

For Your Benefit

Advantica Purchased by Superior Vision

Material Modifications

The following is a Material Modification (change) to your Plan. Please cut out this article and keep it with your Summary Plan Description (SPD) booklet.

Effective September 1, 2019, Advantica was purchased by Superior Vision.

You should have received a new ID card from Superior Vision during the month of September. Please show the new card to your optical provider when you go for care. If you need to see a vision provider and have not yet received your new ID card from Superior Vision, contact the Fund Office. We'll make sure the provider knows your benefits and that you are covered under the Fund.



Superior Vision has an expanded network with providers located in major malls and other convenient locations including Lens Crafters (this is new – Advantica did not have Lens Crafters in its network), Pearl Vision, Sears, and JCPenney, as well as many individual providers. For a current list of providers, log on to www.superiorvision.com. There are some limited benefits available if you use a non-participating provider. **The new telephone number for customer service is (800) 507-3800.** We think you will be pleased with the added convenience of additional providers.

Material Modifications

Conifer Health Solutions to Replace SHPS/Carewise Health and Health Dialog

The following is a Material Modification (change) to your Plan. Please cut out this article and keep it with your Summary Plan Description (SPD) booklet.

The Board of Trustees is pleased to announce a new utilization, case management and disease management provider. **Effective January 1, 2020,** Conifer Health Solutions (“Conifer”) will replace SHPS/Carewise Health as the Fund’s utilization and case management provider. Conifer will also replace Health Dialog Coaching Program as the Fund’s disease management provider.



**Summary Annual Report
in This Issue!**
FELRA & UFCW VEBA Fund

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How Do Conifer's Case Management and Disease Management Programs Benefit Me?

Conifer's nurse case managers will assess any individual medical needs you or your covered dependents may have, and provide education and resources to manage your health. They can also help coordinate care and advocate for services on your behalf that will assist you achieving an optimal level of health and wellbeing.

For those with **acute or chronic** medical issues, a Conifer Personal Health Nurse (or "PHN") can work with you to structure a disease management program with the goal of better managing your ongoing care needs and

thereby improving your quality of life.

Starting January 1, 2020, you must contact Conifer (not SHPS/Carewise Health) to pre-certify ALL non-emergency or elective hospital stays and within 48 hours after an emergency admission. To pre-certify, call Conifer toll-free at (833) 778-9806.

Remember, you must certify all hospital stays in order for the Fund to pay benefits.

The telephone number for case management and disease management is **(800) 459-2110**.

Beacon Health Options still handles your mental health benefits.

Material Modifications

Open Enrollment and Eligibility Changes

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 and clarifications to Fund's Summary Plan Descriptions ("SPDs") for **Plans I, X, XX, XXX, and XL**. Please keep this document with your SPD.

1. **The following new "Open Enrollment Periods" Subsection is added before the Subsection entitled "Enrollment Form" under the "Employee Eligibility" Section of the SPDs for Plans I, X, XX, XXX, and XL:**

Annual Open Enrollment

If you do not timely enroll yourself and/or your dependent(s) upon initial eligibility for coverage, you generally must wait until the next applicable Open Enrollment period to enroll or make changes to coverage for yourself and/or your dependent(s), as described below. There is an exception to this rule if you qualify for a special enrollment period, as described in the section entitled "Special Enrollment Provisions" under "Employee Eligibility."

Enrolling in Coverage under the Fund and Adding or Dropping Dependents. The *Fund* has a single annual Open Enrollment period during which you may enroll in or drop coverage as a participant under the Plan and add or drop coverage for your eligible dependents. This annual Open Enrollment period is during the month of December each year, for coverage effective January 1.

Enrolling in Medical Benefit Coverage through the Fund's HMO Option. If you are a participant in

Plan I, X, XX, or XXX and you live in the geographic area of the HMO offered by the *Fund*, there is a separate annual opportunity to choose whether you want to receive your, and your enrolled dependents' (if any), medical coverage under an HMO offered by the *Fund* instead of receiving traditional *Fund* medical coverage. This period is from July 15 – September 15 for coverage effective October 1 each year. For more information, please refer to the "HMO Option" section of your SPD.

Other Enrollment Changes. You also may drop coverage for your dependent children if the cost for dependent child coverage that must be deducted from your paycheck increases significantly, as determined in the sole discretion of the *Fund's* Trustees, provided you timely drop the dependent child coverage by submitting a new enrollment form within 30 days from the date you receive notice of the new rates.

2. Effective November 1, 2017, as a result of collective bargaining, the following changes in eligibility apply to participants employed by Associated Administrators, LLC ("Associated Participants"). Associated Participants covered under Plans XXX or XL as of November 1, 2017 became covered under Plan XX on that date. Further, Associated Participants enrolled in Plan XX will be eligible for Plan X as of the first (1st) day of the month after at least five (5) years of continuous participation in Plan XX, provided they otherwise meet the eligibility requirements under the Plan. Associated Participants who were enrolled in Plan XX and had at least 5 years of service under Plan XX as of November 1, 2017 became covered under Plan X effective

November 1, 2017. Associated Participants who first become eligible for coverage under the Plan on or after November 1, 2017 will become covered under Plan XX after the applicable waiting period.

To reflect the above, the following changes have been made to the SPDs for Plans X, XX, XXX, and XL:

- Line 5 under the “UFCW Local 27” Subsection, and Line 6 under the “UFCW Local 400” Subsection, of the “Covered Employment with Participating Employers” Section of the Plan X SPD are revised to read as follows:

Associated Administrators, LLC – Employees hired through October 31, 2005 or who have at least five (5) years of continuous participation in Plan XX as of the first day of the month.

- Line 5 under the “UFCW Local 27” Subsection, and Line 6 under the “UFCW Local 400” Subsection, of the Section entitled “Covered Employment with Participating Employers” on page 8 of the Plan XX SPD are revised to read as follows:

Associated Administrators, LLC – Employees hired after October 31, 2005 with less than five (5) years of continuous participation in Plan XX as of the first day of the month.

- The “Covered Employment with Participating Employers” Section of the Plan XXX and XL SPDs is revised by deleting Associated Administrators, LLC from the list of Participating Employers.

Open Enrollment for Health and Welfare Coverage Is Now through December 31st

Now through December 31, 2019 is open enrollment to choose health and welfare coverage through the Fund **effective January 1, 2020 and continuing (assuming you remain eligible) through December 31, 2020.**

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 27, 2019. If you are not making changes, **don't do anything.**

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 31 for coverage to begin as of January 1, 2020.



Cost for Coverage (All costs payable via payroll deduction)

Plans I, X and XX Full Time Participants

- Single coverage \$5 per week
- Participant + one dependent \$10 per week
- Family coverage \$15 per week

Plan XXX Full Time Participants

- Single Coverage \$10 per week
- Participant + child(ren) \$15 per week
- Participant + spouse \$20 per week
- Family Coverage \$25 per week

Plan X Part Time Participants

- Single coverage \$5 per 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	\$5 per week
Per Child Rate:	\$134.43
Two Children:	\$268.86
Three or More Children:	\$403.29

Plan XXX Part Time Participants

Single coverage:	\$10 per week
Per Child Rate:	\$132.49
Two Children:	\$264.98
Three or More Children:	\$397.47

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 \$10 weekly co-payment 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 have elected coverage for your spouse and:

- your spouse is eligible for coverage through his/her employer, but elects not to enroll for that coverage; or
- your spouse also is 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 incentive, 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.

You Must Use Quest Or LabCorp When Lab Work Is Needed

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

You must use either Quest Diagnostic Patient Service Centers ("Quest") or Lab Corporation ("LabCorp") for all laboratory services in order for such services to be covered by the Plan.

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 LabCorp or Quest 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 not pay for lab work performed and billed from your doctor's office.



Locating Labs

To find the most current list of Quest or LabCorp facilities, log onto their websites or call them:

- www.questdiagnostics.com/appointment or by telephone at (866) 697-8378, or
- www.labcorp.com/psc/index.html or (888) 522-2677

Life Insurance Benefit

The following article applies to active eligible participants in Plans I, X, XX, XXX and XL.

If you die while covered under the Plan, the amount of your life insurance (a.k.a. life benefit) is payable to the person you have named as your beneficiary.

There are different benefit amounts (see below) depending on your status (full time or part time) and your plan (Plan I, X, XX, XXX and XL). A part time participant who has satisfied the initial eligibility requirement and is later promoted to full time will continue to be eligible for the part time life benefit until eligible for full time benefits. A participant is never eligible for both a part time and a full time life benefit.

Benefits (Participant Only)

Plan 1	Full Time Part Time	\$17,500 \$7,500
Plan X	Full Time Part Time	\$7,500 \$5,000
Plan XX	Full Time Part Time	\$5,000 \$2,500
Plan XXX	Full Time Part Time	\$5,000 \$2,500
Plan XL	Part Time	\$2,500

Beneficiary

You may name any person you choose to be your beneficiary.

You may change the named beneficiary at any time.

1. Contact the Fund Office for an enrollment form.
2. Complete and sign the form.
3. Return the form to the Fund Office.

Only enrollment forms which are properly completed, signed, and received by the Fund Office prior to a participant's death will be honored.

If the beneficiary you designate dies before you and/or you fail to designate a beneficiary, the life benefits will be paid to the first survivor in the following order:

1. Your spouse
2. Your children
3. Your parents
4. Your brothers and sisters
5. Your estate

If you and your spouse or designated beneficiary die at the same time, or simultaneously as determined by relevant state law, as a result of injuries sustained or resulting from the same accident or event, your spouse or designated beneficiary will be deemed to have pre-deceased you for purposes of this life benefit.

A&S Form Should Be Signed After Surgery

When you have surgery, your Accident and Sickness ("A&S") form should not be completed by your employer or your physician until after your surgery occurs. Pre-dating an A&S form could cause a delay in receiving A&S benefits. Your claim could be "pending" (held back from payment) until the Fund Office receives verification of the actual date of surgery.

For example, let's say you are scheduled for surgery next Friday and in order to get your paperwork ready, you ask your physician and your employer to complete their sections of your A&S form before you have stopped working so that you can submit the form to the Fund Office. While your intention is to avoid a delay in your income, it is possible that the surgery could be canceled or postponed to another date, and if that happens, your A&S form no longer would be accurate as submitted.

90 Days to Submit Your Initial Claim Form

A completed initial claim form must be received by the Fund Office within 90 days from the date your disability began. Continuation forms are sent to you every six weeks (or as needed) and must be returned within four weeks of the date sent by the Fund Office. If your continuation form is not returned on time, you will not receive any additional A&S benefits for that disability.

Key Points to Remember

- A&S benefits will not be payable for days used as vacation days or other time paid by your participating employer.
- Your participating employer must complete its section of the form.
- The disability must be verified in writing on the claim form by a physician legally licensed to practice medicine. Nervous and mental disabilities may be certified by a certified Alcohol Counselor, or a Master's level Social Worker who is approved by Beacon Health Options.
- You must be seen in-person by a physician either in his/her office, at your home, or at a hospital.
- All questions on the claim form must be answered. Incomplete forms will be returned for completion.
- No disability will be considered as beginning more than three days prior to your first visit to a physician during the disability period.
- No disability will be considered as beginning until after your last day worked.
- You cannot collect Workers' Compensation and A&S benefits at the same time.
- You must be actively receiving treatment from a physician to improve the condition which is causing your disability.

Changing Bank Accounts?

Notify the Fund Office

If you are eligible for pension benefits, you have the option of having your pension electronically transferred (through direct deposit) into your bank account. This is a safe and convenient way to receive your pension benefits. However, if you change banks and have a new account, ***please notify the Fund Office immediately.*** We have no way of knowing when you make a change to your bank account – we count on you to tell us.

If we deposit your pension into a closed account, the bank returns the payment to us and we then have to send you a

paper check for that month, which delays your payment.

Don't let this happen to you! Be sure to call the Fund Office at (800) 638-2972 when you close or change a bank account. If you need an Electronic Funds Transfer (“EFT”) form for direct deposit of your pension check, log on to www.associated-admin.com. Click “Your Benefits” located on the left side of the page, select “Mid-Atlantic Pension Fund” or the “FELRA & UFCW Pension Fund” and under “Downloads (Forms),” you can print the EFT form. You can also call us and we'll be glad to send one to you.

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, 2020, the four-month waiting period will expire on May 1, 2020, and your severance payment deadline will be December 31, 2020.

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.”

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

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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, 2018, to December 31, 2018. 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 \$40,098,226 as of December 31, 2018 compared to \$37,360,977 as of January 1, 2018. During the plan year the Plan experienced an increase in its net assets of \$2,737,249. This increase includes unrealized appreciation or depreciation in the value of 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 \$138,837,342. This income included employer contributions of \$133,655,026, employee contributions of \$4,687,818, realized losses of \$125,989 from the sale of assets and earnings from investments of \$474,204. Plan expenses were \$136,100,093. These expenses included \$8,747,999 in administrative expenses and \$127,352,094 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 \$0.25 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, DC, 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, DC 20210.

Additional Explanation

Dental Claims- Group Dental Services, Inc. - Premiums Paid \$6,366,852
Medical Claims – Kaiser Foundation Health Plan - Premiums Paid \$8,303,016
Life Insurance Claims – ReliaStar/Voya - Premiums Paid \$136,787;
Life Insurance Claims - Symetra – Premiums Paid \$168,945
Vision Claims - Advantica - Premiums Paid \$966,148
Accidental Death & Dismemberment – ReliaStar - Premiums Paid \$4,598

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.

1ST CLASS PRSRT
U.S. POSTAGE
PAID
PERMIT NO. 1608
BALTIMORE, MD

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VEBA Fund
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