

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2019 Vol. 35, No. 4

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

**Material  
Modifications**

## Changes in Open Enrollment Periods

The Board of Trustees of the UFCW Unions & Participating Employers Health and Welfare Fund (“Fund”) has adopted the following changes and clarifications to the Fund’s Summary Plan Descriptions (“SPDs”) for Plans Y, Y20, Y30, and JSS2. Please keep this document with your SPD.

The following new “Open Enrollment Periods” Subsection is added before the Subsection entitled “Enrollment Form” under the “Employee Eligibility” Section of the SPDs for Plans Y, Y20, Y30, and JSS2:

### Annual Open Enrollment

After you enroll for coverage following your initial eligibility for benefits, or if you do not timely enroll yourself and/or your dependent(s) upon initial eligibility for coverage, you generally must wait until the next applicable Open Enrollment period to enroll or make changes to coverage for yourself and/or your dependent(s), as described below. There is an exception to this rule if you qualify for a special enrollment period, as described in the section entitled “Special Enrollment Provisions” under “Employee Eligibility.”

### Enrolling In Coverage Under the Fund and Adding or Dropping

**Dependents.** The Fund has a single annual Open Enrollment period during which you may enroll in or drop coverage as a participant under the Plan and add or drop coverage for your eligible dependents. This annual Open Enrollment period is from December 1-31 each year, for coverage effective January 1.

### Enrolling In Medical Benefit Coverage Through the Fund’s HMO

**Option.** If you live in the geographic area of the HMO offered by the Fund, there is a separate annual opportunity to choose whether you want to receive your, and your enrolled dependents’ (if any), coverage under an HMO offered by the Fund instead of receiving traditional Fund medical coverage. This period is from March 15 – May 15 for coverage effective June 1 each year. For more information, please refer to the “HMO Option” section of your SPD.

**Other Enrollment Changes.** If you are a part-time participant in Plan Y20 or Y30, you also may drop coverage for your dependent children if the cost for dependent child coverage that must be deducted from your paycheck increases significantly, as determined in the sole discretion of the Fund’s Trustees, provided you timely drop the dependent child coverage by submitting a new enrollment form within 30 days from the date you receive notice of the new rates.



### Summary Annual Report This Issue!

- UFCW Unions and Participating Employers Health and Welfare Fund
- UFCW Unions and Participating Employers Legal Benefits Fund

### This issue—

Changes in Open Enrollment Periods .....	1
Shoppers Open Enrollment for Health and Welfare .....	2
Reconstructive Surgery Following Mastectomy.....	3
Health and Welfare Fund SAR.....	4
Legal Benefits Fund SAR .....	5
Kaiser Medicare Retirees Will Change to Kaiser “Advantage” Plan .....	6
Your Life Insurance .....	6
Take Charge of Your Health .....	7
Services of CRNA or Anesthesiologist Are Covered.....	7
Health Corner: How Does a Person Know If They Have a Hearing Loss?.....	8

*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 Open Enrollment for Health and Welfare Coverage Is Now through December 31

Now through December 31, 2019 is open enrollment to choose health and welfare coverage through the Fund effective January 1, 2020 and continuing (assuming you remain eligible) through December 31, 2020.

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/drop 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.

## Not Enrolled

If you are not currently enrolled in Fund health and welfare coverage, you were sent a letter, enrollment form, payroll deduction form and, if applicable, a spousal surcharge form.

## If You Are Currently Enrolled

If you are already enrolled and want to change coverage levels (from single coverage to husband/wife, for example) or to drop coverage completely, call the Fund Office by December 31, 2019. If you are not making changes, **don't do anything.**

***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 by December 31, 2019 for coverage and payroll deductions to begin as of January 1, 2020.***

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



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

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

### 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 20% of the monthly cost of the coverage (your employer pays 80% of the cost). The 20% cost is deducted from your weekly payroll – your employer can tell you the exact amount per week. 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 is:

- \$5 per week for the participant plus \$159.15 per month for one dependent child,
- \$5 per week for the participant plus \$318.30 per month for two dependent children, and
- \$5 per week for the participant plus \$477.45 per month for three or more dependent children.

These amounts will be deducted from your payroll. As noted above, the Individual \$5.00 weekly co-payment for your own coverage still applies. 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 \$156.29 per month for coverage of one dependent child,

- \$10 per week for individual coverage plus \$312.58 per month for coverage of two dependent children, and
- \$10 per week for individual coverage plus \$468.87 per month for coverage of three or more dependent children.

Spouses of **part time** participants in Plan Y30 are not eligible for coverage.

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

Full time participants in Plans Y, Y20, Y30, and JSS2 must pay an additional \$20 per week deduction to add coverage for their spouse if:

(a) your spouse is eligible for coverage through his/her employer, but elects not to enroll, or

(b) your spouse is enrolled in his/her employer's coverage and 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 was included with your open enrollment packet. It must be completed and signed in order to add your spouse.

Note: the spousal surcharge does not apply if your spouse also is a **participant** in the Plan, rather than a dependent.

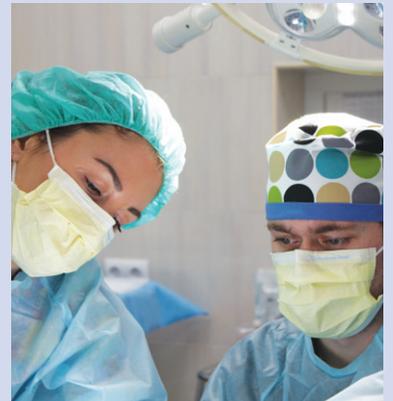
## Reconstructive Surgery Following Mastectomy

*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](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 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, 2018 through December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, 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 and Metropolitan Life Insurance Company 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, 2018 were \$1,548,882.

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, 2018, the premiums paid under such "experience-rated" contracts were \$261,955 and the total of all benefit claims paid under these contracts during the plan year was \$157,130.

#### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$10,738,260 as of December 31, 2018, compared to \$5,547,861 as of January 01, 2018. During the plan year the plan experienced an increase in its net assets of \$5,190,399. 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 \$26,506,133, including employer contributions of \$26,063,706, employee contributions of \$269,781, realized losses of (\$23,280) from the sale of assets, earnings from investments of \$173,380, and other income of \$22,546.

Plan expenses were \$21,315,734. These expenses included \$1,766,020 in administrative expenses, and \$19,549,714 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 and 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 N-1513, 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](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, 2018 through December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, 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 \$54,916 as of December 31, 2018, compared to \$67,487 as of January 01, 2018. During the plan year the plan experienced a decrease in its net assets of \$12,571. 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 \$409,225, including employer contributions of \$407,652, and earnings from investments of \$1,573.

Plan expenses were \$421,796. These expenses included \$61,348 in administrative expenses, and \$360,448 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 and 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 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, 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

# Kaiser Medicare Retirees in Northern Virginia and Three Additional Maryland Counties Will Change to Kaiser “Advantage” Plan on January 1, 2020

Medicare-eligible retirees in the UFCW Unions and Participating Employers Health and Welfare Fund who live in Northern VA or Calvert, Carroll or Frederick counties in Maryland are currently enrolled in what is called a “Medicare Cost” Plan with Kaiser Permanente. Effective January 1, 2020, those retirees (and dependents, if applicable) will remain in Kaiser Permanente, but the Plan type will change to a “**Medicare Advantage**” Plan. Medicare-eligible retirees living in other Maryland counties or in DC are already enrolled in the Kaiser Permanente Medicare Advantage Plan.

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, you **must use a Kaiser Medicare provider in order to be covered**. If you don’t use a Kaiser provider, the bill will be denied by Medicare and the Fund will not cover any portion of the service.

**You will automatically be changed over to the new Kaiser Plan.** You should have received a mailing from Kaiser with additional information. Except for a small group that had to complete a new enrollment form, the whole change was automatic. Be sure to see a Kaiser Medicare provider starting January 1, 2020.

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).

---

## Legal Benefits Are Available to All Shoppers Participants

All Shoppers participants have legal benefits available at no cost, even if they don’t enroll for Health & Welfare benefits through the Fund. The available legal benefits include preparation of simple wills at no charge to you – something many people overlook. While it may not seem important now, having a will makes things easier for your family and loved ones. You should have received a Legal Summary Plan Description (“SPD”) booklet which outlines the benefits. Call the Fund Office if you need this SPD.



### Life Insurance Also Available If You Enroll

Shoppers participants are also eligible for a life insurance

benefit through the Fund **if you send in a completed beneficiary enrollment form**. We require that information before we can enroll you in the life insurance benefit through MetLife (the Fund’s life insurance provider).

### Weekly Disability, Dental and Optical Also Available

Your Plans include Weekly Disability benefits (also called “Accident & Sickness” or “Sick Pay” benefits). These are a source of income while you are not able to work, but to receive the benefits, you **must enroll** for Fund coverage. If you are a participant in Plan Y40, the benefits are at no cost to you; you only have to return the Plan Y40 enrollment form you received recently.

**You have until December 31, 2019 to return the enrollment form for 2020 benefits. If you need another form, call the Fund Office at (800) 638-2972 and we’ll send one to you.**

# Take Charge of Your Health

Lead a healthier life with the Conifer Health Solutions Personal Health Management program provided to you — for no additional cost — by the UFCW Unions and Participating Employers Health and Welfare Fund.

The Fund provides Personal Health Management services to eligible Plan participants and their eligible dependents through Conifer Health Solutions. Personal Health Management is a program in which a nurse can work with you and members of your healthcare team to help facilitate high-quality care to improve and maintain your health. One nurse — your personal health nurse — is dedicated to helping you manage your daily health and is available to help you or your eligible dependents during times of acute illness.

**CONIFER Health Solutions** | *Personal Health Nurse*  
1-800-459-2110, Ext. 2587

## Can Personal Health Management Support Make A Difference in My Life?

Personal Health Management is a free, confidential program that empowers you to become informed and proactive about leading a healthier life. Whether you are chronically ill, suffering from complex medical conditions or experiencing an acute illness, navigating the evolving healthcare system can be challenging. The Personal Health Management program offers one-on-one support by collaborating with you and your healthcare providers to develop your customized care plan. Our goal is to provide the peace of mind you need to start focusing on the right things, like improving and maintaining your health.

## How Does the Personal Health Management Program Work?

An experienced nurse employed by Conifer Health

reviews your health information and determines if you, or a dependent, could benefit from Personal Health Management support. If you qualify for the program, a nurse will call you to provide you with key information about the program and to discuss your healthcare needs. If you choose to enroll in the program, the nurse becomes your personal health nurse and serves as your healthcare advocate — helping you live a healthier life through personalized, convenient support. Additionally, if you feel that you qualify for the Personal Health Management program, you may contact your personal health nurse directly.

## Why Should I Trust Conifer Health?

Conifer Health serves many thousands of health plan members through its unique and holistic approach to personal health management. Throughout the personal health management program, your medical information is handled by Conifer Health in a confidential and professional manner and Conifer Health will not share it with your employer or anyone else without your consent. Conifer Health's clinical team comprises full-time nurses who are credentialed and certified through state laws and professional groups, and its clinical guidelines are regularly reviewed by nationally-recognized practicing physicians. In addition, the Conifer Health Personal Health Management operation is accredited by a national quality organization.

## Promoting Community Resources

Conifer Health's goal is to help you find the best care possible within the options offered through your health plan. In addition, your personal health nurse will advocate for your health needs by working with you and your family members to identify community resources to further support your goals for healthy living.

## Services of CRNA or Anesthesiologist Are Covered – But Not Both

*The following article applies to non-Medicare participants who have Fund medical coverage, not HMO coverage.*

The Fund will cover the services of a Certified Registered Nurse Anesthetist (“CRNA”) or an anesthesiologist, **but not both for the same procedure.**

What's the difference? A CRNA is a registered nurse who is qualified to administer anesthesia. An anesthesiologist is a medical doctor (“MD”) who specializes in administering anesthesia.

**If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA.** Services of a CRNA are only covered if an anesthesiologist has not billed the Fund for the same procedure.

It is a good idea to go over this with your doctor beforehand.



# How Does A Person Know If They Have A Hearing Loss?

This short checklist will help you determine whether you are experiencing specific hearing problems. Take your time to answer the questions, perhaps together with a close family member who might have commented on your hearing ability.

Answers will be YES or NO.

### Questions

1. When watching television with others, do you need to set the volume higher than they would to hear what is being said?
2. Do you often find you need to ask people to repeat what they have said?
3. Do you often have trouble understanding a conversation when there is background noise or other people are talking at the same time?
4. Have family members, colleagues, or friends asked you if you have a hearing problem?
5. During conversations in a car, restaurant or another noisy place, do you often misunderstand what is being said?
6. Do you feel stressed or tired when you have had to talk or listen for extended periods?
7. Do you need to sit close to the speakers at meetings, religious services, or at the dinner table in order to understand?
8. Do you often experience problems hearing and understanding what other people are saying when you do not have eye contact?
9. Do you often find it hard to localize the source of sounds?

*The above article was provided by Group Vision Service.*