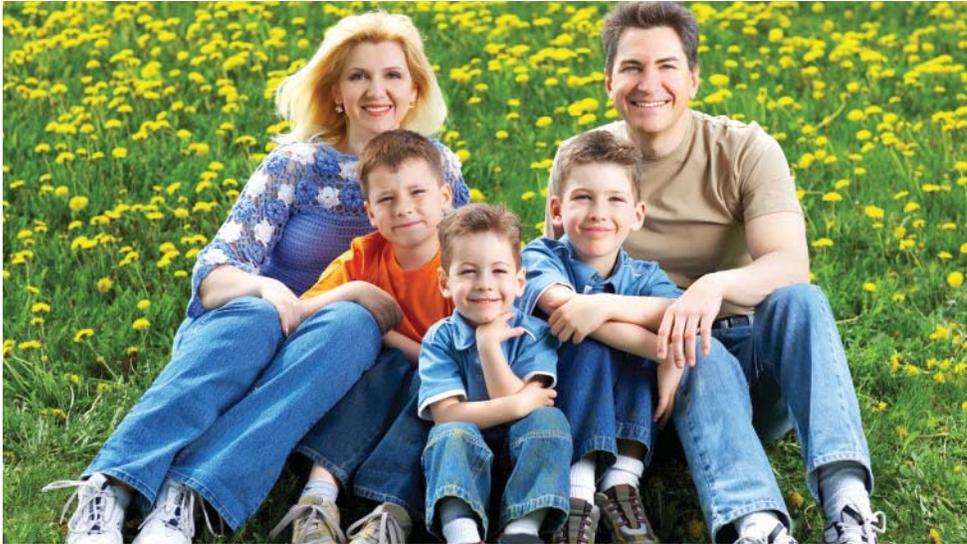


FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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Summary of Material Modifications This Issue!

UFCW Unions & Participating Employers
Active Health and Welfare Plan*

UFCW Unions & Participating Employers
Retiree Health and Welfare Plan*

UFCW Unions & Participating Employers
Pension Fund

UFCW Unions & Contributing Employers
Legal Benefits Fund

*Benefit Plans of the UFCW Unions and
Participating Employers Health & Welfare Fund

Material
Modifications

2018 Cost to Add Dependent Children for Shoppers Plans Y20 and Y30 Part Time Participants

Effective March 1, 2018, the cost for dependent coverage for children of Part Time participants in Shoppers Plan Y20 and Plan Y30 will change.

The chart below shows the current cost and what the cost for the coverage will be effective March 1, 2018.

Plan	2017 Rates Per Child	2017 Rates for 3 or More Children	2018 Rates Per Child	2018 Rates for 3 or More Children
Plan Y20 Part Time	\$127.81 per month	\$383.43 per month	\$137.57 per month	\$412.71 per month
Plan Y30 Part Time	\$125.54 per month	\$376.62 per month	\$135.12 per month	\$405.36 per month

The 2018 amount will automatically be deducted from your paycheck beginning in March **unless you contact the Fund Office** to advise that you want to drop the coverage. If you don't contact the Fund Office, you will remain enrolled for Dependent Child coverage at the same level you have currently, and the new rate will apply to you starting in March.

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The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Those documents always govern.



2018 ACA Preventive Care Services



The following Summary of Material Modifications (“SMM”) applies to **active** participants who have medical and prescription drug coverage through the Fund and not to participants who have coverage through Kaiser Permanente.

The Patient Protection and Affordable Care Act of 2010 (“ACA”) requires 100% coverage for certain medical services **as long as the patient is seen by an in-network provider**. This means you will have no deductible, co-payment or co-insurance for preventive services as long as you see a participating provider.

Effective January 1, 2018, the ACA Preventive Care Services list was updated. Shown below are some of the new services.

- Depression screening for pregnant and postpartum women.
- Syphilis screening for adolescents who are at increased risk for infection.
- Screening and counseling for adolescents for interpersonal and domestic violence.
- Aspirin (low dose) as a preventive medication after 12 weeks of gestation in women who are at high risk of preeclampsia.

- Aspirin preventive medication for adults aged 50 to 59 years having a more than 10 percent 10-year cardiovascular risk.
- Statin preventive medication for adults aged 40 to 75 years with no history of cardiovascular disease (CVD), one or more cardiovascular disease risk factors, and a calculated 10-year CVD event risk of 10 percent or greater.

Complete List on the Fund’s Website

A complete list of preventive services and drugs, along with a detailed description of coverage limitations and exclusions, can be found on the Fund’s website: www.associated-admin.com. Click on “Your Benefits” located at the left side of the page and select “UFCW Unions and PE Health and Welfare Fund.” Under “Downloads,” you can view the 2018 ACA Preventive Services list.



When Durable Medical Equipment Is Needed

Durable Medical Equipment (“DME”) is covered by the Fund through the DME program administered by Conifer. DME over \$750 generally must be pre-certified by Conifer and if \$750 or under, the Fund Office must receive a letter of medical necessity from your physician. You or your physician’s representative should call the Fund Office at (800) 638-2972 for information regarding the pre-authorization requirements, and contact information for Conifer, as soon as you know you need DME.

DME is covered under your Comprehensive Medical Benefits (80% for Plan Y, 75% for Plan Y20, and 70% for Plan Y30 participants), so the lower the total cost, the less your out-of-pocket expense will be.

Conifer will suggest a provider in the CareFirst network. You must use a CareFirst provider unless you are in Plan JSS2. Conifer will oversee the appropriateness and quality of the equipment you need, coordinate delivery and set-up or installation, and perform any necessary follow-up.

DME Coverage Includes Rental And/Or Sale of Equipment For:

- Respiratory Therapy
- Monitoring (fetal, uterine, other)
- Rehabilitation
- Total Parenteral Nutrition and intravenous supplies and pumps
- Standard in-home medical equipment, or
- Pediatric equipment/services.

Open Enrollment Is March 15 – May 16 For Choosing Your Medical Coverage

The following article applies to actively-working participants in Plans Y, Y20, Y30 and JSS2 only.

If you live in the Kaiser service area, open enrollment for medical coverage for the coming year is from March 15 through May 16, for coverage effective June 1, 2018. During this time, you can choose traditional Fund medical coverage or medical coverage through Kaiser Permanente HMO. This open enrollment period is for medical coverage only. It does not affect your optical, dental, or prescription drug coverage.

You will automatically remain in the coverage you have now unless you actively make a change. If you want to stay with your current coverage, whether it is traditional Fund coverage or Kaiser Permanente, don't do anything!

How Open Enrollment Works

If you live within the Kaiser service area, the Fund Office will send you a letter describing your medical coverage options, along with a packet from Kaiser Permanente which includes a Kaiser Summary of Benefits, HMO Health Plan Guide, and enrollment application. If you don't live within the Kaiser service area, you will not receive this information and you will automatically be enrolled in "traditional" Fund medical coverage.

Cost

It is important that you read your open enrollment letter carefully so you'll know if there is a monthly co-payment required for your Plan or, if you already have a co-payment, whether it will be changing.

What's the difference between "traditional" Fund medical coverage and Kaiser Permanente HMO medical coverage?

Under the Kaiser HMO, you must use a participating provider or facility in order to be covered. There are usually "per visit" co-payments, which you pay to the provider at the time of service. These vary depending on the service.

Under Fund traditional coverage, generally you may use any doctor or hospital you wish, although you receive the best discounts if you use a CareFirst PPO provider. However, **Plans Y, Y20 and Y30 participants must use a CareFirst provider in order to receive coverage.**

Most covered medical services are paid at 80% (75% for Plan Y20 and 70% for Plan Y30) up to the usual, customary, and reasonable (UCR) amount, after you satisfy your annual deductible. Other services may be covered at different percentages – see your Plan booklet for details.

Your open enrollment letter will show the monthly cost for all of the Fund's traditional coverage benefit Plans. However, only one of those Plans applies to you. If you're not sure which Plan you're in, contact the Fund Office. Remember, you cannot "choose" your Plan. Your Plan is determined by your collective bargaining agreement (CBA).

I Want To Switch to Kaiser. What Do I Do?

If you decide to switch from traditional Fund coverage to the Kaiser Permanente HMO, complete the enrollment application and **return it to the Fund Office – not to Kaiser!** This is very important because we cannot set up your coverage properly if you don't return the application to us first.

Important: If you enroll in Kaiser and don't make the monthly co-payment your medical coverage will be terminated and you will not be eligible to re-enroll until the next open enrollment period.

What if I want to switch to Fund medical coverage?

If you are in Kaiser and want to switch to "traditional" Fund medical coverage, call Participant Services at (800) 638-2972 during open enrollment and tell the representative. **You must make this call by May 16th in order to make the change.**

What if I don't get an open enrollment letter?

The Fund Office sends open enrollment letters to all eligible participants who live within the zip code areas that Kaiser Permanente services. Therefore, if you don't receive a letter, it is likely you don't live within the Kaiser Permanente service area and cannot enroll in the HMO.

If you didn't receive a letter but you think you should have, contact the Fund Office at (800) 638-2972 and we will check on whether Kaiser covers your area.

Medicare Supplement Increased to Cover 2018 Medicare Co-Payments and Deductibles

The following applies to Medicare-eligible participants and dependents whose medical coverage is provided through the Fund, not through a Medicare HMO.



The Board of Trustees is pleased to announce that the Medicare Supplemental benefit has been increased to cover the 2018 Medicare co-payment and deductible amounts.

New Co-Pays and Deductibles for 2018

Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2018 is \$1,340 for each benefit period.

For each benefit period, the Fund's Medicare Supplemental benefit will cover:

- A total of \$1,340 for a hospital stay of 1-60 days.
- \$335 per day for days 61-90 of a hospital stay.
- \$670 per day for lifetime reserve days.

For Skilled Nursing Facility Coinsurance, the Fund's Medicare Supplemental benefit will cover:

- \$167.50 per day for days 21 through 100 of each benefit period.

Medicare Part B covers physician services, outpatient hospital services, certain home health services, and durable medical equipment and other items. The annual deductible for all Part B beneficiaries in 2018 is \$183, and the Fund's Medicare Supplemental benefit will cover this amount.

IRS Form 1095-B Sent

At the end of January, 2018, the Fund sent an IRS Form 1095-B to all participants with traditional Fund medical coverage (and Kaiser sent a Form 1095-B to participants covered by the Kaiser HMO). If you are a retiree, you may have received a Form 1095-B directly from Medicare, rather than from Kaiser or the Fund.

This form details your medical coverage for each month in 2017 and also lists each covered dependent in your household, if applicable. You will need to refer to this form when you file your 2017 taxes.

You also should have received a Form 1095-C from your employer, which shows the medical coverage you had through your employer in 2017.

If you have questions regarding the Form 1095-B, please contact the Fund Office.





Summary of Material Modifications

Below are Material Modifications (changes) made to your Plan over the past year. Please read and clip them where indicated so you can keep them with your Summary Plan Description (SPD) booklet and your other benefit information.

All Funds

- **Effective April 1, 2017**, the Landover Fund Office moved to 8400 Corporate Drive, Suite 430, Landover, Maryland 20785-2361. All phone and fax numbers remained the same.

UFCW Unions & Participating Employers Active Health and Welfare Plan

- **Effective March 1, 2018 – Cost to Add Dependent Children for Part Time Participants in Plans Y20 and Y30.** The cost for dependent coverage for children of Part Time participants in Shoppers Plan Y20 and Plan Y30 will change.

The chart below shows the cost for the coverage will be effective March 1, 2018.

Plan	2018 Rates Per Child	2018 Rates for 3 or More Children
Plan Y20 Part Time	\$137.57 per month	\$412.71 per month
Plan Y30 Part Time	\$135.12 per month	\$405.36 per month

The 2018 amount will automatically be deducted from your paycheck beginning in March **unless you contact the Fund Office** to advise that you want to drop the coverage. If you don't contact the Fund Office, you will remain enrolled for Dependent Child coverage at the same level you have currently, and the new rate will apply to you starting in March.

- **Effective January 1, 2018 – Revised ACA Preventive Services**

The Patient Protection and Affordable Care Act of 2010 ("ACA") requires 100% coverage for certain medical services **as long as the patient is seen by an in-network provider.** This means you will have no deductible, co-payment or co-insurance for preventive services as long as you see a participating provider.

Complete List on the Fund's Website

A complete list of the 2018 ACA Preventive Services can be found on the Fund's website at www.associated-admin.com.

- **Effective October 20, 2017 – Open Enrollment Now Held Once A Year for Plan Y**

Plan Y now has a single annual Open Enrollment period, from January 1-31 each year, when participants may enroll

in or drop coverage under the Plan and add or drop dependents, if they are eligible for dependent coverage. The July 1-31 Open Enrollment period for Plan Y Part Time participants is eliminated.

The subsection in your SPD entitled "Enrolling New Dependents" under the Section entitled "Dependent Eligibility" in Plans Y, Y20, Y30, and JSS2 is deleted and replaced with the following:

Enrolling New Dependents

Once you have satisfied the waiting period for dependent coverage, if any, a newly eligible dependent can be included for benefit coverage by notifying the Fund Office and completing an enrollment form. You must apply for dependent coverage **within 30 days** of the date your family member becomes your dependent.

If you apply for dependent coverage within 30 days from your date of marriage, your eligible spouse may be included for benefit coverage on the first day of the calendar month following the date of marriage. When you apply within 30 days of the date of a child's birth, the biological child(ren) and/or newborn child(ren) adopted or placed for adoption with you may be added as of the date of birth. For adopted children or children placed with you for adoption other than newborns, when you apply within 30 days of the date of adoption or placement with you for adoption, the child(ren) may be added as of the date of adoption or placement for adoption. When you apply within 30 days of the date of your marriage, stepchildren may be added on the first of the month following your date of marriage.

If you do not enroll your dependent spouse or child within 30 days of the applicable date described above, you must wait until the next Open Enrollment period to add him or her, unless you qualify for a special enrollment event as described in this SPD.

Part Time Plan Y20 and Plan Y30 Participants:

You may enroll eligible dependent children but you are required to pay the full cost of the coverage via payroll deduction. If you enroll your child/ren, your employer will set up payroll deductions to begin with the first month you are eligible for dependent coverage. Dependent coverage will not begin until the month in which your first payroll deductions are made.

- **Beacon Health Options Has New Address**

Beacon Health Options, your mental health/substance abuse manager, recently changed its mailing address. Send all correspondence to Beacon Health Options, PO Box 1854, Hicksville, NY 11802.

UFCW Unions & Participating Employers Retiree Health and Welfare Plan

No changes.

UFCW Unions & Participating Employers Pension Fund

No changes.

UFCW Unions & Contributing Employers Legal Benefits Fund

No changes.

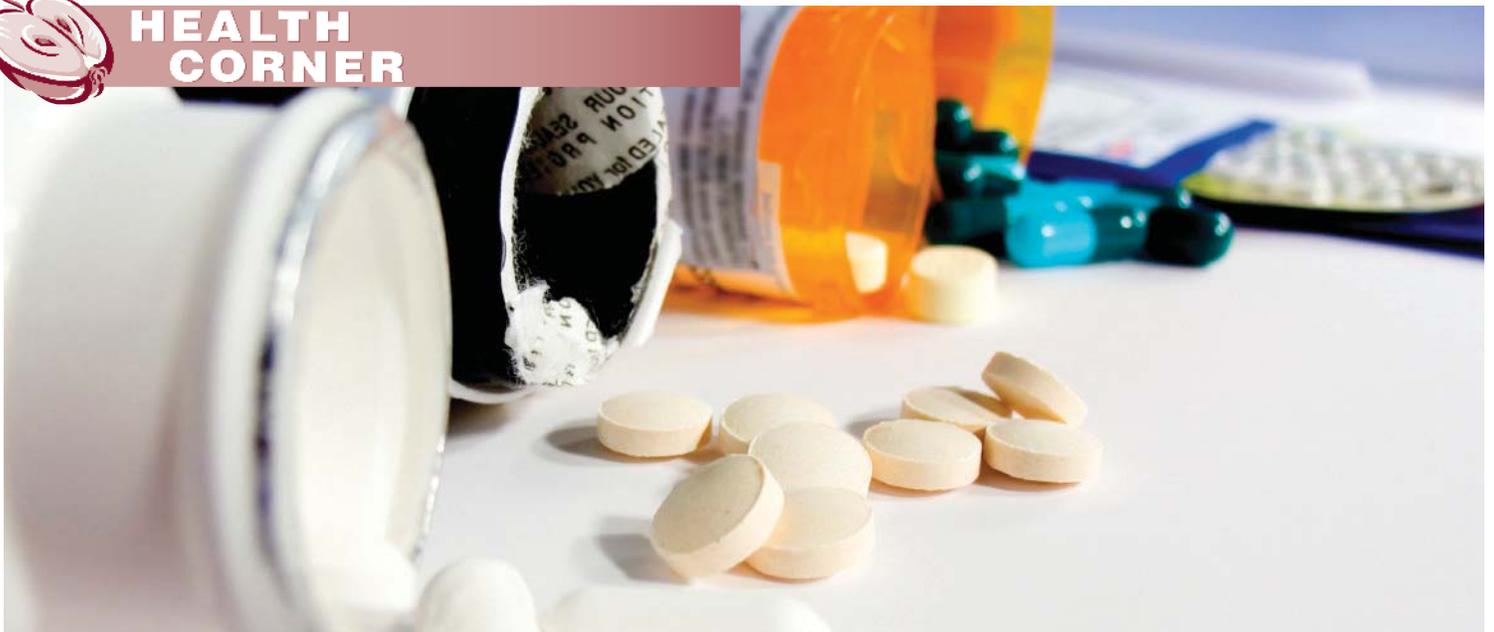


Call Conifer for Hospice Care

The following article applies to active participants with Fund medical coverage. It does not apply to Kaiser HMO participants or retirees.

Hospice care benefits are provided through the Fund for terminally ill participants or eligible dependents whose prognosis of probable survival is six months or less and who are receiving palliative, not curative, care.

Pre-certification is required and services must be approved by Conifer Health Solutions by calling toll free (866) 290-8147.



Tips for Safe Prescription Drug Use at Home

According to the Centers for Disease Control and Prevention, nearly 1 million children under the age of five are exposed to potentially poisonous medications and household chemicals every year. And more than 60,000 young children end up in the emergency room each year from wrongly ingesting medications.

Below are some tips to increase prescription drug safety at home:

- **Be cautious of colors:** Medications are colorful and attractive to children and can be mistaken for candy.
- **Lock it up:** Don't leave your next dose out on the counter where a child can reach it. Tightly secure caps and lock up all medications and vitamins in a cool, dry place. Keep medications in their original labeled containers so if there is an emergency, you can tell medical personnel exactly what the child ingested.
- **Do not share:** Be sure to remind children that they should never share their medications. When playing "doctor," friends and younger siblings of those taking a medication are often the recipients, leading to an accidental poisoning.

How to Respond to Accidental Poisonings

If you suspect a child has ingested a potentially poisonous substance, here is what you should do:

- **Know your numbers:** If the child has collapsed or is not breathing, dial 911 immediately. If the child is awake and alert, call the poison hotline at (800) 222-1222 and follow the operator's instructions. If possible, have available the victim's age and weight, the container or bottle of the poison, the time of the poison exposure and the address where the poisoning occurred.
- **Know the signs:** Reactions to ingested medications or household products may vary. Look for signs such as vomiting, drowsiness and any residue odor on the child's mouth and teeth. But know that some products cause no immediate symptoms, so if you suspect that your child has ingested a potentially hazardous substance, call the poison hotline immediately.
- **Keep calm:** It's important to remain calm so you can effectively communicate with emergency personnel. If the child ingested medication, do not give anything to the child by mouth until advised by the poison control center. If chemicals or household products have been swallowed, call the poison control center immediately or follow the first aid instructions on the label.

The above article was obtained from Express Scripts, Inc. This information is general and not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition.

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