

**FELRA & UFCW Retiree Health Plan**  
***A Plan of the Food Employers Labor Relations Association***  
***and United Food and Commercial Workers***  
**VEBA Fund**

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**Plan I Retiree**

**Summary of Material Modifications**

**July 2019**

*This Insert is a Summary of Material Modifications (changes) to your Summary Plan Description (“SPD”) booklet. If there is any discrepancy between the terms of the Plan or any amendments and this document, the provisions of the Plan, as amended, will control.*

Please note the following clarifications to the FELRA & UFCW Plan I Retiree SPD:

- Page 15. The prescription drug benefit is for the Retiree only. **Retiree Spouses of Part Time Comprehensive Retirees are not eligible for Prescription benefits.** Please note this on “Schedule 2” printed on page 15.
- Page 39. Item #6 at bottom of page. This item **should** read as follows: Oral contraceptives are covered for the retiree or the retiree’s spouse only if the retiree was Full Time or if the Retiree was Part Time and retired before October 1, 1992 (provided the spouse is an eligible dependent). Oral contraceptives are limited to a three-month supply per prescription. Oral contraceptives for dependent daughters will not be covered unless they are *Medically Necessary* for reasons other than contraception. For approval of oral contraceptives for dependent daughters, the participant should contact Express Scripts, Inc. (“ESI”) to start the prior authorization process.
- Page 39. Where it states, “The Prescription Drug Co-Payment for a Spouse is 25% of the cost of the drug after the initial \$200 deductible has been paid,” add the following: **Eligible Spouses are spouses of Full Time Retirees and Spouses of Part Time Retirees who retired before October 1, 1992.**
- The following replaces the chart on page 18 of the FELRA & UFCW Plan I Retiree Health and Welfare Summary Plan Description booklet.

**FELRA & UFCW RETIREE HEALTH AND WELFARE PLAN  
 RETIREE CO-PAY RATE CHART JANUARY 1, 2019**

| CATEGORY | STATUS AT RETIREMENT |                    | COVERAGE | FAMILY OR INDIVIDUAL | OUT OF AREA RATE | HMO RATE |
|----------|----------------------|--------------------|----------|----------------------|------------------|----------|
|          | AGE                  | SERVICE            |          |                      |                  |          |
| A        | At Least 60          | At Least 30 Years  | Medicare | Individual           | 61               | 21       |
|          |                      |                    | Medicare | Family               | 92               | 43       |
| B        | Less Than 60         | At Least 30 Years  | Medicare | Individual           | 118              | 70       |
|          |                      |                    | Medicare | Family               | 186              | 115      |
| C        | At Least 60          | At Least 25 Years  | Medicare | Individual           | 118              | 70       |
|          |                      |                    | Medicare | Family               | 186              | 115      |
| D        | At Least 55          | At Least 20 Years  | Medicare | Individual           | 242              | 90       |
|          |                      |                    | Medicare | Family               | 372              | 129      |
| E        | Retired @ 9/1/92     | Less Than 20 Years | Medicare | Individual           | 298              | 106      |
|          |                      |                    | Medicare | Family               | 464              | 148      |
| F        | Disability Retiree   | At Least 10 Years  | Medicare | Individual           | 118              | 70       |
|          |                      |                    | Medicare | Family               | 186              | 115      |