

## UFCW Unions & Participating Employers Retiree Health and Welfare Plan

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November 2015

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.

### Coverage

You will have Medicare supplemental coverage through the Fund's Plan JSS2. Submit your claims to Medicare as usual, but also submit the same claim to the Fund Office. See the enclosed Summary Plan Description ("SPD") for detailed information about the benefits available under the Plan. Benefits for you will include medical, prescription, optical, and dental coverage. Benefits for your dependents are as shown in the SPD.

You must fill out the enclosed forms and return them to the Fund Office. You will receive an ID card from the Fund office for your Medical coverage and, under separate cover, an ID card from Optum Rx for your prescription drug benefits.

### Optical and Dental

Optical and Dental coverage are provided through the Fund by Group Vision Service ("GVS") and Group Dental Service ("GDS"). You must use participating GVS and GDS providers for the services to be covered.

### Cost

There will be a cost to each retiree 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 25<sup>th</sup> of the month **preceding** the month for which coverage is desired (for example, March's payment would be due on February 25<sup>th</sup>).

Please complete the next page and return it to the Fund Office to indicate your approval for the co-payment.

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](mailto: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 have my coverage end 12/31/2015

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Last 4 digits of Social Security Number