

For Your Benefit



Open Enrollment for Health and Welfare Coverage Is Now through December 30th

Now through December 30, 2022 is open enrollment to choose health and welfare coverage through the Fund **effective January 1, 2023 and continuing (assuming you remain eligible) through December 31, 2023.**

If you don't currently have health coverage through the Fund, this is your opportunity to enroll. If you do have coverage, this is your chance to add dependents (if eligible) or to drop coverage.

Not Enrolled

If you are not currently enrolled in Fund health and welfare coverage, you were sent a letter, enrollment form, payroll deduction form and, if applicable, a spousal surcharge form.

If You Are Currently Enrolled

If you are already enrolled and want to change coverage levels (from single coverage to husband/wife, for example) or to drop coverage completely, call the Fund Office by December 30, 2022. If you are not making changes, **don't do anything.**

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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. 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.

If you are changing your coverage or enrolling for the first time, the Fund Office must receive both the enrollment form and payroll deduction form by December 30 for coverage to begin as of January 1, 2023.

Cost for Coverage (All costs payable via payroll deduction)

Plans I, X and XX Full Time Participants

- Single coverage \$7/Week
- Participant + one dependent \$12/Week
- Family coverage \$17/Week

Plan XXX Full Time Participants

- Single Coverage \$12/Week
- Participant + child(ren) \$17/Week
- Participant + spouse \$22/Week
- Family Coverage \$27/Week

Plan X Part Time Participants

- Single coverage \$7/Week
- Family coverage 20% of cost*

*Plan X part time participants may add dependent coverage by paying 20% of the cost of the coverage. Such dependent coverage would be effective January 1. Contact the Fund Office for the exact amount of the payroll deduction if you are interested in adding this coverage.

Plan XX Part Time Participants

- Single coverage: \$7/Week
- Per Child Rate: \$149.15/Month
- Two Children: \$298.30/Month
- Three or More Children: \$447.45/Month

Plan XXX Part Time Participants

- Single coverage: \$12/Week
- Per Child Rate: \$157.32/Month
- Two Children: \$314.64/Month
- Three or More Children: \$471.96/Month

Spouses of Plan XX and Plan XXX part time participants are not eligible for coverage. Part time participants in Plans XX and XXX who enroll a child/ren will continue to pay the \$7 or \$12 weekly co-premium in addition to the amounts shown above.

Spousal Surcharge Applies To All Full Time Participants and Part Time Plan X Participants, As Follows:

A \$20 weekly spousal surcharge will be deducted from your paycheck if you elect coverage for your spouse and:

- your spouse is eligible for coverage through his/her employer, but is not enrolled in that coverage; or
- your spouse is also enrolled in his/her employer's coverage. In this case, the Fund will provide secondary coverage to your spouse and the **non-duplication coordination of benefits rules apply**. Any secondary benefit payment will be determined by calculating primary payment, subtracting it from what the Fund's payment would have been, and paying the remaining amount, if any. For example, if your spouse's primary coverage paid 80% for a certain service and the Fund's payment would also have been 80%, no additional payment would be payable under the Fund.

Note: The spousal surcharge does not apply if your spouse is also employed by Giant or Safeway.

Coordination of Benefits

When an eligible dependent under the Plan is offered a program of health, dental, drug, and/or vision benefits by another employer as a result of his or her employment, and the dependent has the option of selecting the other employer's health coverage or receiving cash or other financial incentives, this Plan coordinates its benefits as if the other employer's health coverage were applicable. It does so even when the dependent does not elect the coverage under another employer sponsored plan. Before the Fund will pay benefits to an employed dependent, he or she must provide the Fund Office with information explaining the other employer's health coverage, if any.

Part Time Participants in Plans XX and XXX

Coverage for part time participants shall be secondary if the employee is covered under another plan.

If you have questions, contact the Fund Office at (800) 638-2972. We are happy to assist you.

All Health Benefits Terminate When You Drop Fund Coverage

If you choose to disenroll from Fund health & welfare coverage, you will no longer have Medical, Accident & Sickness, Life Insurance, Accidental Death & Dismemberment, Prescription Drug, Optical or Dental benefits. Disenrolling under the FELRA & UFCW VEBA Fund will not impact your eligibility for Legal and Pension benefits.

Summary of Material Modifications

The Board of Trustees of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund (“Fund”) has adopted the following change to the FELRA & UFCW Active Health and Welfare Plan (“Active Plan”) and the FELRA & UFCW Retiree Health and Welfare (“Retiree Plan”). Please keep this document with your Summary Plan Description (“SPD”) and your Summary of Benefits and Coverage (“SBC”).

1. The following new subsection is added before the “Definitions” section of your SPD:

Prohibition of Assignment of Benefits

No benefit under the Plan or right under ERISA may be assigned or transferred to another party by a participant, dependent, spouse or beneficiary. The Fund will not recognize any attempted assignment. Nothing in this SPD or the Fund’s Trust Agreement shall be construed to make the Fund, the Trustees, UFCW Locals 27 or 400, or any *Participating Employer* liable to any third-party to whom a participant, dependent, spouse or beneficiary may be liable for medical care, treatment, or services. The Fund may

make direct payments to a medical provider. A direct payment by the Fund to a medical provider does not make the provider an assignee, and in no way confers upon the provider any rights that a participant has under the Plan or ERISA.

2. In the first numbered list in the Claims Filing and Review Procedure section of the SPDs for Plans I, X, XX, XXX item, number 3 is revised as follows:

Benefit payments will be sent directly to the provider unless there is no payment direction and evidence of your payment is reflected. In that case, payment will be sent directly to you.

3. In the Claims Filing and Review Procedure section of the SPDs for Plans I, X, XX, XXX, and the Retiree Plan under the “When you File a Claim” subsection, the last sentence of item number 4 is revised as follows:

Benefit payments will be sent directly to the provider unless there is no payment direction and there is evidence of your payment on the bill.

Express Scripts Formulary Drug Change



The Express Scripts formulary will change effective January 1, 2023. To view the formulary list, log on to www.associated-admin.com, click on “Your Benefits” and select FELRA & UFCW Health and Welfare Plan. Under “Downloads,” you can view the “2023 Express Scripts National Preferred Formulary List.”

If a prescription you are currently taking is affected, you will receive a letter notifying you of the change and a list of alternative medications will be provided.

Services of CRNA or Anesthesiologist Are Covered – But Not Both

The following article applies to participants in Active Plans I, X, XX, and XXX who have Fund medical coverage, not HMO coverage.

Before committing to a procedure that will require the use of anesthesia, it is a good idea to consult your provider and the Fund Office. The Fund will cover the services of a Certified Registered Nurse Anesthetist (“CRNA”) **or** an anesthesiologist, but not both for the same procedure, to the extent consistent with applicable law.

What is the difference?

A CRNA is a registered nurse who is qualified to administer anesthesia. An anesthesiologist is a medical doctor (“MD”) who specializes in administering anesthesia. If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA. Services of a CRNA are generally only covered if an anesthesiologist has not billed the Fund.

COBRA Rate Changes

FELRA & UFCW VEBA FUND COBRA RATES - December 1, 2022 CLASS A BENEFITS ONLY

Months 1-18

PLAN	CLASS	INDIVIDUAL	FAMILY*
XXX	FT	\$290.56	\$415.10
XXX	PT	\$119.91	\$573.27

Months 19-29

PLAN	CLASS	INDIVIDUAL	FAMILY*
XXX	FT	\$427.29	\$610.44
XXX	PT	\$176.34	\$856.39

*PT Plan XX and XXX Family is limited to children and participant

FELRA COBRA CALCULATIONS - Effective December 1, 2022

Months 1-18

PLAN	CLASS	INDIVIDUAL	FAMILY*
I	FT	\$1,344.90	\$1,921.29
I	PT	\$880.54	\$1,257.90
X	FT	\$985.16	\$1,407.35
X	PT - Ind	\$717.70	N/A
X	PT - Fam	N/A	\$1,468.61
XX	FT	\$401.16	\$573.06
XX	PT	\$268.32	\$729.19
XXX	FT	\$273.79	\$391.12
XXX	PT	\$125.57	\$578.93
XL	PT	\$26.04	N/A

Months 19-29

PLAN	CLASS	INDIVIDUAL	FAMILY*
I	FT	\$1,977.80	\$2,825.43
I	PT	\$1,294.91	\$1,849.86
X	FT	\$1,448.76	\$2,069.63
X	PT - Ind	\$1,055.44	N/A
X	PT - Fam	N/A	\$2,159.72
XX	FT	\$589.94	\$842.73
XX	PT	\$394.58	\$855.45
XXX	FT	\$402.63	\$575.18
XXX	PT	\$184.67	\$638.03
XL	PT	\$38.30	N/A

*Family includes only participant + dependent children for PT Plans XX and XXX

Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972

www.associated-admin.com

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

www.associated-admin.com

Summary Annual Report for FELRA and UFCW VEBA Fund

This is a Summary of the Annual Report for the FELRA and UFCW VEBA Fund, (Employer Identification No. 52-1036978, Plan No. 501) for the period January 1, 2021 to December 31, 2021. The Annual Report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$24,640,544 as of December 31, 2021 compared to \$35,151,718 as of January 1, 2021. During the plan year, the plan experienced a decrease in its net assets of \$10,511,174. This decrease includes unrealized appreciation or depreciation in the value of the plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$125,339,994. This income included employer contributions of \$119,651,134, employee contributions of \$4,255,322, realized gains of \$1,686,140 from the sale of assets and loss from investments of \$278,901. Plan expenses were \$135,851,168. These expenses included \$9,628,637 in administrative expenses and \$126,222,531 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full Annual Report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Financial information and information on payments to service providers;
4. Transactions in excess of 5 percent of the plan assets; and
5. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full Annual Report, or any part thereof, write or call the office of:

Board of Trustees of the FELRA & UFCW VEBA Fund
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152-9451
52-1036978 (Employer Identification Number)
410-683-6500

The charge to cover copying costs will be \$7.50 for the full report, or \$.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full Annual Report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the Annual Report at the main office of the Plan:

Board of Trustees of the FELRA & UFCW VEBA Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210.

Additional Explanation

Dental Insurance Premiums Paid --- \$5,529,198

HMO Kaiser Permanente Premiums Paid --- \$7,217,906

Life Insurance/Accidental Death & Dismemberment Premiums (Symetra) Paid -- \$221,898

Vision Premiums (Superior Vision/ National Guardian) Paid --- \$814,313

Medicare Supplement Increased to Cover 2023 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 2023 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2023

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2023 is \$1,600 for each benefit period.

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

- A total of \$1,600 for a hospital stay of 1-60 days.
- \$400 per day for days 61-90 of a hospital stay.
- \$800 per day for hospital stays longer than 90 days.

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

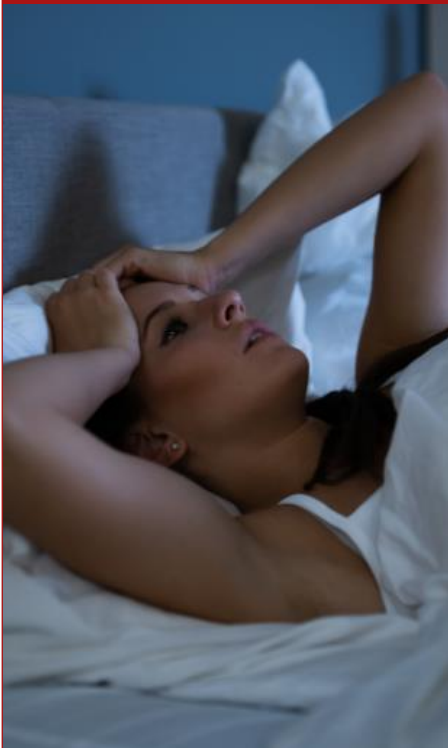


- \$200 per day for days 21 through 100 of each benefit period.

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 2023 is \$226, and the Fund's Medicare Supplemental benefit will cover this amount.

CONIFER
HEALTH SOLUTIONS®

Conifer Corner



Trouble Sleeping?

Most people have sleep problems from time to time, but when you have trouble sleeping for weeks or months, it can lead to health problems. Changing one or more of your habits may improve how well you sleep.

Take a rest!

Your Personal Health Nurse (PHN) with Conifer Health Solutions can help you to identify changes you can make to help with improve sleep patterns. To get started, call your PHN, Elizabeth Woodrow, BSN, RN, CCM, at 410-919-0488.

Remember to Claim Severance Benefits When Eligible

If you are eligible for severance benefits, you should apply for your severance benefit immediately after your Severance from Service date. Usually, this is your employment termination date, but there are special rules for participants on a leave of absence. See page 12 of your Severance SPD for more information.

There is a four-month waiting period between your Severance from Service Date and the date that you may receive your Payable Severance Benefit. Your payable Severance Benefit may only be paid to you between the expiration of this four-month waiting period and the later of (1) the last day of the calendar year in which the four-month waiting period expires; or (2) the 15th day of the third calendar month following the expiration of the four-month waiting period.

For example, if you terminate covered employment on January 1, 2023, the four-month waiting period will expire on May 1, 2023, and your severance payment deadline will be December 31, 2023.

If you do not apply for and receive your severance benefit by the deadline under the Plan, you will lose your benefit.

Protect your benefit by submitting the application on time! You can print the Severance Application by logging on to www.associated-admin.com, select "Your Benefits," and then "UFCW & FELRA Severance Plan." The Severance Application is located under "Downloads."

Reconstructive Surgery Following Mastectomy

The following article applies to you if your medical benefits are provided through the Fund, not an HMO. If you have coverage through an HMO, you should receive a similar notice directly from the HMO.

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:



- All stages of reconstruction of the breast on which a mastectomy is performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

Availability of Pension Estimate

The following article applies to active participants in the FELRA & UFCW Pension Fund only. It does not apply to those already collecting a Pension Benefit.

You have the right to request a pension benefit estimate annually. To receive your pension estimate, please complete a Benefit Service Request form. To get this form, you can:

- Log on to www.associated-admin.com. Click on "Your Benefits" located at the left of the screen. Select FELRA & UFCW Pension Fund and 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 may take approximately 8 – 12 weeks for us to prepare your estimate. It takes time because we verify work history in our records with your employer(s). There is no charge for a Benefit Statement.



Use Quest or LabCorp When Lab Work Is Needed

The following article applies to participants who have Fund medical coverage, not an HMO.

You must use either Quest Diagnostic Laboratories ("Quest") or Lab Corporation ("LabCorp") for all laboratory services in order for such services to be covered by the Plan (except those performed when you are an inpatient in the hospital or by out-of-network providers at in-network facilities.)

Inform Your Doctor

Be sure your doctor knows before the lab work is performed that you will receive coverage for lab work only if the bill comes to the Fund directly from either a Quest or LabCorp facility. Even if your doctor has a contract with LabCorp to perform lab work in his/her office, tell him/her that only lab work performed at a Quest or LabCorp facility will be covered. Your Plan will generally not pay for lab work performed and billed from your doctor's office.

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Locating a Lab

To find the most current list of Quest or LabCorp facilities, log on to their website or call:

- www.questdiagnostics.com/appointment or call (866) MYQUEST or (866) 697-8378
- www.labcorp.com/psc/index or call (888) 522-2677

