

For Your Benefit



EGWP Drug Program -- Retirees: Did You Return Your MBI Number?

IMPORTANT: If you are a Medicare-eligible Retiree, you must provide your Medicare Beneficiary Identifier to the Fund Office by December 31, 2020 or you will no longer be eligible for prescription drug coverage under the Fund.

On January 1, 2021, the FELRA & UFCW VEBA Fund is implementing the Employee Group Waiver Program (“EGWP”) for Medicare-eligible Retirees who have Fund coverage, not for those enrolled in Kaiser Permanente. This program will help the Fund maximize the value of your prescription drug benefit. There will be no change in your prescription drug co-pay structure.

A letter was sent to all Medicare-eligible Retirees requesting that you send the Fund Office the Medicare Beneficiary Identifier (“MBI”) number located beneath your name on your Medicare card. Once the Fund Office receives the MBI number, you will automatically be enrolled in EGWP, unless you write the Fund to opt out. Opting out will result in the termination of your Fund prescription drug coverage as of December 31, 2020. Likewise, **if the Fund doesn’t receive your MBI number by December 31, you will no longer have prescription drug benefits through the Fund.**

Important point: Each individual who is covered under Medicare has his/her own MBI Number. Therefore, if both you and your spouse have Fund Retiree prescription drug coverage, we need both MBI numbers. The same is true if you have any dependents on Medicare who are covered under the Fund.

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Cut and Keep. See page 6.

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The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.



Optical Benefits

The Board of Trustees of the FELRA VEBA Fund (“Fund”) has adopted the following benefit improvements to the FELRA & UFCW Active Health and Welfare Plan (“Active Plan”) Plans I, X, XX, and XXX, and the FELRA & UFCW Retiree Health and Welfare Plan (“Retiree Plan”). Please keep this document with your Summary Plan Description (“SPD”).

Effective August 1, 2019, the “Optical Benefits” Section of the SPD is revised to read as follows:

Benefits are provided and guaranteed pursuant to an insurance contract with Superior Vision.

Superior Vision is your optical provider. They have an expanded network (the Superior National Network) with providers located in major malls and other convenient retailers including Lens Crafters, Pearl Vision, and JCPenney, as well as many individual providers and online retailers such as Glasses.com.

The Fund will provide the following optical benefits **once every 24 months.***

	In-Network Provider:	Out-of-Network Provider:
Vision Exam		
By Ophthalmologist	Covered in Full	\$40 Allowance**
By Optometrist	Covered in Full	\$40 Allowance**
Standard Eyeglass Lenses***		
Single Vision	Covered in Full	\$30 Allowance**
Bifocals	Covered in Full	\$46 Allowance**
Trifocals	Covered in Full	\$60 Allowance**
Lenticular	Covered in Full	\$100 Allowance**
Frames:	\$100 Allowance**	\$50 Allowance**
Lens Add-Ons:	See list of covered lens add-ons below	

* For Local 400 participants in Plan I who were hired before October 1, 1980 and are *Actively Working*, and for their eligible dependents, the above optical benefits will be provided once every 12 months.

** Where an “Allowance” is shown, you are responsible for paying any charges in excess of the listed Allowance amount.

*** A **Standard Eyeglass Lens** is a standard glass or plastic (CR39) lens, which is optically clear, that will fit an eye glass frame with a lens size less than 61mm in length.

Standard multifocal lenses include segments through flat top 35 for plastic bifocal and lenticular lenses, through flat top 28 for glass trifocals, and through flat top 35 for plastic trifocals.

Covered Lens Add-Ons

Coverage for some lens add-on items is either in addition to or in lieu of the above coverage for standard lenses, as indicated below.

	In-Network Provider	Out-of-Network Provider
Polycarbonate upgrade	Covered in full for eligible dependent children under age 20	\$10 Allowance** for eligible dependent children under age 20
Factory Scratch Coat	Covered in full	\$16 Allowance**
Standard Progressives	Covered in full after \$50 Co-payment in lieu of standard lenses	\$80 Allowance** with \$50 Co-payment in lieu of standard lenses
Standard Photochromic	Covered in full after \$60 Co-payment in addition to standard lenses	\$70 Allowance** with \$60 Co-payment in addition to standard lenses

Exclusions and Limitations

No Optical Benefits are payable for any of the following conditions, procedures and/or materials, except to the extent they are covered as a lens add-on as described above or under the discount program described below:

1. Contact Lenses, and related materials; and services for the fitting thereof;
2. Plano or non-prescription lenses or sunglasses;
3. Orthoptics, vision training and any associated supplemental testing;
4. Frame cases;
5. Low (subnormal) vision aids or aniseikonic lenses;
6. Medical and surgical treatment of the eyes;
7. Experimental or non-conventional treatment or device;
8. Any eye examination or corrective eyewear required by an employer as a condition of employment;
9. Services for which benefits are paid by Workers’ Compensation;



10. Blended bifocal lenses
11. Groove, Drill or Notch, and Roll and Polish;
12. Two pairs of glasses, in lieu of bifocals, trifocals or progressives;
13. Coating on lenses (Factory scratch coat, anti-reflective, sunglass colors, etc.);
14. Cosmetic items;
15. Faceted lenses;
16. High-Index Lenses;
17. Laminated Lenses;
18. Oversize Lenses – any lens with an eye size of 61mm or greater;
19. Photochromic (Transition) lenses;
20. Polaroid lenses;
21. Polished bevel lenses;
22. Prism lenses;
23. Slab-off lenses;
24. Tints (except Pink tint #1 and #2);
25. Ultra-violet tint or coating; and
26. Additional cost for a frame over the allowance.

In-Network Benefits

When benefits are payable for a covered vision exam or covered lenses and frames received from an in-network Superior Vision provider, Superior Vision will pay the in-network provider directly, based on the in-network benefits shown in the schedules above. You are responsible for paying any required *co-payment* and any charges above the covered benefits to the in-network provider.

Locating an In-Network Superior Vision Provider

To locate the most current providers in the Superior Vision network, visit www.superiorvision.com and search for providers in the Superior National Network. The names of providers are updated regularly. You can also call Superior Vision Customer Service toll free at (800) 507-3800.

Discount Features

Many in-network Superior Vision providers also participate in Superior Vision's discount program, which provides savings to you that are in addition to your optical benefits described above. To locate in-network providers who participate in this program, visit www.superiorvision.com.

Discounts include:

- 20% off amount over allowance toward frames purchase
- Max Out-of-Pocket cost for lens upgrades:
 - Scratch coat: \$15
 - Ultraviolet coat: \$12
 - Tints, solid: \$15
 - Tints, gradients: \$18
 - Polycarbonate: \$40
 - Blue Light filtering: \$15
 - Digital Single Vision: \$30
 - Anti-reflective coating: from \$50 - \$120 (Standard to Ultimate lens upgrade options)
 - Polarized lenses: \$75
 - High Index (1.67 / 1.74): \$80 / \$120

Out-of-Network Benefits

If you choose to use a provider that is not in the Superior Vision network, you must pay the provider in full. When benefits are payable, the Fund will reimburse you up to the amount of out-of-network benefits shown in the schedules above, less any *co-payment*. It is your responsibility to submit a claim for reimbursement to Superior Vision with the itemized invoice or receipt.

Claims must be submitted to Superior Vision within 90 days after the claim is incurred. However, Superior Vision will not deny any claim if it was not reasonably possible to submit the claim in the time required, provided the completed claim is submitted to Superior Vision within one year after the claim is incurred.

You may obtain a claim form at www.superiorvision.com or by contacting the Fund Office at (800) 638-2972.



Apply Now for FELRA & UFCW VEBA Fund's 2021 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, 2020**. 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.

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, 2020 and be actively employed by Giant or Safeway.
- On December 31, 2020, 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 2021.

Application on Next Page



COBRA Rates Effective September 1st

Months 1-18

Plan	Class	Individual	Family
I	FT	\$1,437.96	\$2,035.97
I	PT	\$738.36	\$1,037.24
X	FT	\$827.50	\$1,163.88
X	PT - Ind	\$561.32	N/A
X	PT - Fam	N/A	\$1,348.99
XX	FT	\$339.86	\$470.40
XX	PT	\$180.17	\$583.46
XXX	FT	\$326.79	\$452.93
XXX	PT	\$157.33	\$554.80
XL	PT	\$23.10	N/A

Months 19-29

Plan	Class	Individual	Family
I	FT	\$2,114.64	\$2,994.08
I	PT	\$1,085.82	\$1,525.35
X	FT	\$1,216.91	\$1,711.59
X	PT - Ind	\$825.47	N/A
X	PT - Fam	N/A	\$1,983.81
XX	FT	\$499.80	\$691.77
XX	PT	\$264.96	\$869.90
XXX	FT	\$480.57	\$666.08
XXX	PT	\$231.36	\$827.57
XL	PT	\$33.98	N/A

**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

2021 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 2021. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2020, the participant has completed at **least one uninterrupted Year of Service and is actively employed by Giant or Safeway**. In addition, on December 31, 2020, 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 2021**.

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, 2020.

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, 2020

Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

IMPORTANT!
Keep this notice!

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 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

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Apply for Severance Benefits Immediately Upon a Severance from Service

Very Important!

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). Failure to do so will result in loss of your Severance benefit.

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, 2020, you are eligible to receive your severance benefit between May 1, 2020 – December 31, 2020. As another example, if you terminated employment July 20, 2020, you are eligible to receive your severance benefit between November 20, 2020 – February 15, 2021.

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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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, 2020
**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

Open Enrollment for Health 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 elect health coverage through the Fund **effective January 1, 2021** and continuing (assuming you remain eligible) through December 31, 2021. 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 dependent coverage.

Plan XL Participants: If you are eligible to enroll in Plan XL under the FELRA & UFCW VEBA Fund, the benefits available 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 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).

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. Disenrolling under the FELRA & UFCW VEBA Fund will not impact your eligibility for Legal, Pension and Scholarship benefits.

