

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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[www.associated-admin.com](http://www.associated-admin.com)



Summary Plan Descriptions (SPDs), Summary of Benefits and Coverage (SBCs) and Summaries of Material Modifications (SMMs) are available for all plans on our website, [www.associated-admin.com](http://www.associated-admin.com).

## Summary of Material Modifications This Issue!

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

## Summary of Material Modifications

*Below is a Summary of Material Modification (change) made to the Summary Plan Description (“SPD”) of your Plan. Please clip this summary and keep it with your Plan booklets so you will have it for easy reference.*

### Health and Welfare Fund

## Telehealth Coverage Extended Indefinitely

The Board of Trustees of the United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund (“Fund”) has adopted the following changes 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 benefit enhancement that had been implemented on a temporary basis has now been extended indefinitely. Effective March 1, 2020, any in-person visit requirement applicable to traditional Fund (non-Kaiser) 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.

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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.*

## Be Sure Dental Provider PERFORMING Your Treatment Belongs to Dentegra's "Union" (or Labor) Network!

When you are looking for a Dentegra provider, be sure to make sure the provider **who will be performing the treatment** is part of the Dentegra Labor Network. This is very important! If you go to a group practice that has several dentists, check that the provider who will be treating you participates in the Labor Network of Dentegra. For example, if you see a practice named, "Dental Providers of Elm Street" as participating, you won't know unless you ask if YOUR particular provider also participates.

It's better to be safe and check this before incurring a charge at what MAY turn out to be a non-participating dentist (in which case you are responsible for the whole bill).

## 2025 Preventive Services

The 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, 2025 is available at [www.associated-admin.com](http://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.



## 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.**



## Before Accepting A Workers' Compensation Settlement, Be Sure You Understand It

If you suffer an injury or sickness that is work-related, and as a result, you need medical care and/or become disabled, you must file a claim with your employer's Workers' Compensation ("WC") carrier. You should also file a claim for Weekly Disability with the Fund office at the same time. The Fund will initially deny your claim(s) as being work-related until a final decision is made by your employer's Workers' Compensation carrier.

If your employer or your employer's Workers Compensation insurance carrier denies your claim, send a copy of the denial to the Fund office. If the claim is denied for any reason other than being non-work-related, the Fund will not cover it. If the claim is denied on the grounds that it is not work-related, we will send you an agreement called a "promise to appeal." It states that you agree to appeal the denial to the Workers' Compensation Commission ("Commission") (or its equivalent in your state).

Once you sign the "promise to appeal," the Fund will process your claims. However, if you do not follow the terms of the "promise to appeal" agreement, payments made by the Plan to you and/or your provider for the work-related injury or illness must be immediately returned by you to the Fund.

Further, if the Commission determines that your claim is compensable, and you receive an award from Workers' Compensation, no matter how it is characterized, you MUST repay the Fund in full for any monies it has paid.

Although this seems clear enough, it becomes a little more confusing when a settlement is involved. If your attorney advises you (or if you decide on your own) to accept a settlement relating to your injury or illness, and the settlement amount is less than the amount the Fund has paid relating to your injury or illness, you must notify the Fund office and obtain approval prior to accepting the settlement. If you don't, and you accept a settlement, the Fund will consider this evidence that your claim is work-

related. Since the Fund does not cover work-related injuries, you will be required to reimburse the Fund, in full, for any benefits it has paid on your behalf related to your Workers' Compensation claim, even if you did not recover the full amount in settlement.

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

**Be Careful!** Once you accept a settlement, **Workers' Compensation will close your case – for current claims AND for any future claims relating to that illness or injury.** For example, if your work-related knee injury flares up a year from now (and you have accepted a settlement), generally you will not receive benefits from Workers' Compensation OR the Fund because that injury already was deemed to be work-related and therefore not covered under the Fund's Plan.

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 Workers' Compensation, it is important that you notify the Fund office at (800) 638-2972. Your health and welfare benefits generally are maintained by the Fund while you are collecting Workers' Compensation (as long as it does not exceed your Weekly Disability benefit entitlement). Notifying the Fund office of Workers' Compensation helps ensure you do not incur an overpayment or lose eligibility for benefits.



# Coping With the Emotional Challenges of Caregiving

Caregivers must juggle their own lives as well as attending to the needs of another. It can be very overwhelming to face alone. Take care of yourself and reach out for help.

Caregiving can be more than a full-time job, and it is often physically and emotionally tiring. It may become more taxing for a caregiver if the health of the loved one gets worse.

Feelings of great sadness can set in for a caregiver. You must know when to reach out for help. Signs that caregiving may be causing low spirits are:

- Not being able to focus on parts of your own life, such as work, parenting, maintaining a home, or enjoying free time

- Feeling tired most of the time
- Getting health issues yourself, mainly pain issues or frequent headaches

It can make a dramatic change in your stress level to talk about how you are feeling and finding answers to the issues you face. Elder services or other local agencies on aging can offer helpful services for your loved one. Accept the help. Use these services so that you can rebuild energy and strength to cope with sadness and keep on being a good caregiver.

*The above article was provided by Cereon Behavioral Health.*

## Accident and Sickness Benefits are Taxable

Tax season is here and participants who have utilized Weekly Disability, also known as Accident and Sickness (“A&S”), benefits should know that these benefits are taxable and must be reported on IRS tax returns. Unless requested, income tax is not automatically withheld from your A&S payments.

If you do want taxes withheld from your Weekly Disability check, you will need to complete IRS Form W-4S. This form is available at [www.associated-admin.com](http://www.associated-admin.com). Go to “Your Benefits” located both at the top of the page as a drop down box and on the left side of the page. Under

the “Downloads” heading, select “Request for Federal Income Tax Withholding from Sick Pay”. You may also call the Fund Office at (800) 638-2972 and ask to have the form mailed to you. IRS has a few simple rules to follow when filling out Form W-4S. Withholding amounts must:

- Be in whole dollars (for example, \$25, not \$25.50);
- Be at least \$4 per day, \$20 per week, or \$88 per month based on your payroll period; and
- Not reduce the net amount of each sick pay payment that you receive to less than \$10.

## 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 hospice care 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 and 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.**

# Benefits Can Be Viewed Online at MemberXG

*The following applies to participants in the UFCW Unions and Participating Employers Health and Welfare Fund.*

MemberXG allows you to view your benefit claim information online and through your mobile device. It provides personal benefit information to you via the Internet in a safe, secure and HIPAA compliant environment.

## MemberXG Offers the Following:

- Secure internet access to benefit information with assured privacy.
- Mobile-ready access allows you to view your benefit information 24 hours a day.
- Benefit access which allows you to track your claims and view the following:
  - Accident and Sickness Claims – displays claims submitted to the Plan on your behalf.
  - Eligibility – your past and present eligibility.
  - Summary Explanation of Benefit (EOB) information concerning claims processed by the Fund.
- Dashboard – a landing page containing quick navigation to other benefit information.

- Demographics – a demographic page displaying your address, phone number, and other information.

## How Does It Work?

- Log in to [www.associated-admin.com](http://www.associated-admin.com), select *Your Benefits*, located at the left side of the page, and select *UFCW Union and PE Health & Welfare Fund*. Click on *MemberXG* which will take you to the Member XG site.
- Select *Create Account*, located at the upper right corner. You will be asked to create a username and password.
- If you had a password for NETime, the online access service previously offered by the *Fund*, it will **not** apply to this site. You will need to create a new username and password for MemberXG.

If you have any questions about a claim that you see on MemberXG, please call the Participant Services Department at (800) 638-2972.

**Note: The information provided on the MemberXG website is not a guarantee of coverage. It is possible that the information shown is inaccurate or is not fully up to date.**

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## 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 either 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 from both a CRNA and an anesthesiologist for the same procedure, and the Fund is billed for the services of both providers, the Fund will cover only the anesthesiologist’s service, and not the CRNA’s service.** Services of a CRNA are generally only covered if an anesthesiologist has not billed



the Fund for the same procedure, to the extent consistent with applicable law.

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



## 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 reprints claims when you use a participating provider, but **CareFirst is not 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  
P.O. Box 14114  
Lexington, KY 40512

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, 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](http://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](http://www.questdiagnostics.com/appointment).**

### **Finding a Doctor (Net Lease vs. Flex Link)**

- Local Lease Participants (Green ID cards), should go to [www.carefirst.com](http://www.carefirst.com).
- Flex Link Participants (Black and White ID card) should go to [www.bcbs.com](http://www.bcbs.com).

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





# Workplace safety. Workplace savings.



Each year, thousands of people are blinded from injuries that might have been prevented with proper eye protection.<sup>1</sup> That's why GVS members can benefit from IndustrialEyes, a safety eyewear discount program that offers up to a 60% discount for ANSI-certified frames and lenses.

## MAXIMIZE SAVINGS AND CONVENIENCE

When members go to use the program, they have over 1,000 locations to choose from, including LensCrafters®, Target Optical® and participating Pearle Vision® stores. All of these locations also accept Group Vision Service vision benefits — so members can use their regular vision benefits at the same time — and have evening and weekend hours for even more convenience.

## MINIMIZE HASSLE

IndustrialEyes is easy to use. Just present an authorization form to the providers participating in this program, and enjoy the savings for quality ANSI-certified safety glasses. Make sure GVS members have extra protection – visit [Groupvisionservice.com](https://www.groupvisionservice.com) under the members tab *Value added Member Discounts*.

**2,000 U.S. workers  
suffer a job-related  
injury every day<sup>2</sup>**

90% of these injuries could  
be reduced or prevented  
with safety glasses<sup>3</sup>

**Employees save 60%  
on safety glasses  
with IndustrialEyes<sup>4</sup>**  
(on average) vs. retail

\*IndustrialEyes is a safety eyewear discount program administered by Luxottica.

<sup>1</sup> Prevent Blindness, "Eye Safety at Work," <https://www.preventblindness.org/eyesafety-work>, September 2017.

<sup>2</sup> The National Institute for Occupational Safety and Health. <https://www.cdc.gov/niosh/topics/eye/default.html>.

<sup>3</sup> American Optometric Association. <https://www.aoa.org/patients-andpublic/caring-for-your-vision/protectingyourvision?sso=y>.

<sup>4</sup> IndustrialEyes program average, May 2018.



**Colorectal Cancer Awareness**

March is National Colorectal Cancer Awareness Month and screenings are recommended to start at the age of 45. They are the best way to find colorectal cancer early when treatments are more effective.

**Want to know which screening test is right for you?**

A good start is to engage in Conifer Health Solutions' Personal Health Management (PHM) program. Your Personal Health Nurse (PHN) is dedicated to helping you and they can help coordinate all of your preventive screenings. To get started, call your PHN, Elizabeth Woodrow, BSN, RN, CCM, at 410-919-0488.

