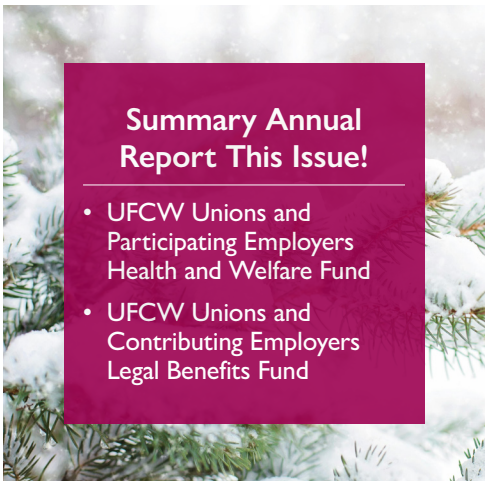
1099Rs Will Be Mailed in Late January. Look for Yours!

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2025 Vol. 41, No. 4

www.associated-admin.com



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

The open enrollment period is now through December 31, 2025, for enrolling in or changing your health and welfare coverage through the UFCW Unions and Participating Employers Health and Welfare Fund for the coverage period beginning January 1, 2026 and continuing through December 31, 2026..

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 December 31, 2025. 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 December 31, 2025 for coverage and payroll deductions to begin as of January 1, 2026.

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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.

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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 **$205.21** per month for one dependent child,
- $7 per week for the participant plus **$410.42** per month for two dependent children, and
- $7 per week for the participant plus **$615.63** 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 **$201.33** per month for coverage of one dependent child,
- $13 per week for individual coverage plus **$402.66** per month for coverage of two dependent children, and
- $13 per week for individual coverage plus **$603.97** 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

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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.

Reconstructive Surgery Following Mastectomy

The following article applies to you if your medical benefits are provided through the UFCW Unions and Participating Employers Health and Welfare Fund, not an HMO. If you have coverage through an HMO, you should receive a similar notice directly from the HMO

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

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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 the period January 1, 2024 through December 31, 2024. 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 Carelon Behavioral Health, Inc, Dentegra Insurance Company, Fidelity Security Life Insurance, Humana Insurance Company, Kaiser Foundation Health Plan of The Mid-Atlantic and Metropolitan Life Insurance Company to pay health, 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, 2024 were $1,523,147.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $4,019,908 as of December 31, 2024, compared to $4,496,229 as of January 1, 2024. During the plan year the plan experienced a decrease in its net assets of $476,321. This decrease 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 $9,810,812, including employer contributions of $8,365,886, employee contributions of $1,251,380, realized losses of ($5,723) from the sale of assets, earnings from investments of $165,711, and other income of $33,558.

Plan expenses were $10,287,133. These expenses included $917,331 in administrative expenses, and $9,369,802 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: EBSA Public Disclosure Room, Room N-1515, 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 the period January 1, 2024 through December 31, 2024. 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 ($10,850) as of December 31, 2024, compared to ($11,551) as of January 1, 2024. During the plan year the plan experienced an increase in its net assets of $701. 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 $212,400, including employer contributions of $212,106, and earnings from investments of $294.

Plan expenses were $211,699. These expenses included $47,692 in administrative expenses, and $164,007 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: EBSA Public Disclosure Room, Room N-1515, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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** 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.

Diabetic Supplies Covered If Purchased at a Participating Pharmacy

The following article applies to participants and eligible dependents with Fund medical coverage, not HMO coverage.

If you or a covered dependent have Diabetes Mellitus, you may be eligible for reimbursement for the cost of blood sugar monitors (like Glucometer and Accu-Check) and other supplies, such as Chemstrips, after you have satisfied your annual deductible. Participants in Plans Y, Y20 and Y30 must use a Shoppers pharmacy, or an online medical or diabetic supply company in the CareFirst network, in order to be reimbursed. Read below to see how the benefit works and how to correctly submit a claim for reimbursement.

All participants must pay **in full** for the supplies up front, but you can be reimbursed by the Fund if you send your paid, itemized receipt to the Fund Office, along with a note from your physician verifying that you (or your eligible dependent) have Diabetes Mellitus, and that the supplies are related to the treatment of your illness. Be sure to include your name (or patient's name, if supplies are for a covered dependent), your ID Number, the name of the pharmacy where the diabetic supply was purchased, and the date the supplied were purchased, since this information is not always on the receipt.

You will be reimbursed under your medical benefit at 80% for Plans Y and JSS2, 75% for Plan Y20, and 70% for Plan Y30, after satisfying the annual deductible.

Buying Online

The Fund Office will accept receipts for diabetic supplies purchased online provided that you purchase from a *medical supply* or *diabetic supply* company and, for participants in Plans Y, Y20 and Y30, the supply company is in the CareFirst network. We will not accept receipts from Amazon or other online "shopping" sites such as eBay. The purchase must be from an actual pharmacy or medical supply company. Shipping is not covered.

If you have questions about how diabetic supplies are covered or if you would like to verify whether a certain pharmacy or medical supply retailer is eligible for reimbursement prior to purchasing supplies, please contact the Fund Office.

What Can Slow Down The Processing of Claims?

The Fund Office uses state-of-the-art benefit systems technology. Despite the tools we employ, claims payment is not simply a matter of feeding information into a computer. It can take as little as a few days or up to 30 days to process a claim.

When we don't have all the information, we "pend" the claim.

Below are some of the most common reasons:

- If a claim comes to us without a CareFirst discount, and the doctor or hospital shows in our system as a participating provider, we send the claim back to CareFirst to take a second look at the claim.
- **Need Accident Details**
  A letter is sent to you when it appears you have had an accident and the accident inquiry section has not been filled out. We need details about any injury (not just car accidents – injury could be a sprain), including how, when, and where the accident took place, whether other people were involved, and whether another party may be liable. We cannot process a claim relating to an accidental injury until we have these accident details.
- **Need Procedure Code**
  This notice means we have received a bill but we need a procedure code (CPT code). Procedure codes are the providers' and insurers' way of showing exactly which service was provided. Both you and provider office receive a copy of this letter, but you are ultimately responsible for confirming that we get the information.
- **Need Enrollment for Baby**
  A letter is sent to you when we get a claim for a newborn, if you have not yet added the baby to your coverage. Call the Fund Office immediately to enroll your newborn. Without enrollment, your baby will not have medical coverage.
- **Need Provider's Tax ID Number**
  A letter is sent to the provider requesting his or her tax identification number. Without this number, we cannot pay a claim.
- **Need Current Address**
  It is very important that we have your current address on file. Without a current address, your claim might be denied because we are unable to gain additional information from you.

Allow Time

It generally isn't necessary for you to call about your claim. We will correspond with you in writing if it's not complete. The only reason you may have to call is to find out if we received a bill from a provider. Before you do call, please allow ample time for the bill to get to us. Some providers don't bill us right away.

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.

Optum Rx Formulary List

The January 2026 Optum Rx Formulary List for the prescription drug benefit under the UFCW Unions & Participating Employers Health & Welfare Fund has been placed on the Fund's website. You may access the updated list by logging onto Associated-Admin.com and clicking on *"UFCW Unions & Participating Employers Health and Welfare Fund,"* then "Downloads (Forms)."

Optum Rx®

CONIFER HEALTH SOLUTIONS®

Conifer Corner

Help is available

Substance abuse is a chronic disease where on compulsively seeks out and uses substances such as alcohol, marijuana, opioids, and other drugs. Help is available and can move you to achieve a successful and empowered recovery.

Ready for a recovery?

Your Personal Health Nurse (PHN) at Conifer Health Solutions can work with you to find resources that will help you to feel supported and to start your path to recovery To get started, call your PHN, Renee M, at 800-459-2110 x2552.

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