

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

September 2016 Vol. 32, No. 3

www.associated-admin.com



**Notice of Creditable Coverage
Cut and keep. See page 2.**

**Availability of Pension Statement
See page 6.**



Log Onto the Fund Office’s Website for Helpful Information and Forms

You have the convenience of printing forms, reviewing your benefits, and reading current and former **For Your Benefit** newsletters by logging onto www.associated-admin.com (the Fund Office’s website).

You Can Find Forms For:

- Application for Pension
- Change of Address (Pension)
- Change in Beneficiary
- Coordination of Benefits (“COB”)
- Electronic Funds Transfer (“EFT”)
- Scholarship Preliminary Application
- Pension Tax Withholding Forms (Federal and State)
- Weekly Accident & Sickness (Disability) Claim Form

Downloading and Printing Forms Is Easy

You can download and print forms at your convenience from your home computer by following these steps:

1. Open the Internet and type www.associated-admin.com.
2. A webpage will open and you will see the name Associated Administrators, LLC, which is the Fund Office.
3. Click on the words “Your Benefits” which appears at the left side of the page.
4. Click on UFCW Unions and Participating Employers Health and Welfare Fund, Pension Fund, Legal Fund or Scholarship Fund to view the list of forms available to print.

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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.



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 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 UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health 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 decide to join a Medicare drug plan and drop your UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) 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 UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health 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 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.

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 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, 2016

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



Dental Benefits for Dependents

The following information applies to participants in Plans Y, Y20, Y30, JSS2, RNK 1, RNK2 and RNK3.

Coverage for Dependents in Plans Y, Y20, Y30, RNK 1, RNK2, and RNK3.

Generally, your biological children, adopted children, children placed with you for adoption, children over whom you have legal custody and your stepchildren are eligible for dental benefits until the end of the calendar year in which they turned age 19. Children under age four are not eligible for dental benefits.

Coverage for Dependents in Plan JSS2

Generally, your biological children, adopted children and children placed with you for adoption are eligible for dental coverage as your dependents if they are under age 26. Generally, stepchildren and children over whom you have legal custody are eligible for dental coverage until the end of the calendar year in which they turn age 19. However, if your dependent child is a full-time student at an accredited college or university, dental coverage may be continued until the end of the calendar year in which he/she turns age 23. Children of retirees, and all children under age four, are not eligible for dental benefits.

Legal Custody

If you have had court-awarded legal custody of a child for at least six months, you may enroll that child as your dependent. You must submit a copy of the court-entered custody order along with the applicable enrollment form. Further, you must submit a notarized letter to the Fund Office every six months, confirming the continuation of custody.

Stepchildren

To be eligible for coverage as your dependent, a stepchild must reside with the eligible participant.

Proof of Dependent Status

The Plan requires you to submit evidence of your dependent(s)' eligibility status – for your children: a birth certificate, adoption papers, or other proof of adoption or placement for adoption acceptable to the Trustees, and for your spouse: a marriage license. In the case of a stepchild, a copy of the divorce decree indicating custody is required as evidence.

SHOPPERS (Local 400) Employees: Apply Now for the 2017 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 (and their 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. Please complete the preliminary application to the right and mail it to the Fund Office postmarked by **December 31, 2016**. 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 "2017 Preliminary Scholarship Application." Late applications will not be accepted.

- 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 2017.

Key points to remember:

- **Only those currently employed by Shoppers Food Warehouse (Local 400) and their dependents are eligible. The participant must be employed by Shoppers Food Warehouse (Local 400) at the time the scholarship is awarded.**
- The participant must have at least one uninterrupted Year of Service as of December 31, 2016 and be actively employed.
- On December 31, 2016, dependent child applicants must be under the age of 24, unmarried and a dependent of the participant for federal income tax purposes.



Correction to 2016 Summary of Benefits and Coverage for Plans RNK 1, 2 and 3

Earlier this year participants in Plans RNK1, 2 and 3 were sent the 2016 Summary of Benefits and Coverage ("SBC") applicable to their Plan. On page three of these SBCs, there were misprints in the "Emergency Medical Transportation" section. To the right is the correct information.

Service You May Need	Your Cost if You Use an In-Network Provider	Your Cost if You Use an Out-of-Network Provider	Limitations & Exceptions
Emergency Medical Transportation	<p>RNK 1: 20% coinsurance; payment by the Plan is limited to a total of \$25 per occurrence.</p> <p>RNK 2 and RNK 3: 30% coinsurance; payment by the Plan is limited to a total of \$25 per occurrence.</p>	50% coinsurance plus balance-billed charges; payment by the Plan is limited to a total of \$25 per occurrence.	Any other method of transportation must not be medically advisable.

**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

2017 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 the collective bargaining agreement between your employer and your union, 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 2017. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2016, the participant completes at **least one uninterrupted Year of Service and is actively employed by Shoppers Food Warehouse (Local 400)**. In addition, on December 31, 2016, 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 2017**.

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 dependent's application.

PRELIMINARY APPLICATION MUST BE POSTMARKED BY DECEMBER 31, 2016.

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 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, 2016.

Shoppers (L-400) 2017 Preliminary Annual Scholarship Applic. CS/bns 8.2016

Availability of Pension Statement

The following article applies to actively working participants only.

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

To receive your statement, please 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 the 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 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 the left) and printing the "Change in Beneficiary" form. You can also call the Fund Office at 1-800-638-2972.



Optum Rx to Mail New ID Cards

The Fund Office sent you a letter advising that your prescription drug ID card from Optum Rx will now use an "alternate ID" number rather than your Social Security Number. You should have received the new prescription ID card in mid-to-late August.

The Fund made this change to further protect your personal information. If you have traditional Fund medical coverage, your Prescription "alt/ID" is the same number as your Medical ID number through CareFirst, minus the preceding letters. (Participants with Kaiser HMO coverage have a Kaiser ID number which is not the same as their Optum Rx number).

Your old Rx ID card will still go through at the pharmacy, but you should destroy it and use the new card to keep your Social Security Number private. Your prescription benefits have not changed.

Ascend Specialty Pharmacy Is Now Called BriovaRx

The following article applies to you if your prescription coverage is provided through Optum Rx

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 available.



Plans RNK 1, 2 and 3 – Open Enrollment for Medical Coverage is November 1st – November 30th

The following article applies to participants in Plans RNK1, RNK2 and RNK3 only.

November 1 through November 30 is open enrollment for choosing health and welfare coverage for the next 12 months (January 1, 2017 – December 31, 2017). This open enrollment applies to participants employed by Kroger in the Roanoke area – Roanoke Plan 1 (“RNK1”), Roanoke Plan 2 (“RNK2”) and Roanoke Plan 3 (“RNK3”). If you have not already enrolled for benefits or if you wish to change your enrollment, you may do so during this time.

The eligibility rules have changed as a result of collective bargaining. Please review the materials which will be sent to you regarding your eligibility for benefits based on hours paid by your employer.

Kroger gives the Fund Office a file with hours paid information. From that, we determine which plan you may choose for the next 12-month period. Your enrollment materials will tell you if you are eligible to choose from all three plans (RNK1, RNK2, or RNK3), from two plans (RNK2 or RNK3), or that you must be in Plan RNK3.

During this time, you may add coverage, drop it, or make changes to your coverage level, such as from individual to husband/wife or from family to individual.

Cost for Coverage

The weekly cost to enroll for coverage is as follows:

Type of Coverage	RNK1	RNK2	RNK3
Employee Only	\$16 per week	\$11 per week	\$6 per week
Employee + Spouse	\$46 per week	\$41 per week	\$36 per week
Employee + Child(ren)	\$21 per week	\$16 per week	\$11 per week
Family Rate: Employee, spouse and child(ren)	\$51 per week	\$46 per week	\$41 per week

Weekly co-payments are made via payroll deduction and include coverage for medical, optical, dental, and life insurance benefits. Prescription drug benefits are provided by Kroger, not through the Fund’s Plan of benefits.

Letter and Enrollment Materials to Be Mailed

You will receive a letter from the Fund Office explaining this year’s open enrollment. You will also receive an enrollment form and payroll deduction form which must be completed and returned to the Fund Office.

Mail or Fax Information

If you are making a change or enrolling for the first time,

you must return BOTH the enrollment application and the payroll deduction form by November 30, 2016 (postmarked or faxed) in order for payroll deductions to be set up and coverage to begin on January 1, 2017. Mail them to the Fund Office at the address below:

Fund Office
 Attn: Kroger Open Enrollment
 4301 Garden City Drive, Suite 201
 Landover, MD 20785-6102

You can fax the information to (301) 459-1042.

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

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