FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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Summary of Material Modifications This Issue!

- UFCW Unions & Participating Employers Active Health and Welfare Plan*
- UFCW Unions & Participating Employers Pension Plan*

**Benefit Plans of the UFCW Unions and Participating Employers Health & 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 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").

COVID-19 Vaccination Coverage

The following services will be covered under Comprehensive Medical Benefits and the Prescription Drug Benefit on an in-network and out-of-network basis with no cost sharing (including deductibles, co-payments and co-premiums) and no requirement of prior authorization:

- A COVID-19 immunization that has a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (regardless of whether the immunization is recommended for routine use), after such recommendation has been in effect for 15 business days; and
- items and services that are an integral part of furnishing the covered immunization, including vaccine administration.

Office Visit Coverage

There are limited situations in which an office visit is payable under this COVID-19 Vaccination Coverage. The following conditions apply to payment for office visits under the COVID-19 Vaccination Coverage.

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This issue—

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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- If the covered immunization, item or service is billed separately from an office visit, then the Fund will impose cost-sharing with respect to the office visit.
- If the covered immunization, item or service is not billed separately from the office visit, and the primary purpose of the office visit is the delivery of the immunization, then the Fund will pay for the office visit without cost-sharing.
- If the covered immunization, item or service is not billed separately from the office visit, and the primary purpose of the office visit is not the delivery of the immunization, then the Fund will impose cost-sharing with respect to the office visit.

The Board of Trustees of the United Food and Commercial Workers Unions and Participating Employers Pension Fund ("Fund") has adopted the following changes to the United Food and Commercial Workers Unions and Participating Employers Pension Plan ("Plan"). Please keep this document with your Summary Plan Description ("SPD").

1. **Effective January 1, 2021, the last sentence of the first paragraph in the "Types of Pensions" subsection on page 28 of your SPD is replaced with the following sentence:**
   You are required by law to begin receiving benefit payments by the later of: (1) April 1 of the year following the year you reach age 72; or (2) April 1 of the year following the year in which you terminate Covered Employment.

2. **Effective December 31, 2020, the following paragraph is inserted after the second paragraph in the "Pre-Retirement Spouse's Pension Benefit" subsection on page 37 of your SPD:**
   Payments to your Spouse may be deferred if your Spouse so requests. However, your Spouse cannot defer payment past the later of: (1) December 31st of the calendar year immediately following the calendar year in which you died; or (2) December 31st of the calendar year in which you would have attained age 72, if you would have reached age 70½ on or after January 1, 2020. If payments are deferred, the amount of the benefit will be actuarially adjusted to reflect the later age of your Spouse at the time the benefit commences.

Retiree Information Forms Mailed - *Please Return This Form or Benefits May Be Suspended*

The Fund Office recently sent all retirees a Retiree Information Form (RIF) to be completed and returned to the Fund Office. The form asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed.

This form must be completed and returned every year, even if nothing has changed. It is very important that the retiree complete all sections of this form and promptly send it back to the Fund Office. If we don't receive your RIF, your benefits may be suspended until it is received. To assist you, the Fund Office included a postage-paid return envelope with the first mailing.

Helpful Reminders

- Do not attach checks or claims to the RIF.
- Report any earnings from all employers.
- Let us know if you or your spouse has other health coverage.
- Provide a copy of your Medicare card for you and/or your spouse, if you have it.
- Be sure to sign the RIF.

No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree. A copy of any Power of Attorney must be on file with the Fund Office. If, for health reasons, the Retiree is unable to sign the form and there is no Power of Attorney on file, then the Retiree must sign an "X" on the RIF and have it notarized by a Notary Public.

Weekly Disability Continuation Forms

If you are out on sick leave and are receiving Weekly Disability benefits (also 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 seen regularly by a doctor and have been receiving treatments. We know it's not always easy to have forms signed while you're on disability, but the verification process ensures that benefits are 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 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. If you have a correction to make to a form, that is 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 the prompts to get to the Accident and Sickness Department.

Understanding the "Hold Harmless" Provision

As you may know, under certain circumstances, the Fund will defend participants and dependents who are being pursued by a provider for payment of a claim if the reason for the Fund's denial was that the provider was late in submitting it. However, in order for the Fund to defend you, the following requirements must be met:

1. If you receive a bill or lawsuit from the provider for services that were provided to you, and you believe these "hold harmless" rules apply, contact the Fund Office within two weeks of when you receive the bill to notify us that the provider is pursuing you and to request that the Fund defend you against attempts by the provider to collect payment. **If you don't notify the Fund Office within this two-week period, the Fund will not defend you** and the provider can hold you responsible. Notify the Fund Office upon the first collection attempt by the provider, as well as any follow-up attempts.

2. If you receive a bill from a provider, it could be because the Fund Office has not received or paid it yet. The hold harmless protection applies when the Fund has denied the claim for lateness and the provider then attempts to collect the amount from you. In other words, just because you receive a bill, don't automatically apply for hold harmless protection. Contact the Fund Office to make sure we've received it.

Finally, please note that the Fund will not defend you against a provider's collection attempts if the reason for the provider's late filing of the claim was your failure to inform the provider of your Fund coverage.

Preventive Services Benefits

The Fund provides coverage for certain preventive services as required by the Patient Protection and Affordable Care Act of 2010 (ACA). In-network preventive services are provided to Plan Y, Y20, Y30, JS and JSS2 participants with no cost-sharing (for example, no deductibles, coinsurance, or copayments).

For more on preventive services, log in to www.associated-admin.com. Click on "Your Benefits" located at the left side of screen and choose "UFCW Union and PE Health and Welfare Fund." On the UFCW homepage, under "Important Notices," you can view the Preventive Services Benefits.

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. services provided by pathologists, anesthesiologists, and radiologists at in-network facilities,
2. emergency admissions,
3. emergency room services, and
4. emergency ambulance services.

Exceptions

You are covered for services provided by out-of-network pathologists, anesthesiologists, and radiologists, **if** the services are performed at in-network facilities. You are also covered for emergency services, including emergency ambulance services, and admission to the hospital for **urgent/emergency reasons only** (not for scheduled procedures) both in-network and out-of-network. Emergency service is the care given for the sudden onset of a medical condition with severe symptoms, such as heart attack, poisoning, severe breathing difficulties, convulsions, loss of consciousness, and other acute conditions that may be considered life threatening.

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

To Locate a CareFirst Provider

Contact CareFirst at the number listed on your ID card.

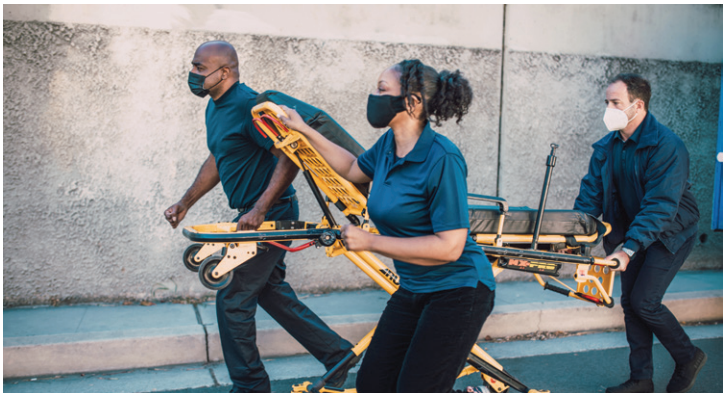
- If your ID card has blue print ("Net Lease" or "Local Lease"), call (800) 235-5160.
- If your ID Card has black print ("Flexlink"), call (800) 810-2583.

Note that the numbers above are only for finding a participating CareFirst provider. **No other questions (claims, eligibility, etc.) are answered on these lines.**

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/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 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 reprices 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, you must use either LabCorp or Quest Diagnostic Laboratories (except for laboratory services performed when you are an inpatient in the hospital). Lab services performed in your doctor's office or other locations will 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. To find the nearest Quest location, call (800) 377-7220 or go to their website at www.questdiagnostics.com/appointment.

Your Dental Benefits through Group Dental Service

Your Plan of benefits provides coverage for dental benefits including exams, x-rays, cleanings, amalgam fillings, and simple extractions, when the service is provided through Group Dental Service ("GDS"). Except as provided below, **any service you receive from a dentist who does not participate with GDS will not be covered under the Fund.**

Coverage under the Plan is provided only for the least costly, professionally adequate procedure to treat a condition. If you elect a more expensive procedure, the Plan will only cover the less costly procedure and you will be responsible for the difference in cost. Any dental expense incurred in connection with any dental procedure started prior to a participant's or eligible dependent's effective date of coverage is excluded.

Coverage for Dependents in Plans Y, Y20 and Y30

Generally, your biological children, adopted children, children placed with you for adoption, children over whom you have legal custody and your stepchildren are eligible for dental benefits until the end of the calendar year in which they turned age 19. However, if your dependent child is a full-time student at an accredited college or university, dental coverage may be continued until the end of the calendar year in which he/she turns age 23. Children under age four are not eligible for dental benefits.

Coverage for Dependents in Plan JSS2

Generally, your biological children, adopted children and children placed with you for adoption are eligible for dental coverage as your dependents if they are under age 26. Generally, stepchildren and children over whom you have legal custody are eligible for dental coverage until the end of the calendar year in which they turn age 19. Children of retirees, and all children under age four, are not eligible for dental benefits.

Legal Custody

If you have had court-awarded legal custody of a child for at least six months, you may enroll that child as your dependent. You must submit a copy of the court-entered custody order along with the applicable enrollment form. Further, you must submit a notarized letter to the Fund Office every six months, confirming the continuation of custody.

Coverage for Stepchildren

To be eligible for coverage as your dependent, a stepchild must reside with the eligible participant.

Proof of Dependent Status

The Plan requires you to submit evidence of your dependent(s)' eligibility status – for your children: a birth certificate, adoption papers, or other proof of adoption or placement for adoption acceptable to the Trustees, and for your spouse: a marriage license. In the case of a stepchild, a copy of the divorce decree indicating custody is required as evidence.

Coverage When Using a Non-Participating GDS Dentist

You may use a non-participating GDS dentist and receive coverage only:

- When referred by a participating dentist to a non-participating specialist;
- When authorized in advance by GDS;
- In the case of a dental emergency which occurs more than 50 miles from your primary dentist if you are temporarily away from home. "Emergency" means an unforeseen situation requiring services necessary to treat a condition or illness that, without immediate dental attention, would result in unalleviated acute dental pain, dental infection, and/or dentally related bleeding; or
- When the participant does not live or work within 20 miles or 30 minutes of a participating dentist.

Call Conifer for Hospice Care

The following article applies to active participants with Fund medical coverage. It does not apply to Kaiser HMO participants or retirees.

Hospice care benefits are provided through the Fund for terminally ill participants or eligible dependents whose prognosis of probable survival is six months or less and who are receiving palliative, not curative, care. Covered services include intermittent nursing care by a registered or licensed practical nurse, physical therapy, speech therapy, occupational therapy, *services* of a licensed medical social worker, home health aide visits, prescription drugs, lab tests and x ray services, medical surgical supplies, oxygen, *Durable Medical Equipment*, Physician home visits, *ambulance* and wheelchair transportation to or from the *Hospital* for palliative treatment or admission as an *Inpatient*. Your family may receive counseling and submit a claim to the Fund Office. The *Fund* pays up to $500 for family counseling prior to the participant's death and up to $100 for bereavement visits to the family (parents, spouse, brothers, sisters, or children) within three months after the death of a participant or eligible dependent who received plan approved *hospice* benefits.

Pre-certification is required and services must be approved by Conifer Health Solutions by calling toll free (866) 290-8147.

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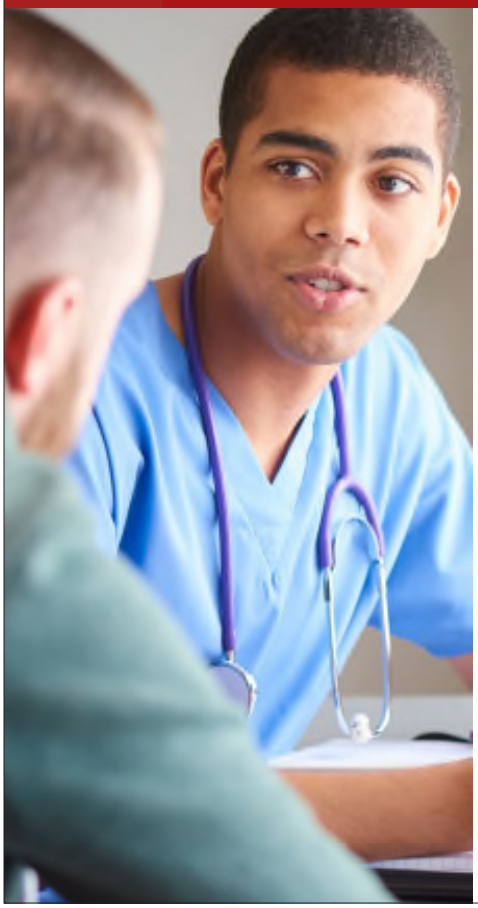

Be Proactive, not Reactive

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.

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 one of your PHNs:

- Lea, at 800.459.2110, ext. 2917
- Renee, at 800.459.2110, ext. 2552, or
- Michelle, at 800.459.2110, ext. 2061

On Vacation: Is Relaxing a Forgotten Art?

We think of vacation time as an escape from our everyday world, a chance to relax, have fun, try new things, or explore new possibilities. Too often, people return from holiday more exhausted that when they left because they tried to cram too much into too little time. Are we so eager to "have it all" that we exhaust ourselves in the name of relaxation?

Plan for success

You can help ensure that everyone in your family or group gets something close to the vacation of their dreams:

1. **Brainstorm about what you liked/disliked about previous trips and what you want or need from this one.** What is the goal for this vacation? A good holiday finds a balance between activity and rest, between comfort and adventure.
2. **Do some research.** Find out as much as you can about the chosen destination: What are the costs? What are the crowds like? Are options available for all family members?
3. **Plan.** Make a list of activities to do, places to visit, things to see. Remember that this is a list of possibilities, not demands. Choose wisely.
4. **Once you arrive, remember your goal for the trip, and remember everyone else has a goal.** If you need to rest and relax, stay behind sometimes. If you like to keep moving, don't expect everyone else to be with you every minute. Get what you need from the holiday: Don't do what you think you should do.
5. **If possible,plan to arrive home early enough to spend a full day unwinding** and making the transition back to reality.

Source: For the Busy, Vacation Time Actually Means Stress Time by Bob D. McDonald and Don Hutcheson, Atlanta Business Chronicle, 1997; American City Business Journals, Inc.; www.bizjournals.com; Ideas for the At-Home Vacation, by Kimberly L. Keith, July 1997, About.com Network

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

Kaiser Permanente Open Enrollment Letters Mailed

Letters for Kaiser Permanente Open Enrollment were mailed out in early June. If you would like to enroll in Kaiser, contact Kaiser Member Services at (800) 777-7902 and request a packet with an enrollment form. If you are already in Kaiser and are not making a change, DON'T DO ANYTHING. If you are in Kaiser but would like to return to Fund Medical coverage, call the Fund office **no later than June 15th** and advise the representative that you want to change back to Fund coverage. Make sure to write down the name of the person you speak with and the date you called.

Changes in coverage are effective June 1st and remain in effect until May 31st of next year.

Have You Made A Will? Legal Benefits Are Available

As a participant in the UFCW Health & Welfare Fund, you are fortunate to have Legal Benefits included as part of your health and welfare package at no cost to you (no payroll deduction for legal benefits). The covered services vary somewhat based on your date of hire, but ALL legal benefit plans ***(regardless of hire date)*** include the preparation of a will at no charge to you. Do not overlook this valuable benefit!

Having a will prepared is one last valuable gift you can give to your family. It can prevent bad feelings and misunderstandings between family members by making it clear what ***your*** wishes were. And again, it's free. Contact Akman & Associates, your Legal benefits provider:

Lutherville, Maryland:	(410) 337-2300
Landover, Maryland:	(301) 241-9400
Salisbury, Maryland:	(410) 749-6118
Alexandria, Virginia:	(703) 347-7180
Washington, D.C.:	(202) 507-6256

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