

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

September 2019 Vol. 35, No. 3

www.associated-admin.com

**Material
Modifications**

New Name for BriovaRx

The following is a Material Modification (change) to your Plan. Please cut out this article and keep it with your Summary Plan Description (SPD) booklet.

Effective **October 2019**, BriovaRx is changing its name to **OptumRx Specialty Services** and BriovaRx Infusion Services will change to OptumRx Infusion Services. Only the name will change – **your benefits remain the same.**



Notice of Creditable Coverage
Cut and keep. See page 6.

Availability of Pension Estimate
See page 7.

Open Enrollment for Health and Welfare Coverage Is November 1st – November 30th

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

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 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.

Open Enrollment Letter

You will soon receive an open enrollment letter, along with an enrollment form and, for all except Plan 40, a payroll deduction form from the Fund Office. If it applies to your group, a spousal surcharge form will also be included. **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.** For example, if you are already enrolled with single coverage and want to add coverage for your spouse, note the change on the payroll deduction form, complete the enrollment form and return both to the Fund Office. If you don't want to make changes, there is no need to return the forms. You will remain in your current coverage (assuming you are still eligible for the same Plan).

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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.

Shoppers (Local 400) Employees: Apply Now for the 2020 Annual Scholarship Award

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

The Health & Welfare Fund is awarding scholarships to a select number of participants and/or their dependents. Please complete the preliminary application on page three and mail it to the Fund Office postmarked by **December 31, 2019**. You may also print the form by logging onto www.associated-admin.com. Click on "Your Benefits," located at the left side of the page, and select "UFCW & FELRA Scholarship Fund." Under "Downloads," you can print the "2020 Preliminary Scholarship Application." Late applications will not be accepted.

Key points to remember:

- **Only those who are currently employed by Shoppers Food Warehouse and members of Local 400, and their dependents, are eligible. The participant must still be employed by Shoppers Food Warehouse and a member of Local 400 at the time the scholarship is awarded.**
- The participant must have at least one uninterrupted Year of Service as of December 31, 2019 and be actively employed.
- On December 31, 2019, dependent child applicants must be under the age of 24, unmarried, and a dependent of the participant for federal income tax purposes.
- If your dependent does not have medical coverage



through the Fund Office, please include a copy of a marriage certificate (if spouse), or birth certificate or custody order (if child) with the dependent's preliminary application.

If the above requirements are met and eligibility is verified, a formal application form will be mailed to the applicant in January 2020.

See Page 3 for Application 

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 or the Retiree 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.

Please notify the Fund Office immediately if your spouse is

covered under the Plan and you and your spouse become divorced, legally separated or physically separated. 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 reimbursing the Fund for any claims paid after the divorce or legal or physical separation.

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

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

*A Program of the
FELRA and UFCW
VEBA Fund*

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

2020 Annual Scholarship Preliminary Application

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

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

The Scholarship Program expects to award scholarships to a select number of eligible participants and their dependents who will be enrolled in an accredited college, university, community college, vocational school, or trade or technical school as a full-time student in the fall of 2020. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2019, the participant completes **at least one uninterrupted year of service, is actively employed by Shoppers Food Warehouse, and is a member of Local 400.** In addition, on December 31, 2019, dependent child applicants must be **under the age of 24, unmarried and a dependent of the participant for federal income tax purposes.**

Applicants who submit preliminary applications and meet the initial scholarship award requirements will be **mailed a full application in early January 2020.**

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

PRELIMINARY APPLICATION MUST BE POSTMARKED BY DECEMBER 31, 2019.

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

Employee's Information:

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

Employer _____ Employee's Email Address _____

Employee's Home Address _____
Street Number City State Zip Code

Applicant's Information:

Name (Please Print) _____

Applicant's Email Address _____

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

Date of Birth (If Dependent of Employee) _____ Email Address _____

Remember: Entry Deadline Is December 31, 2019.

All Health Benefits Terminate When You Drop Fund Coverage

If you wish to disenroll from Fund health coverage, call the Fund Office to request a disenrollment form. Complete and return the form. **Note: when you disenroll, all health benefits terminate.** You will no longer have Medical, Weekly Disability, Life Insurance, Accidental Death & Dismemberment, Prescription Drug, Optical or Dental benefits. You will, if eligible, still have Legal and Pension benefits.

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

Plan JSS2 Full-Time and Part-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.

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 you would like to enroll yourself for coverage, the cost deducted from your payroll for individual only coverage is \$5 per week.

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 part of the cost for dependent coverage. Your employer pays 80% of the cost and you pay 20% (via payroll deduction with your

employer). Contact your employer to see how much the payroll deduction will be. **A \$20 per week spousal surcharge may also apply.**

If you are a **Local 27 Plan Y part-time participant hired on or before May 27, 1997** and you elect dependent coverage, the amount below is the cost for dependent coverage.

- \$10 per week for the participant plus one dependent,
- \$15 per week for family coverage,
- An additional spousal surcharge - \$20 per week if applicable. See description below.

Plan Y20 Part-Time Participants – Dependent Child Coverage

If you are a part-time participant and you elect dependent child coverage, the following costs will be deducted from your payroll:

- \$5 per week for the participant plus \$137.57 per month for one dependent child,
- \$5 per week for the participant plus \$275.14 per month for two dependent children, and
- \$5 per week for the participant plus \$412.71 per month for three or more dependent children.

Spouses of part-time participants in Plan Y20 are not eligible for coverage. The option to add or drop dependent coverage for children will be offered once a year.

Plan Y30 Part-Time Participants – Dependent Child Coverage

If you are a part-time participant and you elect dependent child coverage, the following costs will be deducted from your payroll:

- \$10 per week for the participant plus \$135.12 per month for one dependent child,
- \$10 per week for the participant plus \$270.24 per month for two dependent children, and
- \$10 per week for the participant plus \$405.36 per month for three or more dependent children.

Spouses of **part-time** participants in Plan Y30 are not eligible for coverage. The option to add or drop dependent coverage for children will be offered once a year.

Spousal Surcharge

Full-Time participants in Plans Y, Y20, Y30 and JSS2 pay an additional \$20 per week deduction for dependent spouse coverage if one of the following conditions is applicable (note: the spousal surcharge does not apply if your spouse also is a participant in the Plan, rather than a dependent):

1. Your spouse is eligible for coverage through his/her employer, but elects not to enroll, or
2. Your spouse is enrolled in his/her employer's coverage and also elects Fund coverage on a secondary basis. In this case, the **non-duplication coordination of benefits rules apply**. Any secondary benefit payment will be determined by calculating the primary payment, subtracting it from what the Fund's payment would have been, and paying

the remaining amount, if any. For example, if your spouse's primary coverage paid 80% for a certain service and the Fund's payment would also have been 80%, no additional payment would be made under the Fund.

If you are a Full-Time participant in one of these Plans, a Spousal Surcharge form will be included with your open enrollment packet. It must be completed and signed in order to add your spouse.



UFCW Unions & Participating Employers Helpful Phone Numbers & Websites

Contact	Telephone Number	Purpose
Fund Office Participant Services/Eligibility www.associated-admin.com	(800) 638-2972 (410) 683-6500-Sparks Local Line (301) 459-3020-Landover Local Line Call 8:30 a.m. - 4:30 p.m.	<ul style="list-style-type: none"> • General benefits information, eligibility questions, weekly disability and claim inquiries. • Download and print forms from website.
Interactive Voice Response (IVR) System	(800) 638-2972	<ul style="list-style-type: none"> • To check the status of a claim 24 hours a day, 7 days a week.
MemberXG www.associated-admin.com	—	<ul style="list-style-type: none"> • Secure internet access to view your benefit information (health claims, eligibility).
CareFirst PPO www.carefirst.com	<ul style="list-style-type: none"> • ID card with <u>blue</u> writing (Net Lease or Local Lease), call (800) 235-5160 • ID Card with <u>black</u> writing (Flexlink), call (800) 810-2583 	<ul style="list-style-type: none"> • A network of hospitals, physicians, and other health care providers. • Plan Y, Y20 and Y30 participants must use a provider in the CareFirst network.
LabCorp www.labcorp.com/psc/index.html Quest Diagnostic Laboratories www.questdiagnostics.com/appointment	(888) 522-2677 (866) 697-8378	<ul style="list-style-type: none"> • Provides laboratory services. • Plan Y, Y20 and Y30 participants must use either LabCorp or Quest for all laboratory services.
Conifer Health Solutions www.ConiferHealth.com	(866) 290-8147 Fax # (410) 972-2044	<ul style="list-style-type: none"> • Required to pre-certify ALL hospital admissions (including certification within 48 hours of an emergency admission). • Disease Mgmt: A registered nurse can serve as a case manager for you or a covered family member living with a chronic or complex medical condition.
OptumRx Specialty Services www.optumrx.com	(866) 290-8147	<ul style="list-style-type: none"> • You must use a pharmacy in the OptumRx network. • Generic drugs are mandatory when available.
Group Dental Service of MD www.gdsmd.com	(800) 242-0450	<ul style="list-style-type: none"> • Dental benefits provider.
Group Vision Service www.gvsm.com	(866) 265-4626	<ul style="list-style-type: none"> • Vision benefits provider.
Beacon Health Options www.achievesolutions.net/UFCW	(800) 454-8329	<ul style="list-style-type: none"> • Mental health and substance abuse treatment. • Must use a Beacon Health provider for coverage.

Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.



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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The UFCW Unions and Participating Employers Health and Welfare Fund has determined that the prescription drug coverage offered by the Active Health & Welfare Plan and the Retiree Health & Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

If you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

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

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

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

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

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

Note to Kaiser Medicare HMO Enrollees

You will get a notice from Kaiser Permanente that you are enrolled in Medicare Part D. Your coverage for medical and/or prescription drug benefits through Kaiser will remain the same.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the Fund Office for further information at (800) 638-2972 or (410) 683-6500. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans) changes. You may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

- Call (800) MEDICARE, (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 (TTY (800) 325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 1, 2019

Name of Entity/
Sender: Fund Office
UFCW Unions and Participating
Employers Health and Welfare Fund
(Active and Retiree Health Plans)
911 Ridgebrook
RoadSparks, MD 21152-9451

Phone Number: (800) 638-2972
(410) 683-6500



Availability of Pension Estimate

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

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

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

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