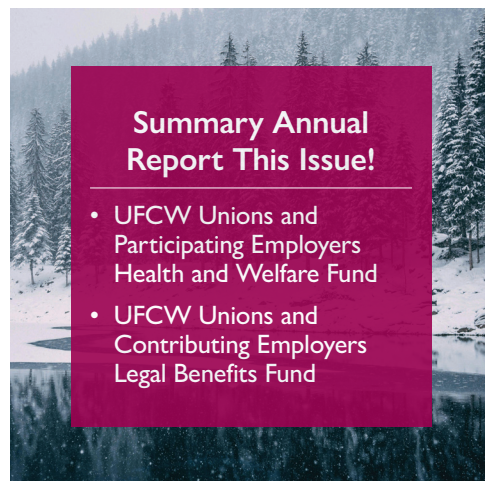


# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2023 Vol. 39, No. 4

[www.associated-admin.com](http://www.associated-admin.com)



## Summary Annual Report This Issue!

- UFCW Unions and Participating Employers Health and Welfare Fund
- UFCW Unions and Contributing Employers Legal Benefits Fund

## Shoppers Open Enrollment for Health and Welfare Coverage Is Now through January 31

The open enrollment period is now through January 31, 2024, for enrolling in or changing your health and welfare coverage through the Fund for the coverage period beginning February 1, 2024 and continuing through December 31, 2024.

If you aren't currently enrolled in health coverage through the Fund, this is your opportunity to enroll. If you do have coverage, this is your chance to change coverage options, add/drop dependents or to drop coverage. If you are already enrolled and don't want to make any changes to your coverage, don't do anything.

### Not Enrolled

If you are not currently enrolled in Fund health and welfare coverage, you were sent a letter, enrollment form, payroll deduction form and, if applicable, a spousal surcharge form.

### If You Are Currently Enrolled

If you are already enrolled and want to change coverage levels (from single coverage to husband/wife, for example) or to drop coverage completely, call the Fund Office by January 31, 2024. If you are not making changes, **don't do anything**.

**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 by January 31, 2024. Your enrollment (or change in coverage) will take effect on January 1, 2024.**

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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. Those documents always govern.

## **What Is The Cost? Note: All Costs Are Payable Via Payroll Deduction**

### **Plan JSS2 Participants – Full Time and Part Time**

- Individual coverage - \$7 per week
- Participant plus one dependent - \$13 per week
- Family coverage - \$18 per week
- An additional spousal surcharge - \$20 per week if applicable. See description at the end of the article.

### **Plans Y and Y20 Full Time Participants**

- Individual coverage - \$7 per week
- Participant plus one dependent - \$13 per week
- Family coverage - \$18 per week
- An additional spousal surcharge - \$20 per week if applicable. See description below.

### **Plan Y30 Full Time Participants**

- Individual coverage - \$13 per week
- Participant plus child/ren - \$18 per week
- Participant plus spouse - \$23 per week
- Family coverage - \$28 per week
- An additional spousal surcharge - \$20 per week if applicable. See description below.

### **Plan Y Part Time Participants – Individual Only Coverage**

If you are a part time participant and would like to enroll yourself for coverage, the cost is \$7 per week, deducted from your paycheck.

### **Plan Y Part Time Participants - Dependent Coverage**

- If you are a **Local 400 Plan Y part time participant hired after September 4, 1996** or a **Local 27 Plan Y part time participant hired after May 27, 1997** and you elect dependent coverage, you must pay 20% of the monthly cost of the coverage (your employer pays 80% of the cost). The 20% cost is deducted from your weekly payroll – your employer can tell you the exact amount per week. In addition, a \$20 per week spousal surcharge may apply (see section below).
- If you are a **Local 27 Plan Y part time participant hired on or before May 27, 1997** and you elect dependent coverage, the following cost for such dependent coverage will be deducted from your payroll:
  - \$13 per week for the participant plus one dependent,
  - \$18 per week for family coverage,
  - Plus an additional \$20 per week spousal surcharge may apply (see section below).

### **Plans Y20 and Y30 Part Time Participants – Dependent Child Coverage**

Part time participants under Plans Y20 and Y30 are eligible to add dependent children, but pay the full cost of the dependent child coverage as detailed below.

### **Plan Y20 Part Time Participants – Dependent Child Coverage**

If you are a part-time participant and you elect dependent child coverage, the cost for such the dependent child coverage is:

- \$7 per week for the participant plus **\$194.36** per month for one dependent child,
- \$7 per week for the participant plus **\$388.72** per month for two dependent children, and
- \$7 per week for the participant plus **\$583.08** per month for three or more dependent children.

### **Plan Y30 Part Time Participants – Dependent Child Coverage**

The cost for coverage that will be deducted from your payroll is:

- \$13 per week for individual coverage,
- \$13 per week for individual coverage plus **\$190.64** per month for coverage of one dependent child,
- \$13 per week for individual coverage plus **\$381.28** per month for coverage of two dependent children, and
- \$13 per week for individual coverage plus **\$571.92** per month for coverage of three or more dependent children

Spouses of **part time** participants in Plans Y20 and Y30 are not eligible for coverage.

These amounts will be deducted from your payroll. The Individual \$7 or \$13 weekly co-payment for your own coverage still applies. Spouses of **part time** participants in Plan Y20 are not eligible for coverage.

### **Spousal Surcharge -- Full and Part Time Participants**

Full time participants in Plans Y, Y20, Y30, and JSS2, as well as part time participants in Plan Y, must pay an additional \$20 per week deduction to add coverage for their spouse if:

- a. your spouse is eligible for coverage through his/her employer, but elects not to enroll, or
- b. your spouse is enrolled in his/her employer's coverage and also elects Fund coverage on a secondary basis. In this case, the **non-duplication coordination of benefits rules apply**. Any secondary benefit payment will be determined by calculating the primary payment, subtracting it from



# Summary of Material Modifications

The Board of Trustees of the United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund (“Fund”) has adopted the following change to the UFCW Unions and Participating Employers Health and Welfare Plan. Please keep this document with your Summary Plan Description (“SPD”) and your Summary of Benefits and Coverage (“SBC”).



## Health and Welfare Fund

### SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund (“Fund”) has adopted the following change for all programs of benefits, except Plan Y40, of the UFCW Unions and Participating Employers Health and Welfare Plan. Please keep this document with your Summary Plan Description (“SPD”) and your Summary of Benefits and Coverage (“SBC”).

#### Changes to Coverage of Over-The-Counter Naloxone

Effective January 1, 2024, the Plan will cover over-the-counter (OTC) naloxone hydrochloride nasal spray, indicated for the emergency treatment of known or suspected opioid overdose, provided those tests are purchased at an in-network Participating Pharmacy covered under the Plan’s Prescription Drug Benefit. This drug will be subject to the applicable Co-payment under the Plan.

To find a retail pharmacy in your network, visit [www.optumrx.com](http://www.optumrx.com) or call the phone number for OptumRx on the back of your Plan ID card for an updated list of participating pharmacies.

If you have any questions, please contact the Fund Office at (800) 638-2972.



## Services of CRNA or Anesthesiologist Are Covered – But Not Both

*The following article applies to non-Medicare participants who have Fund medical coverage, not HMO coverage.*

The Fund will cover the services of either a Certified Registered Nurse Anesthetist (“CRNA”) or an anesthesiologist, **but not both for the same procedure.**

What’s the difference? A CRNA is a registered nurse who is qualified to administer anesthesia. An anesthesiologist is a medical doctor (“MD”) who specializes in administering anesthesia.

#### **If you receive anesthesia from both a CRNA and an**

**anesthesiologist for the same procedure, and the Fund is billed for the services of both providers, the Fund will cover only the anesthesiologist’s service, and not the CRNA’s service.** Services of a CRNA are generally only covered if an anesthesiologist has not billed the Fund for the same procedure, to the extent consistent with applicable law.

It is a good idea to discuss this with your doctor before services are rendered.

*Continued from Page 2*

what the Fund’s payment would have been, and paying the remaining amount, if any. For example, if your spouse’s primary coverage paid 80% for a certain service and the Fund’s payment would also have been 80%, no additional payment would be payable under the Fund.

Note: Part time participants in Plans Y20, Y30, and Y40 are not eligible for dependent spouse coverage.

If this coverage is applicable to you, a Spousal Surcharge form was included with your open enrollment packet. It must be completed and signed in order to add your spouse.

Note: the spousal surcharge does not apply if your spouse also is a **participant** in the Plan.

# United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund

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## SUMMARY ANNUAL REPORT

### For UFCW Unions and Participating Employers Health and Welfare Fund

This is a summary of the annual report of the UFCW Unions and Participating Employers Health and Welfare Fund, EIN 52-6044428, Plan No. 502, for period January 1, 2022 through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### Insurance Information

The plan has contracts with Beacon Health Options, Inc, Dentegra Insurance Company, Fidelity Security Life Insurance, Kaiser Foundation Health Plan Of The Mid-Atlantic and Metropolitan Life Insurance Company to pay dental, vision, life insurance, HMO, employee assistance program, and Accidental Death and Dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2022 were \$700,708.

#### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$3,107,760 as of December 31, 2022, compared to \$1,881,072 as of January 1, 2022. During the plan year the plan experienced an increase in its net assets of \$1,226,688. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$13,954,102, including employer contributions of \$13,770,908, employee contributions of \$138,422, realized losses of (\$54,108) from the sale of assets, earnings from investments of \$72,020, and other income of \$26,860. Plan expenses were \$12,727,414. These expenses included \$1,327,117 in administrative expenses, and \$11,400,297 in benefits paid to participants and beneficiaries.

#### Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information and information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;
- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund at 911 Ridgebrook Road, Sparks, MD 21152-9451 or by telephone at (410) 683-6500. The charge to cover copying costs will be \$0.00 for the full annual report, or \$0.00 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund, 911 Ridgebrook Road, Sparks, MD 21152-9451) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

# United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Fund

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## SUMMARY ANNUAL REPORT

### For United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan

This is a summary of the annual report of the United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan, EIN 52-1228768, Plan No. 501, for period January 1, 2022 through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was (\$16,412) as of December 31, 2022, compared to (\$18,916) as of January 1, 2022. During the plan year the plan experienced an increase in its net assets of \$2,504. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$200,244, including employer contributions of \$200,244 .

Plan expenses were \$197,740. These expenses included \$48,095 in administrative expenses, and \$149,645 in benefits paid to participants and beneficiaries.

#### Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information and information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan at 911 Ridgebrook Road, Sparks, MD 21152-9451 or by telephone at (410) 683-6500. The charge to cover copying costs will be \$0.00 for the full annual report, or \$0.00 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan, 911 Ridgebrook Road, Sparks, MD 21152-9451) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



## When You Need Medical Services, You Must Use a CareFirst In-Network Provider

*The following article applies to active participants in Plans Y, Y20 and Y30 who have Fund coverage, not HMO coverage.*

Active participants in Plans Y, Y20 and Y30 must use a CareFirst in-network provider to have coverage for hospital, medical, or surgical benefits under the Fund, with the exception of:

1. emergency services,
2. emergency ambulance services,
3. certain non-emergency ancillary services performed by out-of-network providers at in-network health care facilities, and
4. other services provided by out-of-network providers at in-network health care facilities, for which you did not receive written notice and provide written consent.

CareFirst reprints claims when you use a participating provider, but **CareFirst is not your insurance carrier**. Your coverage is provided through the Fund.

Verify that the health care provider you selected participates with CareFirst when you make your appointment, as provider information is subject to change. At your appointment, show your *Fund* ID card and tell the physician or facility that you participate with CareFirst. If you have a white ID card with blue print (“Net Lease” or “Local Lease”), make sure your provider participates **in CareFirst’s Net Lease/Local Lease network**. If the provider states that he or she participates with CareFirst, be sure to explain that the Plan generally only covers services rendered in CareFirst’s Net Lease/Local Lease network. If your Local Lease/Net Lease provider does not file claims electronically, you or the provider should send the claims to:

CareFirst/Network Leasing  
PO Box 981633  
El Paso, TX 79998-1633

CareFirst will reprice the claim and forward it to the Fund Office for processing. A CareFirst provider should **not** require payment for covered services at the time of service unless the service is not covered under the Plan or if your deductible has not been met. If the provider attempts to collect payment for covered services at the time of your visit, remind the provider that payment will be made by the Fund after CareFirst reprints the claim. The amount of the reduced charge which the patient is responsible for paying will be shown on the Explanation of Benefits (EOB) sent to you and your provider after your claim has been processed.

### Participants in Plans Y, Y20, and Y30

**Important: For laboratory services to be covered, generally you must use either LabCorp or Quest Diagnostic Laboratories (except for laboratory services performed when you are an inpatient in the hospital or by out-of-network providers at in-network facilities). Lab services performed in your doctor’s office or other locations will generally not be covered. To find the nearest LabCorp location, call (888) 522-2677 or log onto their website at [www.labcorp.com/psc/index.html](http://www.labcorp.com/psc/index.html). To find the nearest Quest location, call (800) 377-7220 or go to their website at [www.questdiagnostics.com/appointment](http://www.questdiagnostics.com/appointment).**

### Finding a Doctor (Net Lease vs. Flex Link)

- Local Lease Participants (Green ID cards), should go to [www.carefirst.com](http://www.carefirst.com).
- Flex Link Participants (Black and White ID card) should go to [www.bcbs.com](http://www.bcbs.com).

If you require assistance, please contact the Fund Office at (410) 683-6500 or toll-free (800) 638-2972.

# Manage Your Expectations Over the Holidays

Everyone knows that while kids tend to get excited, adults tend to get stressed over the holidays. After all, the potential sources of stress are many – time crunches, the “perfectionism” syndrome, work, money, and school schedules. Steps can be taken to remove the excess and get down to what most people really want—fun, companionship and a much needed break from the routine.

- **Accept that the holidays will be busy.** The same things that stressed you out last year will likely appear again.
- **Manage time.** Shop in advance and stock up on the necessities. Plan for at least one activity that you’ll know you’ll enjoy and be prepared to say no to the things you don’t.
- **Build relaxing time** into every day and know when to give up and go to bed.

## Travel expectations

Expectations for family to all be together can lead to feelings of guilt and pressure, especially when travel is involved.

- **Accept that you can’t be everywhere.** Many couples face the dilemma of whose family to visit.



If possible, consider visiting one family for one holiday and the other family for another holiday each year.

- **Pack ahead of time and allow extra time for traffic or long security lines at the airport.** Pack snacks and make plans for keeping kids entertained.
- **Once you’ve arrived at your destination, don’t overdo it.** Spending time with your family is more important than meeting everyone’s expectations.

*The above article was provided by Carelon Behavioral Health.*

# Coordination of Benefits: When Benefits Are Available Outside of Fund Coverage

Coordination of Benefits applies when a **participant or eligible dependent** in the UFCW Unions and Participating Employers Health and Welfare Fund is entitled to benefits under another available group health plan (such as employer-provided coverage) in addition to the Fund’s health and welfare Plan. When an individual has duplicate coverage under two different plans, the primary plan normally pays benefits according to its Schedule of Benefits, and the secondary plan pays a reduced amount.

**Regardless of whether this Fund is the primary or secondary plan, the Fund will never pay benefits that exceed 100% of the Plan’s Allowable Charge when added to the benefits payable for the same service under the other plan.**

Example: Suppose your spouse has health coverage through another employer group health plan, which serves as the primary plan. Your spouse also has dependent coverage under this Fund as the secondary plan. Your spouse has a medical claim with an Allowable Charge of \$500, and your spouse’s primary plan covers and pays 70% of the claim (\$350). If the Fund’s Plan of benefits covers

this service at the same rate of 70% of Allowable Charges, the Fund would not make any payment on this claim as secondary coverage, because the primary coverage already paid the maximum amount the Fund would have paid if the Fund were the primary plan. Alternatively, if the Fund’s coverage is the primary plan in the above scenario, then the Fund pays \$350, which is 70% of the Allowable Charges.

These provisions apply whether or not a claim is filed under Medicare or another plan. The Fund is authorized to obtain information about benefits and services available from Medicare or other plans to implement this rule.

If one plan does not have a coordination of benefits rule, it will be the primary plan. Otherwise, the plan which covers the person as an employee is the primary plan. The plan which covers the person as a dependent is the secondary plan.

Please consult the “Coordination of Benefits” section of your Summary Plan Description for a more detailed explanation of the Fund’s coordination of benefits rules.

# UFCW Unions and Participating Employers

Health and Welfare Fund  
911 Ridgebrook Road  
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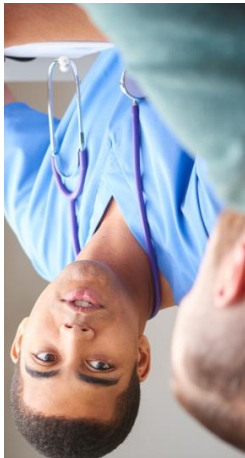
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annually. requires that all participants be notified of this coverage. Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law of mastectomy, including lymphedema. • treatment of physical complications of all stages • prostheses; and • surgery and reconstruction of the other breast to produce a symmetrical appearance; • which a mastectomy is performed; • All stages of reconstruction of the breast on Plan is required to provide coverage for the following:

Under federal law related to mastectomy benefits, the who elect breast reconstruction after a mastectomy. ("WHERA") provides protections for individuals The Women's Health and Cancer Rights Act

*The following article applies to you if your medical benefits are provided through the Fund, not an HMO. If you have coverage through an HMO, you should receive a similar notice directly from the HMO.*

## Reconstructive Surgery Following Mastectomy



**Promote wellness together!**  
Conifer Health Solutions and its Personal Health Nurses (PHNs) are available to help you to know your preventative plan. To get help, call Elizabeth Woodrow, BSN, RN, CCM at 410-919-0488.

**Be Proactive, Not Reactive**  
Wellness visits are your time to talk and plan with your doctors and are an important way to prevent health problems and disabilities. You and your doctor can discuss your health history, health risks and daily habits. This is also a good time to bring up any needs and questions you might have.