

For Your Benefit

Health and Welfare Fund Coverage for Pre-Medicare Retirees Ends December 31, 2015

Pre-Medicare retirees and pre-Medicare dependents (of pre-Medicare retirees and Medicare retirees) will continue to receive health and welfare benefits through the Fund until December 31, 2015. Effective January 1, 2016, benefits for Pre-Medicare retirees and Pre-Medicare dependents under the FELRA & UFCW Retiree Health & Welfare Plan ("Retiree Health Plan") will cease.

Effective January 1, 2016, Pre-Medicare retirees who were, or would have been, eligible for benefits under the rules of the Retiree Health Plan as of December 31, 2015 will be eligible to receive \$350 per month from the Retiree Assistance Program, until they become Medicare eligible.

Pre-Medicare retirees will be receiving more information about this transition in the coming weeks.

Notice of Creditable Coverage
Cut and Keep. See pages 4–5.

Notice of Availability of Pension Statement See page 7.



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Participants In Active Plans X, XX, and XXX: You Must Use a CareFirst In-Network Provider

The following article applies to participants in active Plan X, Plan XX and Plan XXX who have Fund coverage, not HMO or Medicare Supplemental Retiree coverage.

Medical benefits for active participants in Plan X, Plan XX and Plan XXX are covered **only if services are performed by an in-network provider**, with the exception of services provided by pathologists, anesthesiologists and radiologists at in-network facilities, and emergency room services. When you need to use a medical provider (whether a hospital, physician, or other health care provider), be sure they are in the CareFirst network. Otherwise, your claim will be denied.

To locate a CareFirst Provider

Call (800) 235-5160 if you have a green ID card, or (800) 810-2583 (which is 800-810-BLUE) if you have a white ID card. These numbers are also on your ID card.

Note that these numbers are ONLY for finding a participating CareFirst provider. No other questions (claims, eligibility, etc.) can be answered on these lines.

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. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.

Apply Now for FELRA & UFCW's 2016 Annual Scholarship Awards

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

The FELRA & UFCW Health and Welfare Fund will once again be awarding scholarships to a select number of participants and dependents. Please complete the preliminary application on the next page and mail it to the Fund office postmarked by **December 31, 2015**. You may also print the form by logging onto www.associated-admin.com. Click on "Your Benefits" located at the left side of the screen and select "FELRA & UFCW Health and Welfare Fund Scholarship Program." From there you can print the "Scholarship Preliminary Application" form under the word "Downloads." Late applications will not be accepted.

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, 2015 and be actively employed.
- On December 31, 2015, 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 2016.



**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

*A Program of the
FELRA and UFCW
Health & Welfare Fund*

4301 Garden City Drive, Suite 201
Landover, Maryland 20785-6102
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

2016 Annual Scholarship Preliminary Application

Attention: Employees of Giant and Safeway

If you work for a company listed above, under the provisions of your employer's 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 2016. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2015, the participant has completed at **least one uninterrupted Year of Service and is actively employed by Giant or Safeway**. In addition, on December 31, 2015, 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 2016**.

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 dependent's preliminary application.

PRELIMINARY APPLICATION MUST BE POSTMARKED BY DECEMBER 31, 2015.

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 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, 2015.

FW 2015 Preliminary Annual Scholarship Applic. CS/bns 8.2015

Giant or Safeway Pharmacies Offer Free Flu Shot With Express Scripts Rx Card

With flu season just around the corner, it may be a good time to get your flu shot. All active participants and retirees with Fund coverage can receive a flu shot at any Giant or Safeway pharmacy at **no cost**, using your Express Scripts Prescription Drug ID card.

Flu Shot at Doctor's Office

If you prefer to get your flu shot from your doctor or don't live near a Giant or Safeway pharmacy, the flu shot will be covered under your medical benefits. For participants and dependents with Fund coverage, the injection itself is covered at 100% up to the UCR fee, and the office visit charge (if there is one) is covered under your Major Medical/

Comprehensive benefit (80% for Plans I and X, 75% for Plan XX and 70% for Plan XXX). Participants in Plans X, XX and XXX **must** use a participating CareFirst provider in order to be covered.

For participants in the Kaiser Permanente HMO (actives and retirees) who prefer to get a flu shot from their doctor, the flu shot is covered in full, with no co-pay, if you use a Kaiser physician. Further, actively working participants in Kaiser who use Express Scripts for their prescription benefit may get their flu shot at a Giant or Safeway pharmacy using the Express Scripts ID card, at no cost.

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 Health and Welfare Fund (Active and Retiree 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 Health and Welfare Fund (Active and Retiree Plans) has determined that the prescription drug coverage offered by the Fund 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 when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

However, 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 Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current FELRA and UFCW Health and Welfare Fund (Active and Retiree Plans) coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you do decide to join a Medicare drug plan and drop your FELRA and UFCW Health and Welfare Fund (Active and Retiree Plans) prescription drug 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 FELRA and UFCW Health and Welfare Fund (Active and Retiree Plans) 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) to 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 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 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.

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 Health and Welfare Fund (Active and Retiree Plans) changes. You also 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
- 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, 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, 2015
Name of Entity/Sender: Fund Office
FELRA and UFCW
Health and Welfare Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Phone Number: (800) 638-2972 or (410) 683-6500



ValueOptions Merged with Beacon Health Options

ValueOptions, which provides your mental health, substance abuse and employee assistance program benefits, has merged with Beacon Health Strategies to form Beacon Health Options. **There are no changes to your ValueOptions program, other than a new name, logo and design for**

program materials. Your benefits remain the same. The provider network and the phone number remain the same.

Behavioral health counselors, doctors and hospitals have started to see this change, so if your provider mentions it, there is no cause for concern. Again, nothing is changing except the name.



You Must Use Quest Or LabCorp When Lab Work Is Needed

The following applies to all participants in the FELRA & UFCW Active Health and Welfare Plan who have Fund medical coverage, not an HMO.

You must use either Quest Diagnostic Patient Service Centers (“Quest”) or Lab Corporation (“LabCorp”) for all laboratory services in order for such services to be covered by the Plan.

Tell Your Doctor Up Front

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 LabCorp or Quest 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 not pay for lab work performed and billed from your doctor’s office.

Locating Labs

To find the most current list of Quest or LabCorp facilities, log onto their websites or call them: www.questdiagnostics.com or by telephone at (800) 377-8448, or www.labcorp.com or (800) 845-6167 – patient customer service.



Pensioners: Please Be Sure Your Beneficiary Designation Is Current

Under the FELRA and UFCW Pension Fund and the Mid-Atlantic UFCW & Participating Employers Pension Fund, upon the death of any pensioner (except a pensioner receiving a deferred vested pension), the pensioner’s beneficiary will receive a death benefit. To be sure that this benefit is paid to the person you select, please make sure that your beneficiary designation form is up to date.

You can 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.



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 Fund only. It does not apply to Retirees.

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

- To receive your statement, you must complete a Benefit Service Request form. To get this form, you can:
- Log on to www.associated-admin.com. Click on “Your Benefits” located at the left of the screen. Select “FELRA & UFCW Pension Fund” 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.



HEALTH CORNER



Dos and Don'ts for Physical Activity When You Have Back Pain

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

If your back hurts, you may be tempted to rest in bed. But that may not be a good idea. When you don't move, your muscles get weak and your joints stiffen, which can actually make your back pain worse. Getting up and moving around is very important, even if a herniated disc or arthritis of the spine is causing your back pain.

If you develop back pain, get back to your usual activities as soon as the pain allows you to do so. One or two days of rest are okay, but after that it's important to start moving again. A great deal of medical research shows that over the long term, exercise lessens back pain.

Activity DOs and DON'Ts

Here are some general DOs and DON'Ts for people with back pain:

- **DO** stick to your exercise plan. Make a commitment to engage in regular activity and try to do a little bit more every day. When you begin to feel better, avoid the

temptation to skip exercise or to overdo it. Both can lead to setbacks.

- **DO** as many of your daily activities as you can, as long as they are not increasing your pain.
- **DON'T** be afraid of a little extra pain during exercise or activity. Most of the time, a little extra pain does not mean you are hurting yourself or harming your body. In fact, many people feel better once they get moving.
- **DON'T** rely on passive physical therapy treatments, such as heat and ultrasound. And relying on a physical therapist to move your limbs for you may not help much either. For activity to be effective, you have to do it yourself.

Talk to your healthcare provider or pharmacist about approaches for over-the-counter pain medicines. If you notice worsening pain, numbness or weakness in your legs, or if your bladder or bowel function changes, call your doctor right away.

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Health and Welfare Fund
911 Ridgebrook Rd.
Sparks, MD 21152-9451