

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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Coverage for Alcoholism and Substance Abuse

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

Substance abuse affects people from all walks of life. Many of us know someone experiencing this major problem. According to the National Institute on Alcohol Abuse and Alcoholism, more than 80,000 people die from alcohol-related deaths each year in the United States. According to the National Institute on Drug Abuse, more than 115 people die every day from overdosing on opioids.

Fortunately, your Health & Welfare Plan provides coverage for the treatment of alcohol and substance abuse. Benefits for treatment are provided through Beacon Health Options. Call Beacon at (800) 454-8329. This number is also on your ID card. **You (or your provider) must certify your care with Beacon in order for benefits to be paid through the Fund.**

Beacon is available 24 hours a day, 7 days a week. Emergency treatment must be certified with Beacon within 24 hours after admission to the hospital.

The Fund will pay between 70 – 80% up to the Usual, Customary and Reasonable (UCR) amount, depending on your Plan. See your Summary Plan Description for the percentage that applies to you.

Beacon Health provides you and your eligible dependent(s) with in-network referrals to therapists and facilities. Beacon will also review your treatment plan to ensure your care is medically necessary and appropriate. A team of psychiatrists, psychologists, licensed social workers, and facilities are affiliated with Beacon Health to provide you with a high level of benefits, minimum out-of-pocket costs, and no claims paperwork.

Notice of Creditable Coverage
Cut and keep. See page 4.

Availability of Pension Estimate
See page 7.

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.

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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.

Shoppers (Local 400) Employees: Apply Now for the 2019 Annual Scholarship Award

The following article applies to eligible participants who are employed by Shoppers Food Warehouse and are members of Local 400, and their dependents. Employees/Dependents of Shoppers locations which were formerly Metro stores are not eligible for the scholarship benefit.

The Health & Welfare Fund is awarding scholarships to a select number of participants and dependents. Please complete the preliminary application on page two and mail it to the Fund Office postmarked by **December 31, 2018**. You may also print the form by logging onto www.associated-admin.com. Click on "Your Benefits," located at the left side of the page, and select "UFCW & FELRA Scholarship Fund." Under "Downloads," you can print the "2019 Preliminary Scholarship Application." Late applications will not be accepted.



- The participant must have at least one uninterrupted Year of Service with Shoppers as of December 31, 2018 and must be actively employed at the time the application is submitted and at the time the scholarship is awarded.

- On December 31, 2018, dependent child applicants must be under the age of 24, unmarried, and a dependent of the participant for federal income tax purposes.
- If your dependent does not have medical coverage through the Fund, please include a copy of a marriage

certificate (if spouse), or birth certificate or custody order (if child) with the dependent's preliminary application.

If the above requirements are met and eligibility is verified, a formal application form will be mailed to the applicant in January 2019.

See Page 3 for Application 

Key points to remember:

- **Only those who are currently employed by Shoppers Food Warehouse and are members of Local 400, and their dependents, are eligible. The participant must still be employed by Shoppers Food Warehouse and a member of Local 400 at the time the scholarship is awarded.**

The Fund Office Must Be Notified Within 60 Days of a Death or Divorce

Death of a Participant

There are certain things your eligible dependent must do to continue health and welfare benefits under COBRA in the event of your death. Upon a participant's death, the participant's covered dependent(s) must notify the Fund Office (in writing) within 60 days of the death in order for the eligible dependent to be able to elect COBRA continuation coverage. If the dependent(s) don't notify the Fund within 60 days, their right to elect COBRA continuation coverage will be lost and their coverage under the Fund will be terminated.

Divorce or Legal Separation

The participant or eligible dependent must inform the Fund Office (in writing) within 60 days of a divorce or legal separation, or a dependent child's loss of dependent status under the Fund. If the participant or eligible dependent fails to notify the Fund Office within 60 days of such of an event, the dependent(s)' right to elect COBRA continuation will be lost and their coverage will be terminated. Also, if the Fund pays any claims on behalf of an individual as a result of the participant's or dependent's failure to notify the Fund of a divorce or legal separation, the participant and former dependent will be obligated to reimburse the Fund for the amount of any claims paid after the termination of eligibility.

**United Food and Commercial Workers
and Food Employers Labor Relations Association
Scholarship Program**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

*A Program of the
FELRA and UFCW
VEBA Fund*

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

2019 Annual Scholarship Preliminary Application

Attention: Employees of Shoppers Food Warehouse (Local 400 Members Only)

If you work for Shoppers Food Warehouse and are a member of Local 400, under the provisions of your employer's collective bargaining agreement, you and your dependents may be eligible to apply for a scholarship from the UFCW and FELRA Scholarship Program.

The Scholarship Program expects to award scholarships to a select number of eligible participants and their dependents who will be enrolled in an accredited college, university, community college, vocational school, or trade or technical school as a full-time student in the fall of 2019. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2018, the participant completes at **least one uninterrupted Year of Service and is actively employed by Shoppers Food Warehouse, Local 400**. In addition, on December 31, 2018, dependent child applicants must be **under the age of 24, unmarried and a dependent of the participant for federal income tax purposes**.

Applicants who submit preliminary applications and meet the initial scholarship award requirements will be **mailed a full application in early January 2019**.

IMPORTANT: If your dependent does not have medical coverage through the Fund, please include a copy of a marriage certificate (if spouse), or birth certificate or custody order (if child) with the preliminary application.

PRELIMINARY APPLICATION MUST BE POSTMARKED BY DECEMBER 31, 2018.

Cut, complete and mail to: UFCW & FELRA Scholarship Program, 911 Ridgebrook Road, Sparks, MD 21152-9451.

Employee's Information:

Name (Please Print) _____ Last Four Digits of Social Security Number _____

Employer _____ Employee's Email Address _____

Employee's Home Address _____
Street Number City State Zip Code

Applicant's Information:

Name (Please Print) _____

Applicant's Email Address _____

Applicant's Home Address _____
(If different from Employee's address) Street Number City State Zip Code

Date of Birth (If Dependent of Employee) _____ Email Address _____

Remember: Entry Deadline Is December 31, 2018.

IMPORTANT:
Keep this notice!

Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

The following Notice of Creditable Coverage applies to Medicare-eligible participants, retirees and dependent spouses.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The UFCW Unions and Participating Employers Health and Welfare Fund has determined that the prescription drug coverage offered by the Active Health & Welfare Plan and the Retiree Health & Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan (also called a "Part D" Plan) when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

If you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Enroll in a Part D Plan?

If you enroll in a Medicare drug plan, your current prescription coverage through the UFCW Unions and Participating Employers Active and Retiree Fund will be terminated.



You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you enroll in a Medicare drug plan and drop your Fund prescription drug coverage, be aware that you and your dependents may not be able to get the same Fund coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) if you join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. **Be careful!**

Note to Kaiser Medicare HMO Enrollees

You will get a notice from Kaiser Permanente that you are enrolled in Medicare Part D. Your coverage for medical and/or prescription drug benefits through Kaiser will remain the same.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the Fund Office for further information at (800) 638-2972 or (410) 683-6500. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) changes. You may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call (800) MEDICARE, (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 (TTY (800) 325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 1, 2018
Name of Entity/Sender: Fund Office
UFCW Unions and
Participating Employers
Health and Welfare Fund
(Active and Retiree Health Plans)
911 Ridgebrook Road
Sparks, MD 21152-9451

Phone Number: (800) 638-2972 or (410) 683-6500

You Must Be Enrolled to Receive Legal Benefits

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



Your employer pays the Fund for legal benefits for eligible participants and dependents, but you must enroll in the Legal Plan to be eligible for these benefits. If you never completed an enrollment form, call the Fund Office at (800) 638-2972 and we will send you the form.

What are the benefits?

Refer to the UFCW Unions & Contributing Employers Legal Benefits Fund Summary Plan Description ("SPD") booklet for the complete schedule of benefits. Because the legal benefits for those hired on or after January 1, 2014 are different than benefits for those hired before that date, be sure to review the section of the SPD that applies to your hire date. This SPD is posted on our website at www.associated-admin.com. You also may request a copy by calling, or writing to the Fund Office.

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

Call for legal assistance

Akman and Associates, P.C. is the legal fund provider. There are 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. (202) 507-6256.



Available Retirement Benefits under the Pension Fund

Under the UFCW Unions and Participating Employers Pension Fund, you may elect to receive your pension, if you are eligible, in one of the following benefit forms:

- **50% Joint and Survivor Pension (if married)** – If you are married for at least one year at the time of your retirement or for at least one year as of your date of death, your monthly pension benefit under this form is actuarially reduced so that 50% of that reduced monthly pension is payable to your spouse after your death. The amount of the reduction depends on your age and the age of your spouse at the time you retire.
- **66 2/3% Joint and Survivor Pension (if married)** – Your monthly pension benefit under this form is actuarially reduced so that 66 2/3% of that reduced monthly pension is payable to your spouse after your death.
- **75% Joint and Survivor Pension (if married)** – Your monthly pension benefit under this form is actuarially reduced so that 75% of that reduced monthly pension is payable to your spouse after your death.
- **100% Joint and Survivor Pension (if married)** – Your monthly pension benefit under this form is actuarially reduced so that your spouse will continue to receive the same amount you were receiving before your death.
 - You do not need your spouse's consent to choose one of these other forms of the Joint and Survivor Pension (the 50% Joint and Survivor Pension is the automatic benefit form if you are married, unless waived through a signed and notarized form).
 - If you elect to receive your pension in any Joint and Survivor Pension form and your spouse dies before you, your pension benefit will not increase and no further benefits will be payable on your behalf after your death (unless you pass away prior to receiving 60 monthly payments as described in the Single Life Annuity with Five Year Certain section below).
- If you elect to receive your pension in any Joint and Survivor Pension form and you and your spouse later divorce, the Joint and Survivor option cannot be changed and your former spouse will still be entitled to the survivor benefit if you predecease her.
- You can also choose the Single Life Annuity benefit form if you and your spouse waive these Joint and Survivor Options within 90 days before the date your benefits are scheduled to start. **A waiver must be signed and notarized by both you and your spouse on the form provided by the Fund Office, and you must return the signed and notarized waiver form to the Fund Office before your pension begins.**
- **Lump Sum Pension Benefit** – If the current value of your pension is \$5,000 or less when you retire, upon your application for benefits, you will receive your benefit in a single lump sum payment.
- **Single Annuity with Five Year Certain Benefit** – Under this form, you receive a monthly benefit over the course of your lifetime. If you die before receiving 60 monthly payments (five years), the unpaid part of those 60 payments will be paid to your beneficiary as a monthly payment. You do not have to be married; the beneficiary can be any person you designate.

Availability of Pension Estimate

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



You have the right to request a pension benefit estimate annually.

To receive your pension estimate, please complete a Benefit Service Request form. To get this form, you can:

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

Complete all the information on the form and return it to the

Fund Office. It will take approximately 4 – 6 weeks for us to prepare your estimate. It takes time because we verify work history in our records with your employer(s). There is no charge for a Benefit Statement.

Please Be Sure Your Beneficiary Designation Is Current

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

You can print this form from your computer by logging onto our website (see instructions above) and printing the "Change in Beneficiary" form. You can also call the Fund Office toll-free at (800) 638-2972 to request a copy of the form. Completed forms must be mailed to the Fund Office and will not be effective until received by the Fund Office.

Y20 and Y30: Clarification Regarding Coverage for the Flu Shot And the Gardasil Vaccine

The following article applies to Active participants in Plan Y20 and Plan Y30 who have Fund coverage.

Flu Shots

Immunizations for influenza (flu shots) are covered under the Patient Protection and Affordable Care Act of 2010 ("ACA"). There is no charge if you get the flu shot at any pharmacy in the OptumRx network using your OptumRx prescription ID card. If you prefer to get your flu shot from your doctor or don't live near a pharmacy in the OptumRx network, the flu shot will be covered under your medical benefits. For participants and dependents with Fund coverage, the injection itself is covered at 100% up to the Usual, Customary and Reasonable (UCR) fee, but the office visit charge (if there is one) may only be covered under your medical benefit at 75% for Plan Y20 and 70% for Plan Y30 participants, up to the UCR. You **must** use a participating CareFirst provider in order to be covered.

Gardasil Vaccine

The Human Papillomavirus (HPV) vaccine Gardasil is also covered under the ACA. The shot is available at any pharmacy in the OptumRx network at no cost to you using your OptumRx ID pharmacy card, or you or your dependents may receive the injection at the doctor's office. If the vaccine is administered at the doctor's office, the injection will be covered in full with no deductible, up to the UCR charge, but the office visit charge (if there is one) may only be covered under your medical benefit at 75% for Plan Y20 and 70% for Plan Y30 participants, up to the UCR, after satisfying the deductible.

You also have the choice of picking up the vaccine at the pharmacy at no charge, and bringing it to the Physician's office for administration. If you do that, the office visit charge may be paid under medical, as described above.

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

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