

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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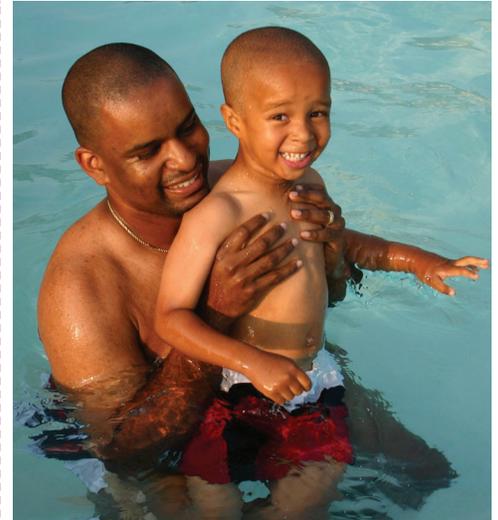
Material Modification



Change in Life Insurance Payment Process

Below is a Summary of Material Modification to your United Food and Commercial Workers Unions and Participating Employers Active Health & Welfare Plan ("Active Plan") Summary Plan Description booklet ("SPD"). This language is added to the end of the Life Benefit section of your SPD to clarify the default payment methods applicable to the life insurance benefits available under the Active Plan.

Please keep this document with your SPD.



DEFAULT PAYMENT FORM FOR LIFE INSURANCE BENEFIT

- Beneficiaries who are residents of Maryland, Virginia or the District of Columbia and are eligible to receive a life benefit of less than \$5,000 will receive their payment in one lump sum, unless the Beneficiary elects another form of payment from the options available.
- Beneficiaries who are residents of Maryland, Virginia and the District of Columbia, and are eligible to receive a life benefit of \$5,000 or greater will have their payment deposited into a Personal Transition Account in the Beneficiary's name, established and maintained by ING/ReliaStar, unless the Beneficiary elects another form of payment from the options available. The proceeds in the Account will earn interest at a guaranteed minimum rate, and the Beneficiary may write drafts against the Account of at least \$250 at a time, up to the full amount of the Account. The Beneficiary may close the Account at any time by requesting payment of

the full balance of the Account. ING/ReliaStar will maintain the Account and will periodically request that the Beneficiary confirm his/her intent to continue the Account.

If the Beneficiary does not affirmatively confirm his/her intent to keep the Account active, and if there is no financial activity with the Account (excluding credited interest) or other customer initiated activity for a period of 18 months, ING/ReliaStar will close the Account. Upon closing the Account, ING/ReliaStar will pay out the remaining proceeds to the Beneficiary. If ING/ReliaStar cannot locate the Beneficiary, it will pay any remaining funds to the state government in the state in which the Account was established.

The default payment options for Beneficiaries residing in other states may be different. For more information on those benefit options, please contact ING at 888-238-4840.

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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.

Material Modification

Participants Employed by, or Retired from, Shoppers: Extended Time To File Medical Claims

Below is a Summary of Material Modification (change) to the United Food and Commercial Workers Unions and Participating Employers Active Health & Welfare Plan (“Active Plan”) and the United Food and Commercial Workers Unions and Participating Employers Retiree Health & Welfare Plan (“Retiree Plan”) as described in your Summary Plan Description booklet. This change applies to participants actively employed by, or retired from, Shoppers Food Warehouse, and their eligible dependents, with traditional Fund medical coverage. Please keep this notice with your booklet so you will have it when you need to refer to it.

As a result of collective bargaining, the Board of Trustees is pleased to announce that effective for dates of service on and after July 1, 2012, participants with Fund medical coverage have one year from the date of service to file a claim. Any medical claim incurred on or after July 1, 2012 will be subject to this timeframe.



Plans Y And Z Part Timers: Open Enrollment for Dependent Coverage Is July 1st – July 31st

The following article applies to Part-Time Participants in Active Plans Y and Z.

July 1st to July 31st is the Open Enrollment period for adding dependent (“family”) coverage to your benefits. If you are eligible for dependent coverage, but did not elect it when you first became eligible, you may add your dependent(s) to your coverage during this period. If you don’t enroll your dependents in July, you must wait until the next open enrollment period in January, 2014.

Is There A Cost?

Yes, you pay 20% of the cost of the coverage and your employer pays 80%. The 20% that you are responsible for will be deducted from your paycheck by your employer, beginning in September. **Do not send payment to the Fund office.**

When Will the Coverage Begin?

Coverage for your dependents will begin September 1st.

How Many Dependents May I Add to My Coverage?

As long as they are eligible dependents under the Plan (spouse, biological children, step children and

legally adopted children), you may enroll as many dependents as you have. The cost is the same regardless of the number of dependents. Enrollment is subject to the rules in your Summary Plan Description booklet.

What If I Want to Drop Dependent Coverage?

You may drop dependent coverage at any time by notifying the Fund office. Call us to request the proper form, which you must sign and return to us (it verifies that you want to stop payroll deductions). But remember, if you **do** drop the coverage, you will not be eligible to add it again until the open enrollment period following a twelve-month waiting period, except in special circumstances, including a birth, adoption, or marriage. 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 during open enrollment, call the Fund

office 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, etc.) before your dependent coverage can 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 dependent coverage 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 or the Eligibility Department of the Fund office at (800) 638-2972.

Material Modification

Participants Employed by, or Retired from, Shoppers: Gardisil Vaccine Is Now Covered

Below is a Summary of Material Modification (change) to the United Food and Commercial Workers Unions and Participating Employers Active Health & Welfare Plan (“Active Plan”) and the United Food and Commercial Workers Unions and Participating Employers Retiree Health & Welfare Plan (“Retiree Plan”) as described in your Summary Plan Description booklet. This change applies to participants actively employed by, or retired from, Shoppers Food Warehouse, and their eligible dependent daughters who have traditional Fund medical coverage. Please keep this notice with your booklet so you will have it when you need to refer to it.

Effective March 1, 2013, the Board of Trustees is pleased to announce that Gardisil, the HPV vaccine for girls, is now covered for dependent daughters of participants employed by, or retired from, Shoppers Food Warehouse.

Receiving the Injection at a Shoppers Pharmacy

• Virginia Participants

Your dependent daughter may choose to receive the Gardisil injection at a Shoppers pharmacy at no cost to you when you use your Informed Rx/Catamaran ID pharmacy card.

• Maryland and DC Participants

For Maryland and DC participants, state law does not permit this injection to be administered at a store pharmacy; therefore, it will be covered when administered at the doctor’s office.

Receiving the Injection at the Physician’s Office

Participants may pick up the injection from the pharmacy at no charge. Maryland and DC participants would then return to the doctor’s office with the injection for administration, while Virginia participants may choose to have the injection administered either at the pharmacy or the physician’s office. Or you may both obtain the vaccine, and have it administered, at the physician’s office.

Cost

The injection itself is covered at 100%, up to the usual, customary and reasonable (UCR) rate. The office visit charge (if there is one) is covered under your medical benefit at 80% for Plans JSS2 and Y and at 75% for Y20, after satisfying your deductible.

Importance of Having a Will

The following article applies only to those with legal benefits under the United Food and Commercial Workers Unions and Participating Employers Health & Welfare Fund as detailed in the Fund’s Summary Plan Description booklet.

Having a will helps you protect your family and your personal interests when you die. A will allows you to:

- name the person who would care for your minor children,
- name a person to handle your estate, if applicable, and
- distribute your personal property according to your wishes.

With a will, **you** make these important decisions. Without one, the state makes decisions for you.

The Legal Benefits Program covers the preparation of a simple will and related services.

You **must** use a participating legal provider in order for the services to be covered under the Plan. If you are interested in obtaining any of the legal services described in your Summary Plan Description, please call the provider that serves participants under your local union.

- **Local 400 participants** must use the services of Robert A. Ades and Associates, P.C., who have offices in Landover (301-459-3333), Washington, DC (202-452-8080), and Springfield, VA (703-642-9500).

- **Local 27 participants** must use the services of Akman & Associates, P.C., who have offices in the Maryland region (Baltimore, Cumberland, Salisbury, Frederick, Bel Air, and Millersville), VA, WV, PA and Delaware. If you live in the Baltimore area, call 410-337-9400. If you live in Maryland but outside of the Baltimore area, call toll free 1-800-492-4750. If you live outside of Maryland, call toll free 1-800-638-7700.

Read your Legal Benefits Fund Summary Plan Description for specifics and to check your eligibility for benefits.

Physical Therapy Must Be Certified through InforMed

The following article applies to active and retired participants who have traditional Fund medical coverage (not to those who have HMO coverage or who are Medicare primary).

The Fund office covers the cost of seeing a physical therapist if the physical therapy is **medically necessary**.

Your physical therapist **must contact InforMed (pronounced IN-for-med) at (866) 290-8147 to be sure your treatment is covered.**

How Many Visits Will the Fund Cover?

The Fund generally provides benefits for two visits per week for six weeks. If you need treatment beyond six weeks, your provider must certify the additional care with InforMed.

Example. Let's say you hurt your back and, after InforMed determined that physical therapy was medically necessary, you have physical therapy twice a week, for six weeks. If your doctor decides you need additional treatment, he/she must contact InforMed to certify the additional sessions. **Don't wait until your final week of therapy to re-certify, because additional visits may be denied while the new information is being reviewed.**

Remember, you are responsible for any charges not authorized by InforMed.



Y20 Participants: You Must Use LabCorp in Order for Lab Services to be Covered

Participants in Plan Y20 **must** use Lab Corporation ("LabCorp") in order to be covered for laboratory services under the Fund. LabCorp is a participating provider in the CareFirst PPO network.

Tell Your Doctor up Front

Be sure your doctor knows before any lab work is performed that you will receive coverage for lab work only if the bill comes to the Fund directly from a LabCorp facility. Even if your doctor has a contract with LabCorp to perform lab work in his/her office, tell him/her that only lab work performed by a LabCorp facility will be covered. Your Plan will not pay for lab work performed and billed from your doctor's office.

Locating Labs

To locate the most current list of LabCorp facilities, log on to its website: www.labcorp.com or contact LabCorp by telephone at (800) 342-3289.

Plan Y2 Participants Must Use LabCorp or Quest Labs

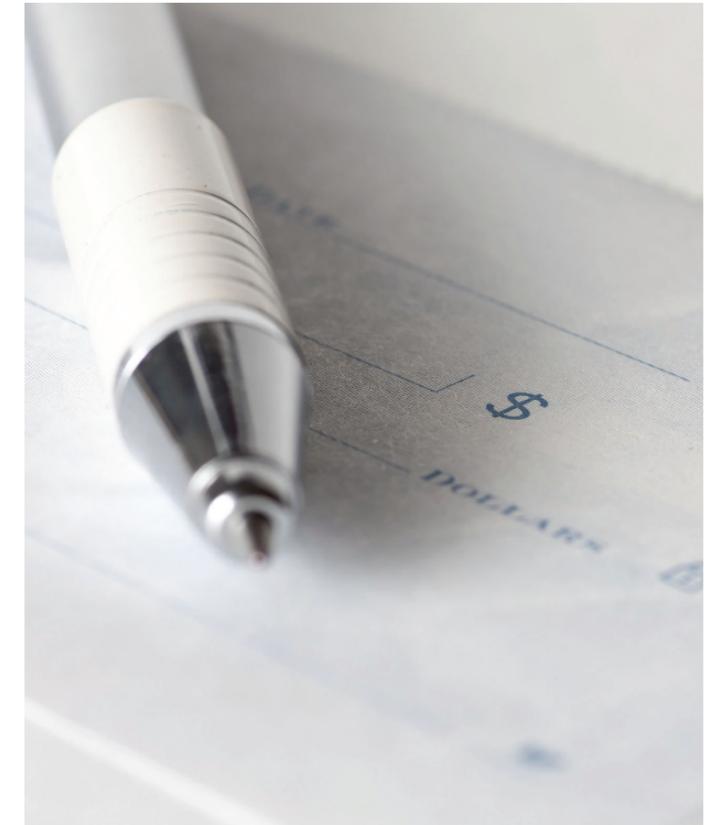
Participants in Plan Y2 **must** use a LabCorp or Quest facility, but will receive the **best discounts** if a LabCorp facility is used, since it is a participating provider under the CareFirst network.

You Cannot Collect Weekly Disability If You're Also Receiving A Pension Or A Social Security Check for the Same Dates

You cannot collect a Weekly Disability check from the United Food and Commercial Workers Unions and Participating Employers Health & Welfare Fund ("Health Fund") if you are receiving a Social Security Disability Award ("SSDA"), or if you are receiving a pension check from the UFCW Unions & Participating Employers Pension Fund ("Pension Fund"), for the same time period.

For example, suppose you retire and begin to receive a disability pension from the Pension Fund. You may not apply for Weekly Disability under the Health Fund for the same period for which you already are being paid a pension. If you already are collecting Weekly Disability (Accident & Sickness) and then your Disability Pension becomes effective retroactive to your date of disability, you must repay the Weekly Disability benefits. The same is true for Social Security benefits—if you receive Social Security Disability payments, you may not also receive Weekly Disability for that same time period.

If the Fund office determines that you were paid from another source for dates that you received Weekly Disability, you will be required to reimburse the Health Fund for the full amount paid and the Health Fund has the right to offset the amount owed against any future benefit payments, otherwise payable on your behalf.



You Must Enroll in Medicare Part B As Soon As It Becomes Available to You

As you know, Medicare is the federal health insurance program for people age 65 and over and for 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 and you—or any of your covered dependents—become Medicare

eligible at any age, for any reason, **you or your eligible dependent, if applicable, must enroll in Medicare Part B at the earliest date you are eligible for it.** The Health and Welfare Fund will not pay any benefits that are available under Medicare, regardless of whether you or your eligible dependent enroll in the Medicare Part B 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 your Medicare card.

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Online Banking Is Convenient and Easy

Did you know your bank may offer a service that lets you make your monthly co-payment by logging onto your bank's website. Online bill paying can help you manage your bills without having to worry about paper bills and checks.

Use Online Banking for:

- COBRA self-payments
- Kaiser co-payments

Check with your bank to find out if it offers Online Bill Paying. This service sends money directly from your bank account to the Fund. In some cases, these online bill services will actually print a check and mail it to the Fund. If your bank offers this service, you can set up the UFCW Unions and Participating Employers Health and Welfare Fund as the payee to receive your Kaiser co-payments or COBRA self-payments, our Spark's address: 911 Ridgebrook Road, Sparks, MD 21152-9451.

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Jim Slivosky Collective Bargaining Consultant 5953 Irishtown Road Bethel Park, PA 15102	Scott Habermehl Boar's Head Provisions 1819 Main Street, Suite 800 Sarasota, FL 34236

The Automated Benefit Information System Is Available 24/7

The Fund office's Automated Benefit Information ("ABI") System is available 24 hours a day, 7 days a week. By calling (800) 638-2972, you can check the status of your hospital, medical, or weekly disability claim, or receive assistance with questions regarding your eligibility, and your pension or severance benefits.

Have your information ready before calling

Before you call the ABI System, have the following information readily available:

- The **participant's** Social Security Number. Even if the claim is for your spouse or your child, you must give the participant's Social Security Number.
- The **participant's** PIN (Personal Identification Number). This is the month and day of birth—not the year. For example, 0804 would be the PIN for a person who was born on August 4th—08 representing the month and 04 representing the day. You can change your PIN if you wish. Just follow the prompts

given on the recording. No one can access your records without having this number.

- The **patient's** date of birth. You will need the month, day and year.
- The dollar amount of the claim.
- The date (or at least the month) the service was performed.

How does it work?

When you call (800) 638-2972, you will be greeted with "Associated Administrators, LLC Participant Services Department." To reach the Automated Benefit Information System and receive automated information regarding the status of submitted medical claims, disability claims, pension claims or severance claims, press option 1.

We think you will be happy with the ABI System and the convenience of knowing you can access information about your claims at YOUR convenience, day or night.

Retiree Information Form Sent. Please Return Promptly.

The following article applies to you if you receive a pension from the UFCW Unions & Participating Employers Pension Fund. It does not apply to participants who receive pensions from the Retail Clerks Union and Employers Pension Plan.

Each year, as required by the rules of the Plan, the Fund office sends a Retiree Information Form (“RIF”) to each retiree. Although you may have completed this form last year, **you still must complete and return this year’s RIF.** This form asks for information about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed. **Please answer all questions** on the form to the best of your ability, sign and date it, and return it to the Fund office. If you don’t answer all the questions, we will return the form to you and ask you to fully complete it.

What If You Don’t Have Any Changes?

You still have to complete and sign the RIF. Even if there are no changes to report, we still need to make sure our files are correct.

Helpful Reminders

- Do not attach checks or claims to the RIF.
- Let us know if you, or your spouse, have other health coverage.
- Be sure to sign the RIF.



Failure to return the form may result in suspension of your benefits. To avoid having your benefits interrupted, **take the time now to complete and return the RIF as soon as possible.**

