

# Diabetic Supplies Covered If Purchased at a Participating Pharmacy

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

Diabetic supplies such as blood sugar monitors (like Glucometer and Accu-Check), test strips, lancets and glucometers are covered under your medical benefits. Participants in Plans Y, Y20 and Y30 must use a Shoppers pharmacy, or from an online medical or diabetic supply company in the CareFirst network, in order to be covered. 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'll be reimbursed by the Fund if you send your paid 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), the participant's ID Number, the name of the pharmacy where the diabetic supply was purchased, and the date purchased (it's not always on the receipt).

You will be reimbursed under your medical benefit at 80% for Plans Y, J 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 participates with CareFirst. 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 for online purchases.

If you have questions about how diabetic supplies are covered or if you may use a particular place to purchase them, contact the Fund Office.

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**UFCW Unions and Participating Employers**

Health and Welfare Fund  
 911 Ridgebrook Road  
 Sparks, MD 21152-9451

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2017 Vol. 33, No. 4

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



**Very Important!**

## Shoppers Participants: If You Have a Spouse, Did You Return The Dependent Spouse Verification Form?

On October 1, 2017 and November 1, 2017, the Fund Office mailed you a letter regarding the Fund's dependent spouse audit process and requested that you complete a Verification form and return it, along with required documents, to the Fund Office. If you are a participant in the Fund and you currently have a spouse enrolled for dependent coverage, the Fund Office must receive the required documents by **December 29, 2017**. **If the Fund Office does not receive this information by December 29, 2017, your spouse's benefits under the Plan will be terminated as of December 31, 2017.**

### Ways to Return the Required Information:

The dependent spouse Verification form and required documentation must be received by fax, mail or email by December 29th. If you have any questions, please contact the Fund Office at (800) 638-2972.

#### Via Mail:

UFCW Unions and Participating  
 Employers Health & Welfare Fund  
 Attn: Eligibility Dept.  
 911 Ridgebrook Rd  
 Sparks, MD 21152-9451

**Via Fax:** (410) 683-7792

**Via Email:** [spousalaudit@associated-admin.com](mailto:spousalaudit@associated-admin.com)

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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.*

## Open Enrollment Now Held Once a Year for Plans Y, Y20, Y30 and JSS2

The Board of Trustees of the UFCW Unions & Participating Employers Health and Welfare Fund ("Fund") has adopted the following changes and clarifications to the UFCW Unions & Participating Employers Health and Welfare Plan, effective October 20, 2017. Please keep this information with your Summary Plan Description ("SPD").

1. Plan Y PT has a single annual Open Enrollment Period, from January 1-31 each year, when Participants may add or drop dependents, if they are eligible for dependent coverage. The July 1-31 Open Enrollment Period for Plan Y Participants is eliminated.
2. The subsection in your SPD entitled "Enrolling New Dependents" under the Section entitled "Dependent Eligibility" in Plans Y, Y20, Y30, and JSS2 is deleted and replaced with the following:

### Enrolling New Dependents

Once you have satisfied the waiting period for dependent coverage, if any, a newly eligible dependent can be included for benefit coverage by notifying the Fund Office and completing an enrollment form. You must apply for dependent coverage **within 30 days** of the date your family member becomes your dependent.

If you apply for dependent coverage within 30 days from your date of marriage, your eligible spouse may be included for benefit coverage on the first day of the calendar month following the date of marriage. When you apply within 30 days of the date of a child's birth, the biological child(ren) and/or newborn child(ren) adopted or placed for adoption



with you may be added as of the date of birth. For adopted children or children placed with you for adoption other than newborns, when you apply within 30 days of the date of adoption or placement with you for adoption, the child(ren) may be added as of the date of adoption or placement for adoption. When you apply within 30 days of the date of your marriage, stepchildren may be added on the first of the month following your date of marriage.

If you do not enroll your dependent spouse or child within 30 days of the applicable date described above, you must wait until the next Open Enrollment period to add him or her, unless you qualify for a special enrollment event as described in this SPD.

**Y20 and Y30 Part-Time Participants:** You may enroll eligible dependent children but you are required to pay the full cost of the dependent coverage via payroll deduction. If you enroll your child/ren, your employer will set up payroll deductions to begin with the first month you are eligible for dependent coverage. Dependent coverage will not begin until the month in which your first payroll deductions are made.

## Shoppers Open Enrollment for Health and Welfare Coverage Is Now through December 27

Now through December 27, 2017 is open enrollment to choose health and welfare coverage through the Fund effective January 1, 2018 and continuing (assuming you remain eligible) through December 31, 2018.

If you don't currently have 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 coverage. If you are already enrolled and don't want to make any changes to your coverage, don't do anything.

### Open Enrollment Letter

An open enrollment letter was sent along with payroll deduction and enrollment forms, from the Fund Office. If you are already enrolled and want to change coverage levels (from single coverage to husband/wife, for example) or to drop coverage completely, note the change on the payroll deduction form and complete the enrollment form and return both to the Fund Office. To drop coverage, contact the Fund Office **by December 27nd – very important!**

If you aren't making a change, there is no need to return the form(s). You will remain in your current coverage.

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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. This is what tells us to change your payroll deduction and set up your new coverage level. If you are eligible to add your dependent spouse, the spousal surcharge form must also be returned. **All forms must be returned by December 27 for coverage to begin as of January 1, 2018.** However, if you're already enrolled and are not making changes, don't do anything.

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

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

All participants who elect coverage and are eligible for benefits shall pay the following:

- Individual coverage - \$5 per week
- Participant plus one dependent - \$10 per week
- Family coverage - \$15 per week
- An additional spousal surcharge - \$20 per week. See description below.

#### Plans Y and Y20 Full Time Participants

All participants who elect coverage and are eligible for benefits shall pay the following:

- Individual coverage - \$5 per week
- Participant plus one - \$10 per week
- Family coverage - \$15 per week
- An additional spousal surcharge - \$20 per week. See description below.

#### Plan Y30 Full Time Participants

Plan Y30 Full Time participants who elect coverage and are eligible for benefits shall pay the following:

- Individual coverage - \$10 per week
- Participant plus child/ren - \$15 per week
- Participant plus spouse - \$20 per week
- Family coverage - \$25 per week
- An additional spousal surcharge - \$20 per week. See description below.

#### Plans Y20 and Y30 Part Time Participants – Dependent Children

Plans Y20 and Y30 Part Time participants are eligible to add dependent children, but they must pay the full cost of the coverage.

Plan	Per Child	3 or More Children
Plan Y20 Part Time Participants	\$127.81 <i>Rate per Month</i>	\$383.43 <i>Rate per Month</i>
Plan Y30 Part Time Participants	\$125.54 <i>Rate per Month</i>	\$376.62 <i>Rate per Month</i>

Your Individual \$10.00 weekly co-payment will still apply. The dependent co-payment rates are in addition to the \$10.00 weekly rate. Spouses of Part Time participants in Plans Y20 and Y30 are not eligible for coverage.

The rates for Part Time Dependent Children are current at this time. However, when the 2018 rates are determined, you will be notified and, if the cost of coverage for dependent children increases significantly, as determined in the sole discretion of the Fund's Trustees, you will have the opportunity to keep or drop coverage for your children at that time.

### Spousal Surcharge Applies (Full Time Plans Y, Y20 and Y30)

Full Time participants in Plans Y, Y20 and Y30 have an additional \$20 per week deduction to add their spouse to the coverage if one of the following conditions is applicable to you (note: the spousal surcharge does not apply if your spouse also is a participant in the Plan, rather than a dependent):

1. You have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer, but elects not to enroll, or
2. Your spouse is enrolled in his/her employer's coverage and your spouse 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 primary payment, subtracting it from 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.

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

## Beacon Health Options Has New Address

Beacon Health Options, the provider who reviews your mental health and substance abuse treatment to be sure your care is medically necessary and appropriate, recently changed their mailing address. Send all correspondence to the new mailing address shown below.

**Beacon Health Options  
PO Box 1854  
Hicksville, NY 11802**

**United Food and Commercial Workers Unions  
and Contributing Employers  
Legal Benefits 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)

**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 01, 2016 through December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, 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 \$68,590 as of December 31, 2016, compared to \$85,391 as of January 01, 2016. During the plan year the plan experienced a decrease in its net assets of \$16,801. 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 \$502,345, including employer contributions of \$501,978, and earnings from investments of \$367.

Plan expenses were \$519,146. These expenses included \$74,112 in administrative expenses, and \$445,034 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;
- 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 the Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan at 8400 Corporate Drive, Ste. 430, Landover, MD 20785-2361, or by telephone at (301) 459-3020. The charge to cover copying costs will be \$0.25 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, 8400 Corporate Drive, Ste. 430, Landover, MD 20785-2361) 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 N1513, 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 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 01, 2016 through December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Insurance Information**

The plan has contracts with Fidelity Security Life Insurance, Group Dental Service Of Maryland, Inc., Kaiser Foundation Health Plan of The Mid-Atlantic, and Metropolitan Life Insurance Company to pay dental, vision, life insurance, HMO, and accidental death & dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2016 were \$2,613,170.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2016, the premiums paid under such "experience-rated" contracts were \$263,540 and the total of all benefit claims paid under these contracts during the plan year was \$191,239.

**Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$3,841,161 as of December 31, 2016, compared to \$2,465,890 as of January 01, 2016. During the plan year the plan experienced an increase in its net assets of \$1,375,271. 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 \$49,070,308, including employer contributions of \$48,092,638, employee contributions of \$833,916, realized gains of \$26,893 from the sale of assets, earnings from investments of \$94,361, and other income of \$22,500.

Plan expenses were \$47,695,037. These expenses included \$4,278,673 in administrative expenses, and \$43,416,364 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;
- 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 the Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund at 8400 Corporate Drive, Ste. 430, Landover, MD 20785-2361, or by telephone at (301) 459-3020. The charge to cover copying costs will be \$0.25 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, 8400 Corporate Drive, Ste. 430, Landover, MD 20785-2361) 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 N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## Weekly Disability Continuation Forms Automatically Generated Every Five Weeks



If you are out on sick leave or disability leave and are receiving Weekly Disability benefits (sometimes referred to as Accident & Sickness benefits), a Notice of Continuation or Termination of Disability for Group Accident & Sickness Benefits form ("Continuation form") is automatically sent to you after you've been out five weeks. The form requires your doctor to certify that your illness or disability is still continuing and that you are requesting continued Weekly Disability benefits.

Generally, the Continuation form will be accepted for up to another six weeks of disability, depending on what your doctor projects as the amount of time you will be out of work. If your doctor is unsure about your return to work date, he/she can state that you will continue to be disabled through your next scheduled appointment so that you can be evaluated at that time. The Continuation form must be returned to the Fund Office within four weeks from the date it is sent.

The purpose of the Continuation form is not just to update your expected date of return, but also to verify that you have been regularly seen by a doctor and have been receiving treatments. We know it's not always easy to have forms signed while you're sick or on disability, but the verification process is important and ensures that benefits are being administered in accordance with the Plan.

### On Our Website

For your convenience, we also have the Continuation form on our website. Go to [www.associated-admin.com](http://www.associated-admin.com) and click on "Your Benefits," located at the left side of the page. Select "UFCW Unions and Participating Employers Health and Welfare Fund" and under "Downloads (Forms)" you can print the Notice of Continuation or Termination of Disability for Group Accident & Sickness Benefits."

Complete all sections of the Continuation form and sign it. Send the original, signed form back to the Fund Office, not a fax or a photocopy. This is important.

### Request for Additional Information

If we ask for more information, the response is due within two weeks from the date on the request. Likewise, if you have a correction to make to a form, that is also due within two weeks from the date the original form was submitted.

If you have questions about the form or how to complete it, call the Fund Office at (800) 638-2972. Follow prompts to get to the Accident and Sickness Department.

## Reconstructive Surgery Following Mastectomy

*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.*

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.

## Landover Fund Office Moved To New Location

On April 1, 2017, the Landover Fund Office relocated to the following address:

**Fund Office**  
**8400 Corporate Drive, Suite 430**  
**Landover, MD 20785-2238**

All phone and fax numbers remain the same. Participant Services is still toll-free (800) 638-2972.



## HEALTH CORNER

## Holiday Drinking: Keep It Safe

The period between Thanksgiving and New Year's Eve, according to Mothers Against Drunk Driving, is one of the most unsafe times of year to be on the roads due to alcohol-related injuries and deaths.

### Why are the holidays more dangerous than other times of the year?

- More people drink during the holidays due to many parties and other festivities.
- Many Americans don't drink except around the holidays and therefore have a lower tolerance for alcohol. As a result, these people often underestimate their level of impairment and sometimes even drive when they shouldn't. When arrested for drunk driving, these people often show a relatively low blood alcohol content although they are very intoxicated.
- Because there are more parties and socially acceptable events to drink during the holidays, many problem drinkers and people with alcoholism say that they feel more "normal," and therefore drink more often. Because they have a high tolerance for alcohol they drink large amounts before showing the effects, although they are, in fact, too impaired to drive.
- The holidays are busy and stressful. People are hurrying more than normal and winter road conditions in many areas of the country make driving more dangerous. Add alcohol to this scenario and you have a recipe for disaster.

### Follow these tips for a safe holiday season:

- **Resist the pressure to drink or serve alcohol at every social event.** Just because it's there does not require that you drink it.
- **If you want to serve alcohol to your guests, offer nonalcoholic drinks as well.** Make your guests feel as



comfortable choosing a nonalcoholic drink as they would choosing alcohol. You can do this by putting nonalcoholic drinks in a prominent, easily accessible place and by asking guests what they would like to drink, instead of pointing them to the bar or handing them an alcoholic drink when they arrive.

- **If you or your friends are going to a party and plan to use alcohol, decide in advance who will be the designated driver.** Decide that drinking and driving is not an option.
- **If you are going to drink, decide ahead of time how many drinks you will have and stick to it.**

*The above article was provided by Beacon Health Options/Achieve Solutions. This is for informational purposes only and should not be treated as medical, health care, psychiatric, psychological or behavioral health care advice. If you have concerns about your health, please contact your health care provider.*

## Termination of Health Benefits for Kroger Roanoke and Richmond/Tidewater

### Material Modifications

As a result of collective bargaining between Kroger and UFCW Local 400, your and your enrolled dependents' participation under the UFCW Unions and Participating Employers Health and Welfare Fund ("Fund") will terminate on December 31, 2017 and you and your enrolled dependents will become covered under the UFCW Local 400 and Employers Health & Welfare Fund ("UFCW Local 400 Fund") effective January 1, 2018.

Your claims incurred through December 31, 2017 will be processed in accordance with the rules of the Fund. Effective January 1, 2018, your and, if applicable, your dependents' health and welfare benefits will be provided under the UFCW Local

400 Fund. Pursuant to the bargaining parties' agreement, we have been advised that there will be no change in the level of benefits provided to you under the new Plan. You will receive information directly from the new administrator regarding 2018 open enrollment and future benefits.

### Questions

Contact Associated Administrators, LLC at (800) 638-2972 for more information. For information about your health coverage in effect **on or after January 1, 2018**, contact the UFCW Local 400 Fund at (866) 343-7682. We have appreciated the opportunity to serve you.