

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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www.associated-admin.com

Material Modification



Collective Bargaining Change – Read Below For Important Information About Your Benefits

The following applies to participants and eligible dependents under Plan JSS2 and Plan Y whose employers entered into a ratified 2012 bargaining agreement with the Local Union.

Bargaining Change

Plan JSS2 and Plan Y: Endodontic Procedures (Root Canals) Now Covered

Effective September 1, 2012, as a result of recent collective bargaining, the Board of Trustees is pleased to announce that coverage of Endodontic procedures (root canals) has been added for Participants and Dependents in Plan JSS2 and Plan Y. While most of the Endodontic procedures are subject to a co-pay, participants should see significant savings since the procedures previously were not covered under Plans JSS2 and Y and could have cost as much as \$1,200 per instance. To be covered, **the Endodontic procedures must be performed by a GDS general network dentist** and are subject to the same policy provisions as your other dental benefits including, but not limited to, authorization for medical necessity.

The covered Endodontic procedure codes and associated co-pays are as follows:

CO-PAY WHEN USING A GDS GENERAL NETWORK DENTIST

CODE	ADA DESCRIPTION	CO-PAY
D3110	Pulp Cap Direct	\$0
D3120	Pulp Cap Indirect	\$0
D3310	Endodontic Therapy – Anterior Tooth	\$125
D3320	Endodontic Therapy – Bicuspid Tooth	\$125
D3330	Endodontic Therapy – Anterior Tooth – Molar	\$250

All co-pays and fees are due at the time of service, and all dental services must be performed by a network general dentist to be eligible for dental benefits.

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.

Notice of Creditable Coverage
Cut and Keep. See Page 6.

Availability of Pension Statement
See Page 7.



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If the procedure is performed by a GDS in-network Endodontic Specialist, the Participant is responsible for an additional \$100 Specialist fee charge on the last three procedures reflected in the above chart. Thus, if the procedure is performed by a GDS in-network Endodontic Specialist, co-pays are as follows:

Please insert this Summary of Material Modifications into your Summary Plan Description booklet. If you have questions regarding the endodontic benefit or for assistance in finding a network dentist, please contact GDS at 800-242-0450.



CO-PAY WHEN USING A GDS IN-NETWORK ENDODONTIC SPECIALIST

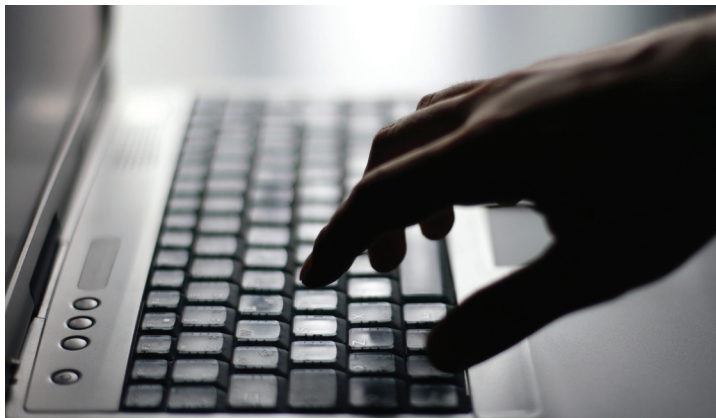
CODE	ADA DESCRIPTION	CO-PAY
D3110	Pulp Cap Direct	\$0
D3120	Pulp Cap Indirect	\$0
D3310	Endodontic Therapy – Anterior Tooth	\$225
D3320	Endodontic Therapy – Bicuspid Tooth	\$225
D3330	Endodontic Therapy – Anterior Tooth – Molar	\$350

Contraceptives For Dependents Covered Only If Medically Necessary

The Fund will provide coverage for contraceptives for a dependent daughter **only if it is medically necessary**. Contraceptives for dependent daughters are not covered for contraception purposes (birth control). For this reason, if your daughter has a medical condition which

requires a contraceptive prescription, her doctor **must** note that the prescription is for the treatment of a medical condition, not for birth control, in order for the prescription to be covered under the Plan.

UFCW Pensioners: Make Sure Your Beneficiary Designation Is Current



Under the UFCW Unions & Participating Employers Pension Plan, upon the death of any pensioner (except a pensioner receiving a deferred vested pension), the pensioner's beneficiary will receive a death benefit. To be sure that this benefit is paid to the person you select, please make sure that your beneficiary designation form is up to date.

This form can be found by logging on to www.associated-admin.com, selecting "UFCW" and printing the "Change in Beneficiary" form.

K2 and K20 Open Enrollment for Medical Coverage Is November 1st – November 30th

The following article applies to participants in Plan K2 and Plan K20 only.

November 1 - November 30 is open enrollment for choosing health and welfare coverage starting January 1, 2013. If you have not already enrolled for benefits or if you wish to change your enrollment, you may do so during this time. **If you are already enrolled and don't wish to make a change, don't do anything — your coverage will continue as it has been for the past year.**

Cost for Coverage

The cost to enroll for coverage is as follows:

- \$5 per week for single coverage,
- \$10 per week for participant plus spouse,
- \$10 per week for participant plus child/ren, and
- \$15 per week for family coverage.

Payment is made via payroll deduction.

What Coverage Will You Have?

Your coverage is described in your Summary Plan Description ("SPD") booklet. If you do not have your SPD readily available, you can review your benefits by logging on to www.associated-admin.com. Click on the words "Your Benefits" located at the left side of the screen and then

choose "UFCW." From there you can "open" the SPD for either Plan K or Plan K20 (based upon the Plan you're in).

Changing Coverage

During open enrollment, you may add or drop coverage levels (remember that part time K20 participants are not eligible for dependent coverage).

Letter And Enrollment Materials To Be Mailed

You will receive a letter from the Fund office explaining this year's open enrollment. You will also receive an enrollment form and payroll deduction form which must be completed and returned to the Fund office.

Mail or Fax Information

You must return BOTH the enrollment application and the payroll deduction form by November 30, 2012 (postmarked or faxed) in order for payroll deductions to be set up and coverage to begin on January 1, 2013. Mail them to the Fund office at the address below:

Fund Office
4301 Garden City Drive
Suite 201
Landover, MD 20785-6102

You can also fax the information to (301) 459-1042.

Bargaining
Change



Material
Modification

SHOPPERS Kaiser Medicare HMO Retirees: Collective Bargaining Change

The following article applies to retirees formerly employed by Shoppers, and their dependents who are enrolled in the Fund's Kaiser Permanente Medicare HMO Option.

As a result of collective bargaining, the Trustees have adopted the following change to the Shoppers Kaiser Medicare HMO retiree program, effective **Sept. 1, 2012**:

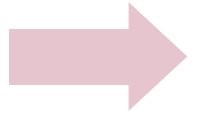
- The office visit copayment will change from \$10 to \$15 per visit.
- There will be a \$100 inpatient copayment which will apply to the first inpatient admission during each benefit period.
- The prescription drug co-payments will change as follows:
 - ◊ From \$5 to \$10 for mail order scripts (up to a 90 day supply) from the Kaiser Permanente mail order pharmacy;

- ◊ From \$10 to \$15 for scripts obtained at a Kaiser Center Pharmacy (up to a 60 day supply);
- ◊ \$22.50 for 90 day supply script obtained at a Kaiser Center Pharmacy rather than mail order;
- ◊ From \$15 to \$25 for scripts obtained at a participating retail pharmacy.

You will receive a separate mailing and a new Evidence of Coverage directly from Kaiser Permanente.

The Board of Trustees is pleased to be able to continue coverage for retirees. If you have questions regarding your Kaiser benefits, please call (800) 777-7902.

SHOPPERS Employees: Apply Now for 2013 Annual Scholarship Award



The following article applies to eligible participants employed by Shoppers Food Warehouse and their dependents. Employees (and their dependents) of Shoppers locations which were formerly Metro stores are not eligible for the scholarship benefit.

The Scholarship Fund is awarding scholarships to a select number of participants and/or their dependents. Please complete the preliminary application on page 5 and mail it to the Fund office postmarked by **December 31, 2012**. 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." Select and print the "Preliminary Scholarship Application." Late applications will not be accepted.

Key points to remember:

- **Only those currently employed by Shoppers, and their dependents, are eligible.**
- The participant must have at least one uninterrupted

Year of Service as of December 31, 2012. In addition, dependent applicants must be under the age of 24 on December 31, 2012.

- 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.
- Please submit only one preliminary application per applicant.

If the above requirements are met and eligibility is verified, a formal application form will be mailed to the applicant in January 2013.

Dental Coverage When Using A Non-Participating GDS Provider

Your plan of benefits provides coverage for dental benefits including exams, x-rays, cleaning, 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 general dentist or specialist who does not participate with GDS will not be covered under the Fund.**

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 the participant's primary dentist and

if the participant or eligible dependent is temporarily away from home and outside the GDS service area, GDS will reimburse the participant for dental expenses relating to minor procedures for the palliative relief of pain to a limit of fifty dollars per occurrence; or

- When the participant does not live or work within 20 miles or 30 minutes of a participating dentist.

New Claims Address for Group Dental Services

Dental claims should be sent to:
Group Dental Service of Maryland, Inc.
P.O. Box 7804
London, KY 40742

NOTE: Most of the time your dentist files the claim for you.

NEW Plan Name for Retiree Health and Welfare

Effective September 1, 2012, the Fund's retiree plan will be called the UFCW Unions & Participating Employers Retiree Health and Welfare Plan.

You may continue to use your current medical card (whether your benefits are provided through Fund medical

coverage or Kaiser Medicare coverage) and your current prescription ID card from Catamaran Rx (formerly called InformedRx/SXC).

If you have questions about these changes, please contact the Fund office.

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

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
Health & Welfare Fund*

4301 Garden City Drive, Suite 201
Landover, Maryland 20785-6102
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

2013 Annual Scholarship Awards

Attention: Employees of Shoppers Food Warehouse

If you work for Shoppers Food Warehouse, 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 Fund.

The Scholarship Fund expects to be awarding scholarships to a select number of eligible participants and their dependents who will be attending college or a university as a full-time student in the fall of 2013. Participants and their dependents are eligible to apply for a scholarship award if the participant completes at **least one uninterrupted year of Service as of December 31, 2012 and is actively employed as of that date.** In addition, dependent applicants must be **under the age of 24 on December 31, 2012.**

Applicants who submit preliminary applications and meet the initial scholarship award requirements will be **mailed a full application in early January 2013.**

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, 2012.

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

Employee's Information:

Name *(Please Print)* _____ Social Security Number _____

Employer _____ Employee's Email Address _____

Home Address _____
Street Number City State Zip Code

Applicant's Information:

Name *(Please Print)* _____ Social Security Number _____

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, 2012.

IMPORTANT!
Keep this notice

Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

The following Notice of Creditable Coverage applies to Medicare-eligible participants, retirees, and dependent spouses. This notice does not apply to retirees formerly employed by Kroger, as their drug coverage is not provided through the Fund.

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 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 Fund 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 when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

However, 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 Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current UFCW Unions and Participating Employers Health and Welfare Fund coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you decide to join a Medicare drug plan and drop your UFCW Unions and Participating Employers Health and Welfare 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 UFCW Unions and Participating Employers Health and Welfare 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) to 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 nineteen 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.

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 changes. You also 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

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, 2012

Name of Entity/Sender: Fund Office
 UFCW Unions and Participating Employers Health and Welfare Fund
 911 Ridgebrook Road
 Sparks, Maryland 21152

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



Availability of Pension Statement

The following article applies to actively working participants only.

Under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), you have the right to request a pension benefit statement annually and be informed about how to get one. **You are entitled to one (1) benefit statement per year.**

To receive your statement, complete a Benefit Service Request form. To get this form, you can:

- Log on to www.associated-admin.com and click on "Your Benefits" located at the left side of the page. Select "UFCW" 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 will take approximately 4 – 6 weeks for us to prepare your statement. There is no charge for a Benefit Statement.



Retirees: You And Your Dependents Must Wait 12 Months To Re-Enroll In Fund Medical Coverage

If you or your dependent(s) have Health and Welfare coverage through the Fund and wish to drop coverage, you and/or your dependent will have to wait at least twelve (12) months before returning to Fund coverage.

Remember, dependents of retirees are eligible for medical coverage only; they are not eligible for optical, dental, or prescription drug benefits.



Landover Fund Office Has New Four-Digit Zip Code

The zip code for our Landover office has changed from 20785-2210 to 20785-6102. The four digit extension "6102" identifies the Suite Number 201 at 4301 Garden City Drive in Landover.

Beginning in January 2013, the US Postal Service is not required to deliver mail that does not have the proper four-digit extension of 6102. This means that **mail may not be delivered** to our Landover office unless all the

numbers are correctly shown on the envelope. When sending correspondence to the Landover Fund office, please address it to:

Fund Office
4301 Garden City Drive
Suite 201
Landover, Maryland 20785-**6102**

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