Medicare Co-Payments And Deductibles for 2013

COST-SHARING REQUIREMENT	2013
Standard Monthly Part B Premium*	$104.90
Medicare Part B Deductible	$147.00
Base Part D Beneficiary Premium**	$31.17
First-Day Part A Hospital Deductible***	$1,184.00
Daily Part A Coinsurance for the 61st through 90th Day of a Hospital Stay****	$296.00
Daily Part A Coinsurance for Hospital Stays Longer than 90 Days	$592.00
Daily Part A Coinsurance for the 21st through 100th day in a Skilled Nursing Facility	$148.00

**Part B covers physician services, outpatient hospital services, certain home health services, durable medical equipment and other items. The monthly Part B premium varies for high-income enrollees.*
***The actual premium paid by a Medicare beneficiary for a Part D Prescription Drug Plan will vary due, in part, to the type of plan he or she selects. Factors could include the amount of the deductible, the level of coverage through the coverage gap ("donut hole") and the range of covered drugs in the plan's formulary.*
****Part A pays for inpatient hospital, skilled nursing facility, hospice and certain home health care services.*
***** There is no cost-sharing requirement for the 2nd through 60th day of a hospital stay.*

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Health and Welfare Fund
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Plan X Part Timers: Open Enrollment for Dependent Coverage Is July 1st–July 31st. **See page 5.**

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For Your Benefit

When Lab Work Is Needed, You Must Use Quest or LabCorp

The following applies to all active participants (not retirees) who have Fund medical coverage, not an HMO.

You must use either Quest Diagnostic Patient Service Centers ("Quest") or Lab Corporation ("LabCorp") for all laboratory services in order for such services to be covered by the Plan.

Tell Doctor Up Front

Be sure your doctor knows before the lab work is performed that you will receive coverage for lab work only if the bill comes to the Fund directly from either a LabCorp or Quest facility. Even if your doctor has a contract with LabCorp to perform lab work in his/her office, tell him/her that only lab work performed at a Quest or LabCorp facility will be covered. Your Plan will not pay for lab work performed and billed from your doctor's office.

Locating Labs

To find the most current list of Quest or LabCorp facilities, log on to their websites or call them:

- www.questdiagnostics.com or by telephone at (800) 377-8448, or
- www.labcorp.com or by telephone at (800) 845-6167

This issue—

When Lab Work is Needed, You Must Use Quest or LabCorp.......1
Open Enrollment for Medical Coverage is July 15-Sept. 15.......1
Optical Benefits for Retirees Who Are Members of Local 27 and 400.......2
Street Address Needed Even If You Have A Post Office Box.......2
Medco and Express Scripts Merged–Benefits Remain the Same.......4
What Is A Deferred Vested Retirement Pension?.......4
Plan X Part Timers: July 1-July 31 Is Open Enrollment for Adding Dependent Coverage.......5
Board of Trustees.......6
Medicare Co-Payment And Deductibles for 2013.......8

Open Enrollment for Medical Coverage Is July 15th–September 15th

*The following article applies to **actively working participants** in Plan I, Plan X and Plan XX.*

Open Enrollment for choosing how your medical coverage will be provided is from July 15 – September 15 for coverage effective October 1, 2013–September 30, 2014. During open enrollment, you may choose between HMO (Kaiser Permanente) coverage and traditional Fund coverage.

How Does Open Enrollment Work?

If you live within the geographic area covered by Kaiser, you should receive a letter from the Fund office in July, along with a packet of important information from the HMO (Kaiser Permanente). A Benefit Summary explaining the HMO benefits will be included, along with an enrollment form. ***Please read the Kaiser Permanente information carefully.***

Continued on page 3

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.

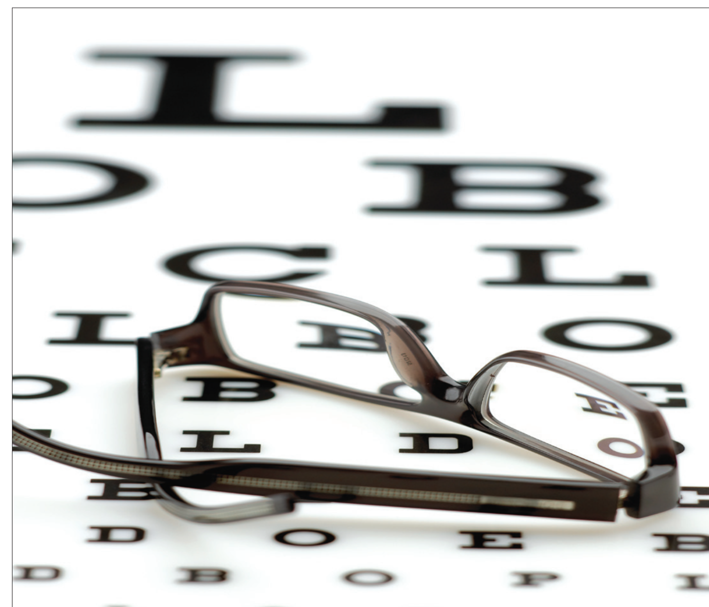
Retiree Corner

Optical Benefits for Retirees Who are Members of Local 27 and Local 400

Your optical benefits are provided by the Fund through an insurance contract with Advantica EyeCare ("Advantica").

The Fund provides optical benefits once every two years to eligible retirees. Dependents of retirees are not eligible for optical benefits.

Advantica has an extensive network with providers located in major malls and convenient locations, including Pearl Vision, Sears, and JC Penney, as well as many individual providers. It is easy to locate a vision provider close to home.



Covered Benefits

The following optical benefits are covered:

- A complete eye examination by a licensed optometrist (dilation of the eyes is not considered to be part of a routine eye exam).
- A pair of eyeglasses, if prescribed, including:
  - A choice from a selection of frames; and
  - Clear glass or plastic lenses, either single vision, bifocal (TK, FT22, FT25, FT28, or executive), or trifocal (7x25, 7x28).
- Minor repairs and adjustments to eyeglasses.
- Scratch resistant coating.

Exclusions and Limitations

Unless they are medically necessary, cosmetic items are not covered by the program, but they are available for purchase at a discount. Such items include, but are not limited to:

- Solid and gradient tints.
- Photosensitive lenses.
- Oversized and specialty lenses.
- Cataract lenses.
- Contact lenses.

If you select non-covered frames, you will receive a $100 allowance toward the cost of the frames, and a 15% discount at participating in-network providers. You should check with Advantica EyeCare before purchasing non-covered frames or any other non-covered service or supply so that you know the cost ahead of time.

You can reach Advantica's Customer Service at 866-425-2323.

Street Address Needed Even If You Have A Post Office Box

The Patriot Act requires that we have your current street address on file even if you're using a Post Office ("PO") Box for mail delivery. The Fund office will continue to mail all statements or pension checks to a PO Box (unless you are having your check electronically transferred), but we must have your street address as well.

If you have not provided the Fund office with your street address, please send us a signed note stating your name, Social Security Number, street address, PO Box number and a telephone number where you can be reached. Thank you.

Continued from page 1

What If I Didn't Get an Open Enrollment Letter?

You will receive an open enrollment letter only if you live in the geographic area covered by Kaiser. If you do not live in this area, your traditional Fund coverage will continue automatically. If you didn't receive an open enrollment letter and think you should have, call the Fund office at (800) 638-2972. We will double check whether you are in Kaiser's geographic area, and if you are, we will help you get information about the HMO.

How Do I Enroll in the Kaiser HMO?

If you decide you want to enroll in the Kaiser HMO, complete the enrollment form for Kaiser Permanente and send it back to the Fund office (NOT to Kaiser)! Your Plan is the "Signature" Plan. Choose a provider from the Kaiser directory included in your packet before you enroll. After enrolling, you will receive an ID card from Kaiser. This should arrive on or shortly after October 1, 2013.

Please note: if you are currently enrolled in traditional Fund medical coverage and you decide to switch to Kaiser, ***the change becomes effective October 1st, regardless of when your Kaiser ID card arrives.*** Starting October 1st, you must use providers in the Kaiser network. Your providers for optical, dental and prescription drug benefits remain the same whether you have Kaiser or traditional Fund coverage. Participants in an HMO no longer need their green Fund ID cards. If you come back to traditional Fund medical coverage in the future, we will send you a new Fund medical card.

What If I Want to Change to Traditional Fund Medical Coverage?

If you are currently in Kaiser and wish to change to traditional Fund medical coverage, call Participant Services at (800) 638-2972. Remember, ***you must make this change between July 15th and September 15th!***

What If I Want to Keep the Same Coverage I Currently Have?

If you wish to remain in the Plan you are in now (Kaiser or traditional Fund medical), ***don't do anything!***

Those enrolled in Kaiser Permanente–READ THIS!

Remember, the co-pay for your benefits may change! You will be responsible for the new monthly co-pay unless you change to traditional Fund medical coverage.

Is There a Cost to Enroll in Kaiser?

If there is a charge for the HMO, it will be noted in your open enrollment letter. Read your letter carefully!

What's The Difference between Traditional Fund Coverage and HMO Coverage?

Traditional Fund medical coverage varies by Plan. You must satisfy a deductible, after which a certain percentage of your medical expenses are covered by the Fund with the balance payable by you. Under traditional Fund coverage, participants in Plans I and X may use any provider they wish, although you will save money if you use a CareFirst provider. **Plan XX participants *must* use a CareFirst provider.**

With Kaiser Permanente coverage, Plan I and Plan X participants have a $35 co-pay when visiting either a primary care physician or specialist, and there is no deductible. Plan XX participants have a $25 co-pay when visiting their primary care physician and a $50 co-pay to see a specialist. Plan XX has a $250 individual deductible or a $500 family deductible. There is no co-pay for preventive care, including most immunizations, for Plans I, X, and XX.

Under the Kaiser HMO, you must use a participating doctor or facility. If you do not use a participating provider for routine or follow-up care, the services rendered won't be covered. However, you are covered for emergency care worldwide.

If you don't do anything, you will remain in the Plan you have now, whether that is traditional Fund medical coverage or Kaiser Permanente HMO, for the next year. If you were terminated from Kaiser for failure to make the required co-payments, you will automatically be placed in Fund medical effective October 1st.

Important Reminders about Open Enrollment

- This open enrollment period applies ***ONLY*** to your ***medical coverage*** (including mental health/substance abuse). This does not affect your optical, dental, or prescription drug coverage. Those benefits continue to be provided through Advantica, Group Dental Service, Inc. and Medco/Express Scripts.
- Once you choose how you would like your medical coverage to be provided, ***you may not change again*** until open enrollment next year (July 15, 2014 – September 15, 2014).
- If you are a Plan X Part Timer and you pay a monthly co-payment to have dependent ("family") coverage via payroll deduction, that will continue, regardless of which medical coverage option you choose–traditional Fund coverage or the HMO option.
- Open enrollment ends September 15th. Contact the Fund office on or before this date if you want to make a change.

If you have questions about Kaiser Permanente coverage, call Kaiser Permanente Member Services at (301) 468-6000 or toll-free at (800) 777-7902 and speak with a representative Monday through Friday between the hours of 7:30 a.m. and 5:30 p.m. Mention the FELRA & UFCW Health and Welfare Fund

Continued on page 4

Continued from page 3

and ***refer to group # 6879 if you're in Plan I or X or group # 1976 for Plan XX. This is very important.*** You can also call Kaiser's open enrollment hotline where you can leave a message requesting an enrollment kit or a return call if you have questions about Kaiser Permanente. The number is (301) 625-5377 and the line will be open during the FELRA open enrollment period (July 15th – September 15th). Messages will be checked daily.

For questions about the enrollment process or eligibility, call the Fund office at (800) 638-2972.

Medco and Express Scripts Merged–Benefits Remain the Same

In 2012, the Fund's prescription benefit manager, Medco, merged with Express Scripts, Inc. ("ESI"). This merger did not affect your benefits, and you should continue to use the same ID card as usual. Over time, you will notice the ESI logo replacing the Medco logo, but be assured your benefits have not changed. If you have questions, contact the Fund office.

What Is A Deferred Vested Retirement Pension?

A Deferred Vested pension is a benefit you earn while actively employed and is based upon employer contributions. ***This benefit is not payable immediately after you leave employment,*** but will be paid based on the eligibility requirements of the Plan. See the Tier I and Tier II requirements under ***"Plan Highlights"*** on pages 11 and 12 of the FELRA & UFCW Pension Fund Summary Plan Description booklet.

You may retire on a Deferred Vested Retirement Pension if you accrued at least five years of Vesting Service before your termination of employment with a Participating Employer and you do not meet the requirements for a Normal, Early, or Disability Retirement Pension. To be Vested after five years, you must have worked at least one Hour of Service on or after January 1, 1999. Otherwise, 10 years of Vesting Service are required for a Deferred Vested Retirement Pension.

A Deferred Vested Retirement Pension Can Begin as follows:

1. If contributions were last made on your behalf on a Tier I contribution basis, you may receive a Deferred Vested Retirement Pension beginning any time after you turn 60. Monthly contributions made by your employer on your behalf must have been at least $72.22 full time or $11.71 part time for you to qualify for a deferred vested pension at age 60.
2. If contributions were last made on your behalf at a Tier II contribution rate, your Deferred Vested Retirement Pension may begin any time after you turn 65.
3. If you have at least 15 years of Benefit Service, you may elect to receive your Deferred Vested Retirement Pension any time after you reach age 55.

Under option 3 above, a Deferred Vested Retirement Pension will be calculated like an Early Reduced Retirement Pension, meaning there will be a reduction in the amount of your monthly pension if your pension begins before you reach age 60 (for Tier I) or age 65 (for Tier II). Deferred Vested Retirement Pension monthly amounts are based on Benefit Service accrued through your date of termination of employment with a Participating Employer and the benefit rate in effect on your last date of employment.

Example

You begin full time employment with a Participating Employer on June 1, 1990 and terminate on May 31, 2000, after accruing 10 years of Vesting Service and 9 years of Benefit Service (because of a one-year absence during which time you did not work for a Participating Employer). Your age at termination is 45 and the last contribution made on your behalf is a Tier II contribution.

You may apply for a Deferred Vested Retirement Pension upon reaching age 65. Your monthly benefit amount will be based on the nine years of Benefit Service you accrued as of your date of termination.

Note: You should apply for your Deferred Vested Pension in writing four months before the date you wish your pension payments to begin. Also, you should request a pension estimate as soon as you leave Covered Employment so you know if you qualify for a deferred pension.

Plan X Part Timers: July 1st – July 31st Is Open Enrollment for Adding Dependent Coverage

The following article applies only to active Plan X part time participants.

Open Enrollment for adding dependent ("family") coverage to your benefits will be held July 1st to July 31st. If you are eligible for dependent coverage but did not elect it when you first became eligible, you may add the coverage during July. The coverage will be effective September 1, 2013. The next open enrollment will be in January for coverage effective March 1, 2014.

Is there a cost?

Yes–it is 20% of the overall cost of your health and welfare coverage, payable via payroll deduction starting in September. Contact your employer for the exact amount that applies to you. ***Do not send payment to the Fund office.***

When will the coverage begin?

Coverage for your dependents will begin September 1st.

How many dependents may I cover?

As long as they are eligible dependents under the Plan, you may enroll as many dependents as you have. The cost is the same regardless of the number of dependents.

What if I want to drop dependent coverage?

You may drop dependent coverage at any time throughout the year provided you notify the Fund office ***in writing***. You may call us to request the proper form, which you must sign and return to us (it verifies that you wish to stop payroll deductions). However, please remember that if you ***do*** drop the coverage, you will not be eligible to add it again until the open enrollment period *following* a twelve-month waiting period, except in special circumstances such as a birth, adoption or marriage. Open enrollment for dependent coverage occurs twice a year: in January and in July.

How Do I Add My Dependents?

To add dependent coverage, call the Fund office at (800) 638-2972 during the open enrollment period and let us know. We'll send you an enrollment form and begin the process for starting your payroll deduction. ***We must have the completed enrollment form returned to us (along with any forms of proof which may be required, such as copies of birth certificates, etc.) before dependent coverage will begin.***

What If I Don't Have Dependents Now, But I Do Later?

If you don't have any dependents and you then get married, have a child, adopt a child, etc., you may add dependent coverage no matter what time of year, as long as you add the dependent within 30 days from the date he/she first became your dependent (for example, within 30 days from the date of marriage, 30 days from the date of birth, etc.).

Contact Participant Services

If you have questions, contact Participant Services at (800) 638-2972.

FELRA & UFCW HEALTH AND WELFARE FUND - Board of Trustees

In the Active Plan Summary Plan Description booklets, this replaces page 8 in Plan I, page 7 in Plan X, and page 7 in Plan XX.
In the Retiree Plan Summary Plan Description, this replaces page 8.

Union Trustees	Employer Trustees
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Michael Boyle, UFCW Local 400 4301 Garden City Drive Landover, Maryland 20785	Ira Kress, Vice President, Giant Food, LLC 8301 Professional Place, Suite 115 Landover, Maryland 20785-2351
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FELRA & UFCW PENSION FUND - Board of Trustees

In the Pension Summary Plan Description booklet, this replaces page 9.

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Jim Slivosky, Collective Bargaining Consultant 5953 Irishtown Road Bethel Park, Pennsylvania 15102	Frank Stegman, Vice President of Labor Relations, Safeway, Inc. 4551 Forbes Blvd. Lanham, Maryland 20706

UFCW & FELRA LEGAL FUND - Board of Trustees

In the Legal Summary Plan Description booklet, this replaces page 3.

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Timothy Goins, UFCW Local 27 21 West Road, Second Floor Towson, Maryland 21204	Lucy Madert, Manager of Labor Relations, Eastern Division, Safeway, Inc. 4551 Forbes Boulevard Lanham, Maryland 20706
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UFCW & FELRA SCHOLARSHIP FUND - Board of Trustees

In the Scholarship Summary Plan Description booklet, this replaces page 9.

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FELRA & UFCW SEVERANCE FUND - Board of Trustees

In the Severance Summary Plan Description booklet, this replaces page 7.

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Carol Wiszynski, UFCW Local 400 4301 Garden City Drive Landover, Maryland 20785	Frank Stegman, Vice President of Labor Relations, Safeway, Inc. 4551 Forbes Blvd. Lanham, Maryland 20706
Lavoris (Mikki) Harris, Secretary-Treasurer, UFCW Local 400, 4301 Garden City Drive Landover, Maryland 20785	Jeffrey Champion, Director of Labor Relations, Eastern Division Safeway, Inc., 4551 Forbes Blvd. Lanham, Maryland 20706