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

For Your Benefit



Separate Out-of-Pocket Maximums for Medical and Prescription Drug Benefits

The following Summary of Material Modification (SMM) applies to participants under the FELRA & UFCW Active Health and Welfare Plan whose medical coverage is provided through the Fund, not an HMO.

ffective January 1, 2015, <u>separate</u> out-of-pocket maximums will apply for comprehensive medical benefits <u>and</u> prescription drug benefits. The out-of-pocket limit is the most you could be required to pay during a coverage period (usually one year) for your share of the cost of services your Plan covers.

The annual out-of-pocket maximums are:

Plan I and Plan X

- \$4,000 for medical, per individual
- \$8,000 for medical, per family
- \$2,600 for prescription drugs, per individual
- \$5,200 for prescription drugs, per family

Plan XX

- \$5,000 for medical, per individual
- \$10,000 for medical, per family

- \$1,600 for prescription drugs, per individual
- \$3,200 for prescription drugs, per family

Plan XXX

- \$5,000 for medical, per individual
- \$10,000 for medical, per family
- \$1,600 for prescription drugs, per individual
- \$3,200 for prescription drugs, per family

Planning To Retire? Be Sure Fund Office Has All Necessary Documentation

f you are planning to retire in the near future, make sure you have copies of the following documents, if applicable, since you will be asked to provide them to the Fund Office: your birth certificate, a birth certificate and/or death certificate for your spouse, your marriage certificate, any divorce decree or legal separation document and any Qualified Domestic Relations Order.

The Fund office needs this information applicable to your marital status because the automatic form of benefit for married participants is the 50% Joint and Survivor Pension and your spouse must consent to any waiver of this benefit form.



Summary of Material Modifications This Issue!

FELRA & UFCW Active Health & Welfare Plan**
FELRA & UFCW Retiree Health & Welfare Plan**

FELRA & UFCW Pension Fund

Mid-Atlantic UFCW & Participating Employers Pension Fund

UFCW & FELRA Severance Plan*
UFCW & FELRA Legal Benefits Plan*
UFCW & FELRA Scholarship Plan*

* Benefit programs of the FELRA & UFCW Health & Welfare Fund ** Benefit Plans of the FELRA & UFCW Health & Welfare Fund

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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.

Trustees Approve 2015 Medicare Co-Payments And Deductibles

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 2015 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2015

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2015 is \$1,260 for each benefit period.

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

- A total of \$1,260 for a hospital stay of 1-60 days.
- \$315 per day for days 61-90 of a hospital stay.
- \$630 per day for days 91-150 of a hospital stay.

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

• \$157 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 and other items. The Part B deductible is \$147 per year, covered by the Fund's Medicare Supplemental.

Optical Benefits for FELRA Retirees

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 conveniently located in malls, stores such as Pearl Vision, Sears, and JC Penney, and many individual provider locations. It is easy to find a vision provider close to home. You can reach Advantica's Customer Service at (866) 425-2323.

Covered Benefits

The following optical benefits are covered under the Plan:

- 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.



Retiree Information Forms Will Be Mailed Soon. You Must Complete and Return This Form.

The Fund Office will send all retirees a Retiree Information Form (RIF) within the next few months to be completed and returned to the Fund Office. 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 every year, 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 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.

Shingles Vaccine Covered For Active Participants Age 60+

The following article applies to participants in the FELRA and UFCW Active Health and Welfare Plan.

If you are age 60 or over, and you have Fund coverage (rather than coverage through the Kaiser HMO) you are eligible to receive one dose of the shingles (zoster) vaccine at no cost when you present your Express Scripts prescription drug ID card at any Giant or Safeway pharmacy.

If you prefer to get the vaccine from your doctor, the vaccine shot itself is covered at 100% up to the Usual Customary and Reasonable (UCR) amount, and the office visit charge (if there is one) is covered under your Major Medical/Comprehensive benefit (80% for Plans I and X, 75% for Plan XX and 70% for Plan XXX). Participants in Plans X, XX and XXX **must** use a participating CareFirst provider in order for this benefit to be covered.

If you are covered under the Kaiser Permanente HMO, you may receive the vaccine from a Kaiser physician at no charge. Further, if you have prescription benefits through Express Scripts, you may have the shot administered at a Giant or Safeway pharmacy using your Express Scripts ID card, at no cost.

Summary of Material Modifications

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

FELRA & UFCW Health & Welfare Fund

FELRA & UFCW Active Health & Welfare Plans I, X, XX and XXX.

• Effective January 1, 2015, the Board of Trustees announced that <u>separate</u> out-of-pocket maximums will apply for comprehensive medical benefits <u>and</u> prescription drug benefits. The out-of-pocket limit is the most you could be required to pay during a coverage period (usually one year) for your share of the cost of services your plan covers.

The annual out-of-pocket maximums are:

Plan I and Plan X: \$4,000 for medical, per individual

\$8,000 for medical, per family

\$2,600 for prescription drugs, per individual

\$5,200 for prescription drugs, per family

Plan XX: \$5,000 for medical, per individual

\$10,000 for medical, per family

\$1,600 for prescription drugs, per individual

\$3,200 for prescription drugs, per family

Plan XXX: \$5,000 for medical, per individual

\$10,000 for medical, per family

\$1,600 for prescription drugs, per individual

\$3,200 for prescription drugs, per family

- Effective January 2015, ValueOptions, the Fund's mental health benefits provider, has merged with Beacon Health Strategies and is now called Beacon Health Options. Nothing else has changed—the address, phone number, policy, and coverage all remain the same. To learn about various mental health conditions and symptoms, and find information on seeking treatment, log onto www.achievesolutions.net/FELRA.
- Effective January 1, 2015, all Giant and Safeway employees must pay a weekly co-premium for coverage, including a spousal surcharge if applicable, to be paid in the form of a salary deduction. A letter and form(s) were sent to all participants who: (1) are not currently enrolled in Fund coverage; or (2) previously have not had a salary deduction from their paycheck for coverage.

If you completed and returned the form, your employer began to deduct from your paycheck, effective January I, 2015, the applicable co-payment shown in the letter. If you did not return the salary deduction form, and you

don't already have a weekly deduction for health benefit coverage, your coverage under the Fund terminated as of December 31, 2014.

• Effective March 1, 2014 – Some vaccines and prescriptions covered at 100%.

Certain vaccines and preventive prescriptions are now covered under the Fund at 100%, at the pharmacy level. Listed below are examples of drugs that are covered at 100% under the pharmacy benefit. For over-the-counter medications such as aspirin and smoking cessation drugs, make sure you purchase them using your **Prescription Drug card!** This is very important—if you don't purchase them using your Rx card, you will be charged for these items.

- ✓ Aspirin (males age 45 79 years and females age 55 – 79 years)
- ✓ Fluoride (birth through age 5 years)
- ✓ Folic Acid (women through age 50 years)
- ✓ Iron Supplements (birth through 12 months)
- ✓ Smoking Cessation (for adults 18 years +)
- ✓ Bowel Preparation Agents (limited to age 50 75 years and in conjunction with a colonoscopy)
- ✓ Vaccines (flu, pneumonia, shingles, rabies)
- ✓ Vitamin D
- ✓ Female Contraceptives
- ✓ Breast Cancer Drugs (Tamoxifen, Raloxifene, Soltamox)

Complete List on Our Website

A complete list of preventive services and drugs, along with a detailed description of coverage limitations and exclusions, can be found on the Fund's website: 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 homepage. Click on FELRA & UFCW Health and Welfare Fund and under "Downloads," you can view the ACA Preventive Services list.

• Effective March 1, 2014 – no charge for preventive services when using an in-network provider. 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 such 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 risk.
- ✓ Oral contraceptives.
- ✓ Breast cancer screening mammography for women with or without clinical breast examination and with or without diagnosis, every I 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.

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 Health and Welfare" 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.

• Effective September 15, 2014 – Express Scripts has a new Compound Management Program. The Plan will not cover compounded medication products that have little or no proven clinical value and have not been evaluated or verified for safety or efficacy by the FDA.



Compound medicines are custom prescriptions mixed by pharmacists based on the prescribing instructions provided by a doctor. In many cases, there are over-the-counter drugs or conventional prescription drugs that serve the same medical purpose as a compound drug. If you are prescribed a compound drug that is not covered under the Plan, ask your doctor if an FDA-approved drug is available and appropriate for your treatment.

• Effective January 1, 2014 – Mandatory formulary for prescription drugs. Applies to Actives in Plans I, X, XX, and XXX, and Retirees whose benefits are provided through the Fund, not Kaiser Permanente Medicare.

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.

- **Effective 2014** ReliStar/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.
- Effective 2014 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

Mid-Atlantic UFCW & Participating Employers Pension Fund

FELRA & UFCW Pension Fund
UFCW & FELRA Severance Fund
UFCW & FELRA Legal Fund
UFCW & FELRA Scholarship Fund

No changes.

Pension Plan Highlights

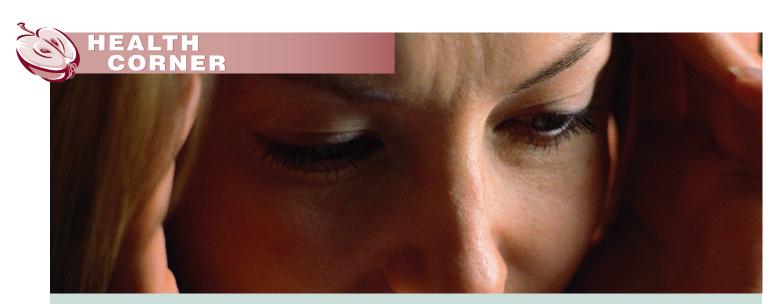
Your pension benefits are summarized in the FELRA and UFCW Pension Fund Summary Plan Description ("SPD"). On pages 10 and 11 of that booklet, the Plan highlights are outlined. They are copied for your easy reference below. Please refer to the SPD for additional information. The SPD is available online at our website at www.associated-admin.com. You also may request a copy of the SPD from the Fund Office.

TIER I REQUIREMENTS

TYPE OF BENEFIT	AGE AND SERVICE REQUIREMENT
Normal Retirement Pension	Age 65 and Vested
Early Retirement Pension, Non-Reduced	Age 60 and at least 5 years Benefit Service
Early Retirement Pension, Reduced (Tier I Reduced to Age 60)	Age 55 and at least 15 years of Benefit Service, or Age 55 and at least 15 years continuous full time employment with the same Participating Employer, at least 5 years of which is Benefit Service
Thirty & Out Retirement Pension	Any age and at least 30 years Benefit Service
Disability Retirement Pension	Any age and at least 10 years Benefit Service (Must have a Social Security Disability Award)
Deferred Vested Retirement Pension	Age 60 and Vested
Pre-Retirement Spouse's Pension	Vested and married one year before death
Five Year Certain Benefit	Retired and Vested, provided that your last employer was contributing at a Tier I contribution rate or the highest Tier II hourly contribution rate
Joint and Survivor Pension	Retired and married on benefit commencement date and married at least one year before death
Retiree Death Benefit	\$2,500 if majority of service is Tier I Full Time \$1,750 if half of service is Tier I Full Time and half is Tier I Part Time \$1,750 if half of service is Tier I Full Time and half is Tier II Full Time \$1,000 if majority of service is Tier I Part Time \$750 if half of service is Tier I Part Time and half is Tier II Part Time

TIER II REQUIREMENTS

TYPE OF BENEFIT	AGE AND SERVICE REQUIREMENT
Normal Retirement Pension	Age 65 and Vested
Early Retirement Pension, Reduced (Tier II Reduced to Age 65)	Age 55 and at least 15 years of Benefit Service, or Age 55 and at least 15 years continuous full time employment with the same Participating Employer, at least 5 years of which is Benefit Service or Age 62 and at least 10 years of Benefit Service
Disability Retirement Pension	Any age and at least 10 years Benefit Service. Must have a Social Security Disability Award
Deferred Vested Retirement Pension	Age 65 and Vested
Pre-Retirement Spouse's Pension	Vested and married one year before death
Joint and Survivor Pension	Retired, married on benefit commencement date and married at least one year before death
Five Year Certain Benefit	Retired and Vested
Retiree Death Benefit	\$1,750 if half of service is Tier I Full Time and half is Tier II Full Time \$1,000 if majority of service is Tier II Full Time \$750 if half of service is Tier I Part Time and half is Tier II Part Time \$750 if half of service is Tier II Full Time and half is Tier II Part Time \$500 if majority of service is Tier II Part Time



Feeling Angry? You Can Get Past It!

You've had a bad week. Everything that could've gone wrong has gone wrong. The car battery died on Monday. You had to locate back-up child care on Tuesday after your babysitter called in sick. It's now Thursday morning and your boss asked that you handle your co-workers responsibilities since she didn't report to work. This is in addition to your current responsibilities.

Unfortunately, this scenario is familiar in today's fast-paced world. To make matters worse, anger is an emotion most of us feel uncomfortable with and uncertain how to manage well. Mental health professionals agree it is important that we manage angry feelings effectively. But how?

Anger is a normal human emotion, like love, sadness, fear and joy. How we express anger is something we learn as children. Because we learn how to experience anger, we can also learn how to manage it.

This 4-step approach may help you better manage angry feelings:

- Admit it.
- Explore it.
- Express it.
- Drop it.

Admit it

The next time you feel angry, admit it. Don't deny feeling angry or try to cover it up. When you take responsibility for your feelings, you can then choose how to express them responsibly.

Explore it

Then, explore why you're angry—identify the source of your feelings. Often your anger is caused by the belief that someone is acting unfairly or some event is unjust. The thoughts that generate anger more often than not contain distortions and unrealistic expectations. Adjusting your expectations is the simplest solution.

Express it

Expressing your anger is the next step. Try to put yourself in the driver's seat before expressing yourself. That is, find a way to calm down a bit first. Stop—understand your motives and think about your options before you express yourself. When you can discuss the issue, do so. It is perfectly legitimate to say you are angry or displeased with another person. Use constructive language rather than accusations, threats or name-calling. Use "I" statements to assertively communicate your feelings and to state requests. For example: "I feel angry that you lied to me. I would like you to be honest with me in the future."

Drop it

The final step is often the hardest. Once you've let the object of your anger know how you feel, drop it. Whether the other person changes or not, you've done all you can to express your anger in a healthy manner and influence the situation. Now you've got to let go and move on.

The above article was obtained with permission from ValueOptions (Beacon Health Options) at www.achievesolutions.net/FELRA. The information provided on the Achieve Solutions site, including, but not limited to, articles, quizzes and other information, is for informational purposes only and should not be treated as medical or health care advice. Nothing contained on the Achieve Solutions site is intended to be used for medical diagnosis or treatment or as a substitute for consultation with a qualified health care professional.

ValueOptions Is Now Called Beacon Health Options

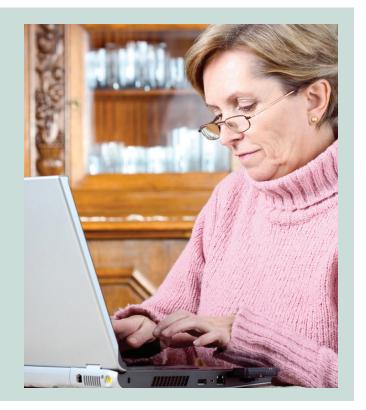
Value Options recently announced changes to its company name.

New Company Name

Effective January 2015, ValueOptions, the Fund's mental health benefits provider, has merged with Beacon Health Strategies merged and is now called Beacon Health Options. Nothing else has changed—the address, phone number, policy, and coverage all remain the same.

Website

To learn about various mental health conditions and symptoms, and find information on seeking treatment, log onto www.achievesolutions.net/FELRA.



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