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

Summary Plan Descriptions (SPDs), Summaries of Benefits and Coverage (SBCs) and Summaries of Material Modifications (SMMs) are available on our website, www.associated-admin.com.

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For Your Benefit

Summary Of Material Modifications

The Board of Trustees of the Food Employers Labor Relations Association and United Food and Commercial Workers Pension Fund ("Fund") has adopted the following changes to the Food Employers Labor Relations Association and United Food and Commercial Workers Pension Plan ("Plan"). Please keep this document with your Summary Plan Description ("SPD").

1. Effective December 31, 2020, the second paragraph in the "Pre-Retirement Spouse's Pension" subsection on page 36 of your SPD is replaced with the following paragraph:

If your death occurs after you have met the requirements to start receiving a pension under the Plan, your Spouse's pension will be payable immediately following your death; otherwise, it will be payable beginning at the age when you would have met the requirements for an immediate pension. Payments to your spouse may be deferred if your spouse so requests. However, they cannot defer payment past the later of: (1) December 31st of the calendar year immediately following the calendar year in which you died; or (2) December 31st of the calendar year in which you would have attained age 72, if you would have reached age 70½ on or after January 1, 2020. If payments are deferred, the amount of the benefit will be actuarially adjusted to reflect the later age of the Spouse at the time the benefit commences.

2. Effective January 1, 2021, the last sentence of the second paragraph in the "Commencement of Benefits" subsection on page 39 of your SPD is replaced with the following sentence:

You may elect to defer the commencement of benefits; however, benefit payments must begin by April 1 of the calendar year following the later of: (1) the calendar year in which you attain age 72; or (2) the calendar year in which you terminate *Covered Employment.*

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.

Health and Welfare Coverage Payroll Deduction Increasing (Plans I, X, XX, XXX)

Starting with the first payroll period in June 2021, the cost for certain health and welfare coverage that must be deducted from Plan I, X, XX, and XXX Participants' payroll is increasing by $1 per week. The $1 increase also applies to the weekly spousal surcharge. Please note that these deductions are handled by your employer, not the Fund. The costs for coverage that are increasing are listed below with the new costs for the coverage, payable by payroll deduction.

Plan I, X, and XX Full Time Participants

- **$6 per week** for individual only coverage,
- **$11 per week** for participant plus one dependent, and
- **$16 per week** for family coverage (participant plus two or more dependents).

Plan X and XX Part Time Participants

- **$6 per week** for individual only coverage

Plan XXX Full Time Participants

- **$11 per week** for individual only coverage,
- **$16 per week** for participant plus dependent child(ren),
- **$21 per week** for participant plus spouse, and
- **$26 per week** for family coverage

Plan XXX Part Time Participants

- **$11 per week** for individual only coverage

Spousal Surcharge

If you elect coverage under the Fund for your dependent spouse and your spouse is also eligible for health coverage through his or her employer, a $21 per week surcharge will apply in addition to the above-described co-premiums. This surcharge will apply even if your spouse has not elected to participate in that other coverage. However, the $21 per week surcharge is waived for any participant whose spouse is also a participant in the Plan.

The payroll deduction amounts listed above will increase by an additional $1 on June 1st of 2022, June 1st of 2023 and June 1st of 2024.

Your Dental Benefits are Now Administered by Dentegra Insurance Company

Effective June 1, 2021, Dentegra Insurance Company ("Dentegra") became the Fund's provider of dental benefits, replacing Group Dental Service. For the first time, you will have a Dental ID card that you must present to your dental provider.

If you have not received a Dental ID card yet, contact Dentegra at (877) 280-4204 to request one. If you have an urgent dental need and you have not received your card, contact the Fund Office and we will provide you with the necessary information to give to your dentist.

Dentegra's Network

You generally must use a Dentegra participating provider in order for services to be covered. Dentegra has a very wide network of providers so most participants will find that they have many more options than before. If you live more than 20 miles from a Dentegra provider, you may use a non-participating provider, but you will be responsible for the balance after Dentegra makes its payment.

Finding a Participating Provider

Visit Dentegra.com/FELRA to find participating dentists in your area. On the welcome page, click on the "Select a dentist" link.

Benefit and Claims Information

You can register for an online account with Dentegra at Dentegra.com/FELRA by clicking on the "Log In/Register" link at the top right corner of the welcome page. This account will give you access to your claims history, eligibility status, and general plan information.

Please contact the Fund Office at (800) 638-2972 if you have any additional questions about this transition. Welcome to your new Dental Plan.

Retiree Information Forms Sent: *Complete and Return This Form!*

The Fund Office has sent Retiree Information Forms (RIFs) to all retirees. The form asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed.

This form must be completed and returned, even if nothing has changed. It is very important that the retiree complete all sections of this form and promptly send it back to the Fund Office. If we don't receive your RIF, your benefits may be suspended until it is received. To assist you, the *Fund Office* has included a postage-paid return envelope for the first mailing.

Helpful Reminders

- Do not attach checks or claims to the RIF.
- Report any earnings from all employers.
- Let us know if you or your spouse has other health coverage.
- Be sure to sign the RIF.

No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree. A copy of any such Power of Attorney must be on file with the Fund Office. If, for health reasons, the Retiree is unable to sign the form and there is no Power of Attorney on file, the Retiree must sign an "X" on the RIF and have it notarized by a Notary Public.

What Happens to Your Health Benefits During a Leave of Absence

If your employer grants you an approved leave of absence (in writing), you have two options concerning your health benefits:

1. If you are eligible, you may choose to continue your benefits under COBRA or USERRA, as explained in your SPD booklet.
2. If you elect to waive your COBRA or USERRA rights, you may choose to continue your eligibility status by making self-payments directly to the Fund.

Self-Payments

You have 30 days after you lose eligibility to decide if you want to make self-payments. **Self-payments must be made monthly in an amount determined by the Board of Trustees, and must be received by the Fund Office on or before the first of each month.** If the monthly payment is not received on time, you will no longer be eligible for benefits (as of the end of the month for which the last self-payment was received).

Timely self-payments will be accepted until you return to active employment covered by the Plan or until your leave of absence expires, but in no case more than 18 months following your loss of eligibility.

What Benefits Would I Have?

If you choose to self-pay, you may continue:

- Medical benefits only;
- Life and Accidental Death and Dismemberment benefits only;
- Drug, Optical and Dental benefits only; or
- Any combination of these three groups.

You may make self-payments only ***for those benefits for which you were eligible as of the last day prior to your loss of eligibility.***

Getting Started

Call the Fund Office (800-638-2972) to find out how much the self-payment amount would be.

Mail your check or money order and a copy of your written leave of absence, if applicable, to:

FELRA & UFCW VEBA Fund
Attn: Eligibility Dept.
8400 Corporate Drive, Suite 430
Landover, MD 20785-2361

You will not be billed. It is your responsibility to send your self-payment in each month.

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

Date:

NOTICE OF CONTINUATION OR TERMINATION OF DISABILITY FOR GROUP ACCIDENT AND SICKNESS BENEFITS

This form MUST be returned to the Fund Office within 4 weeks or your file will be closed.
All questions must be answered or your form will be returned.

EMPLOYEE ONLY COMPLETE THIS SECTION: CLAIM FOR BENEFITS

1. Employee's Name: _____ Employed By: _____
2. Have you returned to work? ☐ Yes ☐ No If "Yes," give date: _____
3. If still disabled, when do you expect to return to work? _____
4. Have you applied for or are you receiving Workers' Compensation benefits? _____ Yes ☐ No ☐
5. Date: _____ Signature of Employee: _____

Mailing Address: _____

Social Security Number: _____

PHYSICIAN ONLY MUST SIGN AND COMPLETE: ATTENDING PHYSICIAN'S STATEMENT

1. Patient's Name: _____ Age: _____
2. Nature of sickness or injury (Describe complications, if any, since last report): _____

_____

3. Nature of Surgical Procedure, if any (describe fully): _____

_____

4. Give dates of treatment since last report:

Office: _____ Home or Telephone Consultation: _____ (Specify)

Hospital: _____
(Specify inpatient, outpatient or emergency room)

5. The patient has been continuously disabled (unable to work) from: _____ 20____ through _____20____

Date: _____ Signed: _____M.D.

Phone: _____ Print Name: _____

Address: _____

EMPLOYER ONLY COMPLETE THIS SECTION

Has employee returned to work since originally disabled? Yes No

If yes, on what date? _____ If no, estimated date of return: _____

Has vacation or personal holiday been paid during disability? Yes ☐ No ☐ If yes, please list dates paid: _____

Is the accident or illness due to employment? Yes ☐ No ☐

Signature of Manager: _____ Date: _____

Telephone Number: _____

Reminder: All Information on A&S Claim Forms Must Be Answered

The Accident and Sickness (sometimes called "weekly disability") claim form must be completed in full before you submit it to the Fund Office. All questions on the form must be answered. If the form is incomplete, it will be returned, which will delay the processing of your claim.

Sclerotherapy – Coverage for Treatment of Varicose Veins

The following article applies to Fund medical coverage, not HMO coverage.

Your plan of benefits offers coverage for sclerotherapy, which is an alternative treatment for painful, enlarged veins. It involves the injection of a solution into a blood vessel to cause it to shut down and eventually disappear. It is used mainly for the treatment of varicose veins.

What are the guidelines?

- Treatment must be pre-approved by Conifer. Contact Conifer at (800) 459-2110.
- Benefits are provided on a "per treatment session" basis with the number and frequency of sessions and the amount of benefit paid to be determined by Conifer.
- Your physician must send a letter of Medical Necessity, pre-operative photographs, and a patient history, indicating the need for testing to Conifer and demonstrating the Medical Necessity of treatment (treatment for cosmetic purposes is not covered).
- Pre-operative testing will be approved only for cases in which justification can be provided. Subsequent review will be required on any case which exceeds five treatments per area.
- Consecutive treatments must be separated by 6-8 weeks to evaluate the effectiveness of the treatment.
- Only the initial consultation will be covered as a separate office visit - charges for subsequent office visits during the course of treatment will not be covered.
- Surgical supplies over the Usual, Customary and Reasonable ("UCR") amount approved by Conifer will not be covered.
- Billing for laser treatment of varicose veins will be covered at the same level as Sclerotherapy.

Be Wary of Offers for Additional/Supplemental Coverage!

Retirees often receive calls from insurance companies or brokers offering health plans and supplemental coverage. Should you choose to pursue additional coverage, it is very important that you contact the Fund Office to determine whether or not it will have an effect on your current benefits. Enrolling in a new plan may disqualify you from using your benefits through the Fund.

If you are an active or retired participant who is already enrolled in Kaiser HMO coverage through the Fund, please be extra careful if you receive an additional or different coverage offering from Kaiser. Enrolling in other coverage with Kaiser may disqualify you from the Fund's Kaiser Plan as well as your Optical and Dental coverage (if applicable) provided by the Fund.

Don't sign up for anything you don't understand! Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972 to speak with a representative before enrolling in any new or additional coverage so you know what effect it could have on your Fund health benefits.

Have You Made A Will? Legal Benefits Are Available

Participants in the UFCW & FELRA Legal Benefits Fund are eligible for legal benefits at no cost (no payroll deduction for legal benefits). The covered services vary somewhat based on your date of hire, but ALL Legal Benefits Fund coverage ***(regardless of hire date)*** includes the preparation of a will at no charge to you. Do not overlook this valuable benefit!

Having a will prepared is one last valuable gift you can give to your family. It can prevent bad feelings and misunderstandings between family members by making it clear what ***your*** wishes were. And again, it's free. Contact Akman & Associates, your Legal Benefits Fund provider:

Lutherville, Maryland:	(410) 337-2300
Landover, Maryland:	(301) 241-9400
Salisbury, Maryland:	(410) 749-6118
Alexandria, Virginia:	(703) 347-7180
Washington, D.C.:	(202) 507-6256

Coverage for Hospital Services

The following article applies to participants in Plans X, XX and XXX whose medical coverage is provided through the Fund, not an HMO.

For most hospital services to be covered under your Plan, you must use a CareFirst in-network provider. Also, you must certify your stay with Conifer Health Solutions ("Conifer") **before** you have any elective or pre-scheduled procedures, and within 24 hours of your admission for an emergency. To certify admissions, contact Conifer at (800) 459-2110. This number is also on your Fund medical ID card.

When the professional services described below are rendered by a physician, physician's assistant, nurse practitioner or certified surgical assistant, the Plan will provide benefit payment at the percentage specified under your Plan, up to the allowed amount. The annual deductible applies. Charges made in excess of these amounts are the responsibility of the patient.

When you or your eligible dependent is admitted to a **Hospital** as a registered inpatient, you are eligible for coverage for the following services when furnished and billed as hospital services, and when consistent with the diagnosis and treatment of the condition for which hospitalization is required:

1. Room and board in semi private accommodations and special care units is covered at the percentage specified in your Summary Plan Description, up to the semi-private room rate;
2. General nursing care;
3. Use of the operating, delivery, recovery, or treatment rooms;
4. Anesthesia, radiation, and x ray therapy when administered by an employee of the Hospital;
5. Dressings, plaster casts, and splints provided by the Hospital;
6. Laboratory examinations;
7. Basal metabolism tests;
8. X ray examinations;
9. Electrocardiograms and electroencephalograms;
10. Physiotherapy and hydrotherapy;
11. Oxygen provided by the Hospital;
12. Drugs and medicines in general use;
13. Administration of blood and blood plasma and intravenous injections and solutions; and
14. Special Care Units.

If you request a private room, you are eligible for all the benefits above, but you must pay the hospital the difference between its actual charge for the private room and its average charge for semi private rooms.

Apply for Your Severance Benefit on Time

If you are eligible for severance benefits (see your collective bargaining agreement), you should apply immediately after your Severance from Service date. This is usually your employment termination date, but there are special rules for participants on a leave of absence. See page 12 of your Severance Plan Summary Plan Description for more information.

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 Payable Severance Benefit may 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 terminate covered employment on July 1, 2021, the four-month waiting period will expire on November 1, 2021, and your severance payment deadline will be February 15, 2022.

If you do not apply for and receive your severance benefit by the deadline under the Plan, you will lose your benefit. Don't let this happen to you. It is also a good idea to make sure your beneficiary is up to date for Severance Death Benefits.

CONIFER HEALTH SOLUTIONS®

Conifer Corner

Stress Awareness

Recognizing and managing daily stressors is an important aspect of your health plan. Try to include a few stress relievers every day – choose healthy meals and snacks, take a walk outside or engage in exercise, try a few breathing exercises or yoga, and be sure to get a good night's sleep.

Good health can be stress free?

Conifer Health Solutions and its Personal Health Nurses (PHNs) are the perfect option for you and your family's health needs. To get started, call a PHN:

- Lea, at 800.459.2110, ext. 2917
- Renee, at 800.459.2110, ext. 2552, or
- Michelle, at 800.459.2110, ext. 2061

Let the Fund Office Know If You've Moved

It is very important that you tell the Fund Office when your address and/or telephone number changes. The Fund Office sends out important information about your benefits, including Plan booklets, and this ***For Your Benefit*** newsletter. If we don't have the correct information, we may not reach you and that may affect your benefits.

Please note that this also applies to you if you are an active participant or Medicare retiree enrolled in Kaiser. While the Fund Office does not process your medical claims, we may still need to reach you concerning your Optical, Dental, and Pension benefits, or for other administrative purposes.

If you are planning to move (even temporarily), or have recently moved, let the Fund Office know your new address and telephone number by calling (800) 638-2972. Remember, telling the Union, your employer, or your HMO provider is not the same as telling the Fund Office. Tell us where you live so we can keep you up to date.

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