

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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

## Plans Y20 and Y30: Open Enrollment for Medical Coverage Is January 1st - January 31st

January 1 through January 31 is open enrollment for choosing health and welfare coverage that will be effective on March 1, 2017. This open enrollment applies only to participants in Plans Y20 and Y30.

Open enrollment allows you the opportunity to enroll for health and welfare benefits if you did not do so when you were first eligible. It is also the time when you may add dependents or drop coverage by stopping payroll deductions.

### Open Enrollment Letter to Be Mailed

You will soon receive an open enrollment letter, payroll deduction form and enrollment form from the Fund Office. If you are already enrolled and want to change coverage levels (from participant to participant + spouse, for example) or drop coverage, note the change on the payroll deduction form. If you have not already enrolled for coverage, you can enroll during open enrollment by completing the enrollment form and payroll deduction form. **If you are changing your coverage or enrolling for the first time, you must return both the enrollment form and payroll deduction form to the Fund Office in order for your payroll deduction to be set up and coverage to begin as of March 1, 2017.** If you are already enrolled and don't want to make any changes to your coverage, don't do anything.

### What Are The Enrollment Costs?

#### Y20 Full Time Participants

All participants who elect coverage and are eligible for benefits shall pay the following:

- Single \$5 per week
- Participant plus one \$10 per week
- Family \$15 per week

#### Y20 Part Time Participants

Part Time Plan Y20 participants are offered dependent coverage for children, with the full cost of the coverage payable via payroll deduction.

- One child \$121.01 per month
- Two children \$242.02 per month
- Three or more children \$363.03 per month

Your Individual \$10.00 weekly co-payment will still apply. The dependent co-payment rates are in addition to the \$10.00 weekly rate.

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**UFCW Unions and Participating  
Employers Health & Welfare Fund**

**UFCW Unions and Participating  
Employers Legal Benefits Fund**



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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.*

**Y30 Full Time Participants**

Plan Y30 Full Time participants who elect coverage and are eligible for benefits shall pay the following:

- Individual coverage \$10 per week
- Participant plus child/ren \$15 per week
- Participant plus spouse \$20 per week
- Family coverage \$25 per week

**Y30 Part Time Participants**

Part Time Plan Y30 participants are offered dependent coverage for children, with the full cost of the coverage payable via payroll deduction.

- One child \$125.54 per month
- Two children \$251.08 per month
- Three or more children \$376.62 per month

Your Individual \$10.00 weekly co-payment will still apply. The dependent co-payment rates are in addition to the \$10.00 weekly rate.

**Spousal Surcharge Applies (Full Time Plans Y20 and Y30)**

A \$20 weekly spousal surcharge will be deducted from your paycheck if one of the following conditions is applicable to you (note: the spousal surcharge does not apply if your spouse also is a participant in the Plan, rather than a dependent):

1. You have elected coverage for your spouse and 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 your spouse 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 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.

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## How Are Pension Benefits Calculated?

*The following article is about the benefits earned by active participants under the UFCW Unions & Participating Employers Pension Fund.*

The amount of your pension depends on your total years of Benefit Service and the applicable benefit rates. If you had both full-time and part-time service, the benefit amount with respect to each is calculated separately and then added together. If you had transfers of employment, or you worked for more than one Participating Employer, several periods of your service may have to be calculated separately and then added together.

Your participation in the Pension Plan begins on the first day of the month in which the first contribution is made on your behalf, but in no case later than 12 months following the date you became covered by a Collective Bargaining Agreement requiring contributions, provided you have performed 1,000 Hours of Service. This is your Effective Date.

### How Are Your Years Of Service Calculated?

Future Service Credit is the period of employment with a Participating Employer in a job classification covered by a collective bargaining agreement with a Participating Union between your Effective Date and the date you terminate covered employment. Future Service Credit is based on the regular time hours you work, according to the following schedule:

Full-Time Participants	Part-Time Participants	Future Service Credit
1600 hours or more	800 hours or more	1 year
1200 to 1599 hours	600 to 799 hours	3/4 year
800 to 1199 hours	400 to 599 hours	1/2 year
400 to 799 hours	200 to 399 hours	1/4 year
under 400 hours	under 200 hours	None

# Plan Y Part Timers: Open Enrollment for Dependent Coverage Is January 1st - January 31st

*The following article applies only to part-time participants in Plan Y.*

January 1st - January 31st will be the first 2017 Open Enrollment period (there are two each year) for adding dependent ("family") coverage to your benefits. If you are eligible for dependent coverage but did not choose it when your dependents first became eligible, you may apply to add your dependent(s) to your health coverage in January. The coverage will be effective March 1, 2017. After January, the next open enrollment will be July 1st - July 31st for coverage effective September 1, 2017.

## Is There A Cost?

Yes, there is a cost for adding dependent coverage. You pay 20% of the cost of the coverage while your employer pays 80%. The amount is paid via weekly payroll deductions through your employer. **Do not send payment to the Fund Office.** If you elect dependent coverage, your payroll deduction will begin in March.

## Spousal Surcharge Applies

A \$20 weekly spousal surcharge will be deducted from your paycheck if one of the following conditions is applicable to you (note: the spousal surcharge does not apply if your spouse also is a participant in the Plan, rather than a dependent):

1. You have elected coverage for your spouse and 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 your spouse 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 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.

## When Will The Coverage Begin?

Coverage for your dependents will begin March 1st.

## How Many Dependents May I Cover?

As long as they are eligible dependents under the Plan, you may enroll as many dependents as you have. The cost is the same regardless of the number of dependents.

## What If I Want To Drop Dependent Coverage?

You may drop dependent coverage at any time during the year provided you notify the Fund Office **in writing.**



You may call us to request the proper form, which you must sign and return to us (it verifies that you wish to stop payroll deductions). However, please remember that if you do drop dependent coverage, you will not be eligible to add it again until the open enrollment period *following* a twelve-month waiting period. Open enrollment for dependent coverage occurs twice a year: in January and in July.

## How Do I Add Dependent Coverage

To add dependent coverage, call the Fund Office in January at (800) 638-2972 and let us know. We'll send you an enrollment form and begin the process for starting your payroll deduction. We must have the completed enrollment form returned to us (along with any forms of proof which may be required, such as copies of birth certificates or marriage certificates, etc.) before your dependents' coverage will begin.

## What If I Want To Add Dependents Later?

If you don't have any dependents now, but you later get married, have a child, adopt a child, etc., you may add the new dependent no matter what time of year, as long as you add the dependent within 30 days from the date he/she first became your dependent (for example, within 30 days from the date of marriage, 30 days from the date of birth, etc.).

## Contact Participant Services

If you have questions, contact Participant Services of the Fund Office at (800) 638-2972.

### How Are Benefits Calculated?

Your years of benefit service are multiplied by the applicable benefit level. For example, Mr. Johnson has 10 years of full-time benefit service and the benefit level from his employer is \$16.75.

FT Service 10.00 × \$16.75 Benefit Level = \$167.50 per month at Normal Retirement Age.



### What Types of Pensions Are Available under The Plan?

Type of Benefit	Age And Service Requirements
Normal Retirement	600 to 799 hours
	Age 65 and at least 5 years of Benefit Service
Early Retirement (Non Reduced)	Age 60 and at least 10 years of Benefit Service
Early Retirement (Reduced)	Age 55 and at least 15 years of Benefit Service. Reduced from Age 60
Disability Retirement	Any age and at least 10 years of Benefit Service. Must have Social Security Disability Award and the disability must have begun prior to termination of covered employment
Deferred Vested Pension	Age 65 and at least 10 years of Vesting Service at termination, or 5 years Vesting Service if actively working after 1/1/99
Early Deferred Vested	Age 55 and at least 15 years Benefit Service. Reduced from Age 60
Death Benefit <b>(Does not apply to Deferred Vested Pensions or Giant Food Pharmacy workers).</b> Effective April 28, 2010 the Death Benefit is paid as a monthly annuity equal to the deceased pensioner's life annuity amount until the Death Benefit amount has been paid in full.	Majority Benefit Service FT — \$2,500 Majority Benefit Service PT — \$1,500
Pre-Retirement Surviving Spouse's Pension	At least 10 years Vesting Service, or 5 years Vesting Service if actively working after 1/1/99. Pension begins when Participant would have attained earliest retirement age
Joint & Survivor Pension	Percentage of pension continues to spouse after death of Participant
Five Year Certain	60 pension payments guaranteed



# Busting the Top 10 Fitness Myths

### **Myth No. 1: No pain, no gain.**

Pain alerts you to injury or overuse in some part of your body. Although a new move for a group of muscles may cause a little soreness the next day, it should not be your goal to remain sore as an exerciser. The stronger you get, the less pain you should feel. If your doctor approves, you may want to follow the exercise guidelines recommended by the American College of Sports Medicine (ACSM):

- 150 minutes of moderate intensity exercise per week
- strength training of each major muscle group 2 to 3 days per week
- stretch several muscle groups after exercise 2 to 3 days a week

### **Myth No. 2: Exercise alone guarantees weight loss.**

You must eat a varied, nutritious diet with reasonable portions whether you exercise or not. Significant weight loss will require both regular exercise and reducing the amount of calories you eat.

### **Myth No. 3: Exercise entitles us to eat whatever we want.**

This myth is a close cousin to myth #2. If you eat more calories than you burn, you will gain weight. Also, if you load up on sugar and artery-clogging fats, you may suffer down the road from various diseases even if you do not gain weight.

### **Myth No. 4: The thinner the person, the fitter he is.**

Many active but slightly overweight people often score well above average in fitness parameters such as body composition, VO<sub>2</sub> sub-max tests (measures of aerobic fitness), resting heart rate and blood pressure, strength and flexibility. Along the same line, a sedentary thin person is most likely going to score below average during a fitness assessment on many of the parameters.

### **Myth No. 5: Unused muscle will turn into fat over time.**

Muscle tissue and fatty tissue are two completely different tissues in the body.

### **Myth No. 6: Stretching is important before exercise.**

According to the ACSM, the safest, most effective time to stretch your muscles is after aerobic and strength training. What is still important at the start of exercise is a warm-up—at least 5 minutes of a lighter activity such as strolling before walking, walking or light jogging before running, etc.

### **Myth No. 7: Specific exercises will reduce the size of specific body parts.**

Many people point to a body part such as the stomach, hips, thighs, etc. and would like a program that slims that area. Eliminating calories with exercise and eating less will help you to lose weight overall. Where the weight loss shows up depends on your genetic blueprint.

### **Myth No. 8: Working out at a lower intensity is better because it burns more fat while higher intensity burns more sugar.**

The bottom line is the more intense the workout, the more calories of any kind (sugar or fat) you burn. You simply need to find exercise that you enjoy and that is intense enough to elevate your heart rate into a target range for your age. If running does not suit your body, walking is very effective exercise. You just have to walk longer to burn the same number of calories that you would if you were running.

### **Myth No. 9: Strength training will make your muscles too bulky.**

This is a common concern among females, even though it is not supported by fact or experience. Consider how professional body-builders have to train way above the recommended amounts. Strength training defines and tones certain parts of your body, potentially making you look leaner.

### **Myth No. 10: Exercise is an option, not a priority.**

This is more a mindset than a myth. In keeping with national statistics, a significant number of people will stop exercising after a few weeks or months. Though they realize the short- and long-term benefits of exercise for their physical, emotional and mental health, fitness just isn't that important to them. Changing this mindset is ultimately up to you.

*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.*

# United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (410) 683-6500  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

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

## SUMMARY ANNUAL REPORT

### For UFCW Unions and Participating Employers Health and Welfare Fund

This is a summary of the annual report of the UFCW Unions and Participating Employers Health and Welfare Fund, EIN 52-6044428, Plan No. 502, for period January 01, 2015 through December 31, 2015. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### Insurance Information

The plan has contracts with Fidelity Security Life Insurance, Group Dental Service Of Maryland, Inc., Kaiser Foundation Health Plan Of The Mid-Atlantic, Metropolitan Life Insurance Company and Reliastar Life Insurance Company to pay dental, vision, life insurance, HMO, and accidental death & dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2015 were \$1,895,744.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2015, the premiums paid under such "experience-rated" contracts were \$318,190 and the total of all benefit claims paid under these contracts during the plan year was \$200,317.

#### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$2,465,890 as of December 31, 2015, compared to \$5,209,893 as of January 01, 2015. During the plan year the plan experienced a decrease in its net assets of \$2,744,003. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$48,750,753, including employer contributions of \$47,808,698, employee contributions of \$832,056, realized gains of \$2,719 from the sale of assets, earnings from investments of \$82,723, and other income of \$24,557.

Plan expenses were \$51,494,756. These expenses included \$4,743,973 in administrative expenses, and \$46,750,783 in benefits paid to participants and beneficiaries.

#### Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;
- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund at 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102, or by telephone at (800) 638-2972. The charge to cover copying costs will be \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund, 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## **United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Fund**

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (410) 683-6500  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

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

### **SUMMARY ANNUAL REPORT**

#### **For United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan**

This is a summary of the annual report of the United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan, EIN 52-1228768, Plan No. 501, for period January 01, 2015 through December 31, 2015. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$85,391 as of December 31, 2015, compared to \$75,742 as of January 01, 2015. During the plan year the plan experienced an increase in its net assets of \$9,649. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$526,836, including employer contributions of \$526,696, and earnings from investments of \$140.

Plan expenses were \$517,187. These expenses included \$71,565 in administrative expenses, and \$445,622 in benefits paid to participants and beneficiaries.

#### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan at 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102, or by telephone at (800) 638-2972. The charge to cover copying costs will be \$0.25 per page for any part thereof.

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# Reconstructive Surgery Following Mastectomy

The following article applies to you if your medical benefits are provided through the Fund, not an HMO. If you have coverage through an HMO, you should receive a similar notice directly from the HMO.



The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

