

For Your Benefit

A&S Form Should Be Signed After Surgery

When you have surgery, your Accident and Sickness (“A&S”) form should not be completed by your employer or your physician until after your surgery occurs. Pre-dating an A&S form could cause a delay in receiving A&S benefits. Your claim could be “pending” (held back from payment) until the Fund office receives verification of the actual date of surgery.

For example, let’s say you are scheduled for surgery next Friday and in order to get your paperwork ready, you ask your physician and your employer to complete their sections of your A&S form before you have stopped working so that you can submit the form to the Fund office. While your intention is to avoid a delay in your income, it is possible that the surgery could be canceled or postponed to another date, and if that happens, your A&S form no longer would be accurate as submitted.

90 days to submit your initial claim form.

A completed initial claim form (in the format approved by the Board of Trustees), must be received by the Fund office within 90 days from the date your disability began. Continuation

forms are sent to you every six weeks (or as needed) and must be returned within four weeks of the date sent by the Fund office. If your continuation form is not returned on time, you will not receive any additional A&S benefits for that disability.

Key points to remember:

- A&S benefits will not be payable for days used as vacation days or other time paid by your participating employer.
- Your participating employer must complete its section of the form.
- The disability must be verified in writing on the claim form by a physician legally licensed to practice medicine, a Certified Alcohol Counselor, or a Master’s Level Social Worker who is approved by ValueOptions.
- You must be seen in-person by a physician either in his/her office, at your home, or at a hospital.
- All questions on the claim form must be answered. Incomplete forms will be returned for completion.
- No disability will be considered as beginning more than three days



prior to your first visit to a physician during the disability period.

- No disability will be considered as beginning until after your last day worked.
- You cannot collect Workers’ Compensation and A&S benefits at the same time.
- You must be actively receiving treatment from a physician to improve the condition which is causing your disability.

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Summary of Material Modifications - This Issue!

- FELRA & UFCW Health and Welfare Fund
- FELRA & UFCW Pension Fund
- UFCW & FELRA Severance Fund*
- UFCW & FELRA Legal Benefits Fund*
- UFCW & FELRA Scholarship Fund*
- The Mid-Atlantic Retail Food Industry Joint Labor Management Fund

*Benefit programs of the FELRA & UFCW Health and Welfare Fund.

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.

Trustees Approve 2012 Medicare Deductibles, Co-Payments

The following applies to Medicare-eligible participants and dependents whose medical coverage is provided through the Fund, not through a Medicare HMO.

The Board of Trustees is pleased to announce that the Medicare Supplemental benefit has been increased to cover the 2012 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2012

Medicare Part A pays for inpatient hospital, skilled nursing facility, and some home health care. For each benefit period, Medicare pays (1) all covered costs during the first 60 days, except the Medicare Part A deductible (2012 = \$1,156); and (2) coinsurance amounts for hospital stays that last between 61 days to 150 days.

For each benefit period, the Fund's Medicare Supplemental benefit will cover:

- A total of \$1,156 for a hospital stay of 1-60 days.
- \$289 per day for days 61-90 of a hospital stay.
- \$578 per day for days 91-150 of a hospital stay.

For Skilled Nursing Facility Coinsurance, the Fund's Medicare Supplemental benefit will cover:

- \$144.50 per day for days 21 through 100 of each benefit period.

Medicare Part B covers physician services, outpatient hospital services, certain home health services, and durable medical equipment. For Part B coverage, the Fund's Medicare Supplemental benefit will cover:

- The \$140.00 per year deductible.
- After the deductible is met, you pay 20% of the Medicare-approved amount for services.



RIFs Are Being Sent. Complete And Return Promptly.

Within the next few months, the Fund office will send all retirees a Retiree Information Form (RIF) to be completed and returned to the Fund office. The form is required by the Board of Trustees and asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed.

Even if you completed this form last year, you still must complete and return this year's RIF. 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 will include a postage-paid, return envelope with 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, then the Retiree must sign an "X" on the RIF and have it notarized by a Notary Public.

Changing Bank Accounts?

Notify the Fund Office

If you are eligible for pension benefits, you have the option of having your pension electronically transferred (through direct deposit) into your bank account. This is a safe and convenient way to receive your pension benefits. However, if you change banks and have a new account, **please notify the Fund office immediately**. We have no way of knowing when you

make a change to your bank account – you must tell us.

If we deposit your pension into a closed account, the bank returns the payment to us and we then have to send you a paper check for that month, which delays your payment.

Don't let this happen to you! Be sure to call the Fund office at (800) 638-2972 when you close or change a bank

account. If you need an Electronic Transfer Form for direct deposit of your pension check, call us and we will be glad to send one to you. You can also print this form from our website: www.associated-admin.com. Click on "Your Benefits" located on the left side of page. Select "FELRA and UFCW" and then print the Electronic Transfer Form.

Plan I Participants: Your Spouse Must Be Enrolled for Coverage Before Your Retirement

The following article applies to Plan I, non-Medicare participants whose medical coverage is provided through the Fund.

If you are planning to retire, remember that only those of your dependents who are covered under the Plan as of your retirement date can be covered under your retiree benefits. You cannot add your spouse or child as your dependent for medical coverage after your retirement.

If you are a retiree and you go **back** to work full time for a FELRA participating employer, you may add dependents to your coverage after you go back to work.

If you then retire again, you can keep your dependents on

your retiree coverage only if you were employed by the participating employer for at least two years prior to your "second" retirement.

These eligibility rules are described in your Summary Plan Description (SPD) as well. Please call the Fund office at 800-638-2972 if you have questions about your retirement or medical coverage, or go to our website to download the Plan I Retiree Health SPD. Our website is at www.associated-admin.com.

Take Charge of Your Health

One-on-one information and support can help you reach your health goals. Through Health Dialog's Health Coaching program, you have access to a Health Coach by phone anytime, day or night. Health Dialog Health Coaches have, on average, 10 to 15 years of experience and are trained, caring health professionals. Call a Health Coach today and receive:

- One-on-one education and support for ongoing health conditions and treatment decisions.
- Health information when you need it, 24/7.
- Help preparing for your next doctor's visit.
- No-cost health brochures and videos mailed to your home, applicable to your condition.

There is no question too big or too small for your Health Coach and the call is free. Health Coaches are available to you 24 hours a day, 7 days a week. Call a Health Coach today at 1-866-469-6331 or TTY 1-866-569-6335 to get the support you need. Or you can visit us online at www.thedialogcenter.com/FELRA.

Health Coaches are available to actively working participants who are not in an HMO. They are also available to retirees who are neither Medicare eligible nor in an HMO (CIGNA or Kaiser).

Summary of Material Modifications

Below are Summary of Material Modifications (changes) made to your Plans during the past year. Please clip this summary and keep it with your Plan booklets so you will have it for easy reference.

FELRA & UFCW HEALTH AND WELFARE FUND

Keep these changes with the Dependent Coverage section of your SPD:

• **Effective January 1, 2011 – changes as a result of Health Care Reform (PPACA).** The

Board of Trustees of the FELRA and UFCW Health and Welfare Fund (“Fund”) has adopted the following changes to the FELRA and UFCW Health and Welfare Plan in order to comply with the Patient Protection and Affordable Care Act (PPACA).

Eligible dependents include your spouse and children, as defined in this Section.

Biological Children, Adopted Children and Children Placed for Adoption

Medical and Prescription Drug Benefit Eligibility

Generally, your biological children, adopted children and children placed with you for adoption are eligible for medical and prescription drug benefit coverage as your dependents if they are:

- Under age 26; and
- Not eligible for coverage under another employer-sponsored group health plan (other than this Plan or a plan covering their parent(s)).

Optical Benefit Eligibility

Generally, your biological children, adopted children and children placed with you for adoption are eligible for optical benefit coverage as your dependents:

- Through the end of the calendar year in which the dependent turns age 23; and
- Provided they are not eligible for coverage under another employer-sponsored group health plan (other than this Plan or a plan covering their parent(s)).

Dental Benefit Eligibility

For active participants, subject to the requirements described in the dental benefit sections of your SPD, your biological children, adopted children, children placed for adoption, are eligible for dental benefit coverage as your dependents if they are:

- Under age 19
- Not Married,
- Not employed on a regular full time basis, and
- Dependent on you for financial support.

Note: Children of retirees are not eligible for dental benefits. For active participants, children under age four are not eligible for dental benefits.

Stepchildren and Children over Whom You Have Legal Custody

Medical and Optical Benefit Eligibility

Stepchildren and children over whom you have legal custody are eligible for medical and optical coverage as your dependents if they are:

- Under age 19 (unless eligible for student coverage — see “Full Time Student Coverage” below),
- Not married,
- Not employed on a regular full-time basis, and
- Dependent on you for financial support.

Dental and Prescription Drug Eligibility

Stepchildren and children over whom you have legal custody are eligible for dental and prescription drug coverage as your dependents if they are:

- Under age 19 (unless eligible for student coverage — see “Full Time Student Coverage” below),
- Not married,
- Not employed on a regular full-time basis, and

- Dependent on you for financial support.

Note: If you have had court-awarded legal custody of a child for at least six months, you may enroll that child as your dependent. You must submit a copy of the court-entered custody order along with the applicable enrollment form. Further, you must submit a notarized letter to the Fund office every six months, confirming the continuation of custody.

Note: To be eligible for coverage, stepchildren must reside with the eligible participant. The Plan requires you to submit evidence of your dependent(s)' eligibility status – for your children: a birth certificate, adoption papers, or other proof of adoption or placement for adoption acceptable to the Trustees; for your spouse: a marriage license for your spouse. In the case of a stepchild, a copy of the divorce decree indicating custody is required as evidence.

Coverage for Full Time Students

Dependent stepchildren and children over whom you have legal custody generally are eligible for **medical and optical benefits** under the Fund until the end of the calendar year in which they turn age 19. However, if your son or daughter will be a full-time student at an accredited college or university, medical and optical coverage may be continued until the earliest of the last day of the calendar month in which he/she marries, ceases to be financially dependent on you for support, ceases to be a full-time student, or the end of the calendar year in which he/she turns age 23.

Note: Eligible dependent students of FELRA Plan I Retirees receive medical coverage only.

In order to ensure continued coverage under the Plan, Dependents and/or Participants (as applicable) must respond to any request for information





issued by the Fund for the purpose of confirming continued eligibility for benefits. Failure to respond to such requests may result in the suspension or termination of coverage.

Notice of Grandfathered Health Plan

This is to notify you that the Food Employers Labor Relations Association and United Food and Commercial Workers Health and Welfare Fund (“Fund”) qualifies as a “grandfathered health plan” under the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act).

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Because the Fund qualifies as a grandfathered health plan, certain provisions of the Affordable Care Act that apply to other plans—for example, the requirement for the provision of preventive health services without any cost sharing—do not currently apply to the Fund. However, the Fund offers other consumer protections under the Affordable Care Act, including the elimination of all lifetime limits on essential benefits.

If you have questions about which protections apply and which protections do not apply to a grandfathered health plan, or about what might cause the Fund to stop being treated as a grandfathered health plan, please contact Participant Services at 1-800-638-2972. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

• **Effective June 23, 2011**, the Board of Trustees broadened the Plan’s coverage of routine gynecological exams for actively working participants and their eligible dependent(s) who have Fund medical coverage. These exams are now covered without the requirement that a PAP test be performed during the exam. Coverage for a gynecological exam will be provided under your Major Medical at 80%, up to the UCR rate if you are in Plan I or X, or at 75%, up to the UCR, if you are in Plan XX. The annual deductible applies. Plan XX participants must use a CareFirst network provider.

• **Effective August 1, 2011**, the Board of Trustees welcomed Fresh and Green’s as a participating employer in the FELRA & UFCW Health and Welfare Fund. Please add Fresh and Green’s as a participating employer on page 152 of the FELRA & UFCW Plan X Health and Welfare Summary Plan Description (“SPD”) booklet, and page 155 of the FELRA and UFCW Plan XX Health and Welfare SPD.

FELRA & UFCW PENSION FUND

No changes.

UFCW & FELRA SEVERANCE FUND

No changes.

UFCW & FELRA LEGAL BENEFITS FUND

• **Effective August 1, 2011**, the Board of Trustees welcomed Fresh and Green’s as a participating employer in the UFCW & FELRA Legal Benefits Fund. Please add Fresh and Green’s as a participating employer on page 28 of the UFCW & FELRA Legal Benefits Fund Summary Plan Description (“SPD”) booklet.

• **Effective February 2012**, the list of Trustees on page 3 of the SPD is revised as follows:

FELRA AND UFCW HEALTH AND WELFARE FUND BOARD OF TRUSTEES	
UNION TRUSTEES	EMPLOYER TRUSTEES
Jason Chopenning UFCW Local 27 21 West Road – 2nd Floor Towson, MD 21204	Jason Paradis, Chairman Ahold USA 1385 Hancock Street Quincy, MA 02169
Michael Boyle UFCW Local 400 4301 Garden City Drive Landover, MD 20785	Ira Kress Giant Food, LLC 8301 Professional Place Suite 115 Landover, MD 20785
Eric Masten UFCW Local 27 Millsboro Office 401 W. Dupont Hwy., Rte. 113, Suite 101 Millsboro, DE 19966	Frank Stegman Safeway Inc. 4551 Forbes Boulevard Lanham, MD 20706
Thomas P. McNutt UFCW Local 400 4301 Garden City Drive Landover, MD 20785	

UFCW & FELRA LEGAL BENEFITS FUND* COMMITTEE <i>*Benefit program of the FELRA and UFCW Health & Welfare Fund</i>	
UNION COMMITTEE MEMBERS	EMPLOYER COMMITTEE MEMBERS
Timothy Goins UFCW Local 2721 West Road – 2nd Floor Towson, MD 21204	David Gillis, Chairman Ahold USA 1129 Route 43 North Aberdeen, NJ 07747
Jennifer Harrison UFCW Local 27 21 West Road – 2nd Floor Towson, MD 21204	Ira Kress Giant Food, LLC 8301 Professional Pl., Suite 115 Landover, MD 20785
Thomas P. McNutt UFCW Local 400 4301 Garden City Drive Landover, MD 20785	Frank Stegman Safeway Inc. 4551 Forbes Boulevard Lanham, MD 20706
Christian Sauter UFCW Local 400 4301 Garden City Drive Landover, MD 20785	

- Page 15 - under the “What Is Not Covered” section, remove #18, “Benefits relating to traffic and motor vehicle violations for Shoppers Food employees and their

dependents.” This was a misprint. We apologize for the error.

- Page 28 - Change the list of Participating Employers to:

PARTICIPATING EMPLOYERS
Giant Food, LLC 8301 Professional Place, Suite 115 Landover, MD 20785-2351
Safeway Inc. 4551 Forbes Blvd. Lanham, MD 20706
Shoppers Food Warehouse 16901 Melford Blvd. Bowie, MD 20715
UFCW Local 400 4301 Garden City Drive Landover, MD 20785

UFCW & FELRA SCHOLARSHIP FUND

- **Effective August 1, 2011**, the Board of Trustees welcomed Fresh and Green’s as a Participating Employer in the UFCW & FELRA Scholarship Fund.

MID-ATLANTIC RETAIL FOOD INDUSTRY JOINT LABOR MANAGEMENT FUND

No changes.

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.



Receiving Help through the Employee Assistance Program

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

The Employee Assistance Program (“EAP”), administered by ValueOptions, is available to help you (and your eligible dependents) with problems not covered by your medical and mental health benefits. The EAP provides free, confidential, short-term counseling or referral to a specialist for a total of six EAP sessions in your lifetime. Only ValueOptions therapists can provide EAP services.

How do EAPs work?

EAPs are confidential counseling, education and referral programs designed to help you with personal problems, including:

- stress
- parenting problems
- adolescent behavioral problems
- adolescent substance abuse
- marital difficulties
- financial trouble

- substance abuse
- coping with an accident or trauma
- depression
- anxiety
- grief and loss
- legal problems
- caregiving issues
- life phase adjustment:
 - early adult
 - midlife including caring for aging parents
 - retirement

How do I get help?

Call ValueOptions at (800) 353-3572 to schedule an appointment. They are available 24 hours a day, 7 days a week. You do not need a referral to contact ValueOptions.



HEALTH CORNER

Plan Now For Your Health Directives

Nobody likes to think about it, but some of us will one day face a serious illness. Even though it can be hard, planning ahead for such an event can make it easier to handle if it ever does happen. Plus, talking with loved ones about your healthcare wishes when you’re healthy makes it easier for your love ones if you become very ill.

Advance Directives Record Your Wishes

Advance directives are legal documents that allow you to decide now what type of medical care you would like to receive if you ever become unable to speak for yourself. These documents help the people who will be making decisions on your behalf better understand how you want your care managed.

Active participants (not retirees) in the UFCW & FELRA Legal Benefits Fund may receive legal assistance in the preparation of an Advance Directive when using a participating legal provider.

Local 400 Participants

Call Robert A. Ades and Associates, P.C., at any of the following locations:

- District of Columbia – (202) 452-8080 (24 hours)
- Maryland – (301) 459-3333 (9 am - 5:30 pm, or (202) 452-8080 after 5:30 pm)
- Virginia – (703) 642-9500 (9 am – 5:30 pm, or (202) 452-8080 after 5:30 pm)

Local 27 Participants

Call Akman & Associates, P.C., at any of the following numbers:

- Baltimore City and County – (410) 337-9400 (24 hours)
- Toll Free in Maryland (800) 492-4750 (24 hours)
- Toll Free out of Maryland (800) 638-7700 (24 hours)

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HEALTH CORNER

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There are several types of advance directives. They include a:

- **Medical power of attorney** (also called a durable power of attorney for healthcare), which allows you to name someone to make healthcare decisions on your behalf if you become unable to do so yourself.
- **Living will**, which takes effect only if you develop a terminal illness. It outlines if and when you want potentially life-sustaining treatments to be avoided or taken away. For example, it can document whether you want to be fed through a tube or put on a breathing machine.
- **Treatment preferences document**, which allows you to document your health care wishes in any medical situation, not just when you have a terminal illness.

A Health Coach Can Help

For more information on advance care planning, call a Health Coach toll free at (866) 469-6331 or TTY 1-866-569-6335.

You can also get information online at:

www.thedialogcenter.com/FELRA.

This Health Dialog program is available to active participants in FELRA Plan I, Plan X, and Plan XX. It is not available to those who are (1) Medicare eligible or (2) HMO participants, whether still working or retired.



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