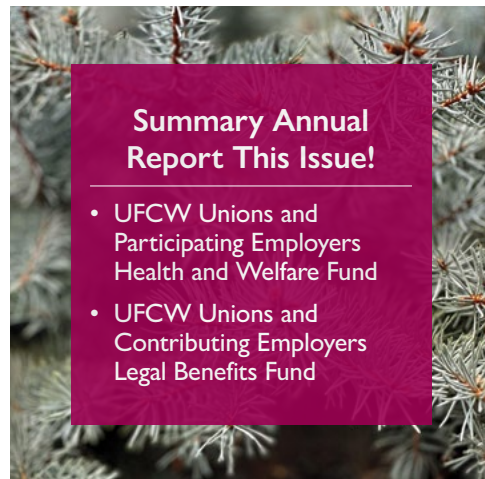


FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2024 Vol. 40, No. 4

www.associated-admin.com



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

The open enrollment period is now through December 31, 2024, for enrolling in or changing your health and welfare coverage through the UFCW Unions and Participating Employers Health and Welfare Fund for the coverage period beginning January 1, 2025 and continuing through December 31, 2025.

If you aren't currently enrolled in health coverage through the Fund, this is your opportunity to enroll. If you do have coverage, this is your chance to change coverage options, 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, 2024. 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, 2024 for coverage and payroll deductions to begin as of January 1, 2025.

This issue—

Shoppers Open Enrollment for Health and Welfare Coverage Is Now through December 31 1

Coordination of Benefits: When Benefits Are Available Outside of Fund Coverage 3

Reconstructive Surgery Following Mastectomy 3

Health and Welfare Summary Annual Report. 4

Legal Benefits Summary Annual Report. 5

Manage Your Expectations Over the Holidays 6

Physical Therapy Must Be Certified through Conifer Health Solutions 6

Expecting? Your Obstetrical Benefits. 6

Advance Benefits for Workers' Compensation Claims 7

Be Wary of Offers for Additional/ Supplemental Coverage! 7

Optum Rx Formulary List. 8

Conifer Corner: Flu Season is Upon Us. . . 8

Continued on Page 2

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.

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

Plan JSS2 Participants – Full Time and Part Time

- Individual coverage - \$7 per week
- Participant plus one dependent - \$13 per week
- Family coverage - \$18 per week
- An additional spousal surcharge - \$20 per week if applicable. See description at the end of the article.

Plans Y and Y20 Full Time Participants

- Individual coverage - \$7 per week
- Participant plus one dependent - \$13 per week
- Family coverage - \$18 per week
- An additional spousal surcharge - \$20 per week if applicable. See description below.

Plan Y30 Full Time Participants

- Individual coverage - \$13 per week
- Participant plus child/ren - \$18 per week
- Participant plus spouse - \$23 per week
- Family coverage - \$28 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 \$7 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 will be deducted from your payroll:
 - \$13 per week for the participant plus one dependent,
 - \$18 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

Part time participants under Plans Y20 and Y30 are eligible to add dependent children, but pay the full cost of the dependent child coverage as detailed below.

Plan Y20 Part Time Participants – Dependent Child Coverage

If you are a part-time participant and you elect dependent child coverage, the cost for such the dependent child coverage is:

- \$7 per week for the participant plus **\$199.04** per month for one dependent child,
- \$7 per week for the participant plus **\$398.08** per month for two dependent children, and
- \$7 per week for the participant plus **\$597.12** per month for three or more dependent children.

Plan Y30 Part Time Participants – Dependent Child Coverage

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

- \$13 per week for individual coverage,
- \$13 per week for individual coverage plus **\$195.27** per month for coverage of one dependent child,
- \$13 per week for individual coverage plus **\$390.54** per month for coverage of two dependent children, and
- \$13 per week for individual coverage plus **\$585.81** per month for coverage of three or more dependent children.

Spouses of **part time** participants in Plans Y20 and Y30 are not eligible for coverage.

These amounts will be deducted from your payroll. The Individual \$7 or \$13 weekly co-payment for your own coverage still applies. Spouses of **part time** participants in Plan Y20 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

Coordination of Benefits: When Benefits Are Available Outside of Fund Coverage

Coordination of Benefits applies when a **participant or eligible dependent** in the UFCW Unions and Participating Employers Health and Welfare Fund is entitled to benefits under another available group health plan (such as employer-provided coverage) in addition to the Fund's health and welfare Plan. When an individual has duplicate coverage under two different plans, the primary plan normally pays benefits according to its Schedule of Benefits, and the secondary plan pays a reduced amount. **Regardless of whether this Fund is the primary or secondary plan, the Fund will never pay benefits that exceed 100% of the Plan's Allowable Charge when added to the benefits payable for the same service under the other plan.**

Example: Suppose your spouse has health coverage through another employer group health plan, which serves as the primary plan. Your spouse also has dependent coverage under this Fund as the secondary plan. Your spouse has a medical claim with an Allowable Charge of \$500, and your spouse's primary plan covers and pays 70% of the claim (\$350). If the Fund's Plan of benefits covers this service at

the same rate of 70% of Allowable Charges, the Fund would not make any payment on this claim as secondary coverage, because the primary coverage already paid the maximum amount the Fund would have paid if the Fund were the primary plan. Alternatively, if the Fund's coverage is the primary plan in the above scenario, then the Fund pays \$350, which is 70% of the Allowable Charges.

These provisions apply whether or not a claim is filed under Medicare or another plan. The Fund is authorized to obtain information about benefits and services available from Medicare or other plans to implement this rule.

If one plan does not have a coordination of benefits rule, it will be the primary plan. Otherwise, the plan which covers the person as an employee is the primary plan. The plan which covers the person as a dependent is the secondary plan.

Please consult the "Coordination of Benefits" section of your Summary Plan Description for a more detailed explanation of the Fund's coordination of benefits rules.

Reconstructive Surgery Following Mastectomy

The following article applies to you if your medical benefits are provided through the UFCW Unions and Participating Employers Health and Welfare 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.

Continued from Page 2

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 spouse coverage.

If this coverage is applicable to you, 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.

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

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
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 1, 2023 through December 31, 2023. 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 Carelon Behavioral Health, Inc, Dentegra Insurance Company, Fidelity Security Life Insurance, Humana Insurance Company, Kaiser Foundation Health Plan of The Mid-Atlantic and Metropolitan Life Insurance Company to pay health, dental, vision, life insurance, HMO, employee assistance 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, 2023 were \$875,899.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$4,496,229 as of December 31, 2023, compared to \$3,107,760 as of January 1, 2023. During the plan year the plan experienced an increase in its net assets of \$1,388,469. 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 \$11,853,389, including employer contributions of \$10,366,807, employee contributions of \$1,028,027, realized gains of \$46,842 from the sale of assets, earnings from investments of \$384,468, and other income of \$27,245. Plan expenses were \$10,464,920. These expenses included \$962,106 in administrative expenses, and \$9,502,814 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 Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund at 911 Ridgebrook Road, Sparks, MD 21152-9451 or by telephone at (410) 683-6500. The charge to cover copying costs will be \$.25 per page.

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.

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

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 622-2537
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
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 1, 2023 through December 31, 2023. 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 (\$11,551) as of December 31, 2023, compared to (\$16,412) as of January 1, 2023. During the plan year the plan experienced an increase in its net assets of \$4,861. 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 \$204,671, including employer contributions of \$204,331, and earnings from investments of \$340.

Plan expenses were \$199,810. These expenses included \$43,525 in administrative expenses, and \$156,285 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 911 Ridgebrook Road, Sparks, MD 21152-9451 or by telephone at (410) 683-6500. The charge to cover copying costs will be \$.25 per page.

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, 911 Ridgebrook Road, Sparks, MD 21152-9451 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.

Manage Your Expectations Over the Holidays

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

- **Accept that the holidays will be busy.** The same things that stressed you out last year will likely appear again.
- **Manage time.** Shop in advance and stock up on the necessities. Plan for at least one activity that you'll know you'll enjoy and be prepared to say no to the things you don't.
- **Build relaxing time** into every day and know when to

give up and go to bed.

- **Travel 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.
- **Pack ahead of time and allow extra time for traffic or long security lines at the airport.** Pack snacks and make plans for keeping kids entertained.
- **Once you've arrived at your destination, don't overdo it.** Spending time with your family is more important than meeting everyone's expectations.

The above article was provided by Carelon Behavioral Health.

Physical Therapy Must Be Certified through Conifer Health Solutions

The UFCW Unions and Participating Employers Health and Welfare 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** and you are covered by Fund medical coverage. This does not apply to Kaiser HMO or Plan Y40 participants. Conifer Health Solutions, will determine how many treatments are necessary. It is a good idea to submit a treatment plan to Conifer in advance so that you are aware of any treatments which would be determined not medically necessary, before you have services and incur charges.

Your physical therapist **must contact Conifer Health Solutions (“Conifer”) at (866) 290-8147 to be sure your treatment is covered.**

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 certify the additional care with Conifer.

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.

Expecting? Your Obstetrical Benefits

The following article applies to participants in the UFCW Unions & Participating Employers Health & Welfare Fund, Plans JSS2, Y, Y20, and Y30, whose medical coverage is provided through the Fund – not through Kaiser Permanente.

Benefits for obstetrical services are available to all female participants or spouses of Full Time participants entitled to dependent coverage. These benefits include prenatal and postnatal care. Care shall be provided to any properly enrolled eligible newborn child or children from birth or to any newborn child or children adopted or placed for adoption with a participant. In lieu of obstetrical services provided by a Physician, you may elect to receive benefits for non-surgical obstetrical care or services provided by a

nurse midwife who is a licensed registered nurse certified by the American College of Nurse Midwives. There is no waiting period for obstetrical benefits.

In addition, obstetrical services are available to all female dependent spouses and children of Full Time and Part Time participants to the extent the services are covered benefits under the ACA Preventive Services Benefit section of your Summary Plan Description (“SPD”).

Advance Benefits for Workers' Compensation Claims

The UFCW Unions and Participating Employers Health and Welfare Fund does not cover work-related claims because they are covered under Workers' Compensation. However, if your injury or illness is NOT work-related or if it is, and you apply for Workers' Compensation and your claim is denied by either your employer or your employer's insurance carrier, you may apply to the Fund for Weekly Disability or medical benefits.

Carrier vs. Commission

Your employer or your employer's Workers' Compensation carrier is the entity that provides work-related Injury or Sickness benefits to you and other employees of your employer. You will be sent a letter from your employer or its claims adjuster after the carrier reviews your claim, stating their decision. You must send a copy of this letter to the Fund Office.

If your employer or the carrier denies your claim for Workers' Compensation, you must appeal that denial to the Workers' Compensation Commission in order to receive benefits from the Fund related to your work-related Injury or Sickness. In order for the Fund to consider your work-related claim, your case must be heard before the Commission. When you receive a copy of the Commission's decision, you must forward it to the Fund Office.

The Fund will pay benefits provided that:

1. You file a claim with the Fund on time.
2. You submit a copy of the written denial from your employer or your employer's Workers' Compensation carrier. The denial must state that the claim is denied because it is not compensable, meaning that it is not work-related. If the claim is denied for any other reason, the Fund will not cover it.
3. You appeal the denial of your Workers' Compensation claim to the Workers' Compensation Commission for final adjudication within 30 days from the date the claim is denied by your employer.
4. You take all procedural action necessary to pursue your appeal with the Workers' Compensation Commission.
5. If you fail to file an appeal with the Commission

within 30 days from the date the claim is denied by your employer, all benefits terminate and you must immediately repay to the Fund payments made by the Fund to you and/or your provider relating to your Injury or Sickness.

6. You notify the Fund Office of the date of your Workers' Compensation Commission hearing (when scheduled), and you attend the hearing.
7. You obtain approval from the Fund prior to any settlement of your appeal. If you accept a settlement in connection with your Workers' Compensation claim, the Fund will consider this an indication that your claim is work-related and will require that you reimburse the Fund, in full, for any benefits it has paid on your behalf relating to your Workers' Compensation claim.
8. If the Workers' Compensation Commission determines that your claim is compensable, all Fund benefits terminate and you must immediately repay to the Fund payments made by the Fund to you and/or your provider relating to your Injury or Sickness.
9. If the Workers' Compensation Commission denies your claim for **any reason OTHER than being non-compensable under the Workers' Compensation laws of that state, you must immediately repay to the Fund payments made by the Fund to you and/or your provider relating to your Injury or Sickness.** If the Commission denies your claim as being non-compensable and you don't appeal that denial, you may keep any payments the Fund has advanced to you. However, if you decide to pursue your claim after that denial and you receive any recovery, whether by judgment, settlement, or compromise, you must repay the Fund the payments advanced to you.
10. You must sign the Fund's forms agreeing to comply with these procedures.

Please refer to your Summary Plan Description for more information on the benefits described in this article, including the Fund's rights and your obligations with respect to any amounts that are due to the Fund as described above.

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 don't understand! Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972 to speak with a representative before electing new coverage.

Optum Rx Formulary List

The January 2025 Optum Rx Formulary List for the prescription drug benefit under the UFCW Unions & Participating Employers Health & Welfare Fund has been placed on the Fund's website. You may access the updated list by logging onto Associated-Admin.com and clicking on "UFCW Unions & Participating Employers Health and Welfare Fund," then "Downloads (Forms)."

Optum Rx[®]

CONIFER
HEALTH SOLUTIONS[®]

Conifer Corner



Flu Season Is Upon Us.

Your annual flu shot is now available. Ask your primary care provider or local pharmacy for availability.

Want to take charge of your health?

Live a healthier life with the Conifer Health Solutions Personal Health Management (PHM) program. Your Personal Health Nurse (PHN) is dedicated to helping you and your family manage their health needs. To get started, call your PHN, Elizabeth Woodrow, BSN, RN, CCM, at 410-919-0488.

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

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