

For Your Benefit



Very Important!

Apply for Your Severance Benefit on Time

You are a participant in the Severance Plan if you were hired before March 26, 2000 by a participating employer which participates in the Severance Fund and was obligated to make contributions to this Fund on your behalf under a Collective Bargaining Agreement (CBA) or under a participation agreement on that date.

Once you reach your Severance From Service Date under the Plan, you have a limited amount of time to apply for your benefit. If you do not apply on time, you will lose your benefit.

When you experience a Severance From Service because you either terminate employment with your covered employer **or are on a leave of absence lasting more than three years (for bargained employees)**, you are entitled to receive your Payable Severance Benefit in a lump sum cash payment. The benefit is payable to you after the Fund Office receives a complete application for benefits.

You may receive your benefit **no earlier** than four months after your Severance From Service Date, and your benefit must be paid **no later than the latest of:**

1. The last day of the calendar year in which the above described four-month waiting period expires; or

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 - FELRA & UFCW Retiree Health and Welfare Plan**
 - FELRA & UFCW Pension Fund
 - Mid-Atlantic UFCW Participating Employers Pension Fund
 - UFCW & FELRA Severance Plan*
 - UFCW & FELRA Legal Benefits Plan*
 - UFCW & FELRA Scholarship Plan*
- * Benefit programs of the FELRA & UFCW Active Health and Welfare Plan
 ** Benefit Plans of the FELRA & UFCW VEBA Fund

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Material
Modifications

2018 Cost to Add Dependent Children for Part-Time Plans XX and XXX



Effective March 1, 2018, the cost for dependent coverage for children of Part-Time participants in Plans XX and XXX will change.

The chart below shows the current cost and what the cost for the coverage will be effective March 1, 2018.

Plan	2017 Rate Per Child	2017 Rates for 3 or More Children	2018 Rates Per Child	2018 Rates for 3 or More Children
Plan XX Part Time	\$108.39 per month	\$325.17 per month	\$117.05 per month	\$351.15 per month
Plan XXX Part Time	\$106.80 per month	\$320.40 per month	\$115.34 per month	\$346.02 per month

The 2018 amount will automatically be deducted from your paycheck beginning in March **unless you contact the Fund Office** to advise that you want to drop the coverage. If you don't contact the Fund Office, you will remain enrolled for Dependent Child coverage at the same level you have currently, and the new rate will apply to you starting in March.

Material
Modifications

2018 ACA Preventive Care Services

The following Summary of Material Modifications ("SMM") applies to participants under the FELRA & UFCW Active Health and Welfare Plan whose medical coverage is provided through the Fund, not an HMO.

The Patient Protection and Affordable Care Act of 2010 ("ACA") requires 100% coverage for certain preventive medical services **as long as the patient is seen by an in-network provider**. This means you will have no deductible, co-payment or co-insurance for your preventive services as long as you see a participating provider.

Effective January 1, 2018, the ACA Preventive Care Services list was updated. Shown below are some of the new services.

- Depression screening for pregnant and postpartum women.
- Syphilis screening for adolescents who are at increased risk for infection.
- Screening and counseling for adolescents for interpersonal and domestic violence.

- Aspirin (low dose) as a preventive medication after 12 weeks of gestation in women who are at high risk of preeclampsia.
- Aspirin preventive medication for adults aged 50 to 59 years having a more than 10 percent 10-year cardiovascular risk.
- Statin preventive medication for adults aged 40 to 75 years with no history of cardiovascular disease (CVD), one or more cardiovascular disease risk factors, and a calculated 10-year CVD event risk of 10 percent or greater.

Complete List on the Fund's Website

A complete list of preventive services and drugs, along with a detailed description of coverage limitations and exclusions, can be found on the Fund's website: www.associated-admin.com. Click on "Your Benefits" located at the left side of the page and select "FELRA & UFCW." You will be directed to the FELRA homepage. Click on FELRA & UFCW Health and Welfare Plan and under "Downloads," you can view the 2018 ACA Preventive Services list.

Change in Open Enrollment And Enrolling New Dependents

Material
Modifications

The following Summary of Material Modifications (“SMM”) applies to participants under the FELRA & UFCW Active Health and Welfare Plan whose medical coverage is provided through the Fund.

Effective **January 10, 2018**, 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 the Fund’s Summary Plan Descriptions (“SPDs”) for Plans I, X, XX, and XXX. Please keep this document with your SPD.

1. Plan X now has a single annual Open Enrollment Period, from January 1-31 each year, when Participants may enroll in or drop coverage under the Plan and add or drop dependents, if they are eligible for dependent coverage. The July 1-31 Open Enrollment Period for Plan X Part Time Participants is eliminated.

2. The subsection entitled “Enrolling New Dependents” under the Section entitled “Dependent Eligibility” in Plans I, X, XX, and XXX is deleted and replaced with the following:

Enrolling New Dependents

Once you have satisfied the waiting period for dependent coverage, if any, a newly eligible dependent can be included for benefit coverage by notifying the Fund Office and completing an enrollment form. You must apply for dependent coverage **within 30 days** of the date your family member becomes your dependent.

If you apply for dependent coverage within 30 days from your date of marriage, your eligible spouse may be included for benefit coverage on the first day of the calendar month following the date of marriage. When you apply within 30 days of the date of a child’s birth, the biological child(ren) and/or newborn child(ren) adopted or placed for adoption with you may be added as of the date of birth. For adopted children or children placed with you for adoption other than newborns, when you apply within 30 days of the date of adoption or placement with you for adoption, the child(ren) may be added as of the date of adoption or placement for adoption. When you apply within 30 days of the date of your marriage, stepchildren may be added on the first of the month following your date of marriage.

If you do not enroll your dependent spouse or child within 30 days of the applicable date described above, you must wait until the next Open Enrollment period to add him or her, unless you qualify for a special enrollment event as described in this SPD.

Plan XX and Plan XXX Part-Time Participants:

You may enroll eligible dependent children as described above, but you are required to pay the full cost of the dependent coverage via payroll deduction. If you enroll your child/ren, your employer will set up payroll deductions to begin with the first month you are eligible for dependent coverage. Dependent coverage will not begin until the month in which your first payroll deductions are made.



IRS Form 1095-B Sent

At the end of January, 2018, the Fund sent an IRS Form 1095-B to all participants with traditional Fund medical coverage (and Kaiser sent a Form 1095-B to participants covered by the Kaiser HMO). If you are a retiree, you may have received a Form 1095-B directly from Medicare, rather than from Kaiser or the Fund.

This form details your medical coverage for each month in 2017 and also lists each covered dependent in your household, if applicable. You will need to refer to this form when you file your 2017 taxes.

You also should have received a Form 1095-C from your employer, which shows the medical coverage you had through your employer in 2017.

If you have questions regarding the Form 1095-B, please contact the Fund Office.

2. The 15th day of the third calendar month following the expiration of the four-month waiting period.

For example, if Jane terminated covered employment on January 1, 2018, she can apply for her Severance Benefit immediately, but the earliest she can receive it is May 1, 2018. Further, if Jane does not apply for and receive her Severance Benefit by December 31, 2018, she will permanently lose her right to the benefit.

Here are some more examples of how this rule works:

SEVERANCE FROM SERVICE DATE:	YOU CAN RECEIVE YOUR BENEFIT ON OR AFTER:	YOU MUST RECEIVE YOUR BENEFIT BY THIS DATE OR IT IS FORFEITED:
January 15, 2018	May 15, 2018	December 31, 2018
April 1, 2018	August 1, 2018	December 31, 2018
June 22, 2018	October 22, 2018	January 15, 2019
July 10, 2018	November 10, 2018	February 15, 2019
August 13, 2018	December 13, 2018	March 15, 2019
October 20, 2018	February 20, 2019	December 31, 2019

How to Apply for Benefits

You must apply to receive your Payable Severance Benefit using the Fund's application form, and it is best

to do so as soon as your Severance From Service Date occurs. To print this form, log onto www.associated-admin.com and select "Benefits" located at the left side of the screen. Under "FELRA," click on "UFCW and FELRA Severance Plan." You can print the "Severance Application" located under "Downloads (Forms)." You can view the schedule of when you must apply for benefits based on your termination date by selecting the "Severance Application Deadline Schedule." You can also contact the Fund Office to request that a severance benefit application be mailed to you.

To ensure that you receive your Payable Severance Benefit before the deadlines described above, you should apply to receive your Payable Severance Benefit as soon as your Severance from Service Date occurs.

The Fund will not distribute your Payable Severance Benefit to you if it has not received your application. **If you do not submit an application for your Payable Severance Benefit on time, no benefit will be payable to you by the Fund. Further, your right to receive your Payable Severance Benefit under the Plan will be forfeited if the benefit is not paid by the deadline as described above.**

Be sure to apply to the Fund Office on time.

Medicare Supplement Increased to Cover 2018 Medicare Co-Payments and Deductibles

The following applies to Medicare-eligible participants and dependents whose medical coverage is provided through the Fund, not through a Medicare HMO.

The Board of Trustees is pleased to announce that the Medicare Supplemental benefit has been increased to cover the 2018 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2018

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2018 is \$1,340 for each benefit period.

For each benefit period, the Fund's Medicare Supplemental benefit will cover:

- A total of \$1,340 for a hospital stay of 1-60 days.

- \$335 per day for days 61-90 of a hospital stay.
- \$670 per day for lifetime reserve days.

For Skilled Nursing Facility Coinsurance, the Fund's Medicare Supplemental benefit will cover:

- \$167.50 per day for days 21 through 100 of each benefit period.

Medicare Part B covers physician services, outpatient hospital services, certain home health services, and durable medical equipment and other items. The annual deductible for all Part B beneficiaries in 2018 is \$183, and the Fund's Medicare Supplemental benefit will cover this amount.



Summary of Material Modifications

Below are Summaries of Material Modifications (changes) made to your Plan during the past year. Please clip this summary and keep it with your Plan booklets so you will have it for easy reference.

All Funds

- **Effective April 1, 2017**, the Landover Fund Office moved to 8400 Corporate Drive, Suite 430, Landover, Maryland 20785-2361. All phone and fax numbers remained the same.

FELRA & UFCW VEBA Fund

FELRA & UFCW Active Health and Welfare Plan

- **Effective January 10, 2018 - Change in Open Enrollment And Enrolling New Dependents**
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 the Fund's Summary Plan Descriptions ("SPDs") for Plans I, X, XX, and XXX.

- 1. Plan X now has a single annual Open Enrollment Period, from January 1-31 each year, when Participants may enroll in or drop coverage under the Plan and add or drop dependents, if they are eligible for dependent coverage. The July 1-31 Open Enrollment Period for Plan X Part Time Participants is eliminated.**
- 2. The subsection entitled "Enrolling New Dependents" under the Section entitled "Dependent Eligibility" in Plans I, X, XX, and XXX is deleted and replaced with the following:**

Enrolling New Dependents

Once you have satisfied the waiting period for dependent coverage, if any, a newly eligible dependent can be included for benefit coverage by notifying the Fund Office and completing an enrollment form. You must apply for dependent coverage **within 30 days** of the date your family member becomes your dependent.

If you apply for dependent coverage within 30 days from your date of marriage, your eligible spouse may be included for benefit coverage on the first day of the calendar month following the date of marriage. When you apply within 30 days of the date of a child's birth, the biological child(ren) and/or newborn child(ren) adopted or placed for adoption with you may be added as of the date of birth. For adopted children or children placed with you for adoption other than newborns, when you apply within 30 days of the date of adoption or placement with you for adoption, the child(ren)

may be added as of the date of adoption or placement for adoption. When you apply within 30 days of the date of your marriage, stepchildren may be added on the first of the month following your date of marriage.

If you do not enroll your dependent spouse or child within 30 days of the applicable date described above, you must wait until the next Open Enrollment period to add him or her, unless you qualify for a special enrollment event as described in this SPD.

Plan XX and Plan XXX Part-Time Participants:

You may enroll eligible dependent children as described above, but you are required to pay the full cost of the dependent coverage via payroll deduction. If you enroll your child/ren, your employer will set up payroll deductions to begin with the first month you are eligible for dependent coverage. Dependent coverage will not begin until the month in which your first payroll deductions are made.

- **Effective March 1, 2018 - Cost to Add Dependent Children for Part-Time Plans XX and XXX**

The cost for dependent coverage for children of Part-Time participants in Plans XX and XXX will change on March 1, 2018.

PLAN	2018 RATES PER CHILD	2018 RATES FOR 3 OR MORE CHILDREN
Plan XX Part Time	\$117.05 per month	\$351.15 per month
Plan XXX Part Time	\$115.34 per month	\$346.02 per month

The 2018 amount will automatically be deducted from your paycheck beginning in March **unless you contact the Fund Office** to advise that you want to drop the coverage. If you don't contact the Fund Office, you will remain enrolled for Dependent Child coverage at the same level you have currently, and the new rate will apply to you starting in March.

- **Effective January 1, 2018 – Revised ACA Preventive Services**

The Patient Protection and Affordable Care Act of 2010 ("ACA") requires 100% coverage for certain preventive medical services **as long as the patient is seen by an in-network provider**. This means you will have no deductible, co-payment or co-insurance for

your wellness exam and related tests as long as you see a participating provider.

Complete List on the Fund's Website

A complete list of the 2018 ACA Preventive Services can be found on the Fund's website at www.associated-admin.com.

- **Beacon Health Options – New Address**

Beacon Health Options, your mental health/substance abuse provider, recently changed its mailing address. Send all correspondence to the new mailing address: Beacon Health Options, PO Box 1854, Hicksville, NY 11802.

- **April 12, 2017 - Change in Initial Eligibility Rule for Plan XXX and Plan XL Participants Employed by Giant**

Effective for covered employees hired by Giant after November 16, 2016, such employees are eligible for Plan XXX if they are entitled to payment for an average of at least 30 hours per week during the applicable measurement period. Such employees are eligible for Plan XL if they are entitled to payment for an average of less than 30 hours per week during the applicable measurement period.

Giant provides the Fund Office with the hours paid for each of its employees, from which the Fund Office calculates the benefit plan for which each employee will be eligible.

FELRA & UFCW Retiree Health and Welfare Plan

No changes

UFCW & FELRA Legal Benefits Fund

No changes

Mid-Atlantic UFCW & Participating Employers Pension Fund

- The following is a clarification to the Mid-Atlantic UFCW & Participating Employers Pension Fund's January 2016 Summary Plan Description ("SPD").

The following new Section is added after the COMMENCEMENT OF BENEFITS Section of your SPD:

FELRA & UFCW PENSION FUND BENEFIT PROTECTION

This section applies to participants who have accrued a benefit under the FELRA & UFCW Pension Fund. If the FELRA & UFCW Pension Fund becomes insolvent and benefits payable to you under the FELRA & UFCW Pension Plan are reduced as a result of the insolvency, you will be eligible to receive the benefit described

below if the following applies to you:

1. You are a pensioner, participant, former participant or beneficiary of the FELRA & UFCW Pension Fund;
2. You are or were employed by (or are the beneficiary of a FELRA & UFCW Pension Fund participant or former participant who is or was employed by) one or more of the employers listed below.
 - Giant Landover;
 - Safeway;
 - Any employer that withdrew from the FELRA & UFCW Pension Fund prior to January 1, 2013 without owing withdrawal liability to the FELRA & UFCW Pension Fund; or
 - Any employer that withdrew from the FELRA & UFCW Pension Fund prior to January 1, 2013, provided that such employer has fully paid, or is timely paying, its withdrawal liability in accordance with the withdrawal liability rules under the FELRA & UFCW Pension Fund; and
3. Any benefits otherwise payable to you under the FELRA & UFCW Pension Plan are not paid as a result of the FELRA & UFCW Pension Fund becoming insolvent.

If you meet the above requirements, you will become eligible to receive the following benefit from the Fund as of the first month in which any of your benefits under the FELRA & UFCW Pension Fund are not paid as a result of the FELRA & UFCW Pension Fund's insolvency:

A benefit equal to the amount of the monthly benefit that you would have been entitled to receive under the FELRA & UFCW Pension Plan absent any reduction due to the insolvency of the FELRA & UFCW Pension Fund, reduced by the amount of the monthly benefit actually payable to you by the FELRA & UFCW Pension Plan, including benefits paid by, or as a result of benefits guaranteed by, the PBGC. The amount of this benefit, combined with the amount of your reduced benefit under the FELRA & UFCW Pension Plan, will be equal to the benefit you would have received under the FELRA & UFCW Pension Plan had the FELRA & UFCW Pension Fund not become insolvent.

FELRA & UFCW Pension Fund

No changes

UFCW & FELRA Severance Fund

No changes

UFCW & FELRA Scholarship Fund

No changes



Retiree Information Forms Will Be Mailed Soon. Complete and Return This Form!

The Fund Office will send all retirees a Retiree Information Form ("RIF") within the next few months 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 will include a postage-paid return envelope with the first mailing.

Helpful Reminders

- Please don't 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.
- 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 such 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.

See a CareFirst In-Network Provider When You Need Medical Care

The following article applies to 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, except as described below.

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.

Please note: CareFirst re-prices 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 locate a CareFirst provider, 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.

When you make your appointment, you should verify that the health care provider you selected participates with CareFirst, since 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 the provider does not send your medical claims forms to CareFirst electronically, and you are in the local lease area of CareFirst, you or your provider should send your medical claims directly to CareFirst at:

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 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) which is 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. To find the nearest Quest location, call (800) 377-7220 or go to their website at www.questdiagnostics.com/appointment.



Tips for Safe Prescription Drug Use at Home

According to the Centers for Disease Control and Prevention, nearly 1 million children under the age of five are exposed to potentially poisonous medications and household chemicals every year. And more than 60,000 young children end up in the emergency room each year from wrongly ingesting medications.

Below are some tips to increase prescription drug safety at home:

- **Be cautious of colors:** Medications are colorful and attractive to children and can be mistaken for candy.
- **Lock it up:** Don't leave your next dose out on the counter where a child can reach it. Tightly secure caps and lock up all medications and vitamins in a cool, dry place. Keep medications in their original labeled containers so if there is an emergency, you can tell medical personnel exactly what the child ingested.

Do not share: Be sure to remind children that they should never share their medications. When playing "doctor," friends and younger siblings of those taking a medication are often the recipients, leading to an accidental poisoning.

How to Respond to Accidental Poisonings

If you suspect a child has ingested a potentially poisonous substance, here is what you should do:

- **Know your numbers:** If the child has collapsed or is not breathing, dial 911 immediately. If the child is awake and alert, call the poison hotline at (800) 222-1222 and follow the operator's instructions. If possible, have available the victim's age and weight, the container or bottle of the poison, the time of the poison exposure and the address where the poisoning occurred.
- **Know the signs:** Reactions to ingested medications or household products may vary. Look for signs such as vomiting, drowsiness and any residue odor on the child's mouth and teeth. But know that some products cause no immediate symptoms, so if you suspect that your child has ingested a potentially hazardous substance, call the poison hotline immediately.
- **Keep calm:** It's important to remain calm so you can effectively communicate with emergency personnel. If the child ingested medication, do not give anything to the child by mouth until advised by the poison control center. If chemicals or household products have been swallowed, call the poison control center immediately or follow the first aid instructions on the label.

The above article was obtained from Express Scripts, Inc. This information is general and not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition.

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