

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2020 Vol. 36, No. 4

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

## Shoppers Open Enrollment for Health and Welfare Coverage Is Now through December 30

Now through December 30, 2020 is open enrollment to choose health and welfare coverage through the Fund effective January 1, 2021 and continuing (assuming you remain eligible) through December 31, 2021.

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 30, 2020. 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 30 for coverage to begin as of January 1, 2021.**

### What Is The Cost? Note: 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

*Continued on Page 6*



### Summary Annual Report This Issue!

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

#### *This issue—*

Shoppers Open Enrollment for Health and Welfare Coverage Is Now through December 30 . . . . 1

Shoppers (Local 400) Employees: Apply Now for the 2021 Annual Scholarship Award . . . . . 2

Notice of Creditable Coverage Regarding Your Prescription Drug Benefit . . . . . 7

2021 Annual Scholarship Preliminary Application . . . . . 3

Health and Welfare SAR . . . . . 4

Legal Benefits Fund SAR . . . . . 5

Availability of Pension Estimate . . . . 7

Be Wary of Offers for Additional/ Supplemental Coverage! . . . . . 7

Reconstructive Surgery Following Mastectomy . . . . . 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 (Local 400) Employees: Apply Now for the 2021 Annual Scholarship Award

*The following article applies to eligible participants who are employed by Shoppers Food Warehouse and are members of Local 400, and their dependents. Employees/Dependents of Shoppers locations which were formerly Metro stores are not eligible for the scholarship benefit.*

The Health & Welfare Fund is awarding scholarships to a select number of participants and/or their dependents. Please complete the preliminary application on page three and mail it to the Fund Office postmarked by December 31, 2020. You may also print the form by logging onto [www.associated-admin.com](http://www.associated-admin.com). Click on “Your Benefits,” located at the left side of the page, and select “UFCW & FELRA Scholarship Fund.” Under “Downloads,” you can print the “2021 Preliminary Scholarship Application.” Late applications will not be accepted.

## Key points to remember:

- Only those who are currently employed by Shoppers Food Warehouse and members of Local 400, and their dependents, are eligible. The participant must still be employed by Shoppers Food Warehouse and a member of Local 400 at the time the scholarship is awarded.

- The participant must have at least one uninterrupted Year of Service as of December 31, 2020 and be actively employed.
- On December 31, 2020, dependent child applicants must be under the age of 24, unmarried, and a dependent of the participant for federal income tax purposes.
- If your dependent does not have medical coverage through the Fund Office, please include a copy of a marriage certificate (if spouse), or birth certificate or custody order (if child) with the dependent’s preliminary application.

If the above requirements are met and eligibility is verified, a formal application form will be mailed to the applicant in January 2021.

See Page 3 for Application



## Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

*The following Notice of Creditable Coverage applies to Medicare-eligible participants, retirees and dependent spouses.*



Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) and about your options under Medicare’s prescription drug coverage. This information can help you

decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans

offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The UFCW Unions and Participating Employers Health

*Continued on Page 7*

**United Food and Commercial Workers  
and Food Employers Labor Relations Association  
Scholarship Program**

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (410) 683-6500  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

*A Program of the  
FELRA and UFCW  
VEBA Fund*

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (301) 459-3020  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

**2021 Annual Scholarship Preliminary Application**

***Attention: Employees of Shoppers Food Warehouse (Local 400 Members Only)***

If you work for Shoppers Food Warehouse and are a member of Local 400, under the provisions of your employer's collective bargaining agreement, you and your dependents may be eligible to apply for a scholarship from the UFCW and FELRA Scholarship Program.

The Scholarship Program expects to award scholarships to a select number of eligible participants and their dependents who will be enrolled in an accredited college, university, community college, vocational school, or trade or technical school as a full-time student in the fall of 2021. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2020, the participant completes at **least one uninterrupted Year of Service, is actively employed by Shoppers Food Warehouse, and is a member of Local 400.** In addition, on December 31, 2020, dependent child applicants must be **under the age of 24, unmarried and a dependent of the participant for federal income tax purposes.**

Applicants who submit preliminary applications and meet the initial scholarship award requirements will be **mailed a full application in early January 2021.**

**IMPORTANT:** If your dependent does not have medical coverage through the Fund Office, please include a copy of a marriage certificate (if spouse), or birth certificate or custody order (if child) with the preliminary application.

**PRELIMINARY APPLICATION MUST BE POSTMARKED BY DECEMBER 31, 2020.**

**Cut, complete and mail to: UFCW & FELRA Scholarship Program, 911 Ridgebrook Road, Sparks, MD 21152-9451.**

**Employee's Information:**

Name (Please Print) \_\_\_\_\_ Last Four Digits of Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Employee's Email Address \_\_\_\_\_

Employee's Home Address \_\_\_\_\_  
Street Number City State Zip Code

**Applicant's Information:**

Name (Please Print) \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_  
(If different from Employee's address) Street Number City State Zip Code

Date of Birth (If Dependent of Employee) \_\_\_\_\_ Email Address \_\_\_\_\_

***Remember: Entry Deadline Is December 31, 2020.***

# United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
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(800) 638-2972

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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, 2019 through December 31, 2019. 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 Beacon Health Options, Inc, 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, EAP Program and Accidental Death and Dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2019 were \$1,228,639.

#### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$11,681,534 as of December 31, 2019, compared to \$10,738,260 as of January 01, 2019. During the plan year the plan experienced an increase in its net assets of \$943,274. 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 \$20,880,922, including employer contributions of \$20,367,954, employee contributions of \$197,363, realized gains of \$17,201 from the sale of assets, earnings from investments of \$275,904, and other income of \$22,500.

Plan expenses were \$19,937,648. These expenses included \$1,363,362 in administrative expenses, and \$18,574,286 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;
- 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 Board of Trustees, UFCW Unions and Participating Employers Health and in care of Mark Federici who is Plan Administrator 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 \$0.00 for the full annual

report, or \$0.00 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, 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.

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13)(PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room

N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)

# 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, 2019 through December 31, 2019. 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 \$33,762 as of December 31, 2019, compared to \$54,916 as of January 01, 2019. During the plan year the plan experienced a decrease in its net assets of \$21,154. 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 \$350,875, including employer contributions of \$349,306, and earnings from investments of \$1,569.

Plan expenses were \$372,029. These expenses included \$52,191 in administrative expenses, and \$319,838 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;
- 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 in care of Thomas Hipkins who is Plan Administrator 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 \$0.00 for the full annual report, or \$0.00 per page for any part thereof.

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OMB Control Number 1210-0040 (expires 06/30/2022)

- 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 for individual only coverage, 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 must be deducted from your payroll:

- \$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. The Individual \$5 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, as well as part time participants in Plan Y, 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.

Note: Part time participants in Plans Y20, Y30, and Y40 are not eligible for dependent coverage.

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.

and Welfare Fund has determined that the prescription drug coverage offered by the Active Health & Welfare Plan and the Retiree Health & Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore; considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan (also called a “Part D” Plan) when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

### What Happens To Your Current Coverage If You Enroll in a Part D Plan?

If you enroll in a Medicare drug plan, your current prescription coverage through the UFCW Unions and Participating Employers Active and Retiree Fund will be terminated.

**You cannot have both Medicare prescription drug coverage and prescription drug coverage through**

**the Fund at the same time.** If you enroll in a Medicare drug plan and drop your Fund prescription drug coverage, be aware that you and your dependents may not be able to get the same Fund coverage back.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Fund and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) if you join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. **Be careful!**

## Availability of Pension Estimate

*The following article applies to Actives and Deferred Vested participants in the UFCW Unions and Participating Employers Pension Fund.*

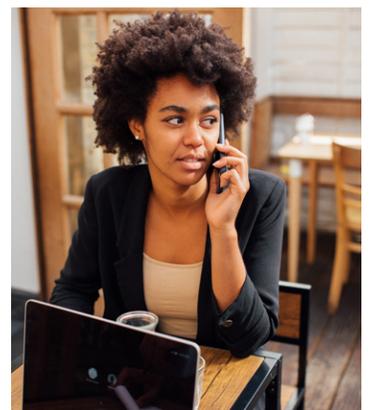
You have the right to request a pension benefit estimate annually. To receive your pension estimate, please complete a Benefit Service Request form. To get this form, you can:

- Log on to [www.associated-admin.com](http://www.associated-admin.com). Click on “Your Benefits,” select “UFCW Unions and PE Pension Fund,” and print the “Benefit Service Request” form, or
- Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972.

Complete all the information on the form and return it to the Fund Office. It may take approximately 8 – 12 weeks for us to prepare your estimate. It takes time because we verify work history in our records with your employer(s). There is no charge for a Benefit Statement.

## Be Wary of Offers for Additional/Supplemental Coverage!

It is common to receive calls from insurance companies offering health plans and supplemental coverage during this time of year. Should you choose to pursue additional coverage, it is very important that you contact the Fund Office to determine whether or not it will have an effect on your current benefits before proceeding. Enrolling in a new plan may disqualify you from using your benefits through the Fund.



Don’t sign up for anything you do not understand. Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972 to speak with a representative before electing new coverage.

# 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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