

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

June 2024 Vol. 40, No. 2  
[www.associated-admin.com](http://www.associated-admin.com)



## Retiree Information Forms Sent: Return Promptly to Avoid Suspension of Pension Benefits

The Fund Office has sent all retirees (and beneficiaries who are collecting a benefit) 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 current employment information, if any.

It is very important that you review all sections of this form to be certain the information is correct. Mark any corrections on the form and promptly send it back to the Fund Office. It is critical that the Fund Office receives your completed RIF on time to avoid any interruption of your monthly benefits.

### 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.
- Be sure to sign the RIF.

**The only person who can sign the RIF form is the Retiree or Beneficiary named on the RIF form, unless another individual holds legal authority to sign on the individual’s behalf, such as a Power of Attorney or legal guardian. A copy of any such Power of Attorney or other legal document must be submitted to the Fund Office and verified before a RIF will be accepted with a representative’s signature. If, for health reasons, the individual is unable to sign the form and there is no Power of Attorney or legal authority on file, then the individual must sign an “X” on the RIF and have it notarized by a Notary Public.**

We appreciate your cooperation!

### This issue—

Retiree Information Forms Sent: Return Promptly to Avoid Suspension of Pension Benefits . . . . .	1
Revised Formulary List . . . . .	2
UnitedHealth Group – Change Healthcare Cyberattack . . . . .	2
Financial Vs. Medical Power of Attorney (“POA”) . . . . .	2
Important Reminders about Filing Work Related Weekly Disability Claims with the Health Fund . . . . .	3
Your Life Insurance Benefit . . . . .	4
Enroll to Receive Legal Benefits . . . . .	5
Weekly Disability Benefits: Helpful Reminders . . . . .	5
Exercise Motivation to Improve Your Physical and Mental Health . . . . .	6
Asthma Inhalers Covered Under Rx; Spacer Covered Under Medical . . . . .	7
Availability of Pension Estimate . . . . .	7
Conifer Corner: Avoiding Too Much Sun Can Save Your Life . . . . .	7

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.

## Revised Formulary List

The UFCW Unions and Participating Employers Health and Welfare Fund (“Health Fund”) maintains a mandatory formulary list for prescription drugs, and you will not receive coverage under the Plan for prescription drugs that are not on the formulary list. The Health Fund uses OptumRx’s Select Standard Formulary, which is updated periodically and subject to change. Effective July 1st, Optum Rx’s Select Standard Formulary list will be revised. To access the updated list on or after July 1st, log on to [Associated-Admin.com](http://Associated-Admin.com) and click on “UFCW Unions & Participating Employers Health and Welfare Fund,” then “Downloads (Forms).”

Effective May 1, 2024, GLP1 drugs used to treat diabetes or for weight loss are subject to certain dispensing quantity limits under the Plan. These medications are limited to a 34-day supply per monthly prescription fill or refill.

## UnitedHealth Group – Change Healthcare Cyberattack

On February 21, 2024, Change Healthcare (“CHC”), a vendor of Associated Administrators, LLC, experienced a cyberattack and immediately took steps to stop the activity and investigate the extent of the attack. CHC engaged cybersecurity experts and law enforcement to assist in the investigation.

CHC provides services, including processing and mailing Explanations of Benefit letters and mailing claims payments. To fulfill these services, your personal data is shared with CHC.

UHG states that they understand the concern this cyberattack has caused potentially affected individuals, and while they are not able to confirm a breach of any one individual’s information, UHG is offering two years of free credit monitoring and identity protection services to any individual who is concerned that they may be affected by this cyberattack.

To take advantage of UHG’s free credit monitoring and identity protection services, contact UHG’s dedicated call center at **1-866-262-5342** to opt-in. The call center cannot provide any specifics on whether any individual’s data has been affected. Additional details, including UHG’s recommendations for safeguarding your information, can be found on their website at:

<http://changeybersupport.com/>

## Financial Vs. Medical Power of Attorney (“POA”)

It is important to understand the difference between a medical or health care POA and a financial or general POA, and what powers are granted on your behalf. If you need to designate an individual, or “agent,” who will be responsible for making decisions regarding your pension benefits on your behalf, for example, be sure that the Fund Office has a **POA** which grants your agent the power to make decisions regarding your pension benefits, including the power to sign documents on your behalf. This type of power is typically granted in a financial POA or general POA.

Medical and health care POAs, also sometimes known as “Advance Directives,” usually only authorize an individual make medical and health care decisions on your behalf. A medical POA generally does not grant an individual the authority to manage financial matters, such as pension benefits, on your behalf. A medical POA may or may not grant authority to handle the payment of health care claims. If you wish for your agent to handle your health care benefits, it is important to grant this power in your POA document.

In addition, if you have a “limited POA” that limits your agent’s authority to act on your behalf for a specific task or set of tasks, the POA should clearly address whether your agent has authority to make decisions regarding your retirement benefits (or health care benefits) and whether your agent has the power to sign benefit-related forms on your behalf.

Each State’s laws have different witness or notarization requirements for POAs. For a POA to be valid, it must follow and be executed in accordance with the laws of the State in which the POA is signed. If the Fund Office receives a POA that does not meet the State law requirements, including any witness or notarization requirements, the POA will not be accepted by the Fund. You may wish to have your POA reviewed by an attorney prior to submitting it to the Fund Office.



## Important Reminders about Filing Work Related Weekly Disability Claims with the Health Fund

If you have Weekly Disability (“Accident and Sickness”) benefits through the Health Fund and you sustain a work-related illness or injury, you must file a claim with your employer’s Workers’ Compensation (“WC”) carrier. You should also submit your claim to the Fund Office at the same time, along with a note that you have filed for Workers’ Compensation. That way, you will have filed your claim within the Fund’s time limits (90 days for Weekly Disability/180 days for Medical claims) if the claim is eventually determined to be **not work-related**. The Health Fund initially will deny your claim as being work-related until a final decision is made by the WC carrier.

If the WC carrier denies your claim as being **not** work-related, send a copy of the denial to the Fund Office. The Health Fund will send you an agreement called a “Promise to Appeal.” It states that you agree to appeal the WC carrier denial to the WC Commission (or its equivalent in your state).

The agreement also lists the steps you must follow in order to have the Health Fund pay your claim (for medical or weekly disability claims) before your case is decided by the WC Commission (which can take a long time). Because we don’t want you to have to wait that long to be paid, the Health Fund will process your claims as soon as you sign and return the agreement – **before** the final decision has been made by the Commission.

**However, Health Fund rules state that you must repay the Health Fund in full for any monies it has paid if you ultimately receive a recovery from the WC carrier or another party relating to your injury.**

Although this seems clear enough, it can become a little confusing when a settlement is involved. If your attorney advises you (or if you decide on your own) to accept a settlement of your WC claim, and that settlement is less than the amount of the injury-related claims the Health Fund has paid to you or on your behalf, you must notify the Fund Office and obtain the Health Fund’s approval prior to accepting the settlement. If you don’t obtain approval before accepting such a settlement, you will be required to repay the Health Fund the entire amount it has paid in related benefits, even if that amount is more than the settlement amount you received.

For example, if the Health Fund paid \$4,000 in Weekly Disability and/or Medical claims, and you accept a settlement for \$3,000 without the Health Fund’s approval, you would be required to repay the Health Fund the full \$4,000, *even though your settlement was for \$3,000.*

**Be careful!** Once you accept a WC settlement, the **WC Commission will close your case – for current claims and for any future claims relating to the same injury.** For example, if your work-related shoulder injury flares up a year from now (and you have accepted a settlement), you will not receive benefits from the WC carrier **or** the Health Fund relating to that injury. Since benefits were paid by the WC carrier, the Health Fund will deny the claim as being work-related.

Accepting a settlement is your choice. In some cases, it may be the best solution for you, but make sure you understand what it means and what your responsibilities are **before** you agree to accept one.

### **IMPORTANT: Notify The Fund Office If Receiving Workers’ Compensation**

If you are receiving, or have received, Workers’ Compensation benefits, it is important that you notify the Eligibility Department of the Fund Office at (301) 459-3020 or (800) 638-2972. Your health and welfare benefits for non-work related claims will continue while you are collecting Workers’ Compensation, up to the time limits for your Weekly Disability benefit entitlement. Notifying the Fund Office of your Workers’ Compensation benefits helps ensure you do not lose eligibility for other benefits under the Health Fund.





## 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](http://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.

# Enroll to Receive Legal Benefits

The following article only applies to Shoppers employees who are currently active participants in Plans Y, Y20, Y30, Y40, and JSS2.

Most Shoppers employees who are participants covered under the UFCW Unions & Participating Employers Health and Welfare Fund have legal benefits available at **no cost**, subject to certain maximums and limits. Below are some of the legal benefits available:

- Preparation of Simple Wills
- Preparation of Power of Attorney
- Landlord Tenant Disputes
- Real Estate Settlements
- Contested or Uncontested Divorce or Annulment
- Child Neglect Representation
- Misdemeanor or Felony Representation
- Bankruptcy
- Consumer Rights/Problems with Credit Ratings
- Driving While Intoxicated

Remember, although the benefit is provided at no cost to you, you must **enroll** in order to be eligible for them. If you need a legal enrollment form, contact the Fund Office and we'll send one to you.

## Call for legal assistance

Akman and Associates, P.C. is the Legal Fund provider. They have office locations in Lutherville, MD (410) 337-9400, Landover, MD (301) 241-2300, Salisbury, MD (410-749-6118, Alexandria, VA (703) 347-7180, and Washington, D.C. 1 (844) 702-5626.

[info@akmanlegal.com](mailto:info@akmanlegal.com)

## Weekly Disability Benefits: Helpful Reminders



Before scheduling a surgery or going out on sick leave, make sure that you have satisfied your Health Fund Plan's waiting period for Weekly Disability (sometimes called "accident and sickness", or "A&S") benefits. Check your Summary Plan Description ("SPD") or call the Fund Office to confirm that you're eligible for these benefits.

### A&S Claim Form

Be sure that your Accident & Sickness claim form is completed **in full** before you submit it to the Fund Office. If you don't answer all the questions on the form, it will be returned to you and will delay the processing of your claim.

### Mental Health Related Claims

If your disability is due to a mental health condition, call **Carelon Behavioral Health** ("Carelon") at 800 353-3572 for a referral. You must be seen by a **Carelon Behavioral Health** provider for payment of the disability claim.

### Benefit Exhaustion

Your eligibility status for other benefits will be maintained while you are receiving Weekly Disability benefits, but if you exhaust your Weekly Disability benefits and don't return to active employment, you will lose eligibility, and all health benefits (medical, optical, dental and prescription drug) under the Health Fund will terminate.

The Fund Office can tell you the maximum amount of leave available to you under your Plan. This information is also stated in your Summary Plan Description ("SPD") booklet.





## Exercise Motivation to Improve Your Physical and Mental Health

It can be easy to have a list of excuses when it comes to exercise. From a busy schedule to fatigue to lack of interest, we've all been guilty of finding reasons to skip out on physical activity. There are options and strategies to fit exercise into your life.

### Everyday benefits from exercise:

#### 1. Better mental health

Physical activity releases endorphins, the “happiness hormones” that can reduce stress and help relieve symptoms of anxiety and depression.

#### 2. Enhanced brain function

Physical activity can boost brain health by improving memory and your ability to think clearly.

#### 3. Social connections

Participating in group activities or classes can help you build social connections and stay more accountable with your exercise goals.

### Forget the exercise excuses

#### 1. No Time

Exercising 30 to 60 minutes per day is ideal. If time constraints don't allow you to do it all at once, break exercise up into a few sessions of 10 minutes each..

#### 2. Too Old

Physical activity is beneficial for people of all ages and it's never too late to start. The emotional and physical benefits make any form of exercise worth it, no matter what your age.

#### 3. Not Motivated

Lack of motivation is a common hurdle, but there are ways to overcome it. Set clear and achievable goals, find a workout buddy to keep you accountable, or reward yourself after reaching a fitness milestone.

You should also get advice from your doctor on how to create an exercise routine that provides the most benefit and the least risk to your health.

*The below article is provided by Carelon Behavioral Health.*

## 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 Health Fund under the Medical Benefit. If you pick up medicine and a spacer at the pharmacy, only 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.

## 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:

- Log on to [www.associated-admin.com](http://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.

**CONIFER**  
HEALTH SOLUTIONS®

Conifer Corner



### **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.

**UFCW Unions and Participating Employers**  
Health and Welfare Fund  
911 Ridgebrook Road  
Sparks, MD 21152-9451

1ST CLASS PRRST  
U.S. POSTAGE  
**PAID**  
PERMIT NO. 1608  
BALTIMORE, MD