FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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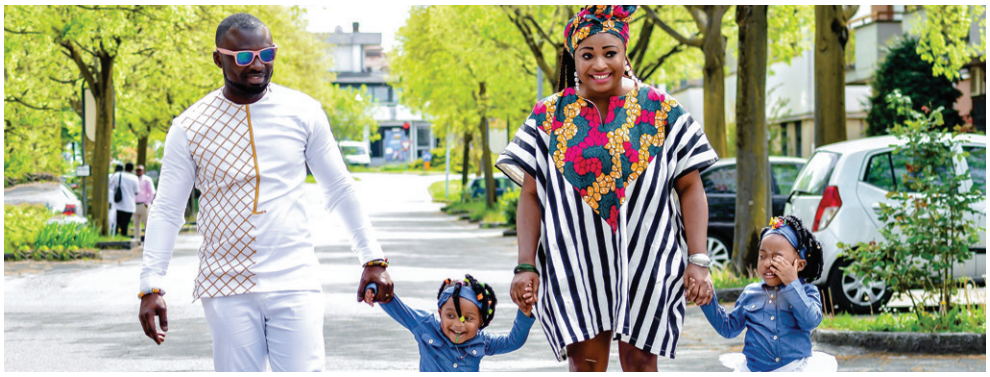


Summary of Material Modifications This Issue!

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

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

Your Over-the-Counter COVID-19 Test Coverage

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").

Effective January 15, 2022 and continuing through the end of the federally-declared public health emergency, certain at-home COVID-19 diagnostic tests purchased without a prescription ("OTC Tests") are now covered under the Plan's Prescription Drug Benefit.

The types of OTC Tests that are covered include diagnostic tests that are approved, cleared, or authorized by the FDA for use without an order or individualized clinical assessment from a health care provider under the applicable FDA authorization, clearance, or approval. Generally, OTC COVID tests available for purchase in pharmacies will meet this standard. Currently, these OTC Tests are covered with no cost sharing (including deductibles, co-payments, and co-premiums) and no requirement of prior authorization.

You have the following options for coverage of OTC Tests:

1. Pay $0 at a participating OptumRx network pharmacy: At participating pharmacies in the OptumRx network, you and your covered dependents will be able to present your OptumRx ID card and obtain up to eight (8) OTC Tests per person, every calendar month, with no out-of-pocket cost. You may be asked to complete an attestation prior to receiving the tests, to confirm that you are purchasing the tests for personal use and not for employment-related COVID-19 testing requirements. **Please note:** This no-upfront-cost option is currently available only at Kinney Drugs, Rite Aid, Bartell Drugs, Sam's Club Pharmacy, Walgreens, Duane Reade, or Walmart Pharmacy. However, OptumRx is working to expand this list of participating

Continued on page 2

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.

Continued from page 1

pharmacies, so please visit www.optumrx.com/testinfo for an updated list of participating pharmacies before you purchase any OTC Tests.

To obtain your OTC Tests from a participating OptumRx network pharmacy, first call the pharmacy to see if they have OTC Tests available. When you go to the pharmacy, take your OptumRx ID card with you and bring the COVID-19 OTC Test to the pharmacy counter, not the regular checkout lane. When you check out at the pharmacy counter with your ID card, your test should automatically ring up at no cost to you. Important note: The no up-front-cost option is only available for purchases made at the pharmacy checkout counter using your OptumRx ID card.

2. Order OTC Tests online with $0 copay through Optum Store: If you prefer to order your OTC Tests online and have them delivered to your home at $0 copay, register and sign in to www.optumrx.com and click the "Order Now" link under <Get at-home COVID-19 tests with $0 copay>. Choose the number of boxes (2 tests per box) up to a maximum of 4 boxes (8 tests). You will qualify for free standard shipping if you order at least 2 boxes of OTC Tests (4 total tests).
3. Purchase an OTC Test and then submit a form for reimbursement: You or your covered dependents may purchase FDA-approved OTC Tests at non-participating pharmacies, or other retailers, and submit a request for reimbursement to OptumRx for up to 8 OTC Tests per covered person per calendar month. To see a list of FDA-authorized tests that are eligible for reimbursement, visit https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests. A testing kit containing two tests in one box will count as two tests toward this limit. Be sure to obtain a receipt when you purchase the OTC tests. The Plan will reimburse up to a maximum of $12 per test. You can submit an online claim form for reimbursement, or download and print a paper claim form that you can mail to the address on the form for reimbursement, at www.optumrx.com/testinfo. Please note you will receive reimbursement more quickly if you submit an online claim form. You may also call OptumRx at (866) 290-8147 to request a paper claim form.

   You must include your receipt for the purchase of the OTC Test with your claim form, and you will be required to sign an attestation that the test was purchased for personal use and is not for employment-related COVID-19 testing requirements

   Regardless of whether you obtain the OTC Tests at a participating OptumRx network pharmacy, from the Optum Store online, or out-of-network, coverage is limited to 8 tests per covered participant or dependent per calendar month. Please note, COVID-19 diagnostic tests performed at a provider's office, hospital, or clinic do not count toward this limit.

Important Notes:

- The Fund is continuing to work with its prescription benefit manager, OptumRx, on the development of this program to provide coverage for OTC COVID tests. As this program develops, the Fund will inform you in the event of any important changes to the scope of coverage of OTC COVID tests. You can also visit www.optumrx.com/testinfo for the latest information on the OTC Test coverage available through OptumRx.
- OTC COVID tests may be in high demand. As an alternative to obtaining these tests at a pharmacy or retailer, you also can visit www.COVIDtests.gov to order 2 sets of 4 free at-home tests that will be mailed to you from the federal government. If you already ordered your first set, you can order a second set now. There also may be additional options in your local area for obtaining OTC COVID tests at no cost.

If you have any questions, please contact the Fund Office at 1-800-638-2972.

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

The Fund Office will soon send all retirees a Retiree Information Form ("RIF"). **The form** must be completed and returned to the Fund Office to avoid suspension of your pension benefits. The RIF asks questions about your current address, your beneficiary, and employment information (if you are employed after retirement). ***This form must be completed and returned every year, even if nothing has changed.***

It is very important that you review all sections of this form to be certain the information is correct. If necessary, mark your corrections on the form and promptly send it back to the Fund Office. To assist you, the Fund Office will include a postage-paid, return envelope with the first mailing.

No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree. A copy of the 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, the Retiree must sign an "X" on the RIF and have it notarized by a Notary Public.

Material Modifications

Summary of Material Modifications

Below are Summaries of Material Modifications (changes) made to your Plan during the past year. Please clip this summary and keep it with your Plan booklets so you will have it for easy reference.

Health and Welfare Fund

COVID-19 Vaccination Coverage

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").

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.

- 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.

Pension Fund

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.

2022 Preventive Services

UFCW Unions and Participating Employers Active Health and Welfare Plan, Plans Y, Y20, Y30, and JSS2, provides coverage for certain preventive services with no cost-sharing, as required by the Patient Protection and Affordable Care Act (ACA). A list of covered preventive services as of January 1, 2022 is available at www.associated-admin.com. Click on the "UFCW Unions & Participating Employers Active Health & Welfare Plan" link under the "Your Benefits" dropdown menu at the top of the page. The list is located under the "Important Notices" section.

Medicare Supplement Increased to Cover 2022 Medicare Co-Payments and Deductibles

The following applies to Medicare-eligible participants and dependents whose medical coverage is provided through the Fund, not through a Medicare HMO.

The Board of Trustees is pleased to announce that the Medicare Supplemental benefit has increased to cover the 2022 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2022

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2022 is $1,556 for each benefit period.

For each benefit period, the Fund's Medicare Supplemental benefit will cover:

- A total of $1,556 for a hospital stay of 1-60 days.
- $389 per day for days 61-90 of a hospital stay.
- $778 per day for hospital stays longer than 90 days.

For Skilled Nursing Facility Coinsurance, the Fund's Medicare Supplemental benefit will cover:

- $194.50 per day for days 21 through 100 of each benefit period.

Medicare Part B covers physician services, outpatient hospital services, certain home health services, and durable medical equipment and other items. The annual deductible for all Part B beneficiaries in 2022 is $223, and the Fund's Medicare Supplemental benefit will cover this amount.

Coverage for Telehealth Extended through December 2022

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").

The Trustees are pleased to advise that the following temporary benefit enhancement has been extended through December 31, 2022. Effective March 1, 2020 and continuing through December 31, 2022, any **in-person visit** requirement applicable to traditional Fund medical benefits and weekly disability benefits under the Plan will be waived, as follows:

The Plan will cover medical benefit claims for otherwise covered services provided by telephone conference, video conference, or similar technology, subject to any applicable Plan rules and cost-sharing requirements (e.g., deductible, pre-authorization) that would apply to an in-person visit for the same service.

The requirement that you be seen in-person by a physician in order to verify your eligibility for Weekly Disability Benefits may be satisfied by a visit with the physician through telephone conference, video conference, or similar technology.

Services of CRNA or Anesthesiologist Are Covered – But Not Both

The following article applies to non-Medicare participants who have Fund medical coverage, not HMO coverage.

The Fund will cover the services of a Certified Registered Nurse Anesthetist ("CRNA") or an anesthesiologist, **but not both for the same procedure.**

What's the difference? A CRNA is a registered nurse who is qualified to administer anesthesia. An anesthesiologist is a medical doctor ("MD") who specializes in administering anesthesia.

If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA. Services of a CRNA are only covered if an anesthesiologist has not billed the Fund for the same procedure.

It is a good idea to discuss this with your doctor before services are rendered.

HEALTH CORNER

Staying Healthy When You Work the Night Shift

If you work nights, you know that staying healthy is challenging. The night-shift worker is generally out of sync with circadian rhythms, which stimulate the body's natural instinct to be awake in the day and sleep at night. Research has shown that when our circadian rhythms are off balance, alertness, concentration, and overall health are affected.

Sleep is crucial

Those who work the night shift know that proper sleep is their best friend…and the hardest thing to find. Here are some suggestions:

Keep a regular schedule

Some people like to use the morning energy surge to stay up and get things done before sleeping. Others prefer to sleep as soon as the shift is over. Whatever your preference, it can be challenging to find a good "night's sleep" when the rest of the world is saying a bright "good morning" to you. The key is to set a regular schedule and stick to it.

Strive for the sound of silence

Consider reorganizing your living space with silence in mind:

- Carpeting. It should be thick enough to muffle the sound of tiny feet or paws.
- Stereo and TV headphones. All media should be a private experience.
- Your phone. Turn off the ringer, or the phone itself.

A "*white noise*" machine, with standard or varied soothing sounds, can block outside noise.

Make your bedroom your sleep room

Your bedroom's primary function is to promote sleep. Don't read or watch TV there. Consider all aspects of your bedroom. Are they sleep conducive?

Good eating habits are essential

Studies have shown that night-shift workers have a higher rate of ulcers and gastrointestinal disorders than day workers. Pay special attention to your dietary habits:

- Carbohydrates in the morning to promote sleep.
- Proteins at night to provide energy and stimulate alertness.
- Eat smaller portions and more frequent, smaller meals to ease digestion.

Stay fit

Exercise is essential to staying healthy, particularly when you work the night shift. Budget a specific amount of time and stick to it. Do your workout at the same time each day.

And most important, stay away from the medicine cabinet

Although tempting at times, sleep aids are nothing more than a quick fix. Sleeping pills have been shown to disrupt sleep patterns. The jury is still out on melatonin, with countries such as the United Kingdom banning over-the-counter sales until clinical tests prove its safety.

The above article was obtained with permission from Beacon Health Options. This information is general and not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition.

Enrolling New Dependents: What You Need To Know

Once you have satisfied the waiting period for dependent coverage, if any, a newly eligible dependent can be included for benefit coverage by notifying the *Fund Office* and completing an enrollment form. You must apply for dependent coverage **within 30 days** of the date your family member becomes your dependent. If you are a full-time participant and you apply for dependent coverage within 30 days from your date of marriage, your eligible spouse may be included for benefit coverage on the first day of the calendar month following the date of marriage. When you apply within 30 days of the date of birth, biological children and/or newborn children adopted or placed for adoption with a participant may be added at the date of birth. For adopted children other than newborns, when you apply within 30 days of the date of adoption or placement with you for adoption, adopted children or children placed with you for adoption may be added at the date of adoption or placement for adoption. When you apply within 30 days of the date of your marriage, stepchildren may be added on the first of the month following your date of marriage.

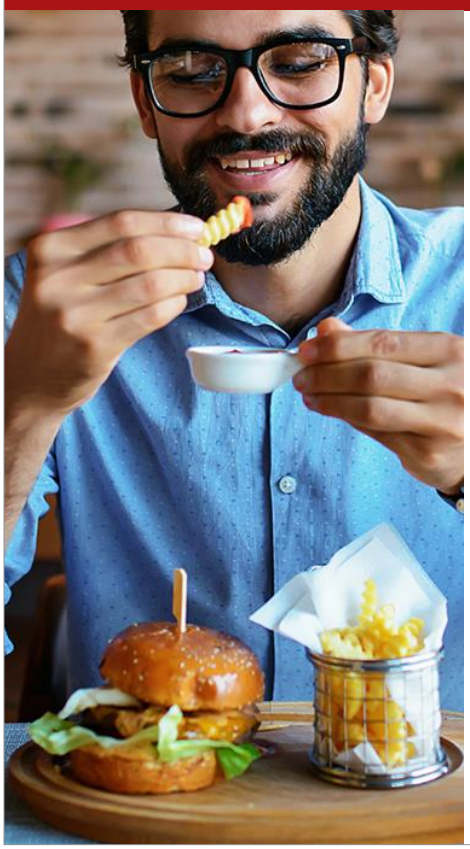
Newborn Children

Benefits begin at birth for any eligible newborn children or newborn children adopted or placed for adoption with a participant, provided the participant has timely added the child(ren). Remember: a phone call to the Fund Office is not enough. A new enrollment form must be submitted within 30 days of the child's birth or adoption.

A baby born to a female participant without dependent coverage or a newborn baby adopted or placed for adoption with a female participant without dependent coverage will be eligible for medical benefits only from the date of birth until the end of the month following the date of birth. For example, if a baby is born on April 15th, he/she will be covered through May 31st.

This extension of coverage only applies if the female participant is not entitled to dependent coverage. If a participant is eligible for dependent coverage, the newborn, the newly born child placed for adoption, or newly born adopted child must be enrolled in the Plan within 30 days of the child's birth or adoption in order to be covered.

CONIFER HEALTH SOLUTIONS® | Conifer Corner



Got heartburn?

Eating too much or bending forward after eating sometimes causes heartburn and a sour taste in the mouth. When this happens often, you may have gastroesophageal reflux disease (GERD). You can talk to your provider about diet changes and medication that can help control the symptoms.

Good health can be easy to swallow!

Conifer Health Solutions and its Personal Health Nurses (PHN) can work with you and your family to simplify your health needs. To get started, call your PHN, Liz Woodrow, at 410-919-0488.

All you need for your hearing health

Hearing Benefit Plan
Plan: UFCW Non Food
1/1/2022–12/31/2022
Group: 12030-7, 12030-8

Savings of
30%–80% off
retail prices!

Through **EPIC Hearing Healthcare (EPIC),** you have access to custom-programmed hearing aids, routine hearing exams and professional, nationwide support to help improve your hearing.

Care and support designed around your lifestyle

Addressing hearing loss is important. That's why we offer 2 different options to help you receive hearing care. With online appointments and remote hearing aid adjustments, virtual visits are a great way to get the hearing care you need without leaving home. Prefer in-person visits? Choose from over 7,000 locations nationwide. No matter where you go or how you meet with your provider, you'll get the support you need every step of the way.

Hearing aid options built for convenience and choice

Order Relate™ or Phonak hearing aids through Right2You direct delivery and they come right to your doorstep. Like options? Order through an in-person hearing provider and choose from over 2,000 name-brand hearing aids. Choose from the most advanced hearing aids offering the latest features, including connection to 2 Bluetooth® devices, tap control and enhanced smartphone app integration. However you order your hearing aids, you'll enjoy great technology and savings of 30%–80% off standard industry prices.[1]

Don't want to leave home for hearing care?

Our Right2You direct delivery option lets you choose from hearing aids with the latest technology, including Bluetooth streaming, rechargeable batteries and more. They're delivered right to your doorstep, complete with virtual follow-up care.

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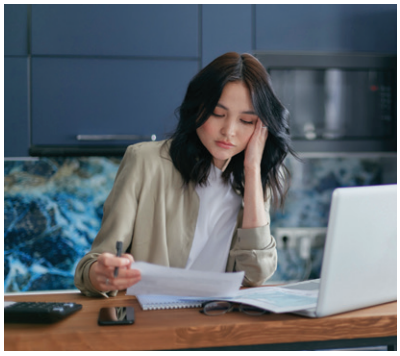
EPIC HEARING HEALTHCARE™ | GroupVision SERVICE

You Are Protected From Surprise Billing For Certain Services Rendered After Jan 1, 2022

When you receive emergency care or receive treatment by an out-of-network provider at certain in-network facilities, you are protected from surprise medical billing.



Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance-billing." "Surprise billing" is an unexpected balance bill you receive when you can't control who is involved in your care—such as when you have an emergency, or when you visit an in-network facility but you are unexpectedly treated by an out-of-network provider.

Out-of-network providers are prohibited from balance-billing you for certain emergency services (including post-stabilization services unless you give written consent to the higher charges), as well as certain ancillary services at an in-network hospital or ambulatory surgical center by out-of-network providers, including anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers may not ask you to give up your protection not to be balance-billed. In addition, if you receive other non-ancillary services at these in-network facilities, out-of-network providers can't balance-bill you unless you give written consent.

When balance-billing isn't allowed, your health plan generally may only bill you for your share of the in-network cost of this service. The Fund Office recently mailed participants in the Active Health and Welfare Plan a notice regarding the changes to the Plan to comply with these protections from surprise billing. For more information about surprise billing protections, please refer to that notice, or visit www.cms.gov/nosurprises/consumers.

UFCW Unions and Participating Employers
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