For Your Benefit

Bakers Union & FELRA Health and Welfare Fund

April 2021 Vol. 15 No. 1

Questions About Your Benefits?

Call Participant Services at the Fund Office (866) 662-2537. Press "2" for a representative or "#1" to use the automated system.

This Issue—

Plan One Changes in Benefit Coverage

The following Summary of Material Modification ("SMM") applies to Plan One Participants in the Bakers Union and FELRA Health and Welfare Fund.

Effective for claims incurred on and after July 1, 2021, the benefits under the Plan that were covered at 100% will now be covered under major medical at 80%, after satisfying the deductible. This does not apply to in-network preventive care benefits, which will still be covered at 100%

The following Plan benefits will no longer be covered at 100% and will be covered at 80%, after satisfying the deductible:

- **Inpatient Hospital Benefits (Medical, Mental Health and Substance Abuse)**
  - » Room and Board in a semi-private room
  - » Miscellaneous Hospital Charges
- **Ambulance Transportation for emergency services with the United States and Canada or within the geographical boundaries of Puerto Rico and Hawaii.**
- **Home Health Care Services**
- **Hospice Care**
- **Outpatient Surgical Facility Expenses**
- **Surgical Expenses**

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. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.

Your Vision Benefits - GVS – Group Vision Service

Your vision plan provides coverage for a vision examination, contact lenses or eyeglass lenses and frames. Vision benefits are available from an extensive national network of participating providers associated with Eye Med Vision Care. You can easily find a provider located near you, visit groupvisionservices.com or call 866-265-4626. You have a choice of independent optometrists, as well as retail locations such as Lens Crafters, Sears Optical, Target Optical, JC Penney Optical, Pearle Vision Centers, as well as many individual providers and online retailers such as Glasses.com.

NETWORK PROVIDERS – by using a Network Provider, you minimize your out-of-pocket costs and receive the benefit of paperless claims processing. Network Providers verify your eligibility and obtain all the necessary information to validate your level of coverage. You simply pay your copayment and any remaining balance for non-covered services or materials at the time of your appointment. In addition, Network Providers offer you discount pricing which is significantly below retail. You receive substantial savings of 15% - 40% or more on most additional pair purchases, conventional contact lenses, lens treatments, specialized lenses, and certain accessory items.

Out of Network Benefits - If you choose to go to a Non-Network Provider, you must pay the provider his or her full charges at the time of service. Participants are responsible for submitting a claim for reimbursement for the amount indicated in the participant reimbursement schedule.**

The Fund will provide the following optical benefits once every 24 months.

Schedule on Next Page

Giant Employee Co-Premium Increase

Effective June 1, 2021, Giant employees will have a weekly co-premium increase.

- Full-time employees will have a $1.00 weekly increase in the current co-premium they are paying.
- Local 68 Plan 3 part-time employees with dependent coverage will pay 20% of the employer contribution rates in effect.
- Local 118 Plan 3 part-time employees with dependent coverage will have a $1.00 weekly increase in the current co-premium being paid.

The co-premiums are based on the collective bargaining agreement for Giant employees and will be deducted from your paycheck by your employer starting June 1, 2021. If you want to change coverage levels (from husband/wife to single for example) or drop coverage completely, call the Fund Office by May 15, 2021. If you are not making changes, **you don't have to do anything.**

Your weekly co-premium rates are shown below:

Local 68

Employee Contribution	**Full-time Members** Hired prior to April 2, 2009	**Full-time Members** Hired after April 2, 2009	Plan 3 Part-time Members with Dependents
Current	$9.82	$5/$10/$15	$5/$10/$15
6/1/21	$10.82	$6/$11/$16	$6/ $25.60
6/1/22	$11.82	$7/$12/$17	$7/$25.60
6/1/23	$12.82	$8/$13/$18	$8/$25.60

Full- time Associates - Effective June 1, 2021, $1 increase in the current associate contribution rate.

Part-time Plan 3 Associate Dependent Coverage - 20% of monthly employer contribution rate in effect. Current Plan 3 Part-time Employer Contribution Rate is $128.

Plan 4 Part-time Associates - No associate contribution is required

Local 118 Giant

Employee Contribution	**Full-time Members** Hired prior to April 2, 2009	**Full-time Members** Hired after April 2, 2009	Plan 3 Part-time Members with Dependents
Current	$9.82	$5/$10/$15	$5/$10/$15
6/1/21	$10.82	$6/$11/$16	$6/$11/$16
6/1/22	$11.82	$7/$12/$17	$7/$12/$17
6/1/23	$12.82	$8/$13/$18	$8/$13/$18

Effective June 1, 2021, $1 increase in the current associate contribution rate for full-time and part-time associates.

Plan 4 Part-time Associates - No associate contribution is required

Schedule for Renewal of Vision Care Benefits

This plan provides coverage for a vision examination, eyeglass lenses or contact lenses and frame. Vision benefits are available from an extensive national network of participating providers powered by Eye Med Vision Care. You can easily find a conveniently located provider near you. You have a choice of independent optometrists and ophthalmologists, as well as retail locations such as Lens Crafters, Sears Optical, Target Optical and JC Penney Optical and most Pearle Vision Centers. Members will receive additional savings from Network Providers for lens upgrades and additional pair purchases.

NETWORK PROVIDERS - By using a network provider, you minimize your out-of-pocket costs and receive the benefit of our paperless claims processing. Network Providers verify your eligibility and obtain all the necessary information to validate your level of coverage. You simply pay your copayment and any remaining balance for non-covered services or materials at the time of your appointment. In addition, Network Providers offer you discount pricing which is significantly below retail. You receive substantial savings of 15%-40% or more on most additional pair purchases, conventional contact lenses, lens treatments, specialized lenses and various accessory items. Out of Network Benefits** – If you choose to go to a non-network provider, you must pay the provider his or her full charges at the time of service. Members will be responsible for submitting a claim for reimbursement for the amount indicated in the member reimbursement schedule.

Benefits from a GVS Network Provider*		Copay	Out-of-Network Benefit Schedule **	
Vision Examination – includes dilation as indicated	**Once Every 24 Months***	**$ 0.00**	Vision Examination	Up to $32.00
Eyeglass Lenses - single vision, bifocal, or trifocal in standard/basic plastic **w/Standard Scratch Resistance and Polycarbonate Lenses for Dependent Children Under 19**	**Once Every 24 Months***	**$ 0.00**	Lenses • Single Vision • Bifocal • Trifocal • Standard Scratch • Polys Child	 Up to $30.00 Up to $45.00 Up to $75.00 Up to $12.00 Up to $32.00
Frame – covered in full up to a **$ 130.00 retail value**. Members receive 20% off balance for selection costing more than the plan allowance. **Glasses available through glasses.com**	**Once Every 24 Months***	N/A	Frame	Up to $57.00
Contact Lenses - in lieu of spectacle lenses (does not include fitting and follow-up) • **Elective** – Disposable or Conventional, covered in full up to **$ 130.00** allowance. Conventional lenses: members receive 15% discount off balance over plan allowance. **Contacts available through contactsdirect.com** • **Medically Necessary** – Covered in full up to $250.00	**Once Every 24 Months***	N/A	Elective Contact Lenses (in lieu of spectacle lenses) Medically Necessary Contact Lenses	Up to $105.00 Up to $200.00

*** Benefits are available 24 months from last date of service** *In-network services and materials may be subject to a copayment at the time of service. **Out-of-Network amounts are maximum reimbursable amounts paid to members after the claim is filed. **Co-pays do not apply to OON reimbursements.**

Additional Savings Program				Monthly Premium – Fully Insured	
Lens Options	**Member Pricing**	**Other Options/Services**	**Member Pricing**	**Employer Paid Renewal Rate Guarantee 24 Months**	
Tint (solid & gradient)	$15.00	Other Lens Options and Services	20% off Retail	**Composite PEPM**	**$5.36**
UV Coating	$15.00	Complete Pair Purchases ***	40% off Retail		
Standard Scratch Resistance*	**Covered**	Conventional Contact Lenses	15% off Retail		
Standard Polycarbonate Adult **Standard Polycarbonate Children***	$40.00 **Covered**	Standard Contact Lens Fitting & Follow-up Premium Contact Lens Fitting & Follow-up	$40.00 10% discount		
Standard Anti-Reflective	$45.00	**EPIC Hearing Savings Program (Discount Only) (Routine hearing air conduction test included through EPIC providers)**	**Fixed Fee Schedule**	*Covered by plan benefit. ** Standard/Premium Progressive lenses are not covered benefits – however when upgrading in conjunction with your funded benefit the bifocal lens amount will be applied. Members are responsible for the lens copayment and any additional charges. (Bifocal co-pay + $65 + 80% of retail less $120. *** Discount applies on complete pair purchase once funded benefit is used.	
Standard Progressive Lens**	$65.00	Retinal Imaging	$39.00 max		
Premium Progressive Lenses**	20% off Retail	Photo chromatic Lenses	20% discount		

Bakers Union & FELRA Health and Welfare Fund COBRA RATES for 2021

The cost for continuation coverage under COBRA are set forth in the chart below. Participants who lose eligibility for themselves or their Dependents because of a COBRA "qualifying event" may continue coverage for up to 18 months provided he/she pays the applicable COBRA premium. Please see your SPD for requirements.

COBRA RATES		
Months 1-18		
PLAN	INDIVIDUAL	FAMILY
1	$1,222.97	$1,688.51
2	$440.70	$548.44
3 Part-time	$292.89	$362.16
3 Full-time	$323.83	$390.75
4	$91.68	
Months 19-29		
1	$1,798.49	$2,483.10
2	$648.09	$806.54
3 Part-time	$430.73	$532.59
3 Full-time	$476.22	$574.64
4	$134.82	

American Rescue Plan Act – COBRA Subsidy

On March 11, 2021, the American Rescue Plan Act was signed into law. The Act includes a six-month COBRA subsidy to cover the COBRA premium for eligible individuals from April 1, 2021 through September 30, 2021. During this six month period, the federal government will pay the full COBRA premium for each assistance eligible individual.

Participants and other qualified beneficiaries who experience a COBRA qualifying event caused by an involuntary termination of employment such as a layoff or furlough or a reduction in hours are eligible for the subsidy. Voluntary termination or other COBRA qualifying events such as divorce or a dependent turning age 26 who ages out of the Plan are not eligible for a subsidy.

To qualify, the COBRA participant:

- **Must** have a COBRA qualifying event that is a reduction in hours or an involuntary termination of a covered employee's employment;
- **Must** elect COBRA continuation coverage;
- **Must not** be eligible for other employer-sponsored coverage;
- **Must not** be eligible for Medicare.

Assistance eligible individuals will receive a COBRA election form and summary of the COBRA premium assistance provisions under the American Rescue Plan Act of 2021 in the mail from the Fund Office. If you have any questions regarding the COBRA subsidy, please contact the Fund Office at (866) 662-2537.

Caring for Yourself during COVID-19

Make the most of your annual check-up.

Getting an annual check-up is an important part of maintaining good health. Seeing a health care provider regularly can help identify health issues early, when chances for treatment and cure are better.

Here's why it benefits you to have an annual check-up and why it's worth your time.

- **Focus on you.** Having an annual check-up helps you take action to improve your health and understand your health risks. You can talk openly about emotional and health concerns such as depression, anxiety, sleep issues, sexual health, and more.
- **Review your family tree.** If you have a family history of heart disease, stroke, diabetes or cancer, your provider may emphasize ways to prevent disease and detect it early.
- **Prepare for health screenings.** Your annual check-up is a great time to discuss other exams you might need, such as a colon cancer screening or mammogram. Your provider will recommend screening tests that are appropriate for you.
- **Stay up to date on vaccines.** Vaccines are essential for keeping you and others in your community healthy. Depending on your age and other factors, you might be due for a tetanus shot, flu shot, or other vaccines.
- **Set goals for your health.** What do you hope to accomplish in the next year? Your provider can help you make a plan for losing weight, quitting smoking, or other goals.

NEW Mail Service Saver Drug Program from OptumRx for Maintenance Drugs

Enroll and save

Beginning July 1, 2021, you will have the choice of using the OptumRx Mail Service Saver Program to receive your maintenance medications* or to use a retail pharmacy. The Mail Service Saver Program allows you to receive a 90-day supply of maintenance medications at a lower copay. If you continue to receive maintenance medications at a retail pharmacy, you will pay an additional copay after two 30-day supply refills. This change does not impact non-maintenance medications.

*Maintenance medications are prescriptions that are taken regularly and commonly used to treat chronic or long-term conditions such as high blood pressure, asthma, heart disease, diabetes, etc.

What are the benefits of medication home delivery?

Your routine medications are delivered to your mailbox, saving you a trip to the pharmacy. With home delivery, you get a three-month supply of your medication, plus free standard shipping, 24/7 access to a pharmacist, and the ability to set up automatic refills. You will also pay less because you get a 3-month supply of your maintenance medication through the Mail Service Saver Program for two co-pays instead of the three co-pays that you would pay at the retail pharmacy.

Can I still fill at retail?

Yes, you can still choose to fill your prescriptions at your local retail pharmacy, but your copays will be more than if you enroll in the home delivery program.

There are four ways to enroll in the home delivery program:

By online registration: Visit optumrx.com, register and follow the simple step-by-step instructions. You can manage your medication(s) online, including filling new prescriptions and transferring other prescriptions to home delivery. You can also set up text message reminders to help manage your medication schedule. Be sure to have your Plan ID card and medication bottles on hand.

By phone: Just call the member phone number on the back of your Plan ID card to talk with a customer service representative. You should have your Plan ID card and medication bottle available. The representative can also contact your doctor directly if you need a new prescription.

By mail: Ask your doctor for a new prescription for up to a three-month supply, plus refills for up to one year. Then go to optumrx.com and download the new prescription order form. Mail it to the address provided on the bottom of the form.

By fax / ePrescribe: Ask your doctor to call 1-800-791-7658 for instructions on how to fax your prescription directly to OptumRx. Your doctor can also send an electronic prescription to OptumRx.

Once OptumRx receives your complete order for a new prescription, your medication should arrive within 10 business days. Completed refill orders should arrive in about seven business days.

Important Reminders about Filing Work Related Accident and Sickness Claims with the Fund

If you have Accident and Sickness ("A&S") benefits through the Fund and you sustain a work-related illness or injury, you must file a claim with your employer's Workers' Compensation ("WC") carrier. You should also submit your claim to the Fund Office at the same time, along with a note that you have filed for workers' compensation. That way, you will have filed your claim within the Fund's time limits (90 days for A&S/2 years for Medical claims) if the claim is eventually determined to be not work-related. The Fund will initially deny your claim as being work-related until a final decision is made by the WC carrier.

If the WC carrier denies your claim as being non-compensable under worker's compensation law, send a copy of the denial to the Fund Office. The Fund will send you an Indemnity Agreement. It states that you agree to appeal the WC carrier denial to the WC Commission (or its equivalent in your state).

The Agreement also lists the steps you must follow in order to have the Fund pay your A&S claim before your case is decided by the WC Commission (which can take a long time). Because we don't want you to have to wait that long to be paid, the Fund will process your A&S claim as soon as you sign and return the Agreement – before the final decision has been made by the Commission.

However, Fund rules state that you must repay the Fund in full for any monies it has paid if you ultimately receive a recovery

Continued on page 6

Continued from page 5

from the WC carrier or another party relating to your injury.

Although this seems clear enough, it can become a little confusing when a settlement is involved. If your attorney advises you (or if you decide on your own) to accept a settlement of your WC claim, and that settlement is less than the amount of the injury-related claims the Fund has paid to you or on your behalf, you must notify the Fund Office and obtain the Fund's approval prior to accepting the settlement. If you don't obtain approval before accepting such a settlement, you will be required to repay the Fund the entire amount it has paid in related benefits, even if that amount is more than the settlement amount you received.

For example, if the Fund paid $4,000 in A&S and/or Medical claims, and you accept a settlement for $3,000 without the Fund's approval, you would be required to repay the Fund the full $4,000, even though your settlement was for $3,000.

Be careful! Once you accept a WC settlement, the WC Commission will close your case – for current claims and for any future claims relating to the same injury. For example, if your work-related shoulder injury flares up a year later (and you have accepted a settlement), you will not receive future benefits from the WC carrier or the Fund relating to that injury. Since benefits were paid by the WC carrier, the Fund will deny the claim as being work-related.

Accepting a settlement is your choice. In some cases, it may be the best solution for you, but make sure you understand what it means and what your responsibilities are before accepting.

IMPORTANT: Notify the Fund Office If Receiving Workers' Compensation

If you are receiving or have received Workers' Compensation benefits, it is important that you notify the Eligibility Department of the Fund Office at (866) 662-2537. Your health and welfare benefits for non-work related claims will continue while you are collecting Workers' Compensation, up to the time limits for your Accident and Sickness benefit entitlement. Notifying the Fund Office of your Workers' Compensation benefits helps ensure you do not lose eligibility for other benefits under the Fund.

Special Programs with OptumRx

Effective July 1, 2021. The Board of Trustees has implemented several new programs through OptumRx.

Opioid Risk Management Program – Opioid abuse is a complex national health care crisis. Opioid dependence can start in just a few days and the risk of chronic opioid use increases with each additional day of opioids supplied. The Opioid Risk Management program, which includes point of sale, utilization management, and retrospective drug utilization edits is tightly aligned with CDC opioid prescribing guidelines which can help reduce exposure to excessive doses and prevent more participants from transitioning from acute to chronic use.

The Program takes a multi-pronged approach to prevent abuse:

- **Prevention and Education** – OptumRx provides education to patients and providers about the risks of opioids. Home delivery patients who fill opioid prescriptions through mail order receive education and information about proper leftover drug disposal. The drugs are dispensed with label and bottle cap warnings about the drugs' risks.
- **Minimize early exposure** – Opioid abuse can start in a few days so it's important to limit the dose and duration of these highly addictive medications. Using a combination of quantity limits and prior authorizations, the program minimizes early exposure and duration of therapy.
- **Reduce inappropriate supply** – OptumRx employs first fill dose and duration limits for patients not receiving opioids on a daily basis.
- **Treating at risk and high-risk participants** – After identifying patients at risk for opioid abuse, OptumRx collaborates with prescribing physicians to prevent progression to chronic use.
- **Supporting chronic populations and recovery** – Patients who have had an overdose experience or have been identified as opioid dependent are prescribed medication assisted therapy. These patients are monitored and supported to help with relapse prevention.

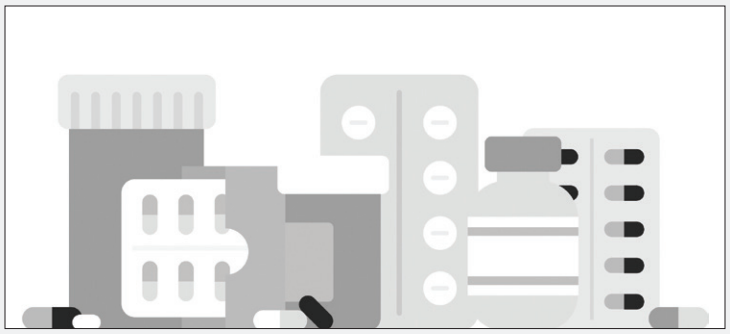
Moving? Keep the Fund Office Informed

It is very important that you tell the Fund Office when your address and/or telephone number changes. The Fund Office sends out important information about your benefits, coverage change notices, SPD booklets, and even this For Your Benefit newsletter. If we don't have the correct information, we may not reach you and that may affect your benefits. If you are planning to move (even temporarily), or have recently moved, let the Fund Office know your new address and telephone number by calling (866) 662-2537. Remember, telling the Union or your employer is not the same as telling the Fund Office. Tell us where you live so we can send you important information regarding your benefits, claims, changes, etc.

Optum Perks Prescription Discount Program

Prescription drug prices can be confusing and prices often vary from pharmacy to pharmacy. Optum Perks helps you save money on your medications by comparing prices at different pharmacies and offering discounts on FDA approved medications. By logging onto the Optum Perks website (www.perks.optum.com), you can search for the best discounts on prescription drugs, locate pharmacies near you and compare discounts so you always get the best deal. You can start saving by printing available coupons or applying for a discount card. There is no fee for the Program and no personal information is needed to search for the best discounts and coupons.

Optum Perks can't be combined with your Prescription Benefit Plan. It can be used as an alternative if a discount



is available. The cost of medication will usually be cheaper with your prescription plan, but sometimes a prescription discount card or coupon can offer a better price. With both options available, you can choose the one with the lowest price for your medication.

GVS – Group Vision Service Online

www.groupvisionservice.com

Quickly and easily manage your vision benefits

- View benefit details
- Confirm eligibility
- Check claim status
- Print a replacement ID card
- Locate an In-Network Provider
- Schedule an appointment online
- Get health and wellness information
- Access currently available special offers for members-only savings

You can manage your vision benefit in a few easy steps:

1. Visit www.groupvisionservice.com and click on Member Login.
2. If you are a new user, select "Need to register?"" and then register by entering name, date of birth, the last four digits of your social security number, zip code and email address. If you've already registered, use your existing account credentials.
3. New users will finish setting up an account with an email address and creating a password.
4. You can come back anytime to change your password, email address, and billing preferences.

Visit www.groupvisionservice.com or call 866-265-4626 to learn more.

The Hartford Life and Accident Insurance Company

Effective January 1, 2021, your Life Insurance benefits and Accidental Death and Dismemberment benefits are insured under an insurance policy between the Fund and The Hartford. ***Your benefits remain the same.***

The Hartford is committed to providing best-in-class service. They offer online capabilities designed to save time and make it easier to manage your benefits.

Life and Accident benefits include *(details included in your SPD):*

- **Life Benefit** (Participant only) – in the event of your death while insured, $20,000 is payable to the person you have named as your beneficiary.
- **Accidental Death and Dismemberment Benefit** (Participant only) – The Accidental Death is in addition to the Life Insurance benefit. Details are available in your SPD.
- **Living Benefit Option** (Accelerated Death Benefit) – The Living Benefits Option (LBO) allows the Participant to elect to receive an accelerated payment of a portion of the life insurance benefit when a covered person is diagnosed as terminally ill with a 6-month or less life expectancy.
- **Life Disability Provision** – Premium waiver to normal retirement age, if disabled prior to age 60.

Prescription Drug Formulary Change

Effective July 1, 2021, the Board of Trustees approved changing the OptumRx Prescription Drug Formulary from the Select Formulary to the Premium Formulary. All impacted participants will receive a letter from OptumRx notifying them of these changes. Please review these letters and follow the instructions, which could include asking your doctor to call OptumRx.

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies OptumRx chooses because of their safety, cost, and/or effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. The formulary includes brand and generic prescription medications. To create the formulary drug list, OptumRx is guided by its Pharmacy and Therapeutics Committee. This group of doctors, nurses, and pharmacists review which medications will be covered, how well the drugs work, and their overall value. They also make sure there are safe and covered options.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You or your authorized representative and your doctor can ask for a coverage by calling OptumRx at (888) 869-4600.

To view the Premium Formulary list, log onto www.associated-admin.com, click on "Your Benefits" and select Bakers Union/FELRA. Under "Downloads," you can view the "2021 OptumRx Premium Formulary List." If a prescription you are currently taking is not on the Premium Formulary, you will receive a letter from OptumRx notifying you of the change and a list of alternative medications which you should discuss with your health care provider. OptumRx updates the Formulary on January 1 and July 1 of each year.

Telehealth Services Extension

In response to the continuing COVID-19 pandemic and recognizing the challenges the pandemic is causing Participants in obtaining medical services and exercising their rights under the plan, the Board of Trustees has extended coverage of Telehealth Services. The Fund will continue to provide coverage for medical services unrelated to COVID-19 provided by a PPO provider by telephone conference or video conference, subject to any applicable Plan limits, rules, and cost-sharing requirements that would apply to an in-person visit for the same service. Coverage is limited to the period from March 18, 2020 through June 30, 2021.

Be sure your Beneficiary Information is Current

Under the Bakers Union and FELRA Health and Welfare Fund, upon the death of any eligible Participant, the Participant's beneficiary will receive a death benefit. To be sure the benefit is paid to the person you intend, make sure that your beneficiary designation form is up to date. Print this form from your computer by logging onto our website and printing the "Change in Beneficiary" form. You can also call the Fund Office at (866) 662-2537 to request a copy of the form. Completed forms must be mailed to the Fund Office and will not be effective until received.

Participants Encouraged to Use Website for Valuable Benefit Information

You can find the most up-to-date information regarding your Plan online at www.associated-admin.com. Simply click "Your Benefits" (at top or at left) and Bakers Union/FELRA. The website includes various forms you may download, such as the change of address form, change in beneficiary form and more. Your Summary Plan Description ("SPD") booklets are available on the website too, as well as any Summary of Material Modifications (changes to the SPD, such as the recent COVID-19 changes) that have occurred since the SPD was last printed. You can also view the most recent Summary of Benefits and Coverage (SBC) Notice applicable to your Plan and the OptumRx Premium Formulary Listing.

The website also has every "For Your Benefit" newsletter, dating back to July 2011, for quick access by Participants. Simply click on the month and year of the issue you'd like to access (for example, "October 2019") and a PDF of that issue will open in another tab in your browser. You may download the file for reading offline. Phone numbers for Plan Providers are listed as well.