

For Your Benefit

Very Important

If Your Spouse Is Covered Under the FELRA and UFCW Health & Welfare Plan, Please Return This Form.

The following article applies to active participants in Plans I, X, XX and XXX whose spouse is receiving dependent coverage.

The FELRA and UFCW VEBA Fund is conducting a dependent spouse verification audit. **You must provide the completed form (see page three) and documentation by mail, fax, or email no later than June 30 in order to maintain dependent coverage for your eligible spouse.**

Ways to Return the Required Information:

- **Via Mail:**
Fund Office
FELRA & UFCW VEBA Fund
Attn: Eligibility Dept.
8400 Corporate Drive, Suite 430
Landover, MD 20785-2361
- **Via Fax:** (800) 418-1545
- **Via Email:** spousalaudit@associated-admin.com

If you are a participant in the Fund and you currently have a spouse enrolled for dependent coverage, **you must complete the form on page 3 and return it to the Fund Office with the required documents by June 30, 2020.**



This issue—

If Your Spouse Is Covered Under the FELRA and UFCW Health & Welfare Plan, Please Return This Form.....	1
Summary of Material Modifications.....	1
Verification Form.....	3
Retiree Information Form Being Mailed Soon.....	5
Health Care Coverage Is Provided under Plans X, XX and XXX Only When A CareFirst Provider Is Used.....	6
Participants Encouraged to Use Website for Valuable Benefit Information.....	6
Severance Participants: Is Your Beneficiary Registration Current?.....	7
Apply for Your Severance Benefit on Time.....	7
Reminder: All Information on A&S Claim Forms Must Be Answered.....	7
Dental Coverage When Using A Non-Participating GDS Provider.....	8

Material Modifications

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 Active Health and



Continued on Page 2

Welfare Plan (“Active Plan”) Plans I, X, XX, and XXX, and the FELRA & UFCW Retiree Health and Welfare Plan (“Retiree Plan”). Please keep this document with your Summary Plan Description (“SPD”) and your Summary of Benefits and Coverage (“SBC”).

1. Effective March 1, 2020 and continuing through December 31, 2020, any in-person visit requirement applicable to traditional Fund (non-Kaiser) medical benefits and accident and sickness 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 Accident and Sickness Benefits may be satisfied by a visit with the physician through telephone conference, video conference, or similar technology.

2. Effective June 1, 2020, the “Ambulance Service” Subsection of the “Comprehensive Medical Benefits” Section of the SPD for Plans I, X, XX, and XXX of the Active Plan is deleted and replaced with the following to reflect an increase in the Ambulance Service benefit under the Fund:

Ambulance Service

For Participants and Dependents covered under Plan I, benefits are provided for emergency *Ambulance Service* up to the greater of \$200 per trip or 80% after the annual deductible has been met. For Participants and Dependents under Plans X, XX, and XXX, benefits are provided for emergency *Ambulance Service* up to \$200 per trip. The patient’s condition must be such that use of any other method of transportation is not medically advisable.

3. Effective July 1, 2020, the “Quantity Limits/Prior Authorization” Subsection of the “Prescription Drug Benefit” Section of the SPD is deleted and replaced with the following:

Prior Authorization

There are prior authorization requirements applicable to the coverage of certain medications under the Plan. If your prescription drug claim is denied based on the

Fund’s prior authorization requirements, please have your *Physician* or pharmacist contact Express Scripts and provide the appropriate documentation for review. Please go to www.express-scripts.com or contact Express Scripts by phone at (800) 903-8325 for the current list of drugs subject to prior authorization.

Drug Quantity Management

The Fund maintains a Drug Quantity Management program. Drug Quantity Management means that the Fund will only pay for a specific quantity at a particular strength for certain prescription drugs. Quantity limits are set in accordance with FDA approved prescribing limitations and standard medical practice. Please go to www.express-scripts.com or contact Express Scripts by phone at (800) 903-8325 for the current list of drugs subject to these rules. If your *Physician* wants to prescribe a particular strength or quantity of drug that does not fit within the limits of the Fund’s Drug Quantity Management program, your *Physician* can request an exception by contacting Express Scripts.

4. Effective June 1, 2020, the following new Subsection is added at the end of the “Prescription Drug Benefit” Section of the SPD:

Prescription Care Management

The Fund has adopted a prescription management program provided through Prescription Care Management, LLC (“PCM”). Under the program, PCM may contact you or your *Physician* to discuss lower cost alternatives to certain medications you are taking with the goal of achieving cost savings for both you and the Fund. Participation in the PCM program is completely voluntary and you will not be penalized if you decide not to participate.

5. Effective September 24, 2019, the following is added after the last paragraph of the “Specialty Medication/Accredo Specialty Pharmacy” Subsection of the “Prescription Drug Benefit” Section of the SPD:

Limited Distribution Specialty Drugs

Certain “limited distribution” specialty drugs may not be available through the Accredo Mail Order Specialty Pharmacy. If such a specialty drug meets the Plan’s requirements for coverage but is not available through Accredo or any other covered pharmacy, the Plan will cover prescriptions for the specialty drug ordered through CVS Specialty Pharmacy, subject to the same *Co-payment* that applies to specialty drugs ordered through Accredo.



Complete
and Return

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

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500 | (800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020 | (800) 638-2972
www.associated-admin.com

VERIFICATION FORM

Dependent Spouse

As stated in your Summary Plan Description, your legally married spouse is eligible for benefits under the Health & Welfare Plan until the earliest of: (a) 3 years from the date of physical separation; (b) the date of divorce; or (c) the date of legal separation.

Last Name		First Name	MI
Address			
City	State		Zip Code
Telephone	Sex: M/F		Date of Birth
Marital Status			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Date of Marriage:			

Spouse Information

Last Name		First Name	MI
Address			
City	State		Zip Code
Telephone	Sex: M/ F		Date of Birth

If the address of participant and spouse are not the same, what is the date the physical separation started?
_____ I, _____

certify that my spouse and I are still married and that we are not legally separated.

Please return this form to the Fund Office with **one of the following**:

- A copy of the front page of your 2018 federal tax return (Form 1040) confirming this dependent as a spouse. If taxes are filed "Married Filing Separately," the front pages for both returns are required.
- A document dated within the last 60 days showing that the spouse lives at the participant's address. **This document must list your spouse's name, the date, and your (the participant's) mailing address.** Health care bills cannot be accepted as proof, since health care coverage is being verified. Here are some examples: a mortgage statement, a rental contract, a credit card statement, a phone bill, a cable bill, a gas and electric or other utility bill.

IMPORTANT NOTICE: IT IS FRAUDULENT TO KNOWINGLY PROVIDE FALSE INFORMATION, OR TO KNOWINGLY CONCEAL INFORMATION FROM THE FUND, IN AN EFFORT TO MAINTAIN DEPENDENT COVERAGE.

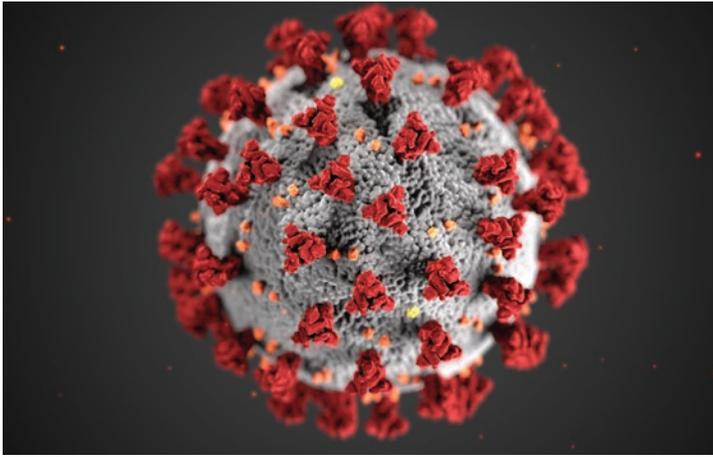
I, _____, have read the above and I understand the information.
(Print Name)

I further state that I personally completed this form and all information is complete and accurate.

Participant's Signature: _____

Spouse's Signature: _____

Date: _____



6. COVID-19 Testing

Effective March 18, 2020, the following services will be covered with no cost sharing (including deductibles, co-payments and co-premiums) and no requirement for prior authorization:

- Diagnostic products for the detection of SARS-CoV-2 or the diagnosis of COVID-19 and the administration of such diagnostic products. The types of tests that will be covered include:
 1. Diagnostic testing authorized by the FDA or the Secretary of HHS;
 2. Diagnostic testing that is under review, or will be submitted for review, by the FDA for emergency use; and
 3. Diagnostic testing authorized by a State, if that State has notified the Secretary of HHS.
- Items and services furnished to a Participant or Dependent during health care provider office visits, urgent care visits, and emergency room visits that result in an order for, or administration of, a diagnostic product, but only to the extent that the item or service relates to the furnishing or administration of the diagnostic test or the evaluation of whether an individual needs a diagnostic test.

7. SaveonSP – Specialty Drug Coverage (Applicable to Active Plan Participants and Dependents in Plans I, X, XX and XXX)

Effective June 1, 2020, the Active Plan is partnering with Express Scripts, Inc. and SaveonSP, to help you and the Fund save money on certain specialty medications. You should have already received, or will soon receive, a separate notice from Express Scripts regarding the SaveonSP program that includes a list of the specialty

drugs that currently are subject to this program.

This notice describes the SaveonSP program and serves as a summary of material modification to your SPD and a notice of modifications to your Summary of Benefits and Change (SBC) previously provided to you when you enrolled in coverage.

a. The following is added to the end of the Prescription Drug Section of your Active Plan SPD’s Schedules of Benefits for Full Time and Part Time Participants:

However, if a specialty drug is covered by the Fund’s SaveonSP program and you enroll and participate in the program, your *Co-payment* will be paid through the drug manufacturer’s copay assistance program and you will pay nothing (\$0). **If you do not participate in the SaveonSP program, the specialty drug will be subject to an increased Co-payment listed on the SaveonSP program’s current Non-Essential Health Benefit Specialty Drug List, and the Co-payment will not count towards your deductible or out-of-pocket maximums.** See the “Prescription Drug Benefit” Section of the SPD for more information.

b. The following is added after the second bullet point under the “Cost of Prescription Drugs” Subsection of the “Prescription Drug Benefit” Section of your Active Plan SPD:

Cost for Certain Specialty Drugs under SaveonSP Program

Certain specialty drugs are subject to the Fund’s program through SaveonSP. The SaveonSP program saves you and the Fund money through manufacturer copayment assistance programs. If you are prescribed a specialty drug that is part of the SaveonSP program (a “Participating Specialty Drug”) and you have not yet enrolled in this program, SaveonSP will contact you with educational and enrollment information after your prescription is presented to Accredo Specialty Pharmacy. Enrollment in the SaveonSP program is voluntary, but if you do not enroll, your co-payment for any Participating Specialty Drug will increase significantly.

If you choose not to enroll and participate in the SaveonSP program, you will be charged the full Co-payment listed on the SaveonSP program’s current Non-Essential Health Benefit Specialty Drug List for a Participating Specialty Drug. The Co-payment will not



count towards your deductible or out-of-pocket maximums.

However, if you enroll in the SaveonSP program, your full *Co-payment* for the Participating Specialty Drug will be paid through the drug manufacturer's copay assistance program and you will pay nothing (\$0), for as long as that Participating Specialty Drug is part of the program.

For a copy of the current Non-Essential Health Benefit Specialty Drug List of Participating Specialty Drugs, or if you have any questions regarding the SaveonSP program, please contact SaveonSP at (800) 683-1074.

c. Your Active Plan SBC includes a section describing what you will pay “[i]f you need

drugs to treat your illness or condition.” The following is added to the end of the “Limitations, Exceptions, & Other Important Information” for that section of your SBC:

If a specialty drug is covered by the Fund's SaveonSP program and you enroll in the program, your coinsurance will be paid through the drug manufacturer's copay assistance program and you will pay nothing (\$0). If you do not participate in the SaveonSP program, the specialty drug will be subject to an increased coinsurance listed on the SaveonSP program's current Non-Essential Health Benefit Specialty Drug List. Contact SaveonSP at (800) 683-1074 for a copy of the List.



Retiree Information Form Being Mailed Soon - Please Return This Form Or Benefits May Be Suspended

The Fund Office is sending 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 Medicare coverage.
- 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.

Give Copy of Power of Attorney to the Fund Office

If someone has Power of Attorney for you, or you plan to appoint someone in the future, be sure to send a copy of the Power of Attorney document, along with the Attorney-in-Fact's telephone number, to the Fund Office. We need to know if someone else has the legal right to sign forms and/or make other legal decisions on your behalf.

Health Care Coverage Is Provided under Plans X, XX and XXX Only When A CareFirst Provider Is Used

The following article applies to participants of the FELRA & UFCW Active Health and Welfare Plan, for benefit Plans X, XX and XXX, who have traditional Fund medical coverage, not HMO coverage.

You must use a CareFirst provider to receive coverage for hospital, medical, or surgical claims 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 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

Go online to the CareFirst website, www.carefirst.com. Click on “Members and Visitors,” then click on “Find a Doctor.” Under “Search the Provider Type,” click on either medical or facilities, depending upon your needs. If you are looking for a medical provider, and your Plan ID card is white, you should search under the heading at the bottom of the page which says, “Other Networks,” then choose the “PPO-National/International Blue Cross Blue Shield Directory” link. If your ID card is green, you should look under the header “Select Your Medical Plan” and choose “BluePreferred (PPO).”

To Locate A Provider By Telephone

Call (800) 235-5160 if you have a green ID card, or (800) 810-2583 if you have a white ID card. These numbers are also on your ID card.

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

Participants Encouraged to Use Website for Valuable Benefit Information

You can find the most up-to-date information regarding your Plan online at www.associated-admin.com. Simply click “Your Benefits” (at top or at left) and choose FELRA and the Plan or Fund you wish to see.

You can check on eligibility or the status of claims through the MemberXG Benefit System.

In addition to important notices, the website includes various forms you may download, such as the change of address form, change in beneficiary form (Health & Welfare and Pension), and more.

Your Summary Plan Description (“SPD”) booklets are available on the website too, as well as any Summary of Material Modifications (changes such as the recent COVID-19 changes) that have occurred since the SPD’s print date. You can also view the most recent Summary of Benefits and Coverage (SBC) Notice applicable to your Plan.

The website also has every **For Your Benefit** newsletter, dating back to March 2012, for quick access by participants. Simply click on the month and year of the issue you’d like to access (for example, “December 2019”) and a PDF of that issue will open in another tab in your browser. You may download the file for reading offline. Phone numbers for Plan Providers are listed as well.



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!**

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

To Update Your Severance Beneficiary Form

- Log on to 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.

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, 2020, the four-month waiting period will expire on November 1, 2020, and your severance payment deadline will be February 15, 2021.

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!

Reminder: All Information on A&S Claim Forms Must Be Answered

The Accident and Sickness (sometimes called "weekly disability") claim form must be completed **in full** before you submit it to the Fund Office. We have made the form as succinct and easy as possible. All questions on the form must be answered. If the form is incomplete, it will be returned, which delays the processing of your claim.



Dental Coverage When Using A Non-Participating GDS Provider

Your Plan of benefits provides coverage for dental benefits including exams, x-rays, cleanings, amalgam fillings, and simple extractions, when the service is provided through Group Dental Service of Maryland, Inc. (“GDS”). Except as provided below, **any service you receive from a dentist who does not participate with GDS will not be covered under the Fund.**

You may use a non-participating GDS dentist and receive coverage only:

- When referred by a participating dentist to a non-participating specialist;
- When authorized in advance by GDS;
- In the case of a dental emergency which occurs more than 50 miles from your primary dentist. If you are temporarily away from home and outside the GDS service area, GDS will reimburse you for dental expenses relating to minor procedures for the palliative relief of pain up to a limit of fifty dollars per occurrence; or
- When the participant does not live or work within 20 miles or 30 minutes of a participating dentist. Before using a non-participating dentist under this geographical exception, you should verify with GDS that it has no facilities within 20 miles or 30 minutes of your home or work, before your appointment.

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

FELRA & UFCW
VEBA Fund
911 Ridgebrook Rd.
Sparks, MD 21152-9451