

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2018 Vol. 34, No. 4

[www.associated-admin.com](http://www.associated-admin.com)

## Shoppers Open Enrollment for Health and Welfare Coverage Is Now through December 21

Now through December 21, 2018 is open enrollment to choose health and welfare coverage through the Fund effective January 1, 2019 and continuing (assuming you remain eligible) through December 31, 2019.

If you don't currently have health coverage through the Fund, this is your opportunity to enroll. If you do have coverage, this is your chance to add dependents or to drop coverage. If you are already enrolled and don't want to make any changes to your coverage, don't do anything.

### Open Enrollment Letter

You should have received an open enrollment letter, along with payroll deduction and enrollment forms, from the Fund Office. If you are already enrolled and want to change coverage levels (from single coverage to husband/wife, for example) or to drop coverage completely, note the change on the payroll deduction form and complete the enrollment form and return both to the Fund Office. To drop coverage, contact the Fund Office **by December 21st – very important!**

**If you aren't making a change, there is no need to return the form(s). You will remain in your current coverage.**

**If you are changing your coverage or enrolling for the first time, the Fund Office must receive both the enrollment form and payroll deduction form.**

This is what tells us to change your payroll deduction and set up your new coverage level. If you are eligible to add your dependent spouse, the spousal surcharge form must also be returned. **All forms must be returned by December 21 for coverage to begin as of January 1, 2019.**

### What Is The Cost? Note That All Costs Are Payable Via Payroll Deduction

#### Plan JSS2 Participants – Full Time and Part Time

- Individual coverage - \$5 per week
- Participant plus one dependent - \$10 per week
- Family coverage - \$15 per week
- An additional spousal surcharge - \$20 per week. See description below.

#### Plans Y and Y20 Full Time Participants

- Individual coverage - \$5 per week
- Participant plus one dependent - \$10 per week
- Family coverage - \$15 per week



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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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- An additional spousal surcharge - \$20 per week. See description below.

### **Plan Y30 Full Time Participants**

- Individual coverage - \$10 per week
- Participant plus child/ren - \$15 per week
- Participant plus spouse - \$20 per week
- Family coverage - \$25 per week
- An additional spousal surcharge - \$20 per week. See description below.

### **Plan Y Part Time Participants – Individual Only Coverage**

If you are a part time participant and you would like to enroll yourself for coverage, the cost that must be deducted from your payroll for individual only coverage is \$5 per week.

### **Plan Y Part Time Participants - Dependent Coverage**

- If you are a **Local 400 Plan Y part time participant hired after September 4, 1996** or a **Local 27 Plan Y part time participant hired after May 27, 1997** and you elect dependent coverage, you must pay part of the cost for dependent coverage. Your employer pays 80% of the cost and the participant pays 20% (via payroll deduction with your employer). Contact your employer to see how much the payroll deduction will be. In addition, a \$20 per week spousal surcharge may apply (see section below).
- If you are a **Local 27 Plan Y part time participant hired on or before May 27, 1997** and you elect dependent coverage, the following cost for such dependent coverage must be deducted from your payroll:
  - \$10 per week for the participant plus one dependent,
  - \$15 per week for family coverage,
  - Plus an additional \$20 per week spousal surcharge may apply (see section below).

### **Plans Y20 and Y30 Part Time Participants – Dependent Child Coverage**

Plans Y20 and Y30 part time participants are eligible to add dependent children, but pay the full cost of the coverage.

### **Plan Y20 Part Time Participants – Dependent Child Coverage**

If you are a part time participant and you elect dependent child coverage, the following cost for such dependent child coverage must be deducted from your payroll:

- \$5 per week for the participant plus \$137.57 per month for one dependent child,
- \$5 per week for the participant plus \$275.14 per month for two dependent children, and
- \$5 per week for the participant plus \$412.71 per month for three or more dependent children.

Your Individual \$5.00 weekly co-payment will still apply. The dependent co-payment rates are in addition to the \$5.00 weekly rate. Spouses of **part time** participants in Plan Y20 are not eligible for coverage.

### **Plan Y30 Part Time Participants – Dependent Child Coverage**

The cost for coverage that must be deducted from your payroll is:

- \$10 per week for individual only coverage,
- \$10 per week for individual coverage plus \$135.12 per month for coverage of one dependent child,
- \$10 per week for individual coverage plus \$270.24 per month for coverage of two dependent children, and
- \$10 per week for individual coverage plus \$405.36 per month for coverage of three or more dependent children.

Spouses of part time participants in Plan Y30 are not eligible for coverage. The option to add or drop dependent coverage for children will be offered once a year.

**The above rates for part time dependent children are current at this time. However, when the 2019 rates are determined, you will be notified and, if the cost of coverage for dependent children increases significantly, as determined in the sole discretion of the Fund's Trustees, you will have the opportunity to keep or drop coverage for your children at that time.**

### **Spousal Surcharge -- Full and Part Time Participants**

Full time participants in Plans Y, Y20 and Y30 must pay an additional \$20 per week deduction to add coverage for their spouse if one of the following conditions is applicable to you (note: the spousal surcharge does not apply if your spouse also is a participant in the Plan, rather than a dependent):

1. You have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer, but elects not to enroll, or
2. Your spouse is enrolled in his/her employer's coverage and your spouse also elects Fund coverage on a secondary basis. In this case, the **non-duplication coordination of benefits rules apply**. Any secondary benefit payment will be determined by calculating the primary payment, subtracting it from what the Fund's payment would have been, and paying the remaining amount, if any. For example, if your 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.

If you are in this category, a Spousal Surcharge form will be included with your open enrollment packet. It must be completed and signed in order to add your spouse.

# Kaiser Medicare Retirees in DC and Many Maryland Counties Will Change to a Kaiser “Advantage” Plan on January 1, 2019

Medicare-eligible retirees in the UFCW Unions and Participating Employers Health and Welfare Fund who live in the Maryland and DC areas are currently enrolled in what is called a “Medicare Cost” Plan with Kaiser Permanente. Effective January 1, 2019, retirees (and dependents if applicable) who live in the Maryland area (except those in Calvert, Carroll and Frederick counties) and those who live in the DC area will remain in Kaiser, but the Plan type will change to a **“Medicare Advantage”** plan. Retirees in the Northern Virginia area and the Maryland counties mentioned above will transition to Kaiser Advantage effective January 1, 2020 (Kaiser is building its provider network in the northern Virginia area before making the change for that group).

Basically, the difference between the two types of plans is this: under the current Kaiser Medicare Plan (Medicare Cost), you have the option of NOT using a Kaiser provider and simply sending the bill through Medicare. The Fund does not supplement Medicare’s payment if you choose

to do that, but you can see any provider that accepts Medicare.



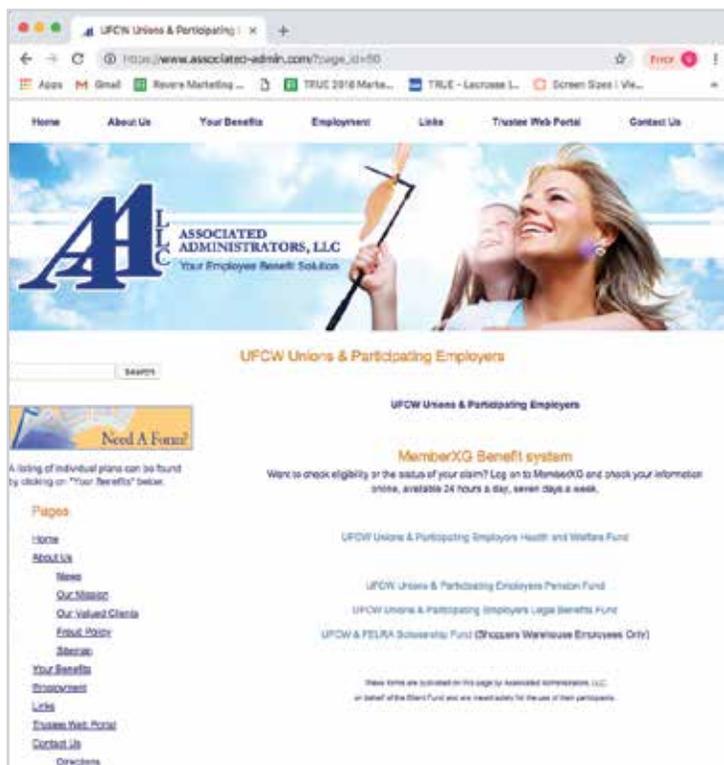
Under a Medicare Advantage plan, which is what you will have starting January 1, 2019, **you must use a Kaiser Medicare provider in order to be covered.** If you don’t see a Kaiser provider but rather a “regular” Medicare provider, the bill will be denied by Medicare and the Fund

will not provide any supplemental payment relating to the service. Kaiser has added a number of individual providers to its service area as well as two new Kaiser Centers to make it more convenient to use Kaiser providers.

***You will automatically be changed over to the new Kaiser Plan.*** Kaiser will be sending mailings directly to you with additional information. There is nothing you have to do -- simply read what is sent and be sure to use a Kaiser Medicare provider starting January 1, 2019 (most Fund retirees already do this).

If you have questions about the change, contact Kaiser Member Services at (888) 777-9909. Helpful information is available online at [KP.ORG/Medicareadvantage2019](http://KP.ORG/Medicareadvantage2019).

# Find Helpful Information and Forms on the Fund Office’s Website



You have the convenience of printing forms, reviewing your benefits, and reading current and former **For Your Benefit** newsletters by logging onto [www.associated-admin.com](http://www.associated-admin.com) (the Fund Office’s website).

## You Can Find Forms For:

- Application for Pension
- Change of Address (Pension)
- Change in Beneficiary
- Coordination of Benefits (“COB”)
- Electronic Funds Transfer (“EFT”)
- Scholarship Preliminary Application
- Pension Tax Withholding Forms (Federal and State)
- Weekly Accident & Sickness (Disability) Claim Form

## Downloading and Printing Forms Is Easy

You can download and print forms at your convenience from your home computer by following these steps:

1. Open the Internet and type [www.associated-admin.com](http://www.associated-admin.com).
2. A webpage will open and you will see the name Associated Administrators, LLC, which is the Fund Office.
3. Click on the words “Your Benefits” which appears at the left side of the page.
4. Click on UFCW Unions and Participating Employers Health and Welfare Fund, Pension Fund, Legal Fund or Scholarship Fund to view the list of forms available to print.

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

911 Ridgebrook Road  
Sparks, Maryland 21152-945  
Telephone: (410) 683-6500  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Ste. 430  
Landover, Maryland 20785-2361  
Telephone: (301) 459-3020  
(800) 638-2972  
[www.associated-admin.com](http://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, 2017 through December 31, 2017. 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 \$67,487 as of December 31, 2017, compared to \$68,590 as of January 01, 2017. During the plan year the plan experienced a decrease in its net assets of \$1,103. 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 \$468,100, including employer contributions of \$467,279, and earnings from investments of \$821.

Plan expenses were \$469,203. These expenses included \$54,350 in administrative expenses, and \$414,853 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 the Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan at 8400 Corporate Drive, Ste. 430, Landover, MD 20785-2361, 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, 8400 Corporate Drive, Ste. 430, Landover, MD 20785-2361) and at the U.S. Department of Labor in Washington, DC, 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, DC 20210.

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

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**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, 2017 through December 31, 2017. 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 Fidelity Security Life Insurance, Group Dental Service Of Maryland, Inc., Kaiser Foundation Health Plan Of The Mid-Atlantic, Colonial Life and Accident Insurance Company, and Metropolitan Life Insurance Company to pay dental, vision, life insurance, HMO, and accidental death & dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2017 were \$2,415,499.

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, 2017, the premiums paid under such "experience-rated" contracts were \$266,915 and the total of all benefit claims paid under these contracts during the plan year was \$180,597.

**Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$5,547,861 as of December 31, 2017, compared to \$3,841,161 as of January 01, 2017. During the plan year the plan experienced an increase in its net assets of \$1,706,700. 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 \$48,221,183, including employer contributions of \$47,583,086, employee contributions of \$532,678, realized losses of (\$19,779) from the sale of assets, earnings from investments of \$102,698, and other income of \$22,500.

Plan expenses were \$46,514,483. These expenses included \$4,322,275 in administrative expenses, and \$42,192,208 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 8400 Corporate Drive, Ste. 430, Landover, MD 20785-2361, 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, 8400 Corporate Drive, Ste. 430, Landover, MD 20785-2361) 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.

# Participants: Shoppers Pharmacies Offer Free Flu Shot with Rx Card

The following article applies to participants in Plans Y, Y20, Y30, and JSS2.

With flu season upon us, it may be a good time to get your flu shot. All actives and retirees in Plans Y, Y20, Y30 and JSS2 with Fund coverage can receive the flu shot at any participating Shoppers pharmacy, at no cost to you, using your OptumRx Prescription ID card.

**If you prefer to get your flu shot from your doctor or don't live near a Shoppers pharmacy, the shot is covered under your medical benefits if the office visit is only to administer the flu shot. If the office visit is for any other medical reason, besides getting the flu shot, the office visit will be covered under your major medical benefit.**



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 after satisfying the annual deductible. Submit your paid receipt to the Fund Office and you will be reimbursed.

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 OptumRx for their prescription benefit may also get a flu shot at a Shoppers pharmacy using their prescription ID card.

## Your Life Insurance

The following article applies to active eligible participants in Plans Y, Y20, Y30, Y40, JS and JSS2.

If you die while covered under the Plan, the amount of your life insurance (a.k.a. life benefit) is payable to the person you have named as your beneficiary.

There are different benefit amounts (see below) depending on your status (full time or part time). A part time participant who has satisfied the initial eligibility requirement and is later promoted to full time will continue to be eligible for the part time life benefit until eligible for full time benefits. A participant is never eligible for both a part time and a full time life benefit.

### Benefits (Participant Only)

<b>Plans Y, Y20 and Y30</b>	Full Time	\$20,000
	Part Time	\$10,000
<b>Plan Y40</b>	Part Time	\$10,000
<b>Plan JS</b>	Full Time	\$5,000
<b>Plan JSS2</b>	Full Time	\$20,000
	Part Time	\$10,000

### Beneficiary

You may name any person you choose to be your beneficiary. You may change the named beneficiary at any time.

1. Contact the Fund Office for an enrollment form or print it from our website [www.associated-admin.com](http://www.associated-admin.com).
2. Complete and sign the form.
3. Return the form to the Fund Office.

Only enrollment forms which are properly completed, signed, and received by the Fund Office prior to a participant's death will be honored.

If the beneficiary you designate dies before you and/or you fail to designate a beneficiary, the life benefits will be paid to the first survivor in the following order:

1. Your spouse
2. Your children
3. Your parents
4. Your brothers and sisters
5. Your estate

If you and your spouse or designated beneficiary die at the same time, or simultaneously as determined by relevant state law, as a result of injuries sustained or resulting from the same accident or event, your spouse or designated beneficiary will be deemed to have pre-deceased you for purposes of this life benefit.



## HEALTH CORNER

### Thriving During the Holidays

Everyone knows that kids tend to get excited and adults tend to get stressed over the holidays. After all, the potential sources of stress are many—family feuds, time crunches, the “perfectionism” syndrome, travel, work, and school schedules, and of course money. But steps can be taken to remove the excess and get down to what most people really want—fun, companionship, and a break from the routine.

- **First, take care of yourself**, because your mood, good or bad, will trickle down to the rest of the family.
- **Accept that the holidays will be busy.** The same things that stressed you out last year will likely appear again.
- **Make a plan.** Jot down what you expect from the holidays and then what you think your family expects.
- **Manage time.** Shop in advance, stock up on goodies, throw out the junk mail. Plan for at least one activity that you'll know you enjoy and be prepared to say no to the things you don't.
- **Cut down on cards and gifts.** Maybe the best gift you can give a friend is to let each other off the present-go-round.
- **Build relaxing time** into every day and know when to go to bed.

#### Prepare your children

Keep a limit on gift giving and receiving when children are

young. If you know you can't buy them that pony or puppy, tell them. Practice with them how to accept a gift graciously.

#### Travel expectations

Expectations for family to all be together can lead to feelings of guilt and pressure, especially when travel is involved.

- **Accept that you can't be everywhere.** Many couples face the dilemma of whose family to visit. If possible, consider visiting one family for one holiday and the other family for another holiday each year.
- **Make travel plans well in advance**, and let your family know of your plans.
- **Pack ahead of time** and allow extra time for traffic or long security lines at the airport.

#### All in the family

Having agreements will avoid a lot of undue stress, and will prevent assumptions, expectations, and misunderstandings ahead of time. Family arguments still erupt over the holidays despite everyone's wish for peace, love, and understanding. Try to let the little things go and focus on a relative's good points. Also, learn to respect other people's choices even if you disagree. Remember, holidays are especially difficult for new relatives and step families. Be prepared to accept new traditions and let others fade away.

*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.*



## 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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