

UFCW Unions & Participating Employers Retiree Health and Welfare Plan

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Sparks, Maryland 21152-9451
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Dear Medicare-Eligible Retiree:

As you were told in a letter sent to you by SuperValu, your retiree health and welfare benefits will be provided through the UFCW Unions & Participating Employers Retiree Health and Welfare Plan beginning on January 1, 2016.

Because you live in the Kaiser Permanente Medicare HMO service area, you will be required to enroll in Kaiser in order for your benefits to continue. A Kaiser Permanente enrollment form will be sent to you directly from **Kaiser**. Watch for that form and return it to **Kaiser**. Coverage through Kaiser's Medicare HMO includes Prescription Drug benefits. **If you enroll in another Part D prescription plan, your prescription coverage through the Fund will terminate.**

The Fund also requires that you fill out and return the enclosed enrollment form. Please complete the enclosed forms and return it to the Fund Office in the return envelope provided.

Review the enclosed summary booklet for plan information such as the per-visit co-payments for medical and prescription benefits, coverage levels, and more.

Optical and Dental

Your optical coverage will be provided through Group Vision Services ("GVS"). Coverage includes an annual eye exam and glasses every other year. Refer to the enclosed benefit summary to determine the applicable co-payment payable by you, if any. GVS can be reached at (866) 2654626.

Dental coverage will be provided through Group Dental Services ("GDS"). Coverage includes cleaning, exams, fillings, and x-rays. Refer to the enclosed benefit summary to determine the applicable co-payment payable by you, if any. GDS can be reached at (800) 242-0450.

Cost

There will be a cost to you to enroll for benefits. **The co-payment will be \$20 per month for individual coverage, \$40 per month for individual plus one, and \$60 per month for family coverage (which includes you and two or more dependents).**

This co-payment will be deducted from your pension benefit each month unless you notify the Fund Office that you prefer to pay by check. If you choose to pay by check, the payment is due on the 25th of the month **preceding** the month for which coverage is desired (for example, March's payment would be due on February 25th).

Please complete the next page and return it to the Fund Office to indicate your approval for the co-payment. ***If you do not enroll in Kaiser Permanente, your retiree health and welfare benefits will terminate December 31, 2015.*** If you have questions, please contact the Fund office.

Welcome to the Fund. We look forward to serving you.

Sincerely,

Fund Office

Fill out this form and return to:

MAIL

Fund Office
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Attn: Shoppers/SuperValu

E-MAIL

enroll@associated-admin.com

FAX

1-800-418-1545

I approve the monthly deduction from my pension benefit under the UFCW Unions and Participating Employers Pension Fund, for retiree health co-payments in the amount of:

\$20 (individual coverage)

\$40 (individual plus one dependent)

\$60 (individual plus two or more dependents)

_____ I choose not to enroll in the UFCW Unions and Participating Employers Health and Welfare Fund.

Print Name

Signature

Last 4 digits of Social Security Number