

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*

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

Open Enrollment for Health and Welfare Coverage Is December 1st – December 31st

December 1st through December 31st is open enrollment to choose health and welfare coverage through the Fund **effective January 1, 2024** and continuing through December 31, 2024 (assuming you remain eligible).

If you don't currently have health coverage through the Fund, this is your opportunity to enroll! If you do have coverage, this is your chance to add or drop dependents or to drop coverage. If you are already enrolled and don't want to make any changes to your coverage, don't do anything.

Open Enrollment Letter

You will receive an open enrollment letter, along with an enrollment form and, for all except Plan Y40, a payroll deduction form from the Fund Office. If a spousal surcharge applies to your Plan of benefits, you will also receive a spousal surcharge form. **If you are changing your coverage or enrolling for the first time, the Fund Office must receive both the enrollment form and applicable payroll deduction form.** For example, if you are already enrolled with single coverage and want to add coverage for your spouse, note the change on the payroll deduction form, complete the enrollment form and **return both** to the Fund Office. If you don't want to make changes, don't do anything. You will remain in your current coverage (assuming you are still eligible for the same Plan).

This issue—

Open Enrollment for Health and Welfare Coverage Is December 1st–December 31st.	1
All Health Benefits Terminate When You Drop Fund Coverage.	2
What Is The Cost? (All Payable Via Payroll Deduction)	2
Summary of Material Modifications	3
Please Identify Payments Sent To the Fund Office	3
Notice of Creditable Coverage Regarding Your Prescription Drug Benefit	4
Physical Separation and Dependent Spouse Eligibility	5
Enroll to Receive Legal Benefits	5
Tips on Retirement.	6
Be Wary of Offers for Additional/ Supplemental Coverage!	7
A Surprising Number of Americans Ignore This Crucial Health Check.	7
CONIFER CORNER: October is Breast Cancer Awareness Month.	8

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.

IMPORTANT!

All Health Benefits Terminate When You Drop Fund Coverage

If you wish to disenroll from Fund health coverage, call the Fund Office to request a disenrollment form. Complete and return the form. **Note: when you disenroll, ALL health benefits terminate.** You will no longer have Medical, Weekly Disability, Life Insurance, Accidental Death & Dismemberment, Prescription Drug, Optical or Dental benefits from the Fund. Please see your SPD for the specific date benefits terminate for each type of benefit. You will, if eligible, still have Legal and Pension benefits.

What Is The Cost? (All Payable Via Payroll Deduction)

Plan JSS2 Full-Time and Part-Time Participants

- Individual coverage - \$7 per week
- Participant plus one dependent - \$13 per week
- Family coverage - \$18 per week
- An additional spousal surcharge - \$20 per week if applicable. See description below.

Plans Y and Y20 Full-Time Participants

- Individual coverage - \$7 per week
- Participant plus one dependent - \$13 per week
- Family coverage - \$18 per week
- An additional spousal surcharge - \$20 per week if applicable. See description below.

Plan Y30 Full-Time Participants

- Individual coverage - \$13 per week
- Participant plus child/ren - \$18 per week
- Participant plus spouse - \$23 per week
- Family coverage - \$28 per week
- An additional spousal surcharge - \$20 per week per applicable. See description below.

Plan Y Part-Time Participants – Individual Only Coverage

If you are a part-time participant and you would like to enroll yourself for coverage, the cost deducted from your payroll for individual only coverage is \$7 per week.

Plan Y Part-Time Participants - Dependent Coverage

If you are a **Local 400 Plan Y part-time participant hired after September 4, 1996 or a Local 27 Plan Y part-time participant hired after May 27, 1997** and you elect dependent coverage, you must pay part of the cost for dependent coverage. Your employer pays 80% of the cost and you pay 20% (via payroll deduction with your employer). Contact your employer to see how much the payroll deduction will be. **A \$20 per week spousal surcharge may also apply.**

If you are a **Local 27 Plan Y part-time participant hired on or before May 27, 1997** and you elect

dependent coverage, the amount below is the cost for such dependent coverage that must be deducted from your payroll.

- \$13 per week for the participant plus one dependent,
- \$18 per week for family coverage,
- An additional spousal surcharge of \$20 per week, if applicable. See description below.

Plan Y20 and Y30 Part-Time Participants – Dependent Child Coverage

If you are a Plan Y20 or Y30 part-time participant and you elect coverage for dependent child(ren), you must pay the full cost for that coverage. Your open enrollment material will specify the costs for dependent child(ren) coverage.

Spousal Surcharge

Full-time participants in Plans Y, Y20, Y30 and JSS2, and part-time participants in Plan Y, must pay an additional \$20 per week deduction for dependent spouse coverage if one of the following conditions is applicable (note: the spousal surcharge does not apply if your spouse also is a participant in the Plan, rather than a dependent):

1. your spouse is eligible for coverage through his/her employer, but elects not to enroll, or
2. Your spouse is enrolled in his/her employer's coverage *and* also elects Fund coverage on a secondary basis. In this case, the **non-duplication coordination of benefits rules apply**. Any secondary benefit payment will be determined by calculating the primary payment, subtracting it from what the Fund's payment would have been, and paying the remaining amount, if any. For example, if your spouse's primary coverage paid 80% for a certain service and the Fund's payment would also have been 80%, no additional payment would be payable under the Fund.

If you are eligible for dependent spouse coverage, a Spousal Surcharge form will be included with your open enrollment packet. It must be completed and signed in order to add your spouse.



Summary of Material Modifications

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”).

Health and Welfare Fund

The following “Quantity Limits/Prior Authorization” subsection is added to the Prescription Drug Benefit section of your SPD. This subsection replaces the Quantity Limits/Limitations and Prior Authorization subsection(s) in the Prescription Drug Benefit Section of your SPD.

QUANTITY LIMITS/PRIOR AUTHORIZATION

In addition to the specific drug restrictions described above, there are dispensing or quantity limits (“QL”) and prior authorization (“PA”) requirements on certain medications, such as drugs used to treat migraines, nausea and vomiting, erectile disorder, hepatitis, and narcotic pain medications. The Fund’s prescription drug manager, OptumRx, developed these guidelines based on the FDA’s and the manufacturers’ recommended dosages. They were established to help ensure the safe and effective use of these medications. For information on the medications currently subject to the Fund’s QL and/or PA requirements, contact OptumRx at (866) 290-8147 or visit www.optumrx.com.

For medications requiring a PA, either you, your Physician or your pharmacist will need to contact OptumRx’s customer service help to initiate the prior authorization process. For prior authorizations, please call OptumRx Customer Service at (877-645-1282). These medications have specific forms that will be sent to your Physician to complete and return. Based on the information that is provided, a determination will be made as to whether or not it has met the approval criteria. Once the determination has been made, both the pharmacy and your Physician will be notified.



Please Identify Payments Sent To the Fund Office

When you send a check or money order to the Fund Office, write its purpose on the memo line of the check or include a note with your mailed check. Why? Because the Fund Office handles a variety of benefits, such as Health and Welfare, Pension, Legal and others.

The Fund Office processes checks for:

- COBRA payments,
- Dependent coverage co-payments,
- HMO co-payments,
- Retiree co-payments, and more.

Sometimes, the Fund Office receives envelopes containing nothing but a check. The Fund Office then must determine where the payment should be applied. With the number of people making payments, and the variety of reasons, this can be a difficult and time-consuming task.

If the Fund Office cannot identify a check, the time it takes us to track down the correct department could cause the payment’s deadline to pass. It’s possible that someone could lose coverage for late payment while the Fund Office is in the process of identifying the check. Although coverage would be re-established once the mystery is solved, we don’t want this to happen to you.

To keep it from happening, please note the reason for your payment right on your check memo line, or include a note with your mailed payment.

The more specific information you supply, the more easily and quickly your payment can be applied.

Thank you.



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.

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!**

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 1-800-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).

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, 2023

Name of Entity/Sender:

Fund Office
FELRA and UFCW VEBA Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

Phone Number:

(800) 638-2972 or (410) 683-6500

Physical Separation and Dependent Spouse Eligibility

It is important to remember that if you and your spouse are *physically* separated (i.e., live apart), but not *legally* separated, your spouse may remain a dependent until the earlier of the date of your divorce or legal separation or 3 years from the date of physical separation.

Enroll to Receive Legal Benefits

The following article applies to Shoppers employees who are 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

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. (202) 507-6256.



Tips on Retirement

Please notify the Fund Office and begin the process of applying for your pension benefit under the UFCW Unions and Participating Employers Pension Fund (“Fund”) at least six months before you plan to retire. The retirement process will go smoothly for you if you have thought carefully about your retirement date and asked any questions you have about your options before you begin the application process. Below are some helpful tips:

1. About six months before you would like to retire, call the Fund Office at (800) 638-2972 and ask for a Benefit Service Request Form. You may also download the form from our website. Tell the Fund Office the approximate date you would like to retire. The Fund Office will research your service and send you an estimate within approximately 6 - 8 weeks.
2. Upon request, the Fund Office will send you a pension application. This form can also be found on our website. After your application is processed, you'll receive a benefit election form and other information regarding the pension options available to you.
3. While the Fund has 90 days to make a determination with respect to your pension application, it usually takes about a month from the date you stop working to process your application. Why? Because the Fund office has to verify all available Benefit Service through your last day worked, from all possible participating employers. If you submitted all paperwork ahead of time, you should receive your first pension check in the first week of the *second* month after you retire.
Example: If you retire in August, you will likely receive your first check in the first week of October. This check will include your pension benefit for September. From then on, you should receive your pension check during the first week of each month.
4. Electronic Funds Transfer (EFT) is the pension benefit delivery option chosen by the majority of pensioners because of its convenience. To use this option, provide the Fund Office with the bank routing number and other bank information for the account where you would like your deposit to go. A wire transfer, depositing your monthly pension into your bank account, then occurs on or about the first working day of every month. If you don't elect EFT, checks are mailed on the last working day of the month. If your mailed check is late getting to you, the Fund Office must wait 10 days before putting a “stop pay” on your check, since there is sometimes a delay in the postal service.

Be Wary of Offers for Additional/Supplemental Coverage!

It is common to receive calls from insurance companies offering health plans and supplemental coverage during this time of year. Should you choose to pursue additional coverage, it is very important that you contact the Fund Office to determine whether or not it will have an effect on your current benefits before proceeding. Enrolling in a new plan may disqualify you from using your benefits through the Fund.

Don't sign up for anything you don't understand!
Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972 to speak with a representative before electing new coverage.



A Surprising Number of Americans Ignore This Crucial Health Check.

Your dental checkup is not only good for your health, it's also good for your wallet. Preventive services, like checkups, are 100 percent covered by most dental plans.

You get the most value from your benefits.

Among adults who've purchased an individual dental plan or have coverage through their employer, more than 36 percent won't have a single claim over the course of a year, including almost 45 percent of those ages 19 to 34. Those unused benefits usually don't roll over from year to year.

Take advantage of this valuable benefit!

You can get easier and less expensive treatment.

Your checkup can be a smart financial move in another way, too. Catching dental issues early usually allows for easier treatment. Skipping exams or letting a problem linger can result in more complex and expensive procedures.

You decrease your risk of disease.

Your dental checkup will usually consist of a cleaning and a thorough oral exam. The cleaning will help prevent cavities and gum disease by removing tartar and plaque buildup.

During the exam, your dentist will check for signs of oral cancer, tooth decay, gum disease, tooth grinding, alignment problems and any other issues. Your dentist can also detect signs of more than 120 diseases, including diabetes and heart diseases. If you have already developed an issue, your dentist will discuss treatment options with you.

When you keep your dental checkups, you help keep your smile healthy, too. Check your calendar and schedule your next exam today.

The above article was provided by Dentegra/Delta Dental.



October is Breast Cancer Awareness Month.

Early detection is the most important way to treat breast cancer. Women should perform monthly self-exams, talk to their providers about breast changes and be sure to adhere to properly scheduling mammograms. Breast cancer can be diagnosed in men too.

Want to protect your health more?

Conifer Health Solutions and its Personal Health Nurses (PHNs) are the perfect option for you and your family's health needs. To get started, call Elizabeth Woodrow, BSN, RN, CCM, at 410-919-0488.