



2020/2021 Benefits Enrollment Guide

The
United
Family

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supermarkets

Amigos

Albertsons
Market

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2020/2021

Benefits Enrollment Guide

Sign-up



on our benefits website:
www.unitedfamilybenefits.com

Instructions on how to complete your enrollment are available on Page 2.
The benefit elections you make now will be effective through MAY 31, 2021.

All eligible Team Members must go online to review, change or waive benefits.



We recognize the important role you play in the successful day-to-day operation and future growth of The United Family. The outstanding service you provide to our guests every day helps us reach our goals. Therefore, it is important to The United Family to provide you with a competitive benefit offering that helps protect you and your family. This year's offering continues to provide a variety of options as well as valuable incentives to encourage you to maintain or improve your health through our Wellness Program.

Take the opportunity to learn about your benefit options and determine which best meet your and your family's needs, and allows you to get the most out of your benefit dollars. This guide will give you an overview of what is new for the Benefit Plan Year beginning June 1, 2020.

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This Annual Enrollment Highlights is a Summary of Material Modifications. Its purpose is to give eligible Team Members information about changes to the Health & Welfare Plans that will be effective on June 1, 2020. This Summary of Material Modifications changes the terms of the Summary Plan Descriptions (SPD) and should be considered part of your SPD and the Plan documents. Please keep this Summary of Material Modifications with your SPD. However, the formal Plan rules are contained in the Plan documents, not this packet. If there is a difference between this and the Plan documents, the Plan documents will be followed. Albertsons Companies reserves the right to amend or terminate the Plan in whole or in part at any time. This information may not apply to certain union-represented employees unless specifically provided in a collective bargaining agreement.

2020/2021 PLAN YEAR - WHAT YOU NEED TO KNOW

Congratulations, You Are Now a Benefit Eligible Team Member!

This guide contains valuable information regarding the United Family Team Member Benefit Plans. We pride ourselves in designing a benefit package that includes valuable health and welfare plans and a prevention strategy to promote healthy lifestyle choices. For example, you can receive a credit on the weekly medical plan premiums for participating in the Wellness Program. You can receive a deeper discount on your medical plan premium if your spouse qualifies for a credit. Please take this opportunity to review your benefit choices, for you and your family.



PLEASE FOLLOW THE INSTRUCTIONS OUTLINED BELOW TO COMPLETE REGISTRATION:

- Go to www.unitedfamilybenefits.com and click on your applicable banner.
- Click on the "Login" button.
- Your username is your Team Member number and your default password is the last four digits of your Social Security Number.
- Create a new password. Be sure to write down your password for future use.
- You are now ready to enroll. Click on the "Enroll Now" button on the left of the screen.

Once you have completed your enrollment, be sure to **PRINT OR EMAIL YOUR CONFIRMATION FOR PROOF OF ENROLLMENT**. If there is a discrepancy in your enrollment elections, a copy of your confirmation statement will be required.

Eligible Family Members

In addition to yourself, you may enroll eligible family members in many of the benefit programs. Eligible family members include (but are not limited to):

- Your legal spouse
- Dependent children under age 26 including your biological child, adopted child or child placed with you for adoption, or your stepchild. (Dependents are defined in the Medical Benefit Plan Document located on the benefits website.)

If you enroll a new dependent in benefits, you will need to provide documentation (such as a marriage certificate, birth certificate, etc.) to verify eligibility for each dependent. Documentation must be received in the Benefits Department or dependent coverage will not be effective.

Spousal Surcharge

If your spouse is offered, but does not elect medical coverage through his or her employer and you enroll your spouse in the United Supermarkets medical plan coverage, you will pay a \$30 weekly spouse surcharge. This surcharge only applies to the medical plan, not the dental, vision, or other plans. This form must be renewed each Annual Enrollment period.

You will not be required to pay a surcharge if your spouse:

- Does not work
- Is employed by an Albertsons Company
- Has coverage available from Medicare and does not have coverage available through his or her employer
- Is employed but does not have access to employer medical plan coverage or is self-employed
- Is employed and has access to coverage, but the annual in-network out of pocket maximum is more than \$6,600 for employee only coverage or more than \$13,200 for all other coverage levels.

Summary of Benefits and Coverage (SBC)

To help you make an informed choice of medical options, you may review each option's Summary of Benefits and Coverage (SBC). The SBC gives you important information in a standard format to help you compare the options available. The SBCs are available on the website. A paper copy is also available, free of charge, by calling the Benefits Department at **(888) 791-0220**.

2020/2021 PLAN YEAR - WHAT YOU NEED TO KNOW

How Health Care Reform Affects You in 2020

The United Family continues to offer health care benefits which comply with Health Care Reform requirements. Remember, you do not need to purchase medical coverage through a Health Insurance Marketplace (Exchange) to comply with the Affordable Care Act if you are enrolled in a United Family-sponsored medical program option. Information about the marketplace is available at www.healthcare.gov.

Benefits Requalification

The current benefits requalification measurement period started April 1, 2020, and goes through March 31, 2021. Team Members must maintain an average of 30 hours of service per week to continue medical coverage. Benefits requalification measures all hours of service, including paid vacation hours, plus credited hours for certain approved leaves of absence. Be sure to track your hours through your weekly paystubs. To be eligible for all benefits offered, a full-time Team Member must maintain an average of at least 35 hours. Newly hired Team Members will be measured from their date of hire for the first year.

Coordination of Benefits (COB)

Coordination of Benefits (COB) is used by benefit carriers to pay health care expenses when a patient is covered by more than one plan. Both plans will work together to verify which plan is primary and which is secondary. The secondary insurance may not always pay due to the primary insurance. Please contact the insurance carrier for details.

Premium Only Plan

Did you know that you can reduce your taxable income by the amount you pay toward the cost of your medical, dental, vision and a portion of your life insurance premiums by paying those premiums with pre-tax dollars? All eligible benefit election premiums are pre-tax unless you elect to pay these premiums with post-tax dollars on the benefits online enrollment system. Coverage paid through the tax savings plan cannot be canceled until the next annual enrollment period unless you experience a life event. Examples of qualifying events are marriage, divorce, birth, adoption or death. *A change must be made within 60 days of a life event.*

Participate in the Wellness Program

Successfully complete the Wellness Program requirements to qualify for a contribution discount (if both you and a covered spouse qualify) for the 2020/2021 Benefit Plan Year. See the "Wellness Program" section on Page 6 for more details.

This guide also contains information regarding:

- **Plan Summaries for 2020/2021**—Provides a summary of the plans and the premiums that you pay for each benefit option you select.
- **Online Enrollment**—Describes the online enrollment process.
- **Wellness Program**—Describes the United Family wellness initiative. Refer to the benefits website for additional information.
- **Additional Benefits**—Summarizes your disability plans, retirement plan, and other voluntary benefit plans
- **Important Legal Notices**—Please read the notices.
- **Benefits Contact Information**—Provides a valuable listing of contacts should you have any questions or need assistance.

Employee Assistance Program

Team Members enrolled in one of the medical plans have access to a 24-hour assistance line (available in Spanish) through the Employee Assistance Program (EAP). This United Family-paid benefit offers you up to three confidential and professional counseling services per issue per year for yourself and your eligible family members. Additional tools available are: confidential support, work-life solutions, financial information and other online tools. Call **(877) 294-3271**, or log on to www.guidanceresources.com. When registering on the website, use Albertsonscompanies for the required Organization Web ID.

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 877.294.3271
TDD: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com
App: GuidanceResources® Now
Web ID: ALBERTSONSCOMPANIES

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information



Contact Your GuidanceResources® Program

Call: 877.294.3271
TDD: 800.697.0353

Online: guidanceresources.com
App: GuidanceResources® Now
Web ID: ALBERTSONSCOMPANIES

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Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



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Our financial experts can assist with a wide range of issues. Talk to us about:

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- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



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GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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EstateGuidance® lets you quickly and easily create a will online.

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MEDICAL PLAN 2020/2021

	Blue Cross Standard PPO		Blue Cross Basic PPO		Blue Cross High Deductible Health Plan		Blue Cross Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Plan Year Deductible – amount you pay before coverage begins. In- and Out-of-Network deductibles are separate and do not cross apply (except for the HDHP option).								
Per Person*	\$1,000	\$1,000	\$800	\$800	\$2,150; \$4,300 for 2 or more covered persons		\$4,200	
Coinsurance – percent paid after deductible has been met.								
You Pay	20%	40%	30%	50%	30%	50%	40%	50%
Plan Pays	80%	60%	70%	50%	70%	50%	60%	50%
Out-of-pocket Maximum – limit on your share of covered expenses, including your deductible and prescription drug expenses. In- and Out-of-Network maximums are separate and do not cross apply (except for the HDHP option).								
Per Person*	\$5,400	\$9,000	\$6,600	\$9,100	\$6,500; \$13,100 for 2 or more covered persons		\$7,150; \$12,700 for 2 or more covered persons	
Preventive Care								
	100%	No benefit	100%	No benefit	100%	No benefit	100%	No benefit
Emergency Room								
	\$200 copay plus coinsurance		\$200 copay plus coinsurance		Subject to deductible & coinsurance		Subject to deductible & coinsurance	
Prescription Drug – administered by MedImpact								
	United/Albertsons Pharmacy Network**		United/Albertsons Pharmacy Network**		United/Albertsons Pharmacy Network**		United/Albertsons Pharmacy Network**	
Separate Deductible	None		\$200 per person, for brand drugs only		None, however medical deductible must be satisfied before prescription drugs are covered		None, however medical deductible must be satisfied before prescription drugs are covered	
Generic (each 30 day supply)	20% coinsurance, \$4 min/\$100 max		30% coinsurance, \$4 min/\$100 max		30% coinsurance after deductible		40% coinsurance after deductible	
Brand Formulary (each 30 day supply)	20% coinsurance, \$20 min/\$100 max		30% coinsurance, (\$30 min/\$100 max) after deductible		30% coinsurance after deductible		40% coinsurance after deductible	
Brand Non-Formulary (each 30 day supply)	30% coinsurance, \$40 min/\$150 max		50% coinsurance, (\$50 min/ \$150 max) after deductible		30% coinsurance after deductible		40% coinsurance after deductible	

This table summarizes the key features of the Blue Cross of Idaho options offered nationwide.

*Maximum of three individual deductibles and two out-of-pocket maximums per family.

**Your coinsurance percentage will be higher if you use a pharmacy outside of The United Family or Albertsons Pharmacy Network. Summaries of Benefits and Coverage (SBCs) for each medical option are available on the website.

Pharmacy Benefit Manager: MedImpact

MedImpact is The United Family's prescription drug benefit provider. MedImpact and The United Family have designed a prescription drug benefit that continues to offer you choices, and it can save you money when you choose the lower cost prescription medications.

Market Priced Drug Explanation (MPD)

When your doctor prescribes a certain medication for you, there may be an alternative medication that could be just as safe and effective for you – as well as lower in cost – called a therapeutic alternative. This is where the Market Priced Drug comes in.

Therapeutic alternatives can be a generic, brand-name or over-the-counter drug that, according to the FDA, may be as effective as a higher-cost medication. If you choose to switch to the lowest-cost therapeutic alternative, you pay the regular copay for that drug. If you select a drug other than the lowest-cost therapeutic alternative, you'll pay the difference in actual market price between your choice and the lowest-cost therapeutic alternative, plus the usual copay for the lowest-cost therapeutic alternative.

Ultimately, the choice of which medication to use is a decision between you and your physician, and there is no requirement for you to make a switch. But, making a switch will potentially save you money. For more information, Team Members can contact MedImpact at **(888) 402-1984**.

Wellness Program

WHO CAN PARTICIPATE IN THE WELLNESS PROGRAM?

Team Members and spouses enrolled in one of the offered medical plans with the exclusion of the Bronze Plan.

WHAT IS THE BENEFIT TO TEAM MEMBERS?

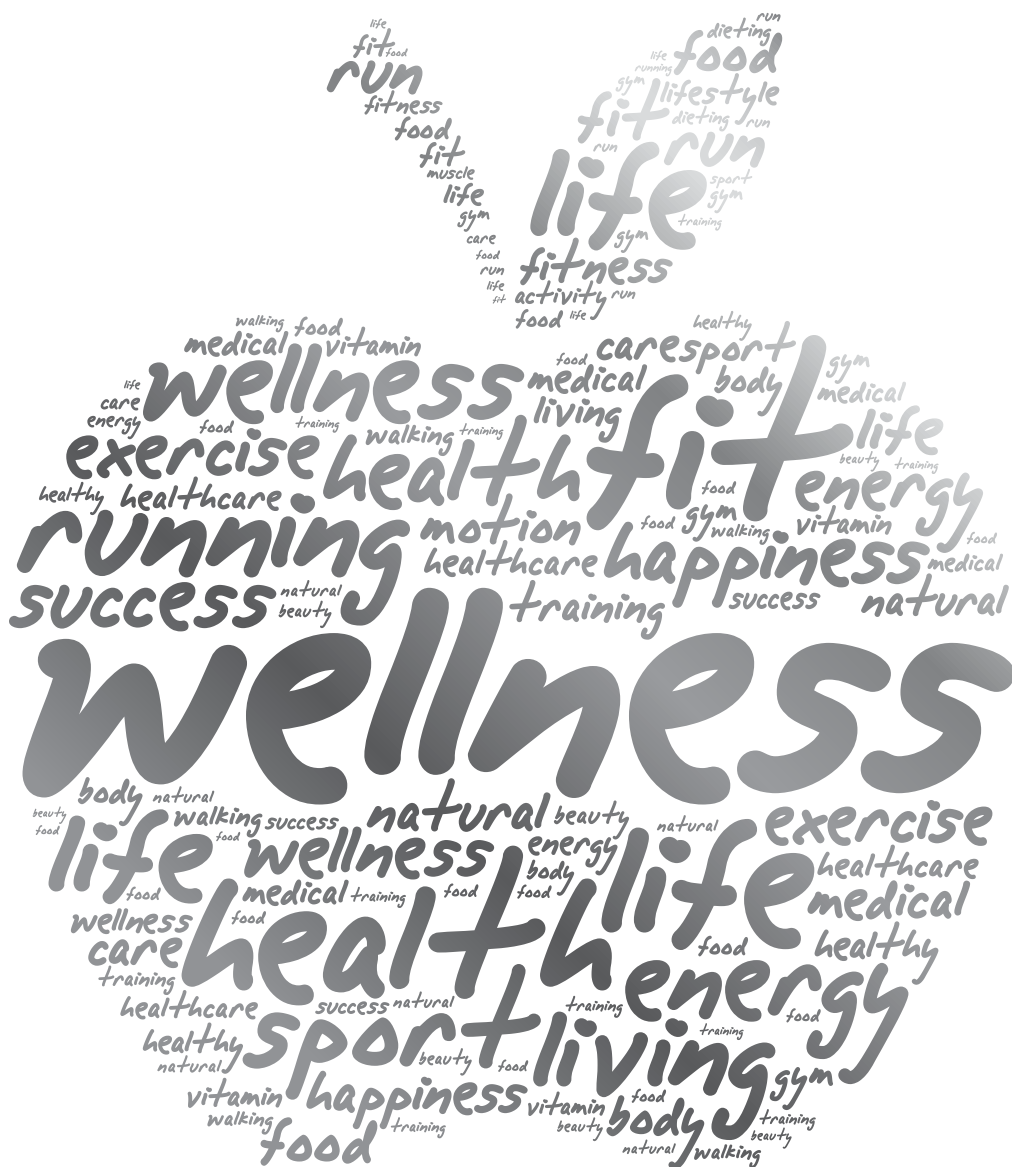
Enrolled Team Members and their spouses will earn the weekly medical deduction discount of \$17.31 each for the 2020/2021 Plan Year.

WHAT ARE THE PROGRAM REQUIREMENTS?

There is only one requirement to complete the Wellness Program:

SCHEDULE AN APPOINTMENT FOR A WELLNESS VISIT WITH EITHER

- **YOUR PCP:** Once your doctor files the claim for your wellness visit with the insurance company, United will be notified of the completion of this requirement. No additional forms are required. Your results will not be shared with United.
- **A UNITED PHARMACY:** Visit <https://www.theunitedfamily.com/careers/team-member-wellness-screening>. Your results will not be shared with anyone outside of the Pharmacy. *Your pharmacy will notify the Benefits Department and will not go through a claims process with Blue Cross.*



MEDICAL PLAN 2020/2021

Medical Plan Rates

You have the opportunity to reduce your 2020/2021 weekly medical contribution if you and/or your spouse complete the Wellness Program incentive requirement by the required deadlines.

Please note: When enrolling in the medical plans, you may not see the wellness discount if the requirement has not been completed. Your wellness discount will be applied after you have met the wellness requirement.

MEDICAL PLAN RATES	Standard	Basic	High Deductible	Bronze Plan*
TM Only	\$40.11	\$27.15	\$28.95	\$22.87
TM & Spouse	\$92.79	\$59.94	\$73.59	\$115.24
TM & 1 Child	\$52.65	\$36.15	\$42.78	\$56.07
TM & Children	\$70.20	\$40.65	\$47.13	\$102.26
Family	\$118.38	\$73.89	\$106.53	\$182.34
TM Only (1 credit)**	\$22.80	\$9.84	\$11.64	n/a
TM & Spouse (1 credit)**	\$75.48	\$42.63	\$56.28	n/a
TM & 1 Child (1 credit)**	\$35.34	\$18.84	\$25.47	n/a
TM & Children (1 credit)**	\$52.89	\$23.34	\$29.82	n/a
TM & Family (1 credit)**	\$101.07	\$56.58	\$89.22	n/a
TM & Spouse (2 credits)**	\$58.17	\$25.32	\$38.97	n/a
TM & Family (2 credits)**	\$83.79	\$39.27	\$71.91	n/a

*Not eligible for Wellness Program wellness credits

**Wellness Program - 1 credit represents a savings of \$17.31 per paycheck and 2 credits represent \$34.62 in savings per paycheck.

Blue Distinction Centers+

Team Members enrolled in one of the Blue Cross of Idaho medical plans will have an enhanced benefit when using Blue Distinction Centers+ facilities (BDC+). The (BDC+) facilities are hospitals recognized for their expertise and efficiency in delivering specialty care with quality at low costs. They are part of the Blue Cross Blue Shield Association. These facilities have a proven track record for fewer complications and fewer hospital readmissions. The criteria for receiving this designation is established with the help of expert physicians and medical organizations.

- The (BDC+) designations recognize healthcare facilities delivering specialty care for: **Cardiac Care, Spine Surgery, Knee / Hip Replacement and Transplants**
- Blue Distinction Centers designations recognize healthcare facilities delivering specialty care for: **Complex and Rare Cancers**

Note: For complex and rare cancers you will not find a healthcare facility with a "+" designation, therefore treatment for complex and rare cancers will be allowed as in-network if provided by a healthcare facility listed as a Blue Distinction Center.

Travel benefits are available according to the table on the next page and can cover travel to a BDC+ if you live more than 100 miles from the nearest facility. When you choose to use a Blue Distinction Center for treatment of complex and rare cancers or a BDC+ for other conditions listed above, you are more likely to receive a high level of care. You also receive higher benefits, meaning you will pay less for services provided at these centers. For more information, Team Members can call **(855) 854-1412** or go online at www.bcbs.com/blue-distinction-center-finder.

MEDICAL PLAN 2020/2021

ENHANCED BENEFITS AT BLUE DISTINCTION+ CENTERS (facility charges only)				
	Blue Cross Standard PPO	Blue Cross Basic PPO	Blue Cross High Deductible	Blue Cross Bronze Plan
Deductible	Waived		HDHP members must first meet their out-of-pocket deductible expense before the plan begins to pay	Normal Plan Benefits
Plan Pays for Facility Charges	100%			Normal Plan Benefits
Maximum Travel Benefits for Transplants	\$10,000			
Maximum Travel Benefits for Other Applicable Procedures	\$6,000			

Nurseline - At No Cost To You!

Nurses can be a wonderful addition to managing your health care by helping you to recognize symptoms and choose appropriate care, to learn to manage your health condition, or to connect with other health plan resources. The medical plans have a 24-hour Nurseline available - all at no cost to you. Team Members enrolled in a Blue Cross medical option can call the **Nurseline** at **(855) 852-6898**.

BridgeHealth Medical Surgery Benefit

BridgeHealth Medical provides you with access to some of the top surgeons in the nation. Remember, if you require surgery and are enrolled in a Blue Cross of Idaho medical option, you have access to the Bridge Health High Performance Surgery Network, allowing you to receive care at top-rated facilities with little or no cost to you, including potential travel expenses.

Choosing where to go for surgery can make a big difference in what you pay - and the results you get. Get help from the BridgeHealth Surgery Benefit Program, including:

- Significant savings:
 - Enroll in a PPO plan (excluding Bronze PPO): surgery costs are waived
 - Enroll in the High Deductible Health Plan: pay the deductible and then all other out-of-pocket surgery costs are waived
- Access to nationally ranked surgical specialty BridgeHealth providers based on patient safety and satisfaction as well as low readmission and complication rates
- BridgeHealth Care Coordinators who guide you through every step of the process
- Resources on BridgeHealth website such as hospital quality ratings, physician and provider profiles, a symptom checker, and educational videos

Before you schedule your surgery, contact a BridgeHealth Care Coordinator at **(888) 387-3912** or surgery@bridgehealth.com. Visit the website www.bridgehealth.com. First-time registrants on the BridgeHealth website will register using company code **LPEVA**.

Beginning June 1, 2020, Team Members and their dependents enrolled in a Blue Cross of Idaho medical plan must use a BridgeHealth surgery center of excellence for:

**TOTAL KNEE
REPLACEMENTS**

**TOTAL HIP
REPLACEMENTS**

**SPINE
SURGERIES**

Because we want to make sure you're seeing top-rated providers for these procedures, if you have one of these surgeries performed by a provider who is not part of the BridgeHealth network, it will not be covered. (Required use of Surgery Centers will be evaluated on a case by case basis and may be waived.)

United Diabetes Management Program

If you are diabetic, you may be eligible to enroll in the United Diabetes Management Program.

Participation in the United Diabetes Management Program involves seven monthly visits with a United Wellness Pharmacist who is specially trained in diabetes medication management. Your pharmacist and physician will work together to evaluate your progress, maximize therapy and improve your health.

Each monthly visit will include a logbook review of your blood sugar values. If you do not currently test your sugar, your pharmacist will help you obtain a blood glucose meter and testing supplies. Fasting lab work measuring A1C, blood pressure and cholesterol will be done at visits one, four and seven. A Wellness Pharmacist will report all test results to your doctor's office, along with suggestions to optimize your therapy.

Medication changes will only be made with approval from your physician. By taking part in this program, you (or eligible family members) can obtain certain generic blood pressure medications, generic cholesterol-lowering drugs such as statins and generic oral diabetes medications from an established list at no cost. The program also includes 100 percent coverage for diabetes supplies (syringes, lancets, pen needles and test strips) for a 30-day supply at a time.

The monthly appointments are required to stay in the Diabetes Management Program. You may even be eligible to continue monthly or quarterly visits after completing the program. Blue Cross of Idaho will pay for your services as part of your benefits—**no out-of-pocket costs to you.** We look forward to working together to improve your health!

To enroll in the United Diabetes Management Program, please contact the pharmacy call center at **(844) 778-2083**.

PLEASE NOTE: For your first visit, please bring your blood glucose meter, testing supplies, logbook, medications, and remember to fast for at least 10 hours. Drinking water while fasting is encouraged.

SMARTSHOPPER®

Save money on medical procedures

Save money and earn cash rewards* with SmartShopper® simply by shopping for the healthcare you need. When you need certain medical services or tests, our experts can help you choose a high-quality location for care. Once your procedure is complete and your claim is paid, if you are eligible, a reward check will be mailed to you.

What is SmartShopper®?

SmartShopper® can help you:

- Compare costs and quality for numerous common medical procedures
- Use the information provided to help you estimate out-of-pocket costs
- Earn cash* while shopping for care
- Save money and make the most efficient use of your healthcare benefits

KEY FEATURES

Ease of shopping

- You can quickly find the information you need to help you choose a facility or procedure
- SmartShopper® is available via computer, smartphone, and other mobile devices, as well as over the phone with one of our SmartShopper® personal assistants

Helpful reminders

- Emails and postcards alert you to savings opportunities on your healthcare

You must be enrolled in an eligible company-sponsored medical plan to participate.

Rewards

- **You can qualify for a \$25-\$500 incentive reward* just by shopping with SmartShopper®**

**Cash rewards are funded by your employer (and distributed by SmartShopper), are a taxable form of income, and are subject to applicable tax and wage withholding requirements.*



SHOP

When your doctor recommends a medical test, service, or procedure, call 866-507-3528 to speak to a SmartShopper® personal assistant or visit www.members.bcidaho.com to shop for a lower-cost, high-quality option in your area.



SELECT

Select the location of your choice with a cash-back option listed. The reward is limited to designated network providers who can perform the requested procedure. (Remember, some services require pre-authorization before you have the service performed. Call Blue Cross of Idaho to see if your procedure requires pre-authorization)



EARN

Once your SmartShopper® eligible procedure is complete at an eligible location and your claim is paid, a **reward check** is mailed to your home within 4 - 6 weeks. No forms. No hassles. It's that easy.



www.members.bcidaho.com

866-507-3528

FLEXIBLE SPENDING ACCOUNTS 2020/2021

Flexible Spending Accounts

Flexible Spending Account partner – Navia Benefit Solutions. Navia offers a great program and a mobile app, MyNavia, to help you manage your FSA benefits!

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

What are the advantages of participating in a FSA? Participating in the FSA has two major advantages.

1. The federal government takes about 30% of each dollar you earn in taxes. You take home 70% of your check. When you use an FSA, you set aside money **before** it is taxed, so you spend the entire 100% of your earned income on your health expenses. You take home more money.
2. Your annual election amount is evenly deducted pre-tax from your paycheck throughout the plan year. You can access the full amount elected on your benefits effective date.

When determining the amount of your deduction, it is important to estimate your future health care expenses. Be careful to only contribute to the plan for expenses that you know you will have between your benefits effective date and May 31. If you contribute to the plan and do not have eligible expenses that are incurred between your benefits effective date and May 31, you lose the money you contributed. **However**, our plan offers a carryover feature for unused FSA contributions up to \$500. Unused health FSA funds carry over to the next plan year. To qualify for the carryover feature you must enroll in the FSA plan for the next plan year. You cannot change your annual election amount after the plan starts unless you have a qualified change in status.

Navia offers a Navia Benefits debit card so you can pay a provider directly for qualified health expenses. Be sure to hang on to your receipts in case you have to verify the expense eligibility. If you need to provide a receipt to Navia, you will get an alert on your mobile app or a reminder email.

The annual maximum FSA contribution is \$2,750 or \$52.88 per paycheck. The annual minimum contribution is \$260. If you enroll in the High Deductible medical plan and contribute to a Health Savings Account, your FSA may only be used for vision and dental expenses. You do not have to be enrolled in the medical plan to participate in the FSA plan.

DAY CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

Child care can be one of the single largest expenses for a family with children. A DCFSA can be used to pay for your qualified day care expenses with pre-tax dollars which can save you money. Expenses must be for your dependent children 12 and under, and in some cases elder care, and must be enabling you to work, actively look for work, or be a full-time student. Common eligible expenses are child care, preschool, before and after school care, and day camps. Expenses for school tuition and overnight camps are not eligible.

The annual maximum DCFSA contribution is \$2,500 if married and filing separately on your tax return, or \$5,000 per household. The annual minimum contribution is \$1,300. The carryover feature does not apply to unused DCFSA funds. You cannot change your annual election amount after the plan starts unless you have a qualifying life event.

How do you access your money? You can submit a Health Care FSA and DCFSA claim online at www.naviabenefits.com, through your smartphone app for Android and iPhone, email, fax, or US mail. Claim forms can be printed from www.unitedfamilybenefits.com. Be sure to include documentation that clearly shows the date, type, and cost of the service.

You can also sign up for **FlexConnect** today; a feature that connects your FSA to your insurance plans and seamlessly creates a claim with the proper documentation directly for the insurance carrier. Go to the Navia website for additional information.

REGISTER ONLINE TO VIEW YOUR FLEXIBLE SPENDING ACCOUNT:

- Visit www.naviabenefits.com and click on “register”
- Enter the required information – the United 3 character employer code : UNF
- Answer 3 security questions, read and agree to the Privacy Policy and Terms and Conditions and click “Submit”
- Watch your email address for a link to complete your registration and set an 8 character password with an uppercase letter, lowercase letter, numeric value, and a special character.

DENTAL PLAN 2020/2021

Dental Plans & Coverage

You have three choices in dental plans; the Delta Dental Basic plan, the Delta Dental PPO plan, and the Delta Dental Standard Plus Plan. The Standard Plus plan allows you to visit a non-participating dentist, whereas the Basic plan and PPO plan requires that you use a participating dentist to receive a higher reimbursement. You may review the level of benefits under each plan on the website.

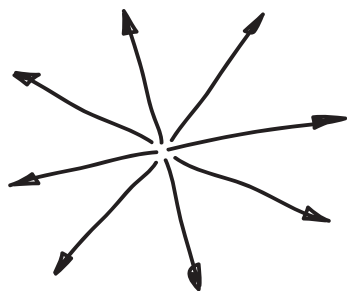
Delta Dental and Aetna DMO (available in NM only) will continue to be the dental claims administrators for the dental plans.

Dental Options & Rates

	Delta Dental Standard Plus		Delta Dental Standard PPO			Delta Dental Basic		Aetna DMO
	PPO Network	Out-of-Network	PPO Network	Premier Network	Out-of-Network	PPO or Premier Network	Out-of-Network	In-network coverage only
Deductible (does not apply to preventive care, diagnostic and orthodontic services)	\$50 person \$100 Family	\$50 person \$100 Family	\$50 person \$100 Family	\$50 person \$150 Family	\$50 person \$200 Family	N/A		No deductible \$10 office visit copay
Preventive Care Exams, cleanings, x-rays	Plan Pays 100%	Plan pays 100%	Plan Pays 100%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 70%	Plan pays 100%
Basic Care Fillings, extractions, root canals, oral surgery	Plan pays 80%	Plan pays 80%	Plan pays 80%	Plan pays 70%	Plan pays 60%	Plan pays 50%	Plan pays 40%	Plan pays 90%
Major Care, inlays, crowns, bridges, dentures	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 40%	Plan pays 30%	Not Covered		Plan pays 60%
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,000	\$750	\$500		No maximum
Orthodontic Care	50% up to lifetime maximum Waiting period = 12 consecutive months		50% up to lifetime maximum Waiting period = 12 consecutive months			Not Covered		You pay up to \$2,400, plan pays the rest
Orthodontic Lifetime Maximum	\$1,750		\$1,750			Not Covered		No maximum

* Out-of-network - pays based on reasonable and customary. Contact the insurance carrier for details. *

DENTAL PLAN RATES	Delta Standard Plus PPO	Delta Standard PPO	Delta Basic Plan	Aetna DMO (NM only)
TM Only	\$3.97	\$2.14	\$0.87	\$4.54
TM & Spouse	\$8.67	\$4.36	\$1.77	\$9.27
TM & 1 Child	\$6.33	\$3.90	\$1.58	\$8.30
TM & Children	\$8.92	\$6.25	\$2.53	\$13.28
Family	\$13.53	\$7.96	\$3.22	\$16.92



***DID YOU KNOW** that you can update your personal information such as address, phone number, or email via **Uconnect**? You can also access W4, W2, or Direct Deposit forms!*

VISION PLAN 2020/2021

Vision Services Plan (VSP)

Vision Services Plan (VSP) is our Vision Partner. VSP is a full-service plan that offers choice, flexibility, and maximum value through a VSP Network Provider. You can choose a VSP provider or any out-of-network provider. If you use vision providers in the VSP provider network, you'll receive the best benefit. If you use an out-of-network provider, you pay at the point of service and submit an out-of-network claim for a lower reimbursement. You can also shop online for eyewear at www.Eyeconic.com. Your two plan choices are below.

Please Note: VSP DOES NOT PROVIDE CARDS FOR MEMBERS.

When an enrolled member visits their provider they only have to give their name and SSN for the provider to verify coverage.

Benefits	Premier Plan	Copay	Standard Plan	Copay
Well Vision Exam	1 every 12 months	\$20	1 every 12 months	\$20
Prescription Glasses:		\$15		\$15
Frames	\$200 allowance to \$220 allowance depending upon frame brand - every 12 months	Included in copay	\$155 allowance to \$175 allowance depending upon frame brand - every 24 months	Included in copay
Lenses	Single vision, lined bifocals and lined trifocals including tints and dyes every 12 months	Included in copay	Single vision, lined bifocals and lined trifocals every 12 months	Included in copay
Lens Enhancements	Standard progressive lens	\$55	Standard progressive lens	\$55
	Premium progressive lens	\$95-\$105	Premium progressive lens	\$95-\$105
	Custom progressive lens	\$150 - \$175	Custom progressive lens	\$150 - \$175
Contact Lens Exam	1 every 12 months	up to \$60	1 every 12 months	up to \$60
Contacts	\$175 allowance every 12 months	N/A	\$145 allowance every 12 months	N/A
Diabetic Eye care	Services for diabetic eye disease, glaucoma and macular degeneration as needed	\$20	Services for diabetic eye disease, glaucoma and macular degeneration as needed	\$20
Extra Savings	\$20 to spend on featured frame brands			
	Routine retinal Screening for no more than a \$39 copay			
	Average 15% off regular price for Laser Vision Correction			

You may get glasses OR contacts only each year. The plan does not allow for both glasses and contact in the same year.

VISION PLAN RATES	Premier	Standard	Your coverage with Out-of-Network Providers		
TM Only	\$1.95	\$1.16	Exam up to \$45	Lined bifocal lens up to \$50	Progressive lens up to \$ 50
TM & Spouse	\$3.91	\$2.31	Frame up to \$75	Lined trifocal lens up to \$65	Contacts up to \$105
TM & 1 Child	\$4.36	\$2.58		Single vision lens up to \$30	
TM & Children	\$4.36	\$2.58			
Family	\$6.97	\$4.12			

LIFE INSURANCE & AD&D COVERAGE 2020/2021

- **Term Life Insurance** - *Standard Insurance Company* provides our term life insurance policies (Group #75378).

BENEFIT	TEAM MEMBER TERM LIFE INSURANCE - PLAN YEAR 2020/2021
The United Family-paid Basic Life	Hourly Team Members - Your base annual salary rounded to higher \$1,000 up to a maximum amount of \$250,000
	Salaried Team Members - 2 times your base annual salary rounded to higher \$1,000 up to a maximum amount of \$2,000,000
The United Family-paid Basic Accidental Death and Dismemberment (AD&D)	Your base annual salary rounded to higher \$1,000 up to a maximum amount of \$1,000,000
Supplemental Team Member paid Optional Life	Increments of \$10,000 up to \$200,000, increments of \$50,000 between \$200,000 and \$500,000 and increments of \$100,000 between \$500,000 and \$1,000,000
Supplemental Team Member paid AD&D	Increments of \$10,000 up to \$200,000, increments of \$50,000 between \$200,000 and \$500,000 and increments of \$100,000 between \$500,000 and \$1,000,000
Supplemental Family Accidental Death and Dismemberment (AD&D)	Increments of \$10,000 up to \$200,000, increments of \$50,000 between \$200,000 up to \$500,000, increments of \$100,000 over \$500,000 up to \$1,000,000 Employee: 100%; Spouse Only: 75%; Children Only: 20% per child; Spouse & Children: 60% spouse, 10% each child
Supplemental Spouse Life	Increments of \$10,000 up to \$200,000, increments of \$50,000 between \$200,000 up to \$500,000 - cannot exceed Team Member's combined basic and optional Life
Supplemental Child Life	Any multiple of \$5,000 from \$5,000 to \$20,000 but cannot exceed Team Member's combined basic and optional life
Age Reductions	Only the Basic Life and Accidental Death and Dismemberment (AD&D) reduces Age 65-69: 65%; Age 70-74: 45%; Age 75-79: 30%; Age 80 and over: 20% Voluntary life and AD&D and Spouse Life insurances do not reduce due to age
Waiver of Premium if Totally Disabled	Applies only to supplemental life insurance
Conversion after leaving The United Family	60 days from end of coverage
Portability after leaving The United Family	60 days from end of coverage, Basic Life, Basic AD&D, Optional Life, Spouse Life, and Child Life can be continued if you leave employment under the age of 80 and insured for 12 consecutive months - the voluntary AD&D cannot be continued
Initial Enrollment Guaranteed Issue Amount	Hourly Team Members - \$100,000
	Salary Team Members - \$200,000
	Spouse - \$50,000

ADDITIONAL LIFE INSURANCE 2020/2021

- **Universal Life Insurance** - *Allstate Benefits* is the provider for this coverage. Universal Life is an individual life insurance policy that may be retained after you terminate employment. Rates are based on the amount of coverage you select and your age at the time of purchase. Rates do not increase unless the State of Texas approves a rate increase. You may elect coverage for your spouse and children, but only if you elect a policy for yourself. This plan includes a Long Term Care Benefit.

DON'T FORGET TO DESIGNATE A BENEFICIARY ON THE ONLINE ENROLLMENT SYSTEM!



ADDITIONAL TEAM MEMBER BENEFITS 2020/2021

Short Term and Long Term Disability

Short Term Disability (STD) is a United Family-paid benefit for all eligible Team Members (*Group #757086*). *You will be automatically enrolled in the Short Term Disability plan.* STD pays 60% of your base salary when you are unable to work due to a covered illness, injury, or maternity leave that results in an absence from work for up to 180 days. Eligibility for coverage is at least one year of full-time service and averaging 35 hours a week. United will pay for this valuable plan to make sure you have insurance for your paycheck!!

Long Term Disability (LTD) is a Team Member paid benefit (*Group #753780-D*). LTD provides you income, if you remain disabled, up to age 65 or your retirement age defined by the Social Security Normal Retirement Age legislation. LTD pays 60% of your covered monthly earnings after you have been disabled for 180 consecutive days. Eligibility for coverage is at least one year of full-time service and averaging 35 hours a week. Think of this insurance as income protection when you can't work. The income helps you pay your bills.

The disability plans contain pre-existing condition limitations including any sickness or injury for which you received medical treatment, consultation, care or services, including diagnostic procedures or took prescribed drugs or medicines during the 3 months immediately prior to the effective date of insurance. For questions, Team Members can call Standard Insurance Company at **(833) 786-5640**.

Accident Insurance

UnumProvident Corporation provides our Accident Insurance. Accident Insurance helps pay for high costs not covered by traditional health insurance due to injuries. Coverage is available for you, as well as your family. You may cover one person or your entire family. You own your policy and can take it with you if you leave The United Family and premiums are paid on time. For more information, Team Members can call **(800) 635-5597**.

Critical Illness & Hospital Indemnity Plans

Aflac provides voluntary benefits that are supplemental to your United Family-sponsored benefit programs. United offers two Aflac coverages – Critical Illness and Hospital Indemnity.

- The group **Critical Illness** coverage provides a lump-sum benefit upon the diagnosis of not only one covered illness, but for each covered illness, including cancer, heart attack, stroke, renal failure, and paralysis. You can choose the rates, based on your age, and amounts of coverage for you and an eligible family member on the online enrollment system.
- The group **Hospital Indemnity** coverage provides a benefit paid directly to Team Members for medical and non-medical expenses, associated with a covered hospital stay due to a sickness or accidental injury. You can choose between a high and low plan and elect coverage for you and your family.

Team Members can contact Aflac with questions or to file a claim at **(800) 433-3036** or online at www.aflac.com/file-a-claim/.

The United Family is Matching Your Retirement Savings!

Based on The United Family's financial performance, The United Family matches a percentage of every dollar that you contribute to the 401(k) Plan, up to 7% of your annual pay. Make sure you are contributing at least 7% of your pay to take full advantage of United Family matching contributions. Matching contributions are like getting free money for your retirement!

Example assuming The United Family determined a 50% match

Your Pay Was	Your Contribution Percentage Was	Then Your Contribution Amount Was	United Family Match	Total Combined Contribution	Money You Left on the Table
\$40,000	0%	\$0	\$0	\$0	\$1,400
\$40,000	3%	\$1,200	\$600	\$1,800	\$800
\$40,000	7%	\$2,800	\$1,400	\$4,200	\$0

Visit Fidelity at www.netbenefits.com or call **(866) 956-3433**. Don't miss out on The United Family contribution. Enroll today, or consider increasing your contribution to receive the full benefit of The United Family Match. To register online, use plan number: **99811**. Team Members who are 21 years and older are eligible to participate at any time.

ADDITIONAL TEAM MEMBER BENEFITS 2020/2021

Keep in mind that investing involves risk. The value of your 401(k) Plan account will fluctuate over time, and you may gain or lose money based on the investment choices you make.

Note: United Family Contributions are available only to eligible participants. See the Summary Plan Description for more information and eligibility requirements. United Family Contributions may vary from year to year. Contributions are subject to annual IRS dollar limits.

MetLife Auto & Home Insurance

MetLife provides special group discounts on auto and home insurance through payroll deduction. There are many policies available including renter's insurance, condo, motorcycle and RV coverage. You can save with a discount for years of service with The United Family, being a good driver and if you have multiple policies. MetLife provides excellent benefits such as replacement price if your new car is totaled within the first year or up to 15,000 miles (whichever comes first). If your tires, battery or shocks are damaged in an accident, you get brand-new parts, with no deduction for depreciation.

Team Members must have one year of full-time service to enjoy the MetLife special savings. Get a free price quote by calling **(800) GET-MET 8** or **(800) 438-6388**.

Purchasing Power

Through Purchasing Power, you may purchase brand-name computers, TVs and video equipment, electronics, home appliances, fitness equipment, furniture and other items through the ease of payroll deduction. With no credit check, no down payment and a 12-month payment plan, buying life-enhancing products is simple and economical.

To make purchases, you must have one year of full-time service, be at least 18 years of age and earn an annual salary of at least \$16,000. You must also have a bank account or credit card to be used in case of non-payment by payroll deduction.

Contact Purchasing Power's customer service team at **(888) 923-6236** for 24-hour web support.



**Sign up
for free**



**Unlock your
spending limit**



**Start
shopping**



STEPS TO UTILIZING PURCHASING POWER AS A UNITED DIVISION TEAM MEMBER:

Go to: **WWW.PURCHASINGPOWER.COM** | Create an Online Profile | Use Group Code: **USM2237**

View Catalog | Select Items to Buy | Purchase Items

Items Deliver to Your HOME | Payments Drawn From Your Paycheck

SHOP THESE BRANDS AND MORE!



SAMSUNG



MICHAEL KORS

SONY



KitchenAid®



ADDITIONAL TEAM MEMBER BENEFITS 2020/2021

United We Care

United We Care is a special emergency fund created to assist Team Members when unexpected serious events occur – such as sudden medical costs, accidents, or traumatic events.

As a Team Member, you have the opportunity to donate \$1 or more out of your paycheck every week. This is an amount that you will hardly miss, but enough to make a huge difference in someone's life. Because United We Care is a non-profit, your donations are tax deductible.

To apply for assistance, you must be a United Family Team Member for at least 6 months. For questions, or to request an application, you may call the Program Manager at **(888) 791-0220**.

College Savings Plan

United College Savings Plan allows Team Members to contribute weekly through payroll deduction to a savings account intended for furthering their education. The United Family matches contributions up to \$1,000 a year. Team Members will be 100% vested after one year of continuous service. To learn more and apply today, contact Talent Management at **(888) 791-0220**.

Power of You—Join the Excitement!

Stay up to date with the latest news! Opt in to receive great information via text and/or email. You'll receive fun videos, inspiring stories, useful training tools and periodic updates. Use your smartphone to scan the provided QR Code. Fill out a short form and prepare to be inspired!

iPhone users: Use the camera app to scan the code.

Android users: Use Google Lens to scan the code.



Additional Team Member Benefits not limited to those listed here.

DID YOU KNOW?

- **You can use FSA money for your eligible dependents, even if they are not covered under the medical or dental plan? Expenses include, but are not limited to, unreimbursed medical or dental expenses, braces, Lasik, and glasses/contact lenses.**
- **If you are enrolled in a medical option, you have access to the BridgeHealth High Performance Surgery Network? This allows you to receive care at top-rated facilities with little or no cost to you, including potential travel expenses.**
- **Having the Kronos App on your cell phone will allow you to view your schedule, check available balances for PTO, and view your punches for the week? The app is free!!**
- **When unexpected & challenging times strike, United We Care offers assistance to Team Members. Call (888) 791-0220 to get information on how to apply for assistance.**
- **You can get special group discounts on home and auto insurance through MetLife?**
- **You can SAVE money if you and your enrolled spouse complete the requirements of the Wellness Program?**

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 31 days after the qualifying event occurs. You must provide this notice to: Team Member Benefits Department, United Supermarkets. Please complete a “life event” when logging into www.unitedfamilybenefits.com with the effective date of the event (birth, marriage, divorce, etc.) We need a copy of the birth certificate if adding a baby, or proof of loss of coverage within 31 days if adding a dependent, or a copy of the marriage certificate or divorce decree if applicable. The fax number is **(806) 791-6341**.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

DISABILITY EXTENSION OF 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Documentation should be sent to the Team Member Benefits Department at 7830 Orlando Ave. or faxed to **(806) 791-6341**. Please contact the Team Member Benefits Department for additional information at **(806) 791-0220**.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You can learn more about many of these options at www.healthcare.gov.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

United Supermarkets
Attn: Mindy Pitt, Benefits Manager
7830 Orlando Ave.
Lubbock, TX 79423
(888) 791-0220

Working Spouse Surcharge Declaration

Once Completed
Fax to: (806) 791-6341

Effective January 1, 2015, this form is required to be completed in full when a Team Member is enrolling a spouse (or seeking to continue enrollment of a spouse) in one of the medical plans. If a spouse is enrolled in dental or vision only, this form is not required. **Verified spouses will be added to coverage with the Spousal Surcharge applied, if no form is received. This form must be renewed each Annual Enrollment Period.**

TEAM MEMBER INFORMATION

Team Member Name:	TM#:
Spouse Name:	Spouse SSN:

- Is your spouse employed? ☐ Yes ☐ No
 - If you checked **No**, please sign and date this form and return to the Benefits Department. The working spouse surcharge does not apply.
 - If you checked **Yes**, please provide the name of your spouse's employer and answer question #2.
Name of spouse's employer _____
(If your spouse is self-employed or employed by The United Family, please sign and date this form and return to the Benefits Department. The working spouse surcharge does not apply.)
- Does your spouse's employer offer medical coverage for which he/she is eligible? ☐ Yes ☐ No
 - If you checked **No**, please sign and date this form and return to the Benefits Department. The working spouse surcharge does not apply.
 - If you checked **Yes**, please answer question #3.
- Is your spouse enrolled in their employer offered medical plan? ☐ Yes ☐ No
 - If you checked **No**, please answer question #4.
 - If you checked **Yes**, please sign and date this form and return to the Benefits Department. The working spouse surcharge does not apply.
- Do all of the medical plans offered by your spouse's employer qualify for any of the following:
 - An annual in-network out-of-pocket maximum that is more than \$6,600 for employee only coverage. **Proof of coverage levels is required.** ☐ Yes ☐ No
 - An annual in-network maximum that is more than \$13,200 for all other coverage levels. **Proof of coverage levels is required.** ☐ Yes ☐ No
 - If you checked **Yes** (on either option above) sign and date this form and return to the Benefits Department along with your proof of coverage levels to verify that the fee should not apply.
 - If you checked **No**, the working spouse surcharge applies. Please sign and date this form and return to the Benefits Department. You are subject to the \$30 per week surcharge and will see a deduction each paycheck.
 - If any of the plans offered by your spouse's employer fall below the \$6,600 or \$13,200, the spouse surcharge applies.

By signing below, I represent and warrant that all information provided is accurate, current and complete to the best of my knowledge. I understand that falsification of information regarding spouse's coverage will result in the additional premiums surcharge being assessed retro-actively back to the date of the spouse's enrollment in one of the medical plans offered at United Supermarkets, LLC. In addition, I understand that a deliberate misrepresentation of the facts on this affidavit may subject me (the Team Member) to disciplinary action, up to and including termination of employment.

Team Member Signature:	Date:
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LEGAL NOTICES

Additional legal notices are available online in the enrollment system for review and/or printing (including the Glossary):

- Notice of Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment Rights
- Availability of Notice of Privacy Practices
- Women's Health and Cancer Rights Act of 1998

Please review and keep these notices, with your enrollment guide, for reference throughout the year.

Additional legal notices are available online in the enrollment system for review and/or printing, including:

- Medicare Part D Creditable Coverage
- Children's Health Insurance Program (CHIP)

NOTICE OF HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) SPECIAL ENROLLMENT RIGHTS

If you do not enroll yourself, your spouse or your dependents when first eligible under the United Family Medical Plan because of other health coverage, you may be eligible to enroll in the United Family Medical Plan without waiting for the next open enrollment.

If the other coverage was COBRA coverage, special enrollment will be available only if the coverage is lost because the COBRA rights are exhausted (but not, for example, if you, your spouse or dependents simply stop paying premiums).

If the other coverage is non-COBRA coverage, special enrollment will be available if the employer sponsoring the other coverage stops contributing towards that coverage, or if coverage ends because of a loss of eligibility (by, for example, legal separation, divorce or loss of dependent status). Losing coverage for other reasons, including failure to pay premiums and for cause, such as for filing a false claim for benefits, will not entitle you to special enrollment.

Special enrollment must be requested within 31 days after your, your spouse's or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you are participating in the United Family Medical Plan and during the year you acquire a new dependent by birth, marriage, adoption, or placement for adoption, your dependent will be eligible for special enrollment.

If you are not participating in the Plan, but are eligible to do so, and during the year you acquire a new dependent by birth, marriage, adoption, or placement for adoption, you, your spouse and your dependents may be eligible for special enrollment. You could enroll without enrolling your spouse and dependent children, or you and your spouse could enroll without enrolling your dependent children. But your spouse or dependent children may not enroll if you do not enroll.

The United Family Medical Plan will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you or your dependent are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP

For these enrollment opportunities, you will have 60 days — instead of 30 days — from the date of the Medicaid/CHIP eligibility change to request enrollment in the plan. Note: This new 60-day extension applies to enrollment opportunities for newborns and adoption. To request special enrollment or to learn more, go to www.unitedfamilybenefits.com, or contact the Benefits Department at 1-888-791-0220.

AVAILABILITY OF NOTICE OF PRIVACY PRACTICES

As required by regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Albertson's LLC Health & Welfare Plans maintain a Notice of Privacy Practices that describes how the Plans may use and disclose your protected health information and summarizes your rights with respect to that information, including how you may obtain access to it. A copy of the most current notice is posted in the offices of the United Family LLC and is available on the website, www.unitedfamilybenefits.com.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 requires all health plans to cover reconstructive surgery following a mastectomy. Your medical plan currently covers reconstructive surgery; however, the law mandates that we provide you with this notice.

COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMY

When a covered individual receives benefits for a mastectomy and decides to have breast reconstruction, based on a consultation between the attending physician and the patient, the health plan must cover:

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

All applicable benefit provisions still apply, including existing deductibles, copays and/or coinsurance.

If you have any questions about your medical plan, please call the number on your medical I.D. card to speak with a Member Services or Customer Service Representative.

BENEFITS CONTACT INFORMATION 2020/2021

BENEFIT	WEBSITE	PHONE
UNITED FAMILY BENEFITS		
Benefits Enrollment / General Benefits Information	www.unitedfamilybenefits.com (Enrollment Log in: Last 4 digits of SS#)	(888) 791-0220
MEDICAL		
Blue Cross of Idaho Customer Service	members.bcidaho.com	(855) 854-1412
Blue Cross of Idaho Nurseline	members.bcidaho.com	(855) 852-6898
BridgeHealth Medical (Surgical)	www.bridgehealth.com Company Code: LPEVA	(888) 387-3912
Employee Assistance - Guidance Resources	www.guidanceresources.com Web ID: Albertsonscompanies	(877) 294-3271
Blue Distinction Centers	www.bcbs.com/blue-distinction-center-finder	(855) 854-1412
United Diabetes Management Program		(844) 778-2083
Wellness Program	members.bcidaho.com	(855) 216-6844
SmartShopper®	members.bcidaho.com	(866) 507-3528
PHARMACY		
MedImpact	www.medimpact.com	(888) 402-1984
FLEXIBLE SPENDING ACCOUNTS (FSA)		
Navia Benefit Solutions	www.naviabenefits.com	(800) 669-3539
DENTAL		
Delta Dental of Idaho	www.deltadentalid.com	(800) 356-7586
Aetna DMO Available in New Mexico Only	www.aetnaresource.com/14586/albertsonscompanies	(877) 657-9685
VISION		
Vision Services Plan (VSP)	www.vsp.com	(800) 877-7195
LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE		
Standard Insurance Company	www.standard.com Group #753780	(833) 786-5640
Universal Life Insurance - Allstate Benefits	www.allstatevoluntary.com/unitedfamily	(800) 521-3535
DISABILITY - SHORT TERM		
Standard Insurance Company	www.standard.com Group #757086	(833) 786-5640
DISABILITY - LONG TERM		
Standard Insurance Company	www.standard.com Group #753780-D	(833) 786-5640
ACCIDENT INSURANCE		
Unum/Provident Corporation	www.unum.com	(800) 635-5597
CRITICAL ILLNESS & HOSPITAL INDEMNITY		
Aflac	www.aflac.com/file-a-claim/	(800) 433-3036
ADDITIONAL TEAM MEMBER BENEFITS		
United Family 401(K) Fidelity Plan	www.netbenefits.com Plan Number: 99811	(866) 956-3433
MetLife Auto & Home Insurance	www.metlife.com	(800) 438-6388
Purchasing Power	www.purchasingpower.com Register Code: USM2237	(888) 923-6236
United We Care	www.unitedfamilybenefits.com	(888) 791-0220
College Savings Plan - Talent Mgt.	www.unitedfamilybenefits.com	(888) 791-0220

Albertson's LLC reserves the right to amend or terminate the Plans in whole or in part at any time. The information in this packet may not apply to some union-represented Team Member unless specifically provided in a collectively-bargained agreement.