

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2015 Vol. 31, No. 4

www.associated-admin.com

SHOPPERS EMPLOYEES

Did you receive a form for salary deduction relating to your health coverage?
Please return the form if you have not done so!

If you do not return this form, your benefit coverage through the Fund
will end December 31, 2015.

COMPLETE THE FORM NOW IF YOU HAVE NOT YET DONE SO!

Call (800) 638-2972 for details. If you already have a payroll deduction
for coverage, the above may not apply to you.

Summary Annual Reports This Issue!

UFCW Unions and Participating
Employers Health & Welfare Fund

UFCW Unions and Participating
Employers Legal Benefits Fund



Material
Modification

Non-Medicare Retirees Previously Employed by Shoppers/SuperValu: Your Coverage Ends December 31st

As a result of collective bargaining, health and welfare benefits for non-Medicare retirees and their non-Medicare dependents under the UFCW Unions & Participating Employers Health and Welfare Plan and the SuperValu Plan will end **effective December 31, 2015.**

This means that you and your non-Medicare dependents will no longer receive medical, dental, optical, prescription drug or any other coverage through the Fund.

Instead, you'll be eligible for a monthly Social Security supplemental benefit of \$450 from the UFCW Unions & Participating Employers Pension Fund. You will receive this supplemental benefit until you become Medicare-eligible, at which point you will be given a one-time opportunity to enroll in coverage under the UFCW Unions & Participating Employers Health & Welfare Fund's Retiree Health

Plan. You may use the supplemental benefit for any purpose, including but not limited to paying for healthcare coverage obtained through a state or federal marketplace.

Who Is Eligible for the Supplemental Benefit?

If you retired before age 65 and are currently eligible for the Fund's pre-Medicare retiree health coverage, you are considered a pre-Medicare retiree and you will be eligible for the \$450/month supplemental benefit from the Pension Fund, effective January 1, 2016. Your eligibility for the supplemental benefit will continue until you become eligible for Medicare.

How Does the Supplemental Benefit Work?

If you have direct deposit for your pension check, your supplemental benefit check will be deposited in the same bank account unless you

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

notify the Fund Office in writing that you prefer your supplemental benefit by paper check each month. When you become eligible for Medicare, the supplemental benefit will end and **you will have a one-time opportunity** to enroll in coverage under Fund's Retiree Plan.

Transition Assistance

While you are not required to use your monthly supplemental benefit from the Pension Fund 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 state or federal healthcare marketplace, the Health & Welfare 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 coverage, if you are interested in doing so. Woodard can also help you find other supplemental coverage, including:

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

Medicare Coverage Enrollment

Remember, when you become eligible for Medicare (generally age 65), you'll be eligible to enroll in Medicare supplemental coverage under the Health & Welfare Fund's Retiree Health Plan. Shortly before you

become Medicare-eligible, the Retiree Plan will mail you an enrollment form for the Kaiser Permanente Medicare HMO Program, if you are in a Kaiser Permanente area, or the Fund's Medicare supplemental benefits program, if you are not in Kaiser's service area. If you do not enroll by the date specified on that mailing, **you will not have another opportunity to enroll in the future!** That's why it's important to make sure the Fund Office has your most current contact information.

Questions?

Please contact the Fund Office at (800) 638-2972 or the Woodard Insurance Agency at (855) 856-1600 for more information.



Medicare-Eligible Retirees Previously Employed by Shoppers: Monthly Co-Payment Required To Continue Coverage

Effective January 1, 2016, as a result of collective bargaining, you will be required to make a monthly co-payment in order to maintain your retiree health and welfare benefits (including medical, prescription drug, optical and dental) through the UFCW Unions and Participating Employers Health & Welfare Fund. **The co-payment will be \$20 per month for individual coverage, \$40 per month for individual plus one, and \$60 per month for family coverage, which includes you and two or more of your dependents.**

This co-payment will be deducted from your pension benefit each month unless you notify the Fund Office that you prefer to pay by check. If you choose to pay by check, the payment is due on the 25th of the month **preceding** the month for which coverage is desired (for example, March's payment would be due on February 25th). **If you do not make this monthly co-payment, your retiree health and welfare benefits will terminate.**



Notice of Pension Plan Amendment

Effective June 10, 2015, the Board of Trustees of the UFCW Unions and Participating Employers Pension Fund amended the Plan's rule relating to the payment of a terminal benefit to provide that the terminal benefit will be \$2,500 if the majority of the Pensioner's Credited Service was full-time at the date of his retirement, \$1,500 if the majority of his Credited Service was part-time at the date of his retirement, or \$2,000 if, at the date of his retirement, half of his Credited Service was full-time and half of his Credited Service was part-time.





Plans Y20 and Y30: Open Enrollment for Medical Coverage Is January 1st - January 31st

Open enrollment for choosing health and welfare coverage is January 1 through January 31 and effective on March 1, 2016. This open enrollment applies only to participants in Plans Y20 and Y30.

Open enrollment allows you the opportunity to enroll for health and welfare benefits if you did not do so when you were first eligible. It is also the time when you may change your level of benefits or drop coverage by stopping payroll deductions.

Open Enrollment Letter to Be Mailed

You will soon receive an open enrollment letter, payroll deduction form and enrollment form from the Fund Office. If you are already enrolled and want to change coverage levels (from participant to participant + spouse, for example) or drop coverage, note the change on the payroll deduction form. If you have not already enrolled for coverage, you can enroll during open enrollment by completing the enrollment form and payroll deduction form. **If you are changing your coverage or enrolling for the first time, you must return both the enrollment form and payroll deduction form to the Fund Office in order for your payroll deduction to be set up and coverage to begin as of March 1, 2016.**

What Are The Enrollment Costs?

Y20 Participants

Effective January 1, 2016, all participants who elect coverage and are eligible for benefits shall pay the following:

- Single - \$5 per week
- Participant plus one - \$10 per week
- Family - \$15 per week

Plan Y20 part-time participants are not eligible for dependent coverage.

Y30 Participants

Effective January 1, 2016, all participants who elect coverage and are eligible for benefits shall pay the following:

- Single - \$10 per week
- Participant plus one - \$15 per week
- Family - \$20 per week

Plan Y30 part-time participants are not eligible for dependent coverage.

All plans will have a spousal surcharge of \$20/week in addition to the above if the spouse has access to coverage through their employer.

What Coverage Will I Have?

A Benefit Summary will be included in your open enrollment mailing. You may also go to the Fund Office's website at www.associated-admin.com. Click on "Your Benefits," located at the left side of the page and select UFCW. Under "UFCW Unions & PE Health & Welfare Fund," you will see a link to "Y20 Open Enrollment" which will contain the Y20 Benefit Summary.

Plan Y Part Timers: Open Enrollment for Dependent Coverage Is January 1st - January 31st

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

January 1st - January 31st is the first 2016 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 choose it when your dependents first became eligible, you may apply to add your dependent(s) to your health coverage in January. The coverage is effective March 1, 2016. After January, the next open enrollment will be July 1st - July 31st for coverage effective September 1, 2016.

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 begins 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.

How Do I Add Dependent Coverage

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 dependents' coverage will begin.

What If I Want To Add Dependents 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.

Enroll In Medicare Part B at the Earliest Date It Becomes Available To You

Medicare is the federal health insurance program for people age 65 and over and certain disabled persons. Medicare has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). Medicare is available at the beginning of the month in which you turn 65, whether you are retired or still working. It is also available after you have been entitled to Social Security disability benefits for two years, and generally if you have end-stage renal disease (kidney failure).

Enrolling in Medicare

If you are eligible for Retiree Health and Welfare coverage through the Fund **or you elect COBRA continuation**

coverage and you—or any covered dependent—become Medicare eligible at any age, for any reason, **you must enroll in Medicare Part B at the earliest date you are eligible for it.** Regardless of whether you or your eligible dependent enroll in the Medicare Part B program, the Health and Welfare Fund **will not** pay any benefits that are available under the Medicare program.

Send Copy of Medicare Card When Enrolled in Medicare

Once you (or any covered dependent) are enrolled in Medicare, send the Fund Office a copy of the Medicare card.

Manage Your Vision Benefits by Logging On To Group Vision Service's Web Site

Group Vision Service ("GVS") offers an opportunity for you to manage your vision benefits by setting up a username and password via the GVS web site. You will be able to view:

- Benefit Details
- Service Eligibility
- Claim Status
- Print an ID Card
- Vision Wellness
- Email Customer Service

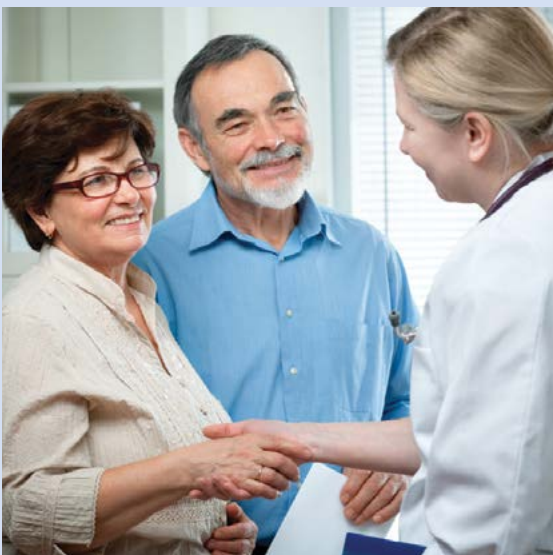


How to Access Your Benefits

1. You must first register on the GVS website – www.gvsm.com.
2. Under the **MEMBERS** tab, select **VIEW YOUR BENEFITS**.
3. Welcome to the GVS Member – Click [here](#) to Login/Register.
4. Select **Register for an account**
5. When you enter the Member Site to register for an account, use the last four digits of your Social Security Number and pick your own user ID.
6. The Site will send an email confirmation and password selection.

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.

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

For UFCW Unions and Participating Employers Health and Welfare Fund

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, 2014 through December 31, 2014. 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 Foundation Health Plan Of The Mid-Atlantic, Reliastar Life Insurance Company, Metropolitan Life Insurance Company, Group Dental Service Of Maryland, Inc. and Fidelity Security Life Insurance to pay dental, vision, life insurance, HMO, and accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2014 were \$1,680,251.

Because they 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, 2014, the premiums paid under such "experience-rated" contracts were \$335,837 and the total of all benefit claims paid under these contracts during the plan year was \$198,393.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$5,209,893 as of December 31, 2014, compared to \$12,007,121 as of January 01, 2014. During the plan year the plan experienced a decrease in its net assets of \$6,797,228. 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 \$46,584,067, including employer contributions of \$45,108,242, employee contributions of \$1,121,222, realized losses of (\$22,523) from the sale of assets, earnings from investments of \$366,412, and other income of \$10,714. Plan expenses were \$53,381,295. These expenses included \$5,159,861 in administrative expenses, and \$48,221,434 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 the 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 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, 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

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

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, 2014 through December 31, 2014. 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 \$75,742 as of December 31, 2014, compared to \$52,435 as of January 01, 2014. During the plan year the plan experienced an increase in its net assets of \$23,307. This increase 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 \$534,578, including employer contributions of \$534,534, and earnings from investments of \$44.

Plan expenses were \$511,271. These expenses included \$59,656 in administrative expenses, and \$451,615 in benefits paid to participants and beneficiaries.

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- 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.

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OPEN ENROLLMENT FOR SHOPPERS EMPLOYEES FINAL NOTICE

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your health benefit coverage will end

December 31, 2015.

Return the form now to continue coverage.

If you already have a payroll deduction for coverage, the above may not apply to you. Contact the
Fund Office at (800) 638-2972 for more information.