

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

September 2013 Vol. 29, No. 3

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

## Summary of Benefits and Coverage Notice

You will soon receive (if you haven't already) the UFCW Unions & Participating Employers Health & Welfare Fund ("Fund") Summary of Benefits and Coverage ("SBC") relating to your benefits under the Fund, as required by federal law. The SBC contains general information about your Plan of benefits. For more detailed information, please refer to your Summary Plan Description ("SPD") booklet and the Summary of Material Modifications ("SMMs") relating to your specific benefit coverage.

The SPD and SMMs are available online by logging on to [www.associated-admin.com](http://www.associated-admin.com), clicking on "Your Benefits," located at the left side of the screen, and selecting "UFCW." You can also contact the Fund office for the SPD booklet specific to your coverage.



**Notice of Creditable Coverage**  
Cut and Keep. See pages 4 and 5.

**Notice of Availability of Pension Statement**  
See page 8.

## Conifer's/InforMed's Disease Management Program Is Available To Help

*The following article applies to those with Fund coverage (not to those who have HMO coverage or who are Medicare eligible).*

Conifer, formerly known as InforMed, the Fund's disease management provider, provides medical management services to participants and dependents. If you or a covered family member are living with a chronic or complex medical condition, a personal nurse may be assigned to help coordinate and address your or your loved one's health care needs.

### How does it work?

A three-way team is created between you, your physician, and one of Conifer's expert nurses, to collaborate, discuss and implement a care plan. A Conifer nurse can develop a customized care treatment plan that factors in all of your conditions and illnesses with specific goals outlining how you, your physician, and your nurse can work as a team to help you get better.

### Does this service cost me anything?

No. Conifer's medical management services are part of your benefits.

### Can I change Conifer nurses?

Yes. If for some reason you are not happy with your Conifer nurse, a new nurse will be assigned to you.

### How can I contact Conifer/InforMed?

Call Conifer/InforMed at 1-800-459-2110 or fax them at (410) 972-2044.

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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.*

## Pension Death Benefit Payable As A Monthly Benefit

As explained in the UFCW Unions & Participating Employers Pension Fund Summary Plan Description booklet (page 26), the “Lump Sum Death Benefit” is no longer available. Instead, your Plan now provides an Annuity Death Benefit.

Under the Annuity Death Benefit, your beneficiary will be entitled to receive a death benefit in the form of a monthly annuity, upon your death. (**NOTE:** Deferred Vested Participants are not eligible for the Lump Sum Death Benefit.) The monthly annuity will continue until the entire Death Benefit has been paid. The amount of each monthly payment to the beneficiary will equal the amount of the monthly pension benefit that would have been payable to you under the Plan had you elected to receive your benefit in the form of a Single Life Annuity.

The total value of the death benefit annuity will be equivalent to (and will not exceed) the following amount:

- \$2,500, if the majority of your Benefit Service is Full Time, or
- \$1,500, if the majority of your Benefit Service is Part Time.

Note: The total value of the death benefit annuity will be \$2,500 for participants of the former UFCW Local 400 Meat And Poultry Fund.

If the person you name as your beneficiary on the beneficiary card you filed with the Fund office is not living when you die, the death benefit will be paid in accordance with the order of determination listed in your SPD.

You may designate one person as a beneficiary and, if you wish, one person as a contingent beneficiary, in writing, in the form and manner required by the Trustees. You may change your designation at any time in the same manner. (See the article below for more information). If you are married, you do not need your spouse's consent to name or change your beneficiary for this benefit. If the beneficiary stated in an approved QDRO (Qualified Domestic



Relations Order) is different from the beneficiary listed on your pension beneficiary card, benefits will be paid to the beneficiary in the QDRO.

A beneficiary also may be designated in an order that has been entered by a court, provided that such order contains a clear designation of rights and is presented to the Fund prior to any payment being made to another person that you designated as your beneficiary. A beneficiary designation made pursuant to a court order meeting the above requirements will supersede any prior or subsequent conflicting beneficiary designation that is filed with the Fund.

A beneficiary may waive his or her rights as a beneficiary under the Plan in an order that has been entered by a court, provided that such order contains a clear and unequivocal waiver of the beneficiary's rights and is presented to the Fund prior to any payment being made to the beneficiary. A waiver in a court order meeting the above requirements will supersede any prior conflicting beneficiary designation that has been filed with the Fund. If a court order meeting the above requirements contains a waiver of rights by the beneficiary on file with the Fund office and you subsequently die without naming a new beneficiary, any benefits payable on your behalf will be paid pursuant to the Plan as though you died without designating a beneficiary.

The Trustees are the sole judges of the effectiveness of the designation, change or waiver of a beneficiary 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](http://www.associated-admin.com), clicking on “Your Benefits” located at the left side of the page, and selecting “UFCW.” You can print the “Change in Beneficiary” form from that page.

## 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, 2014. 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 (spouse and children)

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](http://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 K2 or Plan K20 (whichever Plan you're in). You also can request that the Fund office mail you a copy of your SPD.

### 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.

### What Can I Choose?

You may not choose your *Plan*, such as K2 or K20 – that is determined by your collective bargaining agreement. However, you may add coverage at this time, drop it, or make changes to your coverage level, such as from individual to husband/wife or from

family to individual. Read your letter carefully.

Remember that Part Time K20 participants are not eligible for dependent coverage.

### Mail or Fax Information

You must return BOTH the enrollment application and the payroll deduction form by November 30, 2013 (postmarked or faxed) in order for payroll deductions to be set up and coverage to begin on January 1, 2014.

Mail them to the Fund office at the address below:

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

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

## Medicare Participants: Beware of Prescription Drug ID Cards That Come In The Mail



**A reminder to retirees:** You should **not** enroll in a Medicare Part D prescription plan if you want to keep Fund prescription drug coverage. The Fund's prescription benefits have been determined to be equal to or greater than Medicare Part D coverage. **If you enroll in Medicare Part D with another vendor, you will lose Fund prescription coverage.**

If you get a prescription drug ID card from a place you don't recognize, call the issuer and ask to be disenrolled. Some plans have “auto-enroll” features

which enroll a person without his knowledge or consent. If it appears you have been enrolled in a plan such as this without your active consent, **don't just throw out the ID card —call them!** You may say, “I don't want this coverage, I did not enroll, and I want a disenrollment form showing that I am **out** of it.” Once you receive a disenrollment form, send it to the Fund office. This way the Fund office will know that you did not elect Medicare Part D prescription drug coverage from a vendor, and you want to keep your benefits under the Fund.

## K2/K20: Coverage for Routine Tests (Colonoscopy, Mammogram, PSA)

The following article applies to actively working K2 and K20 participants (not retirees).

Your Plan of benefits covers colonoscopies, mammograms and PSA tests, which are considered "wellness benefits." The first \$500 of wellness expenses are covered at 100% with no deductible under the Basic Benefit/Wellness Program.

Note: If you have used all of the \$500 annual wellness allowance, eligible balances for these services will be covered under Major Medical at 80%, up to the usual, customary and reasonable ("UCR"), if you are in Plan K2, and 70%, up to the UCR, if you are in Plan K20. The annual deductible applies.

### • Routine Colonoscopy

Your Plan of benefits includes coverage for a routine colonoscopy for participants and dependents **age 50 and over** once every five years. The test is covered at 100% up to the usual, customary, and reasonable ("UCR") amount with no deductible.

### • Routine Mammogram

A routine annual mammogram is covered for participants and eligible dependents **age 40 and over**, at 100%, up to the UCR amount, with no deductible, once every year. In certain places, the Summary Plan Description booklet uses the phrase "over the age of 39 years." This means that you must be age 40 or over for annual routine mammograms to be covered.

### • Routine PSA Test

A routine PSA (prostate specific antigen) test for male participants and dependents **age 50 and over** is covered under your medical benefits at 100%, up to the UCR amount, with no deductible, once every 12 months.

Note that the Wellness Benefit also includes immunizations, flu shots, PAP tests and more. See your Summary Plan Description for a complete list of services.

**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.

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 (Active and Retiree Health Plans) 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.

Continued from page 4

### 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 (Active and Retiree Health Plans) 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 (Active and Retiree Health Plans) 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 (Active and Retiree Health Plans) 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 (Active and Retiree Health Plans) 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](http://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](http://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, 2013  
Name of Entity/Sender: Fund Office  
UFCW Unions and Participating Employers Health and Welfare Fund (Active and Retiree Health Plans)  
911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Phone Number: (800) 638-2972 or  
(410) 683-6500



## Y-20 Participants: Anesthesiologist Must Participate With CareFirst. Call CareFirst BEFORE Having Anesthesia Services.

*The following article applies to Plan Y-20 participants whose medical coverage is provided through the Fund, not an HMO.*

Just because your hospital participates with CareFirst PPO, it does not mean that every department or physician in that hospital also participates. If you know you have a surgery planned, it is very important for you to call CareFirst Member Services Department before the surgery to find out if the anesthesiology department participates with CareFirst. Remember, under Plan Y-20, **you must use a CareFirst provider for all medical services** (and this includes the anesthesiologist).

### Keep All Informed

It is a good idea not only to remind your physician, but also your family members, that you must use a CareFirst provider. Tell them that the hospital and anesthesiologist both must participate with CareFirst.

### Locating a CareFirst Provider

You may call the CareFirst telephone number located on the back of your medical ID card. If you have a white ID card with blue writing, call (800) 235-5160. If you have a white ID card with black writing, call (800) 810-2583. You may also go online to the CareFirst website, [www.carefirst.com](http://www.carefirst.com).

### What's Your Coverage?

For Plan Y-20 participants, anesthesia is covered at 75%, up to the usual, customary, and reasonable ("UCR") charge if you use a CareFirst provider, after satisfying the annual \$300 deductible (per covered individual, per year). You are responsible for the remaining 25% and for any charges over the UCR amount. Once you have paid \$4,000 in out-of-pocket expenses in a calendar year, additional claims for that year will be paid at 100%, up to the UCR charge for covered services.

## SHOPPERS Employees: Apply Now For The 2014 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 7 and mail it to the Fund office postmarked by **December 31, 2013**. You may also print the form by logging onto [www.associated-admin.com](http://www.associated-admin.com). Click on "Your Benefits," located at the left side of the page, and select "UFCW." From there you can print the "Preliminary Scholarship Application" form under the word "Downloads." Late applications will not be accepted.

### Key points to remember:

- **Only those currently employed by Shoppers, and their dependents, are eligible. The participant must be employed at the time the scholarship is awarded.**
- The participant must have at least one uninterrupted Year of Service as of December 31, 2013. In addition, dependent applicants must be under the age of 24 on December 31, 2013.
- 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.

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

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

### 2014 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 2014. 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, 2013 and is actively employed as of that date**. In addition, dependent applicants must be **under the age of 24 on December 31, 2013**.

Applicants who submit preliminary applications and meet the initial scholarship award requirements will be **mailed a full application in early January 2014**.

**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, 2013.

**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 \_\_\_\_\_

Employee's Home Address \_\_\_\_\_

Street Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

#### Applicant's Information:

Name (Please Print) \_\_\_\_\_ Social Security Number \_\_\_\_\_

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, 2013.**



## Availability of Pension Statement

*The following article applies to actively working participants only.*

**U**nder the Employee Retirement Income Security Act of 1974, as amended (“ERISA”), you have the right to request a pension benefit statement annually.

**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](http://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.

