



October is Breast Cancer Awareness Month.

Early detection is the most important way to treat breast cancer. Women should perform monthly self-exams, talk to their providers about breast changes and be sure to adhere to properly scheduling mammograms. Breast cancer can be diagnosed in men too.

Want to protect your health more?

Conifer Health Solutions and its Personal Health Nurses (PHNs) are the perfect option for you and your family's health needs. To get started, call Renee M, at 800-459-2552.

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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, 2026** and continuing (assuming you remain eligible) through December 31, 2026.

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 free to you!**

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).

The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.

This issue—

- Open Enrollment for Health Coverage Is December 1st – December 31st..... 1
- A Surprising Number of Americans Ignore This Crucial Health Check 2
- All Health Benefits Terminate When You Drop Fund Coverage..... 2
- Finding a Dentegra Participating Provider..... 3
- Final Retiree Information Forms Will be Sent: Return Promptly to Avoid Suspension of Pension Benefits..... 3
- Notice of Creditable Coverage Regarding Your Prescription Drug Benefit..... 4
- Please Identify Payments Sent To the Fund Office..... 5
- Instructions for Finding a Doctor: Local Lease vs. Flex Link..... 6
- Apply for Severance Benefits Immediately Upon a Severance from Service..... 7
- Be Wary of Offers for Additional/ Supplemental Coverage!..... 7
- Cologuard – Colorectal Cancer Screening..... 7
- CONIFER CORNER: October is Breast Cancer Awareness Month..... 8



A Surprising Number of Americans Ignore This Crucial Health Check

The following article applies to participants in the FELRA & UFCW Health and Welfare Plan.

Your dental checkup is not only good for your health, it's also good for your wallet. Preventive services, like checkups, are 100 percent covered by most dental plans.

You get the most value from your benefits.

Among adults who've purchased an individual dental plan or have coverage through their employer, more than 36 percent won't have a single claim over the course of a year, including almost 45 percent of those ages 19 to 34. Those unused benefits usually don't roll over from year to year.

Take advantage of this valuable benefit.

You can get easier and less expensive treatment.

Your checkup can be a smart financial move in another way, too. Catching dental issues early usually allows for easier treatment. Skipping exams or letting a problem linger can result in more complex and expensive procedures.

You decrease your risk of disease.

Your dental checkup will usually consist of a cleaning and a thorough oral exam. The cleaning will help prevent cavities and gum disease by removing tartar and plaque buildup.

During the exam, your dentist will check for signs of oral cancer, tooth decay, gum disease, tooth grinding, alignment problems and any other issues. Your dentist can also detect signs of more than 120 diseases, including diabetes and heart diseases. If you have already developed an issue, your dentist will discuss treatment options with you.

When you keep your dental checkups, you help keep your smile healthy, too. Check your calendar and schedule your next exam today.

The above article was provided by Dentegra/Delta Dental.

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.

Finding a Dentegra Participating Provider

The following article applies to participants in the FELRA & UFCW Health and Welfare Plan.

When searching for a dentist, it is important that you use a participating provider which is in the Fund's Collective Bargaining Network ("CB Network") with Dentegra. These are providers who have agreed to be in the CB Network and charge specific rates. There are many dentists that participate with Dentegra which are *not* CB Network dentists! If you use a dentist that is not in the CB Network, your charges generally will not be covered and you can be billed for the whole cost of the visit.

How can you avoid this happening to you? Make sure to log on to the Dentegra website using the link below. Do NOT simply perform an internet search for "Dentegra providers" or similar searches. That may lead you to a list of providers, but they won't necessarily be in the Fund's CB Network.

Go to Dentegra.com/FELRA. Click on the "Find a dentist" button. On the following page, it is important that you select "Union plan – FELRA and UFCW VEBA Fund" – see below for an example of how this looks. (If you are in GA, FL, MS, MT, or TX you should select the separate option for members in those states.)

Network*

Union plan – FELRA and UFCW VEBA Fund

Enter your address, city or ZIP code in the "Location" field and then click "Find a dentist."

Find a dentist

If you have additional questions about the Plan's network or dental coverage in general, contact Dentegra at (877) 280-4204.

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

This Fall, the Fund Office will send the final Retiree Information Form ("RIF") to all FELRA & UFCW Pension Fund retirees (and beneficiaries who are collecting a benefit). 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!



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 From page 4

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, 2025

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



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.

Continued on Page 5



Instructions for Finding a Doctor: Local Lease vs. Flex Link

The following article applies to participants in the FELRA & UFCW Active Health and Welfare Plan, Plans I, X, XX, and XXX, whose medical coverage is provided through the Fund – not through Kaiser Permanente.

The following are instructions to locate a network provider using the CareFirst website.

Net Lease (green ID card)

1. Go online to www.carefirst.com
2. Click on the “Find a Doctor” link (Bottom left of screen)
3. Click on the “Search for Care” link under the Find a Doctor” section.
4. Click on the “CareFirst – Network Leasing” link (bottom left of screen)
5. Type an address in the City, State or Zip in the “City, state or zip” line, then click on the desired choice OR click on “Use Current Location”, then choose:

A) “Browse by Category”

a. Medical - click on the blue arrow for additional sub-categories:

i. Medical: Primary Care, OBGYN, Specialist, Urgent Care Center, Behavioral Health, Hospitals, Other Facilities, Other Medical Providers, All Specialties (A-Z)

b. Urgent Care Centers

B) “Search for Names and Specialties”

C) “Common Searches”

a. Choose one of the drop-down boxes (Primary

Care, Urgent Care, Behavioral Health or Specialist)

i. Primary Care – choose Family Medicine, Internal Medicine, Pediatrician, General Practice

ii. Urgent Care

iii. Behavioral Health – choose Psychiatrist, Psychologist, Social Worker, Licensed Professional Counselor

iv. Specialist – Dermatologist, Orthopedic Surgery, Obstetrics & Gynecology, Cardiologist

6. Page down to view results

Flex Link (white ID card)

1. Go online to www.bcbs.com
2. Click on the “Find a Doctor” link (bottom of screen)
3. Click on the “In the United States, Puerto Rico and US Virgin Islands” link OR the “Outside United States” link
4. Click on “Choose a location and plan”
5. Type an address in “Enter the address, city or zip code” OR click on the “Use my current location” link
6. Click on “Yes, this is correct”
7. Input the Fund prefix from your ID card under “Find your plan by prefix”, then click on “Continue”
8. Click on any of the following links: “Doctor by name”, “Doctor by specialty”, “Places by name”, or “Places by type”

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 under the UFCW and FELRA Severance Plan 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, 2025, the four-month waiting period will expire on November 1, 2025, and your severance payment deadline will be February 15, 2026.

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.

Be Wary of Offers for Additional/Supplemental Coverage!

It is common to receive calls from insurance companies offering health plans and supplemental coverage during this time of year. Should you choose to pursue additional coverage, it is very important that you contact the Fund Office to determine whether or not it will have an effect on your current benefits under the Health & Welfare Fund

before proceeding. Enrolling in a new plan may disqualify you from using your benefits through the Fund.

Don't sign up for anything you do not understand. Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972 to speak with a representative before electing new coverage.

Cologuard – Colorectal Cancer Screening

The following article applies to participants in the FELRA & UFCW Active Health and Welfare Plan, Plans I, X, XX, and XXX, whose medical coverage is provided through the Fund – not through Kaiser Permanente.

Cologuard colorectal cancer screening tests are covered under the Plan, subject to the same guidelines followed by Medicare Part B for coverage of such tests. Under the current Medicare guidelines, the test is covered once every three years for participants and eligible dependents who are ages 45 to 85 years old, have no signs or symptoms of colorectal disease (i.e., lower gastrointestinal pain, blood in stool, etc.), and are at average risk of developing colorectal cancer.