FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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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 UFCW Unions and Participating Employers Health and Welfare Fund **effective January 1, 2026** and continuing through December 31, 2026 (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).

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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.

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 $5 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 will 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.

Use Quest or LabCorp When Lab Work Is Needed

The following article applies to participants who have Fund medical coverage, not an HMO

You generally must use either Quest Diagnostics ("Quest") or Lab Corporation ("LabCorp") for all laboratory services in order for such services to be covered by the Plan (except those performed when you are an inpatient in the hospital or by out-of-network providers at in-network facilities).

Inform Your Doctor

Be sure your doctor knows before the lab work is performed that you will receive coverage for lab work only if the bill comes to the Fund directly from either a Quest or LabCorp facility. Even if your doctor has a contract with LabCorp to perform lab work in his/her office, tell him/her that only lab work performed at a Quest or LabCorp facility will be covered. Your Plan will generally not pay for lab work performed and billed from your doctor's office.

Locating a Lab

To find the most current list of Quest or LabCorp facilities, log on to their website or call:

- www.questdiagnostics.com/appointment or call (866) MYQUEST or (866) 697-8378
- www.labcorp.com/psc/index or call (888) 522-2677

A Surprising Number of Americans Ignore This Crucial Health Check.

The following article applies to participants in the UFCW Unions and Participating Employers Active Health and Welfare Plan.

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.

Changing Your Benefits?

It is important to remember that ANY time you are changing your Health Fund benefits or coverage, whether it's changing Plans or Coverage Levels (ex.: dropping a spouse or child), you MUST complete a new enrollment form and payroll deduction form. This is necessary to ensure that the Fund Office updates your benefit or coverage information correctly and that your employer knows to the amount of any payroll deduction required to maintain your benefits and coverage under the Health Plan.

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 will 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 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!***

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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, 2025

Name of Entity/Sender:
Fund Office
UFCW Unions and Participating Employers Health and Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

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

Enrolling New Dependents: What You Need To Know

The following article applies to Fund medical coverage, not HMO coverage, under Plans JSS2, Y, Y20, and Y30.

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 effective from 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.

Enroll to Receive Legal Benefits

The following article only applies to Shoppers employees who are currently active participants in Health and Welfare 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 benefits are provided at no cost to you, you must ***enroll*** in order to be eligible for them. If you need a legal benefit 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

CONIFER HEALTH SOLUTIONS® | **Conifer Corner**

Feeling Depressed?

October 10th is National Mental Health Day and one-third of all adults report feelings of depression at some point in their lives. If you notice a change in diet, sleep habits or continued feelings of hopelessness in yourself or someone in your family, break the stigma and seek your provider's help.

Need a partner with your health goals?

Your Personal Health Nurse (PHN) with Conifer Health Solutions can help. Together, you can take charge of your overall health, physically and mentally. Call your PHN, Renee M, at 800-459-2110 x2552.

Have Weekly Disability Form Signed After Surgery

When you have surgery, your Weekly Disability -- sometimes called Accident and Sickness ("A&S") -- form should not be completed by your employer or your physician until after your surgery occurs. Pre-dating a Weekly Disability form could cause a delay in receiving Weekly Disability benefits. Your claim could be "pended" (held back from payment) until the Fund office receives verification of the actual date of surgery.

For example, let's say you are scheduled for surgery next Friday and you ask your physician and your employer to complete their sections of your Weekly Disability form before you have stopped working so that you can submit the form to the Fund office. While your intention is to avoid a delay in your benefit, it is possible that the surgery could be cancelled or postponed to another date, and if that happens, your Weekly Disability form would no longer be accurate as submitted.

90 days to submit your initial claim form.

A completed initial claim form (in the format approved by the Board of Trustees), must be received by the Fund office within 90 days from the date your disability began. Continuation forms are sent to you every six weeks (or as needed) and must be returned within four weeks of the date sent by the Fund office. If your continuation form is not returned on time, you will not receive any additional Weekly Disability benefits for that disability.

Key points to remember:

- Weekly Disability benefits will not be payable for days used as vacation days or other time paid by your participating employer.
- Your participating employer must complete its section of the form.
- The disability must be verified in writing on the claim form by a physician legally licensed to practice medicine, a Certified Registered Nurse Practitioner, a Physician's Assistant, a Certified Alcohol Counselor, or a Master's Level Social Worker who is approved by Carelon depending on the disability.
- You must be seen in-person by a physician either in his/her office, at your home, or at a hospital, or through telephone conference, video conference or similar technology.
- All questions on the claim form must be answered. Incomplete forms will be returned for completion.
- No disability will be considered as beginning more than three days prior to the first visit to a physician during the disability period. This rule will be waived if your physician provides documentation that he/she has been treating you on a regular basis for that same disability.
- No disability will be considered as beginning until after your last day worked.
- You cannot collect Workers' Compensation and Weekly Disability benefits at the same time.
- You must be actively receiving treatment from a physician to improve the condition which is causing your disability.

Moving? Keep the Fund Office Informed

It is very important that you tell the Fund Office when your address and/or telephone information changes. The Fund Office sends out important information about your benefits, including coverage change notices, Plan booklets, and this ***For Your Benefit*** newsletter. If we don't have the correct information, we may not be able to reach you and this could have an impact on your benefits.

If you are planning to move–even temporarily, such as retirees who spend part of the year in another state–let the Fund Office know your new address and telephone number. Actively working participants may change their address by calling (800) 638-2972 while retirees must make such changes by contacting the Fund Office in writing. Remember that ***telling the Union or your employer is not the same as telling the Fund Office***. Tell us where you live so we can send you important information regarding your benefits, claims, changes, and other important information.

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