FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

June 2022 Vol. 38, No. 2

www.associated-admin.com

Summary of Material Modifications This Issue!

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

**Benefit Plan of the UFCW Unions and Participating Employers Health & Welfare Fund*

This issue—

Change In Assignment of Benefit Rules

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").

1. The following new subsection is added before the "Definitions" section of your SPD:

Prohibition of Assignment of Benefits

No benefit under the Plan or right under ERISA may be assigned or transferred to another party by a participant or beneficiary. The *Fund* will not recognize any attempted assignment. Nothing in this SPD or the *Fund's* Trust Agreement shall be construed to make the *Fund*, the *Trustees*, UFCW Locals 27 or 400, or any *Participating Employer* liable to any third-party to whom a participant, dependent, or beneficiary may be liable for medical care, treatment, or services. The *Fund* may make direct payments to a medical provider. A direct payment by the *Fund* to a medical provider does not make the provider an assignee, and in no way confers upon the provider any rights that a participant has under the Plan or ERISA.

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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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2. **In the first numbered list in the Claims Filing and Review Procedure or Claims Procedures section of the SPDs for Plans Y, Y20, Y30, T, and JSS2, item number 3 (for Plans Y, Y20, and Y30) or number 4 (for Plans JSS2 and T) is revised as follows:**

   Benefit payments will be sent directly to the provider unless there is no payment direction and evidence of your payment is reflected. In that case, payment will be sent directly to you.

3. **In the Claims Filing and Review Procedure section of the SPDs for Plans Y, Y20, Y30, T, and JSS2, under the "When you File a Claim" or "Filing a Claim" subsection, the last sentence of item number 4 (for Plans Y, Y20, and Y30), item number 13 (Plan JSS2), or item number 14 (for Plan T) is revised as follows:**

   Benefit payments will be sent directly to the provider unless there is no payment direction and there is evidence of your payment on the bill.

4. **In the Claims Filing and Review Procedure section of the SPDs for Plans Y, Y20, Y30, T, and JSS2, under the "When you File a Claim" or "Filing a Claim" subsection, the last sentence of item number 4 (for Plans Y, Y20, and Y30), item number 13 (Plan JSS2), or item number 14 (for Plan T) is revised as follows:**

   Benefit payments will be sent directly to the provider unless there is no payment direction and there is evidence of your payment on the bill.

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.

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. certain ancillary services provided at in-network hospitals or ambulatory surgical centers, including emergency medicine, pathology, radiology, neonatology, diagnostic and anesthesiology services,
2. emergency services,
3. emergency ambulance services, and
4. other services provided by out-of-network providers at in-network hospitals or ambulatory surgical centers, for which you did not receive notice and provide written consent.

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

Verify that the health care provider you selected participates with CareFirst when you make your appointment, as provider information is subject to change. At your appointment, show your *Fund* ID card and tell the physician or facility that you participate with CareFirst. If you have a white ID card with blue print ("Net Lease" or "Local Lease"), make sure your provider participates ***in CareFirst's Net Lease/Local Lease network***. If the provider states that he/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.

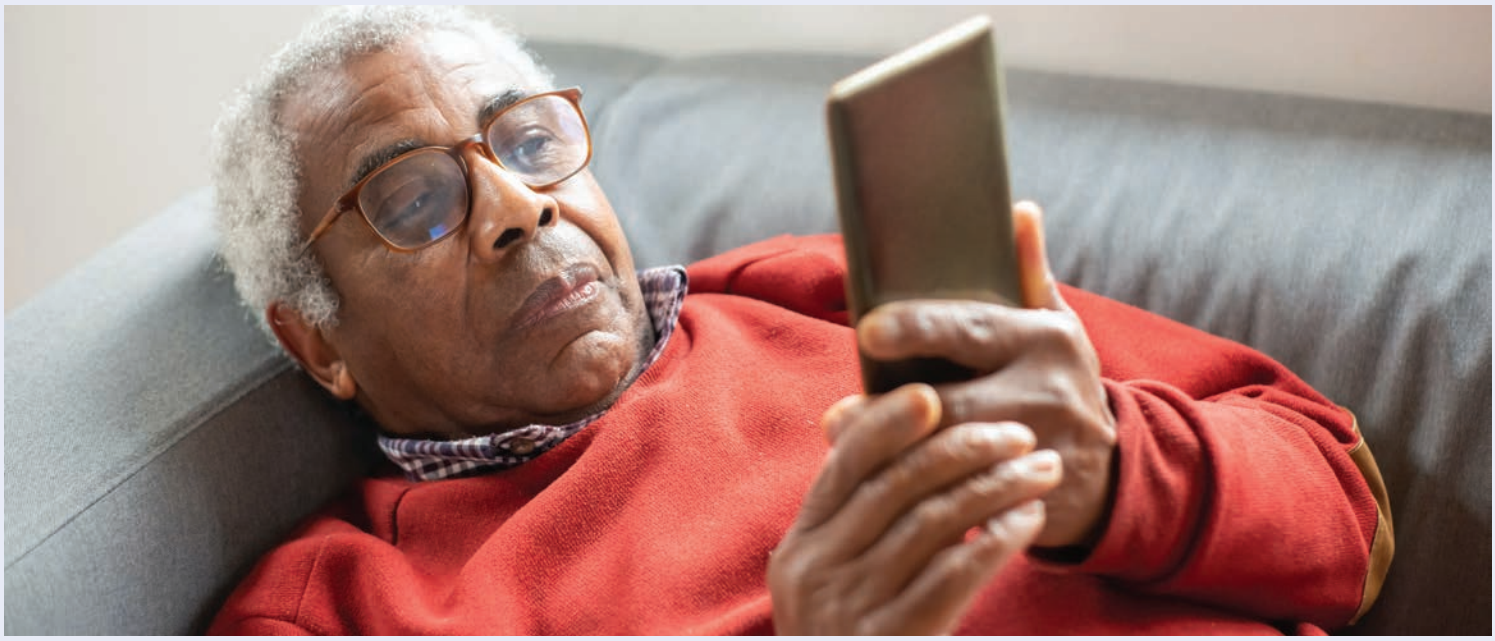
<u>Participants in Plans Y, Y20, and Y30</u>

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

<u>Finding a Doctor (Net Lease vs. Flex Link)</u>

- Local Lease Participants (Blue ID cards) should go to www.carefirst.com.
- Flex Link Participants (Black and White ID card) should go to www.bcbs.com.

Should you experience any difficulties, please feel free contact the Fund Office at (410) 683-6500 or toll-free (800) 638-2972.



Be Wary of Offers for Additional/Supplemental Coverage!

It is common to receive calls from insurance companies offering health plans and supplemental coverage during this time of year. Should you choose to pursue additional coverage, it is very important that you contact the Fund Office to determine whether or not it will have an effect on your current benefits before proceeding. Enrolling in a new plan may disqualify you from using your benefits through the *Fund*.

Don't sign up for anything you do not understand. Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972 to speak with a representative before electing new coverage.

Speech Rehabilitation

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

For anyone who has suffered a stroke, head injury, neurological disorder or other medical condition such as cleft lip or palate that has affected the vocal and pharyngeal tracts, the path to recovery is often long and difficult. Fortunately, your Plan of benefits allows participants and eligible dependents to receive rehabilitative services.

Rehabilitation charges are covered at 80% for Plans Y, JSS2, 75% for Plan Y20, and 70% for Plan Y30, subject to the allowed charges after satisfying the annual deductible. **All rehabilitative care must be approved by Conifer Health Solutions.** Coverage includes 30 days of inpatient rehabilitation or 60 outpatient visits when the visits are determined by Conifer to be in lieu of inpatient treatment.

Asthma Inhalers Covered Under Rx; Spacer Covered Under Medical

If you use an inhaler for administering medication such as asthma medicine or medicine to treat COPD, a device called a spacer may also be prescribed. A spacer is an add-on to the inhaler that makes it easier to get the proper dose and also helps ensure that the medicine goes into the lungs rather than the throat. Spacers are often prescribed to children and to the elderly – but sometimes to others as well.

Spacers are covered by the *Fund* under the Medical Benefit. If you pick up medicine and a spacer at the pharmacy, the medicine will be covered using your Prescription Drug card from Optum Rx. Send the itemized receipt for the cost of the spacer directly to the Fund Office for processing under Medical Benefits.

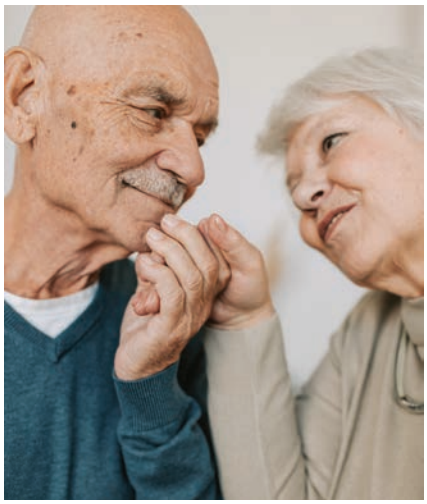
The cost for the spacer will be paid at the same percentage as your Plan's other medical benefits, after you satisfy the annual deductible.

Care for the Caregiver

Caring for an aging spouse or relative can be an incredibly rewarding experience. However, it can also be a source of great stress. This stress can lead to feelings of anger and guilt.

These feelings can get in the way of successful caregiving. If you are a caregiver, it is important to learn that you cannot take care of others unless you take care of yourself as well.

Your feelings are important.



Caregivers may feel guilty about expressing feelings of anger or resentment. These feelings are common and it is important that you acknowledge them so that you can seek out the help you need.

Learn how to accept help.

There may be many reasons for rejecting help that may be offered from others. You might feel that it is your duty alone to take care of your family member. Accepting help from others can allow you more time for yourself.

There is support for you out there.

Meals-on-wheels programs, in-home care agencies, and adult day programs are only a few of the many support services available when you are taking care of an aging family member. Allowing help from outside sources is a way to take care of you. Taking care of yourself means replenishing your spirit as well.

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.

Participant must pay in full for the supplies up front, but you'll be reimbursed by the *Fund* if you send your paid, itemized receipts (not just the cash register receipt) to the Fund Office. You will be reimbursed under your Medical benefit at the applicable percentage (after satisfying the deductible).

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 may use a particular place to purchase them, contact the Fund Office at (800) 638-2972.

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

Kaiser Permanente Open Enrollment Letters Mailed

Letters for Kaiser Permanente HMO Open Enrollment were mailed out in early June. If you would like to enroll in Kaiser, contact Kaiser Member Services immediately at (800) 777-7902 and request a packet with an enrollment form. If you are already enrolled in *Fund* medical coverage through Kaiser and are not making a change, **DON'T DO ANYTHING**.

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

Spouse Not Eligible for Benefits upon Divorce or Legal Separation

If you are divorced or legally separated, your spouse is no longer eligible for coverage under the Active Health and Welfare Plan or the Retiree Health and Welfare Plan. If you and your spouse are physically separated, but not legally separated, he/she may remain a dependent until the earlier of (a) three years from the date of physical separation, or (b) the date of divorce or legal separation.

Please notify the Fund Office immediately if your spouse is covered under the Plan and you and your spouse become divorced, legally separated or physically separated.

If you don't notify the *Fund* and the *Fund* continues to pay benefits to your spouse after the date of divorce or legal separation, or after three years of physical separation, you and your spouse/former spouse will be responsible for reimbursing the *Fund* for any claims paid after the divorce or legal or physical separation.

Privacy Statement Available Upon Request

In accordance with federal law, the UFCW Unions & Participating Employers Health & Welfare Fund has established Privacy Practices, which are the rules on how protected health information (PHI) about you may be used and disclosed by the *Fund* and other parties under the Health Insurance Portability and Accountability Act of 1996 and how you can get access to this information.

The Notice of Privacy Practices in your Summary Plan Description describes these rules. If you would like another copy of the Notice of Privacy Practices, log onto www.associated-admin.com and click on the words "Your Benefits," located on the left side of the screen. Select "UFCW & PE Health and Welfare Fund" and print the Notice of Privacy Practices located under "Important Notices." You can also call the Fund office at (800) 638-2972 or write to:

HIPAA Privacy Officer
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, Maryland 21152-9451

Availability of Pension Estimate

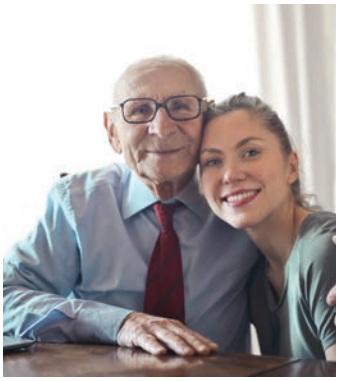
The following article applies to Actives and Deferred Vested participants in the UFCW Unions and Participating Employers Pension Fund.

You have the right to request a pension benefit estimate annually. To receive your pension estimate, please complete a Benefit Service Request form. To get this form, you can:

- Log on to www.associated-admin.com. Click on "Your Benefits," select "UFCW Unions and PE Pension Fund," and print the "Benefit Service Request" form, or
- Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972.

Complete all the information on the form and return it to the Fund Office. It may take approximately 8 – 12 weeks for us to prepare your estimate. It takes time because we verify work history in our records with your employer(s). There is no charge for a Benefit Statement.

Please Be Sure Your Beneficiary Designation Is Current



Under the UFCW Unions & Participating Employers Pension Plan, upon the death of any eligible pensioner (except a pensioner receiving a deferred vested pension), the pensioner's beneficiary will receive a death benefit. To be sure that your death benefit will paid to the person you want to receive it, make sure that your beneficiary designation form is up to date.

You can print this form from your computer by logging onto our website (see instructions above) and printing the "Change in Beneficiary" form. You can also call the Fund Office at 1-800-638-2972.

CONIFER HEALTH SOLUTIONS®

Conifer Corner

Don't let allergies keep you indoors.

Sneezing, congestion and a runny nose are common symptoms of seasonal allergies. You can reduce your symptoms by avoiding the outdoors when pollen counts are high and keeping your lawn mowed. If symptoms persist, talk to your provider or pharmacist about medications that can help.

Want to learn more ways to stay healthy?

Call a Personal Health Nurse (PHN) with Conifer Health Solutions and take charge of your overall health. Your PHNs can help you to learn ways of staying as healthy as possible. Call:

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