

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

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FELRA & UFCW RETIREE HEALTH AND WELFARE PLAN

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 changes to the FELRA & UFCW Retiree Health and Welfare Plan (“Plan”). Please keep this document with your Summary Plan Description (“SPD”).

This Summary of Material Modifications applies only to Retirees and their Dependents who are receiving their medical Medicare supplemental and prescription drug coverage through the Fund, and not through the Kaiser Medicare HMO, because they do not live within the Kaiser Medicare HMO area.

Changes to Coverage of COVID-19 Vaccinations and Testing

As you may be aware, the federal COVID-19 Public Health Emergency (“PHE”) has ended. As a result, the following changes have been made to the Plan’s coverage for certain COVID-19 related services.

1. COVID-19 Vaccine Coverage.

Effective July 1, 2023, the Plan will not cover COVID-19 immunizations provided on an out-of-network basis. The Plan will continue to cover qualifying COVID-19 immunizations at any Giant or Safeway pharmacy at **no cost to you** using your Express Scripts prescription ID card. If you prefer to receive your COVID-19 immunization from your doctor or don’t live near a Giant or Safeway pharmacy, the immunization will be covered under your medical benefits. For participants and dependents with Prescription Drug Benefit coverage, the injection itself is covered at 100% up to the UCR fee and the office visit charge is covered under the Medicare Supplemental and Medical benefit.

2. COVID-19 Testing Coverage

Effective July 1, 2023, diagnostic testing by a physician or other covered provider for COVID-19, and related items and services, are no longer covered with no cost sharing. COVID-19 diagnostic testing by a physician or other covered provider, and related items and services, will be covered subject to the Plan’s rules for covered medical expenses and any applicable cost-sharing and prior authorization requirements.