

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

June 2016 Vol. 32, No. 2

www.associated-admin.com

Material Modifications

Local 400 Participants: Legal Services Will Be Provided By Akman & Associates, P.C. – Effective July 1, 2016

The Board of Trustees has changed the legal fund provider for Local 400 participants **effective July 1, 2016** to Akman and Associates, P.C. Akman has served the Local 27 participants covered under the Legal Fund for decades, so the firm is very familiar with the Fund's level of benefits. Below are the new office locations and contact numbers.

Please insert this Summary of Material Modifications into your Legal Benefits Fund plan booklet. Effective July 1, 2016, all references to Ades and Associates are hereby removed from the Summary Plan Description.

New Offices and Locations:

Landover, Maryland: 8400 Corporate Drive Suite 230 Landover, MD 20785 Phone Number: 301-241-2300 Fax: 240-714-3600	Alexandria, Virginia: 2560 Huntington Avenue Suite 202 Alexandria, VA 22303 Phone Number: 703-347-7180 Fax: 703-347-7104	Washington, D.C.: 20 F Street, NW 7th Floor Washington, D.C. 20001 Phone Number: 202-507-6256 Fax: 202-507-6101
--	--	---



Privacy Statement Available Upon Request

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

The Revised Notice of Privacy Practices that appeared in the December 2013 **For Your Benefit** newsletter describes these rules. If you would like another copy of the

"Statement of Privacy Practices," log onto www.associated-admin.com and click on the words "Your Benefits," located at the left side of the screen. Select UFCW Unions and PE Health and Welfare Fund and print the Statement of Privacy Notice, 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



This issue—

Local 400 Participants: Legal Services Will Be Provided By Akman & Associates, P.C. – Effective July 1, 2016	1
Privacy Statement Available Upon Request	1
Shoppers: Retiree Coverage Change ...	2
Open Enrollment: Which One Is Which?	2
Plan Y Part Timers: Open Enrollment for Dependent Coverage Is July 1 – July 31	3
Eligibility Ends for Your Spouse upon Divorce or Legal Separation.	4
Physical Therapy Must Be Certified through Conifer Health Solutions	4
Newborns' and Mothers' Health Protection Act Provides Minimum Hospital Stay.....	4
Steps to Follow When Filing Medical Claims.	5
Before Accepting a Workers' Compensation Settlement, Be Sure You Understand It	6
Health Corner: Pay It Forward for a Better You	7

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.

Shoppers: Retiree Coverage Change

Effective January 1, 2016. If: (a) you retire before age 65 and you were, or would have been, eligible for retiree coverage under the UFCW Unions and Participating Employers Health and Welfare Plan or the SuperValu Retiree Benefit Plan (collectively, the Health Plans) based on the applicable Health Plan's eligibility rules in effect as of December 31, 2015; and (b) the collective bargaining agreement applicable to you provides for the following benefit, then you will receive, effective as of the later of January 1, 2016 or the date you lose eligibility for Health Plan coverage, a Social Security Supplemental Benefit of \$450 per month from the UFCW Unions and Participating Employers Pension Fund. You will continue to receive this benefit until the first of the month immediately before, or on the date of, your 65th birthday, provided your former Employer continues to make the contributions required under its Collective Bargaining Agreement to fund this benefit.

If you are married when you die and you were receiving the above-described Supplemental Benefits, your Spouse will receive a monthly death benefit payment of \$300, effective as of the later of January 1, 2016 or the first month after your death, and continuing until the first of the month immediately before, or on the date, you would have reached age 65, provided your former Employer continues to make the contributions required under its Collective Bargaining Agreement to fund this benefit.



Open Enrollment: Which One Is Which?

Often in this **For Your Benefit** newsletter, you will see articles discussing open enrollment. There are various open enrollments and they occur at different times of the year for different purposes. The chart below helps explain this.

Type of Open Enrollment	When It Occurs	When Coverage Begins
Opportunity for Plans JSS2, Y and Y20 participants to choose between Fund medical or Kaiser Permanente for their medical coverage.	March 15 – May 16	June 1
Open enrollment for adding/changing dependent (“family”) coverage for Plan Y part time participants.	January 1 – 31 and July 1 – July 31	March 1 and September 1
Opportunity for Shoppers employees in Plans Y, Y20, Y30 and JSS2 to enroll or to drop health benefits (any/all benefits including weekly disability, dental, optical, etc.) through the Fund	November 1 – November 30	January 1
Open enrollment for Plans RNK1, RNK2 and RNK3 (Kroger Roanoke Plans) to select coverage.	November 1 – November 30	January 1



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, 2017, 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.



Eligibility Ends for Your Spouse upon Divorce or Legal Separation

Your spouse will not be eligible to receive coverage under the Fund if you become divorced or legally separated. If you and your spouse are physically separated, but not legally separated, your spouse may remain a dependent until the earlier of three years from the date of physical separation or the date of divorce or legal separation. Please notify the Fund office immediately if your spouse is covered under the Plan and you have become divorced, legally separated or physically separated from your spouse. If you do not notify the Fund and the Fund continues to pay benefits to your spouse after the date of divorce or legal separation, or after three years of physical separation, you and your spouse/former spouse will be responsible for paying such amounts back to the Fund.

Physical Therapy Must Be Certified through Conifer Health Solutions

The Fund Office covers the cost of physical therapy under your Medical benefit up to the approved number of visits, if the physical therapy is **medically necessary**. The Fund's provider, Conifer Health Solutions, will determine how many treatments are necessary.

You or your physical therapist must submit a treatment plan to Conifer before you start so that Conifer can make a determination of medical necessity before you incur any expenses.

Contact Conifer Health Solutions ("Conifer") at (866) 290-8147.

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 contact Conifer and obtain another medical necessity determination.

Example

Let's say you hurt your back and, after Conifer 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 Conifer 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 Conifer.



Newborns' and Mothers' Health Protection Act Provides Minimum Hospital Stay

In accordance with the Newborns' & Mothers' Health Protection Act of 1996, the Fund provides coverage for mothers and newborns to remain in the hospital after birth for a minimum of 48 hours for a normal, vaginal delivery and a minimum of 96 hours for a cesarean delivery. The Fund cannot and does not require that providers obtain authorization for prescribing a length of stay not in excess of the above period of time.



Steps to Follow When Filing Medical Claims

Medical claims must be filed within 180 days from the date of service. If a claim is not filed within that time period, benefits will be denied. You have 45 days from the post mark date on a request from the Fund Office for additional information to return the information to the Fund Office.

When You File a Claim

1. Present your UFCW Unions and Participating Employers Health and Welfare Fund identification card when seeking service from a medical facility or physician.
2. The facility or physician may submit a bill directly to the Fund when you sign the "Assignment to Pay Benefits to a Provider" section on your claim form. This allows the Fund to pay the fee for covered services directly to the facility or physician.
3. You must either submit an itemized bill or file a claim (using a claim form) in order to be eligible for benefits.
4. If your physician or facility has not billed the Fund directly, you must submit an itemized bill or file a claim for benefits (using a claim form) with the Fund Office. Bills must be fully itemized and on the letterhead stationery of the provider of service. Bills must show the participant's name and alternate ID number; type of service, diagnosis, date(s) of service, and charge per service. Cancelled checks, cash register receipts, and personal itemizations are not acceptable.
5. If bills are submitted for more than one family member at a time, a separate itemized bill must be submitted for each individual.
6. The fact that a claim for benefits from a source other than the Fund has been filed or is pending does not excuse these claims filing requirements. Further, lack of knowledge of coverage does not excuse these requirements.
7. If you receive hospital care in a Veterans', Marine, or other federal hospital or elsewhere at government (federal, state, or municipal) expense, no benefits are provided under this Plan. However, to the extent required by law, the Fund will reimburse the VA Hospital for care of a non-service related disability if the Fund would normally cover charges for such care and if the claim is properly filed within the appropriate Fund time periods.
8. The Fund reserves the right and opportunity to examine the person whose injury or sickness is the basis of a claim as often as it may reasonably require during pendency of the claim.
9. You will receive an Explanation of Benefits ("EOB") from the Fund when your claim is processed. Please keep the EOB and refer to it when you have questions regarding your claim and how it was processed.
10. Keep copies of all submitted bills for your records. Original bills will not be returned.
11. Benefit payments will be sent directly to the provider unless they are unassigned and there is evidence of your payment on the bill.



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

This article applies to all participants other than those covered by the Richmond/Tidewater Plan.

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. If appropriate, you should file a claim for Weekly Disability with the Fund Office at the same time that you file with your employer's Workers Compensation carrier. However, the Fund will not approve your work-related claims 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. Notifying the Fund Office of Workers' Compensation helps ensure you do not incur an overpayment or lose eligibility for benefits.



Pay It Forward for a Better You

The expression “pay it forward” is a common one, but what does it mean? And does it really work? If you want to make a positive change in your life it just might be this simple—think about what would make you smile, and then do that very thing for someone else.

Right Where You Need To Be

You are most likely right where you need to be in order to help others and yourself. Take a look at those in your immediate circle: family, co-workers, neighbors and friends. Pay attention to what they need and how you can make their life a little brighter. Take the time to help your elderly neighbors take shopping bags into their house. Offer to bring in a coffee for a co-worker who is having a rough time. Reach out to your mom and tell her you love her.

Most people want to be reassured in life. You can extend small amounts of kindness to strangers by slowing down at a crosswalk, opening the door to a building or just saying hello. As simple as these gestures sound, it shows people that they matter. It might be just enough to change the course of someone’s day. And that someone could be you. It feels good to hear a “thank you” or a “hello” back.

A Little Gratitude Goes a Long Way

Depending on your interests, you might have people you have looked up to over the years. This could be a favorite teacher or writer, your high school coach or a local shop owner. People love to hear how they have touched others’ lives. There are so many ways to contact people. Reach out to them via social media, regular mail, a phone call or an in-person visit, just to

let them know how much their influence has meant to you. Think about how great it would feel to get a handwritten note or invitation to lunch from someone you influenced in the past.

Volunteers Wanted

If you are interested in donating your time, there are charities all around you that would gladly take your help. Check the United Way and VolunteerMatch for a list of interesting ideas. Even if you can’t donate your time, you can give to organizations that take clothing and household items to promote charities like animal welfare and independence for those with disabilities. If you are getting a new piece of furniture or your child has outgrown her tricycle, find another local family who could use it. Websites like Freecycle can help you to find people within your community. You can also reach out to your local schools, churches, non-profit thrift stores and civic league.

Don’t Forget about You

Remember to treat yourself, too. A little self-compassion can go a long way. Make note of negative thoughts and feelings that you internalize and let them go. Accept that you are flawed, like all humans. It’s OK to make mistakes. Smile at yourself in the mirror and treat yourself like you would like to be treated by others.

Sometimes it’s hard to find the time or energy to make a positive change. But there are many small strides you can make to pay it forward to friends, family, your community and even yourself. Letting your positivity radiate throughout your daily life will enrich your being. *Let yourself shine.*

The above article was obtained with permission from Beacon Health Options. This information is general and not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition.

UFCW Unions and Participating Employers
Health and Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

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