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

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

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For Your Benefit

Correction to 2016 Summary of Benefits and Coverage for Plans XX and XXX

The following applies to actively working participants whose medical coverage is provided through the Fund, not an HMO.

In February 2016, the 2016 Summaries of Benefits and Coverage ("SBC") for Plan XX and Plan XXX were mailed. On page 3 of the Plan XX and Plan XXX SBCs there were misprints in the Limitations & Exceptions section of Specialty drugs. Below is the corrected information.

COMMON MEDICAL EVENT	SERVICE YOU MAY NEED	YOUR COST IF YOU USE AN IN-NETWORK PROVIDER	YOUR COST IF YOU USE AN OUT-OF-NETWORK PROVIDER	LIMITATIONS & EXCEPTIONS
If you have a test	Generic drugs	Greater of $5 or 5% coinsurance	Not covered at non-network pharmacies including, but not limited to, Rite Aid, Walmart, Walgreens, and CVS	Limited to 34-day supply retail, 100-day supply for approved maintenance medications; some quantity limits apply
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.express-scripts.com	Preferred brand drugs	Greater of $15 or 15% coinsurance		If generic drug is available, you pay full cost of the brand name drug. Limited to 34-day supply retail, 100-day supply for approved maintenance medications; some quantity limits apply
	Non-preferred brand drugs	Greater of $25 or 25% coinsurance		
	Specialty drugs	Same structure as above depending on classification		Certain specialty medications require prior authorization and must be ordered by phone through Accredo Specialty Pharmacy; certain specialty drugs (e.g., cancer drugs) may be dispensed directly from the physician's office.

Plan X Part Time Participants:

Open Enrollment for
Dependent Coverage
Is July 1 - July 31.
See page 2.

This issue—

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.

Material Modifications

Plan XX and Plan XXX Part Time Participants Can Enroll Dependent Children for Coverage

If you are a part time participant under Plan XX or Plan XXX, you may enroll your dependent **children** (but not your spouse) for coverage. However, if you choose to enroll your dependent child(ren), you must pay the full cost of such coverage via payroll deduction.

Participants hired after January 1, 2014 are eligible for Plan XXX benefits.

Effective March 1, 2016, the cost to add a dependent child/ren is:

PLAN	PER CHILD	3 OR MORE CHILDREN
Plan XX Part Time	$129.15 per month	$387.45 per month
Plan XXX Part Time	$122.08 per month	$366.24 per month

Your regular weekly co-payment continues to apply in addition to the cost of dependent child(ren) coverage shown above.

Plan X Part Timers: July 1 – July 31 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 1 to July 31. 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, 2016. The next open enrollment will be in January for coverage effective March 1, 2017.

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 1.

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.

Material Modifications

Changes to the Severance Plan

The Board of Trustees of the FELRA and UFCW VEBA Fund ("Fund") has adopted the following changes to the UFCW and FELRA Severance Plan ("Plan"). Please keep this with your Summary Plan Description ("SPD").

1. **Effective June 1, 2014**, the Fund transferred to Acme Markets, Inc. ("Acme") the obligation to pay severance benefits to Participants whose last Employer as of May 31, 2014 was Acme. Severance benefits for these individuals now are the responsibility of Acme and these individuals no longer are Participants under the Plan, effective June 1, 2014. Instead, these individuals must apply to receive severance benefits from Acme's severance plan upon their severance from service.

2. **Effective June 1, 2014**, "Acme Markets, Inc. (SuperValu)" is deleted from the list of Participating Employers on page 35 of your SPD.

3. **Effective July 17, 2015**, the Food Employers Labor Relations Association and United Food and Commercial Workers Health and Welfare Fund is renamed the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund. All references in your SPD to the "Fund" now refer to the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund, and all references to the "Plan" in your SPD now refer to the United Food and Commercial Workers and Food Employers Labor Relations Association Severance Plan, a benefit program of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund.

4. **Effective July 17, 2015**, the definition of "Severance from Service Date," on page 11 of your SPD is deleted and replaced with the following:

Your Severance from Service Date is the earlier of:

(a) The date your employment with all Employers terminates; or

(b) If you are covered by a Collective Bargaining Agreement between your Employer and the Union, the earlier of: (i) the three year anniversary of your approved leave of absence from employment because of: sickness; accident; pregnancy; or military reserve or National Guard training; or (ii) the expiration of your leave of absence under the Collective Bargaining Agreement applicable to you; or

(c) If you are not covered by a Collective Bargaining Agreement between your Employer and the Union, the 6 month anniversary of your leave of absence (unless you have a right to reemployment with an Employer under law or contract, in which case your Severance From Service Date will be the last date of your leave of absence if you do not immediately return to employment for an Employer).

Whether you have experienced a termination of employment for purposes of determining your Severance from Service Date will be based on whether the facts and circumstances indicate that you and/or your Employer reasonably expected that you would perform no further services for the Employer. If you file a formal grievance relating to your termination, your Severance From Service Date will not occur until the earlier of: (i) the completion of the grievance process, provided the grievance process upholds your termination; (ii) the date you withdraw your grievance; or (iii) 6 months after your termination date that is the subject of the grievance, unless you provide written evidence to the Fund that arbitration has been filed relating to the grievance, in which case the applicable date will be the date the arbitration is concluded (by settlement or a decision of the arbitrator).

Open Enrollment for Medical Coverage Is July 15 – September 15

*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, 2016 – September 30, 2017. During open enrollment, if you live in the service area covered by Kaiser, 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 and you continue to be eligible for Fund coverage, 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 and you continue to be eligible for Fund coverage, 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, 2016.

Please note: if you are currently enrolled in traditional Fund medical coverage and you decide to switch to Kaiser, ***the change becomes effective October 1, regardless of when your Kaiser ID card arrives***. Starting October 1, 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 15 and September 15!***

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 per person. For Plans I and X, the deductible is $300 per person.

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. ***Plans X and XX must use a CareFirst provider in order for their treatment to be covered, except for the services of pathologists, anesthesiologists and radiologists at in-network hospitals, and for emergency room care.***

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 and you continue to be eligible for Fund coverage, 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 1.

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.
- 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, 2017 – September 15, 2017).
- If you are a Plan X part time participant 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 15. 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, and 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.

Open Enrollment: Which One Is Which?

Often in this ***For Your Benefit*** newsletter, you will see articles discussing open enrollment. There are various open enrollments and they occur annually at different times of the year for different purposes. The chart below helps explain this.

TYPE OF OPEN ENROLLMENT	WHEN IT OCCURS	WHEN COVERAGE BEGINS
Opportunity for **Plans I, X and XX** participants to choose between Fund medical or Kaiser Permanente for their medical coverage.	July 15 – September 15	October 1 – September 30
Open enrollment for adding dependent **("family")** coverage for **Plan X** part time participants.	July 1 – July 31 and January 1 – 31	September 1 and March 1
Opportunity for **Plans I, X and XX** participants to enroll or drop health benefits (any/all benefits including A&S, dental, optical, etc.) through the Fund.	November 1 – November 30	January 1

Privacy Statement Available Upon Request

In accordance with federal law, the Fund has established Privacy Practices, which are the rules on how protected health information (PHI) about you may be used and disclosed by the Fund and other parties under the Health Insurance Portability and Accountability Act of 1996 and how you can get access to this information.

The Revised Notice of Privacy Practices that appeared in the December 2013 ***For Your Benefit*** newsletter describes these rules. If you would like another copy of the "Statement of Privacy Practices," log onto www.associated-admin.com and click on the words "Your Benefits," located at the left side of the screen. Select FELRA & UFCW Health and Welfare Plan and print the Statement of Privacy Notice, 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

Newborns' & Mothers' Health Protection Act Provides Minimum Hospital Stay

In accordance with the Newborns' & Mothers' Health Protection Act of 1996, the Fund provides coverage for mothers and newborns to remain in the hospital after birth for a minimum of 48 hours for a normal, vaginal delivery and a minimum of 96 hours for a cesarean delivery. The Fund cannot and does not require that providers obtain authorization for prescribing a length of stay not in excess of the above period of time.

Eligibility Ends for Your Spouse upon Divorce or Legal Separation

Your spouse will not be eligible to receive coverage under the Fund if you become divorced or legally separated. If you and your spouse are physically separated, but not legally separated, your spouse may remain a dependent until the earlier of three years from the date of physical separation or the date of divorce or legal separation. Please notify the Fund office immediately if your spouse is covered under the Plan and you have become divorced, legally separated or physically separated from your spouse. If you do not 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 paying such amounts back to the Fund.

Pay It Forward for a Better You

The expression "pay it forward" is a common one, but what does it mean? And does it really work? If you want to make a positive change in your life it just might be this simple—think about what would make you smile, and then do that very thing for someone else.

Right Where You Need To Be

You are most likely right where you need to be in order to help others and yourself. Take a look at those in your immediate circle: family, co-workers, neighbors and friends. Pay attention to what they need and how you can make their life a little brighter. Take the time to help your elderly neighbors take shopping bags into their house. Offer to bring in a coffee for a co-worker who is having a rough time. Reach out to your mom and tell her you love her.

Most people want to be reassured in life. You can extend small amounts of kindness to strangers by slowing down at a crosswalk, opening the door to a building or just saying hello. As simple as these gestures sound, it shows people that they matter. It might be just enough to change the course of someone's day. And that someone could be you. It feels good to hear a "thank you" or a "hello" back.

A Little Gratitude Goes a Long Way

Depending on your interests, you might have people you have looked up to over the years. This could be a favorite teacher or writer, your high school coach or a local shop owner. People love to hear how they have touched others' lives. There are so many ways to contact people. Reach out to them via social media, regular mail, a phone call or an in-person visit, just to let them know how much their influence has meant to you. Think about how great it would feel to get a handwritten note or invitation to lunch from someone you influenced in the past.

Volunteers Wanted

If you are interested in donating your time, there are charities all around you that would gladly take your help. Check the United Way and VolunteerMatch for a list of interesting ideas. Even if you can't donate your time, you can give to organizations that take clothing and household items to promote charities like animal welfare and independence for those with disabilities. If you are getting a new piece of furniture or your child has outgrown her tricycle, find another local family who could use it. Websites like Freecycle can help you to find people within your community. You can also reach out to your local schools, churches, non-profit thrift stores and civic league.

Don't Forget about You

Remember to treat yourself, too. A little self-compassion can go a long way. Make note of negative thoughts and feelings that you internalize and let them go. Accept that you are flawed, like all humans. It's OK to make mistakes. Smile at yourself in the mirror and treat yourself like you would like to be treated by others.

Sometimes it's hard to find the time or energy to make a positive change. But there are many small strides you can make to pay it forward to friends, family, your community and even yourself. Letting your positivity radiate throughout your daily life will enrich your being. *Let yourself shine.*

The above article was obtained with permission from Beacon Health Options. This information is general and not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition.

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