1099Rs Will Be Mailed in Late January. Look for Yours!

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2022 Vol. 38, No. 4

www.associated-admin.com

Summary Annual Report This Issue!

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

Shoppers Open Enrollment for Health and Welfare Coverage Is Now through December 27

Now through December 27, 2022 is open enrollment to choose health and welfare coverage through the Fund effective January 1, 2023 and continuing (assuming you remain eligible) through December 31, 2023.

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 27, 2022. 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 27, 2022 for coverage and payroll deductions to begin as of January 1, 2023.

Continued on Page 2

This issue—

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.

Continued from Page 1

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
- 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 will 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 **$194.68** per month for one dependent child,
- $5 per week for the participant plus **$389.36** per month for two dependent children, and
- $5 per week for the participant plus **$584.04** per month for three or more dependent children.

These amounts will be deducted from your payroll. The Individual $5 or $10 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 **$191.21** per month for coverage of one dependent child,
- $10 per week for individual coverage plus **$382.42** per month for coverage of two dependent children, and
- $10 per week for individual coverage plus **$573.63** 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

Continued on Page 3

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 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.

Coordination of Benefits: When Benefits Are Available Outside Fund Coverage

Coordination of Benefits applies when a **participant or eligible dependent** is entitled to benefits under any other kind of group health coverage in addition to the Fund. When duplicate coverage exists, the primary plan normally pays benefits according to its Schedule of Benefits, and the secondary plan pays a reduced amount. **The Fund will never pay, either as the primary or secondary plan, benefits which, when added to the benefits payable by the other plan for the same service, exceed 100% of the Usual, Customary, and Reasonable (UCR) charge under the Plan.**

Example: Suppose your spouse has a medical claim of $500, and your spouse's primary carrier paid 70% of the claim ($350). If the Fund had paid this medical claim as primary, the payment would have been 70% of approved charges, meaning the Fund would have paid a maximum of $350. The Fund would not make any payment on this claim as secondary because the primary coverage already has paid the maximum amount the Fund would have paid as primary.

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 primary. 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.

Change in Administration of Medicare Supplemental Benefits Not Provided Through the Kaiser Permanente Medicare Plus HMO

Effective February 1, 2023, the Fund's Medicare Supplemental Benefits for Medicare-eligible retirees and Medicare-eligible dependents of retirees that are currently self-administered by the Fund Office will instead be provided through Humana Insurance Company. Pursuant to this change, Medicare-eligible retirees and dependents of retirees who are currently are **NOT ENROLLED IN the Kaiser Permanente Medicare Plus HMO** will automatically be enrolled in the new Humana Medicare Advantage plan provided through the Fund on February 1, 2023. In addition, any retirees or dependents who become newly eligible and enroll in the Fund's Medicare Supplemental Benefits on or after February 1, 2023 will be enrolled in the Humana Medicare Advantage plan (they will not have the option of enrolling in the Kaiser HMO).

Any Medicare-eligible retiree or dependent of a retiree who currently is enrolled in the Kaiser Permanente Medicare Plus HMO will also have the option of changing their coverage to the Humana Medicare Advantage plan effective February 1, 2023. However, if the retiree or dependent elects the Humana plan, they will not be allowed to change back to the Kaiser HMO at a later date.

If you are a Medicare-eligible retiree or dependent of a retiree, you will receive more information in the coming weeks. Look for letters and enrollment information in your mailbox in December and January.

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, 2021 through December 31, 2021. 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, 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, 2021 were $1,498,089.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $1,881,072 as of December 31, 2021, compared to $6,929,196 as of January 1, 2021. During the plan year the plan experienced a decrease in its net assets of $5,048,124. 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 $10,366,424, including employer contributions of $10,166,869, employee contributions of $164,155, realized losses of ($134,118) from the sale of assets, earnings from investments of $108,306, and other income of $61,212.

Plan expenses were $15,414,548. These expenses included $1,201,299 in administrative expenses, and $14,213,249 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 Welfare Fund, 911 Ridgebrook Road, Sparks, MD 21152-9451and at the U.S. Department of Labor inWashington, 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, 2021 through December 31, 2021. 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 ($18,916) as of December 31, 2021, compared to $4,734 as of January 1, 2021. During the plan year the plan experienced a decrease in its net assets of $23,650. 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 $190,286, including employer contributions of $190,286 .

Plan expenses were $213,936. These expenses included $50,332 in administrative expenses, and $163,604 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,MD21152-9451 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 21152-9451and 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.

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.

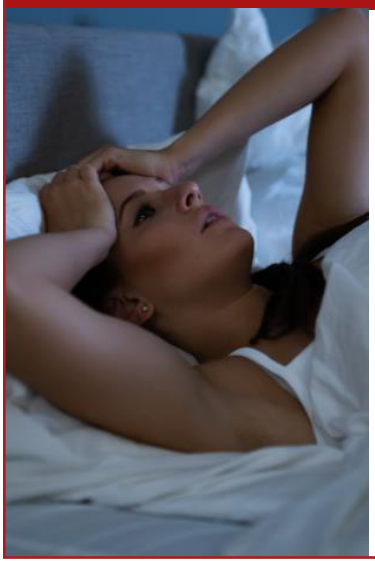
For participants in the Kaiser Permanente HMO (actives and retirees), the flu shot is covered in full with no co-pay if you use a Kaiser physician. However, actively working participants in Kaiser who use OptumRx for their prescription benefit may also get a flu shot at a Shoppers pharmacy using their prescription ID card.

Spouse Not Eligible for Benefits upon Divorce or Legal Separation

If you are divorced or legally separated, your spouse is no longer eligible for coverage under the Active Health and Welfare Plan. If you and your spouse are physically separated, but not legally separated, he/she may remain a dependent until the earlier of: (a) three years from the date of physical separation, or (b) the date of divorce or legal separation. If your spouse loses coverage due to divorce, your spouse has a right to continue coverage under COBRA, and should contact the Fund Office within 60 days of losing coverage to request COBRA coverage.

Please notify the Fund Office immediately if your spouse is covered under the Plan and you become divorced, legally separated or physically separated from him/her. If you don't notify the Fund and the Fund continues to pay benefits to your spouse after the date of divorce or legal separation, or after three years of physical separation, you and your spouse/former spouse will be responsible for repaying all claims processed by the Fund after that date.

CONIFER HEALTH SOLUTIONS® | Conifer Corner



Trouble Sleeping?

Most people have sleep problems from time to time, but when you have trouble sleepingfor weeks or months, it can lead to healthproblems.Changing one or more of your habits may improve how well you sleep

Take a rest!

Your Personal Health Nurse (PHN) with Conifer Health Solutions can help you to identify changes you can make to help with improve sleep patterns. To get started, call your PHN, Elizabeth Woodrow, BSN, RN, CCM, at 410-919-0488.

Use Quest or LabCorp When Lab Work Is Needed

The following article applies to participants who have Fund medical coverage, not an HMO.

You must use either Quest Diagnostic Laboratories ("Quest") or Lab Corporation ("LabCorp") for all laboratory services in order for such services to be covered by the Plan (except those performed when you are an inpatient in the hospital or by out-of-network providers at in-network facilities).

Inform Your Doctor

Be sure your doctor knows before the lab work is performed that you will receive coverage for lab work only if the bill comes to the Fund directly from either a Quest or LabCorp facility. Even if your doctor has a contract with LabCorp to perform lab work in his/her office, tell him/her that only lab work performed at a Quest or LabCorp facility will be covered. Your Plan will generally not pay for lab work performed and billed from your doctor's office.

Locating a Lab

To find the most current list of Quest or LabCorp facilities, log on to their website or call:

- www.questdiagnostics.com/appointment or call (866) MYQUEST or (866) 697-8378
- www.labcorp.com/psc/index or call (888) 522-2677

Financial vs. Medical Power of Attorney ("POA")

It is important to understand the difference between a financial and medical POA, and what decisions they are authorized to make on your behalf. If you need to designate an individual, or "agent," who will be responsible for making decisions regarding your pension benefits on your behalf, for example, be sure that the Fund Office has a **financial** POA on file. Medical POAs, also sometimes known as "Advance Directives," usually only authorize an individual to make medical decisions on your behalf. A medical POA generally does not grant an individual the authority to manage the payment of claims, pension benefits, and other financial matters on your behalf. In addition, if your financial POA is a "limited POA" that limits your agent's authority to act on your behalf to a specific task or set of tasks, the POA should clearly address whether your agent has authority to make decisions regarding your retirement benefits.

Each State has different witness or notarization requirements for POAs. For a signed POA to be valid, it must follow the POA laws of the State in which it is signed.

As noted in this FYB newsletter, many participants have Legal Benefits, which include coverage for preparation of a Power of Attorney. Refer to your Legal Benefits SPD and contact Akman and Associates, P.C. to inquire about this process. Contact the Fund Office at (410) 683-6500 if you have other general questions.

Keep Holiday Stress at Bay

Some people look forward to the holidays all year, while others see the holiday season approaching and are overcome by a sense of dread. Try these tips for managing the stress that seems to be built into the holiday season.

Make a plan.

Once you have decided what your priorities are for holiday celebrations, plan how you will organize yourself to get the important work done. Plan your menus and do your shopping in an organized fashion, with a list. You will be much less likely to forget important ingredients and eliminate the last minute running that leaves you exhausted and frazzled.

Keep expectations realistic.

It's not your responsibility to be sure that everybody has a perfect holiday. Don't put that demand on yourself. Holiday joy is something that comes from within a person.

Make a budget and stick to it.

If gift buying is part of your holiday celebration, decide in advance what you can afford to spend this year. Create a list of all the people you will shop for and set aside a portion of your total holiday budget for each person. Overspending during the holidays is a major source of stress. Be careful. All the gifts in the world cannot buy happiness.

Care for yourself and your family.

During the holidays, stress can really take its toll and people tend to neglect doing the things that reduce stress. You may overindulge in food and drink while forgetting such things as rest, relaxation, and exercise. Be realistic about the types and amounts of foods you choose. Get outside for a brisk walk and take the kids. Rest, relax, and reflect on the meaning of the season—peace!

The above article was provided by Beacon Health Options.

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.

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 generally only covered if an anesthesiologist has not billed the Fund for the same procedure, to the extent consistent with applicable law.

It is a good idea to discuss this with your doctor before services are rendered.

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

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