

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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Shoppers (Local 400) Employees: Apply Now for the 2018 Annual Scholarship Award

The following article applies to eligible participants who are employed by Shoppers Food Warehouse and are members of Local 400, and their dependents. Employees/Dependents of Shoppers locations which were formerly Metro stores are not eligible for the scholarship benefit.

The Health & Welfare Fund is awarding scholarships to a select number of participants and/or their dependents. If you work for Shoppers and are a member of Local 400, and you or your dependent would like to apply for a scholarship, please complete the preliminary application on page two 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. Click on "Your Benefits," located at the left side of the page, and select "UFCW & FELRA Scholarship Fund." Under "Downloads," you can print the "2018 Preliminary Scholarship Application." Late applications will not be accepted.

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Notice of Creditable Coverage
Cut and keep. See page 4.

Availability of Pension Statement
See page 7.

The Summary Plan Description (SPD), Summary of Benefits and Coverage (SBC) and Summary of Material Modifications (SMM) are available on our website, www.associated-admin.com.

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Stay in Touch with the Fund Office

When you move, remember to let the Fund Office know your new address. Also let us know if you have a new telephone number. The Fund Office sends out important information about your benefits, coverage change notices, Plan booklets and even this **For Your Benefit** newsletter. To update your mailing address and telephone number, call the Fund Office at (410) 683-6500 or (800) 638-2972.

Retirees: For your protection, we need your change of address in writing. You can print a Change of Address form by logging on to www.associated-admin.com and click on the words "Your Benefits." Select UFCW and PE Pension Fund. Under downloads, you can print the form. Send the completed form to: Fund Office, 911 Ridgebrook Road, Sparks, MD 21152-9451.

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.

**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
VEBA Fund*

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

2018 Annual Scholarship Preliminary Application

Attention: Employees of Shoppers Food Warehouse (Local 400 Members Only)

If you work for Shoppers Food Warehouse and are a member of Local 400, 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 completes at **least one uninterrupted Year of Service, is actively employed by Shoppers Food Warehouse and is a member of Local 400.** 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.

Cut, 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

Key points to remember:

- **Only those currently employed by Shoppers Food Warehouse who are members of Local 400, and their dependents, are eligible. The participant must still be employed by Shoppers Food Warehouse and be a member of Local 400 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 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.

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

Participants: Shoppers Pharmacies Offer Free Flu Shot with Rx Card

The following article applies to participants in Plans Y,Y20,Y30, and JSS2. It does not apply to Kroger participants as they have their own pharmacy benefit provided outside of the Fund's benefit plan.

With flu season just around the corner, it may be a good time to get your flu shot. All actives and retirees in Plans Y,Y20,Y30 and JSS2 with Fund coverage can receive the flu shot at any participating Shoppers pharmacy, at no cost to you, using your OptumRx Prescription ID card.

If you prefer to get your flu shot from your doctor or don't live near a Shoppers pharmacy, the shot is covered under your medical benefits if the office visit is only to administer the flu shot. If the office visit is for any other medical reason, besides getting the flu shot, the office visit will be covered under your major medical benefit. For those with Fund medical coverage, the injection itself is covered at

100% up to the Usual, Customary and Reasonable fee, and the office visit charge (if there is one) is covered under your Major Medical or Comprehensive benefit at the applicable co-payment after satisfying the annual deductible. Submit your paid receipt to the Fund Office and you will be reimbursed.

For participants in the Kaiser Permanente HMO (actives and retirees), the flu shot is covered in full with no co-pay if you use a Kaiser physician. However, actively working participants in Kaiser who use OptumRx for their prescription benefit may also get a flu shot at a Shoppers pharmacy using their prescription ID card.

Legal Benefits Are Available

The following article applies to Shoppers participants in Plans Y,Y20,Y30,Y40, and JSS2.

Your employer contributes to the Fund for legal benefits for eligible participants and dependents. The legal benefits for those hired on or after January 1, 2014 are different than benefits for those hired before that date. Refer to the UFCW Unions & Contributing Employers Legal Benefits Fund Summary Plan Description ("SPD") booklet for the complete schedule of benefits. This SPD is posted on our website at www.associated-admin.com.

- Real Estate Settlements
- Contested or Uncontested Divorce or Annulment
- Child Neglect Representation
- Misdemeanor or Felony Representation
- Bankruptcy
- Consumer Rights/Problems with Credit Ratings
- Driving While Intoxicated

Whom do you call for legal assistance?

Akman and Associates, P.C. is the legal fund provider. There are locations in Lutherville, MD (410) 337-9400, Landover, MD (301) 241-2300, Salisbury, MD (410-749-6118, Alexandria, VA (703) 347-7180, and Washington, D.C. (202) 507-6256.

Below are some of the legal benefits available:

- Preparation of Simple Wills
- Preparation of Power of Attorney
- Landlord Tenant Disputes

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 Optum Rx. 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, 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 Medicare-eligible participants, retirees, and dependent spouses. This notice does not apply to Kroger Retirees or Actives.

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 UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health 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 UFCW Unions and Participating Employers Health and Welfare 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 UFCW Unions and Participating Employers Active and Retiree Fund will be terminated.

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You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you enroll in a Medicare drug plan and drop your Fund prescription drug coverage, be aware that you and your dependents may not be able to get the same Fund 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 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 19 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. **Be careful!**



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 UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health 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
- 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, 2017

**Name of Entity/
Sender:** Fund Office
UFCW Unions and Participating
Employers Health and Welfare Fund
(Active and Retiree Health Plans)
911 Ridgebrook Road
Sparks, MD 21152-9451

Phone Number: (800) 638-2972 or (410) 683-6500



Continuation Forms for Weekly Disability Automatically Generated Every Four Weeks

If you are receiving Weekly Disability benefits, a Notice of Continuation or Termination of Disability for Group Accident and Sickness Benefits Form ("Continuation Form") is automatically sent to you after you've been out four weeks. The purpose of the Continuation Form is to: (a) have your physician certify that your illness or disability continues and that you should continue to receive Weekly Disability benefits; (b) update your expected date of return; and (c) verify that you have been seen regularly by a doctor and have been receiving treatments.

On Our Website

For your convenience, we have the Notice of Continuation or Termination of Disability for Group Accident and Sickness Benefits Form on our website. Go to www.associated-admin.com and click on "Your Benefits" on the left column. Choose UFCW and PE Health and Welfare Fund and under "Downloads and Forms," you can print the form.

Be sure to send the Fund Office an original of the completed sections, not a fax or a copy. This is important.

Request for Additional Information

If we ask for more information, the response is due within

two weeks from the date on the request. Likewise, if you have a correction to make to a form, that is also due within two weeks from the date the original form was submitted.

You can always call the Fund Office and speak to a Weekly Disability representative if you have questions about the form or how to complete it. Call (800) 638-2972 and select the Weekly Disability Department.

Eligibility Ends for Your Spouse upon Divorce or Legal Separation

Your spouse will not be eligible to receive coverage under the Health and Welfare Fund if you become divorced or legally separated. If you and your spouse are physically separated, but not legally separated, your spouse may remain a dependent until the earlier of (a) three years from the date of physical separation, or (b) the date of divorce or legal separation. Please notify the Fund Office immediately if your spouse is covered under the Plan and you have become divorced, legally separated or physically separated from your spouse. If you do not notify the Fund and the Fund continues to pay benefits to your spouse after the date of divorce or legal separation, or after three years of physical separation, you and your spouse/former spouse will be responsible for paying such amounts back to the Fund.

Availability of Pension Statement

The following article applies to actively working participants only.

You have the right to request a pension 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 and click on "Your Benefits" located at the left side of the page. Select "UFCW and PE Pension Fund" and under the word "Downloads," you can 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 work history in our records with your employer(s). There is no charge for a Benefit Statement.

Please Be Sure Your Beneficiary Designation Is Current

Under the UFCW Unions & Participating Employers Pension Plan, 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 that your death benefit will be paid to the person you want to receive it, 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 to left) and printing the "Change in Beneficiary" form. You can also call the Fund Office at 1-800-638-2972.



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.