

For Your Benefit



Your Dental Benefit Network: Dentegra Insurance Company

Effective June 1, 2021, Dentegra Insurance Company (“Dentegra”) became the Fund’s provider of dental benefits, replacing Group Dental Service.

Unless you reside in Georgia, Florida, Mississippi, Montana, or Texas, you generally must use a participating Dentegra Collective Bargaining network dentist in order to be covered, unless you live or work more than 20 miles from a Dentegra provider or you require certain emergency and other services and do not have access to a Dentegra provider for those services. Dentegra has a wide range of providers—far more than Group Dental Service—but be sure to choose one from the FELRA & UFCW VEBA Fund network provider list (which Dentegra calls the “Collective Bargaining” network). How can you be sure you’re choosing a provider from the correct list?

To be sure you are choosing a provider from the Collective Bargaining network list, visit Dentegra.com/FELRA where you can find participating Collective Bargaining network dentists in your area. You must include the “/FELRA” in the website address. Otherwise, you may be directed to a general list of Dentegra providers that includes some providers that are not in the Collective Bargaining network and are therefore not covered in-network under the Plan.

If you are not sure whether a provider is an in-network provider, please call Dentegra at (877) 280-4204 and tell them that you are a FELRA & UFCW VEBA Fund participant. A customer service agent will be able to verify whether or not a provider is a network provider under the Plan.

Remember: Not all Dentegra providers participate with the FELRA & UFCW VEBA Fund. Use the website and/or phone number above to verify that you have chosen a Fund network provider.

Notice of Creditable Coverage Cut and Keep. See page 2.

This issue—

Your Dental Benefit Network: Dentegra Insurance Company.....	1
Notice of Creditable Coverage Regarding Your Prescription Drug Benefit.....	2
Hospice Care Covered under the Fund....	3
Open Enrollment for Health Coverage Is December 1st – December 31st.....	4
All Health Benefits Terminate When You Drop Fund Coverage.....	4
CONIFER CORNER: Cholesterol Awareness	4
COBRA Rates Effective October 1st.....	5
Express Scripts: 2022 National Preferred Formulary Exclusion List Changes.....	6
Apply for Severance Benefits Immediately Upon a Severance from Service.....	7
Use Quest or LabCorp for All Lab Work.....	7
Accident & Sickness (“A&S”), Disability: Helpful Reminders.....	7
Changing Bank Accounts?.....	8

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.

Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

IMPORTANT!
Keep this Notice!

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 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, 2021

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

Hospice Care Covered under the Fund

The following article applies to Full-Time and Part-Time Participants in Plans I, X, XX, and XXX of the FELRA & UFCW Active Health and Welfare Plan.

Terminally ill participants and eligible dependents whose prognosis of probable survival is six months or less and who are receiving palliative, not curative, care are eligible for hospice services. Below is a description of the hospice care services covered under the Plan:

- intermittent nursing care by a registered or licensed practical nurse,
- physical therapy, speech therapy, occupational therapy,
- services of a licensed medical social worker,
- home health aide visits,
- prescription drugs,
- lab tests and x ray services,
- medical surgical supplies,
- oxygen,
- durable medical equipment, and
- physician home visits.

The Fund pays up to \$500 for family counseling prior to the participant's death and up to \$100 for bereavement counseling to the family (parents, spouse, brothers, sisters, or children) within three months after the death of a participant or eligible dependent who received Plan approved hospice benefits.



Hospice care services are covered as follows:

Plans I and X – 80%, Plan XX – 75%, and Plan XXX – 70% of the Usual, Customary and Reasonable (UCR) cost under Comprehensive Medical Benefits.

Pre-certification is required and services must be approved by Conifer Health Solutions ("Conifer").

For additional information about hospice care, contact Conifer toll-free at (833) 778-9806.

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, 2022** and continuing (assuming you remain eligible) through December 31, 2022. If you are not currently enrolled for 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 dependent 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 coverage, Dental coverage 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**

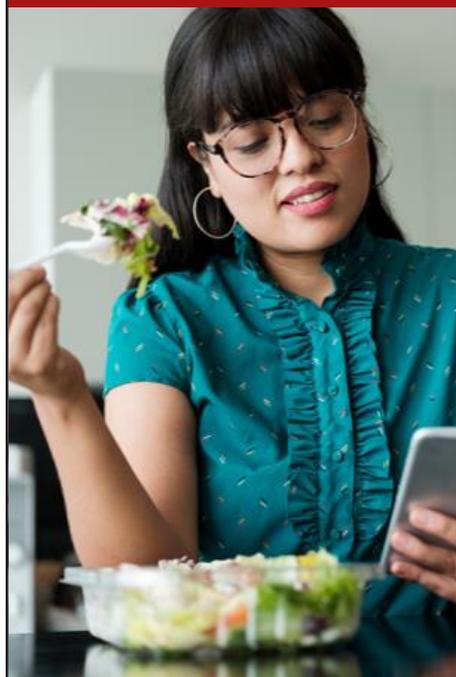
form. For example, if you are already enrolled with single coverage and want to add coverage for your spouse, note the change on the payroll deduction form, complete the enrollment form and return both to the Fund Office. If you don't want to make changes, don't do anything! You will remain in your current coverage (assuming you are still eligible for the same Plan).

All Health Benefits Terminate When You Drop Fund Coverage

If you wish 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.** 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.

CONIFER
HEALTH SOLUTIONS®

Conifer Corner



Cholesterol Awareness

Having high cholesterol raises your risk of heart attack and stroke. A heart-healthy life can help lower cholesterol and blood pressure and it includes being active, eating well, not smoking, and staying at a healthy weight.

Good health takes heart!

Conifer Health Solutions and its Personal Health Nurses (PHNs) can help you to identify changes you can make. To get started, call any 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

FELRA COBRA CALCULATIONS - Effective October 1, 2021

Months 1-18

PLAN	CLASS	INDIVIDUAL	FAMILY*
I	FT	\$1,225.68	\$1,724.44
I	PT	\$1,021.06	\$1,433.09
X	FT	\$929.09	\$1,301.32
X	PT - Ind	\$586.89	N/A
X	PT - Fam	N/A	\$1,410.41
XX	FT	\$354.04	\$482.58
XX	PT	\$214.74	\$609.33
XXX	FT	\$334.76	\$459.23
XXX	PT	\$170.41	\$586.57
XL	PT	\$25.77	N/A

Months 19-29

PLAN	CLASS	INDIVIDUAL	FAMILY*
I	FT	\$1,802.47	\$2,535.94
I	PT	\$1,501.56	\$2,107.49
X	FT	\$1,366.31	\$1,913.70
X	PT - Ind	\$863.07	N/A
X	PT - Fam	N/A	\$2,074.14
XX	FT	\$520.64	\$709.67
XX	PT	\$315.79	\$710.38
XXX	FT	\$492.29	\$675.33
XXX	PT	\$250.60	\$666.76
XL	PT	\$37.90	N/A

*Family includes only participant + dependent children for PT Plans XX and XXX

FELRA & UFCW VEBA FUND COBRA RATES - October 1, 2021 CLASS A BENEFITS ONLY

Months 1-18

PLAN	CLASS	INDIVIDUAL	FAMILY*
XX	FT	\$266.14	\$453.45
XX	PT	\$200.60	\$595.19
XXX	FT	\$214.50	\$306.28
XXX	PT	\$156.08	\$572.24

Months 19-29

PLAN	CLASS	INDIVIDUAL	FAMILY*
XX	FT	\$391.38	\$666.84
XX	PT	\$295.00	\$689.59
XXX	FT	\$315.44	\$450.41
XXX	PT	\$229.52	\$645.68

*PT Plan XX and XXX Family is limited to children and participant

This is not an all-inclusive list of exclusions for the Express Scripts National Preferred Formulary. The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning January 1, 2022 unless otherwise noted. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Single-Source Brand Exclusions

Drug Class	Excluded Medications	Preferred Alternatives
Alpha1 Proteinase Inhibitors	ARALAST NP, GLASSIA	PROLASTIN C, ZEMAIRA
Antiglaucoma Agents (Ophthalmic Prostaglandins)	DURYSTA*, XELPROS*, ZIOPTAN	bimatoprost drops, latanoprost drops, travoprost drops
Antimigraine Agents	ONZETRA XSAIL, ZOLMITRIPTAN NASAL SPRAY*	sumatriptan nasal spray, ZOMIG NASAL
Gaucher Disease Agents	ELELYSO*, VPRIV	CEREZYME
Granulocyte Colony Stimulating Factors	NEULASTA*, NYVEPRIA, UDENYCA*	FULPHILA, ZIEXTENZO
Infused TNF Antagonists	AVSOLA, REMICADE, RENFLEXIS	INFLECTRA
Miscellaneous Topical Dermatological Agents	TRI-LUMA	fluocinolone acetonide, hydroquinone, tretinoin
Ophthalmic Anti-Allergic	ALOCRIIL*, ALOMIDE*, ALREX, LASTACAPT*, PAZEO*, ZERVIAE	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
Oral Agents for Acne	DORYX DR 80 MG*, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG*	doxycycline hyclate, doxycycline monohydrate
Otic Fluoroquinolone Antibiotics	CIPROFLOXACIN/FLUOCINOLONE OTIC*, CIPRO HC, OTOVEL	ciprofloxacin/dexamethasone otic
Proton Pump Inhibitors	ACIPHEX SPRINKLE*, DEXILANT, ESOMEPRAZOLE STRONTIUM*, NEXIUM PACKETS*, PRILOSEC SUSPENSION*, RABEPRAZOLE DR SPRINKLE*	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
Rosacea Agents (Topical)	ZILXI	azelaic acid, metronidazole, sodium sulfacetamide/sulfur, FINACEA
Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations	INVOKAMET, INVOKAMET XR	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
	INVOKANA	FARXIGA, JARDIANCE, STEGLATRO
Somatostatin Analogs	BYNFEZIA	octreotide
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM*, SORILUX	calcipotriene, calcitriol
Weight Loss	CONTRAVE ER	benzphetamine, diethylpropion, phentermine

* Current 2021 exclusion in this class

Multi-Source Brand Exclusions

The generic equivalents of the following brand-name medications are covered on the National Preferred Formulary. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

ADDERALL XR	RELPAK
BEPREVE	VIMOVO
NUVARING	AZOPT
TECFIDERA	KERYDIN
ALINIA TABLETS	SYNTHROID
DORYX DR 50 MG & 200 MG	

Multi-Source Brand Exclusions

ALPHAGAN P 0.1%
 droxidopa
 LUMIGAN
 AMZEEQ
 INVELTYS
 MVASI
 COMBIGAN
 LOTEMAX GEL, OINTMENT, SM
 TOBRADEX OINTMENT

Excluded or Non-Preferred to Preferred

CALQUENCE*
 INFLECTRA

* Current 2021 exclusion in this class

© 2021 Express Scripts. All Rights Reserved. Other trademarks are the property of their respective owners.

Apply for Severance Benefits Immediately Upon a Severance from Service



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 employment on January 1, 2021, you are eligible to receive your severance benefit between May 1, 2021 – December 31, 2021. As another example, if you terminated employment July 20, 2021, you are eligible to receive your severance benefit between November 20, 2021 – February 15, 2022.

Remember to 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.

Use Quest or LabCorp for All Lab Work

The following applies to all participants in the FELRA & UFCW VEBA Fund who have Fund medical coverage, not HMO coverage.

You must use either Quest Diagnostic Patient Service Centers (“Quest”) or Lab Corporation (“LabCorp”) for all laboratory services in order for such services to be covered by the Plan.

Inform Your Doctor

Be sure your doctor knows before the lab work is performed that you will receive coverage for lab work only if the bill comes to the Fund **directly from either a LabCorp or Quest facility**. Even if your doctor has a contract with LabCorp to perform lab work in his/her office, explain that only lab work performed at a Quest or LabCorp facility will be covered. Your Plan will not pay for lab work performed and billed from your doctor’s office.

To find the most current list of Quest or LabCorp facilities, log onto their websites or call them:

- www.questdiagnostics.com/appointment or by telephone at (866) 697-8378
- www.labcorp.com/psc/index.html or by telephone at (888) 522-2677

Most participants in the Fund have a LabCorp or Quest facility within 5 miles of their homes.

Accident & Sickness (“A&S”), Disability: Helpful Reminders

Eligibility

Before scheduling a surgery or going out on sick leave, make sure that you have satisfied your Plan’s waiting period for A&S benefits. Consult your Summary Plan Description (“SPD”) or call the Fund Office to determine if you are currently eligible.

A&S Claim Forms

Be sure that your A&S claim form is completed in full before you submit it to the Fund Office. If you fail to answer all questions on the form, it will be returned to you and will delay the processing of your claim.

Mental Health Related Claims

If your disability is due to a mental health condition, call Beacon Health Options (“Beacon”) at 800 353-3572 for a referral. You must be seen by a Beacon Health Options provider for payment of the disability claim.

Benefit Exhaustion

Your eligibility status for other benefits will be maintained while you are receiving A&S benefits, but if you exhaust your A&S benefits and do not return to active employment, you will lose eligibility and all of your benefits will terminate.

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.

