assets; and | 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 \$0.25 per page for any part thereof.

You also have the right to receive from the Plan, 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 Annual Report from the Plan administrator, these two 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, DC, 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, DC 20210.

Additional Explanation

Dental claims- Group Dental Services, Inc. Premiums Paid \$6,787,956
Medical claims – Kaiser Foundation Health Plan Premiums Paid \$9,817,766
Life insurance claims –Voya Financial Premiums Paid \$170,730
Vision claims - Advantica Premiums Paid \$956,994
Accidental Death & Dismemberment –Voya Financial Premiums Paid \$9,570

Diabetic Supplies Covered If Purchased at a Participating Pharmacy

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

Diabetic supplies such as test strips, lancets and glucometers are covered under your benefits. Read below to see how the benefit works and how to correctly submit a claim for reimbursement.

Buying at a Pharmacy

Plans X, XX, and XXX: Participants in these Plans must purchase diabetic supplies from a Giant or Safeway pharmacy in order to be covered.

Plan I: Plan I participants may use any pharmacy they choose.

All participants must pay **in full** for the supplies up front, but you'll be reimbursed by the Fund if you send your paid receipt to the Fund Office. Be sure to include your name (or patient's name, if supplies are for a covered dependent), the participant's ID Number, the name of the store or pharmacy where the diabetic supply was purchased, and the date purchased (it's not always on the receipt).

You will be reimbursed under your medical benefit at 80% for Plans I and X, at 75% for Plan XX, and at 70% for Plan XXX, after satisfying the annual deductible.

Buying Online

The Fund Office will accept receipts for diabetic supplies purchased online provided that you purchase from a *medical supply* or *diabetic supply* company and, for participants in Plans X, XX and XXX, the supply company participates with CareFirst. We will not accept receipts from Amazon or other online "shopping" sites such as eBay. The purchase must be from an actual pharmacy or medical supply company. Shipping is not covered for online purchases.

If you have questions about how diabetic supplies are covered or if you may use a particular place to purchase them, please review your Summary Plan Description or contact the Fund Office.

Accident & Sickness Continuation Forms Automatically Generated Every Five Weeks

If you are out on sick leave or disability leave and are receiving Accident and Sickness ("A&S") benefits, a Notice of Continuation or Termination of Disability for Group Accident & Sickness Benefits form ("Continuation form") is automatically sent to you after you've been out five weeks. The form requires your doctor to certify that your illness or disability is still continuing and that you are requesting continued A&S benefits.

Generally, the Continuation form will be accepted for **up to** another six weeks of disability, depending on what your doctor projects as the amount of time you will be out of work. If your doctor is unsure about your return to work date, he/she can state that you will continue to be disabled through your next scheduled appointment so that you can be evaluated at that time. The Continuation form must be returned to the Fund Office within four weeks from the date it is sent.

The purpose of the Continuation form is not just to update your expected date of return, but also to verify that you have been regularly seen by a doctor and have been receiving treatments. We know it's not always easy to have forms signed while you're sick or on disability, but the verification process is important and ensures that benefits are being administered in accordance with the Plan.

On Our Website

For your convenience, we also have the Continuation form on our website. Go to www.associated-admin.com and click on "Your Benefits," located at the left side of the page. Select "FELRA & UFCW Health & Welfare Plan" and under "Downloads (Forms)" you can print the Notice of Continuation or Termination of Disability for Group Accident & Sickness Benefits."

Complete all sections of the Continuation form and sign it. Send the original, signed form back to the Fund Office, not a fax or a photocopy. This is important.

Request for Additional Information

If we ask for more information, the response is due within two weeks from the date on the request. Likewise, if you have a correction to make to a form, that is also due within two weeks from the date the original form was submitted.

If you have questions about the form or how to complete it, call the Fund Office at (800) 638-2972. Follow prompts to get to the Accident and Sickness Department.

Some Vaccines and Prescriptions Covered At 100%

The following article applies to participants under the FELRA & UFCW Active Health and Welfare Plan whose medical coverage is provided through the Fund, not an HMO.

Some vaccines and preventive prescriptions are covered at 100% under the Fund, as required by the Patient Protection and Affordable Care Act of 2010 (ACA).

What Is Covered At 100%?

Listed below are examples of drugs that are covered at 100% under the pharmacy benefit. For over-the-counter medications such as aspirin and smoking cessation drugs, make sure you purchase them using your **Prescription Drug card!** This is very important – if you don't purchase them using your Rx card, you will be charged for these items.

- Aspirin (males age 45 – 79 years and females age 55 – 79 years)
- Fluoride (birth through age 5 years)
- Folic Acid (women through age 50 years)
- Iron Supplements (birth through 12 months)

- Smoking Cessation (for adults 18 years +)
- Bowel Preparation Agents (limited to age 50 – 75 years and in conjunction with a colonoscopy)
- Vaccines (flu, pneumonia, shingles, rabies)
- Vitamin D
- Female Contraceptives
- Breast Cancer Drugs (Tamoxifen, Raloxifene, Soltamox)

Complete List on Our Website

A complete list of preventive services and drugs, along with a detailed description of coverage limitations and exclusions, can be found on the Fund's website: www.associated-admin.com. Click on "Your Benefits" located at the left side of the page and select "FELRA & UFCW." You will be directed to the FELRA homepage. Click on FELRA & UFCW Health and Welfare Plan and under "Downloads," you can view the ACA Preventive Services list.



HEALTH CORNER

Holiday Drinking: Keep It Safe

The period between Thanksgiving and New Year's Eve, according to Mothers Against Drunk Driving, is one of the most unsafe times of year to be on the roads due to alcohol-related injuries and deaths.

Why are the holidays more dangerous than other times of the year?

- More people drink during the holidays due to many parties and other festivities.
- Many Americans don't drink except around the holidays and therefore have a lower tolerance for alcohol. As a result, these people often underestimate their level of impairment and sometimes even drive when they shouldn't. When arrested for drunk driving, these people often show a relatively low blood alcohol content although they are very intoxicated.
- Because there are more parties and socially acceptable events to drink during the holidays, many problem drinkers and people with alcoholism say that they feel more "normal," and therefore drink more often. Because they have a high tolerance for alcohol they drink large amounts before showing the effects, although they are, in fact, too impaired to drive.
- The holidays are busy and stressful. People are hurrying more than normal and winter road conditions in many areas of the country make driving more dangerous. Add alcohol to this scenario and you have a recipe for disaster.

Follow these tips for a safe holiday season:

- **Resist the pressure to drink or serve alcohol at every social event.** Just because it's there does not require that you drink it.



- **If you want to serve alcohol to your guests, offer nonalcoholic drinks as well.** Make your guests feel as comfortable choosing a nonalcoholic drink as they would choosing alcohol. You can do this by putting nonalcoholic drinks in a prominent, easily accessible place and by asking guests what they would like to drink, instead of pointing them to the bar or handing them an alcoholic drink when they arrive.
- **If you or your friends are going to a party and plan to use alcohol, decide in advance who will be the designated driver.** Decide that drinking and driving is not an option.
- **If you are going to drink, decide ahead of time how many drinks you will have and stick to it.**

The above article was provided by Beacon Health Options/Achieve Solutions. This is for informational purposes only and should not be treated as medical, health care, psychiatric, psychological or behavioral health care advice. If you have concerns about your health, please contact your health care provider.

Landover Fund Office Moved To New Location

On April 1, 2017, the Landover Fund Office relocated to the following address:

Fund Office
8400 Corporate Drive, Suite 430
Landover, MD 20785-2238

All phone and fax numbers remain the same.
Participant Services is still toll-free (800) 638-2972.

Beacon Health Options Has New Address

Beacon Health Options, the provider who reviews your mental health and substance abuse treatment to be sure your care is medically necessary and appropriate, recently changed their mailing address. Send all correspondence to the new mailing address shown below.

Beacon Health Options
PO Box 1854
Hicksville, NY 11802

