

# For Your Benefit

## 2019 Cost to Add Dependent Children for Part-Time Plans XX and XXX

Effective March 1, 2019, the cost for dependent coverage for children of part-time participants in Plans XX and XXX has changed.



| Plan               | Per Child Rate     | 3 or More Children Rate |
|--------------------|--------------------|-------------------------|
| Plan XX Part Time  | \$126.20 per month | \$378.60                |
| Plan XXX Part Time | \$124.37 per month | \$373.11                |

### Summary of Material Modifications This Issue!

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

The 2019 amount will automatically be deducted from your paycheck beginning in March **unless you contact the Fund Office** within 30 days of the date you first receive notice of the new rates 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.



## Change in Open Enrollment for Part-Time Plan X Participants



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 December 12, 2018, the Board of Trustees of the FELRA and UFCW VEBA Fund (“Fund”) has adopted the following change to the Fund’s Summary Plan Description (“SPD”) for Plan X. Please keep this document with your SPD.

Starting in December 2019, Part-Time Plan X participants will have a single annual Open Enrollment Period each year, during which participants may enroll in or drop coverage under the Plan and add or drop dependents, if they are eligible for dependent coverage. Coverage will be effective each January. Previously, Open Enrollment was each January, for coverage effective March 1.

### This issue—

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# Benefits Can Be Viewed Online at MemberXG

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

MemberXG allows you to view your benefit claim information online and through your mobile device. It provides personal benefit information to you via the Internet in a safe, secure and HIPAA compliant environment.

## MemberXG Offers the Following:

- Secure internet access to benefit information with assured privacy.
- Mobile-ready access allows you to view your benefit information 24 hours a day.
- Benefit access which allows you to track your claims and view the following:
  - Accident and Sickness Claims – displays claims submitted to the Plan on your behalf.
  - Eligibility – your past and present eligibility.
  - Summary Explanation of Benefit (EOB) information concerning claims processed by the Fund.
- Dashboard – a landing page containing quick navigation to other benefit information.
- Demographics – a demographic page displaying your address, phone number, and other information.

## How Does It Work?

- Log in to [www.associated-admin.com](http://www.associated-admin.com), select *Your Benefits*, located at the left side of the page, and select *FELRA & UFCW Health & Welfare Plan*. Click on MemberXG which will take you to the Member XG site.
- Select *Create Account*, located at the upper right corner. You will be asked to create a username and password.



- If you had a password for NETime, the online access service previously offered by the Fund, it will **not** apply to this site. You will need to create a new username and password for MemberXG. If you have any questions about a claim that you

see on MemberXG, please call the Participant Services Department at (800) 638-2972.

**Note: The information provided on the MemberXG website is not a guarantee of coverage. It is possible that the information shown is inaccurate or is not fully up to date.**

## Medicare Supplement Increased to Cover 2019 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 increased to cover the 2019 Medicare co-payment and deductible amounts.

### New Co-Pays and Deductibles for 2019

**Medicare Part A** pays for inpatient hospital, skilled



nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2019 is \$1,364 for each benefit period.

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

- A total of \$1,364 for a hospital stay of 1-60 days.
- \$341 per day for days 61-90 of a hospital stay.
- \$682 per day for lifetime reserve days.

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

- \$170.50 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 2019 is \$185, 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.*



### **FELRA & UFCW VEBA Fund** **FELRA & UFCW Active and Retiree Health and Welfare Plans**

#### • **Effective April 1, 2018 – Disability Benefits**

The Board of Trustees of the FELRA and UFCW VEBA Fund (“Fund”) has adopted the following changes to the FELRA & UFCW Active Health and Welfare Plan (“Active Plan”) and FELRA & UFCW Retiree Health and Welfare Plan (“Retiree Plan”) effective April 1, 2018. These changes provide you with more information on how the Fund reviews certain disability benefit claims and appeals.

1. Effective for claims for disability benefits filed on or after April 1, 2018, the following language is added after the “If Your Accident & Sickness Claim is Denied” Subsection of the Section entitled “Claims Filing and Review Procedure” in the Active Plan SPDs and after the Section entitled “Denial of a Claim” in the Retiree Plan SPD:

#### **Initial Disability Claim Denial Involving Discretionary Determination of Disability by the Fund**

In the case of a denial of your claim for disability benefits that is based on a determination by the Fund (and not by a third party acting independent of the Fund such as the Social Security Administration (“SSA”)) that you are not disabled under the Plan rules, the written notice of the denial also will include the following:

1. A discussion of the decision, including, if applicable, an explanation of the Fund’s basis for disagreeing with or not following:
    - a. The views you presented to the Fund of health care professionals treating you and vocational professionals who evaluated you (if any);
    - b. The views of any medical or vocational experts whose advice was obtained on behalf of the Fund in connection with the denial of your claim, even if the advice was not relied upon in making the determination; and
    - c. A disability determination made by the SSA, if you provided it to the Fund.
  2. A copy of the specific internal rules, guidelines, protocols, standards, or other similar criteria of the Plan relied upon in making the adverse benefit determination or, alternatively, a statement that such rules, guidelines, protocols, standards, or other similar criteria of the Plan do not exist; and
  3. A statement that you are entitled to receive, upon request, and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.
2. Effective for claims for disability benefits filed on or after April 1, 2018, the following language is added after the “Appeals Procedures – Accident & Sickness Claims” Subsection of the Section entitled “Claims Filing and Review Procedure” in the Active Plan SPDs and at the end of the Section entitled “Review of a Denied Claim” in the Retiree Plan SPD:



**Disability Decision on Appeal Involving Discretionary Determination of Disability by the Fund**

In the case of a denial of your appeal involving a claim for a disability benefit that is based on a determination by the *Fund* (and not by a third party acting independent of the *Fund* such as the SSA) that you are not disabled under the Plan rules, the written notice of denial also will include all of the information in the “Initial Disability Claim Denial Involving Discretionary Determination of Disability by the *Fund*” section above, as well as the calendar date on which the contractual limitations period expires for the claim.

- Effective April 1, 2018, the following is added at the end of: (a) the first paragraph of the “Denial of a Claim” Subsection of the Section entitled “Claims Filing and Review Procedure” in the Active Plan SPD; (b) the second paragraph of the “If Your Accident & Sickness Claim is Denied” Subsection of the Section entitled “Claims Filing and Review Procedure” in the Active Plan SPD; and (c) the Section entitled “Denial of a Claim” in the Retiree Plan SPD:

The written notice of denial also will include a description of any contractual limitations period that applies to your right to bring an action under ERISA if your appeal is denied.



**FELRA & UFCW Active Health and Welfare Plan**

- Effective December 12, 2018 – Change in Open Enrollment for Part Time Plan X**  
The Board of Trustees of the FELRA and UFCW VEBA *Fund* (“*Fund*”) has adopted the following change to the *Fund*’s Summary Plan Description (“SPD”) for Plan X. Please keep this document with your SPD.

Starting in December 2019, Part Time Plan X participants will have a single annual Open Enrollment Period each year, during which participants may enroll

in or drop coverage under the Plan and add or drop dependents, if they are eligible for dependent coverage. Coverage will be effective each January. Previously, Open Enrollment was each January, for coverage effective March 1.

- Effective March 1, 2019 - 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 has changed.

| Plan               | Per Child Rate     | 3 or More Children Rate |
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The 2019 amount will automatically be deducted from your paycheck beginning in March **unless you contact the Fund Office** within 30 days of the date you first receive notice of the new rates 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 July 1, 2018 – Life Insurance and AD&D Benefits Now through Symetra**

Your life insurance benefits and Accidental Death and Dismemberment benefits under the Plan are insured under an insurance policy between the *Fund* and Symetra. Your benefits remain the same.

- Open Enrollment Rule Clarification**

Participants may disenroll from *Fund* Health and Welfare coverage in the event of a substantial increase in their co-premium payroll deduction, as determined by the Trustees.

The disenrollment request must be received by the *Fund Office* within thirty days from the date you were notified of the co-premium increase.

- Effective July 1, 2018 – Formulary Drug Changes**

Beginning July 1, 2018, Express Scripts, the *Fund*’s pharmacy benefit manager, excluded 33 additional products from its formulary list, including 30 brand name drugs that have generic equivalents. The remaining three drugs excluded are high-cost combination drugs with lower-cost generic or over-the-counter options, and are delineated with an asterisk in the table below. If you currently have a prescription for any of the drugs listed below, you should have received a notice about this change from Express Scripts.

### NEW FORMULARY EXCLUSIONS

|                                       |                           |                      |
|---------------------------------------|---------------------------|----------------------|
| Arimidex                              | Avalide, Avapro           | Avodart              |
| Celebrex                              | Celexa                    | Coreg                |
| Cosopt                                | Cozaar, Hyzaar            | Crestor              |
| Detrol, Detrol La                     | Diovan, Diovan Hct        | Exforge, Exforge Hct |
| Gleevec                               | Glucophage, Glucophage Xr | Keppra, Keppra Xr    |
| Lamictal, Lamictal Odt, Lamictal Xr   | Lipitor                   | Loestrin, Loestin Fe |
| Lotrel                                | Maxalt, Maxalt Mlt        | Mebolic*             |
| Micardis, Micardis Hct                | Neurontin                 | Norvasc              |
| Ortho Tri-Cyclen, Ortho Tri-Cyclen Lo | Topamax                   | Tricor               |
| Trileptal                             | Xalatan                   | Xyzbac*              |
| Zocor                                 | Zomig Tablets, Zomig Zmt  | Zyvit*               |

Effective July 1, 2018, these drugs are no longer covered under the Plan.

- Effective March 15, 2018 – Shingles (Shingrix) Vaccine Approved for Those Age 50 and Over**

A new shingles vaccine called “Shingrix” is now covered, to treat Shingles. The Shingrix vaccine is a two-part vaccine. The second dose is administered between two and six months after the first dose. It is covered at no cost for participants age 50 and over when obtained at a Giant or Safeway participating pharmacy.

The Zoster shingles vaccine also is still covered under the ACA Preventive Services Benefit to participants and their dependent(s) who are age 60 or over at no cost when you present your Express Scripts ID card at any Giant or Safeway pharmacy.

**Note:** if either of the above vaccines are administered at the doctor’s office instead of a pharmacy, the doctor must be a participating provider. The shot is covered at 100% up to the UCR amount. If there is an office visit charge, it is covered under Comprehensive benefits at 80% for participants in Plans I or 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.

- Clarification of Optical Benefits for Local 400 Participants**

On page 161 of the FELRA & UFCW Active Health and Welfare Plan, Plan I, Summary Plan Description booklet, the language next to the asterisk (\*) is revised to read as follows:

For **Local 400** participants who were hired before October 1, 1980 and are Actively Working and their eligible dependents, the above optical benefits will be provided once a year.



### FELRA & UFCW Pension Fund and the Mid-Atlantic UFCW & Participating Employers Pension Fund

- Effective April 1, 2018 – Disability Benefits**

- Effective for claims filed on or after April 1, 2018, the following language is added at the end of the Denial of a Claim subsection of the Claims Filing and Appeals Procedures section of your Summary Plan Description (“SPD”) book:

If your claim for disability benefits is denied based on a determination by the Fund, and not by a third party acting independently of the Fund such as the Social Security Administration (SSA), that you are not disabled under the Plan rules, the Fund will notify you of your additional rights in the denial letter

- Effective for claims filed on or after April 1, 2018, the following language is added at the end of the Claims Filing and Appeals Procedures section of your SPD:

If your appeal for disability benefits is denied based on a determination by the Fund, and not by a third party acting independently of the Fund such as the Social Security Administration (SSA), that you are not disabled under the Plan rules, the Fund will notify you of your additional rights in the appeal denial letter.

#### UFCW & FELRA Legal Benefits Fund

No changes

#### UFCW & FELRA Severance Fund

No changes

#### UFCW & FELRA Scholarship Fund

No changes

## Fund Office Can Provide Translator When Needed

The *Fund Office* subscribes to a service to help us speak with people for whom English is not their primary language. Language Line Services provide us with the ability to have three-way telephone conversations that include the participant, a Participant Services representative from the *Fund Office*, and a language translator.

Language Line Services allows the *Fund Office* to speak with people in a number of languages, including Spanish, French, Mandarin, Vietnamese, Burmese and more.

To reach the Language Line Services, call (800) 638-2972 and when the pre-recorded message comes on, select option 2 (to speak to a Participant Services representative).



If you know of participants or dependents who have not called the *Fund Office* because they don't feel they speak English well enough, tell them we're ready to help. All we need to know is what language to speak.

The Associated website, [www.associated-admin.com](http://www.associated-admin.com), also can translate a variety of languages using the "Translate" tool located at the bottom, left side of the home page.

## La Oficina de Fondos Puede Proveer un Traductor Cuando Sea Necesario

La Oficina del Fondo se suscribe a un servicio para ayudarnos a hablar con personas cuyo idioma principal no es el inglés. Language Line Services en inglés nos provee la capacidad de tener conversaciones telefónicas tripartitas que incluyen al participante, un representante de servicios al participante de la Oficina del Fondo, y un intérprete.

Language Line Services permite que la Oficina del Fondo hable con más gente en varios idiomas, que incluye español, francés, mandarín, vietnamita, birmano y más.

Para comunicarse con Language Line Services, llame al (800) 638-2972 y cuando escuche el mensaje pre-grabado, seleccione la opción 2 (para hablar con un representante de servicios al participante).

Si usted sabe de participantes o dependientes que no han llamado la Oficina del Fondo porque sienten que no hablan Inglés lo suficientemente bien, infórmeles que estamos listos para ayudar. Todo lo que necesitamos saber es qué idioma hablar.

El sitio web Asociado, [www.associated-admin.com](http://www.associated-admin.com), también puede traducir una variedad de idiomas usando la herramienta "Traducir" que se encuentra en la parte inferior izquierda de la página de inicio.

## Asthma Inhalers Covered Under Rx; Spacer Covered Under Medical

If you use an inhaler for administering medication such as asthma medicine or medicine to treat COPD, a device called a spacer may also be prescribed. A spacer is an add-on to the inhaler that makes it easier to get the proper dose and also helps ensure that the medicine goes into the lungs rather than the throat. Spacers are often prescribed to children and to the elderly – but sometimes to others as well.

Spacers are covered under the *Fund*, under the Medical Benefit. If you pick up medicine and a spacer at the pharmacy, the medicine will be covered using your Prescription Drug card from Express Scripts. Send the



itemized receipt for the cost of the spacer directly to the *Fund Office* for processing under Medical Benefits.

The cost for the spacer will be paid at the same percentage as your Plan's other medical benefits are paid (70%, 75% or 80%, depending on your Plan) after you satisfy the annual deductible.

# Apply for Severance Benefits Immediately Upon a Severance From Service

**Strict deadlines apply to the payment of severance benefits. Therefore, you should apply for your severance benefit immediately upon experiencing a Severance From Service Date (termination from employment or an extended leave of absence).**

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 benefit can 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 terminated employment on January 1, 2019, you are eligible to receive your severance benefit between May 1, 2019 – December 31, 2019. As another example, if you terminate employment July 20, 2019, you are eligible to receive your severance benefit between November 20, 2019 – February 15, 2020.

**Not following the above rule will result in loss of your Severance benefit.**

Remember to 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.

**Material  
Modifications**

## Clarification of Optical Benefits for Local 400 Participants

On page 161 of the FELRA & UFCW Active Health and Welfare Plan, Plan I, Summary Plan Description booklet, the language next to the asterisk (\*) is revised to read as follows:

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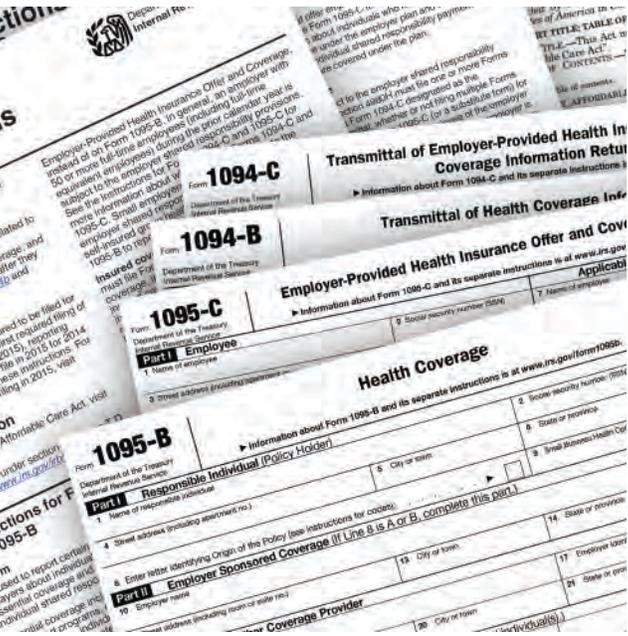
## Reminder Regarding Use of In-Network Pharmacies

For those eligible for prescription drug benefits, the Fund covers prescriptions obtained from an in-network pharmacy. **The Fund will not cover prescriptions filled at Wal Mart, Walgreens, Rite Aid or CVS pharmacies.** You may use a pharmacy that accepts the Express Scripts card and is in the Fund's network. The co-payments for Plans I, X, and the Plan I Retirees are lower when you use a participating employer pharmacy as outlined in your Summary Plan Description.



## Formulary Drug Changes

On January 1, 2019, Express Scripts, the Fund's pharmacy benefit manager, excluded additional products from its formulary list. To view the complete list of Excluded Drugs, log on to [www.associated-admin.com](http://www.associated-admin.com), click on "Your Benefits" and select FELRA & UFCW Health and Welfare Plan. Under "Downloads," you can view the "2019 Express Scripts National Preferred Formulary List."



## IRS Form 1095-B Sent

In February 2019, 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 2018 and also lists each covered dependent in your household, if applicable. You will need to refer to this form when you file your 2018 taxes.

You also should have received a Form 1095-C from your employer, which shows the medical coverage you had through your employer in 2018.

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

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