

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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



## Medicare Supplement Increased to Cover 2020 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 increased to cover the 2020 Medicare co-payment and deductible amounts.

### New Co-Pays and Deductibles for 2020

**Medicare Part A** pays for inpatient hospital, skilled nursing facility, hospice and some home health care services. The Part A hospital inpatient deductible for 2020 is \$1,408 for each benefit period.

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

- A total of \$1,408 for a hospital stay of 1-60 days.
- \$352 per day for days 61-90 of a hospital stay.
- \$704 per day for hospital stays longer than 90 days.

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

- \$176 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 2020 is \$198, and the Fund's Medicare Supplemental benefit will cover this amount.

### 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*

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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.*

# Coverage for Alcoholism and Substance Abuse

*The following article applies to participants in Plans Y, Y20, Y30, JS and JSS2.*

Substance abuse affects people from all walks of life. Many of us know someone experiencing this major problem. According to the National Institute on Alcohol Abuse and Alcoholism, more than 80,000 people die from alcohol-related deaths each year in the United States. According to the National Institute on Drug Abuse, more than 115 people die every day from overdosing on opioids.

Fortunately, your Health & Welfare Plan provides coverage for the treatment of alcohol and substance abuse. Benefits for treatment are provided through Beacon Health Options. Call Beacon at (800) 454-8329. This number is also on your ID card. **You (or your provider) must certify your care with Beacon in order for benefits to be paid through the Fund.**

Beacon is available 24 hours a day, 7 days a week. Emergency treatment must be certified with Beacon within 24 hours after admission to the hospital.

The Fund will pay between 70 - 80% up to the Usual, Customary and Reasonable (UCR) amount, depending



on your Plan. See your Summary Plan Description for the percentage that applies to you.

Beacon Health provides you and your eligible dependent(s) with in-network referrals to therapists and facilities. Beacon will also review your treatment plan to ensure your care is medically necessary and appropriate. A team of psychiatrists, psychologists, licensed social workers, and facilities are affiliated with Beacon Health to provide you with a high level of benefits, minimum out-of-pocket costs, and no claims paperwork.



## New Pension Plan Summary Plan Description Booklet

Actives and Deferred Vesteds in the UFCW Unions and Participating Employers Pension Fund were mailed a new Summary Plan Description (“SPD”) booklet. The booklet has been revised to contain all changes and updates made to your Plan through December 2019.

Please be sure to keep your SPD in a safe place so you can find it whenever you need to refer to it. You can also review the SPD by logging on to [www.associated-admin.com](http://www.associated-admin.com).

Click on “Your Benefits” located on the left side of the screen and then select “UFCW and PE Pension Fund.”

### Correction to Pension SPD

Effective December 1, 2019, on page 9, the text next to “Deferred Vested Pension” is revised to read “Age **65** and 5 years Vesting Service.”

# 2020 Cost to Add Dependent Children for Plans Y20 and Y30 Part Time Participants

**Material Modifications**

Plan	Per Child Rate	3 or More Children Rate
Plan Y20 Part Time	\$159.15 per month	\$477.45 per month
Plan Y30 Part Time	\$156.29 per month	\$468.87 per month

**E**ffective January 1, 2020, the cost for dependent coverage for children of part time participants in Plans Y20 and Y30 has changed.



**Material Modifications**

## Summary of Material Modifications

Below are Summaries of Material Modifications (changes) made to your Plan during the past year. Please clip this summary and keep it with your Plan booklets so you will have it for easy reference.

### UFCW Unions & Participating Employers Active Health and Welfare Plan Retiree Health and Welfare Plan

- **Effective January 1, 2020**, the cost for dependent coverage for children of part time participants in Plans Y20 and Y30 changed.

Plan	Per Child Rate	3+ Children Rate
Plan Y20 Part Time	\$159.15 per month	\$477.45 per month
Plan Y30 Part Time	\$156.29 per month	\$468.87 per month

- **Effective October 2019**, BriovaRx changed its name to OptumRx Specialty Services and BriovaRx Infusion Services changed to OptumRx Infusion Services. Only the name changed – your benefits remain the same.

### Changes in Open Enrollment Periods

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

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

#### Annual Open Enrollment

After you enroll for coverage following your initial eligibility for benefits, or if you do not timely enroll yourself and/or your dependent(s) upon initial eligibility for coverage, you generally must wait until the next applicable Open

Enrollment period to enroll or make changes to coverage for yourself and/or your dependent(s), as described below. There is an exception to this rule if you qualify for a special enrollment period, as described in the section entitled “Special Enrollment Provisions” under “Employee Eligibility.”

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

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

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

### UFCW Unions & Participating Employers Pension Fund

No changes.

### UFCW Unions & Contributing Employers Legal Benefits Fund

No changes.



# Important Reminders about Filing Work Related Weekly Disability Claims with the Fund

If you have Weekly Disability (“Accident and Sickness”) benefits through the Fund and you sustain a work-related illness or injury, you must file a claim with your employer’s Workers’ Compensation (“WC”) carrier. You should also submit your claim to the Fund Office at the same time, along with a note that you have filed for workers’ compensation. That way, you will have filed your claim within the Fund’s time limits (90 days for Weekly Disability/180 days for Medical claims) if the claim is eventually determined to be **not work-related**. The Fund initially will deny your claim as being work-related until a final decision is made by the WC carrier.

If the WC carrier denies your claim as being **not** work-related, send a copy of the denial to the Fund Office. The Fund will send you an agreement called a “Promise to Appeal.” It states that you agree to appeal the WC carrier denial to the WC Commission (or its equivalent in your state).

The agreement also lists the steps you must follow in order to have the Fund pay your claim (for medical or weekly disability claims) before your case is decided by the WC Commission (which can take a long time). Because we don’t want you to have to wait that long to be paid, the Fund will process your claims as soon as you sign and return the agreement – **before** the final decision has been made by the Commission.

**However, Fund rules state that you *must* repay the Fund in full for any monies it has paid *if* you ultimately receive a recovery from the WC carrier or another party relating to your injury.**

Although this seems clear enough, it can become a little confusing when a settlement is involved. If your attorney advises you (or if you decide on your own) to accept a settlement of your WC claim, and that settlement is less than the amount of the injury-related claims the Fund has paid to you or on your behalf, you must notify the Fund Office and obtain the Fund’s approval prior to accepting the settlement. If you don’t obtain approval before accepting such a settlement, you will be required to repay the Fund the entire amount it has paid in related benefits, even if that amount is more than the settlement amount you received.

For example, if the Fund paid \$4,000 in Weekly Disability and/or Medical claims, and you accept a settlement for \$3,000 without the Fund’s approval, you would be

required to repay the Fund the full \$4,000, *even though your settlement was for \$3,000.*

**Be careful!** Once you accept a WC settlement, the **WC Commission will close your case – for current claims and for any future claims relating to the same injury.** For example, if your work-related shoulder injury flares up a year from now (and you have accepted a settlement), you will not receive benefits from the WC carrier **or** the Fund relating to that injury. Since benefits were paid by the WC carrier, the Fund will deny the claim as being work-related.

Accepting a settlement is your choice. In some cases, it may be the best solution for you, but make sure you understand what it means and what your responsibilities are **before** you agree to accept one.



## IMPORTANT: Notify The Fund Office If Receiving Workers’ Compensation

If you are receiving, or have received, Workers’ Compensation benefits, it is important that you notify the Eligibility Department of the Fund Office at (301) 459-3020 or (800) 638-2972. Your health and welfare benefits for non-work related claims will continue while you are collecting Workers’ Compensation, up to the time limits for your Weekly Disability benefit entitlement. Notifying the Fund Office of your Workers’ Compensation benefits helps ensure you do not lose eligibility for other benefits under the Fund.

# Your Dental Benefits through Group Dental Service

Your Plan of benefits provides coverage for dental benefits including exams, x-rays, cleanings, amalgam fillings, and simple extractions, when the service is provided through Group Dental Service of Maryland, Inc. (“GDS”). Except as provided below, **any service you receive from a dentist who does not participate with GDS will not be covered under the Fund.**

Coverage under the Plan is provided only for the least costly, professionally adequate procedure to treat a condition. If you elect a more expensive procedure, the Plan will only cover the less costly procedure and you will be responsible for the difference in cost. Any dental expense incurred in connection with any dental procedure started prior to a participant’s or eligible dependent’s effective date of coverage is excluded.

## Coverage for Dependents in Plans Y, Y20 and Y30

Generally, your biological children, adopted children, children placed with you for adoption, children over whom you have legal custody and your stepchildren are eligible for dental benefits until the end of the calendar year in which they turned age 19. However, if your dependent child is a full-time student at an accredited college or university, dental coverage may be continued until the end of the calendar year in which he/she turns age 23. Children under age four are not eligible for dental benefits.

## Coverage for Dependents in Plan JSS2

Generally, your biological children, adopted children and children placed with you for adoption are eligible for dental coverage as your dependents if they are under age 26. Generally, stepchildren and children over whom you have legal custody are eligible for dental coverage until the end of the calendar year in which they turn age 19. Children of retirees, and all children under age four, are not eligible for dental benefits.



## Legal Custody

If you have had court-awarded legal custody of a child for at least six months, you may enroll that child as your dependent. You must submit a copy of the court-entered custody order along with the applicable enrollment form. Further, you must submit a notarized letter to the Fund Office every six months, confirming the continuation of custody.

## Coverage for Stepchildren

To be eligible for coverage as your dependent, a stepchild must reside with the eligible participant.

## Proof of Dependent Status

The Plan requires you to submit evidence of your dependent(s)' eligibility status – for your children: a birth certificate, adoption papers, or other proof of adoption or placement for adoption acceptable to the Trustees, and for your spouse: a marriage license. In the case of a stepchild, a copy of the divorce decree indicating custody is required as evidence.

## Coverage When Using a Non-Participating GDS Dentist

You may use a non-participating GDS dentist and receive coverage only:

- When referred by a participating dentist to a non-participating specialist;
- When authorized in advance by GDS;
- In the case of a dental emergency which occurs more than 50 miles from your primary dentist if you are temporarily away from home. “Emergency” means an unforeseen situation requiring services necessary to treat a condition or illness that, without immediate dental attention, would result in unalleviated acute dental pain, dental infection, and/or dentally related bleeding; or
- When the participant does not live or work within 20 miles or 30 minutes of a participating dentist.



## Speech Rehabilitation

*The following article applies to participants in Plans Y, Y20, Y30, J, JS and JSS2.*

For anyone who has suffered a stroke, head injury, neurological disorder or other medical condition such as cleft lip or palate that has affected the vocal and pharyngeal tracts, the path to recovery is often long and difficult. Fortunately, your Plan of benefits allows participants and eligible dependents to receive rehabilitative services.

Rehabilitation charges are covered at 80% for Plans Y, J, JS and JSS2, 75% for Plan Y20, and 70% for Plan Y30, subject to the allowed charges (up to the Usual, Customary and Reasonable (UCR) amount) and after satisfying the annual deductible. **All rehabilitative care must be approved by Conifer Health Solutions.** Coverage includes 30 days of inpatient rehabilitation or 60 outpatient visits when the visits are determined by Conifer to be in lieu of inpatient treatment.

## Helpful Information and Forms Can Be Found on the Fund Office's Website

You have the convenience of printing forms, reviewing your benefits, and reading current and former *For Your Benefit* newsletters by logging onto [www.associated-admin.com](http://www.associated-admin.com) (the Fund Office's website).

### You Can Find Forms For:

- Application for Pension
- Change of Address (Pension)
- Change in Beneficiary
- Coordination of Benefits ("COB")
- Electronic Funds Transfer ("EFT")
- Scholarship Preliminary Application
- Pension Tax Withholding Forms (Federal and State)
- Weekly Accident & Sickness (Disability) Claim Form

### Downloading and Printing Forms Is Easy

You can download and print forms at your convenience from your home computer by following these steps:

1. Open the Internet and type [www.associated-admin.com](http://www.associated-admin.com).
2. A webpage will open and you will see the name Associated Administrators, LLC, which is the Fund Office.

3. Click on the words "Your Benefits" which appears at the left side of the page.
4. Click on UFCW Unions and Participating Employers Health and Welfare Fund, Pension Fund, Legal Fund or Scholarship Fund to view the list of forms available to print.

## Asthma Inhalers Covered Under Rx; Spacer Covered Under Medical

If you use an inhaler for administering medication such as asthma medicine or medicine to treat COPD, a device called a spacer may also be prescribed. A spacer is an add-on to the inhaler that makes it easier to get the proper dose and also helps ensure that the medicine goes into the lungs rather than the throat. Spacers are often



prescribed to children and to the elderly – but sometimes to others as well.

Spacers are covered under the Fund under the Medical Benefit. If you pick up medicine and a spacer at the pharmacy, the medicine will be covered using your Prescription Drug card from Optum Rx. Send the itemized receipt for the cost of the spacer directly to the Fund Office for processing under Medical Benefits.

The cost for the spacer will be paid at the same percentage as your Plan's other medical benefits, after you satisfy the annual deductible.

## Moving? Keep the Fund Office Informed

It is very important that you tell the Fund Office when your address and/or telephone information changes. The Fund Office sends out important information about your benefits, including coverage change notices, Plan booklets, and this *For Your Benefit* newsletter. If we don't have the correct information, we may not reach you and that may affect your benefits.

If you are planning to move (even temporarily), or have recently moved, let the Fund Office know your new address and telephone number by calling (800) 638-2972. Remember, telling the Union or your employer is not the same as telling the Fund Office. Tell us where you live so we can send you important information regarding your benefits, claims, changes, and other important information.

## Retiree Information Forms Will Be Mailed Soon *Complete and Return This Form!*

The Fund Office will send all retirees a Retiree Information Form ("RIF") within the next few months to be completed and returned to the Fund Office. The form asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed.

***This form must be completed and returned every year, even if nothing has changed.*** It is very important that the retiree complete all sections of this form and promptly send it back to the Fund Office. If we don't receive your RIF, your benefits may be suspended until it is received. To assist you, the Fund Office will include a postage-paid return envelope with the first mailing.

### Helpful Reminders

- Please don't attach checks or claims to the RIF.
- Report any earnings from all employers.
- Let us know if you or your spouse has other health coverage.
- Be sure to sign the RIF.

***No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree. A copy of any such Power of Attorney must be on file with the Fund Office. If, for health reasons, the Retiree is unable to sign the form and there is no Power of Attorney on file, then the Retiree must sign an "X" on the RIF and have it notarized by a Notary Public.***