

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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Eligibility Rules for Participants in Plans RNK1, RNK2, and RNK3

Eligibility

There are three benefit Programs under the UFCW Unions and Participating Employers Health & Welfare Fund for participants employed by Kroger in the Roanoke area: Roanoke Plan 1 ("RNK1"), Roanoke Plan 2 ("RNK2") and Roanoke Plan 3 ("RNK3"). Your continuing eligibility for benefits under one of these Programs each year is determined based on the average number of hours per week for which you were entitled to payment by Kroger over the preceding 12 month period of October 15 to October 14.

RNK1 Plan

- All previous K2 eligible participants hired on or before September 1, 2013 who were entitled to payment from Kroger for an average of 20 or more hours of service per week in the preceding 12-month period of October 15 to October 14 had the opportunity to enroll in RNK1, RNK2 or RNK3.

RNK2 Plan

- All previous K20 eligible participants hired on or before September 1, 2013 who were entitled to payment from Kroger for an average of 20 or more hours of service per week in the preceding 12-month period of October 15 to October 14 had the opportunity to enroll in either RNK2 or RNK3.

- RNK2 participants are eligible for RNK1 after five years of participation in RNK2.

RNK3 Plan

- Kroger employees hired after September 1, 2013 and who were entitled to payment for an average of 25 hours or more per week in the preceding 12 months had the opportunity to enroll in RNK3 only.
- Full time participant are eligible for RNK2 after 5 years of participation in RNK3.

Whom May I Enroll under My Coverage?

- "Full Time" participants are eligible for coverage for themselves, their spouses and their dependent children. Full Time is classified as being paid an average of 32 hours per week for those hired on or before October 31, 2005, and an average of 40 hours per week for those hired after October 31, 2005.
- "Part Time I" participants are eligible for coverage for themselves and for their dependent children. This group is classified as participants who are entitled to payment for an average of 30 – 31.99 hours per week for those hired on or before October 31, 2005, and an average of 30 – 39.99 hours per week for those hired after October 31, 2005.



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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.

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- “Part Time 2” participants are eligible for employee coverage only. Part Time 2 is classified as participants who are entitled to payment for an average of 20 – 29.99 hours a week for those hired on or before September 1, 2013 and an average of 25 – 29.99 hours per week for those hired after September 1, 2013.

Spouses Eligible Elsewhere

Spouses who are eligible for coverage through their employers must enroll for that coverage in order to be eligible to elect secondary coverage under this Fund. Any secondary benefit payment will be determined by calculating the primary payment, subtracting it from what the Fund’s payment would have been had the Fund paid as primary and paying the remaining amount, if any. For example, if the spouse’s primary coverage paid 80% for a certain service and the Fund’s payment would also have been 80%, no additional payment would be payable under the Fund.

Special Enrollment Provisions

If you turned down coverage for either yourself or for your dependents because you were covered under another group plan, and then that other coverage ends, you may be able to enroll yourself and your eligible dependents under the Fund, provided you do so within 30 days from the date your other coverage ended. However, there are only a limited number of circumstances in which you can enroll when you lose coverage. If the other coverage was COBRA coverage, you may request enrollment under this Fund only if the COBRA coverage is exhausted. For other group coverage that is not COBRA, you may request enrollment under this Fund if the other coverage was lost as a result of loss of eligibility or because employer contributions toward the other coverage ceased. You are not eligible to enroll under this provision if the other coverage was lost because you stopped paying premiums.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days from the date of marriage, birth, adoption or placement for adoption.

Plans Y and Y20: Coverage of Emergency Services Is The Same For In- and Out-of-Network Treatment

Effective February 1, 2015, emergency services will be covered as follows, regardless of whether you receive treatment in-network or out-of-network:

	Facility Charges	Physician Charges
Plan Y	\$75 co-pay, 20% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.	20% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.
Plan Y20	\$75 co-pay, 25% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.	25% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.



Initial Eligibility for RNK3 Participants

The following Summary of Material Modifications (“SMM”) clarifies the SMM issued in the March 2014 **For Your Benefit** newsletter regarding the initial enrollment for participants under Plan RNK3.

Eligibility for employees hired after September 1, 2013 and are hired without a specific understanding as to the average number of hours they will work per week will be determined as follows:

Average Hours/Week	Enrollment	Coverage
25–29 hrs.	First of the month following 12 months from date of hire.	RNK 3 — Self only
30–39 hrs.	First of the month following 12 months from date of hire.	RNK 3 — Self; dependent children
40 or more hrs.	First of the month following 12 months from date of hire.	RNK 3 — Self; spouse; dependent children



Plan Y Part Timers: Open Enrollment for Dependent Coverage Is July 1 – July 31

The following article applies to part-time participants in Active Plan Y.

July 1 to July 31 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, 2016, unless you have a special enrollment event.

Cost

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.**

Coverage Begins

Coverage for your dependents will begin September 1.

Adding Dependents to Your Coverage

As long as they are eligible dependents under the Plan (spouse, biological children, step children, legally adopted children, and children over whom you have legal custody), 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.

When You Need 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.

How to Add Dependent Coverage

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.

How Are Pension Benefits Calculated?

The following article applies with regard to the benefits earned by active participants under the UFCW Unions & Participating Employers Pension Fund.

The amount of your pension depends on your total years of Benefit Service and the applicable benefit rates. If you had both full time and part time service, the benefit amount with respect to each is calculated separately and then added together. If you had transfers of employment, or you worked for more than one Participating Employer, several periods of your service may have to be calculated separately and then added together.

Your participation in the Pension Plan begins on the first day of the month in which the first contribution is made on your behalf, but in no case later than 12 months

following the date you became covered by a Collective Bargaining Agreement requiring contributions. This is your Effective Date.

How Are Your Years Of Service Calculated?

Future Service Credit is the period of employment with a Participating Employer in a job classification covered by a collective bargaining agreement with a Participating Union between your Effective Date and the date you terminate covered employment. Future Service Credit is based on the regular time hours you work, according to the following schedule:

Full Time Participants	Part Time Participants	Future Service Credit
1600 hours or more	800 hours or more	1 year
1200 to 1599 hours	600 to 799 hours	3/4 year
800 to 1199 hours	400 to 599 hours	1/2 year
400 to 799 hours	200 to 399 hours	1/4 year
under 400 hours	under 200 hours	None

How Are Benefits Calculated?

Your years of benefit service are multiplied by the applicable benefit level. For example, Mr. Johnson has 10 years of full time benefit service and the benefit level from his employer is \$16.75.

FT Service 10.00 × \$16.75 Benefit Level = \$167.50 per month at Normal Retirement Age.

What Types of Pensions Are Available under The Plan?

Type of Benefit	Age And Service Requirements
Normal Retirement	Age 65 and at least 5 years of Benefit Service
Early Retirement (Non Reduced)	Age 60 and at least 10 years of Benefit Service
Early Retirement (Reduced)	Age 55 and at least 15 years of Benefit Service. Reduced from Age 60
Disability Retirement	Any age and at least 10 years of Benefit Service. Must have Social Security Disability Award and the disability must have begun prior to termination of covered employment
Deferred Vested Pension	Age 65 and at least 10 years of Vesting Service at termination, or 5 years Vesting Service if actively working after 1/1/99
Early Deferred Vested	Age 55 and at least 15 years Benefit Service. Reduced from Age 60
Death Benefit (Does not apply to Deferred Vested Pensions or Giant Food Pharmacy workers). Effective April 28, 2010 the Death Benefit is paid as a monthly annuity equal to the deceased pensioner's life annuity amount until the Death Benefit amount has been paid in full.	Majority Benefit Service FT — \$2,500 Majority Benefit Service PT — \$1,500
Pre-Retirement Surviving Spouse's Pension	At least 10 years Vesting Service, or 5 years Vesting Service if actively working after 1/1/99. Pension begins when Participant would have attained earliest retirement age.
Joint & Survivor Pension	Percentage of pension continues to spouse after death of Participant,
Five Year Certain	60 pension payments guaranteed

Different Forms of Pension Benefit for Retirees

Under the UFCW Unions and Participating Employers Pension Fund, you may elect to receive your pension in one of the following benefit forms:

- 50% Joint and Survivor Pension (if married) – If you are married at the time of your retirement and for at least one year as of your date of death, your monthly pension benefit under this form is automatically reduced so that half of that reduced monthly pension is payable to your spouse after your death. The amount of the reduction depends on your age and the age of your spouse at the time you retire.
- 66²/₃% Joint and Survivor Pension (if married) – Your pension will be actuarially reduced so that 66²/₃% of the pension amount you were receiving can continue to your spouse after your death.
- 75% Joint and Survivor Pension (if married) – Your pension amount will be actuarially reduced so that 75% of the pension amount you were receiving can continue to your spouse after your death.
- 100% Joint and Survivor Pension (if married) – Your pension is reduced so that your spouse can receive the same amount you were receiving before your death.
 - You do not need your spouse's consent to choose one of these other forms of the Joint and Survivor Pension (the 50% Joint and Survivor Pension is the automatic benefit form if you are married, unless waived through a signed and notarized form).
- If you elect to receive your pension in any Joint and Survivor Pension form and your spouse dies before you, your pension benefit will not increase and no further benefits will be payable on your behalf after your death.
- You can also choose the Single Life Annuity benefit form if you and your spouse waive these Joint and Survivor Options within 90 days before the date your benefits are scheduled to start.
- **Waiver must be signed and notarized by both you and your spouse on the form provided by the Fund Office, and return statement to the Fund Office before your pension begins.**
- Lump Sum Pension Benefit – If the current value of your pension is \$5,000 or less when you retire, you will receive your benefit in a single lump sum payment. No other forms of benefit are available under the Plan.
- Single Annuity with Five Year Certain Benefit – Under this form, you receive a monthly benefit over the course of your lifetime. If you die before receiving 60 monthly payments (five years), the unpaid part of those 60 payments will be paid to your beneficiary as a monthly payment. You do not have to be married; the beneficiary can be any person you designated.

Plan Y And Y20 Participants: You Must Use LabCorp or Quest When Lab Work Is Needed

Plan Y and Y20 participants **must** use Lab Corporation ("LabCorp") or Quest Diagnostic Patient Service Centers ("Quest") in order for laboratory services to be covered under the Fund. LabCorp and Quest are participating providers in the CareFirst PPO network.

Inform Your Doctor

Be sure your doctor knows before the lab work is performed that you will be covered for lab work only if the bill comes to the Fund directly from a LabCorp or Quest facility. Even if your doctor has a contract with LabCorp or Quest to perform lab work in his/her office, tell him/her that only lab work performed at a LabCorp or Quest 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 or Quest facilities, log on to their websites or call them:

- www.labcorp.com or with their patient customer service (800) 845-6167, or
- www.questdiagnostics.com or by telephone at (800) 377-8448



ValueOptions Name Change Not In Effect Yet

The March 2015 **For Your Benefit** newsletter reported that ValueOptions changed its name to Beacon Health Options. However, the name change has not yet been made official and the company will continue to be called ValueOptions for the coming months.

Remember, ValueOptions reviews your treatment plan while you use your mental health and substance abuse benefit to make sure your care is medically necessary and appropriate. Services are completely confidential. No one has access to your clinical medical records without your written permission unless access is required by law.

Access to the ValueOptions panel of therapists is available by calling the ValueOptions' 24-hours, 7-days-a-week referral service at (800) 454-8329. Referrals are available for both emergency/hospital care and for non-emergency/outpatient referrals. In an emergency, you or your therapist must call ValueOptions within 24 hours after admission to the hospital.

Coping With Jet Lag



Every day, millions of travelers struggle against one of the most common sleep disorders—jet lag. For years, jet lag was considered merely a state of mind. Now, studies have shown that the condition results from an imbalance in the body's natural biological clock caused by traveling to different time zones.

Bodies work on a 24-hour cycle called circadian rhythms. These rhythms are measured by the distinct rise and fall of body temperature, blood levels of certain hormones and other biological conditions. All of these are influenced by our exposure to sunlight and help determine when we sleep and when we wake.

When traveling to a new time zone, circadian rhythms are slow to adjust and remain on their original biological schedule for several days. This results in our bodies telling us it is time to sleep, when it's actually the middle of the afternoon, or it makes us want to stay awake when it is late at night. This experience is known as jet lag.

Minimizing the effects

Some adjustments before, during and after arrival at your destination can help minimize some of the side effects of jet lag:

- Select a flight that allows early evening arrival and stay up until 10 p.m. local time. If you must sleep during the day, take a short nap in the early afternoon, but no longer than 2 hours. Set an alarm to be sure not to sleep too long.
- Anticipate the time change for trips by getting up and going to bed earlier several days prior to an eastward trip or later for a westward trip.
- Upon boarding the plane, change your watch to the destination time zone.
- Avoid alcohol or caffeine at least 3 to 4 hours before bedtime. Both act as “stimulants” and prevent sleep.
- Upon arrival at a destination, avoid heavy meals (a snack—but not chocolate—is OK).
- Avoid heavy exercise close to bedtime. Light exercise earlier in the day is fine.
- Bring earplugs and blindfolds to help dampen noise and block out unwanted light while sleeping.
- Try to get outside in the sunlight whenever possible. Daylight is a powerful stimulant for regulating the biological clock.

The above article was provided by ValueOptions, 2015 Achieve Solutions website. The above information is for informational purposes only and should not be treated as medical, psychiatric, psychological or behavioral health care advice.

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