1099Rs for Retirees Will Be Mailed in Late January. **Look for Yours!**

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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The Flu Shot Is Covered at 100% at Shoppers or Kroger Pharmacies

*The following article applies to **Shoppers participants in Plans JSS2, Y, Y20, RNK1, RNK2, and RNK3** whose medical coverage is provided through the Fund or an HMO. It does not apply to Richmond Tidewater participants.*

Winter is upon us and the flu season is in full swing. Approximately 5 – 20% of U.S. residents get the flu each year. Getting the flu vaccine is your best protection against the flu.

Flu Shot Is Free At Any Shoppers or Kroger Pharmacy

Participants in **Plans JSS2, Y, Y20, RNK1, RNK2, and RNK3** may get the flu shot at any Shoppers or Kroger pharmacy at **no cost** when using your prescription ID 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 still covered under your medical benefits. 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 itemized, paid receipt to the Fund Office and you will be reimbursed, to the extent covered under the Plan. Charges for an office visit should be filed with the Fund Office.

Participants with Kaiser Coverage

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 no charge by going to a Shoppers or Kroger pharmacy using their prescription ID card.

Summary Annual Reports This Issue!

- UFCW Unions and Participating Employers Health & Welfare Fund (See page 6)
- UFCW Unions and Participating Employers Legal Benefits Fund (See page 7)

This issue—

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.

Plan Y20: Open Enrollment for Medical Coverage Is January 1st - January 31st

January 1 through January 31 is open enrollment for choosing health and welfare coverage starting on March 1, 2015. This open enrollment applies only to participants in Plan Y20.

Open enrollment allows you the opportunity to enroll for health and welfare benefits if you did not do so when you were first eligible. It is also the time when you may change your level of benefits or drop coverage by stopping payroll deductions.

Open Enrollment Letter to Be Mailed

You will soon receive an open enrollment letter, payroll deduction form and enrollment form from the Fund Office. If you are already enrolled and want to change coverage levels (from participant to participant + spouse, for example) or drop coverage, note the change on the payroll deduction form. If you have not already enrolled for coverage, you can enroll during open enrollment by completing the enrollment form and payroll deduction form. ***If you are changing your coverage or enrolling for the first time, you must return both the enrollment form and payroll deduction form to the Fund Office in order for your payroll deduction to be set up and coverage to begin as of March 1, 2015.***

What Are The Enrollment Costs?

The cost to enroll for coverage is $5 per week for single coverage, $10 per week for the participant plus one dependent, and $15 per week for family coverage (participant plus two or more dependents), payable via payroll deduction.

What Coverage Will I Have?

A Benefit Summary will be included in your open enrollment mailing. You may also go to the Fund Office's website at www.associated-admin.com. Click on "Your Benefits," located at the left side of the page and select UFCW. Under "UFCW & Participating Employers Health & Welfare Fund," you will see a link to "Y20 Open Enrollment" which will contain the Y20 Benefit Summary.

Plans Y and Z Part Timers: Open Enrollment for Dependent Coverage Is January 1st - January 31st

The following article applies only to part-time participants in Plans Y and Z.
Plan Y20 part time participants are not eligible for dependent coverage.

January 1st - January 31st will be the first 2015 Open Enrollment period (there are two each year) for adding dependent ("family") coverage to your benefits. If you are eligible for dependent coverage but did not choose it when your dependents first became eligible, you may apply to add your dependent(s) to your health coverage in January. The coverage will be effective March 1, 2015. After January, the next open enrollment will be July 1st - July 31st for coverage effective September 1, 2015.

Is there a cost?

Yes, there is a cost for adding dependent coverage. You pay 20% of the cost of the coverage while your employer pays 80%. The amount is paid via weekly payroll deductions through your employer. ***Do not send payment to the Fund Office.*** If you elect dependent coverage, your payroll deduction will begin in March.

When will the coverage begin?

Coverage for your dependents will begin March 1st.

How many dependents may I cover?

As long as they are eligible dependents under the Plan, you may enroll as many dependents as you have. The cost is the same regardless of the number of dependents.

What if I want to drop dependent coverage?

You may drop dependent coverage at any time during the year provided you notify the Fund Office ***in writing***. You may call us to request the proper form, which you must sign and return to us (it verifies that you wish to stop payroll deductions). However, please remember that if you ***do*** drop dependent coverage, you will not be eligible to add it again until the open enrollment period ***following*** a twelve-month waiting period. Open enrollment for dependent coverage occurs twice a year: in January and in July.

I want to add coverage. What's next?

To add dependent coverage, call the Fund Office in January at (800) 638-2972 and let us know. We'll send you an enrollment form and begin the process for starting your payroll deduction. We must have the completed enrollment form returned to us (along with any forms of proof which may be required, such as copies of birth certificates or marriage certificates, etc.) before your dependents' coverage will begin.

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What if I don't have dependents now, but I do later?

If you don't have any dependents now, but you later get married, have a child, adopt a child, etc., you may add the new dependent no matter what time of year, as long as you add the dependent within 30 days from the date he/she first became your dependent (for example, within 30 days from the date of marriage, 30 days from the date of birth, etc.).

Contact Participant Services

If you have questions, contact Participant Services of the Fund Office at (800) 638-2972.

The Employee Assistance Program Offers Help When Needed

The following article applies to participants in Plans RNK1, Y, Z, T, and TR.

The Employee Assistance Program ("EAP") administered by ValueOptions is available to help you and your eligible dependents with problems not covered by your medical and mental health benefits. The EAP provides free, confidential, short-term counseling or referral to a specialist for a total of six EAP sessions in your lifetime. Only ValueOptions therapists can provide covered EAP services.

How do EAPs work?

EAPs are confidential, counseling, education and referral programs designed to help you with personal issues, including:

- stress
- parenting
- adolescent behavior
- adolescent substance abuse
- marital difficulties
- financial trouble
- substance abuse
- coping with an accident or trauma
- depression
- anxiety
- grief and loss
- care giving issues
- life phase adjustment:
  - early adult
  - midlife including caring for aging parents
  - retirement

How do I get help?

Call ValueOptions at (800) 454-8329 to schedule an appointment. They are available 24 hours a day, 7 days a week. You do not need a referral to contact ValueOptions.

Reconstructive Surgery Following Mastectomy

The following article applies to you if your medical benefits are provided through the Fund, not an HMO. If you have coverage through an HMO, you should receive a similar notice directly from the HMO.

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

Be Sure You Understand a Workers' Compensation Settlement *Before* Accepting One

If you suffer an injury or sickness that is work-related, and as a result you need medical care and/or become disabled, you must file a claim with your employer's Workers' Compensation ("WC") carrier. You should also file a claim for Weekly Disability with the Fund Office at the same time. The Fund will initially deny your claim(s) as being work-related until a final decision is made by your employer's WC carrier.

If your employer or your employer's WC insurance carrier denies your claim, send a copy of the denial to the Fund Office. If the claim is denied for any reason other than being non-work-related, the Fund will not cover it. If the claim is denied on the grounds that it is not work-related, we will send you an agreement called a "Promise to Appeal." It states that you agree to appeal the denial to the WC Commission ("Commission") (or its equivalent in your state).

Once you sign the "Promise to Appeal," the Fund will process your claims. However, if you do not follow the terms of the "Promise to Appeal" agreement, payments made by the Plan to you and/or your provider for the work-related injury or illness must be immediately returned by you to the Fund.

Further, if the Commission determines that your claim is compensable, and you receive an award of WC, no matter how it is characterized, you MUST repay the fund in full for any monies it has paid relating to the sickness or injury.

Although this seems clear enough, it becomes a little confusing when a settlement is involved. If your attorney advises you (or if you decide on your own) to accept a settlement relating to your injury or illness, and the settlement amount is less than the amount the Fund has paid relating to your injury or illness, you must notify the Fund Office and obtain approval prior to accepting the settlement. If you don't obtain approval, and you accept a settlement, the Fund will consider this as evidence that your claim is work-related. Since the Fund does not cover work-related injuries, you will be required to reimburse the Fund, in full, for any benefits it has paid on your behalf related to your WC claim, even if you did not recover the full amount in settlement.

For example, if the Fund paid $5,000 in Weekly Disability and/or Medical claims, and you accepted a settlement for $4,000 without the Fund's approval, you would be required to repay the Fund the full $5,000.

Be Careful! Once you accept a settlement, **WC will close your case – for current claims AND for any future claims relating to that illness or injury**. For example, if your work-related knee injury flares up a year from now (and you have accepted a settlement), generally you will not receive benefits from WC **or** the Fund because that injury already was deemed to be work-related and therefore not covered under the Fund.

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

IMPORTANT: Notify The Fund Office If Receiving Workers' Compensation

If you are receiving WC, it is important that you notify the Fund Office at (800) 638-2972. Your health and welfare benefits are maintained by the Fund while you are collecting WC (as long as it does not exceed your Weekly Disability benefit entitlement). Notifying the Fund Office of WC helps ensure you do not lose eligibility for benefits.

Understanding Health Coverage Terms

Below is a list of terms commonly used by the Fund Office or providers such as CareFirst.

- **Brand name drugs:** Prescription drugs that are sold under a trademarked brand name.
- **COB:** COB is an abbreviation for Coordination of Benefits. Coordination of Benefits is the process by which the Fund coordinates how it pays benefits if you or your dependents have coverage under more than one health plan.
- **Co-Payment:** The out-of-pocket amount a participant or dependent is responsible for paying when receiving benefits.
- **Deductible:** The out-of-pocket amount a participant or dependent must pay prior to receiving benefits from the Fund. For example, the deductible may be the first $200 of covered medical expenses incurred in a calendar year for sickness or injury.
- **Diagnosis Code:** A code number providers use to reflect your medical condition.
- **EOB:** EOB is the abbreviation for Explanation of Benefits. The EOB explains how your claim was processed, charge-by-charge. It is NOT a bill and ***you should not send payment to the Fund office when you receive it.***
- **Formulary:** A list of prescription drugs that are covered by your prescription drug provider on a preferred basis.
- **Fund Office:** Associated Administrators, LLC is referred to as the "Fund Office." We are responsible for keeping your eligibility records, paying claims, receiving contributions from your employer, and answering your questions about your benefits.
- **Generic drugs:** Prescription drugs that have the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs.
- **Hospice Care:** Care designed for meeting the special physical, spiritual, psychological and social needs of dying individuals and their families.
- **Medical Emergency:** A situation which arises suddenly and which poses a serious threat to life or health. Examples of medical emergencies include heart attack, cardiovascular accidents, poisonings, loss of consciousness or respiration, convulsions, and other acute conditions. The diagnosis or the symptoms, and the degree of severity, must be such that immediate medical care would normally be required.
- **Network:** The facilities, providers and suppliers your Plan has contracted with to provide health care services. In-network co-payments usually are less than out-of-network co-payments.
- **Out-of-pocket cost:** The amount of money you have to pay with respect to a claim.
- **Participant:** When we use this word, we are usually referring to you. You are also known as the employee, the member, or after you retire, the retiree.
- **Procedure Code:** A code number providers use to describe what medical service was rendered.
- **Provider:** A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.
- **Rx:** A symbol which means "prescription drug."
- **Skilled Nursing Care:** Services from licensed nurses in your own home or in a nursing home. Skilled care services, on the other hand, are provided by technicians and therapists.
- **Subrogation:** Subrogation refers to the Fund's right to recover the money it has paid relating to an accident or injury if it is later determined that the injury or accident was someone else's fault.
- **Urgent Care:** Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not as severe as to require emergency room care.
- **UCR:** Abbreviation for Usual, Customary and Reasonable. UCR is the fee, as determined by the Fund, which is regularly charged and received for a given service by a health care provider which does not exceed the general level of charges being made by providers of similar training and experience when furnishing treatment for a similar sickness, condition, or injury. The locality where the charge is incurred is also considered.

United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund

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SUMMARY ANNUAL REPORT

For UFCW Unions and Participating Employers Health and Welfare Fund

This is a summary of the annual report of the UFCW Unions and Participating Employers Health and Welfare Fund, EIN 52-6044428, Plan No. 502, for period January 01, 2013 through December 31, 2013. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information
The plan has contracts with Kaiser Permanente, ING Life Insurance Company, Metropolitan Life Insurance Company, Group Dental Services, Inc. and Fidelity Security Life Insurance to pay health, dental, vision, life insurance and accidental death & dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2013 were $1,048,313.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2013, the premiums paid under such "experience-rated" contracts were $352,434 and the total of all benefit claims paid under these contracts during the plan year was $235,866.

Basic Financial Statement
The value of plan assets, after subtracting liabilities of the plan, was $12,007,121 as of December 31, 2013, compared to $12,341,876 as of January 01, 2013. During the plan year the plan experienced a decrease in its net assets of $334,755. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of $46,103,190, including employer contributions of $45,150,562, employee contributions of $1,099,123, realized gains of $174,483 from the sale of assets, losses from investments of $326,282, and other income of $5,304.

Plan expenses were $46,437,945. These expenses included $4,944,156 in administrative expenses, and $41,493,789 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information
You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;
- insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund at 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102, or by telephone at (301) 459-3020. The charge to cover copying costs $0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund, 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Fund

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SUMMARY ANNUAL REPORT

For United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan

This is a summary of the annual report of the United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan, EIN 52-1228768, Plan No. 501, for period January 1, 2013 through December 31, 2013. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement
The value of plan assets, after subtracting liabilities of the plan, was $52,435 as of December 31, 2013, compared to $31,631 as of January 01, 2013. During the plan year the plan experienced an increase in its net assets of $20,804. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of $540,661, including employer contributions of $540,603, and earnings from investments of $58.

Plan expenses were $519,857. These expenses included $57,285 in administrative expenses, and $462,572 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information
You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan at 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102, or by telephone at (301) 459-3020. The charge to cover copying costs will be $0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan, 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

You Can Check Your Benefits Online By Logging On To NETime Benefit System

NETime (*pronounced Anytime*) is an online access service that provides personal benefit information to you and your dependents via the Internet, 24 hours a day, 7 days a week. NETime Benefits provides real time access to benefits data in a safe, secure and HIPAA compliant environment.

NETime can show you:

- The date and amount of contributions your employer paid on your behalf;
- The person(s) named as your beneficiary under the Pension Fund. Beneficiary forms can be printed from our website by logging onto www.associated-admin.com and selecting "UFCW & PE Pension Fund." Under "Downloads," you can print the "Change in Beneficiary" form.
- Medical claims paid on your behalf for the past three years;
- Your recent eligibility;
- The date and amount of your pension payments, along with the amount withheld for taxes; and
- The dates of, and payments made to you for, Weekly Disability.

How does it work?

- Log onto www.associated-admin.com, click on "Your Benefits" located at the left side of screen, and select "UFCW Unions & Participating Employers." On the UFCW homepage, click on "NETime Benefit System" shown at the top of the screen.
- When you first access this site, you will be directed to the page where you are asked to create a user name and password. You and your dependent(s) (if over age 18) can create your own user name and password.
- Once you have successfully logged in, you will be taken to the "Demographic" page, which displays your address, phone number, and dependent information.
- The menu selection screen appears in the left column of your screen. Here you can click on the category you wish to view (medical claims paid, Weekly Disability benefits received, etc.).

Note: The information provided on the NETime Benefit System website is not a guarantee of coverage. It is possible that the information shown is inaccurate or is not fully up to date. If you have changes to what is shown, please submit them in writing to the Fund Office. Be sure to include your name and Social Security number in your letter. Call the Fund Office if you have any questions at (800) 638-2972.

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