

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

September 2015 Vol. 31, No. 3

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



## Salary Deduction Form And Letter Sent. Please Read Mail And Respond.

The following article applies to Shoppers employees in Plans Y, Y20 and JSS2.

**E**ffective January 1, 2016, all Shoppers employees must pay a weekly co-premium for health and welfare coverage, including a spousal surcharge if applicable. This payment will be handled via salary deduction. A letter and form(s) were sent to participants who (1) are not currently enrolled in Fund coverage, or (2) previously have not had a salary deduction from their paychecks for coverage. If you received this mailing from the Fund Office, it is **very important that you complete and sign the form(s) and return them to the Fund Office to ensure that you have health and welfare coverage – including Weekly Disability/Accident and Sickness benefits – effective January 1, 2016.**

The co-payments shown in the letter were determined in collective bargaining for Shoppers employees and will be deducted from your paycheck by your employer starting January 1, 2016. Once we receive your payroll deduction form and enrollment application, the Fund Office will contact your employer to begin the payroll deduction.

**If you do not return the salary deduction form, your coverage under the Fund will terminate as of December 31, 2015.**

### Simple Ways to Return the Payroll Deduction Form and Enrollment Application:

- **Via Email**  
We have set up an email option for your convenience. Complete the form(s), scan them, and email to: [enroll@associated-admin.com](mailto:enroll@associated-admin.com). On the payroll deduction form, only note the last four digits of your Social Security Number to protect your privacy.
- **Via Fax**  
You can also fax the completed form(s) to 1-(800) 418-1545.
- **Via Mail**  
If you choose to mail the form(s), send to:

Fund Office  
Attn: Shoppers Open Enrollment  
911 Ridgebrook Road  
Sparks, MD 21152-9451

**If possible, please email or fax the form(s) to us for quicker processing. You must SIGN and return the forms as soon as possible in order for coverage to be effective January 1, 2016.**

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

**Availability of Pension Statement**  
See page 7.



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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.*



# Plans Y and Y20 – Clarification Regarding Coverage of Emergency Services

This Summary of Material Modifications (“SMM”) clarifies the SMM issued in the March 2015 issue of the **For Your Benefit** newsletter regarding the coverage of emergency services under Plans Y and Y20. **Effective February 1, 2015**, emergency services are covered as follows, regardless of whether you receive treatment in-network or out-of-network:

	Facility Charges	Physician Charges
<b>Plan Y</b>	\$75 co-pay 20% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.	20% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.
<b>Plan Y20</b>	\$75 co-pay 25% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.	25% co-insurance of usual, customary, and reasonable charges, plus balance-billing up to In-Network rate.



## MetLife Will Be New Provider for Life Insurance and Accidental Death & Dismemberment Benefits Starting October 1st

Effective October 1, 2015, MetLife will be your new provider for Life Insurance and Accidental Death and Dismemberment (“AD&D”) benefits. MetLife will be replacing ING/Voya Financial. Your benefits will not be changing.

## Participants: SHOPPERS and Kroger Pharmacies Offer Free Flu Shot with Rx Card

*The following article applies to participants in Plans Y, Y20, JSS2, RNK1, RNK2, and RNK3. It does not apply to Richmond/Tidewater participants.*

With flu season just around the corner, it may be a good time to get your flu shot. All actives and retirees in Plans Y, Y20 and JSS2 with Fund coverage can receive the flu shot at any Shoppers or Kroger pharmacy, **at no cost to you**, using your Catamaran Prescription ID card. Participants in Plans RNK1, RNK2 or RNK3 can get the flu shot at a Kroger pharmacy using your Kroger Rx/SXC prescription card.

If you prefer to get your flu shot from your doctor or don't live near a Shoppers or Kroger pharmacy, the shot is covered under your medical benefits **if the office visit is only to administer the flu shot**. If the office visit is for any other medical reason, besides getting the flu shot, the office visit will be covered under your major medical

benefit. For those with Fund medical coverage, the injection itself is covered at 100% up to the Usual, Customary and Reasonable fee, and the office visit charge (if there is one) is covered under your Major Medical or Comprehensive benefit at the applicable co-payment after satisfying the annual deductible. Submit your paid receipt to the Fund Office and you will be reimbursed.

For participants in the Kaiser Permanente HMO (actives and retirees), the flu shot is covered in full with no co-pay if you use a Kaiser physician. However, actively working participants in Kaiser who use Catamaran for their prescription benefit also may get a flu shot at a Shoppers or Kroger pharmacy using their prescription ID card.

# Plans RNK1, 2 and 3 – Open Enrollment for Medical Coverage Is November 1st – November 30th

*The following article applies to participants in Plans RNK1, RNK2 and RNK3 only.*

**N**ovember 1 through November 30 is open enrollment for choosing health and welfare coverage for the next twelve months (January 1, 2016 – December 31, 2016). This open enrollment applies to participants employed by Kroger in the Roanoke area – Roanoke Plan 1 (“RNK1”), Roanoke Plan 2 (“RNK2”) and Roanoke Plan 3 (“RNK3”). 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.**

Kroger gives the Fund Office a file with hours paid information. From that, we determine which plan you may choose for the next 12-month period. Your enrollment materials will tell you if you are eligible to choose from all three plans (RNK1, RNK2, or RNK3), from two plans (RNK2 or RNK3), or that you must be in Plan RNK3.

During this time, you may add coverage, drop it, or make changes to your coverage level, such as from individual to husband/wife or from family to individual.

## Cost for Coverage

The weekly cost to enroll for coverage is as follows:

Type of Coverage	RNK1	RNK2	RNK3
Employee Only	\$15 per week	\$10 per week	\$5 per week
Employee + Spouse (if spouse was enrolled on or before 8/29/13)	\$43.85 per week	\$38.85 per week	\$33.85 per week
Employee + Spouse (if spouse was enrolled after 8/29/13)	\$49.62 per week	\$44.62 per week	\$39.62 per week
Employee + Child(ren)	\$20 per week	\$15 per week	\$10 per week
Family Rate: Employee, spouse and child(ren) (if spouse was enrolled on or before 8/29/13)	\$48.85 per week	43.85 per week	\$38.85 per week
Family Rate: Employee, spouse and child(ren) (if spouse was enrolled after 8/29/13)	\$54.62 per week	\$49.62 per week	\$44.62 per week

Weekly co-payments are made via payroll deduction and include coverage for medical, prescription drug, optical, dental, and life insurance benefits.

## Eligibility for Coverage

- **Full Time:** If you are a “Full-Time” Participant, you are eligible for coverage for yourself, your spouse, and your dependent children. A Full Time Participant is a Participant entitled to payment for an average of **32** hours per week for those hired on or before October 31, 2004, or an average of **40** hours per week for those hired after October 31, 2004.
- **Part Time 1:** If you are a “Part Time 1” Participant, you are eligible for coverage for yourself and your dependent children. A Part Time 1 Participant is a Participant entitled to payment for an average of **30 – 31.99** hours per week for those hired on or before October 31, 2004, or an average of **30 – 39.99** hours per week for those hired after October 31, 2004.
- **Part Time 2:** If you are a “Part Time 2” Participant, you are eligible for **employee coverage only**. A Part Time 2 Participant is a Participant entitled to payment for an average of **20 – 29.99** hours a week for those hired on or before August 29, 2013, or an average of **25 – 29.99** hours per week for those hired after August 29, 2013.
- **NOTE: Spouses who are eligible for coverage through their employers are not eligible for coverage under the Fund.**

*Continued on page 4*

### Eligibility for Your Dependent Children:

If you are eligible for dependent child coverage, remember that your biological and adopted dependent children may be covered under the Plan up to age 26. Dependent stepchildren and children over whom you have legal custody may be covered through the end of the calendar year in which they turn 19, or through the end of the calendar year in which they turn 23 for full time students, if they reside with you.

### 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

If you are making a change or enrolling for the first time, **you must return BOTH the enrollment application and the payroll deduction form by November 30, 2015 (postmarked or faxed) in order for payroll deductions to be set up and coverage to begin on January 1, 2016.** Mail them to the Fund Office at the address below:

Fund Office  
Attn: Kroger Open Enrollment  
4301 Garden City Drive, Suite 201  
Landover, MD 20785-6102

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

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## SHOPPERS Employees: Apply Now For the 2016 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 Health & Welfare Fund is awarding scholarships to a select number of participants and/or their dependents. Please complete the preliminary application below and mail it to the Fund Office postmarked by **December 31, 2015**. 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 & FELRA Scholarship Fund." Under "Downloads (Forms)," you can print the "2016 Preliminary Scholarship Application." Late applications will not be accepted.

- 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 2016.

### Key points to remember:

- **Only those currently employed by SHOPPERS Food Warehouse, and their dependents, are eligible. The participant must be employed by Shoppers Food Warehouse at the time the scholarship is awarded.**
- The participant must have at least one uninterrupted Year of Service as of December 31, 2015 and be actively employed.
- On December 31, 2015, dependent child applicants must be under the age of 24, unmarried and a dependent of the participant for federal income tax purposes.



**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](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)

**2016 Annual Scholarship Preliminary Application**  
***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 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 2016. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2015, the participant completes at **least one uninterrupted Year of Service and is actively employed by Shoppers Food Warehouse**. In addition, on December 31, 2015, 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 2016**.

**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 dependent's application.

**PRELIMINARY APPLICATION MUST BE POSTMARKED BY DECEMBER 31, 2015.**

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

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**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 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, 2015.***

Shoppers 2016 Preliminary Annual Scholarship Applic. CS/bns 8.2015

**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.

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.

## 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, 2015

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



## Availability of Pension Statement

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

You have the right to request a pension benefit statement annually. You are entitled to one benefit statement per year.

To receive your statement, please 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 Participating Employers" and go to the "Downloads (Form)s heading 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. It takes time because we verify the work history in our records with your employer(s). There is no charge for a Benefit Statement.

## Value Options Merged With Beacon Health Options

ValueOptions, which provides your mental health, substance abuse and employee assistance program benefits, has merged with Beacon Health Strategies to form Beacon Health Options. **There are no changes to your ValueOptions program, other than a new name, logo and design for program materials. Your benefits remain the same.** The provider

network and the phone number (1-800-454-8329) remain the same.

Behavioral health counselors, doctors and hospitals have started to see this change, so if your provider mentions it, there is no cause for concern. Again, nothing is changing except the name.



# UFCW Pensioners: Please Be 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 and PE Pension Fund." You can print the "Change in Beneficiary" form, located under "Downloads (Forms)." You also may receive a beneficiary designation form by contacting the Fund Office at 1-800-638-2972.

