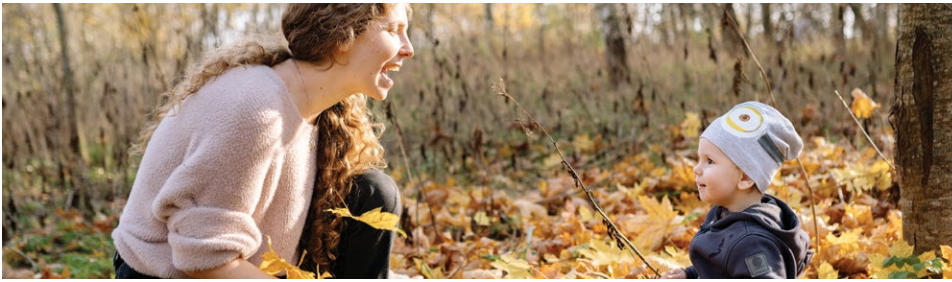


For Your Benefit



Notice of Creditable Coverage
Cut and Keep. See page 4.

Open Enrollment for Health Coverage Is December 1st – December 31st

The following article applies to Active Full-Time and Part-Time Participants in Plans I, X, XX, XXX and XL.

December 1st through December 31st is open enrollment to elect health coverage through the Fund **effective January 1, 2024** and continuing (assuming you remain eligible) through December 31, 2024.

If you are not currently enrolled for health coverage through the Fund, this is your chance to enroll. If you do have coverage, this is your chance to add dependents (if eligible) **or to drop** dependent coverage. Refer to your SPD for information on dependent eligibility and coverage.

Plan XL Participants: If you are eligible to enroll in Plan XL under the FELRA & UFCW VEBA Fund, the benefits available include Accident & Sickness, Life Insurance, Accidental Death and Dismemberment, Dental and Optical coverage. These benefits are available at no charge to you, but you must **complete an enrollment form in order** for the benefits to go into effect. **Don't miss out on these benefits which are provided at no cost!**

Open Enrollment Letter

You will receive an open enrollment letter, along with payroll deduction and enrollment forms, from the Fund Office. **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.** For example, if you are already enrolled with single coverage and want to add coverage for your spouse, note the change on the payroll deduction form, complete the enrollment form and return both to the Fund Office.

If you don't want to make changes, don't do anything! You will remain in your current coverage (assuming you are still eligible for the same Plan).

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All Health Benefits Terminate When You Drop Fund Coverage

If you want to disenroll from Fund health coverage, call the Fund Office to request a disenrollment form. Complete and return the form. **Note: When you disenroll, all health benefits terminate—not just medical benefits.** You will no longer have Medical, Accident & Sickness, Life Insurance, Accidental Death & Dismemberment, Prescription Drug, Optical or Dental benefits. Disenrolling from health benefits under the FELRA & UFCW VEBA Fund will not affect your eligibility for Legal and Pension benefits.



Retiree Information Forms Will Be Sent: Return Promptly to Avoid Suspension of Pension Benefits

The Fund Office has sent all retirees (and beneficiaries who are collecting a benefit) a Retiree Information Form (“RIF”) 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 current employment information, if any.

It is very important that you review all sections of this form to be certain the information is correct. Mark any corrections on the form and promptly send it back to the Fund Office. It is critical that the Fund Office receives your completed RIF on time to avoid any interruption of your monthly benefits.

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.

The only person who can sign the RIF form is the Retiree or Beneficiary named on the RIF form, unless another individual holds legal authority to sign on the individual’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 submitted to the Fund Office and verified before a RIF will be accepted with a representative’s signature. If, for health reasons, the individual is unable to sign the form and there is no Power of Attorney or legal authority on file, then the individual must sign an “X” on the RIF and have it notarized by a Notary Public.

We appreciate your cooperation!

Give Copy of Power of Attorney to the Fund Office

If someone has Power of Attorney for you, or you plan to appoint someone in the future, be sure to send a copy of the Power of Attorney document, along with the Attorney-in-Fact's telephone number, to the Fund Office. We need to know if someone else has the legal right to sign forms and/or make other legal decisions on your behalf.

Financial Vs. Medical Power of Attorney (“POA”)

It is important to understand the difference between a medical or health care POA and a financial or durable POA, and what powers are granted on your behalf. If you need to designate an individual, or “agent,” who will be responsible for making decisions regarding your pension benefits on your behalf, for example, be sure that the Fund Office has a POA, which grants your agent the power to handle retirement benefits and the power to sign on your behalf. Medical and Health Care POAs, also sometimes known as “Advance Directives,” usually only authorize an individual to make medical or health care decisions on your behalf. A medical POA generally does not grant an individual the authority to manage financial matters on your behalf, such as pension benefits. A medical POA may or may not grant authority to handle the payment of health care claims. If you wish for your agent to handle health care claims, it is important to include this power in your POA document. In addition, if you have a “limited POA” that limits your agent’s authority to act on your behalf to a specific task or set of tasks, the POA should clearly address whether your agent has authority to make decisions regarding your retirement benefits (or health care benefits) and whether your agent has the power to sign on your behalf.

Each State’s laws have different witness or notarization requirements for POAs. For a POA to be valid, it must be executed in accordance with the laws of the State in which the POA is signed. If the Fund Office receives a POA that does not meet the State witness or notarization requirements, the POA will not be accepted by the Fund. It is recommended that you have your POA reviewed by an attorney prior to submitting it to the Fund Office.



Please Identify Payments Sent To the Fund Office

When you send a check or money order to the Fund Office, write its purpose on the memo line of the check or include a note with your mailed check. Why? Because the Fund Office handles a variety of benefits, such as Health and Welfare, Pension, Legal and others.

The Fund Office processes checks for:

- COBRA payments,
- Dependent coverage co-payments,
- HMO co-payments,
- Retiree co-payments, and more.

Sometimes, the Fund Office receives envelopes containing nothing but a check. The Fund Office then must determine where the payment should be applied. With the number of people making payments, and the variety of reasons, this can be a difficult and time-consuming task.

If the Fund Office cannot identify a check, the time it takes us to track down the correct department could cause the payment’s deadline to pass. It’s possible that someone could lose coverage for late payment while the Fund Office is in the process of identifying the check. Although coverage would be re-established once the mystery is solved, we don’t want this to happen to you.

To keep it from happening, please note the reason for your payment right on your check memo line, or include a note with your mailed payment.

The more specific information you supply, the more easily and quickly your payment can be applied.



Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

The following Notice of Creditable Coverage applies to all Medicare-eligible participants and/or dependent spouses in the FELRA & UFCW Active Health and Welfare Plan.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the FELRA and UFCW VEBA Fund (Active Health and Welfare Plan) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The FELRA and UFCW VEBA Fund has determined that the prescription drug coverage offered by the Active Health & Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan (also called a “Part D” plan) when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

If you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Enroll in A Medicare Part D Plan?

If you enroll in a Medicare drug plan, your current prescription coverage through the FELRA and UFCW VEBA Fund (Active Health and Welfare Plan) will be terminated.

You cannot have Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you enroll in a Part D plan and drop your Fund prescription coverage, be aware that you and your dependents may not be able to get the same coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Fund and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) if you join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium will go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this penalty as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Note to Kaiser Medicare HMO Enrollees

You will get a notice from Kaiser Permanente that you are enrolled in Medicare Part D. Your coverage for medical and/or prescription drug benefits through Kaiser will remain the same.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the Fund Office for further information at (800) 638-2972 or (410) 683-6500. **NOTE:** You’ll get this notice each year. You will also get it before the next period you

Continued on Page 5

can join a Medicare drug plan, and if this coverage through the FELRA and UFCW VEBA Fund (Active Health and Welfare Plan) changes. You may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (800) 633-4227). TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 (TTY (800) 325-0778).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:

September 1, 2023

Name of Entity/Sender:

Fund Office
FELRA and UFCW VEBA Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

Phone Number:

(800) 638-2972 or (410) 683-6500



Forms of Pension Benefits

Under the FELRA & UFCW Pension Fund, you may elect to receive your pension in one of the following benefit forms:

- **Single Life Annuity** – This is the automatic form of benefit if you are not married at the time of your retirement. You will receive a monthly benefit for your lifetime.
- **50% Joint and Survivor Pension** (if married) - This is the automatic form of benefit if you are married at the time of your retirement. Your monthly benefit is reduced and one half of that reduced pension will be payable to your spouse after your death. The amount of reduction depends on your age and your spouse's age at the time of your retirement.

You and your spouse can elect to waive this form of benefit within 90 days before the starting date of your pension. A Final Pension Election Form is provided by the Fund Office during the application process. At that time, you may reject this automatic form of benefit and elect one of the other available optional forms of benefit. **This form must be notarized before it is returned to the Fund Office.**

- **66 2/3% Joint and Survivor Pension** (if married) – Under this option, your monthly pension amount would be actuarially reduced so that 66 2/3% of the monthly pension amount you were receiving during your lifetime can continue to your spouse after your death.
- **75% Joint and Survivor Pension** (if married) – Under this option, your pension amount would

be actuarially reduced so that 75% of the monthly pension amount you were receiving during your lifetime can continue to your Spouse after your death.

- **100% Joint and Survivor Pension** (if married) – Under this option, your pension amount would be actuarially reduced so that 100% of the amount you were receiving during your lifetime can continue to your spouse after your death.
 - You do not need your spouse's consent to choose any of the Joint and Survivor Pension forms.
 - If you elect to receive your pension in any Joint and Survivor Pension form and your spouse dies before you, your pension benefit will not increase and no further benefits will be payable on your behalf after your death.

Lump Sum Amount – If the total value of your pension benefit is \$5,000 or less (\$7,000 or less for distributions beginning in 2024) when you elect to receive your benefit, you will receive one lump sum payment in lieu of monthly benefit payments. If such a benefit is payable to your spouse as a survivor benefit, he or she may choose to receive the benefit as a lump sum or in monthly payments.

Once you elect your form of benefit, you have 14 days after you receive your first benefit payment to change your mind regarding the form of benefit you elected, provided you have not changed your marital status or had a significant change in health during those 14 days.

Remember, you must be married to your spouse on your benefit commencement date and you also must be married to your spouse for at least 12 months as of the date of your death.

Changing Bank Accounts? Notify the Fund Office

If you are eligible for pension benefits, you have the option of having your pension electronically transferred (through direct deposit) into your bank account. This is a safe and convenient way to receive your pension benefits. However, if you change banks and have a new account, please notify the Fund Office immediately. We have no way of knowing when you make a change to your bank account – we count on you to tell us.

If we deposit your pension into a closed account, the bank returns the payment to us and we then have to send you a

paper check for that month, which delays your payment.

Don't let this happen to you! Be sure to call the Fund Office at (800) 638-2972 when you close or change a bank account. If you need an Electronic Funds Transfer ("EFT") form for direct deposit of your pension check, log on to www.associated-admin.com. Click "Your Benefits" located on the left side of the page, select "FELRA & UFCW Pension Fund" and under "Downloads (Forms)," you can print the EFT form. You can also call us and we'll be glad to send one to you.

Apply for Severance Benefits Immediately Upon a Severance from Service

Very Important!

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 (termination from employment or an extended leave of absence). Failure to do so will 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 terminated covered employment on July 1, 2023, the four-month waiting period will expire on November 1, 2023, and your severance payment deadline will be February 15, 2024.

Remember to apply for your severance benefit, if you are eligible, 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.

CONIFER
HEALTH SOLUTIONS®

Conifer Corner



Feeling Depressed?

October 10th is National Mental Health Day and one-third of all adults report feelings of depression at some point in their lives. If you notice a change in diet, sleep habits or continued feelings of hopelessness in yourself or someone in your family, break the stigma and seek your provider's help.

Need a partner with your health goals?

Your Personal Health Nurse (PHN) with Conifer Health Solutions can help. Together, you can take charge of your overall health, physically and mentally. 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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FELRA & UFCW
VEBA Fund
911 Ridgebrook Rd.
Sparks, MD 21152-9451