

# United Food & Commercial Workers Local Union #1189 and St. Paul Food Employers Health Care Plan

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## **IMPORTANT NOTICE**

### **Summary of Material Modifications**

TO: Participants and Beneficiaries of the United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan

FROM: The Board of Trustees

DATE: November 2019

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This is a Summary of Material Modifications (SMM) regarding the United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan (Plan). The Board of Trustees has amended the Summary Plan Description and Plan Document (amended and restated April 1, 2018) as indicated below.

#### **Amendment No. 1: Remove reference to Minneapolis Retail Meat Cutters and Food Handlers contract.**

Effective July 9, 2019, the Plan has been amended to remove the reference to the Minneapolis Retail Meat Cutters and Food Handlers contract under Eligibility Rules Paragraph 10 and add reference to the St. Paul Meat and Grocery contract.

#### **Amendment No. 2: Remove Blue Cross Blue Shield Fitness Discount Program**

Effective January 1, 2020, the Plan has been amended to remove the Blue Cross Blue Shield Fitness Discount program due to the program being discontinued.

**Please update your Summary Plan Description and Plan Document booklet (dated April 1, 2018) to reflect these changes by inserting replacement pages 11 and 27 into your booklet to replace existing pages.**

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**If you have any questions about these changes to the Plan, please contact the Plan Administrator at (952) 854-0795 or 1-800-535-6373.**

Continuation coverage also may be terminated for any reason the Plan would terminate coverage of a Participant or Beneficiary not receiving continuation (such as fraud).

Additionally, there may be other coverage options for you and your family. You are able to buy coverage through the Health Insurance Marketplace (also known as the "Exchanges"). In the Marketplace, depending on your household income, you may be eligible for a new kind of tax credit that lowers your monthly premiums right away. Being eligible for COBRA coverage does not limit your eligibility for coverage or for a tax credit through the Marketplace. You also can see what your premium, Deductibles, and out-of-pocket costs will be before you make a decision to enroll in the Marketplace, and you may have multiple coverage options in the Marketplace. Finally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if a plan generally does not accept late enrollees, if you request enrollment within 30 days.

#### **9. How Can I Reinstate My Coverage?**

If you are terminated from employment (as that process is defined by the Collective Bargaining Agreement or Participation Agreement), you have exhausted all grace weeks of coverage, and you have not continued coverage with Self-Payments, you will be required to regain eligibility under the terms of Eligibility Rules 3 and 5 of this Plan before becoming entitled to participate again.

#### **10. Is Coverage Provided in the Event I Am Disabled?**

All Employees who become eligible to receive Accident and Sickness Benefits from this Plan or Worker's Compensation Benefits will continue coverage for a period extending for the shorter of: 13 weeks from the date eligibility otherwise would cease; or the date eligibility for Accident and Sickness Benefits or Worker's Compensation Benefits ceases. Employees

classified as Meat employees in the St. Paul Retail Meat and Grocery Agreements will be entitled to receive up to an additional 13 weeks of coverage extension for the period they remain eligible for Worker's Compensation Benefits. You must notify the Plan Administrator when you are receiving Worker's Compensation Benefits in order to receive the extension of coverage. In no case will benefits be extended beyond 13 weeks for a Grocery Employee or 26 weeks for a Meat Employee.

The extension of eligibility under this provision is provided at Trust Fund expense. After the applicable extension period expires, you may use any accumulated grace weeks and then must make Self-Payments as described in Eligibility Rule 8 to continue eligibility.

#### **11. When Does My Coverage Terminate?**

Your coverage and that of your Dependents automatically terminates on the earliest of the following dates, subject to your and your Dependents' rights to continuation coverage under other provisions of the Plan:

- (a) the date the Plan terminates;
- (b) the end of the period for which Contributions were made in your behalf, grace weeks have been exhausted, and Self-Payment rights have expired;
- (c) the date you enter the armed forces of any country; or
- (d) the date you cease to be eligible according to these Eligibility Rules.

A Dependent's coverage ceases as of the date he no longer meets the Plan's definition of "Dependent."

#### **12. What Is a Rescission of Coverage?**

An Eligible Person and persons seeking coverage on behalf of an Eligible Person may not engage in any fraudulent act, practice or omission in connection with coverage

### **Blue Cross Blue Shield Healthy Start Prenatal Support Program**

You and your eligible Dependents have access to the Healthy Start Prenatal Support Program offered by Blue Cross Blue Shield of Minnesota. This program is designed to assess, educate, and support pregnant women to achieve an optimal childbirth outcome. The Plan pays for the cost of participation and a \$50 gift card will be sent to those completing the program. In addition, enrollment and completion of the program will reduce out-of-pocket maternity-related Covered Expenses under Comprehensive Major Medical Benefits to 10% instead of 20%. If you are expecting, call 651-662-1818 or toll-free at 1-866-489-6948.

### **Stop-Smoking Program**

You and your eligible Dependents also have access to the Stop-Smoking Program offered by Blue Cross Blue Shield of Minnesota. It is a phone-based counseling program to help you quit smoking at your own pace. The program provides a Quit Coach who works with you over the phone to create your own personal “game plan.” In addition, the Plan will provide benefits for certain over-the-counter (OTC) quit aids, including gum, patches, and lozenges. You must pick up your quit aids at a Preferred Provider Pharmacy and

submit your receipts to the Plan Administrator for reimbursement. In order to qualify for reimbursement for your quit aids, you must participate in the Stop-Smoking Program. There is a 16-week limit for these medications per Calendar Year. Your Quit Coach will provide you with information on how to obtain and use these OTC medications and the Plan will cover 100% of the eligible cost for them. If you smoke and are thinking about quitting, call 1-888-662-BLUE (2583).

*We are hoping with the implementation of these health promotion programs that you will take a proactive approach to maintaining a healthier lifestyle which we believe will help reduce both your and the Plan’s health care expenses.*