

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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Landover Fund Office Moves To New Location On April 1st

On April 1, 2017, the Landover Fund Office will relocate to the following address:

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

All phone and fax numbers will remain the same. Participant

Services will still be toll-free (800) 638-2972.

On and after April 1st, please address all mail being sent to the Landover Office to the address mentioned to the left. We have planned carefully for a smooth transition into our new office and we will continue to provide you with our best service.

Clarification of Coordination of Benefits for Part-Time Participants in Plans RNK2 and RNK3

The following article applies to Part-Time participants in Plans RNK2 and RNK3.

On page 65 of your new Summary Plan Description (SPD) booklet, insert the following section:

Coordination of Benefits for Part-Time Participants

Coverage for Part-Time participants will be secondary if the employee is covered under another plan.

Please keep this information with your SPD.

Summary of Material Modifications This Issue!

UFCW Unions & Participating Employers Active Health and Welfare Plan*

UFCW Unions & Participating Employers Retiree Health and Welfare Plan*

UFCW Unions & Participating Employers Pension Fund

UFCW Unions & Contributing Employers Legal Benefits Fund

*Benefit Plans of the UFCW Unions and Participating Employers Health & Welfare 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.

Kroger Roanoke Ratifies New Contract – New Eligibility Requirements

The following Summary of Material Modifications applies only to active participants employed by Kroger in the Roanoke area. The letter you received during the most recent open enrollment also reflected these changes. Please keep this with your Plans RNK1, RNK2, and RNK3 Summary Plan Description booklet.



As a result of the most recent collective bargaining, the eligibility rules for determining which medical plan you are eligible to choose in 2017 have changed.

2017 Eligibility for Plans RNK1, RNK2, or RNK3

- If you were hired on or **before** September 1, 2013, were paid for an average of at least 25 hours per week during the most recent measurement period and are currently enrolled in RNK1, you will be eligible to choose RNK1, RNK2, or RNK3 during the next open enrollment.
- If you were hired on or **before** September 1, 2013, were paid for an average of at least 25 hours per week during the most recent measurement period and are not in RNK1 currently, you will be eligible to choose RNK2 or RNK3 during the next open enrollment. Once you have been enrolled in RNK2 for five years, you are eligible to choose RNK1.
- If you were hired **after** September 1, 2013 and were paid for an average of at least 25 hours per week during the most recent measurement period, you will be eligible for RNK3 during the next open enrollment. Once you have been enrolled in RNK3 for five years, you are eligible for RNK2. You will be eligible to enroll

in RNK1 after you have been enrolled in RNK2 for five years only if you were entitled to be paid for an average of at least 38 hours per week during the most recent measurement period.

- Notwithstanding the above, if you are a Courtesy clerk, Fuel clerk, or high school student, and you were paid for an average of 30 or more hours per week during the most recent measurement period, you will be eligible to enroll in RNK3 during the next open enrollment.

Whom May I Enroll Under My Coverage?

- Full-Time participants (those working an average of at least 38 hours/week) are eligible for coverage for themselves, their spouses, and their dependent children.
- Participants working between 30-37 hours per week are eligible for coverage for themselves and their dependent children.
- Participants working 25 or more hours per week, but less than 30 hours, are eligible for **employee coverage only**.
- Courtesy clerks, Fuel clerks, and high school students working 30 or more hours per week are eligible for coverage for themselves and their dependent children.



Retirees: Changes to Gender Reassignment Coverage and Newborn Coverage

The following Summary of Material Modifications applies to participants in the UFCW Unions & Participating Employers Retiree Health and Welfare Plan.

Effective January 1, 2017, the Plan's exclusion of trans-sexual operations or any care or services associated with such operations is eliminated from the Plan.

Also effective January 1, 2017, the Plan's dependent eligibility rules are revised to provide that a baby born to a retiree, or a newborn adopted or placed for adoption with a retiree, who is not otherwise entitled to dependent coverage will be eligible for medical benefits from the date of birth through the end of the month following the month of birth.

2017 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 been increased to cover the 2017 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2017

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2017 is \$1,316 for each benefit period.

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

- A total of \$1,316 for a hospital stay of 1-60 days.
- \$329 per day for days 61-90 of a hospital stay.
- \$658 per day for lifetime reserve days.

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

- \$164.50 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 2017 is \$183.

Open Enrollment Is March 15 – May 16 For Choosing Your Medical Coverage

The following article applies to actively-working participants in Plans JS, JSS2, Y, Y20 and Y30 only.

If you live in the Kaiser service area, open enrollment for medical coverage for the coming year is from March 15 through May 16, for coverage effective June 1, 2017. During this time, you can choose traditional Fund medical coverage or medical coverage through Kaiser Permanente HMO. This open enrollment period is for medical coverage only. It does not affect your optical, dental, or prescription drug coverage.

You will automatically remain in the coverage you have now unless you actively make a change. If you want to stay with your current coverage, whether it is traditional Fund coverage or Kaiser Permanente, don't do anything!

How Open Enrollment Works

If you live within the Kaiser service area, the Fund Office will send you a letter describing your medical coverage options, along with a packet from Kaiser Permanente which includes a Kaiser Summary of Benefits, HMO Health Plan Guide, and enrollment application. If you don't live within the Kaiser service area, you will not receive this information and you will automatically be enrolled in "traditional" Fund medical coverage.

Cost

It is important that you read your open enrollment letter carefully so you'll know if there is a monthly co-payment required for your Plan or, if you already have a co-payment, whether it will be changing.

What's the difference between "traditional" Fund medical coverage and Kaiser Permanente HMO medical coverage?

Under the Kaiser HMO, you must use a participating provider or facility in order to be covered. There are usually "per visit" co-payments, which you pay to the provider at the time of service. These vary depending on the service.

Under Fund traditional coverage, generally you may use any doctor or hospital you wish, although you receive the best discounts if you use a CareFirst PPO provider. However, **Plans Y, Y20 and Y30 participants generally must use a CareFirst provider in order to receive coverage.** Most covered medical services are paid at 80% (75% for Plan Y20 and 70% for Plan Y30) up to the usual, customary, and reasonable (UCR) amount, after you satisfy your annual deductible. Other services may be covered at different percentages – see your Summary Plan Description for details.

Continued from page 3

Your open enrollment letter will show the monthly cost for all of the Fund's traditional coverage benefit Plans. However, only one of those Plans applies to you. If you're not sure which Plan you're in, contact the Fund Office. Remember, you cannot choose which traditional coverage Plan applies to you.

I Want To Switch to Kaiser. What Do I Do?

If you decide to switch from traditional Fund coverage to the Kaiser Permanente HMO, complete the enrollment application and **return it to the Fund Office – not to Kaiser!** This is very important because we cannot set up your coverage properly if you don't return the application to us first.

Important: If you enroll in Kaiser and don't make the monthly co-payment, your medical coverage will be terminated and you will not be eligible to re-enroll until the next open enrollment period.

What if I want to switch to traditional Fund medical coverage?

If you are in Kaiser and want to switch to "traditional" Fund medical coverage, call Participant Services at (800) 638-2972 during open enrollment and tell the representative. **You must make this call by May 16th in order to make the change.**

What if I don't get an open enrollment letter?

The Fund Office sends open enrollment letters to all eligible participants who live within the zip code areas that Kaiser Permanente services. Therefore, if you don't receive a letter, it is likely you don't live within the Kaiser Permanente service area and cannot enroll in the HMO.

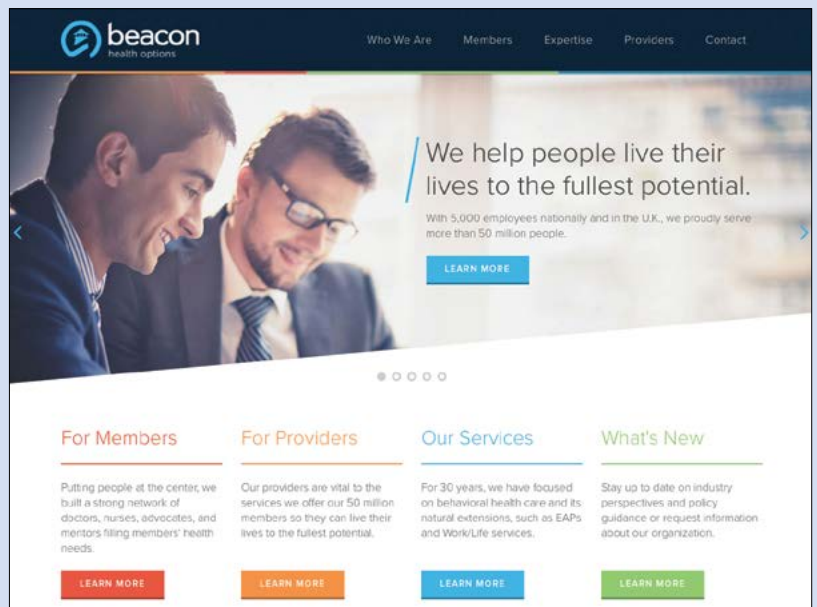
If you did not receive a letter but you think you should have, contact the Fund Office at (800) 638-2972 and we will check on whether Kaiser covers your area.

Beacon Health Options Has New Website

On February 17, 2017, Beacon Health Options transitioned content from their ValueOptions website to www.beaconhealthoptions.com. The new site is cleaner and brighter and the site is easier to navigate.

Benefits and Resources

- Login to access your benefits information, health tools and other resources.
- Get quick access to your information like Demographics, Benefits, Claims, Authorizations, Correspondence and Out of Pocket Expenses, and access the Send Inquiry and Message Center, by clicking the Self-Service Portal link to view information you need to review and make decisions about your coverage.
- **Find a Provider**—Search Beacon's network of programs and 50,000+ providers.
- **Explore Health Information**—Visit Beacon's Achieve Solutions site at www.achievesolutions/UFCW for valuable information and tools on hundreds of helpful topics.
- **Get Coaching & Support**—Get answers to personal or work challenges with these online resources.
- **Visit Your Medicaid Site**—Learn more about your state's Medicaid mental health services.
- **Manage Your Reminders**—Enter reminders to help you keep track of your appointments and medications.





Summary of Material Modifications

Below are Material Modifications (changes) made to your Plan over the past year. Please read and clip them where indicated so you can keep them with your Summary Plan Description (SPD) booklet and your other benefit information.

UFCW Unions & Participating Employers Active Health and Welfare Plan

• Ascend Specialty Pharmacy Is Replaced by BrioVaRx

Optum Rx now uses BrioVaRx as its new specialty pharmacy, replacing the former Ascend specialty pharmacy. There will be no change to your benefits. A staff of clinical experts can guide patients through their prescribed treatments to ensure safe, effective and timely administration. BrioVa offers education on all medications including injection teaching and proactive refill reminders for fast, free home delivery. The address and coverage remain the same. BrioVa's telephone number is 855-4BRIOVA (toll free 855-427-4682).

List of Specialty Drugs

When you log onto www.briovarx.com, you can view the list of specialty drugs covered under the Plan.

• 2017 Eligibility for Plans RNK1, RNK2, or RNK3

- If you were hired on or **before** September 1, 2013, were paid for an average of at least 25 hours per week during the most recent measurement period and are currently enrolled in RNK1, you will be eligible to choose RNK1, RNK2, or RNK3 during the next open enrollment.
- If you were hired on or **before** September 1, 2013, were paid for an average of at least 25 hours per week during the most recent measurement period and are not in RNK1 currently, you will be eligible to choose RNK2 or RNK3 during the next open enrollment. Once you have been enrolled in RNK2 for five years, you are eligible to choose RNK1.
- If you were hired **after** September 1, 2013 and were paid for an average of at least 25 hours per week, you are eligible for RNK3. Once you have been enrolled in RNK3 for five years, you are eligible for RNK2. You will be eligible to enroll in RNK1 after you have been enrolled in RNK2 for five years only if you were entitled to be paid for an average of at least 38 hours per week during the most recent measurement period.
- Notwithstanding the above, if you are a Courtesy clerk, Fuel clerk, or high school student and you were paid for an average of 30 or more hours per week

during the most recent measurement period, you will be eligible to enroll in RNK3 during the next open enrollment.

Whom May I Enroll Under My Coverage?

- Full-Time participants (those working an average of at least 38 hours/week) are eligible for coverage for themselves, their spouses, and their dependent children.
- Participants working between 30-37 hours per week are eligible for coverage for themselves and their dependent children.
- Participants working 25 or more hours per week, but less than 30 hours, are eligible for **employee coverage only**.
- Courtesy clerks, Fuel clerks, and high school students working 30 or more hours per week are eligible for coverage for themselves and their dependent children.

UFCW Unions & Participating Employers Retiree Health and Welfare Plan

• Effective January 1, 2017 – Retirees: Non-Discrimination Regulations Approved for Gender Reassignment and Newborn Coverage

Effective January 1, 2017, the Plan's exclusion of transsexual operations or any care or services associated with such operations is eliminated from the Plan.

Also effective January 1, 2017, the Plan's dependent eligibility rules are revised to provide that a baby born to a retiree, or a newborn adopted or placed for adoption with a retiree, who is not otherwise entitled to dependent coverage will be eligible for medical benefits from the date of birth through the end of the month following the month of birth.

• Effective January 1, 2016 – Retiree Coverage Change For Former Shoppers Employees

If: (a) you retire before age 65 and you were, or would have been, eligible for retiree coverage under the UFCW Unions and Participating Employers Health and Welfare Plan or the SuperValu Retiree Benefit Plan (collectively, the Health Plans) based on the applicable Health Plan's eligibility rules in effect as of December 31, 2015; and (b) the collective bargaining agreement applicable to you provides for the following benefit, then you will receive, effective as of the later of January 1,

2016 or the date you lose eligibility for Health Plan coverage, a Social Security Supplemental Benefit of \$450 per month from the UFCW Unions and Participating Employers Pension Fund. You will continue to receive this benefit until the first of the month immediately before, or on the date of, your 65th birthday, provided your former Employer continues to make the contributions required under its Collective Bargaining Agreement to fund this benefit.

If you are married when you die and you were receiving the above-described Supplemental Benefits, your Spouse will receive a monthly death benefit payment of \$300, effective as of the later of January 1, 2016 or the first month after your death, continuing until the first of the month immediately before, or on the date, you would have reached age 65, provided your former Employer continues to make the contributions

required under its Collective Bargaining Agreement to fund this benefit.

UFCW Unions & Participating Employers Pension Fund

No changes.

UFCW Unions & Contributing Employers Legal Benefits Fund

- **Effective July 1, 2016 – Legal Services Are Provided By Akman & Associates, P.C. for All Eligible Participants**

The Board of Trustees has changed the legal fund provider to Akman and Associates, P.C. for participants who are members of Local 400, **effective July 1, 2016**. Akman has served the participants who are members of Local 27 for decades, so the firm is very familiar with the Fund's benefits. Below are the new office locations and contact numbers. Effective July 1, 2016, all references to Ades

and Associates are hereby removed from the Summary Plan Description.

New Offices and Locations

Landover, Maryland:

8400 Corporate Drive
Suite 230
Landover, MD 20785
Phone Number: 301-241-2300
Fax: 240-714-3600

Alexandria, Virginia:

2560 Huntington Avenue
Suite 202
Alexandria, VA 22303
Phone Number: 703-347-7180
Fax: 703-347-7104

Washington, DC:

20 F Street, NW
7th Floor
Washington, DC 20001
Phone Number: 202-507-6256
Fax: 202-507-6101





Diabetes: How Do I Know if I Have It?

The federal Centers for Disease Control and Prevention (CDC) says about 29 million people in the United States have diabetes. Yet only about 21 million of these cases have been diagnosed. In other words, 8 million people in the U.S. are thought to have diabetes but don't know it. There's a good reason for this. Diabetes does not always announce itself with a bang. Its signs can seem harmless, if you notice them at all. Prediabetes, in which blood sugar is abnormally high but not yet in the diabetic zone, is even subtler. It often has no symptoms at all.

Type 1: Clear signs and high impact – Different types of diabetes tend to make their presence known in different ways. Type 1, in which the body's immune system wipes out the ability to make insulin, can hit you like a ton of bricks. "With type 1 it's very dramatic," says Certified Diabetes Educator Ann Williams. "You get really, really sick." Type 1 most often appears in childhood or early adulthood. It is life-threatening and has to be treated with insulin. The American Diabetes Association lists these as its symptoms:

- Frequent urination
- Unusual thirst
- Great hunger
- Unusual weight loss
- Extreme fatigue and irritability

Type 2: Sometimes stealthy – In type 2 diabetes, cells cannot absorb glucose properly. This is either because there is too little insulin or the cells are no longer sensitive to it. Type 2 can set in before you see any clear signs of it. When symptoms do happen, they can be like those of type 1 diabetes listed above. The Diabetes Association lists other symptoms that may come about with type 2:

- Frequent infections
- Blurred vision
- Cuts or bruises that are slow to heal
- Tingling or numbness in the hands or feet
- Recurring skin, gum or bladder infections

Prediabetes: Time to take action – Type 2 diabetes does not come out of the blue. It can follow a long period of high blood sugar that falls short of full-fledged diabetes.

The CDC estimates that 86 million adults in the U.S.—about one in three—are in this stage. Often the only way to know for sure is with a blood test. But darkened areas of the skin may be a warning sign. Look for these on the neck, elbows, knees, knuckles and in the armpits. Williams says people who have prediabetes also may feel symptoms such as thirst and fatigue after a big dinner.

You should also be on the lookout if parents, brothers or sisters and other relatives have type 2. Having an immediate family member with the disease raises your chances of getting it.

Other factors that make pre- and type 2 diabetes more likely include obesity, lack of activity, advancing age and high blood pressure. Women who had gestational diabetes are at higher risk for type 2. Your race also can affect your odds. All other things being the same, Americans of European origin have lower risks than Asian Americans, Pacific Islanders, Hispanics, African-Americans and American Indians.

What blood tests tell you – If you suspect you have diabetes, your health provider can find out for sure with the help of blood tests. One of these is the oral glucose tolerance test (OGTT). It involves drinking a certain amount of glucose (after an eight-hour fast), followed by a series of blood samples. These show how well your cells are absorbing the sugar from your blood.

The fasting plasma glucose (FPG) test measures glucose in a blood sample from a person who has not eaten for at least eight hours. If the readings from either this or the OGTT show high glucose, the test will be given on another day to help nail down the diagnosis.

Another test, the A1C, is most often used to check how well someone with diabetes is controlling blood sugar. But it can also be used to diagnose the disease. It shows your average glucose level of the past several months by measuring how much of your hemoglobin—the protein in the blood that carries oxygen—is coated with sugar.

For more on tests and other steps in diagnosing diabetes, go to the website of the National Diabetes Information Clearinghouse at <http://diabetes.niddk.nih.gov/dm/pubs/diagnosis/>

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

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UFCW Unions and Participating Employers
Health and Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451