

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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

Material Modifications



## 2019 Cost to Add Dependent Children for Plans Y20 and Y30 Part-Time Participants

Effective March 1, 2019, the cost for dependent coverage for children of part-time participants in Plans Y20 and Y30 has changed.

The 2019 amount will automatically be deducted from your paycheck beginning in March **unless you contact the Fund Office** within 30 days of the date you first receive notice of the new rates to advise that you want to drop the coverage. If you don't contact the Fund Office, you will remain enrolled for Dependent Child coverage at the same level you have currently, and the new rate will apply to you starting in March.

Plan	Per Child Rate	3 or More Children Rate
Plan Y20 Part Time	\$147.85 per month	\$443.55 per month
Plan Y30 Part Time	\$145.21 per month	\$435.63 per month

Material Modifications

## Change in Open Enrollment for Part-Time Plan Y Participants

The following Summary of Material Modifications (“SMM”) applies to participants under Plan Y of the UFCW Unions and Participating Employers Health and Welfare Fund whose medical coverage is provided through the Fund.

Effective December 4, 2018, the Board of Trustees of the UFCW Unions and Participating Employers Health and Welfare Fund has adopted the following change to the Fund’s Summary Plan Description (“SPD”) for Plan Y. Please keep this document with your SPD.

Starting in 2019, part-time Plan Y participants will have a single open enrollment period in November of each year, during which participants may enroll in or drop coverage under the Plan and add or drop dependents, if they are eligible for dependent coverage. Coverage will be effective each January. Previously, open enrollment was each January, for coverage effective March 1.

### 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.

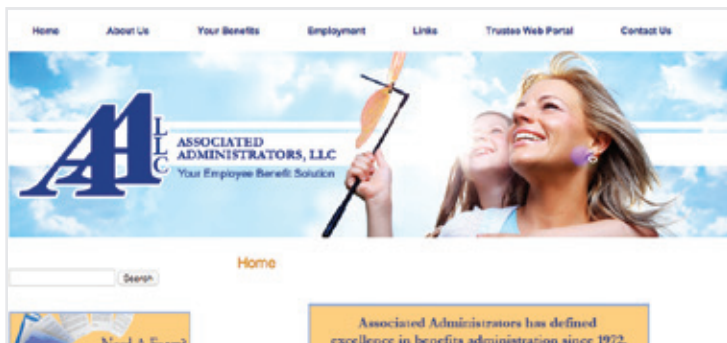
# Benefits Can Be Viewed Online at MemberXG

*The following applies to participants in the UFCW Unions and Participating Employers Health and Welfare Fund.*

MemberXG allows you to view your benefit claim information online and through your mobile device. It provides personal benefit information to you via the Internet in a safe, secure and HIPAA compliant environment.

## MemberXG Offers the Following:

- Secure internet access to benefit information with assured privacy.
- Mobile-ready access allows you to view your benefit information 24 hours a day.
- Benefit access which allows you to track your claims and view the following:
  - Accident and Sickness Claims – displays claims submitted to the Plan on your behalf.
  - Eligibility – your past and present eligibility.



- Summary Explanation of Benefit (EOB) information concerning claims processed by the Fund.
- Dashboard – a landing page containing quick navigation to other benefit information.
- Demographics – a demographic page displaying your address, phone number, and other information.

## How Does It Work?

- Log in to [www.associated-admin.com](http://www.associated-admin.com), select *Your Benefits*, located at the left side of the page, and select *UFCW Union and PE Health & Welfare Fund*. Click on MemberXG which will take you to the Member XG site.
- Select *Create Account*, located at the upper right corner. You will be asked to create a username and password.
- If you had a password for NETime, the online access service previously offered by the *Fund*, it will **not** apply to this site. You will need to create a new username and password for MemberXG.

If you have any questions about a claim that you see on MemberXG, please call the Participant Services Department at (800) 638-2972.

**Note: The information provided on the MemberXG website is not a guarantee of coverage. It is possible that the information shown is inaccurate or is not fully up to date.**

# Medicare Supplement Increased to Cover 2019 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 2019 Medicare co-payment and deductible amounts.

## New Co-Pays and Deductibles for 2019

**Medicare Part A** pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2019 is \$1,364 for each benefit period.

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

- A total of \$1,364 for a hospital stay of 1-60 days.
- \$341 per day for days 61-90 of a hospital stay.

- \$682 per day for lifetime reserve days.

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

- \$170.50 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 2019 is \$185, and the Fund's Medicare Supplemental benefit will cover this amount.

# Open Enrollment Is March 15 – May 17 For Choosing Medical Coverage through the Fund or HMO

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

If you live in the Kaiser service area, open enrollment for deciding whether to elect traditional Fund medical coverage or coverage through the Kaiser HMO for the coming year is from March 15 through May 17, for coverage effective June 1, 2019. This open enrollment period is for choosing how to receive your 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 coverage 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, ***Plan Y, Y20 and Y30 participants 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 Plan booklet for details.



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. Your Plan is determined by your collective bargaining agreement (CBA).

## 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 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 17th 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 covers. 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 didn't 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.



## IRS Form 1095-B Sent

In February 2019, the Fund sent an IRS Form 1095-B to all participants with traditional Fund medical coverage (and Kaiser sent a Form 1095-B to participants covered by the Kaiser HMO). If you are a retiree, you may have received a Form 1095-B directly from Medicare, rather than from Kaiser or the Fund.

This form details your medical coverage for each month in 2018 and also lists each covered dependent in your household, if applicable. You will need to refer to this form when you file your 2018 taxes.

You also should have received a Form 1095-C from your employer, which shows the medical coverage you had through your employer in 2018.

If you have questions regarding the Form 1095-B, please contact the Fund Office.

## Fund Office Can Provide a Translator When Needed

The Fund Office subscribes to a service to help us speak with people for whom English is not their primary language. Language Line Services provide us with the ability to have three-way telephone conversations that include the participant, a Participant Services representative from the Fund Office, and a language translator.

Language Line Services allows the Fund Office to speak with people in a number of languages, including Spanish, French, Mandarin, Vietnamese, Burmese and more.

To reach the Language Line Services, call (800) 638-2972 and when the pre-recorded message comes on, select option 2 (to speak to a Participant Services representative).

If you know of participants or dependents who have not called the Fund Office because they don't feel they speak English well enough, tell them we're ready to help. All we need to know is what language to speak.



The Associated website, [www.associated-admin.com](http://www.associated-admin.com), also can translate a variety of languages using the "Translate" tool located at the bottom, left side of the home page.

## La Oficina de Fondos Puede Prover un Traductor Cuando Sea Necesario

La Oficina del Fondo se suscribe a un servicio para ayudarnos a hablar con personas cuyo idioma principal no es el inglés. Language Line Services en inglés nos provee la capacidad de tener conversaciones telefónicas tripartitas que incluyen al participante, un representante de servicios al participante de la Oficina del Fondo, y un intérprete.

Language Line Services permite que la Oficina del Fondo hable con más gente en varios idiomas, que incluye español, francés, mandarín, vietnamita, birmano y más.

Para comunicarse con Language Line Services, llame al (800) 638-2972 y cuando escuche el mensaje pre-grabado, seleccione la opción 2 (para hablar con un representante de servicios al participante).

Si usted sabe de participantes o dependientes que no han llamado la Oficina del Fondo porque sienten que no hablan Inglés lo suficientemente bien, infórmeles que estamos listos para ayudar. Todo lo que necesitamos saber es qué idioma hablar.

El sitio web Asociado, [www.associated-admin.com](http://www.associated-admin.com), también puede traducir una variedad de idiomas usando la herramienta "Traducir" que se encuentra en la parte inferior izquierda de la página de inicio.

# Summary of Material Modifications

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.



## UFCW Unions & Participating Employers Active Health and Welfare Plan Retiree Health and Welfare Plan

### • Effective April 1, 2018 – Disability Benefit Claims and Appeals

The Board of Trustees of the UFCW Unions and Participating Employers Health & Welfare Fund (“Fund”) has adopted the following changes to the UFCW Unions and Participating Employers Active Health and Welfare Plan (“Active Plan”) and UFCW Unions and Participating Employers Retiree Health and Welfare Plan (“Retiree Plan”) effective April 1, 2018. These changes provide you with more information on how the Fund reviews certain disability benefit claims and appeals.

1. **Effective for claims for disability benefits filed on or after April 1, 2018, the following language is added after the “If Your Weekly Disability Claim is Denied” Subsection of the Section entitled “Claims Filing and Review Procedure” in your SPD:**

#### **Initial Disability Claim Denial Involving Discretionary Determination of Disability by the Fund**

In the case of a denial of your claim for disability benefits that is based on a determination by the *Fund* (and not by a third party acting independent of the *Fund* such as the Social Security Administration (“SSA”)) that you are not disabled under the Plan rules, the written notice of the denial also will include the following:

1. A discussion of the decision, including, if applicable, an explanation of the Fund’s basis for disagreeing with or not following:
    - a. The views you presented to the Fund of health care professionals treating you and vocational professionals who evaluated you (if any);
    - b. The views of any medical or vocational experts whose advice was obtained on behalf of the Fund in connection with the denial of your claim, even if the advice was not relied upon in making the determination; and
    - c. A disability determination made by the SSA, if you provided it to the Fund.
  2. A copy of the specific internal rules, guidelines, protocols, standards, or other similar criteria of the Plan relied upon in making the adverse benefit determination or, alternatively, a statement that such rules, guidelines, protocols, standards, or other similar criteria of the Plan do not exist; and
  3. A statement that you are entitled to receive, upon request, and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.
2. **Effective for claims for disability benefits filed on or after April 1, 2018, the following language is added after the “Appeals Procedures – Weekly Disability Claims” Subsection of the Section entitled “Claims Filing and Review Procedure” in the SPD:**

#### **Disability Decision on Appeal Involving Discretionary Determination of Disability by the Fund**

In the case of a denial of your appeal involving a claim for a disability benefit that is based on a determination by the *Fund* (and not by a third party acting independent of the *Fund* such as the SSA) that you are not disabled under the Plan rules, the written notice of denial also will include all of the information in the “Initial Disability Claim Denial Involving Discretionary Determination of Disability by the *Fund*” section above, as well as the calendar date on which the contractual limitations period expires for the claim.

3. **Effective April 1, 2018, the following is added at the end of: (a) the first paragraph of the “Denial**

**of a Claim” Subsection of the Section entitled “Claims Filing and Review Procedure;” and (b) the second paragraph of the “If Your Weekly Disability Claim is Denied” Subsection of the Section entitled “Claims Filing and Review Procedure”:**

The written notice of denial also will include a description of any contractual limitations period that applies to your right to bring an action under ERISA if your appeal is denied.

**UFCW Unions & Participating Employers Active Health and Welfare Plan**

**• Effective March 1, 2019 - 2019 Cost to Add Dependent Children for Plans Y20 and Y30 Part-Time Participants**

The cost for dependent coverage for children of part-time participants in Plans Y20 and Y30 has changed.

Plan	Per Child Rate	3 or More Children Rate
Plan Y20 Part Time	\$147.85 per month	\$443.55 per month
Plan Y30 Part Time	\$145.21 per month	\$435.63 per month

The 2019 amount will automatically be deducted from your paycheck beginning in March **unless you contact**

**the Fund Office** within 30 days of the date you first receive notice of the new rates to advise that you want to drop the coverage. If you don't contact the Fund Office, you will remain enrolled for Dependent Child coverage at the same level you have currently, and the new rate will apply to you starting in March.

**• Effective December 4, 2018 – Change in Open Enrollment for Part-Time Plan Y Participants**

The Board of Trustees of the UFCW Unions and Participating Employers Health and Welfare Fund has adopted the following change to the Fund's Summary Plan Description for Plan Y:

**Starting 2019**, part-time Plan Y participants will have a single annual open enrollment period in November, during which participants may enroll in or drop coverage under the Plan and add or drop dependents, if they are eligible for dependent coverage. Coverage will be effective each January. Previously, open enrollment for this group was January, for coverage effective March 1.

**UFCW Unions & Participating Employers Pension Fund**

No changes.

**UFCW Unions & Contributing Employers Legal Benefits Fund**

No changes.



**Retiree Information Forms Will Be Mailed Soon. Complete and Return This Form!**

The Fund Office will send all retirees a Retiree Information Form (“RIF”) within the next few months to be completed and returned to the Fund Office. The form asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed.

**This form must be completed and returned every year, even if nothing has changed.** It is very important that the retiree complete all sections of this form and promptly send it back to the Fund Office. If we don't receive your RIF, your benefits may be suspended until it is received. To assist you, the Fund Office will include a postage-paid return envelope with the first mailing.

**Helpful Reminders**

- Please don't attach checks or claims to the RIF.
- Report any earnings from all employers.
- Let us know if you or your spouse has other health coverage.
- Be sure to sign the RIF.

**No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree. A copy of any such Power of Attorney must be on file with the Fund Office. If, for health reasons, the Retiree is unable to sign the form and there is no Power of Attorney on file, then the Retiree must sign an “X” on the RIF and have it notarized by a Notary Public.**



## HEALTH CORNER

### What Makes Love Last?

The following article was obtained from Beacon Health Options, Inc., Achieve Solutions site.

Compatibility, mutual respect, and fighting fairly each play an important role in a loving and fulfilling partnership.

#### Compatibility

A long-lasting partnership begins with a solid foundation. You and your partner should be compatible in the following ways:

- You like the same things.
- You have the same priorities.
- You share the same values.

#### Mutual Respect

Respect means accepting and appreciating each other as unique individuals. When there's respect in a relationship:

- You and your partner see each other as equals.
- You can disagree without feeling threatened because you know that won't change the love you and your partner share.
- You feel free to be yourself because you know your partner loves you for who you are. Neither you nor your partner try to change yourself into what you think the other wants.

- You trust one another and give one another time and space apart, when needed.

#### Fighting Fairly

No couple agrees on everything all the time. But couples in healthy relationships know how the other thinks and feels, which helps them to get through disagreements. In a strong relationship, couples work through their differences by:

- Talking through the issue in a way that respects the other's feelings and opinions. You don't try to prove the other wrong or make each other feel bad. Rather, you work together to solve the problem.
- Letting go of a disagreement. Sometimes, it's best to agree to disagree. Let go of the smaller things.
- Finding a compromise that leaves you both feeling good about the outcome.
- Communicating openly about your feelings and keeping each other up-to-date on what's going on in your lives can prevent disagreements and misunderstandings from happening in the first place.

*The information provided in this article and on the Achieve Solutions site, including, but not limited to, articles, and assessments are for general information purposes only and should not be treated as medical, health care, psychiatric, psychological, or behavioral health care advice. If you have concerns about your health, please contact your health care provider.*

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