

For Your Benefit



Summary of Material Modifications This Issue!

- FELRA & UFCW Active Health and Welfare Plan*
- FELRA & UFCW Retiree Health and Welfare Plan*
- FELRA & UFCW Pension Fund
- UFCW & FELRA Severance Plan**
- UFCW & FELRA Legal Benefits Plan**

* Benefit Plans of the FELRA & UFCW VEBA Fund
 ** Benefit Programs of the FELRA & UFCW Active Health and Welfare Plan

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:

- \$200.00 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.

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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.



Have You Heard?

On March 1, 2023, Beacon Health Option will become **Carelon Behavioral Health**.

How will this affect you?

- The new name will not impact your plan or your service.
- You do not need to take any action.
- Your benefits and plan will not change.
- You can see all of your previous doctors and health professionals.
- All phone numbers, emails, websites, and apps will redirect you to the right place.

Accident and Sickness Benefits are Taxable

Tax season is here and participants who have utilized weekly Accident and Sickness (“A&S”) benefits should know that these benefits are taxable and must be reported on IRS tax returns. Unless requested, income tax is not automatically withheld from your A&S payments.

Withholding tax from A&S is done by filling out IRS Form W-4S. You may print this form from the web at www.associated-admin.com. Choose “FELRA & UFCW Health & Welfare Plan” from “Your Benefits” (located both at the top of the page as a drop-down and on the left of the page). Under the “Downloads” heading, select “Request for Federal Income Tax Withholding from Sick Pay”. You may also call the Fund Office at (877) 850-0977 and have the Form mailed to you.

The IRS has a few simple rules to follow when filling out Form W-4S. Withholding amounts must:

- Be in whole dollars (for example, \$25, not \$25.50);
- Be at least \$4 per day, \$20 per week, or \$88 per month based on your payroll period; and
- Not reduce the net amount of each sick pay payment that you receive to less than \$10.

IRS Form W-4P

The IRS recently released a new version of the federal tax withholding form intended specifically for withholding taxes from monthly pension benefits: **IRS Form W-4P**. The Fund Office is now using the new Form W-4P for federal tax withholding elections, replacing the form previously used. According to the IRS, the purpose of the new form is to help you accurately withhold the correct tax amount from your pension benefit, to avoid over-withholding or under-withholding. If you would like to change your federal tax withholdings at any time in the future, you must do so using the new IRS Form W-4P. You may request a copy of this form by calling the Fund Office, or you may print a copy from the Fund webpage. Note: your current withholdings will continue to be honored unless you decide to change them using the new Form W-4P.

2023 Preventive Services Benefits

The FELRA & UFCW Active Health and Welfare Plan, Plans I, X, XX, and XXX, provides coverage for certain preventive services with no cost-sharing, as required by the Patient Protection and Affordable Care Act (ACA). A list of covered preventive services as of January 1, 2023 is available at www.associated-admin.com. To view the list, click on the “FELRA & UFCW Health & Welfare” link under the “Your Benefits” dropdown menu at the top of the page. The list is located under the “Important Notices” section.

Identify Yourself on All Fund Office Correspondence

The Fund Office will occasionally need to send you correspondence related to your claims and benefits. For example, if the Fund Office receives a medical claim that suggests that you have sustained an injury to your knee, it may send you an “Accident Inquiry Form” with questions about the injury that you must answer in order for the Fund Office to properly process your claim.

If the Fund Office sends you an Accident Inquiry Form for completion, it will include a windowed envelope and an address-insert with the Fund Office’s address. The Form will include identifying information such as your Plan alternate ID and claim number. Be sure to answer all

questions directly **on the Form itself** and return the Form to the Fund Office. If you make changes to the information on the Form or supply information to the Fund Office on a separate piece of paper (not the Accident Inquiry Form itself), be sure to identify yourself on the paper in some way! The Fund Office cannot match your answers to the Form’s question without some kind of identifier such as your alternate ID (from your medical card), your full name, or the claim number. If you aren’t sure where or how to reply to a question sent by the Fund Office, call Participant Services at (800) 638-2972 or (410) 683-6500. We can help you.

Coverage for Hospital Services

The following article applies to participants in Plans X, XX and XXX whose medical coverage is provided through the Fund, not an HMO.

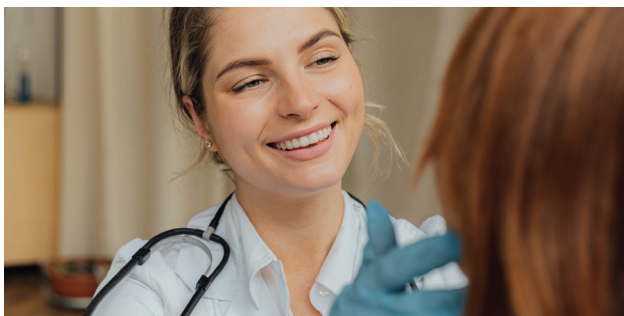
For most hospital services to be covered under your Plan, you must use a CareFirst in-network provider. Also, you must certify your stay with Conifer Health Solutions (“Conifer”) **before** you have any elective or pre-scheduled procedures, and within 24 hours of your admission for an emergency. To certify admissions, contact Conifer at (800) 459-2110. This number is also on your Fund medical ID card.

When the professional services described below are rendered by a physician, physician’s assistant, nurse practitioner or certified surgical assistant, the Plan will provide benefit payment at the percentage specified under your Plan, up to the allowed amount. The annual deductible applies. Charges made in excess of these amounts are the responsibility of the patient.

When you or your eligible dependent is admitted to a **Hospital** as a registered inpatient, you are eligible for coverage for the following services when furnished and billed as hospital services, and when consistent with the diagnosis and treatment of the condition for which hospitalization is required:

1. Room and board in semi private accommodations and special care units is covered at the percentage specified in your Summary Plan Description, up to the semi-private room rate;
2. General nursing care;
3. Use of the operating, delivery, recovery, or treatment rooms;
4. Anesthesia, radiation, and x ray therapy when administered by an employee of the Hospital;
5. Dressings, plaster casts, and splints provided by the Hospital;
6. Laboratory examinations;
7. Basal metabolism tests;
8. X-ray examinations;
9. Electrocardiograms and electroencephalograms;
10. Physiotherapy and hydrotherapy;
11. Oxygen provided by the Hospital;
12. Drugs and medicines in general use;
13. Administration of blood and blood plasma and intravenous injections and solutions; and
14. Special Care Units.

If you request a private room, you are eligible for all the benefits above, but you must pay the hospital the difference between its actual charge for the private room and its average charge for semi private rooms.



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



If you have Accident and Sickness 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 Accident & Sickness/180 days 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 determines that your claim is not work-related, send a copy of the denial to the Fund Office. The Fund will send you an agreement called a "Promise to Appeal." 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 claim (for medical or accident and sickness claims) before your case is decided by the WC Commission. To prevent you from having to wait an extended amount of time to be paid, the Fund will process your claims 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 from the WC carrier or another party relating to your injury.

Please be cautious whenever 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 Accident and Sickness 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.

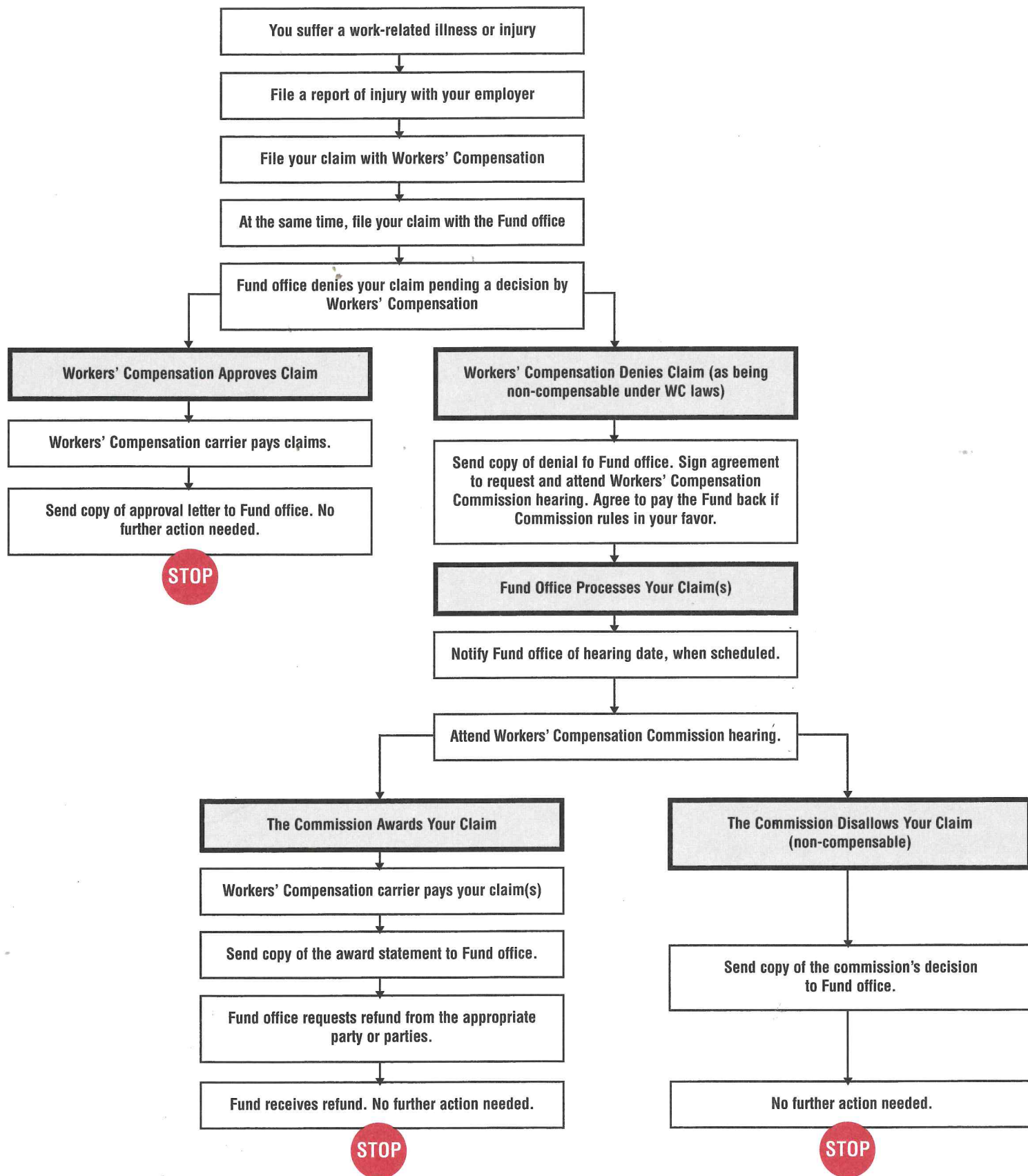
Be careful! Once you accept a WC settlement, the **WC Commission will close your case – for current claims and for any future claims relating to the same injury.** For example, if your work-related shoulder injury flares up a year from now (and you have accepted a settlement), you will not receive benefits 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** you agree to accept one.

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 (301) 459-3020 or (800) 638-2972. 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.

CLAIMS PROCESS FOR WORK-RELATED INCIDENTS



Summary of Material Modifications

Material
Modifications

Below are Summaries of Material Modifications (changes) made to the FELRA & UFCW Active Health and Welfare Plan and FELRA 7 UFCW Retiree Health and Welfare Plan (the “Health Plans”) during the past year. Please clip this summary and keep it with your Summary Plan Description (“SPD”) booklet so you will have it for easy reference.

The Board of Trustees of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund (“Fund”) has adopted the following changes to the Health Plans.

- 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.

- 4. Effective March 1, 2020 and continuing through December 31, 2023, any in-person visit requirement applicable to traditional Fund medical benefits and weekly disability benefits under the Plan will be waived, as follows:**

The Plan will cover medical benefit claims for otherwise covered services provided by telephone conference, video conference, or similar technology, subject to any applicable Plan rules and cost-sharing requirements (e.g., deductible, pre-authorization) that would apply to an in-person visit for the same service.

The requirement that you be seen in-person by a physician in order to verify your eligibility for Weekly Disability Benefits may be satisfied by a visit with the physician through telephone conference, video conference, or similar technology.

The following is applicable to Participants who have active coverage through Plan I only.

- 5. Any charges for covered medical expenses that are both incurred and applied to a remaining deductible amount in October, November, or December of the current calendar year will also be applied to the deductible for the following calendar year. If you have questions about your annual deductible, please call the Fund Office at (410) 683-6500. A Participant Services Representative will be happy to assist you.**



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

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

This form must be completed and returned every year, even if nothing has changed. It is very important that you complete all sections of this form and promptly send it back to the Fund Office. It is critical that the Fund Office timely receives your completed RIF to avoid any interruption of your monthly benefits. To assist you, the Fund Office will include a postage-paid return envelope with the RIF.

Helpful Reminders

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



No one but the Retiree can sign the RIF, unless another individual holds legal authority to sign on the Retiree's behalf, such as a Power of Attorney or legal guardian. A copy of any such Power of Attorney or other legal document must be on file with the Fund Office. If, for health reasons, the Retiree is unable to sign the form and there is no Power of Attorney or legal documentation on file, then the Retiree must sign an "X" on the RIF and have it notarized by a Notary Public.

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Living With Pain?

Pain that lasts for 3 months or longer is called chronic and can be a sign that something else is going on within your body. Exercising and sleeping enough may help reduce chronic pain. If you are living with chronic pain, talk to your provider to discuss treatment options and possible causes.

Want to be healthier in the New Year?

Conifer Health Solutions and your Personal Health Nurse (PHN) are dedicated to helping you and your family to live their healthiest life. 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, your Severance from Service date is your employment termination date, but there are special rules for participants on a leave of absence. See page 12 of your Severance Plan 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 April 1, 2023, the four-month waiting period will expire on August 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.”

