

For Your Benefit



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

Filing an A&S Claim When You Have COVID

If you test positive for COVID-19 and want to file for Accident & Sickness (A&S) benefits for the time you miss work, be sure to file a completed claim form with the Fund Office just as you would for any other illness or injury.

The same rules apply to a COVID diagnosis as to any other A&S claim: your benefit will not begin more than three days prior to a visit (or telehealth visit) to a physician. That means if you tested positive using a home test and are quarantining at home (even with mild or zero symptoms), you will still need a telehealth visit within three days to receive benefits payable as of the first day of your disability (or quarantine). Refer to your Summary Plan Description (“SPD”) for the full rules for eligibility for A&S benefits.

If you have questions about how your benefits work when filing a COVID claim, contact the Fund office and ask for the Accident and Sickness department. We can walk you through.



This issue—

Filing an A&S Claim When You Have COVID.....	1
Notice of Creditable Coverage Regarding Your Prescription Drug Benefit.....	2
Spouse Not Eligible for Benefits upon Divorce or Legal Separation.....	3
2022 Express Scripts: National Preferred Formulary.....	4
Apply for Severance Benefits Immediately Upon a Severance from Service.....	6
Open Enrollment for Health Coverage Is December 1st – December 31st.....	6
All Health Benefits Terminate When You Drop Fund Coverage.....	6
Fund Office Can Provide a Translator When Needed.....	7
La Oficina de Fondos Puede Proveer un Traductor Cuando Sea Necesario.....	7
Financial Vs. Medical Power of Attorney (“POA”).....	7
CONIFER CORNER: Fueling Your Body Right!.....	8



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 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, 2022

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

Spouse Not Eligible for Benefits upon Divorce or Legal Separation



If you are divorced or legally separated, your spouse is no longer eligible for coverage under the Active Health and Welfare Plan. If you and your spouse are physically separated, but not legally separated, he/she may remain a dependent until the earlier of: (a) three years from the date of physical separation, or (b) the date of divorce or legal separation. If your spouse loses coverage due to divorce, your spouse has a right to continue coverage under COBRA, and should contact the Fund Office within 60 days of losing coverage to request COBRA coverage.

Please notify the Fund Office immediately if your spouse is covered under the Plan and you become divorced, legally separated or physically separated from him/her. If you don't notify the Fund and the Fund continues to pay benefits to your spouse after the date of divorce or legal separation, or after three years of physical separation, you and your spouse/former spouse will be responsible for repaying all claims processed by the Fund after that date.

2022 Express Scripts
National Preferred Formulary**KEY**

[INJ] - Injectable Drug
Brand-name drugs are listed
in CAPITAL letters.
Generic drugs are listed
in lower case letters.

A

ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR HFA
ADVATE [INJ]
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization solution
albuterol sulfate hfa
(by Cipla, Lupin, Par,
Perrigo, Proficient Rx,
Sandoz & Teva)
ALECENSA
alendronate
allopurinol
alprazolam
ALUNBRIG
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARNUIVY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUBAGIO
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BAFIERTAM
BAQSIMI
BARACLUDE SOLUTION
BAXDELA

BD AUTOSHIELD
DUO NEEDLES
BD ULTRAFINE
INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
BELBUCA
benazepril
benzonatate
BETASERON [INJ]
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
BOSULIF
BREQ ELLIPTA
BRETZTRI AEROSPHERE
BRILINTA
budesonide nebulization
suspension
buprenorphine/naloxone
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BYDUREON [INJ]
BYETTA [INJ]

C

CABOMETYX
CALQUENCE
carbidopa/levodopa
carvedilol
cefepime
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIMDUO
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
topical
clindamycin phosphate/
benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone
dipropionate
colchicine tablets
COMBIPATCH
COMBIVENT RESPIMAT
COMETRIQ
CREON
cyanocobalamin [INJ]

cyclobenzaprine

D

dapsone topical
DAYTRANA
DESCOVY
desloratadine
desvenlafaxine succinate
ext-release
dexamethasone
DEXCOM RECEIVER, SENSOR,
TRANSMITTER
dexmethylphenidate
ext-release
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine
digoxin
diltiazem ext-release
dimethyl fumarate
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYANAVAL XR

E

ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
emtricitabine/tenofovir
disoproxil fumarate
EMVERM
enalapril
ENBREL [INJ]
ENDOMETRIN
enoxaparin [INJ]
ENSTILAR
ENTRESTO
ENTYVIO [INJ]
EPLUSA
EPIDIOLEX
epinephrine auto-injector
(by Mylan, Teva) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE
ERLEADA
erythromycin eye ointment
ESBRIET
escitalopram

esomeprazole magnesium
delayed-release

ESPEROCT [INJ]
estradiol
estradiol patches
estradiol vaginal inserts
estradiol/norethindrone
acetate
eszopiclone
ethinyl estradiol/drospirenone
ethinyl estradiol/
drospirenone/levomefolate
ethinyl estradiol/etonogestrel
vaginal ring
ethinyl estradiol/
levonorgestrel
ethinyl estradiol/
norelgestromin patches
ethinyl estradiol/
norethindrone acetate
ethinyl estradiol/
norethindrone/iron
ethinyl estradiol/norgestimate
EUFLEXXA [INJ]
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
FASENRA [INJ]
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
flucanazole
fluocinonide
fluoxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS:
FREESTYLE FREEDOM,
FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE LIBRE & LIBRE 2
READER, SENSOR
FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
FULPHILA
furosemide
FYCOMPA

G

gabapentin
GAMMACORE
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA
GILENYA
gliimepiride
glipezide
glipezide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ]
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

HARVONI
HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
INBRIJA
INCRUSE ELLIPTA
indomethacin
INFLECTRA [INJ]
INLYTA
irbesartan
IRESSA
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JIVI [INJ]
JULUCA

(continued)

Go to express-scripts.com/2022drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2022 THROUGH DECEMBER 31, 2022. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

K

KANJINTI [INJ]
 KESIMPTA [INJ]
 ketoconazole topical
 ketorolac
 KITABIS PAK
 KLOXXADO
 KOGENATE FS [INJ]
 KOVALTRY [INJ]
 KYLEENA
 KYNMOBI

L

labetalol
 lamotrigine
 lansoprazole delayed-release
 LANTUS [INJ]
 latanoprost eye solution
 LATUDA
 LEVEMIR [INJ]
 levetiracetam
 levocetirizine
 levofloxacin
 levothyroxine sodium
 LICART
 lidocaine patches
 LINZESS
 liothyronine
 LIPOFEN
 lisinopril
 lisinopril/hctz
 LIVALO
 LOKELMA
 lorazepam
 LORBRENA
 losartan
 losartan/hctz
 loteprednol eye suspension
 lovastatin
 LUPANETA PACK [INJ]
 LUPRON DEPOT
 3.75 MG, 11.25 MG [INJ]
 LUPRON DEPOT-PED [INJ]
 LYNPARZA
 LYUMJEV [INJ]

M

MAYZENT
 meclizine
 medroxyprogesterone
 meloxicam
 metaxalone
 metformin
 metformin ext-release
 methimazole
 methocarbamol
 methotrexate
 methylphenidate
 methylphenidate ext-release
 methylprednisolone
 metoclopramide
 metoprolol succinate
 ext-release
 metoprolol tartrate
 metronidazole
 metronidazole topical
 metronidazole vaginal
 minocycline
 MIRENA
 mirtazapine
 MIRVASO
 MITIGARE
 mometasone
 MONOVISC [INJ]
 montelukast
 morphine sulfate ext-release

MOVANTIK
 moxifloxacin eye solution
 mupirocin
 MUSE
 MYDAYIS
 MYFEMBREE
 MYRBETRIQ

N

nabumetone
 NAMZARIC
 naproxen, naproxen sodium
 NARCAN NASAL SPRAY
 NASCOBAL
 NATESTO
 NAYZILAM
 neomycin/polymyxin/
 hydrocortisone ear solution
 NEXLETOL
 NEXLIZET
 niacin ext-release
 nifedipine ext-release
 NINLARO
 nitrofurantoin macrocrystal
 NITYR
 NIVESTYM [INJ]
 NORDITROPIN [INJ]
 nortriptyline
 NOVAREL [INJ]
 NOVOEIGHT [INJ]
 NOVOFINE AUTOSHIELD
 NEEDLES
 NOVOFINE NEEDLES
 NOVOTWIST NEEDLES
 NUBEQA
 NUCALA [INJ]
 NUDEXTA
 nystatin
 nystatin topical

O

ODACTRA
 ODEFSEY
 ODOMZO
 OFEV
 ofloxacin
 olanzapine
 olmesartan
 olmesartan/hctz
 omega-3 acid ethyl esters
 omeprazole delayed-release
 ondansetron
 ondansetron orally
 disintegrating tablets
 ONETOUCH KITS/METERS:
 ULTRA 2, ULTRAMINI,
 VERIO, VERIO FLEX
 ONETOUCH TEST STRIPS:
 ULTRA, VERIO
 ONEXTON
 OPSUMIT
 ORALAIR
 ORIAHNN
 ORLISSA
 ORTHOVISC [INJ]
 oseltamivir
 OTEZLA
 OVIDREL [INJ]
 oxcarbazepine
 oxybutynin ext-release
 oxycodone
 oxycodone/acetaminophen
 OXYCONTIN
 OZEMPIC [INJ]

P

PANCREAZE
 pantoprazole delayed-release
 paroxetine hcl
 penicillin v potassium
 PENTASA
 PERFORMIST
 PHOSLYRA
 pioglitazone
 PLEGRIDY [INJ]
 polymyxin/trimethoprim
 eye solution
 PONVORY
 potassium chloride
 ext-release
 pramipexole
 pravastatin
 PRECISION XTRA METERS,
 TEST STRIPS,
 B-KETONE STRIPS
 prednisolone acetate
 eye suspension
 prednisolone sodium
 phosphate
 prednisone
 pregabalin
 PREMARIN CREAM
 PROCIT [INJ]
 progesterone micronized
 PROLASTIN C [INJ]
 promethazine
 promethazine/
 dextromethorphan
 propranolol
 propranolol ext-release

Q

QUDEXY XR
 quetiapine
 QUILLICHEW ER
 QUILLIVANT XR
 quinapril
 QVAR REDHALER

R

rabeprazole delayed-release
 RAGWITEK
 raioxifene
 ramipril
 RASUVO [INJ]
 REBIF [INJ]
 RECTIV
 RELISTOR [INJ]
 RELISTOR TABLETS
 REPATHA [INJ]
 RESTASIS
 RETACRIT [INJ]
 REVLIMID
 RINVOQ ER
 risperidone
 rizatriptan
 ropinirole
 rosuvastatin
 ROZLYTREK
 RUBRACA
 RUCONEST [INJ]
 RUXIENCE [INJ]
 RYBELSUS

S

SAVELLA
 SEGLUROMET
 SEREVENT DISKUS
 sertraline
 SEVENFACT [INJ]

sildenafil
 SIMPONI 100 MG (for
 Ulcerative Colitis only) [INJ]
 simvastatin
 SKYLA
 SKYRIZI [INJ]
 SOLIQUA [INJ]
 SOLOSEC
 SOMATULINE DEPOT [INJ]
 SOMAVERT [INJ]
 SPIRIVA HANDIHALER
 SPIRIVA RESPIMAT
 spironolactone
 SPRYCEL
 STEGLATRO
 STEGLUJAN
 STELARA SC [INJ]
 STIOLTO RESPIMAT
 STIVARGA
 STRENSIQ [INJ]
 SUBLOCADE [INJ]
 sulfamethoxazole/
 trimethoprim
 sumatriptan
 SUNOSI
 SUTENT
 SYMBICORT
 SYMFI
 SYMFI LO
 SYMJEPI [INJ]
 SYMLINPEN [INJ]
 SYMPROIC
 SYMTUZA
 SYNJARDY, SYNJARDY XR

T

tacrolimus topical
 tadalafil
 TAGRISSO
 TAKHZYRO [INJ]
 TALICIA
 TALTZ [INJ]
 TALZENNA
 tamoxifen
 tamsulosin ext-release
 TASIGNA
 TAVALISSE
 TAZORAC GEL
 TAZORAC 0.05% CREAM
 TEGSEDI [INJ]
 TEKTURN HCT
 telmisartan
 TEMIXYS
 terazosin
 terconazole vaginal
 testosterone cypionate [INJ]
 thyroid
 timolol maleate eye solution
 tizanidine
 TOBI PODHALER
 tobramycin eye solution
 tobramycin/dexamethasone
 eye suspension
 topiramate
 TOUJEO [INJ]
 TOVIAZ
 TRACLEER SUSPENSION
 tramadol
 travoprost eye solution
 TRAZIMERA [INJ]
 trazodone
 TRELLEGY ELLIPTA
 TREMFYA [INJ]
 treprostinil [INJ]
 TRESIBA [INJ]
 tretinoin
 triamcinolone topical
 triamterene/hctz

TRIJARDY XR
 TRIPTODUR [INJ]
 TRIUMEQ
 TRULANCE
 TRULICITY [INJ]
 TYMLOS [INJ]

U

UCERIS FOAM
 UPTRAVI

V

valacyclovir
 valsartan
 valsartan/hctz
 VARUBI
 VASCEPA
 VELPHORO
 venlafaxine
 venlafaxine ext-release
 verapamil ext-release
 VERQUVO
 VERZENIO
 VIBERZI
 VIMPAT
 VIOKACE
 VITRAKVI
 VIZIMPRO
 VOSEVI
 VUMERITY
 VYVANSE

W

warfarin
 WEGOVY [INJ]

X

XALKORI
 XARELTO
 XELJANZ, XELJANZ XR
 XIFAXAN
 XIGDUO XR
 XIIDRA
 XOLAIR [INJ]
 XTANDI
 XULTOPHY [INJ]
 XYREM
 XYWAV

Y

YONSA
 YUPELRI

Z

ZARXIO [INJ]
 ZEGALOGUE [INJ]
 ZEJULA
 ZENPEP
 ZEPATIER
 ZEPPOSIA (for Multiple
 Sclerosis only)
 ZIEXTENZO [INJ]
 ZIRABEV [INJ]
 zolpidem
 zolpidem ext-release
 ZOMIG NASAL
 ZTIDO
 ZUBSOLV

Go to [express-scripts.com/2022drugs](https://www.express-scripts.com/2022drugs) for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
 THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2022 THROUGH DECEMBER 31, 2022. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://www.express-scripts.com).



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 covered employment on July 1, 2022, the four-month waiting period will expire on November 1, 2022, and your severance payment deadline will be February 15, 2023.

Remember to apply for your severance benefit 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.

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, 2023** and continuing (assuming you remain eligible) through December 31, 2023. 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. 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).

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.

Fund Office Can Provide a Translator When Needed

The Fund Office subscribes to a service to help us speak with people for whom English is not their primary language. Language Line Services provide us with the ability to have three-way telephone conversations that include the participant, a Participant Services representative from the Fund Office, and a language translator.

Language Line Services allows the Fund Office to speak with people in a number of languages, including Spanish, French, Mandarin, Vietnamese, Burmese and more.

To reach the Language Line Services, call (800) 638-2972 and choose Option 2 at the prompt (to speak to a Participant Services Representative).

If you know of participants or dependents who have not called the Fund Office because they don't feel they speak English well enough, tell them we're ready to help. All we need to know is what language to speak.

The Associated website, www.associated-admin.com, also can translate a variety of languages using the "Translate" tool located at the bottom, left side of the home page.

La Oficina de Fondos Puede Prover un Traductor Cuando Sea Necesario

La Oficina del Fondo se suscribe a un servicio para ayudarnos a hablar con personas cuyo idioma principal no es el inglés. Language Line Services en inglés nos provee la capacidad de tener conversaciones telefónicas tripartitas que incluyen al participante, un representante de servicios al participante de la Oficina del Fondo, y un intérprete.

Language Line Services permite que la Oficina del Fondo hable con más gente en varios idiomas, que incluye español, francés, mandarín, vietnamita, birmano y más.

Para comunicarse con Language Line Services, llame al (800) 638-2972 y cuando escuche el mensaje pre-grabado, seleccione la opción 2 (para hablar con un representante de servicios al participante).

Si usted sabe de participantes o dependientes que no han llamado la Oficina del Fondo porque sienten que no hablan Inglés lo suficientemente bien, infórmeles que estamos listos para ayudar. Todo lo que necesitamos saber es qué idioma hablar.

El sitio web Asociado, www.associated-admin.com, también puede traducir una variedad de idiomas usando la herramienta "Traducir" que se encuentra en la parte inferior izquierda de la página de inicio.

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



It is important to understand the difference between a financial and medical POA, and what decisions they are authorized to make 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 we have a financial POA on file. Medical POAs, also sometimes known as “Advance Directives,” usually only authorize an individual to make

medical decisions on your behalf. Medical POAs generally do not authorize the individual to manage the payment of claims, pension benefits, and other financial matters on your behalf. In addition, if your **financial** POA is 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. Please also be aware that each State has different witness or notarization requirements for POAs. For a signed POA to be valid, it must follow the POA laws of the State in which it is signed. Contact the Fund Office at (410) 683-6500 if you have questions.



Fueling your body right!

Healthy eating starts with adding more fruits, vegetables, and whole grains to your diet. It also means cutting back on foods that have a lot of fat, salt and sugar. Listening to your body, eating in moderation and varying your food choices can help you to get the nutrients your body needs.

Need more motivation?

Conifer Health Solutions and its Personal Health Nurses (PHNs) are available to help you to set simple and manageable goals. 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

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

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