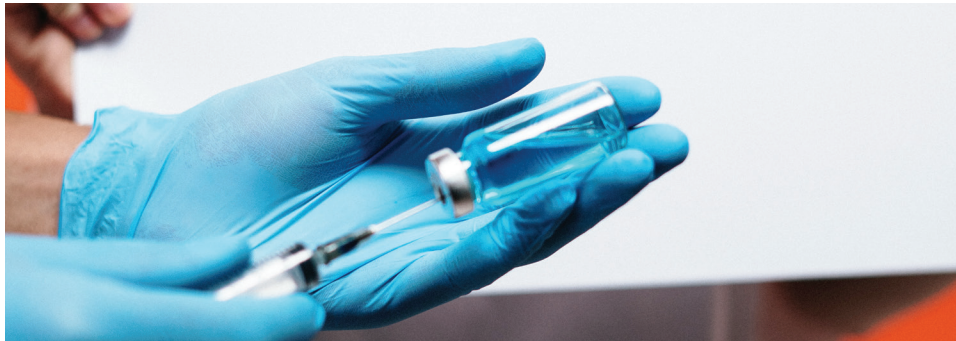


For Your Benefit



COVID-19 Vaccination Coverage

The Board of Trustees of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund (“Fund”) has adopted the following changes to the FELRA & UFCW Active Health and Welfare Plan (“Active Plan”) Plans I, X, XX, and XXX, and the FELRA & UFCW Retiree Health and Welfare Plan (“Retiree Plan”). Please keep this document with your Summary Plan Description (“SPD”) and your Summary of Benefits and Coverage (“SBC”).

COVID-19 Vaccination Coverage

The following services will be covered under Comprehensive Medical Benefits and the Prescription Drug Benefit on an in-network and out-of-network basis with no cost sharing (including deductibles, co-payments and co-premiums) and no requirement of prior authorization:

- A COVID-19 immunization that has a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (regardless of whether the immunization is recommended for routine use), after such recommendation has been in effect for 15 business days; and
- Items and services that are an integral part of furnishing the covered immunization, including vaccine administration.

Office Visit Coverage

There are limited situations in which an office visit is payable under this COVID-19 Vaccination Coverage. The following conditions apply to payment for office visits under the COVID-19 Vaccination Coverage:

Summary of Material Modifications This Issue!

- FELRA & UFCW Active Health and Welfare Plan*
- FELRA & UFCW Retiree Health and Welfare Plan*
- FELRA & UFCW Pension Fund
- UFCW & FELRA Severance Plan**
- UFCW & FELRA Legal Benefits Plan**
- UFCW & FELRA Scholarship Plan**

* Benefit Plans of the FELRA & UFCW VEBA Fund

** Benefit Programs of the FELRA & UFCW Active Health and Welfare Plan

This issue—

COVID-19 Vaccination Coverage.....	1
Medicare Supplement Increased to Cover 2021 Medicare Co-Payments and Deductibles.....	2
Notice of Benefit Changes Due To Plan Termination.....	2
Summary of Material Modifications.....	3
Retiree Information Forms Will Be Mailed Soon. Complete and Return This Form!.....	8
Ambulance Service Benefits Increased for Associated Administrators, LLC Participants.....	8
Remember to Claim Severance Benefits When Eligible.....	8
Coverage for Virtual Doctors Office Visits Extended.....	9
Cologuard – Colorectal Cancer Screening.....	9
Statement of Privacy Practices Available Upon Request.....	9
2021 Express Scripts National Preferred Formulary.....	10
Dentegra: Your New Dental Provider.....	12

Continued on page 2

- If the covered immunization, item or service is billed separately from an office visit, then the Fund will impose cost-sharing with respect to the office visit.
- If the covered immunization, item or service is not billed separately from the office visit, and the primary purpose of the office visit is the delivery of the immunization, then the Fund will pay for the office visit without cost-sharing.
- If the covered immunization, item or service is not billed separately from the office visit, and the primary purpose of the office visit is not the delivery of the immunization, then the Fund will impose cost-sharing with respect to the office visit.

Medicare Supplement Increased to Cover 2021 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 increased to cover the 2021 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2021

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2021 is \$1,484 for each benefit period.

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

- A total of \$1,484 for a hospital stay of 1-60 days.

- \$371 per day for days 61-90 of a hospital stay.
- \$742 per day for hospital stays longer than 90 days.

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

- \$185.50 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 and other items. The annual deductible for all Part B beneficiaries in 2021 is \$203, and the Fund's Medicare Supplemental benefit will cover this amount.

Notice of Benefit Changes Due To Plan Termination

The following Notice applies to participants under the FELRA & UFCW Pension Fund.

Effective December 31, 2020, the Food Employers Labor Relations Association and United Food and Commercial Workers Pension Fund ("Fund") terminated as a result of the withdrawal of all participating employers. While participants will not accrue any future benefits under the Fund, this termination does not impact benefit accruals earned under the Food Employers Labor Relations Association and United Food and Commercial Workers Pension Plan ("Plan") as of December 31, 2020. However, as a result of the termination, the Fund is required to implement the following changes to the forms of benefits available under the Plan. All capitalized terms in this Notice

have the same meaning as provided in the Plan.

1. **Effective January 1, 2021**, the Death Benefit under the Plan will not be payable on behalf of any participant who dies after December 31, 2020.
2. **Effective January 1, 2021**, a Disability Pension under the Plan will not be payable unless, as of December 31, 2020, the Participant: (a) has at least ten (10) years of Benefit Service; (b) terminated Covered Employment; and (c) was Totally and Permanently Disabled at his termination of Covered Employment.

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 booklets so you will have it for easy reference.

- The subsection entitled “Coverage Options Other than COBRA Coverage” or “Other Coverage Options besides COBRA Coverage” under the Continuation of Coverage Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”) Section of your SPD is deleted and replaced with the following:



Coverage Options Other than COBRA Coverage

Instead of enrolling in COBRA coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Enrollment in Medicare Instead of COBRA Coverage after Coverage under the Plan Ends

In general, if you don’t enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period (<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>) to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don’t enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement,

even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second.

For more information visit: <https://www.medicare.gov/medicare-and-you>.

- The following new subsection is added after the subsection “Medicare – Coordination of Benefits for Participants Who are ‘Actively Working’” under the Coordination of Benefits Section of your SPD:

Medicare – Coordination of Benefits for Participants Who Are on COBRA

If you or your eligible dependent is eligible for Medicare and then elects COBRA continuation coverage, Medicare will be primary to the Fund’s benefits (except in the case of End Stage Renal Disease (“ESRD”) as set forth below).

- The subsection “3. End Stage Renal Disease (ESRD)” under the Coordination of Benefits Section of your SPD is deleted and replaced with the following:

End Stage Renal Disease (ESRD)

If you or your eligible dependent(s) are entitled to Medicare on the basis of age or disability and you become entitled to Medicare based on ESRD, and the Plan is currently paying benefits as primary or you or your eligible dependent(s) are receiving COBRA continuation coverage under the Plan, the Plan will



remain primary for the first 30 months of your entitlement to Medicare due to ESRD. If the Plan is currently paying benefits secondary to Medicare, the Plan will remain secondary upon your entitlement to Medicare due to ESRD (unless you are receiving COBRA continuation coverage).

insurance contract with Superior Vision.

Superior Vision is your optical provider. They have an expanded network (the Superior National Network) with providers located in major malls and other convenient retailers including Lens Crafters, Pearl Vision, and JCPenney, as well as many individual providers and online retailers such as Glasses.com.

The Fund will provide the following optical benefits **once every 24 months.***

• **Effective August 1, 2019, the “Optical Benefits” Section of the SPD is revised to read as follows:**

Benefits are provided and guaranteed pursuant to an

	In-Network Provider:	Out-of-Network Provider:
Vision Exam		
By Ophthalmologist	Covered in Full	\$40 Allowance**
By Optometrist	Covered in Full	\$40 Allowance**
Standard Eyeglass Lenses***		
Single Vision	Covered in Full	\$30 Allowance**
Bifocals	Covered in Full	\$46 Allowance**
Trifocals	Covered in Full	\$60 Allowance**
Lenticular	Covered in Full	\$100 Allowance**
Frames:	\$100 Allowance**	\$50 Allowance**
Lens Add-Ons:	See list of covered lens add-ons below	

* For Local 400 participants in Plan I who were hired before October 1, 1980 and are *Actively Working* and their eligible dependents, the above optical benefits will be provided once every 12 months.

** Where an “Allowance” is shown, you are responsible for paying any charges in excess of the listed Allowance amount.

*** A **Standard Eyeglass Lens** is a standard glass or plastic (CR39) lens, which is optically clear, that will fit an eye glass frame with a lens size less than 61mm in length. Standard multifocal lenses include segments through flat top 35 for plastic bifocal and lenticular lenses, through flat top 28 for glass trifocals, and through flat top 35 for plastic trifocals.

Covered Lens Add-Ons

Coverage for some lens add-on items is either in addition to or in lieu of the above coverage for standard lenses, as indicated below.

	In-Network Provider	Out-of-Network Provider
Polycarbonate upgrade	Covered in full for eligible dependent children under age 20	\$10 Allowance** for eligible dependent children under age 20
Factory Scratch Coat	Covered in full	\$16 Allowance**
Standard Progressives	Covered in full after \$50 <i>Co-payment</i> in lieu of standard lenses	\$80 Allowance** with \$50 <i>Co-payment</i> in lieu of standard lenses
Standard Photochromic	Covered in full after \$60 <i>Co-payment</i> in addition to standard lenses	\$70 Allowance** with \$60 <i>Co-payment</i> in addition to standard lenses

Exclusions and Limitations

No Optical Benefits are payable for any of the following conditions, procedures and/or materials, except to the extent they are covered as a lens add-on as described above or under the discount program described below:

1. Contact Lenses, and related materials; and services for the fitting thereof;
2. Plano or non-prescription lenses or sunglasses;
3. Orthoptics, vision training and any associated supplemental testing;
4. Frame cases;
5. Low (subnormal) vision aids or aniseikonic lenses;
6. Medical and surgical treatment of the eyes;
7. Experimental or non-conventional treatment or device;
8. Any eye examination or corrective eyewear required by an employer as a condition of employment;
9. Services for which benefits are paid by Workers' Compensation;
10. Blended bifocal lenses
11. Groove, Drill or Notch, and Roll and Polish;
12. Two pairs of glasses, in lieu of bifocals, trifocals or progressives;
13. Coating on lenses (Factory scratch coat, anti-reflective, sunglass colors, etc.);
14. Cosmetic items;
15. Faceted lenses;
16. High-Index Lenses;
17. Laminated Lenses;
18. Oversize Lenses – any lens with an eye size of 61mm or greater;
19. Photochromic (Transition) lenses;
20. Polaroid lenses;
21. Polished bevel lenses;
22. Prism lenses;
23. Slab-off lenses;
24. Tints (except Pink tint #1 and #2);
25. Ultra-violet tint or coating; and
26. Additional cost for a frame over the allowance.

In-Network Benefits

When benefits are payable for a covered vision exam or covered lenses and frames received from an in-network

Superior Vision provider, Superior Vision will pay the in-network provider directly, based on the in-network benefits shown in the schedules above. You are responsible for paying any required *co-payment* and any charges above the covered benefits to the in-network provider.

Locating an In-Network Superior Vision Provider

To locate the most current providers in the Superior Vision network, visit www.superiorvision.com and search for providers in the Superior National Network. The names of providers are updated regularly. You can also call Superior Vision Customer Service toll free at (800) 507-3800.

Discount Features

Many in-network Superior Vision providers also participate in Superior Vision's discount program, which provides savings to you that are in addition to your optical benefits described above. To locate in-network providers who participate in this program, visit www.superiorvision.com. Discounts include:

- 20% off amount over allowance toward frames purchase
- Max Out-of-Pocket cost for lens upgrades:
 - Scratch coat: \$15
 - Ultraviolet coat: \$12
 - Tints, solid: \$15
 - Tints, gradients: \$18
 - Polycarbonate: \$40
 - Blue Light filtering: \$15
 - Digital Single Vision: \$30
 - Anti-reflective coating: from \$50 - \$120 (Standard to Ultimate lens upgrade options)
 - Polarized lenses: \$75
 - High Index (1.67 / 1.74): \$80 / \$120

Out-of-Network Benefits

If you choose to use a provider that is not in the Superior Vision network, you must pay the provider in full. When benefits are payable, the Fund will reimburse you up to the amount of out-of-network benefits shown in the schedules above, less any *co-payment*. It is your responsibility to submit a claim for reimbursement to Superior Vision with the itemized invoice or receipt.

Claims must be submitted to Superior Vision within 90



days after the claim is incurred. However, Superior Vision will not deny any claim if it was not reasonably possible to submit the claim in the time required, provided the completed claim is submitted to Superior Vision within one year after the claim is incurred.

You may obtain a claim form at www.superiorvision.com or by contacting the Fund Office at (800) 638-2972.

- **Effective June 1, 2020**, the “Ambulance Service” Subsection of the “Comprehensive Medical Benefits” Section of the SPD for Plans I, X, XX, and XXX of the Active Plan is deleted and replaced with the following to reflect an increase in the Ambulance Service benefit under the Fund:

Ambulance Service

For Participants and Dependents covered under Plan I, benefits are provided for emergency *Ambulance Service* up to the greater of \$200 per trip or 80% after the annual deductible has been met. For Participants and Dependents under Plans X, XX, and XXX, benefits are provided for emergency *Ambulance Service* up to \$200 per trip. The patient’s condition must be such that use of any other method of transportation is not medically advisable.

- **Effective July 1, 2020**, the “Quantity Limits/Prior Authorization” Subsection of the “Prescription Drug Benefit” Section of the SPD is deleted and replaced with the following:

Prior Authorization

There are prior authorization requirements applicable to the coverage of certain medications under the Plan. If your prescription drug claim is denied based on the Fund’s prior authorization requirements, please have your *Physician* or pharmacist contact Express Scripts and provide the appropriate documentation for review. Please go to www.express-scripts.com or contact Express Scripts by phone at (800) 903-8325 for the current list of drugs subject to prior authorization.

Drug Quantity Management

The Fund maintains a Drug Quantity Management program. Drug Quantity Management means that the Fund will only pay for a specific quantity at a particular strength for certain prescription drugs. Quantity limits are set in accordance with FDA approved prescribing limitations and standard medical practice. Please go to www.express-scripts.com or contact Express Scripts by phone at (800) 903-8325 for the current list of

drugs subject to these rules. If your *Physician* wants to prescribe a particular strength or quantity of drug that does not fit within the limits of the Fund’s Drug Quantity Management program, your *Physician* can request an exception by contacting Express Scripts.

- **Effective June 1, 2020**, the following new Subsection is added at the end of the “Prescription Drug Benefit” Section of the SPD:

Prescription Care Management

The Fund has adopted a prescription management program provided through Prescription Care Management, LLC (“PCM”). Under the program, PCM may contact you or your *Physician* to discuss lower cost alternatives to certain medications you are taking with the goal of achieving cost savings for both you and the Fund. Participation in the PCM program is completely voluntary and you will not be penalized if you decide not to participate.

- **Effective September 24, 2019**, the following is added after the last paragraph of the “Specialty Medication/Accredo Specialty Pharmacy” Subsection of the “Prescription Drug Benefit” Section of the SPD:

Limited Distribution Specialty Drugs

Certain “limited distribution” specialty drugs may not be available through the Accredo Mail Order Specialty Pharmacy. If such a specialty drug meets the Plan’s requirements for coverage but is not available through Accredo or any other covered pharmacy, the Plan will cover prescriptions for the specialty drug ordered through CVS Specialty Pharmacy, subject to the same *Co-payment* that applies to specialty drugs ordered through Accredo.

- **Effective March 18, 2020**, the following services will be covered with no cost sharing (including deductibles, co-payments and co-premiums) and no requirement for prior authorization:
 - Diagnostic products for the detection of SARS-CoV-2 or the diagnosis of COVID-19 and the administration of such diagnostic products. The types of tests that will be covered include:
 1. Diagnostic testing authorized by the FDA or the Secretary of HHS;
 2. Diagnostic testing that is under review, or will be submitted for review, by the FDA for emergency use; and

3. Diagnostic testing authorized by a State, if that State has notified the Secretary of HHS.

- Items and services furnished to a Participant or Dependent during health care provider office visits, urgent care visits, and emergency room visits that result in an order for, or administration of, a diagnostic product, but only to the extent that the item or service relates to the furnishing or administration of the diagnostic test or the evaluation of whether an individual needs a diagnostic test.

- **SaveonSP – Specialty Drug Coverage (Applicable to Active Plan Participants and Dependents in Plans I, X, XX and XXX)**

Effective June 1, 2020, the Active Plan is partnering with Express Scripts, Inc. and SaveonSP, to help you and the Fund save money on certain specialty medications. You should have already received, or will soon receive, a separate notice from Express Scripts regarding the SaveonSP program that includes a list of the specialty drugs that currently are subject to this program.

This notice describes the SaveonSP program and serves as a summary of material modification to your SPD and a notice of modifications to your Summary of Benefits and Changes (SBC) previously provided to you when you enrolled in coverage.

a. The following is added to the end of the Prescription Drug Section of your Active Plan SPD's Schedules of Benefits for Full Time and Part Time Participants:

However, if a specialty drug is covered by the Fund's SaveonSP program and you enroll and participate in the program, your *Co-payment* will be paid through the drug manufacturer's copay assistance program and you will pay nothing (\$0). **If you do not participate in the SaveonSP program, the specialty drug will be subject to an increased *Co-payment* listed on the SaveonSP program's current Non-Essential Health Benefit Specialty Drug List, and the *Co-payment* will not count towards your deductible or out-of-pocket maximums.** See the "Prescription Drug Benefit" Section of the SPD for more information.

b. The following is added after the second bullet point under the "Cost of Prescription Drugs" Subsection of the "Prescription Drug Benefit" Section of your Active Plan SPD:

Cost for Certain Specialty Drugs under SaveonSP Program

Certain specialty drugs are subject to the Fund's program through SaveonSP. The SaveonSP program saves you and the Fund money through manufacturer copayment assistance programs. If you are prescribed a specialty drug that is part of the SaveonSP program (a "Participating Specialty Drug") and you have not yet enrolled in this program, SaveonSP will contact you with educational and enrollment information after your prescription is presented to Accredo Specialty Pharmacy. Enrollment in the SaveonSP program is voluntary, but if you do not enroll, your co-payment for any Participating Specialty Drug will increase significantly.

If you choose not to enroll and participate in the SaveonSP program, you will be charged the full *Co-payment* listed on the SaveonSP program's current Non-Essential Health Benefit Specialty Drug List for a Participating Specialty Drug. The *Co-payment* will not count towards your deductible or out-of-pocket maximums.

However, if you enroll in the SaveonSP program, your full *Co-payment* for the Participating Specialty Drug will be paid through the drug manufacturer's copay assistance program and you will pay nothing (\$0), for as long as that Participating Specialty Drug is part of the program.

For a copy of the current Non-Essential Health Benefit Specialty Drug List of Participating Specialty Drugs, or if you have any questions regarding the SaveonSP program, please contact SaveonSP at (800) 683-1074.

c. Your Active Plan SBC includes a section describing what you will pay "[i]f you need drugs to treat your illness or condition." The following is added to the end of the "Limitations, Exceptions, & Other Important Information" for that section of your SBC:

If a specialty drug is covered by the Fund's SaveonSP program and you enroll in the program, your coinsurance will be paid through the drug manufacturer's copay assistance program and you will pay nothing (\$0). If you do not participate in the SaveonSP program, the specialty drug will be subject to an increased coinsurance listed on the SaveonSP program's current Non-Essential Health Benefit Specialty Drug List. Contact SaveonSP at (800) 683-1074 for a copy of the List.



Retiree Information Forms Will Be Mailed Soon. 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.

Ambulance Service Benefits Increased for Associated Administrators, LLC Participants

The following Summary of Material Modifications ("SMM") applies to participants under plans X and XX.

Effective November 1, 2020, the "Ambulance Service" Subsection of the "Comprehensive Medical Benefits" Section of the SPD for Plans X and XX of the Active Plan is deleted and replaced with the following to reflect an increase in the Ambulance Service benefit under the Fund:



Ambulance Service

For Participants and Dependents under Plans X and XX, benefits are provided for emergency Ambulance Service up to \$200 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable.

Remember to Claim Severance Benefits When Eligible

If you are eligible for severance benefits, you should apply for your severance benefit immediately after your Severance from Service date. Usually, this is your employment termination date, but there are special rules for participants on a leave of absence. See page 12 of your Severance SPD for more information.

There is a four-month waiting period between your Severance from Service Date and the date that you may receive your Payable Severance Benefit. Your payable Severance Benefit may only be paid to you between the expiration of this four-month waiting period and the later of (1) the last day of the calendar year in which the four-month waiting period expires; or (2) the 15th day of the third calendar month following the expiration of the four-month waiting period.

For example, if you terminate covered employment on January 1, 2021, the four-month waiting period will expire on May 1, 2021, and your severance payment deadline will be December 31, 2021.

If you do not apply for and receive your severance benefit by the deadline under the Plan, you will lose your benefit. Protect your benefit by submitting the application on time! You can print the Severance Application by logging on to www.associated-admin.com, select "Your Benefits," and then "UFCW & FELRA Severance Plan." The Severance Application is located under "Downloads."

Coverage for Virtual Doctors Office Visits Extended

The Board of Trustees of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund (“Fund”) has adopted the following change to the FELRA & UFCW Active Health and Welfare Plan (“Active Plan”) Plans I, X, XX, and XXX and the FELRA & UFCW Retiree Health and Welfare (“Retiree Plan”). Please keep this document with your Summary Plan Description (“SPD”) and your Summary of Benefits and Coverage (“SBC”).

The Trustees are pleased to advise that the following temporary benefit enhancement has been extended through December 31, 2021. Effective March 1, 2020 and continuing through December 31, 2021, any in-person visit requirement applicable to traditional Fund (non-Kaiser) medical benefits and accident and sickness benefits under the Plan will be waived, as follows:

1. The Plan will cover medical benefit claims for otherwise covered services provided by telephone conference, video conference, or similar technology, subject to any



applicable Plan rules and cost-sharing requirements (e.g., deductible, pre-authorization) that would apply to an in-person visit for the same service.

2. The requirement that you be seen in-person by a physician in order to verify your eligibility for Accident and Sickness Benefits may be satisfied by a visit with the physician through telephone conference, video conference, or similar technology.

Cologuard – Colorectal Cancer Screening

The Board of Trustees of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund (“Fund”) is pleased to inform you of the following improvement made to your coverage under the FELRA & UFCW Active Health and Welfare Plan (“Active Plan”) for Plans I, X, XX, and XXX. Please keep this document with your Summary Plan Description (“SPD”).

Effective January 1, 2021, the following new subsection is added under the Comprehensive Medical Benefits Section of your SPD:

Cologuard – Colorectal Cancer Screening

Cologuard colorectal cancer screening tests are covered under the Plan, subject to the same guidelines followed by Medicare Part B for coverage of such tests. Under the current Medicare guidelines, the test is covered once every three years for participants and eligible dependents who are ages 50 to 85 years old, have no signs or symptoms of colorectal disease (i.e., lower gastrointestinal pain, blood in stool, etc.), and are at average risk of developing colorectal cancer.

Statement of Privacy Practices Available Upon Request

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

If you would like a copy of the “Statement of Privacy Practices,” log onto www.associated-admin.com and click on “Your Benefits” located at the left side of the screen. Select FELRA & UFCW Health and Welfare Plan and print the Statement of Privacy Practices, located under Downloads. You can also call the Fund Office at (800) 638-2972, or write to:

HIPAA Privacy Officer
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, Maryland 21152-9451

2021 Express Scripts National Preferred Formulary

KEY

[INJ] - Injectable Drug
Brand-name drugs are listed
in CAPITAL letters.
Generic drugs are listed
in lower case letters.

A

ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR HFA
ADVATE [INJ]
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization
solution
albuterol sulfate hfa
(by Cipla, Par, Perrigo,
Proficient Rx & Teva)
ALECENSA
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALUNBRIG
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
AMZEEQ
anastrozole
ANDRODERM
ANORO ELLIPTA
ARALAST NP [INJ]
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLICK
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin
AZOPT

B

baclofen

BAQSIMI
BARACLUDE SOLUTION
BAXDELA
BD AUTOSHIELD
DUO NEEDLES
BD ULTRAFINE
INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
BELBUCA
benazepril
benzonatate
BETASERON [INJ]
BETHKIS
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
blisovi fe
BOSULIF
BREQ ELLIPTA
BRILINTA
budesonide nebulization
suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

CABOMETYX
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIMDUO
ciprofloxacin
citalopram
clarithromycin
CLENPIQ
clindamycin hcl
clindamycin phosphate
topical
clindamycin phosphate/
benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone
dipropionate
colchicine tablets
COMBIGAN

COMBIPATCH
COMBIVENT RESPIMAT
COMETRIQ
CORLANOR
CREON
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DAYTRANA
DESCOBY
desloratadine
desvenlafaxine succinate
ext-release
dexamethasone
DEXCOM RECEIVER, SENSOR,
TRANSMITTER
dexmethylphenidate
ext-release
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine
digoxin
diltiazem ext-release
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYANAVAL XR
DYMISTA

E

EDARBI
EDARBYCLOR
ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
EMVERM
enalapril
ENBREL [INJ]
ENDOMETRIN
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPLUSA
EPIDIOLEX
epinephrine auto-injector
(by Mylan, Teva) [INJ]
EPIPEN, EPIPEN JR [INJ]

ergocalciferol
ERIVEDGE
ERLEADA
erythromycin eye ointment
ESBRIET
escitalopram
esomeprazole magnesium
delayed-release
ESPEROCT [INJ]
estradiol
estradiol patches
estradiol/norethindrone
acetate
ESTRING
eszopiclone
etonogestrel-ee vaginal ring
EUFLEXXA [INJ]
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
FASENRA [INJ]
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS:
FREESTYLE FREEDOM,
FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE LIBRE & LIBRE 2
READER, SENSOR
FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
FULPHILA
furosemide
FYCOMPA

G

gabapentin
GAMMACORE
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]

GENVOYA
GILENYA
GILOTRIF
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
GLUCAGON [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ]
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

HARVONI
HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
INBRIJA
INCRUSE ELLIPTA
indomethacin
INLYTA
INVELTYS
INVOKAMET
INVOKAMET XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JIVI [INJ]
JULUCA
junel
junel fe

(continued)

Go to [express-scripts.com/2021drugs](https://www.express-scripts.com/2021drugs) for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2021 THROUGH DECEMBER 31, 2021. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://www.express-scripts.com).

K
ketoconazole topical
ketorolac
KITABIS PAK
KOGENATE FS [INJ]
KOVALTRY [INJ]
KUVAN
KYLEENA

L
labetalol
lamotrigine
lansoprazole delayed-release
LANTUS [INJ]
latanoprost eye solution
LATUDA
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LICART PATCHES
lidocaine patches
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
LIVALO
LO LOESTRIN FE
LOKELMA
lorazepam
LORBRENA
losartan
losartan/hctz
LOTEMAX GEL/OINTMENT
LOTEMAX SM
loteprednol eye drops
lovastatin
LUMIGAN
LUPANETA [INJ]
LUPRON DEPOT
3.75 MG, 11.25 MG [INJ]
LUPRON DEPOT-PED [INJ]
LYNPARZA
LYUMJEV [INJ]

M
MAYZENT
meclizine
medroxyprogesterone
meloxicam
metaxalone
metformin
metformin ext-release
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide
metoprolol succinate
ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal
microgestin fe
minocycline
MIRENA
mirtazapine
MIRVASO
MITIGARE
mometasone
MONOVISC [INJ]
montelukast

morphine sulfate ext-release
MOVANTIK
moxifloxacin eye solution
mupirocin
MUSE
MVASI [INJ]
MYDAYIS
MYRBETRIQ

N
nabumetone
NAMZARIC
naproxen, naproxen sodium
NARCAN NASAL SPRAY
NASCOBAL
NATESTO
NAYZILAM
neomycin/polymyxin/
hydrocortisone ear solution
NEXLETOL
NEXLIZET
niacin ext-release
nifedipine ext-release
NINLARO
nitrofurantoin macrocrystal
NITYR
NIVESTYM [INJ]
NORDITROPIN [INJ]
nortriptyline
NOVAREL [INJ]
NOVOEIGHT [INJ]
NOVOFINE AUTOSHIELD
NEEDLES
NOVOFINE NEEDLES
NOVOTWIST NEEDLES
NUBEQA
NUCALA [INJ]
NUEDEXTA
nystatin
nystatin topical

O
ODACTRA
ODEFSEY
ODOMZO
OFEV
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
omega-3 acid ethyl esters
omeprazole delayed-release
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS:
ULTRA 2, ULTRAMINI,
VERIO, VERIO FLEX
ONETOUCH TEST STRIPS:
ULTRA, VERIO
ONEXTON
OPSUMIT
ORALAIR
ORLISSA
ORTHOVISC [INJ]
oseltamivir
OTEZLA
OTOVEL
OVIDREL [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN
OZEMPIC [INJ]

P
pantoprazole delayed-release
paroxetine hcl
penicillin v potassium
PENTASA
PERFOROMIST
PHOSLYRA
PICATO
pioglitazone
PLEGRIDY [INJ]
polymyxin/trimethoprim
eye solution
POMALYST
potassium chloride
ext-release
pramipexole
pravastatin
PRECISION XTRA METERS,
TEST STRIPS,
B-KETONE STRIPS
prednisolone acetate
eye suspension
prednisolone sodium
phosphate
prednisone
pregabalin
PREMARIN CREAM
PREMARIN TABLETS
PREMPHASE
PREMPRO
PROCRIIT [INJ]
progesterone micronized
PROLASTIN C [INJ]
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ext-release
PULMICORT FLEXHALER

Q
QNASL
QUDEXY XR
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR REDHALER

R
rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELISTOR TABLETS
REMICADE [INJ]
REPATHA [INJ]
RESTASIS
RETACRIT [INJ]
REVLIMID
RHOPRESSA
RINVOQ ER
risperidone
rizatriptan
ropinirole
rosuvastatin
RUBRACA
RUCONEST [INJ]
RUXIENCENCE [INJ]
RYBELSUS

S
SAVELLA
SEGLUROMET
SEREVENT DISKUS
sertraline
sildenafil
SIMPONI 100 MG (for
ulcerative colitis only) [INJ]
simvastatin
SKYLA
SKYRIZI [INJ]
SOLIQUA [INJ]
SOLOSEC
SOMATULINE DEPOT [INJ]
SPIRIVA HANDHALER
SPIRIVA RESPIMAT
spironolactone
sprintec
SPRYCEL
STEGLATRO
STEGLUJAN
STELARA SC [INJ]
STIOLTO RESPIMAT
STRENSIQ [INJ]
SUBLOCADE [INJ]
sulfamethoxazole/
trimethoprim
sumatriptan
SUNOSI
SUPREP
SUTENT
SYMBICORT
SYMFI
SYMFI LO
SYMJEPI [INJ]
SYMLINPEN [INJ]
SYMPROIC
SYMPTUZA
SYNJARDY, SYNJARDY XR

T
tacrolimus topical
tadalafil
TALICIA
TALTZ [INJ]
TALZENNA
tamoxifen
tamsulosin ext-release
TASIGNA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
TEGSEDI [INJ]
TEKTURNA HCT
TEMIXYS
terazosin
terconazole vaginal
testosterone cypionate [INJ]
THALOMID
timolol maleate eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/dexamethasone
eye suspension
topiramate
TOUJEO [INJ]
TOVIAZ
TRACLEER SUSPENSION
tramadol
travoprost eye solution
TRAZIMERA [INJ]
trazodone
TRELEGY ELLIPTA
TREMIFYA [INJ]

TRESIBA [INJ]
triamcinolone topical
triamterene/hctz
TRIJARDY XR
tri-lo-marzia
trinessa
TRIPTODUR [INJ]
tri-sprintec
TRIUMEQ
TRULANCE
TRULICITY [INJ]
TYMLOS [INJ]

U
UCERIS FOAM
UPTRAVI

V
valacyclovir
valsartan
valsartan/hctz
VARUBI
VASCEPA
VELPHORO
venlafaxine
venlafaxine ext-release
verapamil ext-release
VERZENIO
VIBERZI
VIIBRYD
VIMPAT
VIOKAGE
VIZIMPRO
VOSEVI
VUMERITY
VYVANSE

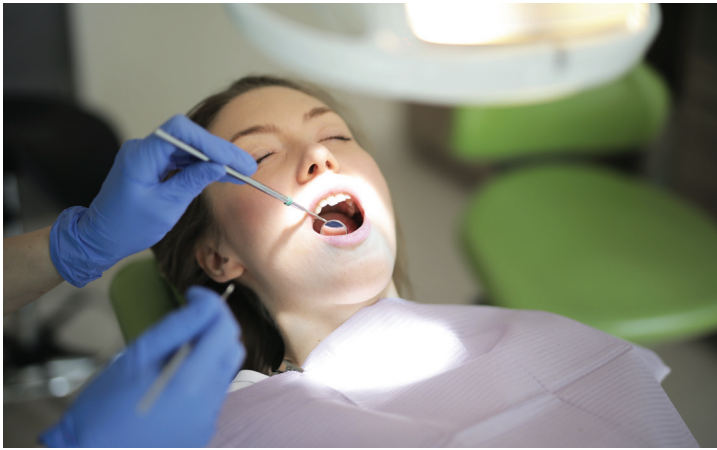
W
warfarin

X
XALKORI
XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XOLAIR [INJ]
XTANDI
XULTOPHY [INJ]
XYREM

Y
YONSA
YUPELRI
yuvafem

Z
ZARXIO [INJ]
ZEJULA
ZENPEP
ZEPATIER
ZEPSOIA
ZERVIAE
ZIEXTENZO [INJ]
ZIOPTAN
ZIRABEV [INJ]
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZTLIDO
ZUBSOLV
ZYLET
ZYTIGA 500 MG

Go to [express-scripts.com/2021drugs](https://www.express-scripts.com/2021drugs) for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2021 THROUGH DECEMBER 31, 2021. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://www.express-scripts.com).



Dentegra: Your New Dental Provider

Effective June 1, 2021, Dentegra will become the Fund's dental provider. Your benefits will remain the same, but you will have access to a broader range of providers than ever before.

You will receive a dental ID card from Dentegra. Keep this card to show to your dental provider so your claims will be processed correctly. More information about Dentegra will be coming in the next few months.

1ST CLASS PRSRT
U.S. POSTAGE
PAID
PERMIT NO. 1608
BALTIMORE, MD

FELRA & UFCW
VEBA Fund
911 Ridgebrook Rd.
Sparks, MD 21152-9451
