

For Your Benefit

Contact the Fund Office If You Have Out-of-Area Dependents in Your Family

The following article applies to actively-working participants who have traditional Fund medical coverage, not Kaiser Permanente HMO.

If you live in the Baltimore/Washington/Northern Virginia area and have a green Fund ID card, that means you are what CareFirst calls a "Local Lease" participant. If you don't live in the "local" area and you have a white ID card, you are what CareFirst calls a "Flexlink" participant.

If you are a Local Lease participant and your dependent does not live in the area (for example, a college student), his/her claims will not be covered if he uses a "Non-Local Lease" provider while carrying a "Local" (green) card.

To solve this problem, contact the Fund Office. Your whole family will be re-coded for the Flexlink network and you will be sent new Flexlink ID cards. That way, you can show the card to any CareFirst provider and your claims will be processed.

Check Formulary List for Covered Drugs

Under the Fund, there are certain drugs which are excluded from coverage under your prescription plan. If you go to the pharmacy to fill a prescription for one of these drugs, it will not be covered. However, the pharmacist will advise you of the equivalent alternative(s) that are available and are covered under your Plan. Check the Fund's website at www.associated-admin.com to see the list of "Excluded Medications with Covered Preferred Alternatives."

Also on the Fund's website is a list of Preferred Formulary Drugs. This list applies to Plan XX and Plan XXX participants who have a three-tier drug benefit. The prescription coverage for those two plans is as follows:

- **Generic Drugs: 5% co-pay**
Generics are mandatory **if available**.
- **Brand Preferred: 15% with a \$15 minimum co-pay**
These are brand name drugs which have no generic equivalent available, but the brand name is on the preferred formulary list.

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

Notice of Availability of Pension Statement
See page 7.

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Apply Now for FELRA & UFCW's 2017 Annual Scholarship Awards

This article applies to participants of the FELRA & UFCW VEBA Fund employed by Giant or Safeway, and their dependents.

The FELRA & UFCW VEBA Fund will once again be awarding scholarships to a select number of participants and dependents. Please complete the preliminary application below and mail it to the Fund office postmarked by **December 31, 2016**. You may also print the form by logging onto www.associated-admin.com. Click on "Your Benefits" located at the left side of the screen and select "FELRA & UFCW Health and Welfare Plan Scholarship Program." From there you can print the "Scholarship Preliminary Application" form under the word "Downloads." Late applications will not be accepted.

Key points to remember:

- **Only those currently employed by Giant or Safeway, and their dependents, are eligible. The participant must be employed by Giant or Safeway at the time the scholarship is awarded.**
- The participant must have at least one uninterrupted Year of Service as of December 31, 2016 and be actively employed.
- On December 31, 2016, dependent child applicants must be under the age of 24, unmarried and a dependent of the participant for federal income tax purposes.
- If your dependent is applying for a scholarship and does not have medical coverage through the Fund, 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 will be mailed to the applicant in January 2017.



Free Flu Shot at Giant or Safeway Pharmacies with Express Scripts Rx Card

With flu season just around the corner, it may be a good time to get your flu shot. Participants in Active Plans I, X, XX and XXX, as well as retirees who have Fund Medical coverage with prescription benefits through Express Scripts, can receive a flu shot at any Giant or Safeway pharmacy at **no cost**, using their Express Scripts Prescription Drug ID card.

Flu Shot at Doctor's Office

Participants in one of the above Plans also may receive flu shots at their doctor's office. If the primary reason for the office visit is preventive and a flu shot is administered, then the office visit and flu shot will be paid at 100%. If the flu shot is administered and there is a medical reason for the office visit other than just the flu shot, the flu shot will be

paid at 100% and the office visit will be paid at 80% for Plans I and X, 75% for Plan XX and 70% for Plan XXX, based on the diagnosis for the visit. Participants in Plans X, XX and XXX **must** use a participating CareFirst provider in order to be covered. Note: Plan XL participants do not have prescription drug coverage.

For participants in the Kaiser Permanente HMO who prefer to get a flu shot from their doctor, the flu shot is covered in full, with no co-pay, as long as you use a Kaiser physician. Actively working participants in Kaiser who use Express Scripts for their prescription benefit may also choose to get a flu shot at a Giant or Safeway pharmacy using the Express Scripts ID card, at no cost.

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

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

*A Program of the
FELRA and UFCW
VEBA Fund*

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

2017 Annual Scholarship Preliminary Application

Attention: Employees of Giant and Safeway

If you work for a company listed above, 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 2017. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2016, the participant has completed at **least one uninterrupted Year of Service and is actively employed by Giant or Safeway**. In addition, on December 31, 2016, 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 2017**.

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 dependent's preliminary application.

PRELIMINARY APPLICATION MUST BE POSTMARKED BY DECEMBER 31, 2016.

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

Employee's Information:

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

Employer _____ Employee's Email Address _____

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

Applicant's Information:

Name (Please Print) _____

Applicant's 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, 2016.

FW 2016 Preliminary Annual Scholarship Applic. CS/bns 8.2016



Busting the Top 10 Fitness Myths

Myth No. 1: No pain, no gain.

Pain alerts you to injury or overuse in some part of your body. Although a new move for a group of muscles may cause a little soreness the next day, it should not be your goal to remain sore as an exerciser. The stronger you get, the less pain you should feel. If your doctor approves, you may want to follow the exercise guidelines recommended by the American College of Sports Medicine (ACSM):

- 150 minutes of moderate intensity exercise per week
- strength training of each major muscle group 2 to 3 days per week
- stretch several muscle groups after exercise 2 to 3 days a week

Myth No. 2: Exercise alone guarantees weight loss.

You must eat a varied, nutritious diet with reasonable portions whether you exercise or not. Significant weight loss will require both regular exercise and reducing the amount of calories you eat.

Myth No. 3: Exercise entitles us to eat whatever we want.

This myth is a close cousin to myth #2. If you eat more calories than you burn, you will gain weight. Also, if you load up on sugar and artery-clogging fats, you may suffer down the road from various diseases even if you do not gain weight.

Myth No. 4: The thinner the person, the fitter he is.

Many active but slightly overweight people often score well above average in fitness parameters such as body composition, VO₂ sub-max tests (measures of aerobic fitness), resting heart rate and blood pressure, strength and flexibility. Along the same line, a sedentary thin person is most likely going to score below average during a fitness assessment on many of the parameters.

Myth No. 5: Unused muscle will turn into fat over time.

Sorry, but this is like believing that your kidney will some day turn into a spleen. Muscle tissue and fatty tissue are two completely different tissues in the body.

Myth No. 6: Stretching is important before exercise.

According to the ACSM, the safest, most effective time to stretch your muscles is after aerobic and strength training. What is still important at the start of exercise is a warm-up—at least 5 minutes

of a lighter activity such as strolling before walking, walking or light jogging before running, etc.

Myth No. 7: Specific exercises will reduce the size of specific body parts.

Many people point to a body part such as the stomach, hips, thighs, etc. and would like a program that slims that area. Eliminating calories with exercise and eating less will help you to lose weight overall. Where the weight loss shows up depends on your genetic blueprint.

Myth No. 8: Working out at a lower intensity is better because it burns more fat while higher intensity burns more sugar.

The bottom line is the more intense the workout, the more calories of any kind (sugar or fat) you burn. You simply need to find exercise that you enjoy and that is intense enough to elevate your heart rate into a target range for your age. If running does not suit your body, walking is very effective exercise. You just have to walk longer to burn the same number of calories that you would if you were running.

Myth No. 9: Strength training will make your muscles too bulky.

This is a common concern among females, even though it is not supported by fact or experience. Consider how professional body-builders have to train way above the recommended amounts. Strength training defines and tones certain parts of your body, potentially making you look leaner.

Myth No. 10: Exercise is an option, not a priority.

This is more a mindset than a myth. In keeping with national statistics, a significant number of people will stop exercising after a few weeks or months. Though they realize the short- and long-term benefits of exercise for their physical, emotional and mental health, fitness just isn't that important to them. Changing this mindset is ultimately up to you.

The above article was obtained with permission from Beacon Health Options. This information is general and is not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition.

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• Brand Non-Formulary: 25% with a \$25 minimum co-pay

These are brand name drugs which have no generic equivalent and are not on the ESI formulary.

A drug on the Brand Preferred list is likely to cost you less than one on the Brand Non-Formulary list, and a generic drug will almost always have a lower price than a brand drug.

Both "Excluded Medications with Covered Preferred Alternatives" and the "2016 National Preferred Formulary List" can be found on the Fund's website at www.associated-admin.com. Go to "Your Benefits" on the left side of the screen and select "FELRA and UFCW Health and Welfare Fund." Under the word "Downloads," you can view these lists. You can also call the toll free number on your ESI card for this information.

Change in Retiree Co-Payments

The following article applies to participants in the FELRA & UFCW Retiree Health and Welfare Plan.

FELRA & UFCW RETIREE HEALTH AND WELFARE PLAN RETIREE CO-PAY RATE CHART

JANUARY 1, 2016 – DECEMBER 31, 2016

CATEGORY	STATUS AT RETIREMENT		COVERAGE	FAMILY OR INDIVIDUAL	OUT OF AREA RATE	HMO RATE
	AGE	SERVICE				
A	At Least 60	At Least 30 Years	Medicare	Individual	\$61	\$21
			Medicare	Family	\$92	\$43
B	Less Than 60	At Least 30 Years	Medicare	Individual	\$118	\$70
			Medicare	Family	\$186	\$115
C	At Least 60	At Least 25 Years	Medicare	Individual	\$118	\$70
			Medicare	Family	\$186	\$115
D	At Least 55	At Least 20 Years	Medicare	Individual	\$242	\$90
			Medicare	Family	\$372	\$129
E	Retired @ 9/1/92	Less Than 20 Years	Medicare	Individual	\$298	\$106
			Medicare	Family	\$464	\$148
F	Disability Retiree	At Least 10 Years	Medicare	Individual	\$118	\$70
			Medicare	Family	\$186	\$115

Correction to COB Language – Plan XX SPD

The following correction applies to the Plan XX Summary Plan Description (“SPD”) booklet. Be sure to keep this with your SPD. The language below was contained in the prior SPD and was inadvertently removed from the printing of the updated SPD dated April 2016.

On page 74, under “Coordination of Benefits,” after “Important Notice – Read Below!,” please add the following:

The following rule applies to part-time participants:

Coverage for part-time employees **shall be secondary if the employee is covered under another plan.**





Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare 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 FELRA and UFCW VEBA Fund has determined that the prescription drug coverage offered by the Active Health & Welfare Plan and the Retiree Health & Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan 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

FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare 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 do decide to join a Medicare drug plan and drop your FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare Plans) prescription drug coverage, be aware that you and your dependents may not be able to get the same 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 FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare 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 FELRA and UFCW VEBA Fund (Active and Retiree Health and Welfare 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
- 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, 2016

Name of Entity/Sender: Fund Office
FELRA and UFCW
VEBA Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

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



Availability of Pension Statement

The following article applies to active participants in the FELRA & UFCW Pension Fund and the Mid-Atlantic UFCW and Participating Employers Pension Fund only. It does not apply to Retirees.

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

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

- Log on to www.associated-admin.com. Click on "Your Benefits" located at the left of the screen. Select "FELRA & UFCW Pension Fund" and print the "Benefit Service Request" form, or
- Call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972.

Complete all the information on the form and return it to the Fund Office. It 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.

Be Sure Your Beneficiary Designation Is Current

Under the FELRA and UFCW Pension Fund and the Mid-Atlantic UFCW & Participating Employers Pension Fund (MAP), 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 the benefit is paid to the person you intended, make sure that your beneficiary designation form is up to date.

You can print this form from your computer by logging onto our website (see instructions to left) and printing the "Change in Beneficiary" form. You can also call the Fund Office at (410) 683-6500 or toll-free (800) 638-2972 to request a copy of the form. Completed forms must be mailed to the Fund Office and will not be effective until received by the Fund Office.

Use a CareFirst In-Network Provider to Receive Health Care Coverage

The following article applies to participants of FELRA & UFCW Active Health and Welfare Plans X, XX and XXX who have traditional Fund coverage, not HMO coverage.

Medical benefits for Active participants in Plan X, Plan XX and Plan XXX are **only covered if services are performed by an in-network provider**, with the exception of services provided by pathologists, anesthesiologists, and radiologists at in-network facilities, and emergency room treatment. When you need to use a provider (whether a hospital, physician, or other health care provider), be sure it is in the CareFirst network. Otherwise, your claim will be denied.

To Locate a CareFirst Provider

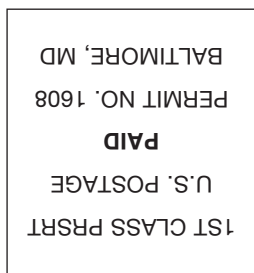
- Go online to the CareFirst website, www.carefirst.com. Click on "Members and Visitors," then click on "Find a Doctor." Under "Search the Provider Type," click on either medical or facilities, depending upon your needs. If you are looking for a medical plan, and your Plan ID

card is white, you should search under the heading at the bottom of the page which says, "Other Networks," then choose the "PPO-National/International Blue Cross Blue Shield Directory" link. If your ID card is green, you should look under the header "Select Your Medical Plan" and choose "BluePreferred (PPO)."

To Locate a Provider By Telephone

- Call (800) 235-5160 if you have a green ID card, or (800) 810-2583 (which is 800-810-BLUE) if you have a white ID card. These numbers are also on your ID card.

Note that these numbers are ONLY for finding a participating CareFirst provider. No other questions (claims, eligibility, etc.) can be answered on these lines.



Health and Welfare Fund
911 Ridgebrook Rd.
Sparks, MD 21152-9451

FELRA & UFCW