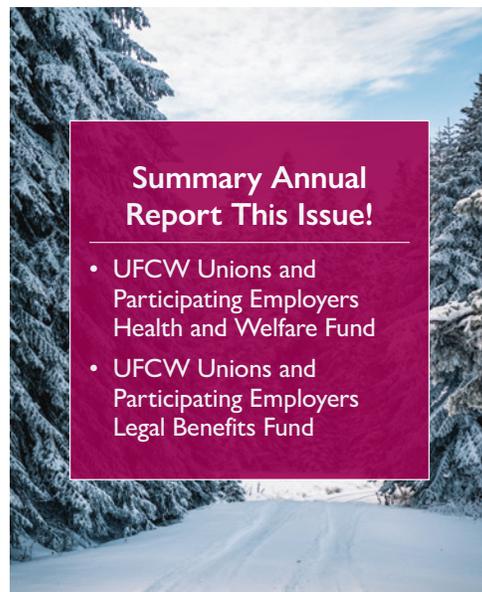


FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2021 Vol. 37, No. 4

www.associated-admin.com



Summary Annual Report This Issue!

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

Shoppers Open Enrollment for Health and Welfare Coverage Is Now through December 30

Now through December 30, 2021 is open enrollment to choose health and welfare coverage through the Fund effective January 1, 2022 and continuing (assuming you remain eligible) through December 30, 2022.

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/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 30, 2021. 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 30, 2021 for coverage and payroll deductions to begin as of January 1, 2022.

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

Plans Y and Y20 Full Time Participants

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

Plan Y30 Full Time Participants

- 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 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 \$5 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 must be deducted from your payroll:
 - \$10 per week for the participant plus one dependent,
 - \$15 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

Plans Y20 and Y30 part time participants are eligible to add dependent children, but pay the full cost of the coverage.

Plan Y20 Part Time Participants – Dependent Child Coverage

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

- \$5 per week for the participant plus **\$181.65** per month for one dependent child,
- \$5 per week for the participant plus **\$363.30** per month for two dependent children, and
- \$5 per week for the participant plus **\$544.95** per month for three or more dependent children.

These amounts will be deducted from your payroll. The Individual \$5 or \$10 weekly co-payment for your own coverage still applies. Spouses of **part time** participants in Plan Y20 are not eligible for coverage.

Plan Y30 Part Time Participants – Dependent Child Coverage

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

- \$10 per week for individual only coverage,
- \$10 per week for individual coverage plus **\$178.41** per month for coverage of one dependent child,
- \$10 per week for individual coverage plus **\$365.82** per month for coverage of two dependent children, and
- \$10 per week for individual coverage plus **\$535.23** per month for coverage of three or more dependent children.

Spouses of **part time** participants in Plan Y30 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 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 coverage.

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.

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

Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

The following Notice of Creditable Coverage applies to Medicare-eligible participants, retirees and dependent spouses.

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 UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) 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 UFCW Unions and Participating Employers Health and Welfare Fund has determined that the prescription drug coverage offered by the Active Health & Welfare Plan and the Retiree 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.

What Happens To Your Current Coverage If You Enroll in a Part D Plan?

If you enroll in a Medicare drug plan, your current prescription coverage through the UFCW Unions and Participating Employers Fund will be terminated.

You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you enroll in a Medicare drug plan and drop your Fund prescription drug coverage, be aware that you and your dependents may not be able to get the same Fund 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 may 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 19 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 higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. **Be careful!**

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

911 Ridgebrook Road
Sparks, Maryland 21152-9451
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(800) 638-2972
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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, 2020 through December 31, 2020. 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, 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, 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, 2020 were \$1,500,082.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$6,929,196 as of December 31, 2020, compared to \$11,681,534 as of January 01, 2020. During the plan year the plan experienced a decrease in its net assets of \$4,752,338. 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 \$11,769,817, including employer contributions of \$11,393,112, employee contributions of \$193,666, realized gains of \$10,542 from the sale of assets, earnings from investments of \$149,722, and other income of \$22,775. Plan expenses were \$16,522,155. These expenses included \$1,253,127 in administrative expenses, and \$15,269,028 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 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.

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 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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Toll Free: (866) 662-2537
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, 2020 through December 31, 2020. 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 \$4,734 as of December 31, 2020, compared to \$33,762 as of January 01, 2020. During the plan year the plan experienced a decrease in its net assets of \$29,028. 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 \$221,397, including employer contributions of \$221,241, and earnings from investments of \$156.

Plan expenses were \$250,425. These expenses included \$44,958 in administrative expenses, and \$205,467 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 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.

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Questions? Call 1-866-664-4621 or email customer care@benefithub.com

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.

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.

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 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 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 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.

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.

CONIFER
HEALTH SOLUTIONS®

Conifer Corner

Happy Holidays!

Celebrations this year may look a little different because of COVID-19. Remember to stay home if you are not feeling well, wash your hands often, and practice social distancing to prevent getting your loved ones sick.

Managing your health can be pain free!

Conifer Health Solutions and its Personal Health Nurses (PHN) are the perfect option for you and your family's health needs. They will partner with you to help you to work toward better health. To get started, call your PHN, Liz Woodrow, at 410-919-0488.



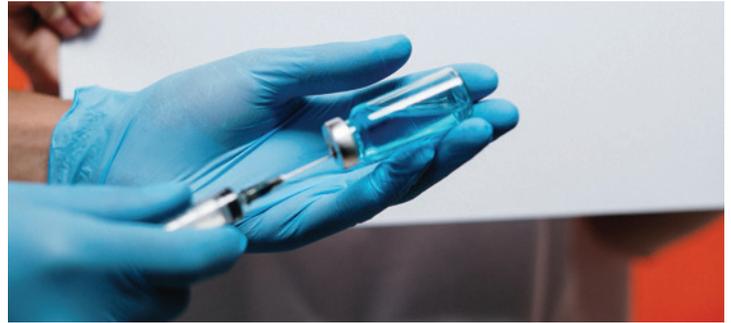
Participants: Shoppers Pharmacies Offer Free Flu Shot with Rx Card

The following article applies to participants in Plans Y, Y20, Y30, and JSS2.

With flu season upon us, it may be a good time to get your flu shot. All actives and retirees in Plans Y, Y20, Y30 and JSS2 with Fund coverage can receive the flu shot at any participating Shoppers pharmacy, at no cost to you, using your OptumRx Prescription ID card.

If you prefer to get your flu shot from your doctor or don't live near a Shoppers pharmacy, the shot is covered under your medical benefits if the office visit is only to administer the flu shot. If the office visit is for any other medical reason, besides getting the flu shot, the office visit will be covered under your major medical benefit.

For those with Fund medical coverage, the injection itself is covered at 100% up to the Usual, Customary and Reasonable fee, and the office visit charge (if there is one) is covered under your Major Medical or Comprehensive benefit at the applicable co-payment after satisfying the



annual deductible. Submit your paid receipt to the Fund Office and you will be reimbursed.

For participants in the Kaiser Permanente HMO (actives and retirees), the flu shot is covered in full with no co-pay if you use a Kaiser physician. However, actively working participants in Kaiser who use OptumRx for their prescription benefit may also get a flu shot at a Shoppers pharmacy using their prescription ID card.

