

**FELRA & UFCW Active Health Plan**  
**A Plan of the Food Employers Labor Relations Association**  
**and United Food and Commercial Workers**  
**VEBA Fund**

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (410) 683-6500  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (301) 459-3020  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

**OPEN ENROLLMENT FOR CHOOSING FUND OR HMO MEDICAL COVERAGE**

August 2025

**Dear Actively Working FELRA Plan I/X Participant,**

Open enrollment for choosing your medical coverage is from now until **September 15, 2025 for coverage effective October 1, 2025 – September 30, 2026.** During open enrollment, you may choose whether your medical coverage will be provided through Kaiser Permanente HMO or through the Fund under traditional medical coverage.

**This year, there is no monthly co-payment required to enroll in Kaiser. Your weekly payroll deduction will remain in effect regardless of which type of medical coverage you choose.**

Your Kaiser Permanente Summary of Benefits (“SBC”) is enclosed.

**If You Were Terminated from Kaiser for Lack of Payment**

If you were terminated from Kaiser because you didn’t make the monthly Kaiser co-payment, you will automatically be moved to traditional Fund medical coverage effective October 1<sup>st</sup>. You will receive a new green Fund medical ID card in October. If you want to re-enroll in Kaiser for the 2025-2026 plan year, you will need to complete a new Kaiser application and return it to the Fund Office.

**Important Reminders for Open Enrollment**

- This open enrollment period applies **ONLY** to your **medical coverage**. This does not affect your optical, dental, or prescription drug coverage.
- If you want to remain in the coverage you have now (Kaiser or Fund medical), **don’t do anything!**

**Changing from Fund Medical Coverage to Kaiser Permanente HMO**

To change from Fund medical to Kaiser HMO, complete and return the enclosed Kaiser enrollment form to **the Fund Office at the Sparks office address** by September 15<sup>th</sup>. Do not return the form to Kaiser! The change in coverage will be effective **10/1/2025** and you should receive a Kaiser ID card mid-end of October. If you need services before you receive your ID card, contact Kaiser and they will give you the information the provider needs.

***Important! Use only Kaiser Permanente providers on or after October 1<sup>st</sup>. Services from a non-Kaiser doctor or facility will not be covered. This is true whether or not you’ve received your Kaiser ID card yet!***

If you enroll in Kaiser, you may cut up your Fund medical ID card, but **keep your optical, prescription, and dental ID cards** and continue to use them for those benefits.

## **Fund vs. HMO Coverage: What's the Difference?**

### **Fund Coverage**

You must satisfy a deductible after which a certain percentage of the expenses are covered by the Fund with the balance payable by you. See your Summary Plan Description ("SPD") or the Summary of Benefits and Coverage ("SBC") which are available on the Fund's website for full descriptions of Fund medical coverage. **Plan I participants are not required to use a CareFirst provider, however you will receive the best discounts if you do.**

### **HMO Coverage**

**Please read the enclosed Kaiser Summary of Benefits and Coverage ("SBC").** You must use a Kaiser provider or services will not be covered. Most covered services are paid at 100% with a per-visit co-payment required by you. Read the SBC for more information.

Once you choose how you would like your medical coverage to be provided, ***you may not change again until open enrollment next year (July – September of 2026 for coverage effective October 1<sup>st</sup> of 2026.*** Review the information carefully before you make your decision.

### **Questions? Call the numbers below.**

If you have questions about Kaiser Permanente coverage, call Kaiser Permanente Member Services at (301) 468-6000 or toll-free at (800) 777-7902. Mention the FELRA & UFCW VEBA Fund and ***refer to Group # 1976. This is very important.***

For questions about ***Fund*** medical coverage, your eligibility for benefits or the enrollment process, call the Fund Office at (800) 638-2972. We will be glad to assist you.

Sincerely,

Fund Office  
Enclosures