

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

June 2023 Vol. 39, No. 2
www.associated-admin.com



Summary of Material Modifications This Issue!

UFCW Unions & Participating Employers Pension Plan*

*Benefit Plan of UFCW Unions & Participating Employers Pension Fund



Summary of Material Modifications

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 for distributions made on or after January 1, 2024, the section entitled “Lump Sum Pension Benefit” on page 36 of the SPD is revised to read as follows:

If the current value of your pension, determined using your age and the actuarial factors applicable to the Plan, is \$7,000 or less when you retire and apply for your benefit to begin, you can only receive your benefit in a single lump sum payment. No other forms of benefit are available to you under the Plan.

2. Effective January 1, 2023, the section entitled “Right of Recovery/Overpayments” on pages 43-44 of the SPD is revised to read as follows:

If the Fund pays benefits to which you, your Spouse, alternate payee, beneficiary or other recipient are not entitled or pays benefits in an amount greater than the benefits to which you, your Spouse, alternate payee, beneficiary or other recipient are entitled, the Fund has the right to recover such benefit payments by offsetting future benefits otherwise payable by the Fund, to the extent permitted under law. If the Fund made the overpayment to your former Spouse as required by a qualified domestic relations order, the Fund may recover the overpayment from you and/or your former Spouse.



This issue—

- Summary of Material Modifications 1
- End of National Emergency Means A Return to Normal Benefit Plan Filing Deadlines 2
- Changing Your Benefits? 3
- Retirees: IRS Form W-4P Will Soon Be Mailed. Your Response is Required! 4
- Diabetic Supplies Covered If Purchased at a Participating Pharmacy 4
- Your Life Insurance Benefit. 5
- Availability of Pension Estimate. 5
- Important! Keep the Fund Office Informed of Any Change to Your Address or Phone Number 6
- Parenting a Child with Special Needs: Your Support Network 6
- UFCW Unions & Participating Employers Helpful Phone Numbers & Websites . . . 7
- Conifer Corner 8

Continued on page 2

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.

The Fund shall have a constructive trust, lien and/or an equitable lien by agreement in favor of the Fund on any overpayment, including amounts held by a third party, such as an attorney. Any such amount will be deemed to be held in trust by you, your Spouse, alternate payee, beneficiary, or third party for the benefit of the Fund until paid to the Fund.

By accepting benefits from the Fund, you, your Spouse, alternate payee and beneficiary agree that a constructive trust, lien, and/or equitable lien by agreement in favor of the Fund exists with regard to any overpayment received. You, your Spouse, alternate payee, and beneficiary agree to cooperate with the Fund by reimbursing all amounts due. In the event the overpayment is the result of a misrepresentation or omission by you, your Spouse, alternate payee or beneficiary, or You, your Spouse, alternate payee or beneficiary knew the overpayment was materially more than the correct amount, you, your Spouse, alternate payee, or beneficiary will be liable to the Fund for all of its costs and expenses, including attorneys' fees and costs, related to the collection of any overpayment and will be obligated to pay interest at the rate as determined by the Trustees through the date that the Fund is paid the full amount owed.

Any refusal by you, your Spouse, beneficiary or alternate payee to reimburse the Fund for an overpayment will be considered a breach of the

benefit recipient's agreement with the Fund that the Fund will provide the benefits available under the Plan in exchange for the recipient complying with the rules of the Fund. Further, by accepting benefits from the Fund, you and your Spouse, beneficiary and alternate payee affirmatively waive any defenses you may have in any action by the Fund to recover overpayments or amounts due under any other rule of the Plan, including but not limited to a statute of limitations defense or a preemption defense, to the extent permissible under applicable law.

Also to the extent permissible under applicable law, the Fund has the right to recover overpayments by pursuing legal action against the party to whom the benefits were paid. In that event, the party to whom benefits were paid may be obligated to pay all costs and expenses, including attorneys' fees and costs, incurred by the Fund in connection with the collection of any overpayment or the enforcement of any of the Fund's rights to repayment.

By accepting benefits from the Fund, you, your Spouse, alternate payee, and beneficiary agree to waive any applicable statute of limitations defense available to any of you regarding the enforcement of any of the Fund's rights to recoup overpayments. The Fund has the right to file suit against any such party in any state or federal court that has jurisdiction over the Fund's claims.



End of National Emergency Means A Return to Normal Benefit Plan Filing Deadlines

The COVID-19 National Emergency, which was originally declared in March 2020, ended on April 10, 2023. The National Emergency is separate from the COVID-19 Public Health Emergency, which ended on May 11, 2023. Under the National Emergency, the Department of Labor extended the deadlines for:

- Requesting enrollment in the Health Plan due to a HIPAA special enrollment event;
- Electing COBRA continuation coverage;
- Paying COBRA premium payments;
- Notifying the Health Plan of a COBRA qualifying event, such as a birth or adoption of a child, marriage, or determination of disability for the purposes of the COBRA disability extension;
- Filing a Pension Plan or Health Plan benefit claim;

- Filing an appeal of the denial of a Pension Plan or Health Plan benefit claim; and
- Requesting an external review of certain denied Health Plan appeals and providing information required for the external review request.

This extension, called the Outbreak Period, began on March 1, 2020 and continued until 60 days after the National Emergency ended. Therefore, the tolling period on your deadline to take any of the above actions ended when the Outbreak Period ended on June 9, 2023

This is to advise you that since the National Emergency ended on April 10, 2023, the Outbreak Period ended as of June 9, 2023 and the above deadlines have begun to run again as of June 9, 2023.

Please be mindful that the benefit plan extensions honored by the Funds during the National Emergency will be returning to the Plan's normal filing periods and deadlines, as described in your applicable Summary Plan Description.

The following examples explain how the ending of the Outbreak Period will affect these deadlines:

Example: Pension Plan Appeal Deadline

Your claim for pension benefits was denied on October 1, 2022. Typically, you would have 60 days under the Pension Plan document to file your appeal of that denial. Therefore, your appeal would have been due by November 30, 2022. However, due to the Outbreak Period, the Pension Plan's 60-day deadline to file an appeal will now start to run on June 9, 2023. You will therefore have until August 8, 2023 (i.e., 60 days from June 9, 2023) to file your appeal. If your appeal is not filed by this deadline, the Fund's decision on your claim is final.

Examples: Health Plan Appeal Deadline

- **Example A:** Your claim for a medical procedure was denied on September 1, 2022. Typically, you would have 180 days under the Plan document to file your appeal of that denial. Therefore, your appeal would have been due by February 27, 2023. However, due to the Outbreak Period, the Plan's 180-day deadline to file an appeal will now start to run on June 9, 2023. You will therefore have until December 9, 2023 (i.e., 180 days from June 9, 2023) to file your appeal. If your appeal is not filed by this deadline, the Fund's decision on your claim is final.
- **Example B:** Your claim for a medical procedure was denied on February 14, 2020. The deadline for you to file an appeal under the Plan would have been August 12, 2020 (180 days from February 14, 2020). However, due to the Outbreak Period, the Plan deadline was "tolled" or stopped as of March 1, 2020 and you now have 165 days from the end of the Outbreak Period to file an appeal (15 days passed between February 14, 2020 and March 1, 2020 and 165 days remain as of March 1, 2020). You will therefore have until November 12, 2023 (i.e., 165 days from June 9, 2023) to file your appeal. If your appeal is not filed by this deadline, the Fund's decision on your claim is final.

Example: COBRA Election

You terminated covered employment and your health coverage ended on September 1, 2022. Typically, you would have had until October 30, 2022 to elect to

continue your coverage under COBRA (i.e., 60 days after your coverage terminated).

Due to the Outbreak Period, you now have until August 8, 2023 (i.e., 60 days from June 9, 2023) to elect to continue your coverage under COBRA. Therefore, if you want to elect COBRA coverage, you must return your COBRA election form by August 8, 2023.

Example: COBRA Premium Payments

You elected COBRA coverage on September 15, 2022, retroactive to August 1, 2022. You timely paid your COBRA premiums for August, September and October 2022 but have not made any payments for November 2022 to June 2023. Typically, premiums were due on the 1st of the month and you had 30 days to pay, so your eligibility for COBRA coverage would have ended on November 30, 2022 if your premium payment for November 2022 was not received by that date.

Due to the Outbreak Period, your ability to pay for COBRA coverage for November 2022 through June 2023 will end on July 9, 2023 (i.e., 30 days from June 9, 2023). If you make your premium payment by July 9, 2023, the Fund will reinstate your coverage and pay any claims incurred between November 1, 2022 through June 30, 2023. If you do not make these payments by July 9, 2023, your eligibility for COBRA coverage will terminate.

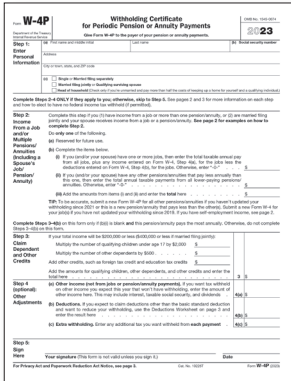
Remember, the Fund will not pay any claims until you have elected COBRA and paid all of your retroactive COBRA premiums back to your initial date of termination.

If you have a question regarding any applicable deadlines, please contact the Fund Office.

Changing Your Benefits?

It is important to remember that ANY time you are changing your Health Fund benefits or coverage, whether it's changing Plans or Coverage Levels (ex.: dropping a spouse or child), you MUST complete a new enrollment form and payroll deduction form. This is necessary to ensure that the Fund Office updates your benefit or coverage information correctly and that your employer knows to the amount of any payroll deduction required to maintain your benefits and coverage under the Health Plan.

Retirees: IRS Form W-4P Will Soon Be Mailed. Your Response is Required!



The IRS recently released a new mandatory federal tax withholding form intended specifically for withholding taxes from monthly pension benefits: **IRS Form W-4P**.

If you retired prior to 2023 and you are currently having a **flat-dollar amount** of federal tax withheld from your monthly pension benefit, then you will

soon receive a Form W-4P in the mail to complete and return to the Fund Office. The IRS now requires your federal tax withholding to be determined using this new Form W-4P, and no longer allows for flat-dollar amount withholdings. (Note: this does not apply to your State tax withholdings.)

If you previously elected to have no withholding or \$0.00 withheld for federal tax, you will not receive a Form W-4P in the mail, and the Fund will continue to honor your election to have no federal tax withheld.

If you receive this form in the mail from the Fund Office, you will have **60 days** to complete the form and return it to the Fund Office. If the form is not completed and returned within 60 days, the Fund will determine your federal withholding by applying the IRS' default election based on a filing status of single with no allowances. This could result in a higher or lower withholding from your pension checks in the future.

Although you are required to complete and return this form, you are not required to have federal tax withheld from your pension checks. You may choose to have no tax withheld from your monthly checks by writing the words "No Withholding" on Form W-4P in the designated box.

If you have any questions regarding federal tax withholdings or Form W-4P, please consult your tax advisor. If you receive this form in the mail and have any questions for the Fund Office, please contact the Fund Office. Note: The Fund Office cannot provide tax advice.

Diabetic Supplies Covered If Purchased at a Participating Pharmacy

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

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

All participants must pay **in full** for the supplies up front, but you can be reimbursed by the Fund if you send your paid, itemized receipt to the Fund Office, along with a note from your physician verifying that you (or your eligible dependent) have Diabetes Mellitus, and that the supplies are related to the treatment of your illness. Be sure to include your name (or patient's name, if supplies are for a covered dependent), your ID Number, the name of the pharmacy where the diabetic supply was purchased, and the date the supplies were purchased, since this

information is not always on the receipt.

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

Buying Online

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

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

Your Life Insurance Benefit

The following article applies to active eligible participants in Plans Y, Y20, Y30, Y40, and JSS2.

If you pass away while covered under the Plan, your life insurance (a.k.a. life benefit) is payable to the person you have named as your beneficiary, if eligible.

There are different benefit amounts (see below) depending on your Plan of benefits and status (full time or part time). A part time participant who has satisfied the initial eligibility requirement and is later promoted to full time will continue to be eligible for the part time life benefit until eligible for full time benefits under the Plan. A participant is never eligible for both a part time and a full time life benefit.

Benefits (Participant Only)

Plans Y, Y20 and Y30	Full Time Part Time	\$20,000 \$10,000
Plan Y40	Part Time	\$10,000
Plan JSS2	Full Time Part Time	\$20,000 \$10,000

Beneficiary

You may name any person you choose to be your beneficiary. You may change your designated beneficiary at any time.

1. Contact the Fund Office for an enrollment form or print it from our website www.associated-admin.com.
2. Complete and sign the form.
3. Return the form to the Fund Office.

Enrollment forms must be properly completed, signed and received by the Fund Office prior to a participant's death will in order for the beneficiary named on the form to be eligible to receive the benefit.

If the beneficiary you designate predeceases you and/or you fail to designate a beneficiary, the life benefits will be paid to your first survivor in the following order (only one of the below categories of individuals will receive the benefit):

1. Your spouse
2. Your children
3. Your parents
4. Your brothers and sisters
5. Your estate

If you and your spouse or designated beneficiary die at the same time, or simultaneously as determined by relevant state law, as a result of injuries sustained or resulting from the same accident or event, your spouse or designated beneficiary will be deemed to have predeceased you for purposes of this life benefit.

Availability of Pension Estimate

The following article applies to Active 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:

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. The Fund Office will prepare an estimate and mail it to your address on file. The Fund Office does not provide estimates over the phone. It may take approximately 8 – 12 weeks for us to prepare your estimate, since the Fund Office will need time to review Fund records and employer records in order to verify service accruals and work history. There is no charge for a Benefit Statement.

Important! Keep the Fund Office Informed of Any Change to Your Address or Phone Number

It is very important that you call or write to the Fund Office to update your information when your address and/or telephone number changes. The Fund Office sends out important information about your benefits, including Plan booklets and this For Your Benefit newsletter. The Fund Office also needs a current phone number so we can reach you regarding your benefits. Without the correct information, your benefits may be affected.

If you're planning to move (even temporarily), or have recently moved, let the Fund Office know your new address and telephone number in writing, or by calling the toll-free number (800) 638-2972 to request a Change of Address Form. Remember, telling the Union or your employer is not the same as telling the Fund Office.

Retirees: for your protection, your change of address request must be sent in writing with your signature. Your phone number does not have to be updated in writing, and may be updated by calling the Fund Office. Please send your updated address information to:

Fund Office
UFCW Unions & Partic. Employers
911 Ridgebrook Road
Sparks, MD 21152-9451

If updating your address in writing, please be sure to identify yourself on the correspondence by including your full name, last four digits of your SSN, and the name of the applicable Fund(s).

We must have your current street address on file even if you're using a Post Office ("PO") Box for mail delivery. The Fund Office will continue to mail all correspondence or benefit checks to your PO Box (unless you are having your check electronically transferred), but we must have your street address as well. The Post Office will allow tracking only on street addresses.



Parenting a Child with Special Needs: Your Support Network

The below article is provided by Carent Behavioral Health.

Raising a child with a disability or chronic illness can be a joyful and rewarding experience. It also can be a heavy burden on the family. A support network can relieve some of these pressures is so important.

Your spouse

Couples may hold back their feelings in an effort to be the other's source of strength. Good marriages thrive when couples are open and honest with each other.

Friends and family

Unloading your frustrations, concerns and other feelings on friends and family can be a great relief. But sometimes

people fear that by doing so, they will put loved ones in an awkward position of not knowing what to say.

During particularly challenging times, turn to friends and family for help around the house or with the kids.

Support groups

Having to explain your feelings to friends and family can be exhausting, and as such, may keep you from opening up at all. This is the advantage of support groups.

Group members not only share their feelings, but also offer practical advice, such as information on doctors, therapists, child care providers.

UFCW Unions & Participating Employers

Helpful Phone Numbers & Websites

CONTACT	TELEPHONE NUMBER	PURPOSE
<p style="text-align: center;">Fund Office Participant Services/Eligibility www.associated-admin.com</p>	<p style="text-align: center;">(800) 638-2972 (410) 683-6500-Sparks Local Line (301) 459-3020-Landover Local Line Call 8:30 a.m. - 4:30 p.m.</p>	<ul style="list-style-type: none"> • General benefits information, eligibility questions, weekly disability and claim inquiries. • Download and print forms from website.
<p style="text-align: center;">Interactive Voice Response (IVR) System</p>	<p style="text-align: center;">(800) 638-2972</p>	<p style="text-align: center;">To check the status of a claim 24 hours a day, 7 days a week.</p>
<p style="text-align: center;">MemberXG www.associated-admin.com</p>		<p style="text-align: center;">Secure internet access to view your benefit information (health claims, eligibility).</p>
<p style="text-align: center;">Kaiser Permanente https://healthy.kaiserpermanente.org</p>	<ul style="list-style-type: none"> • Kaiser Participants, call KP directly at the number on your Kaiser ID card. 	
<p style="text-align: center;">CareFirst PPO www.carefirst.com (For participants not enrolled in the Fund's Kaiser HMO option)</p>	<ul style="list-style-type: none"> • ID card with <u>blue</u> writing (Net Lease or Local Lease), call (800) 235-5160 • ID Card with <u>black</u> writing (Flexlink), call (800) 810-2583 	<ul style="list-style-type: none"> • A network of hospitals, physicians, and other health care providers. • Plan Y, Y20 and Y30 participants must use a provider in the CareFirst network.
<p style="text-align: center;">LabCorp www.labcorp.com/psc/index.html Quest Diagnostic Laboratories www.questdiagnostics.com/appointment (For participants not enrolled in the Fund's Kaiser HMO option)</p>	<p style="text-align: center;">(888) 522-2677 (866) 697-8378</p>	<ul style="list-style-type: none"> • Provides laboratory services. • Plan Y, Y20 and Y30 participants must use either LabCorp or Quest for all laboratory services.
<p style="text-align: center;">Conifer Health Solutions www.ConiferHealth.com (For participants not enrolled in the Fund's Kaiser HMO option)</p>	<p style="text-align: center;">(866) 290-8147 Fax # (410) 972-2044</p>	<ul style="list-style-type: none"> • Required to pre-certify <u>ALL</u> hospital admissions and within 48 hours of an emergency admission. • Disease Management. A registered nurse can serve as a case manager for you or a covered family member living with a chronic or complex medical condition.
<p style="text-align: center;">OptumRx Customer Service OptumRx Specialty Services www.optumrx.com</p>	<p style="text-align: center;">(800) 356-3477 (855)427-4682</p>	<ul style="list-style-type: none"> • Prescription drug benefits provider. • You must use a pharmacy in the OptumRx network. • Generic drugs are mandatory if available.
<p style="text-align: center;">Group Vision Service www.gvsmid.com</p>	<p style="text-align: center;">(866) 265-4626</p>	<p style="text-align: center;">Vision benefits provider.</p>
<p style="text-align: center;">Carelon Behavioral Health www.achievesolutions.net/UFCW (For participants not enrolled in the Fund's Kaiser HMO option)</p>	<p style="text-align: center;">(800) 454-8329</p>	<ul style="list-style-type: none"> • Mental health and substance abuse treatment. • You must use a Carelon Behavioral Health provider for coverage.



Avoiding too much sun can save your life.

The best ways to prevent skin cancer are to avoid the sun from 10 a.m. to 4 p.m., wear sunscreen daily with an SPF of 30 or more, shade your skin with a hat and protective clothing, and to talk with your provider about marks or spots on your skin that concern you.

Want to protect your health more?

Conifer Health Solutions and its Personal Health Nurses (PHNs) are a great option for you and your family's health needs. To get started, call your PHN, Liz Woodrow, at 410-919-0488.