

For Your Benefit



Open Enrollment for Health and Welfare Coverage Is November 1st – November 30th

The following article applies to Active Full Time and Part Time participants in Plans I, X, XX, XXX and XL

November 1st through November 30th is open enrollment to choose health and welfare coverage through the Fund **effective January 1, 2019** and continuing (assuming you remain eligible) through December 31, 2019.

If you don't currently have health coverage through the Fund, this is your opportunity to enroll. If you do have coverage, this is your chance to add dependents (if eligible) or to drop coverage.

Open Enrollment Letter

You will soon receive an open enrollment letter, along with payroll deduction and enrollment forms, from the Fund Office. If you are already enrolled and want to change coverage levels (from single coverage to husband/wife, for example) or to drop coverage completely, note the change on the payroll deduction form and complete the enrollment form and return both to the Fund Office. If you don't want to make changes, there is no need to return the form(s). You will remain in your current coverage (assuming you are still eligible for the same Plan).

If you are changing your coverage or enrolling for the first time, the Fund Office must receive both the enrollment form and payroll deduction form. This is what tells us to change your payroll deduction and set up your new coverage level.

However, if you're already enrolled and are not making changes, don't do anything.

2019 Annual Scholarship Preliminary Application
 See pages 2 and 3.

Notice of Creditable Coverage
 Cut and Keep. See page 4.

Notice of Availability of Pension Estimate
 See page 7.

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Apply Now for FELRA & UFCW VEBA Fund's 2019 Annual Scholarship Awards

This article applies to participants of the FELRA & UFCW VEBA Fund employed by Giant or Safeway, and their dependents.

Preliminary Scholarship Application

The FELRA & UFCW VEBA Fund will once again be awarding scholarships to a select number of participants and dependents. If you work for Giant or Safeway and you or your dependent would like to apply for a scholarship, please complete the preliminary application on the next page and mail it to the Fund Office post-marked by **December 31, 2018**. You may also print the form by logging onto www.associated-admin.com. Click on "Your Benefits" located at the left side of the screen and select "FELRA & UFCW Health and Welfare Plan Scholarship Program." From there you can print the "Scholarship Preliminary Application" form under the word "Downloads." Late applications will not be accepted.



must be employed by Giant or Safeway at the time the scholarship is awarded.

- The participant must have at least one uninterrupted Year of Service as of December 31, 2018 and be actively employed by Giant or Safeway.
 - On December 31, 2018, dependent child applicants must be under the age of 24, unmarried and a dependent of the participant for federal income tax purposes.
 - If your dependent is applying for a scholarship and does not have medical coverage through the Fund, please include a copy of a marriage certificate (if spouse), or birth certificate or custody order (if child) with the preliminary application.

If the above requirements are met and eligibility is verified, a formal application will be mailed to the applicant in January 2019.

See Page 3 for Application 

Key points to remember:

- Only those currently employed by Giant or Safeway, and their dependents, are eligible. The participant also

Summaries of Material Modifications



Life Insurance and AD&D Benefits Now through Symetra

Effective July 1, 2018, 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

Material Modifications

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.

**United Food and Commercial Workers
and Food Employers Labor Relations Association
Scholarship Program**

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

*A Program of the
FELRA and UFCW
VEBA Fund*

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

2019 Annual Scholarship Preliminary Application
Attention: Employees of Giant and Safeway

If you work for a company listed above and are a participant of the FELRA and UFCW VEBA Fund, under the provisions of your collective bargaining agreement, you and your dependents may be eligible to apply for a scholarship from the UFCW and FELRA Scholarship Program.

The Scholarship Program expects to award scholarships to a select number of eligible participants and their dependents who will be enrolled in an accredited college, university, community college, vocational school, or trade or technical school as a full-time student in the fall of 2019. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2018, the participant has completed at **least one uninterrupted Year of Service and is actively employed by Giant or Safeway**. In addition, on December 31, 2018, dependent child applicants must be **under the age of 24, unmarried and a dependent of the participant for federal income tax purposes**.

Applicants who submit preliminary applications and meet the initial scholarship award requirements will be **mailed a full application in early January 2019**.

IMPORTANT: If your dependent does not have medical coverage through the Fund, please include a copy of a marriage certificate (if spouse), or birth certificate or custody order (if child) with the preliminary application.

PRELIMINARY APPLICATION MUST BE POSTMARKED BY DECEMBER 31, 2018.

Complete and mail to: UFCW & FELRA Scholarship Program, 911 Ridgebrook Road, Sparks, MD 21152-9451.

Employee's Information:

Name *(Please Print)* _____ *Last Four Digits of Social Security Number* _____

Employer _____ Employee's Email Address _____

Employee's Home Address _____
Street Number City State Zip Code

Applicant's Information:

Name *(Please Print)* _____

Applicant's Email Address _____

Applicant's Home Address _____
(If different from Employee's address) Street Number City State Zip Code

Date of Birth *(If Dependent of Employee)* _____ Email Address _____

Remember: Entry Deadline Is December 31, 2018

Giant & Safeway 2018 Preliminary Scholarship Applic. CS/bns 08.2018

IMPORTANT:
Keep this notice!



Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

The following Notice of Creditable Coverage applies to all Medicare-eligible participants, retirees, and/or dependent spouses.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare Plans) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:



1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The FELRA and UFCW VEBA Fund has determined that the prescription drug coverage offered by the Active Health & Welfare Plan and the Retiree Health & Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan (also called a "Part D"

plan) when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

If you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Enroll in A Medicare Part D Plan?

If you enroll in a Medicare drug plan, your current prescription coverage through the FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare Plans) will be terminated.

You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time.

If you enroll in a Part D plan and drop your Fund prescription coverage, be aware that you and your dependents may not be able to get the same coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) if you join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium will go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this penalty as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Note to Kaiser Medicare HMO Enrollees

You will get a notice from Kaiser Permanente that you are enrolled in Medicare Part D. Your coverage for medical and/or prescription drug benefits through Kaiser will remain the same.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the Fund Office for further information at (800) 638-2972 or (410) 683-6500. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare Plans) changes. You may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 (TTY (800) 325-0778).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 1, 2018
Name of Entity/Sender: Fund Office
FELRA and UFCW VEBA Fund
911 Ridgebrook Road
Sparks, MD 21152-9451
Phone Number: 800) 638-2972 or (410) 683-6500

Kaiser Open Enrollment Letters Sent

Kaiser Permanente HMO recently sent open enrollment letters to current Kaiser Enrollees in Plans I and X and to all eligible participants (Fund medical or Kaiser Permanente) in Plans XX and XXX.

Each year, participants who live within the Kaiser service area are given the option to have their **medical** coverage provided through Kaiser Permanente HMO rather than through traditional Fund medical coverage. This year's open enrollment for choosing between Kaiser HMO coverage and traditional Fund medical coverage is currently in effect: from July 15 – September 15, for coverage effective October 1st. Participants received a letter explaining the coverage and listing the cost for the next year. They were also sent a Summary of Benefits and Coverage ("SBC").

If you live within the Kaiser service area and **would like to receive a full Kaiser enrollment packet**, contact Kaiser directly at (800) 777-7902 and they will mail one to you. Tell them you are in **Group 6879 if you are in Plan I or X, or Group 1976 if you are in Plan XX or XXX.**

Statement of Privacy Practices Available Upon Request

In accordance with federal law, the Fund has established Privacy Practices. These are the rules concerning protected health information (PHI) and how it may be used and disclosed by the Fund and other parties under the Health Insurance Portability and Accountability Act of 1996. The Privacy Practices also explain how you can access this information.

If you would like a copy of the Fund's "Statement of Privacy Practices," log onto www.associated-admin.com and click on "Your Benefits" located at the left side of the screen. Select FELRA & UFCW Health and Welfare Plan and print the Statement of Privacy Practices, located under Downloads. You can also call the Fund Office at (800) 638-2972, or write to:

HIPAA Privacy Officer
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, Maryland 21152-9451

Coverage for Hospital Services

The following article applies to participants in Plans X, XX and XXX whose medical coverage is provided through the Fund, not an HMO.

For most hospital services to be covered under your Plan, you must use a CareFirst in-network provider. Also, you must certify your stay with Carewise Health **before** you have any elective or pre-scheduled procedures, and within 24 hours of your admission for an emergency. To certify admissions, contact Carewise Health at (866) 511-1462. This number is also on your Fund medical ID card.

When the professional services described below are rendered by a physician, physician's assistant, nurse practitioner or certified surgical assistant, the Plan will provide benefit payment at the percentage specified under your Plan, up to the allowed amount. The annual deductible applies. Charges made in excess of the allowed amounts are the responsibility of the patient.

When you or your eligible dependent is admitted to a **Hospital** as a registered inpatient, you are eligible for benefits for the following hospital services when furnished and billed as hospital services, and when consistent with the diagnosis and treatment of the condition for which hospitalization is required:

1. Room and board in semiprivate accommodations and special care units is covered at the specified percentage up to the semi-private room rate;
2. General nursing care;

3. Use of the operating, delivery, recovery, or treatment rooms;
4. Anesthesia, radiation, and xray therapy when administered by an employee of the Hospital;
5. Dressings, plaster casts, and splints provided by the Hospital;
6. Laboratory examinations;
7. Basal metabolism tests;
8. Xray examinations;
9. Electrocardiograms and electroencephalograms;
10. Physiotherapy and hydrotherapy;
11. Oxygen provided by the Hospital;
12. Drugs and medicines in general use;
13. Administration of blood and blood plasma and intravenous injections and solutions; and
14. Special Care Units.

If you request a private room, you are eligible for all the benefits above, but you must pay the hospital the difference between its actual charge for the private room and its average charge for semiprivate rooms.

Medical and Prescription Drug Benefits Have Separate Out-of-Pocket Maximums

The following applies to participants under the FELRA & UFCW Active Health and Welfare Plan whose medical coverage is provided through the Fund, not an HMO.

Separate out-of-pocket maximums apply for comprehensive medical benefits and prescription drug benefits. The out-of-pocket limit is the most you could be required to pay during a coverage period (usually one year) for your share of the cost of services your Plan covers. Once you have reached the out-of-pocket max, further claims for that benefit (whether medical or prescription drug) are covered, if otherwise eligible, at 100% up to the UCR for the remainder of that calendar year.

The annual out-of-pocket maximums are:

Plans I and X

- \$4,000 for medical, per individual
- \$8,000 for medical, per family
- \$2,600 for prescription drugs, per individual
- \$5,200 for prescription drugs, per family

Plans XX and XXX

- \$5,000 for medical, per individual
- \$10,000 for medical, per family
- \$1,600 for prescription drugs, per individual
- \$3,200 for prescription drugs, per family

Availability of Pension Estimate

The following article applies to active participants in the FELRA & UFCW Pension Fund and the Mid-Atlantic UFCW and Participating Employers Pension (“MAP”) Fund only. It does not apply to those already collecting a Pension Benefit.

You have the right to request a pension benefit estimate annually.

To receive your estimate, complete a Benefit Service Request form. To get this form, you can:

- Log on to www.associated-admin.com. Click on “Your Benefits” located at the left of the screen. Select either FELRA & UFCW Pension Fund or Mid Atlantic Pension Fund “MAP” and print the “Benefit Service Request” form, or
- Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972.

Complete all the information on the form and return it to the Fund Office. It will take approximately 4 - 6 weeks for us to prepare your estimate. It takes time because we verify the work history in our records with your employer(s). There is no charge for a Benefit Statement.



Be Sure Your Beneficiary Designation Is Current

Under the FELRA and UFCW Pension Fund and the Mid Atlantic Pension (“MAP”) Fund, upon the death of any eligible pensioner except a pensioner receiving a deferred vested pension, the pensioner’s beneficiary will receive a death benefit. To be sure the benefit is paid to the person you intended, make sure that your beneficiary designation form is up to date.

Print this form from your computer by logging onto our website (see instructions to left) and printing the “Change in Beneficiary” form. You can also call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972 to request a copy of the form. Completed forms must be mailed to the Fund Office and will not be effective until received by the Fund Office.

FELRA & UFCW Active Health and Welfare Plan

*A Plan of the Food Employers
Labor Relations Association & United Food
and Commercial Workers VEBA Fund*

PLAN I



SUMMARY PLAN DESCRIPTION
June 2018

FELRA VEBA Plan I Active SPD: Accredo’s Phone Number

The following applies only to FELRA VEBA Plan I Actively Working participants.

In the FELRA VEBA Plan I Active Summary Plan Description recently mailed to you, the phone number listed for Accredo Specialty pharmacy on page 209 should be (800) 803-2523. Rest assured, the phone numbers on your ID card are correct for Accredo and other fund providers.

Outpatient Emergency Care

Outpatient services to treat an accidental injury or medical emergency are covered under the Comprehensive Medical Benefit subject to the same co-insurance as other medical services. You are not required to seek treatment within 72 hours to be eligible for benefits.

Very Important!

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, 2018, you are eligible to receive your severance benefit between May 1, 2018 – December 31, 2018. As another example, if you terminated employment July 20, 2018, you are eligible to receive your severance benefit between November 20, 2018 – February 15, 2019.

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.

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