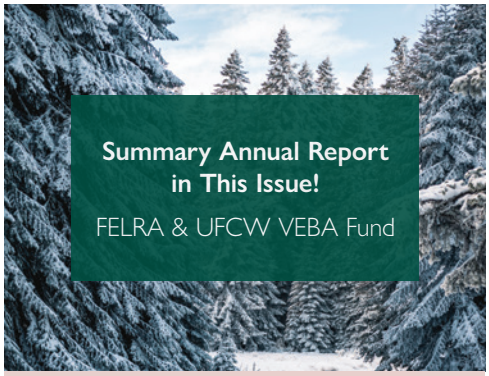
FELRA/UFCW

FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION & UNITED FOOD AND COMMERCIAL WORKERS FUNDS

1099Rs Will Be Mailed in Late January.
Look for Yours!

December 2021 Vol. 38 No. 3
www.associated-admin.com

For Your Benefit



Open Enrollment for Health and Welfare Coverage Is Now through December 30th

Now through December 30, 2021 is open enrollment to choose health and welfare coverage through the Fund **effective January 1, 2022 and continuing (assuming you remain eligible) through December 31, 2022**.

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.

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 30, 2021. If you are not making changes, **don't do anything.**

Continued on Page 2

This issue—

Continued from Page 1

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 30 for coverage to begin as of January 1, 2022.

Cost for Coverage (All costs payable via payroll deduction)

Plans I, X and XX Full Time Participants

- Single coverage $6/Week
- Participant + one dependent $11/Week
- Family coverage $16/Week

Plan XXX Full Time Participants

- Single Coverage $11/Week
- Participant + child(ren) $16/Week
- Participant + spouse $21/Week
- Family Coverage $26/Week

Plan X Part Time Participants

- Single coverage $6/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. 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: $6/Week
- Per Child Rate: $139.10/Month
- Two Children: $278.20/Month
- Three or More Children: $417.30/Month

Plan XXX Part Time Participants

- Single coverage: $11/Week
- Per Child Rate: $146.72/Month
- Two Children: $293.44/Month
- Three or More Children: $440.16/Month

Spouses of Plan XX and Plan XXX part time participants are not eligible for coverage. Part time participants in Plans XX and XXX who enroll a child/ren will continue to pay the $6 or $11 weekly co-payment 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 other employer's health coverage, if any.

Part Time Participants in Plans XX and XXX

Coverage for part time participants shall be secondary if the employee is covered under another plan.

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

All Health Benefits Terminate When You Drop Fund Coverage

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

Send Note from Physician and Paid Receipt to Fund Office for Reimbursement of Diabetic Supplies

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

If you or a covered dependent have Diabetes Mellitus, you may be reimbursed for the cost of blood sugar monitors (like Glucometer and Accu-Check) and other supplies, such as Chemstrips. Send your paid, itemized receipt to the Fund Office, along with a note from your physician, verifying that you (or your eligible dependent) have Diabetes Mellitus, and that the supplies are related to the treatment of your illness. Be sure the itemized receipt shows the diabetic supply purchased.

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. The Fund will not cover if filled at CVS, Wal Mart, Walgreens or Rite Aid pharmacies.

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, itemized receipt and a note from your physician 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. The Fund does 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.

Express Scripts Formulary Drug Change

The Express Scripts formulary will change effective January 1, 2022. To view the list, log on to www.associated-admin.com, click on "Your Benefits" and select FELRA & UFCW Health and Welfare Plan. Under "Downloads," you can view the "2022 Express Scripts National Preferred Formulary List."

If a prescription you are currently taking is affected, you will receive a letter notifying you of the change and a list of alternative medications will be provided.

Services of CRNA or Anesthesiologist Are Covered – But Not Both

The following article applies to participants in Active Plans I, X, XX, and XXX who have Fund medical coverage, not HMO coverage.

Before committing to a procedure that requires the use of anesthesia, it is a good idea to consult your provider and the Fund Office before services are rendered.

The Fund will cover the services of a Certified Nurse Anesthetist ("CRNA") or an anesthesiologist, but not both for the same procedure.

What's the difference? A CRNA is a registered nurse who is qualified to administer anesthesia. An anesthesiologist is a medical doctor ("MD") who specializes in administering anesthesia.

If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA. Services of a CRNA are only covered if an anesthesiologist has not billed the Fund.

When You Need Medical Services, You Must Use a CareFirst In-Network Provider

The following article applies to Active participants in Plans X, XX and XXX who have Fund coverage, not HMO coverage.

You must use a CareFirst provider to have coverage for hospital, medical, or surgical benefits under the Fund, with the exception of:

Exceptions

You are covered for non-PPO emergency ambulance service, as well as for No Surprises Services. No Surprises Services include the following, to the extent they are covered under the Plan in-network: (1) out-of-network emergency services for an emergency medical condition; (2) out-of-network air ambulance services; (3) non-emergency ancillary services (such as anesthesiology, pathology, radiology and diagnostic services) when performed by out-of-network providers at in-network facilities; and (4) other out-of-network non-emergency services performed at in-network facilities with respect to which the provider does not comply with certain federal notice and consent requirements.

CareFirst reprices claims when you use a participating provider, but **CareFirst is not your insurance carrier.** Your coverage is provided through the Fund.

Locating a CareFirst Provider

- Call (800) 235-5160 if you have a green ID card.
- Call (800) 810-2583 (800-810-BLUE) if you have a white ID card:

Note that the numbers above are only for finding a participating CareFirst provider. **No other questions (claims, eligibility, etc.) will be answered on these lines.**

Verify that the health care provider you selected participates with CareFirst when you make your appointment, as provider information is subject to change. At your appointment, show your Fund ID card and tell the physician or facility that you participate with CareFirst. If you are in the Local Lease area (green ID card) and are filing a paper claim, send it to:

CareFirst/Network Leasing
PO Box 981633
El Paso, TX 79998-1633

CareFirst will reprice the claim and forward it to the Fund Office for processing. A CareFirst provider should **not** require payment for covered services at the time of service unless the service provided is a non-covered benefit or if your deductible has not been met. If the provider attempts to collect payment for covered services at the time of your visit, remind the provider that payment will be made by the Fund after CareFirst reprices the claim. The amount of the reduced charge which the patient is responsible for paying will be shown on the Explanation of Benefits (EOB) sent to you and your provider after your claim has been processed.

Important: For laboratory services to be covered, you generally must use either LabCorp or Quest Diagnostic Laboratories (except for laboratory services performed when you are an inpatient in the hospital or by out-of-network providers at in-network facilities). Lab services performed in your doctor's office or other locations generally will not be covered.

To find the nearest LabCorp location, call (888) 522- 2677 or log onto their website at www.labcorp.com/ psc/index.html. To find the nearest Quest location, call (800) 377-7220 or go to their website at www.questdiagnostics.com/appointment.

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

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Summary Annual Report for FELRA and UFCWVEBA 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, 2020 to December 31, 2020. 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 $35,151,718 as of December 31, 2020 compared to $42,172,810 as of January 1, 2020. During the plan year, the plan experienced a decrease in its net assets of $7,021,092. 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 $124,379,271. This income included employer contributions of $117,281,276, employee contributions of $4,515,496, realized gains of $742,704 from the sale of assets and earnings from investments of $1,258,538. Plan expenses were $131,400,363. These expenses included $9,950,593 in administrative expenses and $121,449,770 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 Paid (Group Dental Services) --- $5,593,235
HMO Kaiser Permanente Premiums Paid --- $8,050,313
Life Insurance / Accidental Death & Dismemberment Premiums Paid (Symetra)--- $204,797
Vision Premiums Paid (Superior Vision/ National Guardian) --- $21,858

Flu Shots Are Covered

This article applies to participants in Plans I, X, XX and XXX.

Participants with Fund Coverage

Active participants in Plans I, X, XX and XXX, and Plan I Retirees who have medical or prescription coverage through the Fund, can receive the flu vaccine at any Giant or Safeway pharmacy at **no cost**, using their Express Scripts prescription drug ID card.

Flu Shot at Doctor's Office

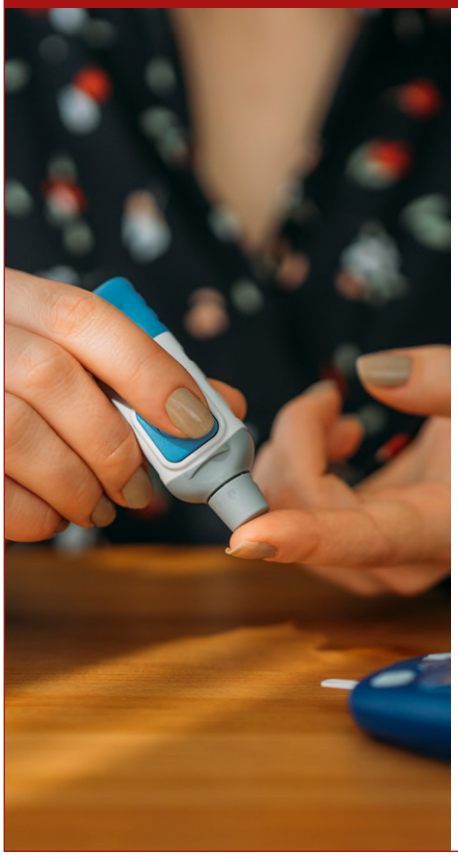
Participants in one of the above Plans also may receive the flu shot at their doctor's office. If the primary reason for the office visit is preventive and a flu shot is administered, then the office visit and flu shot will be paid at 100%. If the flu shot is administered and there is a medical reason 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.

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 Kaiser Permanente medical center. To find the nearest Kaiser Permanente medical center, go to kp.org/flu or contact Member Services at (800) 777-7902, Monday through Friday (except holidays), 7:30 a.m. to 5:30 p.m. Actively working participants covered by 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.

CONIFER HEALTH SOLUTIONS®

Conifer Corner



Take control of your blood sugar!

Did you know that increased thirst, unexplained weight changes and the need to urinate more often can be signs that your blood sugar is high? If you notice any of these changes, talk to your provider to rule out blood sugar concerns.

Better health can be so sweet!

Conifer Health Solutions Personal Health Management (PHM) program is available to help you learn ways to manage your health. To get started, call one of your PHNs:

- Lea, at 800.459.2110, ext. 2917
- Renee, at 800.459.2110, ext. 2552, or
- Michelle, at 800.459.2110, ext. 2061

Remember to Claim Severance Benefits When Eligible

If you are eligible for severance benefits, you should apply for your severance benefit immediately after your Severance from Service date. Usually, this is your employment termination date, but there are special rules for participants on a leave of absence. See page 12 of your Severance SPD for more information.

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 payable Severance Benefit may 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 terminate covered employment on January 1, 2022, the four-month waiting period will expire on May 1, 2022, and your severance payment deadline will be December 31, 2022.

If you do not apply for and receive your severance benefit by the deadline under the Plan, you will lose your benefit. Protect your benefit by submitting the application on time! You can print the Severance Application by logging on to www.associated-admin.com, select "Your Benefits," and then "UFCW & FELRA Severance Plan." The Severance Application is located under "Downloads."

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.

Availability of Pension Estimate

The following article applies to active 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 annually. To receive your pension estimate, please complete a Benefit Service Request form. To get this form, you can:

- Log on to 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. It may take approximately 8 – 12 weeks for us to prepare your estimate. It takes time because we verify work history in our records with your employer(s). There is no charge for a Benefit Statement.

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