

# 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, 2020** and continuing (assuming you remain eligible) through December 31, 2020. 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.

**Plan XL Participants:** If you are eligible to enroll in Plan XL under the FELRA & UFCW VEBA Fund, the benefits available to you include Accident & Sickness, Life Insurance, Accidental Death and Dismemberment coverage, Dental coverage and Optical coverage. These benefits are available at **no cost to you** but **you must complete an enrollment form in order for the benefits to be in effect.**

### 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 changing your coverage or enrolling for the first time, the Fund Office must receive both the enrollment form and payroll deduction form.** For example, if you are already enrolled with single coverage and want to add coverage for your spouse, note the change on the payroll deduction form, 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 forms. You will remain in your current coverage (assuming you are still eligible for the same Plan).



2020 Annual Scholarship Preliminary Application. See page 2 and 3.

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

Notice of Availability of Pension Estimate. See page 7.



### All Health Benefits Terminate When You Drop Fund Coverage

If you wish to disenroll from Fund health coverage, call the Fund Office to request a disenrollment form. Complete and return the form. **Note: when you disenroll, all health benefits terminate.** You will no longer have Medical, Accident & Sickness, Life Insurance, Accidental Death & Dismemberment, Prescription Drug, Optical or Dental benefits. You will, if eligible, still have Legal, Pension and Scholarship benefits.

#### This issue—

Open Enrollment for Health and Welfare Coverage Is November 1st –30th.....	1
Apply Now for FELRA & UFCW VEBA Fund's 2020 Annual Scholarship Award...	2
Spouse Not Eligible for Benefits upon Divorce or Legal Separation.....	2
2020 Annual Scholarship Application.....	3
Notice of Creditable Coverage Regarding Your Prescription Drug Benefit.....	4
You Can Manage Your Health Information Anytime, Anywhere .....	5
Does Your Eligible Dependent Live Outside The Baltimore/Washington/Northern Virginia Area? .....	6
Flu Shots Are Covered.....	6
Apply for Severance Benefits Immediately Upon a Severance from Service.....	7
Availability of Pension Estimate.....	7
Be Sure Your Beneficiary Designation Is Current.....	7

# Apply Now for FELRA & UFCW VEBA Fund's 2020 Annual Scholarship Awards

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

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 postmarked by **December 31, 2019**. You may also print the form by logging onto [www.associated-admin.com](http://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.

## Key points to remember:

- Only those currently employed by Giant or Safeway, and their dependents, are eligible. The participant also 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, 2019 and be actively employed by Giant or Safeway.
- On December 31, 2019, 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 2020.



See Page 3 for Application 

## Spouse Not Eligible for Benefits upon Divorce or Legal Separation

If you are divorced or legally separated, your spouse is no longer eligible for coverage under the Active Health and Welfare Plan. If you and your spouse are physically separated, but not legally separated, he/she may remain a dependent until the earlier of: (a) three years from the date of physical separation, or (b) the date of divorce or legal separation.

Please notify the Fund Office immediately if your spouse is covered under the Plan and you become divorced, legally separated or physically separated from him/her. If you don't notify the Fund and the Fund continues to pay benefits to your spouse after the date of divorce or legal separation, or after three years of physical separation, you and your spouse/former spouse will be responsible for repaying all claims processed by the Fund after that date.

**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](http://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](http://www.associated-admin.com)

**2020 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 2020. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2019, the participant has completed at **least one uninterrupted Year of Service and is actively employed by Giant or Safeway**. In addition, on December 31, 2019, 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 2020**.

**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, 2019.**

**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, 2019***

**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](http://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](http://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, 2019

Name of Entity/ Fund Office  
Sender: FELRA and UFCW VEBA Fund  
911 Ridgebrook Road  
Sparks, MD 21152-9451

Phone Number: (800) 638-2972 or (410) 683-6500

# You Can Manage Your Health Information Anytime, Anywhere

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

MemberXG is a convenient way 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 MemberXG 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.**



# Does Your Eligible Dependent Live Outside The Baltimore/Washington/Northern Virginia Area?

*The following article applies to actively-working participants and their eligible dependent(s) who have traditional Fund medical coverage, not Kaiser Permanente HMO.*

If your eligible dependent resides outside the Baltimore, Washington or Northern Virginia area, and you and your dependent(s) have a green Fund ID card, please contact the Fund Office. If you and your eligible dependent have a green Fund ID card, (what CareFirst calls a “Local Lease” card), your dependent’s claims will not be covered if he/she sees a “Non-Local Lease” provider outside of the Baltimore, Washington or Northern Virginia area. Medical claims outside of this area will only be covered when your

dependent uses a white ID card (what CareFirst calls a “Flexlink” card).

To solve this problem, contact the Fund Office. Your whole family will be re-coded for the Flexlink network and you will be sent new Flexlink ID cards. That way, your dependent can show the card to any CareFirst provider outside of the Baltimore, Washington or Northern Virginia area and their claims will be processed.

---

## Flu Shots Are Covered

*This article applies to participants in Active Plans I, X, XX and XXX who have Fund medical and/or prescription coverage.*

### Participants with Fund Coverage

Active participants in Plans I, X, XX and XXX, and Plan I Retirees who have medical or prescription coverage through the Fund, can receive the flu vaccine at any Giant or Safeway pharmacy at **no cost**, using their Express Scripts prescription drug ID card.

### Flu Shot at Doctor’s Office

Participants in one of the above Plans also may receive the flu shot at their doctor’s office. If the primary reason for the office visit is preventive and a flu shot is administered, then the office visit and flu shot will be paid at 100%. If the flu shot is administered and there is a medical reason for the office visit other than just the flu shot, the flu shot will be paid at 100% and the office visit will be paid at 80% for Plans I and X, 75% for Plan XX and 70% for Plan XXX, based on the diagnosis for the visit. If there has been a previous preventive visit and there is not a medical diagnosis listed, the office visit will be denied and only the flu shot will be paid at 100%. Members are only entitled to 100% coverage for one routine preventive office visit per year. Participants in Plans X, XX and XXX **must** use a participating CareFirst provider in order to be covered.



### Participants with Kaiser Permanente HMO Coverage

For participants in the Kaiser Permanente HMO who prefer to get a flu shot from their doctor, the flu shot is covered in full, with no co-pay, as long as you use a Kaiser physician. Members can get a flu shot at no cost – no appointment needed – at any of Kaiser Permanente medical centers. To find the nearest Kaiser Permanente medical center, go to [kp.org/flu](http://kp.org/flu) or contact Member Services at (800) 777-7902, Monday through Friday (except holidays), 7:30 a.m. to 5:30 p.m. Actively working participants covered by Kaiser who use Express Scripts for their prescription benefit may also choose to get a flu shot at a Giant or Safeway pharmacy using the Express Scripts ID card, at no cost.

# 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 terminated 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.

## 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.*

**Y**ou 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](http://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 may take approximately 8 – 12 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 on 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.



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

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