

# For Your Benefit

## When You Need Medical Services, You Must Use a CareFirst In-Network Provider

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

You must use a CareFirst provider to have coverage for hospital, medical, or surgical benefits under the Fund, with the exception of:



1. services provided by pathologists, anesthesiologists, and radiologists at an in-network facility,
2. emergency admission,
3. emergency room services, and
4. emergency ambulance service.

### Exceptions

You are covered for services provided by non-PPO network pathologists, anesthesiologists, and radiologists, **if** the services are performed at an in-network facility. You are also covered for emergency services, including emergency ambulance service, and admission to the hospital for **urgent/emergency reasons only** (not for scheduled procedures) both...

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## Let the Fund Office Know If You've Moved

It is very important that you tell the Fund Office when your address and/or telephone number changes. Often the Fund Office sends out important information about your benefits, including Plan booklets, and this *For Your Benefit* newsletter. If we don't have the correct information, we may not reach you and that may affect your benefits.

If you are planning to move (even temporarily), or have recently moved, let the Fund Office know your new address and telephone number by calling (800) 638-2972. Remember, telling the Union or your employer is not the same as telling the Fund Office. Tell us where you live so we can keep you up to date.

# Retiree Information Forms Being Sent - Please Return This Form or Benefits May Be Suspended

The Fund Office recently sent all retirees a Retiree Information Form (RIF) 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 the retiree complete all sections of this form and promptly send it back to the Fund Office. If we don't receive your RIF, your benefits may be suspended until it is received. To assist you, the Fund Office included a postage-paid return envelope with the first mailing.

**Please note that we have added a request for an email address to the RIF form. The email address provided will be stored in our secure database and will only be used for communications from our office.**

## 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.

- Provide a copy of your Medicare card for you and/or your spouse, if you have it.
- Be sure to sign the RIF.



No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree. A copy of any Power of Attorney 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 on file, then the Retiree must sign an "X" on the RIF and have it notarized by a Notary Public.



## Notify the Fund Office If You And Your Spouse Separate or Divorce

If your spouse is covered as your dependent under the Plan, you must notify the Fund Office if you and your spouse no longer live together or if you are divorced. If you don't notify the Fund, you may have to repay the Fund for claims paid on behalf of your spouse after the termination of his/her eligibility for benefits under the Plan.

Your spouse will cease to be a dependent under the Plan on the date he or she is divorced or legally separated from you. If you and your spouse are physically separated, but not legally separated, your spouse may remain a dependent until the earlier of: the date of divorce, the date of legal separation, or three years from the date of physical separation.



## Sclerotherapy – Coverage for Treatment of Varicose Veins

*The following article applies to Fund medical coverage, not HMO coverage.*

Your plan of benefits offers coverage for sclerotherapy, which is an alternative treatment for painful, enlarged veins. It involves the injection of a solution into a blood vessel to cause it to shut down and eventually to disappear. It is used mainly for the treatment of varicose veins.

### What are the guidelines?

- Treatment must be pre-approved by Carewise Health. Contact Carewise Health at (866) 511-1462.
- Benefits are provided on a “per treatment session” basis with the number and frequency of sessions and the amount of benefit paid to be determined by Carewise Health.
- Your physician must send a letter of Medical Necessity, pre-operative photographs, and a patient history indicating the need for testing to Carewise Health demonstrating the Medical Necessity of treatment (treatment for cosmetic purposes is not covered).
- Pre-operative testing will be approved only for cases in which justification can be provided. Subsequent review will be required on any case which exceeds five treatments per area.
- Consecutive treatments must be separated by 6-8 weeks to evaluate the effectiveness of the treatment.
- Only the initial consultation will be covered as a separate office visit - charges for subsequent office visits during the course of treatment will not be covered.
- Surgical supplies over the Usual, Customary and Reasonable (UCR) amount approved by Carewise Health will not be covered.
- Billing for laser treatment of varicose veins will be covered at the same level as Sclerotherapy.

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## Pension Applications Are Needed for Each Fund in Which You Earned Benefit Service

If you are a Giant or Safeway active participant and plan to retire, you will need to complete a pension application for both the legacy pension Fund (FELRA and UFCW Pension Fund) and the Mid-Atlantic UFCW & Participating Employers Pension Fund (“MAP”) if you earned benefit service under each Fund.

After December 31, 2012, participants in the FELRA Fund stopped accruing future benefits under that Fund and began earning benefits under the MAP Fund for covered employment on or after January 1, 2013.

If you accrued credited service under FELRA before January 1, 2013 and you accrued credited service under MAP on

and after January 1, 2013, before retirement, you must complete both a FELRA pension application and a MAP pension application when you are ready to retire. Likewise, if you accrued credited service under the UFCW Unions & Participating Employers Pension Fund, you will also need to complete a pension application for that Fund.

Pension applications can be printed from your home computer by logging onto [www.associated-admin.com](http://www.associated-admin.com). Click on “Your Benefits,” located at the left side of the page, and choose the Fund you are looking for, then look for “downloads.” You will see a list of available forms.

in-network and out-of-network. Emergency service is the care given for the sudden onset of a medical condition with severe symptoms, such as heart attack, poisoning, severe breathing difficulties, convulsions, loss of consciousness, and other acute conditions that may be considered life threatening.

CareFirst reprices claims when you use a participating provider, but **CareFirst is not your insurance carrier.** Your coverage is provided through the Fund.

### To Locate a CareFirst Provider

To contact CareFirst at the number listed on your ID card.

- Call (800) 235-5160 if you have a green ID card.
- Call (800) 810-2583 (800-810-BLUE) if you have a white ID card:

Note that the numbers above are only for finding a participating CareFirst provider. **No other questions (claims, eligibility, etc.) will be answered on these lines.**

Verify that the health care provider you selected participates with CareFirst when you make your appointment, as provider information is subject to change. At your appointment, show your Fund ID card and tell the physician or facility that you participate with CareFirst. If you are in the Local Lease area (green ID card) and are

filing a paper claim, send it to:

CareFirst/Network Leasing  
PO Box 981633  
El Paso, TX 79998-1633

CareFirst will reprice the claim and forward it to the Fund Office for processing. A CareFirst provider should **not** require payment for covered services at the time of service unless the service provided is a non-covered benefit or if your deductible has not been met. If the provider attempts to collect payment for covered services at the time of your visit, remind the provider that payment will be made by the Fund after CareFirst reprices the claim. The amount of the reduced charge which the patient is responsible for paying will be shown on the Explanation of Benefits (EOB) sent to you and your provider after your claim has been processed.

**Important: For laboratory services to be covered, you must use either LabCorp or Quest Diagnostic Laboratories (except for laboratory services performed when you are an Inpatient in the hospital). Lab services performed in your doctor's office or other locations will not be covered. To find the nearest LabCorp location, call (888) 522-2677 or log onto their website at [www.labcorp.com/psc/index.html](http://www.labcorp.com/psc/index.html). To find the nearest Quest location, call (800) 377-7220 or go to their website at [www.questdiagnostics.com/appointment](http://www.questdiagnostics.com/appointment).**

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## Understanding the “Hold Harmless” Provision



**A**s you may know, under certain circumstances, the Fund will defend participants and dependents who are being pursued by a provider for payment of a claim if the reason for the Fund's denial of your claim was that the provider was late in submitting it to the Fund. However, in order for the Fund to defend you, the following requirements must be met:

1. If you receive a bill or lawsuit from the provider for services that were provided to you, and you believe these “hold harmless” rules apply, contact the Fund Office within two weeks to notify us that the provider is pursuing you and to request that the Fund defend you against attempts by the provider to collect payment. **If you don't notify the Fund Office**

**within this two-week period, the Fund cannot defend you** and the provider can hold you responsible for the bill. You must notify the Fund Office upon the first collection attempt by the provider, as well as any follow-up attempts.

2. If you receive a bill from a provider, it could be because the Fund Office has not received or paid it yet. The hold harmless protection applies when the Fund has denied the claim for lateness and the provider then attempts to collect the amount from you. In other words, just because you receive a bill, don't automatically apply for hold harmless protection. Contact the Fund Office to make sure we've received it.

Finally, please note that the Fund will not defend you against a provider's collection attempts if the reason for the provider's late filing of the claim was your failure to inform the provider of your Fund coverage.

# What Happens to Your Health Benefits During a Leave of Absence

**Q:** What happens to my health benefits when I go on an approved leave of absence? Am I still covered?

**A:** If your employer grants you an approved non-military leave of absence (in writing), you have two options concerning your health benefits:

1. If you are eligible, you may choose to continue your benefits under COBRA or USERRA, as explained in your SPD booklet, or
2. If you elect to waive your COBRA or USERRA rights, you may choose to continue your eligibility status by making self-payments directly to the Fund.

## Self-Payments

You have 30 days after you lose eligibility to decide if you want to make self-payments. **Self-payments must be made monthly in an amount determined by the Board of Trustees, and must be received by the Fund Office on or before the first of each month.**

This is very important! If the monthly payment is not received on time, you will no longer be eligible for benefits (as of the end of the month for which the last self-payment was received).



Timely self-payments will be accepted until you return to active

employment covered by the Plan or until your leave of absence expires, but in no case more than 18 months following your loss of eligibility.

## What Benefits Would I Have?

If you choose to self-pay, you may continue:

- Medical benefits only;
- Life and Accidental Death and Dismemberment benefits only;
- Drug, Optical and Dental benefits only; or
- Any combination of these three groups.

You may make self-payments only *for those benefits for which you were eligible as of the last day prior to your loss of eligibility.*

## Getting Started

Call the Fund Office (800-638-2972) to find out how much the self-payment amount would be.

Mail your check or money order and a copy of your written leave of absence, if applicable, to:

FELRA & UFCW VEBA Fund  
Attn: Eligibility Dept.  
8400 Corporate Drive, Suite 430  
Landover, MD 20785-2361

You will not be billed. It is your responsibility to send your self-payment in each month.

## Shingles Vaccine Covered For Active Participants Age 60+

*The following article applies to participants in the FELRA and UFCW Active Health and Welfare Plan.*

If you are age 60 or over, and you have Fund coverage (rather than coverage through the Kaiser HMO) you are eligible to receive one dose of the shingles (zoster) vaccine at no cost when you present your Express Scripts prescription drug ID card at any Giant or Safeway pharmacy.

If you would rather prefer to get the vaccine from your doctor, the shot itself is covered at 100% up to the Usual Customary and Reasonable (UCR) amount, and the office visit charge (if there is one) is covered under Major Medical/Comprehensive at 80% for Plans I and X, 75% for Plan XX and 70% for Plan XXX. Participants in Plans X, XX and XXX **must** use a participating CareFirst provider in order for this benefit to be covered.

If you are covered under the Kaiser Permanente HMO, you may receive the vaccine from a Kaiser physician at no charge.



## Six Tips for a Good Night's Sleep

If your daily life is busier than ever, it may be tempting to trade sleep for getting more done.

But it's important to consider the hidden costs of poor sleep to your overall health and quality of life. Proper sleep not only helps with a better quality of life, but also has other benefits. Restful sleep:

- Improves productivity, physical performance, attention, creativity, problem solving, and decision making.
- Enhances the immune system, and
- Promotes physical health including hormone function, blood sugar regulation, and maintaining a healthy weight

Insufficient sleep increases your risk of developing conditions like obesity, diabetes, and heart disease. It can cause irritability and increased stress.

Chronic insomnia may increase the risk of developing a mood disorder, such as anxiety or depression.

### Tips to Get a Better Night's Sleep:

**1. Stick to a sleep schedule.** Go to bed and rise at the same time each day, even if it's not a work day.

**2. Develop a sleep ritual, a nightly routine.** Try a hot shower to calm your mind and body, or do some light stretching, deep breathing, or meditation to help your body and your mind relax.

**3. Avoid electronic devices starting 30 minutes before bedtime.** Finding out any news—good, bad, or indifferent—can keep your mind wandering.

**4. Exercise early.** If you exercise later in the day, make sure it's at least two hours before bedtime. You want your body to have time to relax well before going to sleep.

**5. Get outside during the day.** Make sure you get outside for at least 30 minutes of natural sunlight each day.

**6. Limit food and drinks late at night.** Large meals can cause indigestion that gets in the way of sleep. Too many fluids can cause more trips to the restroom. And skip the caffeine late in the day. The caffeine in coffee can take up to eight hours to wear off.

*The above article was provided by Beacon Health Options/Achieve Solutions. This is for informational purposes only and should not be treated as medical, health care, psychiatric, psychological or behavioral health care advice. If you have concerns about your health, please contact your health care provider.*

# Severance Participants: Is Your Beneficiary Registration Current?

*The following article applies to participants in the UFCW & FELRA Severance Fund only.  
Check your Collective Bargaining Agreement (CBA) to see if you are eligible for Severance benefits.*

If you are a participant in the Severance Fund, it is very important that you complete a Severance Beneficiary Registration form and return it to the Fund Office. This form will allow you to designate your beneficiary for the Severance Death Benefit. This form is **separate** from forms you may have completed for Life Insurance or the Pension Death Benefit. The Severance Death Benefit is paid to the beneficiary named on the most **recently received** Severance Beneficiary Registration form.

Because you may name different beneficiaries for different benefits (for example, your Severance beneficiary does not have to be the same person who receives your Pension death benefit), it is even more important that you keep all registrations up-to-date. **Your enrollment form for Health and Welfare benefits is not the same as a Severance Beneficiary Registration form or a Pension Beneficiary form!** Keep your designation of beneficiary updated so your

benefits are distributed to the beneficiary of your choice.

Every time your circumstances change (for example if you get married, divorced, or simply choose to change your beneficiary), you'll need to complete a new Severance Beneficiary Registration form.

## To Update Your Severance Beneficiary Form

- Log on to [www.associated-admin.com](http://www.associated-admin.com) and click on the words "Your Benefits" located at the left of the screen. Under "FELRA," select "UFCW & FELRA Severance Plan." You can print the Severance Beneficiary Registration form under "Downloads."

Once the form is completed and signed by you, return it to UFCW & FELRA Severance Fund, 911 Ridgebrook Road, Sparks, MD 21152-9451.

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## Apply for Your Severance Benefit on Time

**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 Summary Plan Description (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 July 1, 2019, the four-month waiting period will expire on November 1, 2019, and your severance payment deadline will be February 15, 2020.

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

Don't let this happen to you!

