

For Your Benefit



IRS Form 1095-B Sent

The Affordable Care Act is a federal law that requires almost everyone in the United States to have medical coverage. People who don't have at least a minimal level of coverage could have to pay a tax to the Internal Revenue Service (IRS).

In early February 2016, the Fund sent an IRS Form 1095-B to all participants with traditional Fund medical coverage (and Kaiser sent a Form 1095-B to participants covered by the Kaiser HMO). If you are a retiree, you may have received a Form 1095-B directly from Medicare, rather than from Kaiser or the Fund.

This form details your medical coverage for each month in 2015 and also lists each covered dependent in your household, if applicable. You may need to refer to this Form when you file your 2015 tax return with the IRS.

You also probably received a Form 1095-C from your employer, which outlines the medical coverage available through your employer in 2015.

Should you have any questions regarding the Form 1095-B, please contact the Fund Office.

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 Active Health and Welfare Plan

** Benefit Plans of the FELRA & UFCW VEBA Fund

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Coordination of Benefits Form Sent You Must Complete and Return

The Fund Office sent a Coordination of Benefits ("COB") form to all Plan participants during the month of February. The purpose of the form is to update the Fund's records on group coverage available to you and your dependents.

It is important that you complete all sections of the COB form and promptly send it back to the Fund Office.

Effective January 1, 2016—Pre-Medicare Retiree Coverage Changes

As a result of collective bargaining, health and welfare benefits for non-Medicare retirees under the FELRA & UFCW Retiree Health and Welfare Plan (“Retiree Plan”) will end effective December 31, 2015. This means that you will no longer receive medical, dental, optical, prescription drug or any other coverage under the Retiree Plan. Further, you no longer will owe a monthly co-payment to the Retiree Plan.

Instead, you’ll be eligible for a monthly stipend of \$350 from the Retiree Assistance Program, a new program under the FELRA and UFCW VEBA Fund (formerly known as the FELRA and UFCW Health and Welfare Fund). You will receive this stipend until you become Medicare-eligible, at which point you will be given a one-time opportunity to enroll in Medicare supplemental coverage under the Retiree Plan. You may use the stipend for any purpose, including but not limited to paying for individual healthcare coverage obtained through a state or federal marketplace.

Eligibility for the Stipend

If you retired before age 65 and are currently eligible for the Retiree Plan’s pre-Medicare retiree health coverage, you are considered a pre-Medicare retiree and you will be eligible for the \$350/month stipend from the Retiree Assistance Program, effective January 1, 2016. Your eligibility for the stipend will continue until you become eligible for Medicare.

Retiree Coverage

You will receive the stipend until you become Medicare-eligible, at which point the Fund will give you a one-time opportunity to enroll in traditional Medicare Supplemental coverage under the Retiree Plan or, if you are in Kaiser Permanente’s service area, Kaiser Permanente Medicare HMO benefits. The Fund Office will send you a letter prior to the date you become Medicare-eligible due to age. You will then have a 60-day opportunity to enroll in retiree coverage. If you do not enroll within 60 days, you will no longer be eligible to return to the Fund’s coverage as a Medicare-eligible retiree or dependent.

If you become eligible for Medicare for any reason except age, it is your responsibility to notify the Fund Office as soon as you become eligible for Medicare. You must enroll in Parts A and B of Medicare to be covered by the Fund for Supplemental Benefits.

You may use the stipend for ANY PURPOSE, including but not limited to paying for individual health coverage through a State or Federal marketplace. The stipend begins on the later of January 1, 2016 or your effective date of retirement. It ends when you become eligible for Medicare.

How the Stipend Works

The Fund Office will deposit your stipend into the same bank account in which your pension check is deposited, or you may elect to receive your stipend by paper check each month. When you become eligible for Medicare, the stipend will end and you will have a one-time opportunity to enroll in the Retiree Health Plan’s Medicare supplemental benefit coverage.

Dependent Coverage

Only dependents who previously were covered as your dependent under the Retiree Plan or the Active Plan are eligible to be covered under the Retiree Assistance Program.

Note: Only one monthly stipend is payable per household. Therefore, even if you have more than one eligible dependent, you only will be eligible for one monthly \$350 stipend. The only exception to the one stipend per household rule is that if two eligible retirees are married to each other, they each will be entitled to receive a stipend.

When Your Dependent Becomes Eligible for Medicare

Once your dependent becomes Medicare eligible, you no longer will receive a monthly stipend from the Retiree Assistance Program on your dependent’s behalf. However, your dependent will be offered a one-time opportunity to enroll for Medicare supplemental coverage under the Retiree Plan. Dependents eligible for Medicare as of January 1, 2016, or who become eligible for Medicare thereafter, may receive benefits under the Fund’s Kaiser Permanente Medicare HMO Program if you live in the Kaiser Permanente service area. If you do not reside in the Kaiser Permanente service area, your dependent may be covered under the Retiree Plan’s Medicare Supplemental Program. Prescription benefits are included under the Kaiser Permanente Medicare HMO, through Kaiser Permanente. Prescription Benefits for those not in the Kaiser Permanente service area and covered by the Fund’s Medicare Supplemental Program are through Express Scripts. You must complete an enrollment form on behalf of your dependent (which will be mailed to you prior to your dependent’s Medicare eligibility date) and your dependent must elect Medicare Part B at the earliest date she/he is eligible for it. If you do not enroll your dependent within 60 days from the date of the letter, he/she will not be eligible for Fund coverage. This is a one-time opportunity for enrollment.

If you or your dependent(s) join a Medicare Part D prescription program, Fund prescription benefits will be terminated.

Transition Assistance

While you are not required to use your monthly stipend from the Retiree Assistance Program to help pay for an individual medical plan, that is one option. To assist retirees who are interested in purchasing an individual medical plan through the applicable state or federal healthcare marketplace, the Fund has contracted with The Woodard Agency, an insurance brokerage firm, to help you understand your coverage options and to help you enroll in medical or other supplemental coverage if you

are interested in doing so. In addition to helping you find medical coverage, Woodard can help you find the following types of supplemental coverage:

- Dental coverage
- Vision coverage
- Critical illness insurance
- Life insurance.

Material
Modifications

Local 400 Participants: Legal Services Now Provided By Akman & Associates, P.C.

The following Summary of Material Modifications (SMM) applies to participants under the UFCW & FELRA Legal Benefits Fund.

Effective April 1, 2016, Akman & Associates, P.C. (the "Akman Firm") will replace Robert A. Ades and Associates, P.C. (the "Ades Firm") as the UFCW & FELRA Legal Benefits Fund's legal services provider for participants who are members of UFCW Local 400 and their eligible dependents.

The Akman Firm is the Fund's current legal services provider for participants who are members of UFCW Local 27 and has decades of experience providing legal services to those participants. The Board of Trustees is pleased to hire the Akman Firm to cover you and your eligible dependents, and is confident that you will be happy with the services you receive from the Akman Firm.

Medicare Supplement Increased to Cover 2016 Medicare Co-Payments And Deductible

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 2016 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2016

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2016 is \$1,288 for each benefit period.

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

- A total of \$1,288 for a hospital stay of 1-60 days.
- \$322 per day for days 61-90 of a hospital stay.
- \$644 per day for lifetime reserve days.

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

- \$161 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 annual deductible for all Part B beneficiaries in 2016 is \$166.





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 VEBA Fund,

FELRA & UFCW Active Health and Welfare Plan and FELRA & UFCW Retiree Health and Welfare Plan.

Effective December 23, 2014, ValueOptions is now known as Beacon Health Options

ValueOptions, which provides your mental health, substance abuse and employee assistance program benefits, has merged with Beacon Health Strategies to form Beacon Health Options. **There are no changes to your ValueOptions program, other than a new name, logo and design for program materials. Your benefits remain the same.** The provider network and the phone number remain the same.

Behavioral health counselors, doctors and hospitals have started to see this change, so if your provider mentions it, there is no cause for concern. Again, nothing is changing except the name.

Effective July 17, 2015 – Health and Welfare Fund Renamed the VEBA Fund

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” refer to the FELRA and UFCW VEBA Fund. This is a change in the name of the Fund only. It does not change the Plan design.

FELRA & UFCW Active Health and Welfare Plan.

Eligibility for Plans XX, XXX and XL Participants – The Board of Trustees of the FELRA & UFCW VEBA Fund has adopted the following changes to the FELRA & UFCW Active Health and Welfare Plan (“Plan”) for participants employed by Giant Food and Safeway.

1. If you were hired as a bargaining unit employee before January 1, 2014 and you were not yet eligible to participate under Plan XX on January 1, 2014, the paragraphs on page 17 of your Plan XX SPD entitled “Initial Eligibility – Full Timers” and “Initial Eligibility – Part Timers” are deleted and replaced with the following:

A. Plan XX – Initial Eligibility for Full-Time Employees

If you were hired as a “full-time” employee (as defined under the collective bargaining agreement applicable to your employment), you will be eligible for benefits under the Plan as follows, subject to the Fund’s receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund office the necessary enrollment forms, including any payroll deduction forms:

Type of Benefit	Enrollment Date
• Hospital, Medical, Prescription Drug	First of the month following 1,200 hours of service plus 60 days.
• Life, Accidental Death & Dismemberment	First of the month following 12 months of continuous employment.
• Accident & Sickness, Dental, Vision	First of the month following 15 months of continuous employment.

For example, if you were hired as a full-time employee on April 15, 2013 and were entitled to be paid for 1,200 hours of work as of November 30, 2013, you would become eligible for: (a) Hospital, Medical and Prescription Drug benefits on February 1, 2014; (b) Life and Accidental Death & Dismemberment benefits on May 1, 2014; and (c) Accident & Sickness, Dental and Vision benefits on August 1, 2014.

B. Plan XX – Initial Eligibility for Part-Time Employees

If you were hired to work an undetermined number of hours per week and you were entitled to be paid for an average of at least 28 hours per week during your first 12 months of employment (your “initial measurement period”), you will be eligible for Hospital, Medical and Prescription Drug benefits on the first day of the month after you have worked for 13 months, and you will be eligible for Life and Accidental Death and Dismemberment benefits on the first day of the month after you have worked 18 months, subject to the Fund’s receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund office the necessary enrollment forms, including any payroll deduction forms. For example, if you start work on May 15, 2013 and you were entitled to payment for an average of 30 hours a week through May 14, 2014, you will be covered under Plan XX as of July 1, 2014.

If you were hired to work an undetermined number of hours per week, and you were entitled to be paid for an average of less than 28 hours per week, you will not be eligible for benefits under Plan XX after 13 months of Covered Employment. However, if you are entitled to be paid for an average of at least 5 hours per week during the next five (5) months of Covered Employment (your second “measurement period”), you will be eligible for Hospital, Medical, Prescription Drug, Life and Accidental Death & Dismemberment benefits on the first day of the month after your 18th month of Covered Employment, subject to the Fund’s receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund Office the necessary enrollment forms, including any payroll deduction forms. For example, if you start work on May 15, 2013 and you were entitled to payment for an average of ten (10) hours per week through May 14, 2014, you will not be eligible for Plan XX as of July 1, 2014. However, if you continue to be entitled to payment for 10 hours per week from May 15, 2014 through October 14, 2014, you will be covered under the Plan XX as of December 1, 2014.

You will become eligible to receive Accident & Sickness benefits, Dental benefits and Vision benefits under Plan XX on the first day of the month after you have worked for 30 months. For example, if you begin work on May 15, 2013 and you continue to be entitled to payment for work in Covered Employment for an average of at least five (5) hours a week for 30 months, you will be eligible for Accident & Sickness, Dental and Vision benefits on December 1, 2015.

C. Plan XX – Continued Eligibility for Full-Time and Part-Time Employees

As long as you continue to work in Covered Employment, you will continue to be eligible for benefits under Plan XX for a period of 12 months from the date that your coverage begins. For example, if you first become covered on June 1, 2014, you will continue to be covered under Plan XX at least until May 31, 2015, provided you continue to work in Covered Employment. (There is a limited exception to the above described rule for participants who were hired between October 16, 2013 – November 1, 2013 and first become eligible for coverage under Plan XX on December 1, 2014. If this applies to you, your initial eligibility period will continue for 13 months, until December 31, 2015, provided you continue in Covered Employment).

After your first period of coverage ends, your continuing eligibility for benefits under Plan XX in each calendar year will depend on whether you were entitled to payment for an average of at least five (5) hours per week in Covered Employment in each 12-month period ending October 14 of the prior year. For example, if your first coverage period ends on May 31, 2015, your eligibility for coverage for the balance of 2015 will depend on whether you were entitled to payment for an average of at least 5 hours per week during the period of October 15, 2013 – October 14, 2014. If you were entitled to payment for an average of 5 hours per week during this period, your eligibility for benefits under Plan XX will continue until at least December 31, 2015.

2. If you were hired as a bargaining unit employee on or after January 1, 2014, you will become eligible to participate in Plan XXX or Plan XL, based on the following eligibility rules:

A. Plan XXX – Initial Eligibility for Full-Time Employees

If you were hired as a “full-time” employee (as defined under the collective bargaining agreement applicable to your employment), you will be eligible for benefits under Plan XXX as follows, subject to the Fund’s receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund office the necessary enrollment forms, including any payroll deduction forms:

Type of Benefit	Enrollment Date
Hospital, Medical, Prescription Drug	First of the month following 1,200 hours of service plus 60 days.
Life, Accidental Death & Dismemberment	First of the month following 12 months of continuous employment.
Accident & Sickness, Dental, Vision	First of the month following 15 months of continuous employment.

For example, if you were hired as a full-time employee on April 15, 2014 and were entitled to payment for 1,200 hours of work as of November 30, 2014, you would become eligible for: (a) Hospital, Medical and Prescription Drug benefits on February 1, 2015; (b) Life and Accidental Death & Dismemberment benefits on May 1, 2015; and (c) Accident & Sickness, Dental and Vision benefits on August 1, 2015.

B. Plan XXX and Plan XL – Initial Eligibility for Part-Time Employees

If you were hired to work an undetermined number of hours per week, and you were entitled to payment for an average of at least 28 hours per week during your first 12 months of employment, you will be eligible for Hospital, Medical and Prescription Drug benefits under Plan XXX on the first day of the month after you have worked for 13 months, and you will be eligible for Life and Accidental Death and Dismemberment benefits on the first day of the month after you have worked 18 months, subject to the Fund's receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund office the necessary enrollment forms, including any payroll deduction forms. For example, if you start work on May 15, 2014 and you are entitled to payment for an average of 30 hours a week through May 14, 2015, you will be covered under the Plan XXX as of July 1, 2015.

If you were hired to work an undetermined number of hours per week and you were entitled to payment for an average of less than 28 hours per week during your first 12 months of employment, you will be eligible for Life and Accidental Death & Dismemberment benefits under Plan XL on the first day of the month after you have worked for 18 months, subject to the Fund's receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund office the necessary enrollment forms, including any payroll deduction forms. For example, if you start work on May 15, 2014 and you are entitled to payment for an average of 10 hours a week through May 14, 2015, you will be covered under the Plan XL as of December 1, 2015.

If you are covered under Plan XXX or Plan XL, you will become eligible to receive Accident & Sickness benefits, Dental benefits and Vision benefits on the first day of the month after you have worked in Covered Employment for 30 months. For example, if you begin work on May 15, 2014 and you continue to be eligible for payment for Covered Employment for 30 months, you will be eligible for Accident & Sickness, Dental and Vision benefits on December 1, 2016.

C. Plan XXX and Plan XL – Continued Eligibility for Full-Time and Part-Time Employees

As long as you continue to work in Covered Employment, you will continue to be eligible for the above-described benefits under Plan XXX or Plan XL for a period of 12 months from the date that your coverage begins. For example, if you first become covered on April 1, 2015, you will continue to be covered at least until March 31, 2016, provided you continue to work in Covered Employment. (There is a limited exception to the above described rule for participants who are hired between October 16 – November 1 of any calendar year and first become eligible for coverage under Plan XXX or XL on December 1 of the following year. If this applies to you, your initial eligibility period will continue for 13 months, until the next December 31, provided you continue in Covered Employment. For example, if you first become covered on December 1, 2015, you will continue to be covered until at least December 31, 2016).

After your first period of coverage ends, your continuing eligibility for benefits under Plan XXX or Plan XL each calendar year will depend on the average number of hours per week for which you were entitled to payment for Covered Employment in each 12-month period ending October 14 of the prior year. For example, if your first coverage period ends on March 31, 2016, your eligibility for continued coverage through December 31, 2016 will depend on the average number of hours per week for which you were entitled to payment during the period of October 15, 2014 – October 14, 2015. If you were entitled to payment for an average of at least 28 hours per week during this period, you will be eligible for benefits under Plan XXX until at least December 31, 2016. If you continued to be employed in Covered Employment but were entitled to payment for an average of less than 28 hours per week during this period, you will be eligible for benefits under Plan XL until at least December 31, 2016.

▪ Effective July 17, 2015 – Spousal Surcharge Waived If He/She Is A Participant in the Plan

The \$20 per week spousal surcharge paid by a participant whose medical coverage is provided through the Fund, not an HMO, and whose covered spouse is eligible for health coverage through the spouse's employer is waived for any participant whose spouse is also a participant in the Plan. Any other payroll deductions applicable to the participant will continue to apply.

▪ Effective April 10, 2015 -- Coverage for Breastfeeding/Lactation Consultation and Breast Pumps

The Board of Trustees approved the below clarification of the preventive services language regarding coverage for comprehensive breastfeeding (lactation) support and counseling for participants whose medical coverage is provided through the Fund, not an HMO.

Lactation Consultation and Breast Pumps

In conjunction with birth, the Plan pays for comprehensive lactation support and counseling (including breastfeeding classes) by a trained provider during pregnancy and/or in the postpartum period, at 100%, no deductible, when provided by an In-Network provider. Under this Plan, a trained provider is a Breastfeeding/Lactation Educator.

For the first 12 months following the birth of a child, coverage is provided for rental or purchase of one standard manual or standard electric breast pump (purchase price up to \$400) plus necessary breast pump supplies. Coverage is available at no cost from in-network providers only. The Plan does not cover hospital grade breast pumps (heavy duty breast pumps designed for multiple users), or any other lactation supplies, such as ointments, wipes, cleaning and storage supplies, nursing bras, or lactation pillows. There is no coverage for breast pumps and supplies purchases through an out-of-network provider.

▪ The following replaces the language in the Plan X Summary Plan Description ("SPD") Booklet. Be sure to keep this with your SPD.

Pages 38 – 40 – Dental Benefit Eligibility

Subject to the requirements described in the Dental Benefit section of this SPD, your biological children, adopted children, and children placed with you for adoption are eligible for dental benefit coverage as your dependents through the end of the *Calendar Year* in which the dependent turns age 19 if they are:

- Not married,
- Not employed on a regular full-time basis, and
- Dependent on you for financial support.

Children under age four are not eligible for dental benefits.

The Fund will provide dependent coverage for a child who is placed for adoption with a full time participant regardless of whether the adoption is finalized. A child will be considered to be placed for adoption with a participant if the participant assumes a legal obligation for the total or partial support of a child in anticipation of the adoption of that child. The child's placement with the participant will be considered terminated when the participant no longer has a legal obligation to support the child.

Stepchildren and Children over Whom You Have Legal Custody

Stepchildren* and children for whom you have legal custody** are eligible for medical, dental, optical and prescription drug coverage as your dependents through the end of the *Calendar Year* in which the dependent turns age 19 (unless eligible for student coverage—see "Full Time Student Coverage" below), if they are:

- Not married,
- Not employed on a regular full-time basis, and
- Dependent on you for financial support.

* To be eligible for coverage, stepchildren must reside with the eligible participant.

** You must have had court-awarded legal custody of a child for at least six months to 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.

Page 39 - Full Time Student Coverage

Dependent stepchildren and children for whom you have legal custody may continue to receive **medical and optical benefits** under the *Fund* on and after their 19th birthday, if they are a full-time student at an accredited college or university, and they elect to waive any rights to elect *COBRA* that they may have. In such case the above-referenced 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.

Pages 95 - 97 – Accident & Sickness Benefits

Benefit Amount - Full Time Participants

Maximum Benefit – 66 2/3% of gross straight time pay for first 24 weeks plus 50% of gross straight time pay for the next 12 weeks.

Example of benefit amount computation (Full Time Participants):

First 24 weeks:

Hourly rate = \$10.00
 \$10.00 X 40 = \$400.00 gross straight time pay
 \$400.00 X .666666 (66 2/3%) = \$266.67 weekly benefit amount
 \$266.67 ÷ 5 = \$53.33 daily benefit amount

Next 12 weeks:

\$10.00 X 40 = \$400.00 gross straight time pay
 \$400.00 X .5 (50%) = \$200.00 weekly benefit amount
 \$200.00 ÷ 5 = \$40.00 daily benefit amount

Pages 96 and 97 - Benefit Amount -- Part Time Participants

Maximum Benefit – 60% of average weekly straight time pay for first 16 weeks plus 50% of average weekly straight time pay for the next 8 weeks.

Example of benefit amount computation (Part Time Participants):

First 16 weeks:

Hourly rate = \$10.00
 Average hours worked = 25
 \$10.00 x 25 = \$250.00 gross straight time pay
 \$250.00 x .60 (60%) = \$150.00 weekly benefit amount
 \$150.00 ÷ 7 = \$21.43 daily benefit amount

Next 8 weeks:

\$10.00 x 25 = \$250.00 gross straight time pay
 \$250.00 x .50 (50%) = \$125.00 weekly benefit amount
 \$125.00 ÷ 7 = \$17.86 daily benefit amount

▪ **Pages 166-168 Dental Services and Fees**

Procedure Code	Description	Member Co-Pay
Diagnostic & Preventive		
00120	Periodic Oral Exam	N/C
00140	Limited Oral Evaluation – Problem Focused	N/C
00150	Comprehensive Oral Evaluation	N/C
00170	Re-evaluation – Limited, Problem Focused	N/C
00210	Intraoral – Complete Series. Including Bitewings (once per 3 years)	N/C
00220	Intraoral-Periapical-First Film	N/C
00230	Intraoral-Periapical-Each Additional Film	N/C
00240	Intraoral – Occlusal Film	N/C
00270	Bitewings – Single Film	N/C
00272	Bitewings – Two Films	N/C
00274	Bitewings – Four Films	N/C
00277	Vertical Bitewings – 7 to 8 Films	N/C
00330	Panoramic Film (once per 3 years)	N/C
00340	Cephalometric Film	N/C*
00460	Pulp Vitality Tests	N/C*
01110	Prophylaxis – Adult (6 months)	N/C
01120	Prophylaxis – Child (6 months)	N/C
01201	Top Application of Fluoride (Incl. Prophy), Child	N/C
01510	Space Maintainer – Fixed – Unilateral	\$10
01515	Space Mainainer. – Fixed – Bilateral	\$20
01550	Re-cementation of Space Maintainer	N/C

*** Not benefited separately. Fee is included in another procedure's fee being performed.**

Basic Restorative

D2140	Amalgam – One Surface, Primary or Permanent	N/C
D2150	Amalgam – Two Surfaces, Primary or Permanent	N/C
D2160	Amalgam – Three Surfaces, Primary or Permanent	N/C
D2161	Amalgam – Four or More Surfaces, Primary or Permanent	N/C



D2330	Resin – One Surface, Anterior	N/C
D2331	Resin - Two Surfaces, Anterior	N/C
D2332	Resin - Three Surfaces, Anterior	N/C
D2335	Resin - Four or More Surfaces or Incisal Angle	N/C
D2390	Resin – Crown, Anterior	N/C
D2391	Resin – One Surface, Posterior	N/C*
D2392	Resin – Two Surfaces, Posterior	N/C*
D2393	Resin – Three Surfaces, Posterior	N/C*
D2394	Resin – Four or More Surfaces, Posterior	N/C*

**GDS-MD pays up to the cost of Amalgam, patient pays the difference.*

Crowns (Single Restorations)

02740	Crown – Porcelain/Ceramic Substrate	\$125
02750	Crown – Porcelain fused to High Noble Metal	\$125 + gold
02751	Crown – Porcelain Fused to Predominately Base Metal	\$125
02752	Crown – Porcelain Fused to Noble Metal	\$125
02790	Crown – Full Cast High Noble Metal	\$125+ gold
02791	Crown – Full Cast Predominately Base Metal	\$125
02792	Crown – Full Cast Noble Metal	\$125
02920	Re-cement Crown	N/C
02930	Prefabricated Stainless Steel Crown – Primary Tooth	\$30
02931	Prefabricated Stainless Steel Crown – Perm. Tooth	\$30
02932	Prefabricated Resin Crown	\$30
02940	Sedative Filling	N/C
02950	Core Buildup, Including Any Pins	N/C
02951	Pin Retention – Per Tooth, in Addition to Restoration	N/C
02952	Cast Post & Core in Addition to Crown	N/C
02954	Prefabricated Post & Core in Addition to Crown	N/C
02980	Crown Repair, by Report	N/C

Endodontics

D3110	Pulp Cap Direct (excluding final restoration)	N/C
D3120	Pulp Cap Indirect (excluding final restoration)	N/C
D3310	Endodontic Therapy – Anterior Tooth (Excl Final Rest)	\$125*
D3320	Endodontic Therapy – Bicuspid Tooth (Excl Final Rest)	\$125*
D3330	Endodontic Therapy – Anterior Tooth (Excl Final Rest)	\$250*

**If the procedure is performed by a GDS in-network endodontic specialist, the participant is responsible for an additional \$100 specialist fee.*

Periodontics

D0150	Comprehensive Oral Evaluation Performed by Periodontist	\$30
D0210	Intraoral Complete Series, Including Bitewings (one per 3 years)	\$30
D0220	Intraoral – Periapical First Film	\$4
D0470	Diagnostic Casts	\$20
D3920	Hemisection, Including Root Removal (not w/root canal)	\$110
D4210	Gingivectomy/Gingivoplasty, Four or more Contiguous Teeth or Bounded Teeth Spaces per Quad	\$200
D4211	Gingivectomy/Gingivoplasty, \$55 per Tooth, Max. \$100 One to Three Teeth Per Quad	
D4240	Gingival Flap Procedure, Including Root Planing, Four or more Contiguous Teeth or Bounded Teeth Spaces per Quad	\$200
D4241	Gingival Flap Procedure, \$55 per Tooth, Max. \$100 Including Root Planing, One to Three Teeth per Quad	
D4260	Osseous Surgery, Including Flap Entry/Closure, Four or more Contiguous Teeth or Bounded Teeth Spaces per Quad	\$325
D4261	Osseous Surgery, Including \$100 per Tooth, Max.\$200 Flap, Entry/Closure One to Three Teeth per Quad	
D4271	Free Soft Tissue Graft Procedure	\$200
D4341	Periodontal Scaling & Root Planing, Four or More Contiguous Teeth or Bounded Spaces per Quad	\$70
D4342	Periodontal Scaling & Root Planing, One to Three Teeth per Quad	\$35
D4355	Full Mouth Debridement	N/C
D4910	Periodontal Maintenance Procedures	\$35

Removable Prosthetics

D5110	Complete Upper Denture (Includes adjustments)	\$30
D5120	Complete Lower Denture (Includes adjustments)	\$30
D5130	Immediate Upper Denture (Includes adjustments)	\$30
D5140	Immediate Lower Denture (Includes adjustments)	\$30
D5211	Upper Partial Resin Base (Includes adjustments)	\$30
D5213	Upper Partial – Cast Metal Frame w/Resin Base	\$30
D5214	Lower Partial – Cast Metal Frame w/Resin Base	\$30
D5410	Adjust Complete Denture – Upper	N/C
D5411	Adjust Complete Denture – Lower	N/C
D5421	Adjust Partial Denture – Upper	N/C
D5422	Adjust Partial Denture – Lower	N/C
D5510	Repair Broken Complete Denture Base	N/C
D5520	Replace Missing/Broken Tooth – Complete Denture – Each Tooth	N/C
D5610	Partial Denture – Repair Resin Sole/Base	N/C
D5620	Partial Denture – Repair Cast Framework	N/C
D5630	Repair or Replace Broken Clasp	N/C
D5640	Partial Denture – Replace Broken Tooth – Per Tooth	N/C
D5650	Add Tooth to Existing Partial Denture	N/C
D5660	Add Clasp to Existing Partial Denture	N/C
D5670	Replace All Teeth & Acrylic on Cast Metal Frame (Upper) Four or More	N/C
D5671	Replace All Teeth & Acrylic on Cast Metal Frame (Lower) Four or More	N/C
D5730	Reline Complete Upper Denture (Chairside)	N/C
D5731	Reline Complete Lower Denture (Chairside)	N/C
D5740	Reline Upper Partial (Chairside)	N/C
D5741	Reline Lower Partial (Chairside)	N/C
D5750	Reline Complete Upper Denture (Lab)	N/C
D5751	Reline Complete Lower Denture (Lab)	N/C
D5760	Reline Upper Partial (Lab)	N/C
D5761	Reline Lower Partial (Lab)	N/C

Fixed Prosthetics, per Unit (each retainer and each pontic constitutes a unit in a fixed partial denture)

06210	Pontic – Cast High Noble Metal	\$125
06211	Pontic – Cast Predominately Base Metal	\$125
06212	Pontic – Cast Noble Metal	\$125
06240	Pontic – Porcelain to High Noble Metal	\$125
06241	Pontic – Porcelain to Predominately Base Metal	\$125
06242	Pontic – Porcelain Fused to Noble Metal	\$125
06245	Pontic – Porcelain/Ceramic	\$125
06545	Retainer – Cast Metal Resin Bonded Bridge	\$50
06740	Crown – Porcelain/Ceramic	\$125
06750	Bridge Crown – Porcelain to High Noble Metal	\$125
06751	Bridge Crown – Porcelain to Predominately Base Metal	\$125
06752	Bridge Crown – Porcelain Fused to Noble Metal	\$125
06783	Bridge Crown – Porcelain/Ceramic	\$125
06790	Bridge Crown – Full Cast High Noble Metal	\$125
06791	Bridge Crown – Full Cast Predominately Base Metal	\$125
06792	Bridge Crown – Full Cast Noble Metal	\$125
06930	Re-cement Bridge	N/C

Oral Surgery

D7111	Coronal Remants – Deciduous Tooth	N/C
D7140	Extraction, Erupted Tooth or Exposed Root	N/C
D7210	Surgical Removal of Erupted Tooth (including removal of bone and/or section of tooth)	N/C
D7220	Remove Impacted Tooth – Soft Tissue	N/C
D7230	Remove Impacted Tooth – Partially Bony	N/C
D7240	Remove Impacted Tooth – Completely Bony	N/C
D7241	Remove Impacted Tooth – Completely Bony, Unusual	N/C
D7250	Surgical Removal of Residual Roots	N/C
D7310	Alveoplasty in Conjunction w/Extractions, per Quad	N/C
D7510	Incision & Drainage of Abscess – Intraoral Soft Tissue	N/C



Orthodontics

08070	Comp. Orthodontic Treatment – Transitional Dentition 2 year program \$425 per year, plus \$75 on completion
08080	Comp. Orthodontic Treatment – Adolescent Dentition 2 year program \$425 per year, plus \$75 on completion
08090	Comp. Orthodontic Treatment – Adult Dentition 2 year program \$425 per year, plus \$75 on completion

Miscellaneous

09110	Palliative (Emergency) Treatment of Dental Plan – Minor Procedure	N/C
09215	Local Anesthesia	N/C
09220	General Anesthesia – 1st 30 Min. (Extractions Only)	N/C*
09221	General Anesthesia – Each Addl. 15 Min. (Extractions Only)	N/C*
09230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide (Extractions Only)	N/C*
09241	I.V. Sedation/Analgesia – 1st 30 Min. (Extractions Only)	N/C*
09242	I.V. Sedation/Analgesia – Each Addl. 15 Min (Extractions Only)	N/C*
09248	Non-Intravenous Conscious Sedation	N/C
09310	Consultation (by dentist other than attending dentist) – per Session	N/C
09999	Broken Appointment Charge (per ½ hour)	\$10

Anesthesia and/or general anesthesia is covered only when administered in an oral surgeon's office for extractions and other related services.

- **N/C – No Charge**
- **Procedures not shown are not covered by Dental Plan**
- **Pedodontists are covered for Local 27 Enrollees only.**
- When gold is used, a gold surcharge will be charged. Patient will be advised of the surcharge prior to performance of procedure.
- If a condition can be treated by more than one procedure, GDS will only cover the least costly professionally adequate service.

Surcharges

If gold is used in any of the procedures listed, surcharges will depend on the market price. The patient will be advised of the surcharge **before** the procedure is performed. There is a replacement limit of one every five years for crowns, bridges, and dentures.

Exclusions and Limitations

The following exclusions and limitations apply to the Dental Benefit:

1. Prophylaxis (cleaning), including scaling and polishing, is limited to once every six months.
2. Dentures are limited to one partial or complete denture per arch within a five-year period.
3. Orthodontia coverage, when provided, is limited to:
 - a) Diagnosis, including models, photographs, x-rays, and tracings.
 - b) Active fully banded treatment, including necessary appliances and progress x-rays.
 - c) Retention treatment following active treatment (not to exceed ten visits in any 18-month period).
 - d) Phase I (interceptive orthodontic treatment) is not covered.
 - e) Benefits will not be provided beyond a period of 24-consecutive months of active treatment, nor beyond a period of 18-consecutive months of retention treatment.
 - f) The Plan will not be liable for the replacement and/or repair of any appliance which was not initially furnished by GDS.
 - g) Benefits will be provided to a participant or eligible dependent(s) not more than once within a five-year period.
 - h) Patients must be age 11 or older.
4. Covered services are limited to services provided by a participating dentist except under the following circumstances:
 - a) when authorized by GDS; or
 - b) in the case of a *dental emergency* which occurs more than 50 miles from the participant's primary dentist if the participant or eligible dependent is temporarily away from home and outside the GDS service area.
5. Any service or treatment begun while the participant or eligible dependent(s) was not covered by GDS will not be covered.
6. Cosmetic services are excluded. Cosmetic services are those which are elective and which are not necessary for good health. Cosmetic services include, but are not limited to:
 - a) alteration or extraction and replacement of sound teeth;
 - b) any treatment of the teeth to remove or lessen discoloration except in connection with endodontic treatment.
7. Examination, evaluation, and treatment of temporomandibular joint (TMJ) pain dysfunction are excluded. Evaluation of TMJ is covered when it is incidental to another appointment.
8. Replacement of dentures, bridgework, or any other dental appliances previously supplied by GDS due to loss or theft is not covered unless the participant or eligible dependent(s) received such appliance prior to the immediately preceding five year period.
9. Hospitalization for any dental procedure is not covered.
10. Drugs, whether prescribed or over-the-counter, are not covered through GDS.
11. Dental implants are excluded.
12. Appliances or treatment related to bite correction are not covered.
13. Services rendered by prosthodontic specialists which are necessary for complete oral rehabilitation or reconstruction are excluded.
14. Services for injuries or conditions which are covered under Workers' Compensation or employer's liability laws are not covered; services which are provided by any municipality, country, or other political subdivision without cost to the participant or eligible dependent(s) are not covered.

UFCW & FELRA Legal Benefits Fund

- **Effective April 1, 2016**, Akman & Associates, P.C. (the "Akman Firm") will replace Robert A. Ades and Associates, P.C. (the "Ades Firm") as the UFCW & FELRA Legal Benefits Fund's legal services provider for participants who are members of UFCW Local 400 and their eligible dependents.

The Akman Firm is the Fund's current legal services provider for participants who are members of UFCW Local 27, and it has decades of experience providing legal services to those participants. The Board of Trustees is pleased to hire the Akman Firm to cover you and your eligible dependents, and is confident that you will be happy with the services you receive from the Akman Firm.

Legal Benefits for Those Hired On or After January 1, 2014

The following benefits are available to eligible participants who began working for a Participating Employer on or after January 1, 2014, and their eligible dependents.

General

1. 24 Hour Telephone Numbers. Available in the event of an emergency so you can contact a provider.
2. Legal Consultations – All Areas. An unlimited number.
3. Legal Document Review. Unlimited consultations for the purpose of reviewing and revising legal documents not incident to litigation.
4. Notary Service. Unlimited use of a notary public designated by a provider.
5. Preparation of Simple Legal Documents. Preparation of an unlimited number of simple legal documents not incident to litigation, including power of attorney, bills of sale, affidavits, other simple documents.

Note: All recordation fees and court costs are your responsibility.

Consumer

1. Bankruptcy – Representation for purposes of filing a personal bankruptcy petition regardless of assets.
2. Wage Earners' Plans – Representation should you have to file a Wage Earners' Plan pursuant to the Bankruptcy Code.
 - Bankruptcies filed jointly by husband and wife, in which a spouse is a dependent, are subject to an additional fee of \$250.
3. Excessive Interest and Late Charges – Representation.
4. Medical Insurance Claims not involving a Participating Employer, the Union, or the FELRA & UFCW VEBA Fund.
5. Garnishment Actions – Representation in a garnishment proceeding.
6. Personal Property Repossessions – Representation.
7. Enforcement of Warranties – Representation.
8. Consumer Rights/Problems with Credit Ratings – Representation.
9. Collecting/Defending an Action on a Debt – Representation in an action for or against you.

Court appearances are limited to matters in which the controversy exceeds \$1,200

Criminal*

1. Juvenile Participant or Dependent - Representation for any charge lodged in juvenile court against you or your eligible dependent.
2. Adult Participant or Dependent Accused of Misdemeanor - Representation in connection with any misdemeanor charge brought against you or your eligible dependent.
3. Adult Participant or Dependent Accused of a Felony – Representation by Akman and Associates, P.C. at a flat fee quoted in advance.

** In cases of Criminal Law matters, you are eligible for 10 hours of legal representation. If the matter requires services in excess of the 10 hour maximum, you are eligible for representation by Akman and Associates, P.C. at an hourly rate of \$80.*

Family Law*

1. Uncontested Divorce or Annulment - Representation.
2. Contested Divorce or Annulment (maximum 5 hours attorney's time) - Representation.**
3. Uncontested Adoption - Representation.
4. Contested adoption (maximum 5 hours attorney's time) - Representation.**
5. Plaintiff/Defendant in a Support Action - Representation in the prosecution or defense of an action to collect, increase, or decrease support and maintenance for you or your minor children.
6. Plaintiff/Defendant in a Custody/Visitation Action (maximum 5 hours attorney's time) - Representation when you are the plaintiff or defendant in an action for custody of your minor children and/or visitation rights.**
7. Guardianship - Representation for you if you are the petitioner in a guardianship proceeding.
8. Ante Nuptial/Post Nuptial/Property Settlement Agreements - Representation relating to the negotiations, preparations, execution, or any other matters related to an ante nuptial, post nuptial, or property settlement agreement, including preparation of a Qualified Domestic Relations Order ("QDRO").
9. Name Change - Representation when you seek to have your name legally changed by a court of competent jurisdiction.
10. Paternity - Representation in action to establish paternity of a minor child.
11. Birth Certificate - Services and representation when necessary to establish a birth certificate or to obtain any information on, move for any changes to, or establish the existence of, a birth certificate.
12. Child Neglect - Representation.

** All Family Law benefits listed above generally are limited to participants only, in order to avoid any conflict of interest. However, in situations where there is no conflict, or a participant chooses to waive any conflict, dependents will be able to utilize the services of Akman and Associates, P.C. at a reduced hourly rate.*

*** In cases of family law matters in excess of the 5 hour maximum, you are eligible for representation by Akman and Associates, P.C. at an hourly rate of \$80.*

Real Estate/Landlord-Tenant (For Primary Residence Only)

1. Landlord Tenant, Consultation - Consulting services concerning any landlord/tenant dispute incident to your rental of a dwelling. Consultation includes a review of the lease/agreement.
2. Landlord Tenant, Negotiations - Representation concerning the negotiations with a landlord or his agent regarding any landlord/tenant dispute with respect to your dwelling, including lease negotiations or rent increases.
3. Landlord Tenant, Rental Accommodations (D.C. only) - Representation when you are sued for possession of a rental unit dwelling and/or the violation of any lease provisions. Representation regarding an increase in rent before the local rental accommodations commission or anyone with jurisdiction over rental increases.
4. Real Estate Settlements, Seller - Representation incident to the sale of residential real property by you.
5. Post Settlement Breach of Warranty - Representation regarding any claim you may have against the seller of real property for a breach of warranty after you purchase your residence.
6. Violation of Property Owner's Covenants - Representation when you are charged with violating any by laws, covenants, or agreements incident to the ownership of your residence.
7. Zoning Violations - Representation in any zoning violation charges brought against you with respect to your residence by a local, federal, or state jurisdiction.
8. Negotiation of a Contract for Purchase or Sale of Residence (including condominium).

Wills Powers of Attorney, and Advance Medical Directives

1. Preparation of Simple Wills.
2. Preparation of Codicil to Wills.
3. Preparation of Power of Attorney.
4. Preparation of Advance Medical Directive.
5. Consultation Regarding Estate Planning.
6. Contested Will Litigation - Representation in a contested will action, but only in the court of original jurisdiction for such matters (i.e., no appeals to higher courts).
7. Complex Will - Complex wills include a will with trust, trusts for benefit of minor children, provision for a charitable bequest, creation of life estates, insurance trusts, or other complex provisions.



Probate And Administration Of Estates

1. Conservatorship - Representation when you file an application to establish a conservatorship for a relative.
2. Assistance in the Administration of Estate (less than statutory amount) - Assistance and representation with respect to your appointment as personal representative of an estate for which no formal probate proceedings are required.
3. Probate of an Estate - Representation with respect to the probating of an estate when you are named the personal representative of the estate or when, because of your relationship to the deceased, you are eligible to act as the personal representative of the estate of the deceased who dies without a will. The provider will be entitled to a fee from the estate not to exceed 75% of the prevailing attorney's fee charged for similar matters in the jurisdiction where the estate is probated.

Motor Vehicle Violations*

1. Driving While Intoxicated, Court Appearance - Representation is limited to court proceedings and includes administrative hearings incident to the charges.
2. Operating after Suspension or Revocation of Driving Privileges - Representation.
3. Leaving the Scene after a Collision - Representation.
4. Fleeing and Eluding a Police Officer - Representation.

**In cases of motor vehicle violations, you are eligible for 10 hours of legal representation. If the matter requires services in excess of the 10 hour maximum, you are eligible for representation by Akman and Associates, P.C. at an hourly rate of \$80.*

Personal Injury And Property Damage

1. Preparation and Assistance in the Filing of Insurance Claims with Your Automobile Insurance Company.
2. Contingency Fee Cases, Plaintiff (Participant and Dependent) - Representation in legal matters for which counsel is normally compensated on the basis of a contingency fee. The provider will charge a maximum of 28% of any recovery obtained by you through settlement prior to filing suit in a matter. If a suit is filed, the provider will charge a maximum of 33½% of any recovery obtained through settlement or the result of a trial. If there is no recovery on your claim, the provider will charge no legal fees.
3. Defense of Liability Actions - Representation if there is no third party insurance coverage.
4. Defense of Personal Injury and Property Damage Cases - Representation in defense of any action involving personal injury or property damage in excess of \$1200 in damages. No representation will be provided in actions for which you have third party insurance coverage.

What Is Not Covered

Legal representation will not be provided for the following matters:

1. Those pertaining to your trade or business.
2. Those pertaining to the management, conservation, or preservation of property held by you for the production of income.
3. Those pertaining to the production or collection of income by you.
4. Real estate matters other than those related to your personal residence.
5. Participation in class action or as amicus curiae except if the provider determines that services under the Fund are most appropriately provided that way. Such a decision by the provider must be approved by the Board of Trustees.
6. Any matter that is frivolous or brought for the purpose of harassment.
7. Patents and copyrights.
8. Preparation of federal or state tax returns, representation at tax audits, tax litigation, or appeal of tax assessment on real property.
9. Disputes involving a Participating Employer or participating local union or their officers and agents, including labor disputes, workers' compensation, unemployment compensation, or discrimination charges and suits.
10. Disputes involving any other employee benefit plan in which a Participating Employer or participating local union participates, or a provider of service to such a plan.
11. Disputes with respect to this Fund, including questions as to whether legal services are available under the Fund.
12. Matters where legal services are available to you free of charge, such as legal counsel by an insurance company, litigation involving a government agency, or legal representation by an employer or third party. This does not exclude representation when you are eligible for free legal representation because of your financial circumstances.
13. Disputes between participants of this Fund except as noted in the section "Provider's Inability to Provide Representation."
14. Any legal proceeding or cause of action prior to the eligibility date of your participation in the Fund.
15. All matters on the Appellate level.
16. Covered services outside the geographic area of the Fund as defined by the Board of Trustees.
17. Personal bankruptcy proceedings not under Chapters Seven and Thirteen of the Bankruptcy Code.
18. Dependent benefits for Safeway employees covered by the Zone B Addendum to the Richmond Division Collective Bargaining Agreement with UFCW Local 400.
19. Dependent benefits for employees of Giant 400 Charlottesville covered under a reduced contribution rate.
20. Employees of Giant 400 Charlottesville are not eligible for benefits relating to criminal misdemeanors, or traffic cases in which punishment could involve incarceration.

In the event that you have a legal matter not included in the Schedule of Benefits and not excluded in this section, Local 27 and Local 400 participants and dependents are eligible for discounted legal services from Akman and Associates, P.C. Please contact Akman & Associates, P.C. in order to discuss your matter and any potential fees.

Required Payments

The Plan does not cover the payment of any fines, penalties, deposition costs, recordation fees, expert witness fees, court costs, taxes, judgments, or money awards of any kind.

Provider's Inability To Provide Representation

If a provider is unable to provide legal representation to a participant who would otherwise be entitled to representation under the Plan as a result of a conflict of interest or other reasons that would adversely affect the participant's representation, provision of legal representation is handled as follows. The provider will present the participant with a list of qualified attorneys. The participant will be entitled to select an attorney from the list provided and the provider will be responsible for payment of the participant's legal fees up to a maximum of \$250 per participant per year. If the participant does **not** select an attorney from the list provided, the provider has no responsibility for the payment of legal fees.

Mid-Atlantic UFCW & Participating Employers Pension Fund

New SPD Sent – No changes

FELRA & UFCW Pension Fund

No changes

UFCW & FELRA Severance Fund

No changes

UFCW & FELRA Scholarship Fund

No changes

Translation Service Is Available to Help Participants

The Fund Office subscribes to a service to help us speak with people for whom English is not their primary language. Language Line Services provide us with the ability to have a three-way telephone conversation that includes the participant, a Participant Services representative from the Fund Office, and a language translator.

Language Line Services allow the Fund Office to speak with people in a number of languages, including Spanish, French, Mandarin, Vietnamese, Burmese and more.

To reach the Language Line Services, call (800) 638-2972 and when the pre-recorded message comes on, select option 2 (to speak to a Participant Services representative).

If you know of participants or dependents who have not called the Fund Office because they don't feel they speak English well enough, tell them we're ready to help. All we need to know is what language to speak.

Servicio de Traducción Está al alcánze para Ayudar a los Participantes.

La Oficina del Fondo se suscribe a un servicio para ayudar en la a comunicación con quien el Inglés no es su idioma principal. Language Line Services nos provee la capacidad de tener una conversación telefónica de tres vías que incluye el participante, un representante de los participantes de los servicios de la oficina del Fondo, y un intérprete.

Language Line Services permite que la oficina del Fondo hable con más gente en varios idiomas, incluyendo Español, Francés, Mandarín, Vietnamita, Birmano y más.

Para comunicarse con Language Line Services, llame al (800) 638-2972 y cuando escuche el mensaje pre-grabado, seleccione la opción 2 (para hablar con un agente). Usted será conectado con un representante de Servicios de Participantes que estará encantado de ayudarlo.

Si usted sabe de participantes o dependientes que no han llamado la Oficina del Fondo porque sienten que no hablan Inglés bastante bien, aviseles que estamos listos para ayudar. Todo lo que necesitamos saber es qué idioma hablar.

