

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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www.associated-admin.com

Material Modification



Flu Shot Is Free With Rx ID Card At Any Shoppers Or Kroger Pharmacy

The following is a Material Modification (change) to the Health and Welfare Summary Plan Description booklet for actives and retirees in Plans JSS2, Y and Y20. Please keep this notice with your benefits materials.

Effective October 1, 2012, the Board of Trustees is pleased to announce an enhanced flu shot benefit for Fund participants covered by **Plans JSS2, Y, and Y20**. Effective for flu shots given October 1, 2012 and after, you may get your flu shot at any Shoppers or Kroger pharmacy at **no cost to you**, using your InformedRx/Catalyst Prescription Drug ID card. Simply go to your Shoppers or Kroger pharmacy, show your InformedRx/Catalyst ID card and receive your flu shot.

If you prefer to get your flu shot from your doctor or don't live near a Shoppers or Kroger pharmacy, the shot is still covered under your medical benefits. For those with Fund medical coverage, the injection itself is covered at 100% up to the Usual, Customary and Reasonable fee, and

the office visit charge (if there is one) is covered under your Major Medical or Comprehensive benefit at the applicable co-payment of 80% (or 75% for Plan Y20) after satisfying the annual deductible. Submit your paid receipt to the Fund office and you will be reimbursed. Charges for an office visit should be filed with the Fund office.

For participants in the Kaiser Permanente HMO (actives and retirees), the flu shot is covered in full with no co-pay if you use a Kaiser physician. However, actively working participants in Kaiser who use InformedRx/Catalyst (now called Catamaran) for their prescription benefit also may get a flu shot at a Shoppers or Kroger pharmacy using their prescription ID card.



The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Those documents always govern.

Summary Annual Reports This Issue!

- UFCW Unions and Participating Employers Health & Welfare Fund
- UFCW Unions and Contributing Employers Legal Benefits Fund

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Change In Prescription Drug Co-Payments for JSS2 Retirees Formerly Employed by Shoppers



The following is a Material Modification (change) in the Health and Welfare Summary Plan Description booklet for Plan JSS2 Retirees formerly employed by Shoppers who have Fund coverage, not Medicare Kaiser Permanente coverage. Please keep this notice with your benefits materials.

Effective September 1, 2012, as a result of recent collective bargaining, your prescription benefits have changed. For prescriptions filled on or after September 1, 2012, you will pay an 8% co-payment if you use a participating employer pharmacy and a 13% co-payment if you use any other pharmacy that accepts Catamaran. Remember that generic drugs are mandatory if available.

InformedRx/SXC (which used to be NMHC) is now called Catamaran.

Continue to use the prescription card you have now. The new prescription co-payment percentage will be changed in the pharmacy system.



JS Participants—Clarification To Retiree Eligibility

The following is a clarification to the second paragraph under the section entitled “Retiree Eligibility,” on page 17 of the UFCW Unions and Participating Employers Health and Welfare Fund Plan JS Summary Plan Description:

If you are an active participant in this Plan, and you retire from the UFCW Unions and Participating Employers Pension Fund, the FELRA & UFCW Pension Fund, the Atlanta UFCW Pension Fund, or the UFCW International Union Industry Pension Fund, and elect to waive your COBRA rights, you may be eligible for retiree benefits beginning with the effective date of your retirement.

Former participants who retire on a deferred vested pension are not eligible for health and welfare benefits from this Plan. If, after you retire, you become employed for more than 40 hours per month by any employer who provides health and welfare benefits and pays at least 80% of the total cost, your retiree health benefits will be suspended until you are no longer employed.



When Covered Under Two Plans, Show Both Insurance Cards to The Provider

If you have insurance coverage under two different group plans, show both insurance cards to the provider at the time of service. Also, ask the provider if they will file claims for both the primary and the secondary coverage. This will ensure you receive the maximum benefit regardless of whether the Fund is primary or secondary.

Plans Z and Y Part Timers: Open Enrollment for Dependent Coverage Is January 1st - January 31st

*The following article applies only to part-time participants in Plans Z and Y.
Plan Y20 part time participants are not eligible for dependent coverage.*

January 1st - January 31st will be the first 2013 Open Enrollment period (there are two each year) for adding dependent (“family”) coverage to your benefits. If you are eligible for dependent coverage but did not elect coverage for your dependents when they first became eligible, you may apply to add your dependent(s) to your health coverage in January. The coverage will be effective March 1, 2013. After January, the next open enrollment will be July 1st - July 31st for coverage effective September 1, 2013.

Is there a cost?

Yes, there is a cost for adding dependent coverage. You pay 20% of the cost of the coverage while your employer pays 80%. The amount is paid via weekly payroll deductions through your employer. **Do not send payment to the Fund office.** If you elect dependent coverage, your payroll deduction will begin in March.

When will the coverage begin?

Coverage for your dependents will begin March 1st.

How many dependents may I cover?

As long as they are eligible dependents under the Plan, you may enroll as many dependents as you have. The cost is the same regardless of the number of dependents.

What if I want to drop dependent coverage?

You may drop dependent coverage at any time during the year provided you notify the Fund office **in writing**. You may call us to request the proper form, which you must

sign and return to us (it verifies that you wish to stop payroll deductions). However, please remember that if you do drop dependent coverage, you will not be eligible to add it again until the open enrollment period following a twelve-month waiting period. Open enrollment for dependent coverage occurs twice a year: in January and in July.

I want to add coverage. What’s next?

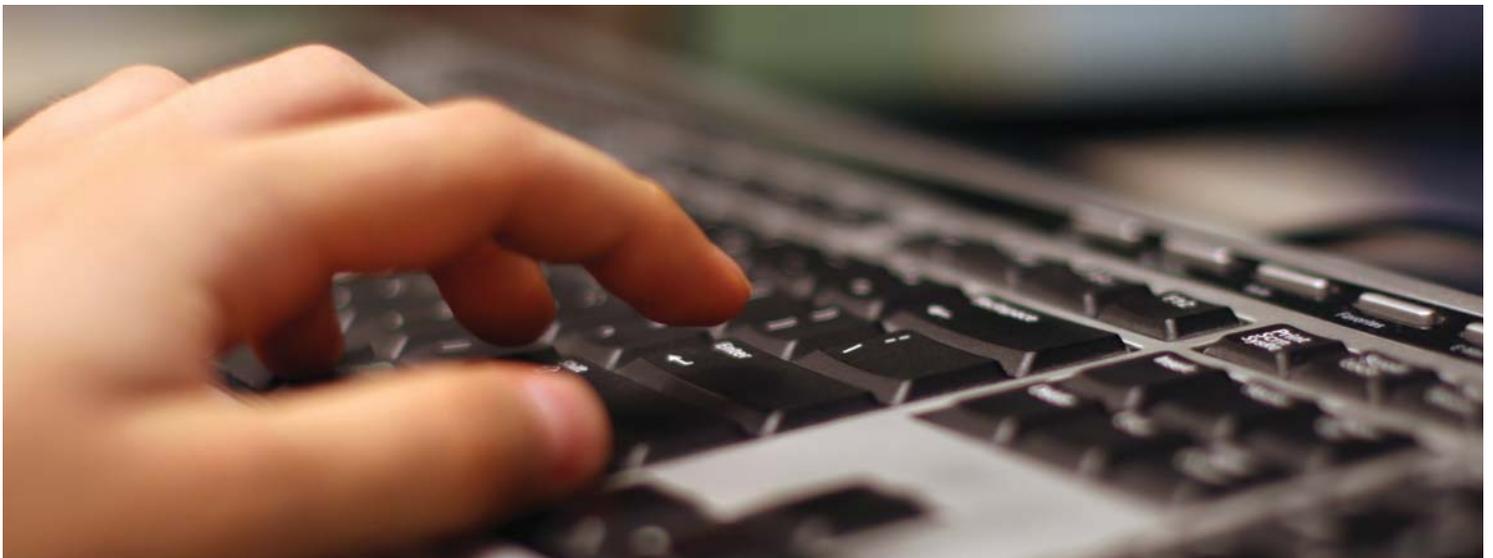
To add dependent coverage, call the Fund office in January at (800) 638-2972 and let us know. We’ll send you an enrollment form and begin the process for starting your payroll deduction. We must have the completed enrollment form returned to us (along with any forms of proof which may be required, such as copies of birth certificates or marriage certificates, etc.) before your coverage will begin.

What if I don’t have dependents now, but I do later?

If you don’t have any dependents now, but you later get married, have a child, adopt a child, etc., you may add the new dependent no matter what time of year, as long as you add the dependent within 30 days from the date he/she first became your dependent (for example, within 30 days from the date of marriage, 30 days from the date of birth, etc.).

Contact Participant Services

If you have questions, contact Participant Services of the Fund office at (800) 638-2972.



Before Accepting A Workers' Compensation Settlement, Be Sure You Understand It



If you suffer an injury or sickness that is work-related, and as a result, you need medical care and/or become disabled, you must file a claim with your employer's Workers' Compensation ("WC") carrier. You should also file a claim for Weekly Disability with the Fund office at the same time. The Fund will initially deny your claim(s) as being work-related until a final decision is made by your employer's Workers' Compensation carrier.

If your employer or your employer's Workers Compensation insurance carrier denies your claim, send a copy of the denial to the Fund office. If the claim is denied for any reason other than being non-work-related, the Fund will not cover it. If the claim is denied on the grounds that it is not work-related, we will send you an agreement called a "promise to appeal." It states that you agree to appeal the denial to the Workers' Compensation Commission ("Commission") (or its equivalent in your state).

Once you sign the "promise to appeal," the Fund will process your claims. However, if you do not follow the terms of the "promise to appeal" agreement, payments made by the Plan to you and/or your provider for the work-related injury or illness must be immediately returned by you to the Fund.

Further, if the Commission determines that your claim is compensable, and you receive an award from Workers' Compensation, no matter how it is characterized, you MUST repay the fund in full for any monies it has paid.

Although this seems clear enough, it becomes a little more confusing when a settlement is involved. If your attorney advises you (or if you decide on your own) to accept a settlement relating to your injury or illness, and the settlement amount is less than the amount the Fund has paid relating to your injury or illness, you must notify the Fund office and obtain approval prior to accepting the settlement. If you don't, and you accept a settlement, the Fund will consider this evidence that your claim is work-related. Since the Fund does not cover work-related injuries, you will be required to reimburse the Fund, in full, for any benefits it has paid on your behalf related to your Workers' Compensation claim, even if you did not recover the full amount in settlement.

For example, if the Fund paid \$4,000 in Weekly Disability and/or Medical claims, and you accepted a settlement for \$3,000 without the Fund's approval, you would be required to repay the Fund the full \$4,000, *even though your settlement was for \$3,000*.

Be Careful!

Once you accept a settlement, **Workers' Compensation will close your case for current claims AND for any future claims relating to that illness or injury**. For example, if your work-related knee injury flares up a year from now (and you have accepted a settlement), generally you will not receive benefits from Workers' Compensation OR the Fund because that injury already was deemed to be work-related and therefore not covered under the Fund's Plan.

Accepting a settlement is your choice. In some cases, it may be the best solution for you, but make sure you understand what it means and what your responsibilities are **before** you agree to accept one.

IMPORTANT: Notify The Fund Office If Receiving Workers' Compensation

If you are receiving Workers' Compensation, it is important that you notify the Fund office at (800) 638-2972. Your health and welfare benefits are maintained by the Fund while you are collecting Workers' Compensation (as long as it does not exceed your Weekly Disability benefit entitlement). Notifying the Fund office of Workers' Compensation helps ensure you do not lose eligibility for benefits.

Check Your Benefits Online By Logging On To NETime Benefit System

NETime (*pronounced Anytime*) is an online access service that provides personal benefit information to you and your dependents via the Internet, 24 hours a day, 7 days a week. NETime Benefits provides real time access to benefits data in a safe, secure and HIPAA compliant environment.

NETime can show you:

- The date and amount of contributions your employer paid on your behalf;
- The person(s) named as your beneficiary under the Pension Fund and Health and Welfare Fund;
- Medical claims paid on your behalf for the past three years;
- Your recent eligibility;
- The date and amount of your pension payments, along with the amount withheld for taxes; and
- The dates of, and payments made to you for, Weekly Disability.

How does it work?

- Log onto www.associated-admin.com, click on "Your Benefits" located at the left side of screen, and select "UFCW Participating Employers." On the UFCW homepage, click on "NETime Benefit System."
- When you first access this site, you will be directed to the page where you are asked to create a user name and password. You and your dependent(s) (if over age 18) can create your own user name and password.
- Once you have successfully logged in, you will be taken to the "Demographic" page, which displays your address, phone number, and dependent information.
- The menu selection screen appears in the left column of your screen. Here you can click on the category you wish to view (medical claims paid, Weekly Disability benefits received, etc.).

Note: The information provided on the NETime Benefit System website is not a guarantee of coverage. It is possible that the information shown is inaccurate or is not fully up to date. If you have changes to what is shown, please submit them in writing to the Fund office. Be sure to include your name and Social Security number in your letter. Call the Fund office if you have any questions at (800) 638-2972.



**United Food and Commercial Workers Unions
and Participating Employers
Health and Welfare Fund**

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

4301 Garden City Drive, Suite 201
Landover, Maryland 20785-6102
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

SUMMARY ANNUAL REPORT

This is a summary of the annual report of the UFCW Unions and Participating Employers Health and Welfare Fund, EIN 52-6044428, Plan No. 502, for period January 01, 2011 through December 31, 2011. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with Kaiser Permanente, CareFirst, Reliastar Life Insurance Company, Metropolitan Life Insurance Company, Group Dental Service of Maryland, Inc. and Group Vision Service to pay health, dental, vision, life insurance, and accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2011 were \$2,358,924.

Because some are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2011, the premiums paid under such "experience-rated" contracts were \$386,774 and the total of all benefit claims paid under these contracts during the plan year was \$338,464.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$14,858,840 as of December 31, 2011, compared to \$17,194,025 as of January 01, 2011. During the plan year the plan experienced a decrease in its net assets of \$2,335,185. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$50,105,982, including employer contributions of \$48,005,440, employee contributions of \$1,042,948, realized gains of \$176,486 from the sale of assets, earnings from investments of \$784,937, and other income of \$96,171. Plan expenses were \$52,441,167. These expenses included \$4,733,765 in administrative expenses, and \$47,707,402 in benefits paid to participants and beneficiaries.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;
- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund at 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102, or by telephone at (301) 459-3020. The charge to cover copying costs \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund, 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**United Food and Commercial Workers Unions
and Contributing Employers
Legal Benefits Fund**

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

4301 Garden City Drive, Suite 201
Landover, Maryland 20785-6102
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

**SUMMARY ANNUAL REPORT
FOR
United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan**

This is a summary of the annual report of the United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan, EIN 52-1228768, Plan No. 501, for period January 01, 2011 through December 31, 2011. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$11,577 as of December 31, 2011, compared to \$73,412 as of January 01, 2011. During the plan year the plan experienced a decrease in its net assets of \$61,835. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$542,440, including employer contributions of \$541,825, and earnings from investments of \$615.

Plan expenses were \$604,275. These expenses included \$63,735 in administrative expenses, and \$540,540 in benefits paid to participants and beneficiaries.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan at 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102, or by telephone at (301) 459-3020. The charge to cover copying costs will be \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan, 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Reconstructive Surgery Following Mastectomy

The following article applies to you if your medical benefits are provided through the Fund, not an HMO. If you have coverage through an HMO, you should receive a similar notice directly from the HMO.

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.



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