

FELRA & UFCW Active Health Plan
A Plan of the Food Employers Labor Relations Association
and United Food and Commercial Workers
VEBA Fund

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Plan XL

Summary of Material Modifications

September 2021

This Insert is a Summary of Material Modifications (changes) to your Summary Plan Description (SPD) booklet. If there is any discrepancy between the terms of the Plan or any amendments and this document, the provisions of the Plan, as amended, will control. Please keep this Insert with your booklet so you will have it when you need to refer to it.

- **Effective June 1, 2021, Dentegra Insurance Company (“Dentegra”) will provide the Fund’s dental benefits, replacing Group Dental Service.**

What Does This Mean for You?

- **Your benefits will NOT change.** You will have the same coverage described in your Summary Plan Description (“SPD”) booklet with the same co-pays, exclusions etc.
- **For the first time, you will receive a Dental ID card.** You should receive the card around mid-May. Show the card to the dentist when you receive dental services on or after June 1, 2021. If you haven’t received a dental ID card by May 31st, contact Dentegra at (877) 280-4204 to request a card. If you have an urgent dental situation before your ID card arrives, contact the Fund office and we will provide you with information to tell the dentist until your actual card arrives.
- Dentegra has a wide network of providers, so most participants will have more dentists available to them.
- Just as you did under Group Dental Service, you must use a Dentegra dentist in order to be covered. Participants who live more than 20 miles from a Dentegra dentist may use a non-Dentegra dentist, but you will be responsible for any balance owed after Dentegra makes its payment.
- You can change dentists at any time without notifying Dentegra as long as the dentist you choose is in the Dentegra network.

Finding a Participating Dentegra Dentist

Go to Dentegra.com/FELRA to find participating dentists in your area. Click on the “EPO-Collective Bargaining” tab to get to the list of covered providers. Call the dentist yourself and make your appointment. Have your Dental ID card ready when you call, and be sure to tell the provider that your insurance is through Dentegra.

Benefit and Claims Information available on Dentegra’s website

Register for an online account with Dentegra to be able to view claims and eligibility status. General Plan information can be found on the website at Dentegra.com/FELRA.

- **Effective September 1, 2019 – Advantica Purchased by Superior Vision**

You should have received a new ID card from Superior Vision during the month of September 2019. Please show the new card to your optical provider when you go for care. If you need to see a vision provider and have not yet received your new ID card from Superior Vision, contact the Fund Office. We'll make sure the provider knows what benefits are available to you and that you are covered under the Fund.

Superior Vision has an expanded network with providers located in major malls and other convenient locations, including Lens Crafters (this is new – Advantica did not have Lens Crafters in its network), Pearl Vision, Sears, and JCPenney, as well as many individual providers. For a current list of providers, log on to www.superiorvision.com. There are some limited benefits available if you use a non-participating provider. The new telephone number for customer service is (800) 507-3800. We think you will be pleased with the added convenience of additional providers.

- The “Covered Employment with Participating Employers” Section of the Plan XXX and XL SPDs is revised by deleting Associated Administrators, LLC from the list of Participating Employers.

- **Effective July 1, 2018 - Life Insurance and AD&D Benefits Now through Symetra**

Your life insurance benefits and Accidental Death and Dismemberment benefits under the Plan are insured under an insurance policy between the Fund and Symetra. Your benefits remain the same.

- **Effective April 1, 2018 – Disability Benefits**

1. Effective for claims for disability benefits filed on or after April 1, 2018, the following language is added after the “If Your Accident & Sickness Claim is Denied” Subsection of the Section entitled “Claims Filing and Review Procedure,” page 89 in the Plan XL SPD.

Initial Disability Claim Denial Involving Discretionary Determination of Disability by the Fund

In the case of a denial of your claim for disability benefits that is based on a determination by the *Fund* (and not by a third party acting independent of the *Fund* such as the Social Security Administration (“SSA”) that you are not disabled under the Plan rules, the written notice of the denial also will include the following:

1. A discussion of the decision, including, if applicable, an explanation of the *Fund's* basis for disagreeing with or not following:
 - (a) The views you presented to the *Fund* of health care professionals treating you and vocational professionals who evaluated you (if any);
 - (b) The views of any medical or vocational experts whose advice was obtained on behalf of the Fund in connection with the denial of your claim, even if the advice was not relied upon in making the determination; and
 - (c) A disability determination made by the SSA, if you provided it to the *Fund*.
2. A copy of the specific internal rules, guidelines, protocols, standards, or other similar criteria of the Plan relied upon in making the adverse benefit determination or, alternatively, a statement that such rules, guidelines, protocols, standards, or other similar criteria of the Plan do not exist; and
3. A statement that you are entitled to receive, upon request, and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

2. Effective for claims for disability benefits filed on or after April 1, 2018, the following language is added after the “Appeals Procedures – Accident & Sickness Claims” Subsection of the Section entitled “Claims Filing and Review Procedure,” page 92 of the Plan XL SPD.

Disability Decision on Appeal Involving Discretionary Determination of Disability by the Fund

In the case of a denial of your appeal involving a claim for a disability benefit that is based on a determination by the *Fund* (and not by a third party acting independent of the *Fund* such as the SSA) that you are not disabled under the Plan rules, the written notice of denial also will include all of the information in the “Initial Disability Claim Denial Involving Discretionary Determination of Disability by the *Fund*” section above, as well as the calendar date on which the contractual limitations period expires for the claim.

3. Effective April 1, 2018, the following is added at the end of: (a) the first paragraph of the “Denial of a Claim” Subsection of the Section entitled “Claims Filing and Review Procedure” in the Active Plan SPD; (b) the second paragraph of the “If Your Accident & Sickness Claim is Denied” Subsection of the Section entitled “Claims Filing and Review Procedure” in the Active Plan SPD; and (c) the Section entitled “Denial of a Claim” in the Retiree Plan SPD:

The written notice of denial also will include a description of any contractual limitations period that applies to your right to bring an action under ERISA if your appeal is denied.