FELRA UFCW
FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION & UNITED FOOD AND COMMERCIAL WORKERS FUNDS

Plans I, X, XX: Open Enrollment July 15 – September 15th. See page 4.

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For Your Benefit

Material Modification

No Charge For Preventive Services When Using An In-Network Provider

Plan X Part Timers: Open Enrollment For Dependent Coverage Is July 1st – July 31st. See page 6.

The following Summary of Material Modification (SMM) applies to actively working participants whose medical coverage is provided through the Fund, not an HMO.

Effective March 1, 2014, the FELRA and UFCW Health and Welfare Fund provides coverage for certain preventive services as required by the Patient Protection and Affordable Care Act of 2010 ("ACA"). There is no cost to you for preventive care visits ***if you use an in-network provider***. If you go to a non-network provider for preventive services, your claim will be denied, except for out-of-network preventive services already covered under the Plan I rules in place prior to February 28, 2014.

Shown below is a partial list of ACA Preventive Services that are covered under the Fund.

- Cholesterol screening (Lipid Disorders Screening) for men aged 35 and older; men aged 20– 35 if they are at increased risk for coronary heart disease; and women aged 20 and older if they are at increased risk for coronary heart disease.
- Colorectal cancer screenings (fecal occult blood testing, sigmoidoscopy, and colonoscopy) for adults age 50 to 75, including bowel preparatory medications as required.
- HIV screening for all adults at higher risks.
- Oral contraceptives for dependent daughters.
- Breast cancer screening mammography for women with or without clinical breast examination and with or without diagnosis, every 1 to 2 years for women aged 40 and older.
- Human papillomavirus testing for women ages 30 and older with normal Pap smear results, once every three years as part of a well woman visit.
- Routine adult immunizations are covered for you and your covered eligible dependents who meet the age and gender requirements and who meet the CDC medical criteria for recommendation.
- Immunization vaccines for children from birth to age 18— doses, recommended ages, and recommended populations must be satisfied.

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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.

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Log On To Our Website For A Complete List of Services
For a complete list of preventive services with detailed descriptions of coverage limitations and exclusions, log on to the Fund's website at www.associated-admin.com. Click on "Your Benefits" located at the left side of page. Select "FELRA & UFCW" and you will be directed to the FELRA homepage. Under "Downloads," click on "FELRA and UFCW List of ACA Preventive Services" to view the complete list.

Active Plans X, XX, and XXX Participants: You Must Use A CareFirst In-Network Provider

The following article applies to active Plan X, Plan XX and Plan XXX participants who have Fund coverage, not HMO or Medicare Supplemental Retiree coverage.

Medical benefits will be covered for active participants in Plan X, Plan XX and Plan XXX only if services are performed by an in-network provider, with the exception of services provided by pathologists, anesthesiologists, radiologists, and emergency room treatment at in-network facilities. When you need to use a provider (whether a hospital, physician, or other health care provider), be sure they are in the CareFirst network. Otherwise, your claim will be denied.

To locate a CareFirst Provider

- Go online to the CareFirst website, www.carefirst.com. Click on "Members and Visitors," then click on "Find a Doctor." Under "Search the Provider Type," click on either medical or facilities, depending upon your needs. If you are looking for a medical plan, and your Plan ID card is white, you should search under the heading at the bottom of the page which says, "Other Networks," then choose the "PPO-National/International Blue Cross Blue Shield Directory" link. If your ID card is green, you should look under the header "Select Your Medical Plan" and choose "BluePreferred (PPO)."
- **To locate a provider by telephone,** call (800) 235-5160 if you have a green ID card, or (800) 810-2583 (which is 800-810-BLUE) if you have a white ID card. These numbers are also on your ID card. Note that these numbers are ONLY for finding a participating CareFirst provider. No other questions (claims, eligibility, etc.) will be answered on these lines.

Important Notice

New Claims Address For CareFirst

Local lease claims that are not filed electronically should now be sent to:

CareFirst/Network Leasing
PO Box 981633
El Paso, TX 79998-1633

Please share this information with your provider the next time you have an appointment. Note: all claims, including secondary claims, must be filed within 365 days.

Mandatory Formulary For Prescription Drugs

The following is a Summary of Material Modification (SMM) which applies to the FELRA & UFCW Active Health Plan, Plans I, X, XX, and XXX, and the FELRA & UFCW Retiree Health and Welfare Plan. It does not apply to Retirees whose prescription drug benefit is provided through Kaiser Permanente Medicare.

Effective January 1, 2014, the Board of Trustees approved a mandatory formulary list for prescription drugs. You will not receive coverage under the Plan for prescription drugs that are not on the formulary list. If you get a prescription for a drug that is not on the Fund's approved formulary list, the pharmacist will give you a notice showing the equivalent drugs that are on the formulary list.

2014 Preferred Drug List Exclusions

As of January 1, 2014, the medications shown below are not covered by the Plan. If you fill a prescription for one of these drugs after January 1, you will pay the full retail price.

Take action to avoid paying the full price.
If you are currently using one of the excluded medications, please ask your doctor to consider writing a new prescription for one of the following safe and effective covered alternatives.

See the chart below for a listing of the affected drugs. If you have any questions, please call the number on your member ID card.

Drug Class	Excluded Medications	Covered Alternatives
ANTINEOPLASTIC/IMMUNOSUPPRESSANT		
Biologics – Injectable Tumor Necrosis Factor Antagonists and Other Drugs for Inflammatory Conditions	Cimzia, Simponi, Stelara, Xeljanz	Enbrel, Humira
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Interferon Beta Medications for Multiple Sclerosis	Betaseron	Avonex, Extavia, Rebif
Long-Acting Opioid Oral Analgesics	Avinza, Exalgo, Kadian	morphine sulfate ER, oxymorphone ER, Nucynta ER, Opana ER, Oxycontin
CARDIOVASCULAR		
Angiotensin II Receptor Antagonists + Diuretic Combinations	Edarbi/Edarbyclor, Micardis/Micardis HCT, Teveten/Teveten HCT	candesartan/hydrochlorothiazide (HCTZ), irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ, Benicar/HCT
DIABETES		
Blood Glucose Meters & Strips	Abbott (Freestyle, Precision), Bayer (Breeze, Contour), Nipro (TRUEtrack, TRUEtest), Roche (Accu-Chek)	LifeScan (OneTouch)
Dipeptidyl Peptidase-IV Inhibitors & Combos	Jentadueto, Kazano, Nesina, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze, Onglyza
Incretin Mimetics (Glucagon-Like Peptide-1 Agonists)	Victoza	Bydureon, Byetta
Insulins	Novolin, Apidra, NovoLog, Humalog	Humulin
EAR/NOSE		
Nasal Steroids	Beconase AQ, Omnaris, Rhinocort Aqua, Veramyst, Zetonna	flunisolide, fluticasone propionate, triamcinolone acetonide, Nasonex, Qnasl
ENDOCRINE (OTHER)		
Androgen Drugs (Topical Testosterone Products)	Fortesta, Testim	Androgel, Axiron
Growth Hormones	Nutropin/Nutropin AQ, Omnitrope, Saizen, Tev-Tropin	Genotropin, Humatrope, Norditropin
IMMUNOLOGICAL		
Interferons	PegIntron	Pegasys
OBSTETRICAL & GYNECOLOGICAL		
Ovulatory Stimulants (Follitropins)	Bravelle, Follistim AQ	Gonal-f
OPHTHALMIC		
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	latanoprost, travoprost, Lumigan, Travatan Z
RESPIRATORY		
Epinephrine Auto-Injector Systems	Auvi-Q	EpiPen, EpiPen Jr
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Flovent Diskus/HFA	Asmanex, Pulmicort Flexhaler, QVAR
Pulmonary Anti-Inflammatory/Beta Agonist Combination Inhalers	Advair Diskus/HFA, Breo Ellipta	Dulera, Symbicort
Beta-2 Adrenergics (Short-Acting Inhalers)	Maxair Autohaler, Proventil HFA, Xopenex HFA	Proair HFA, Ventolin HFA
UROLOGICAL		
Erectile Dysfunction Oral Agents	Levitra, Staxyn	Cialis, Viagra

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

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

Open Enrollment for choosing how your medical coverage will be provided is from July 15 – September 15 for coverage effective October 1, 2014 – September 30, 2015. 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.***

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. After enrolling, you will receive an ID card from Kaiser. This should arrive on or shortly after October 1, 2014.

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 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?

There is a monthly cost to enroll in Kaiser. The amount will be shown in your Open Enrollment letter—be sure to read it!

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

Traditional Fund medical coverage varies by Plan. Fund participants pay an annual deductible, other than for preventive services, before payment from the Fund is made. For Plan XX, the deductible is $500. For Plans I and X, the deductible is $300.

Under traditional Fund coverage, if you are a participant in Plan I you may use any provider, you wish, although you will save money if you use a CareFirst provider. **Plan X and Plan XX participants *must* use a CareFirst provider in order for their treatment to be covered, except for the services of pathologists, anesthesiologists, radiologists, and emergency room care at in-network hospitals.**

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 failing to pay your co-premium, you will automatically be moved back to Fund medical coverage 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 Express Scripts.

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- 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, 2015 – September 15, 2015).
- 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 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.

Tips On Retirement

When you are planning to retire, you should notify the Fund office and begin the process of applying for your pension at least six months before you plan to retire. The retirement process will go smoothly for you if you have thought carefully about your retirement date and asked any questions you have about your available options before you begin the application process. Below are some helpful tips to help your retirement go smoothly.

1. About six months before you would like to retire, call the Fund office at (800) 638-2972 and ask for a Benefit Service Request Form. Tell the Fund office the approximate date you would like to retire. The Fund office will research your service and send you an estimate within approximately 6–8 weeks.
2. Upon request, the Fund office will send you a pension application. After your application is processed, you'll receive a benefit election form and other information regarding the pension options available to you.
3. While the Fund has 90 days to make a determination with respect to your pension application, it usually takes about a month from the date you stop working to process your application, as all available Benefit Service up through the date of your retirement must be included in the benefit calculation, and your service must be confirmed with your participating employer(s). Usually, you will receive your first pension check in the first week of the second month after you retire.

   Example: If you retire in August, you will likely receive your first check in the first week of October.

   This check will include your pension benefit for September. From then on, you should receive your pension check during the first week of each month.
4. Electronic Funds Transfer (EFT) is the pension benefit delivery option chosen by the majority of pensioners because of its convenience. To use this option, provide the Fund office with the bank routing number and other bank information for the account where you would like your deposit to go. A wire transfer then occurs on or about the first working day of every month. If you don't elect EFT, checks are mailed on the last working day of the month. If your mailed check is late getting to you, the Fund office must wait 10 days before putting a "stop pay" on your check, since there is sometimes a delay in the postal service.

Mental Health And Substance Abuse Treatment Must Be Certified Through ValueOptions

Mental health and substance abuse treatment is covered under Major Medical up to the Usual, Customary, and Reasonable ("UCR") charges and subject to the other limits of the Plan. ***Participants in Plans X, XX, and XXX must use a ValueOptions provider in order to be covered for services incurred March 1, 2014 and after.*** Plan I participants may use non-Value Options providers but will save money by using a Value Options provider.

Participants in Plans X, XX, and XXX

After your initial consultation with your primary care physician, ValueOptions ***must*** be contacted for future services.

The Fund will pay 80% for Plan X, 75% for Plan XX and 70% for Plan XXX participants for inpatient and outpatient care, up to the UCR or the amount approved by ValueOptions. Inpatient treatment (including at a drug and alcohol treatment facility) must be certified by ValueOptions prior to your admission.

Contact ValueOptions at (800) 353-3572 to authorize treatment. ValueOptions will assist you in locating an in-network provider.

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, 2014. The next open enrollment will be in January for coverage effective March 1, 2015.

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.

ReliaStar/ING Changed Name To Voya Financial

The following article applies to active participants only.

Your life insurance benefits and Accidental Death and Dismemberment benefits under the Plan have long been insured through ReliaStar/ING.

Recently, ING changed its name to Voya Financial. The new name reflects the company's relationship to its parent company, Voya Financial. ***Nothing else has changed—the address, phone number, policy, and coverage all remain the same.***

The ING name will be phased out and will be replaced with Voya Financial.

New Pension Summary Plan Description Booklet

The following article applies to participants in the FELRA & UFCW Pension Fund.

The FELRA & UFCW Pension Fund Summary Plan Description ("SPD") booklet, dated February 2014, was sent to all active participants in the FELRA Pension Fund. This SPD replaces the June 2003 booklet.

The SPD contains important information about your pension benefits, including what types of retirement benefits are available, when and how your retirement benefits are paid, how to apply for benefits, your rights under ERISA, and more.

If you did not receive a copy, call the Fund office at (800) 638-2972 and we will mail one to you. ***Be sure the Fund office has your current address on file.***

The Pension SPD can also be found on our website at www.associated-admin.com. Click on "Your Benefits," located at the left side of the page and select "FELRA & UFCW." You will be directed to the FELRA page where you can view the FELRA Pension SPD, under the heading "Summary Plan Description Booklets."

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