

# For Your Benefit

## Apply Now for FELRA & UFCW VEBA Fund's 2018 Annual Scholarship Awards

**Preliminary Scholarship Application Pg. 2**



*This article applies to participants of the FELRA & UFCW VEBA Fund employed by Giant or Safeway, and their dependents.*

The FELRA & UFCW VEBA Fund will once again be awarding scholarships to a select number of participants and dependents. If you work for Giant or Safeway and you or your dependent would like to apply for a scholarship, please complete the preliminary application on the next page and mail it to the Fund Office postmarked by **December 31, 2017**. You may also print the form by logging onto [www.associated-admin.com](http://www.associated-admin.com). Click on "Your Benefits" located at the left side of the screen and select "FELRA & UFCW Health and Welfare Plan Scholarship Program." From there you can print the "Scholarship Preliminary Application" form under the word "Downloads." Late applications will not be accepted.

**Notice of Creditable Coverage**  
 Cut and Keep. See page 3.  
**Notice of Availability of Pension Statement** See page 7.

### Key points to remember:

- Only those currently employed by Giant or Safeway, and their dependents, are eligible. The participant must be employed by Giant or Safeway at the time the scholarship is awarded.
- The participant must have at least one uninterrupted Year of Service as of December 31, 2017 and be actively employed.
- On December 31, 2017, 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 is applying for a scholarship and 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.

If the above requirements are met and eligibility is verified, a formal application will be mailed to the applicant in January 2018.

See Page 2 for Application 

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**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](http://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](http://www.associated-admin.com)

**2018 Annual Scholarship Preliminary Application**

***Attention: Employees of Giant and Safeway***

If you work for a company listed above and are a participant of the FELRA and UFCW VEBA Fund, under the provisions of your 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 2018. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2017, the participant has completed at **least one uninterrupted Year of Service and is actively employed by Giant or Safeway**. In addition, on December 31, 2017, 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 2018**.

**IMPORTANT:** If your dependent does not have medical coverage through the Fund Office, 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, 2017.**

**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, 2017**

# 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 are (70%, 75% or 80%, depending on your Plan) after you satisfy the annual deductible.

**IMPORTANT!**  
Keep this notice!



## Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

*The following Notice of Creditable Coverage applies to all Medicare-eligible participants, retirees, and/or 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 FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare 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 FELRA and UFCW VEBA 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 Medicare Part D Plan?**

If you enroll in a Medicare drug plan, your current prescription coverage through the FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare Plans) will be terminated.

*Continued on page 4*

**You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time.**

If you enroll in a Part D plan and drop your Fund prescription coverage, be aware that you and your dependents may not be able to get the same 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 nineteen 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 penalty as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.



**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 FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare 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](http://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 (1-800-633-4227). TTY users should call 1-877-486-2048.

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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**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, 2017

**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



**Material  
Modifications**

## Mid-Atlantic UFCW and Participating Employers Pension Fund Summary of Material Modifications

*The following is a clarification to MAP's January 2016 Summary Plan Description ("SPD").  
Please keep this document with your SPD.*

**The following new Section is added after  
the COMMENCEMENT OF BENEFITS  
Section of your SPD:**

### **FELRA & UFCW PENSION FUND BENEFIT PROTECTION**

This section is applicable to participants who have accrued a benefit under the FELRA & UFCW Pension Fund. In the event that the FELRA & UFCW Pension Fund becomes insolvent and benefits payable to you under the FELRA & UFCW Pension Plan are reduced as a result of the insolvency, you will be eligible to receive the benefit described below if the following applies to you:

1. You are a pensioner, participant, former participant or beneficiary of the FELRA & UFCW Pension Fund;
2. You are or were employed by (or are the beneficiary of a FELRA & UFCW Pension Fund participant or former participant who is or was employed by) one or more of the employers listed below.
  - Giant Landover;
  - Safeway;
  - Any employer that withdrew from the FELRA & UFCW Pension Fund prior to January 1, 2013 without owing withdrawal liability to the FELRA & UFCW Pension Fund; or
  - Any employer that withdrew from the FELRA

& UFCW Pension Fund prior to January 1, 2013, provided that such employer has fully paid, or is timely paying, its withdrawal liability in accordance with the withdrawal liability rules under the FELRA & UFCW Pension Fund; and

3. Any benefits otherwise payable to you under the FELRA & UFCW Pension Plan are not paid as a result of the FELRA & UFCW Pension Fund becoming insolvent.

If you meet the above requirements, you will become eligible to receive the following benefit from the Fund as of the first month in which any of your benefits under the FELRA & UFCW Pension Fund are not paid as a result of the FELRA & UFCW Pension Fund's insolvency:

A benefit equal to the amount of the monthly benefit that you would have been entitled to receive under the FELRA & UFCW Pension Plan absent any reduction due to the insolvency of the FELRA & UFCW Pension Fund, reduced by the amount of the monthly benefit actually payable to you by the FELRA & UFCW Pension Plan, including benefits paid by, or as a result of benefits guaranteed by, the PBGC. The amount of this benefit, combined with the amount of your reduced benefit under the FELRA & UFCW Pension Plan, will be equal to the benefit you would have received under the FELRA & UFCW Pension Plan had the FELRA & UFCW Pension Fund not become insolvent.



# Change in Initial Eligibility Rule for Plan XXX Participants Employed by Giant

The Board of Trustees approved on April 12, 2017 a change in eligibility requirements for Plan XXX participants hired by Giant after November 16, 2016. Such employees must be entitled to payment for an average of at least 30 hours per week during the initial measurement period to be eligible for Plan XXX benefits. Employees entitled to payment for any average of less than 30 hours

per week may be eligible for Plan XL benefits based on their work reported during the initial measurement period.

Giant provides the Fund Office with the hours paid for each of its employees, from which the Fund Office calculates the benefit plan for which each employee will be eligible.



## Sclerotherapy – Coverage for Treatment of Varicose Veins

*The following article applies to those with Fund medical coverage, not to those who have HMO coverage.*

Your plan of benefits offers coverage for sclerotherapy, which is an alternative treatment for painful, enlarged veins. It involves the injection of a solution into a blood vessel to cause it to shut down and eventually to disappear. It is used mainly for the treatment of varicose veins.

### What are the guidelines?

- Treatment must be pre-approved by Carewise Health. Contact Carewise Health at (866) 511-1462.
- Benefits are provided on a “per treatment session” basis with the number and frequency of sessions and the amount of benefit paid to be determined by Carewise Health.
- Your Physician must send a letter of Medical Necessity, pre-operative photographs, and a patient history indicating the need for testing to Carewise Health demonstrating the Medical Necessity of treatment (treatment for cosmetic purposes is not covered).
- Pre-operative testing will be approved only for those cases in which justification can be provided. Subsequent review will be required on any case which exceeds five treatments per area.

- Consecutive treatments must be separated by 6-8 weeks to evaluate the effectiveness of the treatment.
- Only the initial consultation will be covered as a separate office visit - charges for subsequent office visits during the course of treatment will not be covered.
- Surgical supplies over the Usual, Customary and Reasonable (UCR) amount approved by Carewise Health will not be covered.
- Billing for laser treatment of varicose veins will be covered at the same level as Sclerotherapy.

## Telephone Number for Express Scripts

The telephone number for Express Scripts was printed incorrectly in the back of the FELRA Plan XX and Plan XXX Summary Plan Descriptions (“SPD”). However, in the prescription drug section of the SPD and on your actual prescription ID card, it is correct. Please note that the correct number is (800) 903-8325.

# Availability of Pension Statement

The following article applies to active participants in the FELRA & UFCW Pension Fund and the Mid-Atlantic UFCW and Participating Employers Pension (“MAP”) Fund only. It does not apply to Pensioners.

You have the right to request a pension benefit statement annually. You are entitled to one benefit statement annually.

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

- Log on to [www.associated-admin.com](http://www.associated-admin.com). Click on “Your Benefits” located at the left of the screen. Select either FELRA & UFCW Pension Fund or Mid Atlantic Pension Fund “MAP” 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 statement. It takes time because we verify the work history in our records with your employer(s). There is no charge for a Benefit Statement.

## Be Sure Your Beneficiary Designation Is Current

Under the FELRA and UFCW Pension Fund and the MAP 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 the benefit is paid to the person you intended, make sure that your beneficiary designation form is up to date.

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 at (410) 683-6500 or toll-free (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.



## HEALTH CORNER

### Finding Time to Exercise: It’s Easier than You Think

Although exercising moderately for 30 or more consecutive minutes five or more times a week is one of the best ways to gain significant aerobic capacity and maintain weight, if you piece together segments of activity throughout your day that add up to at least 30 minutes, you will still receive many of the health benefits of exercise. These segments can be comprised of any activity that uses large muscles and gets your heart pumping faster.

#### Getting active

Here are some suggestions for accumulating 30-plus minutes of exercise daily:

- Park your car at the far end of the parking lot.
- Garden, rake leaves, mow the lawn.
- Whenever possible, use the stairs instead of and escalators.
- Take a quick, brisk walk on your lunch break.
- Play with a toddler or an active dog.
- Pop in your favorite tunes and dance.

*The above article was obtained with permission from Beacon Health Options. This information is general and is not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition.*



# Landover Fund Office Moved To New Location on April 1st

*On April 1, 2017, the Landover Fund Office relocated to the following address:*

**Fund Office  
8400 Corporate Drive, Suite 430  
Landover, MD 20785-2238**

All phone and fax numbers remain the same.  
Participant Services is still toll-free (800) 638-2972.

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**FELRA & UFCW**  
Health and Welfare Fund  
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Sparks, MD 21152-9451