FELRA UFCW
FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION & UNITED FOOD AND COMMERCIAL WORKERS FUNDS

March 2020 Vol. 36, No. 4
www.associated-admin.com

For Your Benefit

Medicare Supplement Increased to Cover 2020 Medicare Co-Payments and Deductibles

The following applies to Medicare-eligible participants and dependents whose medical coverage is provided through the Fund, not through a Medicare HMO.

The Board of Trustees is pleased to announce that the Medicare Supplemental benefit has increased to cover the 2020 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2020

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2020 is $1,408 for each benefit period.

For each benefit period, the Fund's Medicare Supplemental benefit will cover:

- A total of $1,408 for a hospital stay of 1-60 days.
- $352 per day for days 61-90 of a hospital stay.
- $704 per day for hospital stays longer than 90 days.

For Skilled Nursing Facility Coinsurance, the Fund's Medicare Supplemental benefit will cover:

- $176 per day for days 21 through 100 of each benefit period.

Medicare Part B covers physician services, outpatient hospital services, certain home health services, and durable medical equipment and other items. The annual deductible for all Part B beneficiaries in 2020 is $198, and the Fund's Medicare Supplemental benefit will cover this amount.

Summary of Material Modifications This Issue!

- FELRA & UFCW Active Health and Welfare Plan*
- FELRA & UFCW Retiree Health and Welfare Plan*
- FELRA & UFCW Pension Fund
- Mid-Atlantic UFCW and Participating Employers Pension Fund
- UFCW & FELRA Severance Plan**
- UFCW & FELRA Legal Benefits Plan**
- UFCW & FELRA Scholarship Plan**

** Benefit Plans of the FELRA & UFCW VEBA Fund*

*** Benefit Programs of the FELRA & UFCW Active Health and Welfare Plan*

This issue—

When Hospice Care Is Needed

For terminally ill participants and eligible dependents whose prognosis of probable survival is six months or less and who are receiving palliative, not curative, care, below is a description of the hospice care services covered under the Plan.

- 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, and
- physician home visits.

The Fund pays up to $500 for family counseling prior to the participant's death and up to $100 for bereavement counseling 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.

Hospice care services are covered as follows: Plans I and X – 80%, Plan XX – 75%, and Plan XXX – 70% of the Usual, Customary and Reasonable (UCR) cost under Comprehensive Medical Benefits.

Pre-certification is required and services must be approved by Conifer Health Solutions ("Conifer").

For additional information about hospice care, contact Conifer toll-free at (833) 778-9806.

Send Note from Physician and Paid Receipt to Fund Office for Reimbursement of Diabetic Supplies

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

If you or a covered dependent have Diabetes Mellitus, you may be reimbursed for the cost of blood sugar monitors (like Glucometer and Accu-Check) and other supplies, such as Chemstrips. Send your paid, itemized receipt to the Fund Office, along with a note from your physician verifying that you (or your eligible dependent) have Diabetes Mellitus, and that the supplies are related to the treatment of your illness. *Be sure the itemized receipt shows the diabetic supply purchased.*

Buying at a Pharmacy

Plans X, XX, and XXX: Participants in these Plans must purchase diabetic supplies from a Giant or Safeway pharmacy in order to be covered. The Fund will not cover if filled at CVS, Wal Mart, Walgreens or Rite Aid pharmacies.

Plan I: Plan I participants may use any pharmacy they choose.

All participants must pay **in full** for the supplies up front, but you'll be reimbursed by the Fund if you send your paid, itemized receipt and a note from your physician to the Fund Office. Be sure to include your name (or patient's name, if supplies are for a covered dependent), the participant's ID Number, the name of the store or pharmacy where the diabetic supply was purchased, and the date purchased (it's not always on the receipt).

You will be reimbursed under your medical benefit at 80% for Plans I and X, at 75% for Plan XX, and at 70% for Plan XXX, after satisfying the annual deductible.

Buying Online

The Fund Office will accept receipts for diabetic supplies purchased online provided that you purchase from a *medical supply* or *diabetic supply* company and, for participants in Plans X, XX and XXX, the supply company participates with CareFirst. The Fund does not accept receipts from Amazon or other online "shopping" sites such as eBay. The purchase must be from an actual pharmacy or medical supply company. Shipping is not covered for online purchases.

Material Modifications

Summary of Material Modifications

Below are Summaries of Material Modifications (changes) made to your Plan during the past year. Please clip this summary and keep it with your Plan booklets so you will have it for easy reference.

FELRA & UFCW VEBA Fund
FELRA & UFCW Active Health and Welfare Plan

- **Effective January 1, 2020 – Conifer Health Solutions Replaced SHPS/Carewise Health and Health Dialog**

  The Board of Trustees is pleased to announce a new utilization, case management and disease management provider. **Effective January 1, 2020**, Conifer Health Solutions ("Conifer") replaced SHPS/Carewise Health as *the Fund*'s utilization and case management provider. Conifer also replaced Health Dialog Coaching Program as *the Fund*'s disease management provider.

  How Do Conifer's Case Management and Disease Management Programs Benefit Me?

  Conifer's nurse case managers will assess any individual medical needs you or your covered dependents may have and provide education and resources to manage your health. They can also help coordinate care and advocate for services on your behalf that will assist you in achieving an optimal level of health and wellbeing.

  For those with **acute or chronic** medical issues, a Conifer Personal Health Nurse (or "PHN") can work with you to structure a disease management program with the goal of better managing your ongoing care needs and thereby improving your quality of life.

  Starting January 1, 2020, you must contact Conifer (not SHPS/Carewise Health) to pre-certify ALL non-emergency or elective hospital stays and within 48 hours after an emergency admission. To pre-certify, call Conifer toll-free at (833) 778-9806. Remember, you must certify all hospital stays in order for *the Fund* to pay benefits.

  The telephone number for case management and disease management is (800) 459-2110.

  Beacon Health Options still handles your mental health benefits.

- **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.

- **Open Enrollment and Eligibility Changes**

  The Board of Trustees of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund ("Fund") has adopted the following changes and clarifications to Fund's Summary Plan Descriptions ("SPDs") for Plans I, X, XX, XXX, and XL. Please keep this document with your SPD.

1. The following new "Open Enrollment Periods" Subsection is added before the Subsection entitled "Enrollment Form" under the "Employee Eligibility" Section of the SPDs for Plans I, X, XX, XXX, and XL:

   Annual Open Enrollment

   If you do not timely enroll yourself and/or your dependent(s) upon initial eligibility for coverage, you generally must wait until the next applicable Open

Continued on page 4

Continued from page 3

Enrollment period to enroll or make changes to coverage for yourself and/or your dependent(s), as described below. There is an exception to this rule if you qualify for a special enrollment period, as described in the section entitled "Special Enrollment Provisions" under "Employee Eligibility."

Enrolling in Coverage under *the Fund* and Adding or Dropping Dependents. *The Fund* has a single annual Open Enrollment period during which you may enroll in or drop coverage as a participant under the Plan and add or drop coverage for your eligible dependents. This annual Open Enrollment period is during the month of December each year, for coverage effective January 1.

Enrolling in Medical Benefit Coverage through *the Fund*'s HMO Option. If you are a participant in Plan I, X, XX, or XXX and you live in the geographic area of the HMO offered by *the Fund*, there is a separate annual opportunity to choose whether you want to receive your, and your enrolled dependents' (if any), medical coverage under an HMO offered by *the Fund* instead of receiving traditional Fund medical coverage. This period is from July 15 – September 15 for coverage effective October 1 each year. For more information, please refer to the "HMO Option" section of your SPD.

Other Enrollment Changes. You may also drop coverage for your dependent children if the cost for dependent child coverage that must be deducted from your paycheck increases significantly, as determined in the sole discretion of *the Fund's* Trustees, provided you timely drop the dependent child coverage by submitting a new enrollment form within 30 days from the date you receive notice of the new rates.

2. Effective November 1, 2017, as a result of collective bargaining, the following changes in eligibility apply to participants employed by Associated Administrators, LLC ("Associated Participants"). Associated Participants covered under Plans XXX or XL as of November 1, 2017 became covered under Plan XX on that date. Further, Associated Participants enrolled in Plan XX will be eligible for Plan X as of the first (1st) day of the month after at least five (5) years of continuous participation in Plan XX, provided they otherwise meet the eligibility requirements under the Plan. Associated Participants who were enrolled in Plan XX and had at least 5 years of service under Plan XX as of November 1, 2017 became covered under Plan X effective November 1, 2017. Associated Participants who first become eligible for coverage under the Plan on or after November 1, 2017 will become covered under Plan XX after the applicable waiting period.

   To reflect the above, the following changes have been made to the SPDs for Plans X, XX, XXX, and XL:

   - Line 5 under the "UFCW Local 27" Subsection, and Line 6 under the "UFCW Local 400" Subsection, of the "Covered Employment with Participating Employers" Section of the Plan X SPD are revised to read as follows:

     Associated Administrators, LLC – Employees hired through October 31, 2005 or who have at least five (5) years of continuous participation in Plan XX as of the first day of the month.

   - Line 5 under the "UFCW Local 27" Subsection, and Line 6 under the "UFCW Local 400" Subsection, of the Section entitled "Covered Employment with Participating Employers" on page 8 of the Plan XX SPD are revised to read as follows:

     Associated Administrators, LLC – Employees hired after October 31, 2005 with less than five (5) years of continuous participation in Plan XX as of the first day of the month.

   - 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.

FELRA & UFCW Pension Fund
No changes

Mid-Atlantic UFCW & Participating Employers Pension Fund
No changes

UFCW & FELRA Legal Benefits Fund
No changes

UFCW & FELRA Severance Fund
No changes

UFCW & FELRA Scholarship Fund
No changes

Important Reminders about Filing Work Related Accident and Sickness Claims with the Fund

If you have Accident and Sickness benefits through the Fund and you sustain a work-related illness or injury, you must file a claim with your employer's Workers' Compensation ("WC") carrier. You should also submit your claim to the Fund Office at the same time, along with a note that you have filed for workers' compensation. That way, you will have filed your claim within the Fund's time limits (90 days for Accident & Sickness/180 days for Medical claims) if the claim is eventually determined to be **not work-related**. The Fund initially will deny your claim as being work-related until a final decision is made by the WC carrier.

If the WC carrier denies your claim as being **not** work-related, send a copy of the denial to the Fund Office. The Fund will send you an agreement called a "Promise to Appeal." It states that you agree to appeal the WC carrier denial to the WC Commission (or its equivalent in your state).

The agreement also lists the steps you must follow in order to have the Fund pay your claim (for medical or accident and sickness claims) before your case is decided by the WC Commission (which can take a long time). Because we don't want you to have to wait that long to be paid, the Fund will process your claims as soon as you sign and return the agreement – **before** the final decision has been made by the Commission.

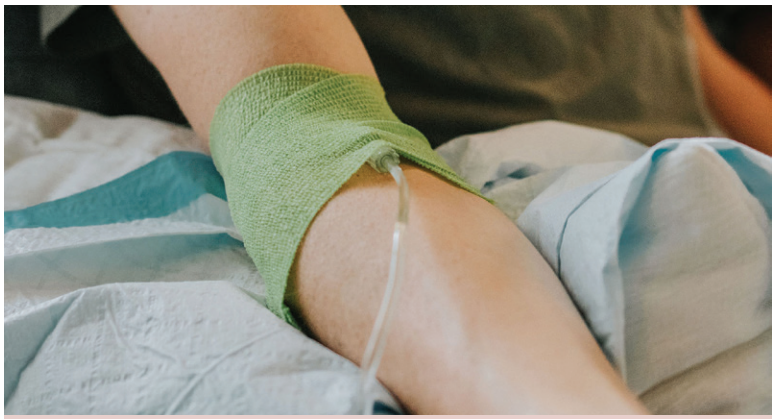
However, Fund rules state that you must repay the Fund in full for any monies it has paid if you ultimately receive a recovery from the WC carrier or another party relating to your injury.

Although this seems clear enough, it can become a little confusing when a settlement is involved. If your attorney advises you (or if you decide on your own) to accept a settlement of your WC claim, and that settlement is less than the amount of the injury-related claims the Fund has paid to you or on your behalf, you must notify the Fund Office and obtain the Fund's approval prior to accepting the settlement. If you don't obtain approval before accepting such a settlement, you will be required to repay the Fund the entire amount it has paid in related benefits, even if that amount is more than the settlement amount you received.

For example, if the Fund paid $4,000 in Accident and Sickness and/or Medical claims, and you accept 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 WC settlement, the **WC Commission will close your case – for current claims and for any future claims relating to the same injury.** For example, if your work-related shoulder injury flares up a year from now (and you have accepted a settlement), you will not receive benefits from the WC carrier **or** the Fund relating to that injury. Since benefits were paid by the WC carrier, the Fund will deny the claim as being work-related.

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, or have received, Workers' Compensation benefits, it is important that you notify the Eligibility Department of the Fund Office at (301) 459-3020 or (800) 638-2972. Your health and welfare benefits for non-work related claims will continue while you are collecting Workers' Compensation, up to the time limits for your Accident and Sickness benefit entitlement. Notifying the Fund Office of your Workers' Compensation benefits helps ensure you do not lose eligibility for other benefits under the Fund.

Good Health Is a State of Mind

More than half of Americans will be diagnosed with a mental health disorder at some point in their lives. There are treatments available and most people recover completely.

Why Is Mental Health Important?

Your mental health impacts your physical health, your personal relationships and your daily functions. Here are some positive benefits of maintaining strong mental wellbeing:

- Coping with life stress
- Having good relationships
- Being physically healthy
- Working productively
- Contributing to your community
- Realizing your full potential

How Can I Improve My Mental Health?

There are many steps you can take to improve your mental wellness including:

- Physical activity
- Connecting with other people
- Getting enough sleep
- Staying positive
- Developing coping skills and relaxation techniques such as meditation, exercise, or deep breathing
- Developing a sense of meaning and purpose
- Obtaining assistance from a medical professional, if needed

How Do I Recognize The Need For Help?

Depression tends to affect people in their prime working years. Over 80 percent of people with depression, stress or anxiety can be successfully treated. With early recognition, intervention and support, most can overcome mental health symptoms and be treated appropriately. Here are some signs that intervention is needed:

- Persistent sad, anxious or empty feelings
- Sleeping too little or sleeping too much
- Loss of appetite
- Loss of interest in activities
- Feeling guilty or unworthy
- Irritability, fatigue
- Thoughts of suicide or death

Where Can I Turn For Help?

Beacon Health Options, your mental health and substance abuse provider, can offer help by calling (800) 353-3572.

United Way: Call 211 and provide your zip code for a list of local mental health resources.

National Suicide Prevention Hotline: (800)-273-TALK (8255), available 24/7, confidential, English and Spanish; also provides referrals to local treatment facilities, support groups, community organizations, publications.

Your Conifer Personal Health Nurse can help navigate resources and assistance: (800)-459-2110.

The above was provided by Conifer Health Solutions.

Apply for Severance Benefits Immediately Upon a Severance From Service

VERY IMPORTANT!

Strict deadlines apply to the payment of severance benefits. Therefore, you should apply for your severance benefit immediately upon experiencing a Severance From Service Date (usually your employment termination date, unless you are on an extended leave of absence which also will trigger a Severance From Service). Please see your Summary Plan Description for a complete definition of Severance From Service Date.

There is a four-month waiting period between your Severance from Service Date and the date that you may receive your Payable Severance Benefit. Your benefit can only be paid to you between the expiration of this four-month waiting period and the later of:

- the last day of the calendar year in which the four-month waiting period expires, or
- the 15th day of the third calendar month following the expiration of the four-month waiting period.

For example, if you terminated employment on January 1, 2020, you are eligible to receive your severance benefit between May 1, 2020 – December 31, 2020. As another example, if you terminated employment July 20, 2020, you are eligible to receive your severance benefit between November 20, 2020 – February 15, 2021.

Not following the above rule will result in loss of your Severance benefit.

Remember to apply for your severance benefit immediately after your Severance from Service date. Usually this is your employment termination date, but there are special rules for participants on a leave of absence.

Asthma Inhalers Covered Under Rx; Spacer Covered Under Medical

If you use an inhaler for administering medication such as asthma medicine or medicine to treat COPD, a device called a spacer may also be prescribed. A spacer is an add-on to the inhaler that makes it easier to get the proper dose and also helps ensure that the medicine goes into the lungs rather than the throat. Spacers are often prescribed to children and to the elderly – but sometimes to others as well.

Spacers are covered under the Fund, under the Medical Benefit. If you pick up medicine and a spacer at the pharmacy, the medicine will be covered using your Prescription Drug card from Express Scripts. Send the itemized receipt for the cost of the spacer directly to the Fund Office for processing under Medical Benefits.

The cost for the spacer will be paid at the same percentage as your Plan's other medical benefits (70%, 75% or 80%, depending on your plan) after you satisfy the annual deductible.

Speech Rehabilitation

For anyone who has suffered a stroke, head injury, neurological disorder or other medical condition such as Cleft Lip or Palate that has affected the vocal and pharyngeal tracts, the path to recovery is often long and difficult. Fortunately, your Plan of benefits allows participants and eligible dependents to receive rehabilitative services.

Rehabilitation charges are covered at 80% for Plans I and X, at 75% for Plan XX, and at 70% for Plan XXX, after the deductible. **All rehabilitative care must be approved by Conifer Health Solutions.** Coverage includes 30 days of inpatient rehabilitation or 60 outpatient visits when the visits are determined by Conifer to be in lieu of inpatient treatment.

FELRA & UFCW
VEBA Fund
911 Ridgebrook Rd.
Sparks, MD 21152-9451