Fund-amentals

UFCW NATIONAL HEALTH AND WELFARE FUND
small enough to care...BIG enough to make a difference!®

Issue No. 56 Winter 2020

George J. Orlando
Chairman

WHERE ARE WE NOW?

As this is written, it appears that COVID-19, the coronavirus infecting the entire world, has moved into a resurgence called Phase Two. It is different in other countries, but in the USA is has been responsible for over 11 million confirmed cases, over 250,000 deaths and over 6 million people with the virus have recovered. (as of November 15, 2020).

Where we were: On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.

As you know, the virus that causes COVID-19 most commonly spreads between people who are in close contact with one another (within about 6 feet, or 2 arm lengths). It spreads through respiratory droplets or small particles produced when an infected person coughs, sneezes, sings, talks, or breathes. These particles can be inhaled into the nose, mouth, airways, and lungs and cause infection. This is thought to be the main way the virus spreads.

It is reported that there is growing evidence that droplets and airborne particles can remain suspended in the air and be breathed in by others, and travel distances beyond 6 feet (for example, during choir practice, in restaurants, or in fitness classes). In general, indoor environments without good ventilation increase this risk.

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FROM THE CHAIRMAN *(continued)*

Where Are We Now? *(continued from page 1)*

Where we are now: The CDCs current guidelines have three basic rules;

Face coverings or masks: Wear masks in public settings when around people not living in your household and particularly where other social distancing measures are difficult to maintain, such as grocery stores, pharmacies, and gas stations. Masks may slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.

Social Distancing: Social distancing, also called "physical distancing," means keeping a safe space between yourself and other people who are not from your household. To practice social or physical distancing, stay at least 6 feet (about 2 arms' length) from other people who are not from your household in both indoor and outdoor spaces. The CDC now defines a "close contact" of someone with COVID-19 as anyone who was within six feet of someone infected for a total of 15 minutes over the course of 24 hours. Maintain this distance in any entryway, hallway, or waiting area. When possible, sit outside at tables spaced at least 6 feet apart from other people. When possible, choose food and drink options that are not self-serve to limit the use of shared serving utensils, handles, buttons, or touchscreens.

Hand Washing: As you touch people, surfaces and objects throughout the day, you accumulate germs on your hands. You can infect yourself with these germs by touching your eyes, nose or mouth, or spread them to others. Although it's impossible to keep your hands germ-free, washing your hands frequently can help limit the transfer of bacteria, viruses and other microbes.

It is generally best to wash your hands with soap and water. Over-the-counter antibacterial soaps are no more effective at killing germs than is regular soap.

Follow these steps:

- Wet your hands with clean, running water — either warm or cold.
- Apply soap and lather well.
- Rub your hands vigorously for at least 20 seconds. (The time it takes to sing "Happy Birthday to You Song" twice). Remember to scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
- Rinse well.
- Dry your hands with a clean towel or air-dry them.

Hand-washing offers great rewards in terms of preventing illness. Adopting this habit can play a major role in protecting your health.

Sanitizing Surfaces: cleaning, sanitizing, and disinfecting all have different definitions:

- **Cleaning** removes germs, dirt, and other impurities from surfaces, but doesn't necessarily kill them.
- **Sanitizing** lowers the number of germs on surfaces or objects—either by killing them or removing them—to a safe level, according to public health standards or requirements.
- **Disinfecting** kills germs on surfaces or objects.

In short, it's helpful to think of the relationship between cleaning, sanitizing, and disinfecting as a spectrum, with cleaning at one end and disinfecting at the other. Disinfecting kills the majority of viruses and bacteria.

Ultimately, you can go by this simple rule: "Wipe off surfaces, [but] wash your hands." That's because "good" bacteria live on your skin, so when you apply something that kills basically all the bacteria on your hands, you're killing off some that are actually helpful and natural. "There's a reason we don't apply something that kills every organism" on the skin (hence hand sanitizer, which should contain 60% alcohol). However, it's important to remember that hand sanitizer is fine if you're out in public, but it's always better to wash hands with soap and water (for at least 20 seconds!) if that's an option.

Please do all you can to keep you and yours healthy. ■

FROM THE FUND OFFICE

Maurice Hodos
Fund Administrator

THE YEAR 2020

When the history of the year of 2020 is finally written, it will read like a year of few others. The overbearing truth of a pandemic brought our country to its knees and changed our lives, probably forever. Mix that with a divided country, a difficult election and social unrest gives all of us a perspective that we never thought we would see. And each of us has handled our personal choices and difficulties in the best way we could.

The National Fund offices have a distinctly different mission than many other businesses. We have nothing to sell. We don't make consumables – no new widgets are produced in our offices. We don't put our product on a shelf or sell it in a store, on a website or door to door or as the essential services provided by the all-important first responders.

Yet, the National Fund offices have been open and serving the over 11,000 members of 32 local Unions and 80 contributing Employers in 21 states. When each of our offices had to close while we waited to see if a staff member who was exposed to COVID-19 tested negative, or when we had to close the NJ office during two separate quarantine episodes, we managed to continue to serve our participants and providers from our homes, from selected hours and limited personnel in the office and by asking for and receiving consideration from almost everyone with whom we worked.

There are a lot of stories that will fill the history of this time: the member who emailed that they had run out of medication on a Saturday, and the Fund Office member on call who arranged for a prescription be filled on the next day, Sunday. Or the doctor's office who requested preauthorization for a member in Massachusettes after the NJ office was closed and was delighted to get a call back from the National Fund's CA office that same night.

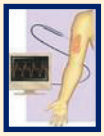
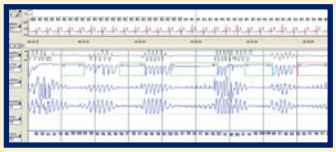
Mostly, however, were the calls of thanks that we received for handling routine member issues on a real time basis, or from those receiving disability payments that were not late…not even once.

So, during the most demanding times that this author has ever seen, those including one week service black outs, terrorist attacks, hurricanes and electrical disturbances, the National Fund office staff members stepped up to do their jobs in an exemplary manner so that most members didn't even notice any interruption in services.

If the history of the National Fund is ever written, this should be our opening story. ■

PRE-AUTHORIZATION REQUIREMENT



Pre-authorization is required for CT Scans, MRIs, EMGs (nerve tests) and Sleep Apnea services. Your doctor must follow the instructions on your Medical ID card for approved services to be paid. Do not have these services without confirming that pre-authorization has been obtained to be sure your claim will be processed and paid.

LOOKING FOR A BLUE CROSS IN-NETWORK DOCTOR, HOSPITAL, LAB OR OTHER PROVIDER?

To assist you, you may locate an in-network provider in several ways. By telephone, you can call BLUE CROSS AND BLUE SHIELD at 1-800-810 BLUE, or call the East Coast Fund Office at 1-888-773-8329 or the West Coast Fund Office at 1-800-821-1222. You can also access the BLUE CROSS BLUE SHIELD website at www.bcbs.com, and enter the National Fund's Prefix "UFD".

FROM THE LEGAL DEPARTMENT

Larry Magarik
General Counsel

The Employee Retirement Income Security Act (ERISA) governs benefit plans, including those which provide pensions and those which provide health insurance benefits, but many other types of benefit programs are covered as well. Since it was passed in 1974, ERISA has developed, by amendment, regulations and judicial precedents, into a comprehensive framework of standards governing most employee benefit plans. Your Fund is such a plan.

Under ERISA, the people who exercise discretion over the assets and disposition of the plan are fiduciaries. A "fiduciary" is a person whose responsibility is toward the people who are intended to benefit from the trust or plan. Fiduciary standards were taken from the pre-existing trust common law, but ERISA refashioned these standards and was declared by Congress to pre-empt state law. This means that federal law will govern, not state laws.

Under ERISA's standards, for instance, the Trustees of a Fund must make decisions and act in the sole and exclusive interest of the participants and beneficiaries of the Fund. A Trustee's personal interests or predilections must be set aside in favor of concern for the interests of the trust's beneficiaries.

Does this mean that the Fund necessarily takes the side of each claimant in every matter? Actually, the opposite is often true. The Fund is a trust, with a base of assets which must be applied for the benefit of a group of people -- all of the participants and beneficiaries of the plan, together. ERISA requires our Fund and its fiduciaries to act in the interests of all the participants, on a collective basis. Since there is a limited pool of money, each participant's desires or personal interests cannot be granted without affecting the entitlements of other participants. The fiduciary must look out for the total interests, and this will necessarily mean that not everyone's individual goal will be met.

American popular culture and media emphasize individualism, encouraging personal gain and the advancement of the interests of each. Is it possible to reconcile a contradiction between the collective interests of the participants, and the desires of each participant?

ERISA answers this question by obligating the Fund's fiduciaries to allocate the plan resources in a prudent and reasonable manner. ERISA also requires that a plan of benefits be enforced and applied. The plan of benefits is put in writing, and, once distributed, the plan is binding on all participants. These are the rules of the game. Once the rules are laid down, the Fund must follow the rules.

The law maintains that this will result in fairness, predictability and a reasonable balance between group interest of the participants as a whole, and demands of individual beneficiaries.

When it applies these rules, the Fund provides, in accordance with ERISA, a procedure for questioning the application. An individual participant should read his or her Plan Document and Summary Plan Description. If a question exists, the claimant should ask the Fund, and is entitled to and will receive an answer in as much detail as may be necessary.

If the claimant still disagrees, the claimant may appeal within 180 days of the written denial of a claim. The appeal must be in writing, and is submitted to a Claims Review Committee of the Board of Trustees. The Committee has discretion to apply and interpret the plan. The Committee of our Fund issues explanatory decisions which are usually detailed and always carefully considered. This appeals procedure is mandatory and binding under the Fund's rules and under ERISA.

Before filing an appeal, a participant should carefully consider the Fund's response, the terms of the plan, and the facts. Individuals may of course have personal interests, but need to realize that the Fund's decisions must be made in the interests of the plan and its participants as a whole, and in accordance with the documents governing the plan.

Another federal law, the Labor Management Relations Act, called the "Taft-Hartley Act," adds another layer to the regulation of benefit plans. Where a trust fund is based on contributions by employers pursuant to collective bargaining agreements with a union, the Trustees must include an equal number of persons appointed by the Employers and appointed by the Union. Our Fund is such a Taft-Hartley employee benefit trust. This means that half of the Board of Trustees are Union Trustees, while half are Employer Trustees. Many ERISA benefit plans only have fiduciaries appointed by the employer which sponsors the plan. By contrast, your Fund has an equal number of employer and employee representatives.

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MEDICAL CORNER

Norman H. Kupferstein, M.D.
Medical Director

A COVID UPDATE

On the news, we hear about the second Covid wave, but, nevertheless, it is less likely to kill and cause hospitalizations. There are many positive factors for the above.

Ventilators

Ventilators were the treatment of choice for most sick Covid patients whose respiratory system was compromised. That was the medical thinking 6-8 months ago – it was sort of a reflex thinking. We now know that not all respiratory patients with Covid need a ventilator and many do better without artificial ventilation. Ventilators can damage the lung tissue and do not treat the active disease. Now, we have learned to treat these patients and give oxygen in ways that are less invasive and less dangerous.

Ventilators do and will continue to save lives, but having alternatives treatments when medically warranted will also save lives

Blood thinners

Lungs and other organs of the body were not always damaged by the virus directly. Sometimes blood clots formed in these organs damaging them. To combat this, we have begun using blood thinners to try to decrease the damage from these clots.

Anti-white blood cell medications

In response to the cytokine storm, a term referring to an over response of immune system, doctors started treating patients with anti-white blood cell medication, thereby decreasing the damage to organs.

Anti-viral medication

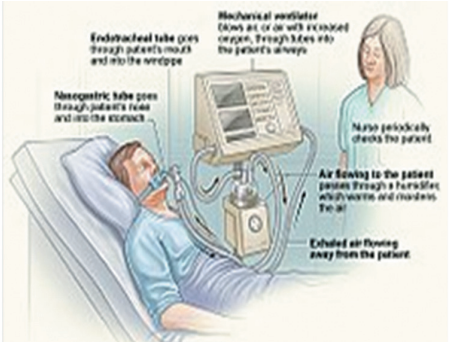
These are new drugs, that were used by President Trump and Gov Chrystie, that have recently been approved. These drugs attack the virus directly decreasing its ability of the virus to take over.

Anti-viral antibodies

Patients that have had Covid form antibodies to it thereby forming Active immunity to Covid. If these antibodies are administered to a patients, it gives them a Passive immunity to Covid. However, not all antibodies produced in response to a Covid infection, are beneficial and protective. There is a learning curve to figure out which ones are better than others.

Vaccines

Though in the news right now, are not yet approved. They should yield a high immunity to the infection once they are approved and distributed. ■



CHIP NOTICE

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676
ALASKA – Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442

CHIP NOTICE

ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
INDIANA – Medicaid	**MINNESOTA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	**MISSOURI – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	**MONTANA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY – Medicaid	**NEBRASKA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	**NEVADA – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

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CHIP NOTICE

NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	**TEXAS – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	**UTAH – Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	**VERMONT– Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	**VIRGINIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
OREGON – Medicaid	**WASHINGTON – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	**WISCONSIN–Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	**WYOMING – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

CHIP NOTICE

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

TELEHEALTH SERVICES

The National Fund is waiving member cost-sharing obligations for covered telemedicine services provided by in-network physicians during the Federally mandated State of Emergency. This waiver applies to eligible telehealth services for any covered purpose including the diagnosis or treatment of COVID-19, routine care or mental health care. In-network claims are to be paid at 100% of the eligible, allowable amount with no member balance.

SUMMARY OF MATERIAL MODIFICATION

To: All Participants in the UFCW National Health and Welfare Fund Plan of Benefits with Medical/Prescription Benefits option in their current Summary Plan Description.

From: Maurice Hodos, Fund Administrator

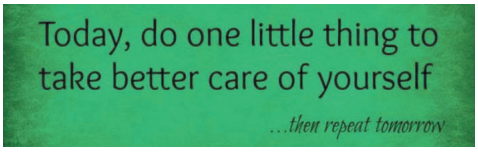
Re: ACA Section 1557 prohibiting discrimination based on race, color, national origin, sex, age and disability.

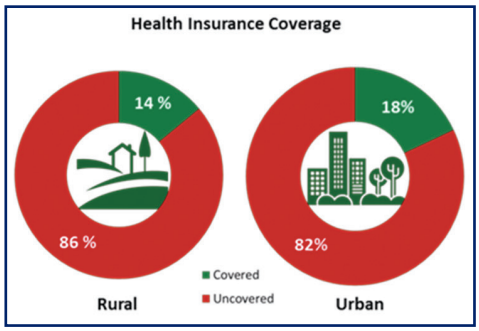
Date: August 18, 2020

This document is a Summary of Material Modification ("Summary") intended to notify you of important provisions in the UFCW National Health and Welfare Fund Plan of Benefits ("the Plan") for the above group. You should take the time to read this Summary carefully and keep it with the copy of the Summary Plan Description that was previously provided to you. If you need another copy of the Summary Plan Description or if you have any questions regarding the Plan, please contact the Fund Office during normal business hours at 66 Grand Avenue, Englewood, NJ 07631, 1-888-773-8329 or visit our website at www.ufcwnationalfund.org .

Health and Human Services (HHS) Final Rule prohibits discriminating in health programs on the basis of gender, or in particular, limiting or denying coverage for sex-specific health services provided to transgender individuals such as gender reassignment surgery and that treatments for gender dysphoria be eligible for coverage.

This Summary of Material Modification is intended to provide you with an easy-to-understand description of certain changes to the Summary Plan Description. The Summary Plan Description previously provided to you also serves as the Plan Document. While every effort has been made to make this description as complete and as accurate as possible, this Summary of Material Modifications, of course, cannot contain a full restatement of the terms and provisions of the Plan. The Board of Trustees or its duly authorized designee, reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan. ■





FROM THE LEGAL DEPARTMENT *(continued from page 4)*

All of the Fund's Trustees, whether "management" or "labor," are fiduciaries and must act in the sole and exclusive interest of the participants as a whole. They have to put aside the narrow interests of the company or union in administering the Fund. However, the fact that half of the Trustees are representatives of your own employers who are contributing to provide benefits, and the fact that half of the Trustees are your own union representatives who negotiate conditions and benefits on your behalf, adds another measure of protection for you as Fund participants.

In fact, the Board of Trustees of the Fund has equal representation and permits your collective voice to be heard in a formal manner. The Claims Review Committee of the Board of Trustees includes one Employer Trustee and one Union Trustee. An optional level of appeal to the full Board of Trustees is provided. In non-grandfathered plans and where applicable, an external appeal to an independent review organization is provided as well.

These balances and procedures were established deliberately, and help insure that benefits are administered fairly and in accordance with the terms of the plan. ■

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Under federal legislation, annual notification of this benefit is required to all members.

In 1998, the federal government enacted a law that mandates certain health coverage for breast reconstructive surgery in any health program that provides medical and surgical benefits for mastectomies. This law is known as the Women's Health and Cancer Rights Act.

If a covered person is receiving benefits in connection with a mastectomy and elects to have breast reconstruction along with that mastectomy, the policy must provide in a manner determined in consultation with the attending physician and the patient, coverage for the following:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications at all stages of the mastectomy, including lymphedema.

These benefits will be provided subject to deductibles and coinsurance to the same extent as for any other illness under your coverage.

All other features and benefits of this program remain the same and are not impacted by this annual notification. ■

HAPPY RETIREMENT

Jeri Ann Ingram retired on September 1, 2020 after working 32 years for the UFCW National Health and Welfare Fund. She was one of the first employees to be hired for the Stockton, California Claim Office when it opened in December 1988. Jeri Ann worked as a Claims Adjuster during her tenure with the Fund. She was also the Shop Steward for the last 10 years for the California office.

Jeri Ann was a loyal employee. She is a caring, kind person. She was always willing to listen and help out her peers wherever possible. During her tenure, Jeri Ann came to know 3 Fund Administrators, 5 Office Managers, and over 25 co-workers, becoming good friends with many of us.

Jeri Ann will be dearly missed. We are grateful for her loyality to the Fund all of these years and wish her the best in this next chapter of her life.

UFCW NATIONAL HEALTH AND WELFARE FUND
66 GRAND AVENUE, ENGLEWOOD, NJ 07631
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CHANGE OF ADDRESS FORM

To notify the Fund Office of a change in your address, please clearly print the information* requested and mail it to: Eligibility Department, UFCW National Health and Welfare Fund, 66 Grand Avenue, Englewood, NJ 07631-3545**

Member's Name: (please print) _____

Member's SS # or ID Number: (from your health insurance card) _____

New Address: _____

City: _____ State: _____ Zip: _____

Effective date of new address: _____

Telephone number: (_____) _____ Please ✔ ( ) Home ( ) Cellular

Email Address: _____

Member's Signature: _____ Date signed: _____

*All information is confidential.
** You may email this form to **eligibility@ufcwnationalfund.org** or Fax to: 201-569-1085