

UFCW Unions & Participating Employers Retiree Health and Welfare Plan

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

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

November 2015

Dear Non-Medicare Retiree with Medicare Eligible Dependents:

As a result of collective bargaining, health and welfare benefits for non-Medicare retirees and their non-Medicare dependents under the UFCW Unions & Participating Employers Health and Welfare Plan and the SuperValu Plan (collectively, the “plans”) will end effective December 31, 2015. This means that you and your non-Medicare dependents will no longer receive medical, dental, optical, prescription drug or any other coverage through the Plans.

Instead, you’ll be eligible for a monthly Social Security supplemental benefit of \$450 from the UFCW Unions & Participating Employers Pension Fund (“Pension Fund”). You will receive this supplemental benefit until you become Medicare-eligible, at which point you will be given a one-time opportunity to enroll in UFCW Unions & Participating Employers Retiree Health Plan. You may use the supplemental benefit for any purpose, including but not limited to paying for healthcare coverage obtained through a state or federal marketplace.

To help you navigate this transition, the Fund has arranged for educational assistance and in-person meetings, described in more detail in this notice.

Eligibility for the Supplemental Benefit

If you retired before age 65 and are currently eligible for either Plan’s pre-Medicare retiree health coverage, you will be eligible for the \$450/month Social Security Supplemental Benefit from the Pension Fund, effective January 1, 2016. Your eligibility for this supplemental benefit will continue until you become eligible for Medicare.

How the Supplemental Benefit Works

If you have direct deposit for your pension check, your stipend check will be deposited in the same bank account unless you notify the Fund office in writing that you prefer to receive your stipend by paper check each month. When you become eligible for Medicare, the stipend will end and **you will have a one-time opportunity** to enroll in the Retiree Health Plan.

Taxes

If you currently have a flat dollar amount withheld from your pension benefit for taxes, you may adjust that amount now if you choose. If you have a percentage withheld from your pension for taxes, the same percentage will apply to the supplemental Benefit unless you notify the Fund office.

Open It!

We’ll be sending you important information about this change to your benefits. Make sure to open any mail you receive from the Fund office or the Woodard Insurance Agency so that you stay up to date and have everything you need to make your health care decisions for 2016.

My Spouse Is Medicare-Eligible —Will He/She Still Have Coverage? Yes – please review, complete, and return page 3.

Transition Assistance

While you are not required to use your monthly supplemental benefit from the Retiree Assistance Program to help pay for an individual medical plan, that is one option. To assist retirees who are interested in purchasing an individual medical plan through the state or federal healthcare marketplace, the Fund has contracted with the Woodard Insurance Agency, a brokerage firm, to help you understand your coverage options and to help you enroll in medical coverage, if you are interested in doing so. Woodard can also help you find other supplemental coverage, including:

- 1. Dental coverage
- 2. Life insurance
- 3. Critical illness insurance
- 4. Vision coverage

Enclosed is information from the Woodard Insurance Agency describing how they can assist you with your coverage needs, by phone, through the mail, or in person at a meeting listed below.

Come to a Meeting to Learn More

There will be meetings in the coming weeks to help you understand the changes described in this letter, to introduce you to Woodard’s services, and to help you prepare for 2016. Please see the dates and locations below. Also, keep an eye on your mail for a postcard with more detailed information about the meetings.

Date	Location	Address	Time
December 16, 2015	Greenbelt Marriott	6400 Ivy Lane Greenbelt, Maryland 20770	8:00 a.m. – 5:00 p.m.
December 17, 2015	Hilton Springfield	6550 Loisdale Road Springfield, VA 22150	8:00 a.m. – 5:00 p.m.

Medicare Coverage Enrollment

Remember, when you become eligible for Medicare (generally age 65), you’ll be eligible to enroll in coverage under the Retiree Health Plan. Shortly before you become Medicare-eligible, the Retiree Plan will mail you an enrollment form for the Kaiser Permanente Medicare HMO Program, if you are in a Kaiser Permanente area, or the Fund’s Medicare Supplemental Benefits Program, if you are not in Kaiser’s service area. If you do not enroll by the date specified on that mailing, ***you will not have another opportunity to enroll in the future!*** That’s why it’s important to make sure the Fund office has your most current contact information.

Questions

Please contact the Fund office at (800) 638-2972 or the Woodard Insurance Agency at (855) 856-1600 for more information.

Sincerely,

Fund Office

Enclosure

Medicare-eligible spouses will continue to be covered under the Fund; however starting 1/1/16 there is a cost for Medicare-eligible plan enrollees. That cost, payable by the Retiree, is **\$20 per month for individual coverage, \$40 per month for individual plus one, and \$60 per month for more than one dependent**. This co-payment will be deducted from your pension 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 information below and return to the Fund office to indicate your approval for the co-payment.

SuperValu Dependents: Complete the enclosed enrollment form and return to the Fund office. Coverage will be provided through Kaiser Permanente Medicare HMO if you live in the Kaiser area. You will receive an enrollment form directly from Kaiser. If you do not live in the Kaiser area, coverage will be provided through the Fund as a Medicare Supplemental policy under Plan JSS2.

If you have questions, please contact the Fund office. Welcome to the Fund. We look forward to serving you.

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 have my Medicare-Eligible Spouse enroll in the UFCW Unions and Participating Employers Health and Welfare Fund.

Print Name

Signature

Last 4 digits of Social Security Number