

# For Your Benefit



## Retiree Information Forms Have Been Mailed. Complete and Return This Form!

The Fund Office has sent all retirees (and beneficiaries who are collecting a benefit) a Retiree Information Form (RIF) earlier this month to be completed and returned to the Fund Office. The form asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed.

**This form must be completed and returned every year, even if nothing has changed.** It is very important that you complete all sections of this form and promptly send it back to the Fund Office. It is critical that the Fund Office timely receives your completed RIF to avoid any interruption of your monthly benefits. To assist you, the Fund Office has included a postage-paid return envelope with the RIF.

### Helpful Reminders

- Do not attach checks or claims to the RIF.
- Report any earnings from all employers.
- Let us know if you or your spouse has other health coverage.
- Be sure to sign the RIF.

**No one but the retiree (or beneficiary collecting a benefit) can sign the RIF, unless another individual holds legal authority to sign on the retiree’s or beneficiary’s behalf, such as a Power of Attorney or legal guardian. A copy of any such Power of Attorney or other legal document must be on file with the Fund Office. If, for health reasons, the retiree or beneficiary is unable to sign the form and there is no Power of Attorney or legal documentation on file, then the retiree or beneficiary must sign an “X” on the RIF and have it notarized by a Notary Public.**

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# Important News about Weight Loss GLP-1 Medication

Effective June 1, 2025, the coverage requirements for weight loss GLP-1 medication has changed.

## What Medications are covered?

Saxenda®, Wegovy®, and Zepbound™ are medications approved by the U.S. Food and Drug Administration (FDA) for weight management. These medications, along with healthier behaviors, including a reduced-calorie diet and increased physical activity, help address chronic weight management issues.

## Who is qualified for GLP-1 Medication?

To receive coverage under the Plan for weight loss GLP-1 medication, you must receive prior authorization from Express Scripts. In order to be approved, you must have a body mass index (BMI) equal to or greater than 32 and you must enroll in and engage with Omada, a virtual health program provided through Express Scripts. Alternatively, you may be approved if you have a BMI of 27 or greater and you provide documentation of two comorbid conditions **in addition to** enrolling in and engaging with Omada. The applicable comorbid conditions and a summary of requirements for engaging with Omada are listed below. If you were already receiving coverage for a GLP-1 weight loss medication, you will be required to meet the above prior authorization requirements in order to receive coverage for a **[refill/new prescription]** of the medication.

## What weight related health issues (comorbid conditions) are included in the requirements for coverage of a GLP-1 weight loss medication?

- Arthritis of the knee
- Asthma
- Chronic obstructive Pulmonary disease

- Coronary artery disease
- Heart disease
- High blood pressure
- High cholesterol
- Non-alcoholic fatty liver disease
- Obstructive sleep apnea
- Polycystic ovarian syndrome
- Type 2 diabetes

## Enrolling in Omada

Omada is a virtual health program that helps members create healthier habits to achieve lasting results. To enroll, log in to [esrx.com/healthsolutions](https://esrx.com/healthsolutions) after June 1, 2025 and get your Access Code. Sign up at [omadahealth.com/esi](https://omadahealth.com/esi) or download the Omada mobile application.

## Engaging with Omada

You must meet the following requirements each month:

1. Use the Omada app four times, by doing lessons or engaging with your health coach, peer group, or online community.
2. Weigh in four times using the smart scale provided by Omada.

## Prior Authorization

Ask your doctor to visit the Express Scripts online portal at [esrx.com/PA](https://esrx.com/PA) or call Express Scripts at (800) 417-1764 to arrange for a review on or after June 1, 2025. If your doctor does not visit [esrx.com/PA](https://esrx.com/PA) or call and get approval, you will not receive coverage under the Plan and will be responsible for the full cost of the medication. If you have questions about this process, contact Participant Services at (800) 638-2972.

# Be Wary of Offers for Additional/Supplemental Coverage!

Retirees often receive calls from insurance companies or brokers offering health plans and supplemental coverage. Should you choose to pursue additional coverage, it is very important that you contact the Fund Office to determine whether it will have an effect on your current benefits under the FELRA & UFCW VEBA Fund before proceeding. Enrolling in a new plan may disqualify you from using your benefits through the Fund.

If you are an active or retired participant who is already enrolled in Kaiser Permanente HMO coverage through the Fund, please be cautious if you receive an offer of

additional or different coverage from Kaiser. **Enrolling in other coverage with Kaiser may disqualify you from the Fund's Kaiser Permanente HMO coverage as well as your Optical and Dental benefits (if applicable) provided by the Fund.**

**Don't sign up for anything that you don't understand!** Call the Fund Office at (410) 683-6500 or toll-free at (800) 638-2972 to speak with a representative before enrolling in any new or additional coverage, so you know what effect it could have on your Fund health benefits.

# Kaiser Permanente Open Enrollment Letters

Each year, participants who live within the Kaiser service area have the opportunity to enroll in the Fund's Kaiser Permanente HMO coverage instead of traditional Fund coverage. This year's open enrollment will be in effect from July 15 to September 15, for coverage effective October 1.

In July, letters will be mailed to participants who may be eligible for Kaiser Permanente Open Enrollment. If you would like to enroll in Kaiser, contact Kaiser Member Services at (301) 468-6000 or toll-free at (800) 777-7902 and request a packet with an enrollment form. If you are already enrolled in the Kaiser Permanente HMO coverage and are not making a change, you don't need to do anything – your coverage will remain the same.

If you are enrolled in Kaiser but would like to enroll in the Fund's self-administered medical coverage, call the Fund office **no later than September 15th** and advise the

representative that you want to enroll in the Fund's self-administered coverage.

Changes in coverage are effective October 1st and remain in effect until September 30th of the following year.

There is a monthly co-premium cost if you enroll in Kaiser, which varies by Plan (Plan I, Plan X, Plan XX, etc.). The co-premium rate will be shown in the letter you receive. Failure to pay this monthly co-premium will result in your medical coverage being terminated. If your coverage is terminated for lack of payment, you may not re-enroll in the Fund's medical coverage until the next October 1st so it is important to think carefully and timely pay the required co-premium.

If you have any questions about the Kaiser option, contact the Fund office at (800) 638-2972. For specific questions about Kaiser Permanente coverage, call Kaiser directly at (800) 777-7902.

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

*The following article applies to participants who have FELRA & UFCW VEBA Fund self-administered medical coverage, not Kaiser Permanente HMO coverage*

If you or a covered dependent have Diabetes Mellitus, you may be eligible for reimbursement for the cost of blood sugar monitors (like Glucometer and Accu-Check) and other supplies, such as Chemstrips, after you have satisfied your annual deductible. 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 that 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 reimbursed. The Fund will not cover supplies purchased from CVS, Walmart, Walgreens or Rite Aid pharmacies.

**Plan I:** Plan I participants may purchase supplies from any pharmacy they choose.

All participants must pay **in full** for the supplies up front, but you can be reimbursed by the Fund if you send the Fund Office your paid, itemized receipt and 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 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 supplies were purchased, since this information is 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 is in the CareFirst network. 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. If you would like to verify whether a certain pharmacy or medical supply retailer is eligible for reimbursement prior to purchasing supplies, please contact the Fund Office.

# SaveOnSP Product List Effective July 1, 2025

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 "Drug List"). The Co-payment will not count towards your deductible or out-of-pocket maximums. The Drug List changes periodically. The Drug List that will be effective beginning July 1, 2025 is printed on pages 5-7. Please review the Drug List to see if the changes affect you. You may also view the current Drug List on the Fund's website.

- If you are currently taking a specialty medication included on the Drug List, please contact SaveOnSP at (800) 683-1074 to take advantage of this benefit without delay. You will receive a letter directly from Express Scripts notifying you that the SaveOnSP service is available.
- If you are currently taking a specialty medication that is no longer on the Drug List, the specialty medication will be subject to the Plan's standard copay, deductible, and out-of-pocket maximums. You will receive a notice about the change directly from Express Scripts, Inc.

Please direct any questions to SaveOnSP at (800) 683-1074 Monday through Thursday 8 a.m.–11 p.m. Eastern and Friday 8 a.m.–9 p.m. Eastern.

**Note: If you live in CO, CA or UT, a different list applies to you. Contact ESI for more information.**

## Coverage for Hospital Services

*The following article applies to participants in FELRA & UFCW VEBA Fund Plans X, XX and XXX whose medical coverage is self-administered through the Fund, not an HMO.*

For most hospital services to be covered under your Plan, you must use a CareFirst in-network provider. Also, you must certify your stay with Conifer Health Solutions ("Conifer") **before** you have any elective or pre-scheduled procedures, and within 24 hours of your admission for an emergency. To certify admissions, contact Conifer at (800) 459-2110. This number is also on your Fund medical ID card.

When the professional services described below are rendered by a physician, physician's assistant, nurse practitioner or certified surgical assistant, the Plan will provide benefit payment at the percentage specified under your Plan, up to the allowed amount. The annual deductible applies. Charges made in excess of these amounts are the responsibility of the patient.

When you or your eligible dependent is admitted to a **Hospital** as a registered inpatient, you are eligible for coverage for the following services when furnished and billed as hospital services, and when consistent with the diagnosis and treatment of the condition for which hospitalization is required:

1. Room and board in semi private accommodations and special care units is covered at the percentage specified in your Summary Plan Description, up to the semi-private room rate;

2. General nursing care;
3. Use of the operating, delivery, recovery, or treatment rooms;
4. Anesthesia, radiation, and x ray therapy when administered by an employee of the Hospital;
5. Dressings, plaster casts, and splints provided by the Hospital;
6. Laboratory examinations;
7. Basal metabolism tests;
8. X-ray examinations;
9. Electrocardiograms and electroencephalograms;
10. Physiotherapy and hydrotherapy;
11. Oxygen provided by the Hospital;
12. Drugs and medicines in general use;
13. Administration of blood and blood plasma and intravenous injections and solutions; and
14. Special Care Units.

If you request a private room, you are eligible for all the benefits above, but you must pay the hospital the difference between its actual charge for the private room and its average charge for semi private rooms.

# State Benchmark = All States except CA, CO, UT 2025 Copay Assistance Benefit Drug List

Please call 1-800-683-1074 to participate. Once you've completed the manufacturer copay assistance program's enrollment process and consented to SaveOnSP monitoring your pharmacy account, your responsibility will be reduced.

Effective January 1, 2025

The specialty medications included in the copay assistance benefit drug list are specific to your plan's prescription drug benefit and subject to change at any time. Prescription drug benefit plan terms will always take precedence. Medications with prior authorization criteria must be approved in advance by the plan and follow applicable laws and/or regulations. The specialty medications included on this list will have a 30 percent coinsurance, which may be subject to change. By completing the manufacturer copay assistance program's enrollment process and consenting to SaveOnSP monitoring your pharmacy account, **your final cost will be reduced**. Specialty medications will be filled through your approved specialty pharmacy.

<p><b>A</b></p> <hr/> <p>Abraxane  <b>Abrilada</b>          Actemra  <b>Acthar</b>          Adakveo          Adalimumab-adaz  <b>Adalimumab-adbm*</b>          Adbry          Adcetris          Adcirca          Adstiladrin          Advate          Adynovate          Adzynma          Afinitor          Afstyla          Agamree          Akeega          Aldurazyme          Alecensa          AlphaNine          Alprolix          Altuviiio          Alunbrig  <b>Alyglo</b>          Alymsys  <b>Amjevita</b>          Ampyra          Amvuttra          Apokyn          Arcalyst          Asceniv          Austedo          Avastin          Avonex          Avsola  <b>Ayvakit</b></p>	<p><b>B</b></p> <hr/> <p><b>Balversa</b>          Bavencio          Benefix          Benlysta          Berinert  <b>Besremi</b>  <b>Betaseron</b>          Biktarvy          Bimzelx          Bivigam          Bosulif          Braftovi          Briumvi          Brixadi          Brukinsa          Bylvay          Byooviz</p> <p><b>C</b></p> <hr/> <p>Cabenuva          Cablivi          Cabometyx          Calquence          Camzyos          Carbaglu          Cayston          Cerdelga          Cerezyme          Cholbam          Cibinqo          Cimerli          Cimzia          Cinryze          Columvi          Complera          Copaxone  <b>Copiktra</b>          Cortrophin</p>	<p>Cosentyx  <b>Cotellic</b>          Crysvita          Cutaquig          Cuvitru          Cuvrior          Cyltezo          Cyramza          Cystadrops</p> <p><b>D</b></p> <hr/> <p>Daybue          Delstrigo          Dojolvi          Doptelet          Duopa          Dupixent          Durysta  <b>Duvyzt</b></p> <p><b>E</b></p> <hr/> <p>Edurant          Egrifta          Elahere          Elaprase          Elelyso          Elfabrio          Eloctate          Elrexio          Emflaza          Empaveli          Empliciti          Enbrel          Enhertu          Entyvio          Epkinly          Erbitux          Erivedge          Erleada          Esbriet</p>	<p>Esperoct          Evenity          Evkeeza          Exjade          Exondys 51          Eylea</p> <p><b>F</b></p> <hr/> <p>Fabhalta          Fabrazyme          Fasenra          Feiba NF          Ferriprox          Filspari          Fintepla          Firazyr          Firdapse          Folotyn          Forteo          Fotivda          Fruzaqla          Fulphila          Fylnetra</p> <p><b>G</b></p> <hr/> <p>Galafold          Gamifant          Gammagard          Gattex  <b>Gavreto</b>          Gazyva          Genotropin          Genvoya          Gilotrif          Givlaari          Glatopa          Gocovri          Granix</p> <p><b>H</b></p> <hr/>	<p>Haegarda          Hemlibra          Herceptin          Herceptin Hylecta          Herzuma          Hetlioz  <b>Hulio</b>          Humate-P          Humira          Hyqvia  <b>Hyrimoz</b></p> <p><b>I</b></p> <hr/> <p>Ibrance          Iclusig  <b>Idacio</b>          Idelvion  <b>IDHIFA</b>          Ilaris          Ilumya  <b>Imbruvica</b>          Imcivree          Imfinzi  <b>Imjudo</b>          Increlex          Inflectra          Ingrezza          Inlyta          Inqovi          Inrebic          Intelence          Iwifin          Ixempra          Ixinity          Izervay</p> <p><b>J</b></p> <hr/> <p>Jadenu          Jakafi          Jaypirca</p>
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\*Excludes Quallent Pharmaceuticals.

\*\*Drug available upon launch to market.

Jemperli

**Jevtana**

Jivi

Joenja

Juxtapid

Jynarque

**K**

Kadcyla

Kalbitor

Kalydeco

Kanjinti

Kanuma

Kesimpta

Keveyis

Kevzara

**Keytruda**

Kineret

Kisqali

**Kisqali Femara Co-Pack**

Kitabis

Kogenate FS

**Korlym**

Koselugo

Kovaltry

Krazati

Krystexxa

Kuvan

Kyprolis

**L**

Lamzede

**Lemtrada**

Lenvima

Leqembi

Letairis

Leukine

Libtayo

Litfulo

Livmarli

Lonsurf

Loqtorzi

Lorbrena

Lucentis

Lumakras

Lumizyme

Lumryz

Lunsumio

Lupkynis

Lupron

Luxturna

Lynparza

Lytgobi

**M**

Margenza

Mayzent

Mekinist

Mektovi

Mvasi

Myalept

Myobloc

Mytesi

**N**

Nerlynx

Neulasta

Neupogen

Nexavar

Nexvazyme

Ngenla

Ninlaro

Nityr

Nivestym

Northera

Nourianz

Novoeight

Novoseven RT

Nplate

Nubeqa

Nucala

Nulibry

Nuplazid

**Nutropin**

Nuwiq

Nyvepria

**O**

Ocaliva

Ocrevus

Odomzo

Ogivri

Ogsiveo

**Ojemda**

Ojjaara

Olpruva

Olumiant

Omnitrope

Omvox

Ontruzant

Onureg

Opdivo

Opdualag

**Opfolda**

Orencia

Orenitram

Orfadin

Orgovyx

Orkambi

Orladeyo

Orserdu

Otezla

Oxbryta

Oxervate

Oxlumo

**Ozurdex****P**

Padcev

Palynziq

Panhematin

Panzyga

Pemazyre

Perjeta

Phesgo

Pifeltro

Piqray

Plegridy

Polivy

Pombiliti

Ponvory

Poteligeo

Prezcobix

Procysbi

Prolia

Promacta

Pulmozyme

Pyrukynd

**Q**

Qalsody

Qinlock

**R**

Radicava

Ravicti

Rebif

Rebinyn

Recombinate

Remicade

Renflexis

Retevmo

Revatio

Revcovi

Revlimid

Rezlidhia

Riabni

Rinvoq

Rituxan

Rituxan Hycela

Rivfloza

Rixubis

Rolvedon

**Rozlytrek**

Rukobia

Ruxience

Rybrevant

Rydapt

Rystiggo

**Rytelo****S**

Samsca

Sandostatin Lar Depot

Saphnelo

Sarclisa

Scemblix

Selzentry

Serostim

Sevenfact

Signifor

Signifor LAR

Siliq

Simlandi

Simponi

Skyclarys

Skyrizi

Skysona

Skytrofa

sodium oxybate

**Sohonos**

Soliris

Somatuline Depot

Somavert

Sotyktu

Spinraza

Sprycel

Stelara

Stimufend

Stivarga

Strensiq

Stribild

Sublocade

Sucraid

Supprelin

Susvimo

Sutent

Syfovre

Symdeko

Synagis

**T**

Tabrecta

Tadliq

Tafinlar

Tagrisso

Takhzyro

Taltz

Talzenna

Targretin

Tasigna

Tavalisse

Tavneos

Tazverik

Tecentriq

Tecfidera

Tegsedi

Tepezza

Tepmetko

**Tezspire**

Thiola

Tibsovo

Tivdak

Tobi

Tracleer

Trazimera

Tremfya

Tretten

Trikafta

Triptodur

Triumeq

Trodelvy

Truqap

Truxima

Tukyasa

**Turalio**

Tykerb

Tymlos

Tysabri

Tyvaso

Tzield

**U**

Udenyca

Ultomiris

**V**

Vabysmo

Valchlor

Vanflyta

**vanzacaftor/tezacaftor/  
deutivacaftor\*\***

Vectibix

\*Excludes Quallent Pharmaceuticals.

\*\*Drug available upon launch to market.

Vegzelma

Velsipity

Venclexta

Veopoz

Verzenio

Vijoice

Viltepso

Vistogard

Vitrakvi

Vivimusta

Vivitrol

Vizimpro

Vonjo

Vonvendi

Votrient

Vowst

Voxzogo

Voydeya

Vpriv

Vumerity

Vyepti

Vyjuvek

Vyleesi

Vyndamax

Vyndaqel

Vyondys 53

Vyvgart

Vyvgart Hytrulo

Vyxeos

## W

Wainua

Wakix

Welireg

Wilate

## X

Xalkori

Xdemvy

Xeljanz

Xembify

Xenazine

Xenpozyme

Xermelo

Xgeva

Xolair

Xospata

Xphozah

Xpovio

Xtandi

Xyntha

Xyrem

## Y

Yervoy

Yonsa

Yuflyma

Yusimry

## Z

Zarxio

Zejala

Zelboraf

Zeposia

Ziextenzo

Zirabev

Zokinvy

Zolgensma

Ztalmy

Zykadia

Zymfentra

Zynlonta

Zynteglo

Zynyz

Zytiga

## Sclerotherapy – Coverage for Treatment of Varicose Veins

The following article applies to FELRA & UFCW VEBA Fund self-administered medical coverage, not Kaiser Permanente HMO coverage.

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

### What are the guidelines?

- Treatment must be pre-approved by Conifer. Contact Conifer at (800) 459-2110.
- Benefits are provided on a “per treatment session” basis with the number and frequency of sessions and the amount of benefit paid to be determined by Conifer.
- Your physician must send a letter of Medical Necessity, pre-operative photographs, and a patient history, indicating the need for testing to Conifer and demonstrating the Medical Necessity of treatment

(treatment for cosmetic purposes is not covered).

- Pre-operative testing will be approved only for cases in which justification can be provided. Subsequent review will be required on any case which exceeds five treatments per area.
- Consecutive treatments must be separated by 6-8 weeks to evaluate the effectiveness of the treatment.
- Only the initial consultation will be covered as a separate office visit - charges for subsequent office visits during the course of treatment will not be covered.
- Surgical supplies over the Allowable Charge approved by Conifer will not be covered.
- Billing for laser treatment of varicose veins will be covered at the same level as Sclerotherapy.

## Apply for Your Severance Benefit on Time

If you are eligible for severance benefits under the UFCW and FELRA Severance Plan, you should apply immediately after your Severance from Service date. This is usually your employment termination date, but there are special rules for participants on a leave of absence. See page 12 of your Severance Plan Summary Plan Description 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 July 1, 2025, the four-month waiting period will expire on November 1, 2025, and your severance payment deadline will be February 15, 2026.

**If you do not apply for and receive your severance benefit by the deadline under the Plan, you may forfeit 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](http://www.associated-admin.com), select “Your Benefits,” and then “UFCW & FELRA Severance Plan.” The Severance Application is located under “Downloads.” It is also a good idea to make sure your named beneficiary is up to date and on file with the Fund Office for any payable Severance Plan death benefits.



### **Trouble Sleeping?**

Most people have sleep problems from time to time, but when you have trouble sleeping for weeks or months, it can lead to health problems. Changing one or more of your habits may improve how well you sleep.

### **Take a rest!**

Your Personal Health Nurse (PHN) with Conifer Health Solutions can help you to identify changes you can make to help with improve sleep patterns. To get started, call your PHN, Renee M, at 800-459-2110 x2552.

1ST CLASS PRSRT  
U.S. POSTAGE  
**PAID**  
PERMIT NO. 1608  
BALTIMORE, MD

**FELRA & UFCW**  
**VEBA Fund**  
911 Ridgebrook Rd.  
Sparks, MD 21152-9451