



Benefits 2010

for Acme Members





Dear Acme Participants,

Beginning January 1, 2010, there will be changes to your health care plan based on negotiations earlier this year. These negotiations occurred during extremely challenging economic times. However, we are confident that the new plan meets your needs and addresses your health care concerns.

The negotiated agreement continues our commitment to provide the best coverage possible for Acme participants in the UFCW Local 1776 and Participating Employers Health and Welfare Fund (the "Fund"). In addition to fair and competitive benefits, one of our main goals is to give participants the tools to develop and maintain healthy habits and a healthy lifestyle. The new health care benefits provide a wide variety of tools to achieve this goal. The Fund is pleased to introduce the Independence Blue Cross Personal Health Profile ("PHP") as one of these tools. The PHP helps create a culture of healthy living while giving you the opportunity to save on monthly cost of coverage.

Please read this booklet and use it as your guide to your new health and welfare benefits. For details regarding the plans, including limitations and processes, please refer to the collective bargaining agreement, insurance contracts, and Summary Plan Descriptions.

We encourage you to use available resources to learn about all features of your health care benefits, become a wise health care consumer, and to make healthy choices in your life. Start by completing the PHP offered through Independence Blue Cross.

If you have any questions about your benefits, please contact the Fund Office directly at 610-941-9400 or toll free 1-800-458-8618, or by email at fund@ufcw1776benefitfunds.org.

Sincerely,

Wendell W. Young, IV

Wendell W. Young, IV
Chairman

Daniel R. Dosenbach

Daniel R. Dosenbach
Secretary

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Highlights of Benefit Changes

Medical Plan Changes	See Page:
Implementation of a \$200 individual/\$400 family calendar year deductible. Under Personal Choice, the deductible applies to all services except emergency room visits. Under Keystone Point-of-Service ("KPOS"), the deductible applies to all services except emergency room visits and most routine care. The Personal Choice plan's primary care office visit copay is increasing from \$10 to \$15.	3
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The minimum hours requirement for part-time employees is changing January 1, 2010. Additionally, the measuring period for both full-time and part-time employees is changing January 1, 2010.	18

**IT'S YOUR FUND.
YOUR MONEY.
YOUR CHOICE.**

Medical Plan Changes

What You Need to Know:

Important Deductible and Copay Information

Deductible

Effective January 1, 2010, the medical plan will include a \$200 individual/\$400 family calendar year deductible. Once you have satisfied the deductible, all services you receive will be covered at the applicable copay and/or coinsurance.

The following example shows how the deductible works if you have Personal Choice, and there are three members in your family:

Family Member 1	
Receives a doctor's office visit bill of \$50	Pays bill and \$50 is applied towards the deductible.
Family Member 2	
Receives a hospital bill of \$5000	Pays \$200 of the bill and has satisfied his/her individual deductible for the rest of that calendar year. In addition, the \$200 is applied towards the family deductible. All future services in that calendar year for Family Member 2 will be covered at the applicable copay and/or coinsurance.
Family Member 3	
Receives a Specialist office visit bill of \$150	Pays bill and \$150 is applied towards the deductible. At this point the family deductible has been satisfied. All future services for the remainder of the calendar year for all family members will be covered at the applicable copay and/or coinsurance.

IMPORTANT Note: Under the KPOS plan, the deductible DOES NOT apply to the following services:

- Primary Care Physician ("PCP") office visits
- Pediatric immunizations
- Influenza vaccine (no age or frequency limit)
- Mammograms
- Outpatient laboratory
- Outpatient X-ray/radiology

Office Visit Copay

Effective May 1, 2010, the copay under Personal Choice for Primary Care Physician ("PCP") office visits will increase to \$15 per visit. The \$15 copay will apply to:

- Primary care physician office visit
- Routine gynecological exam
- Maternity (first OB visit)

The following chart highlights the Personal Choice (in-network) and KPOS (referred care) level of benefits for some of the most common services:

	Personal Choice In-network Care	Keystone Point-of-Service (KPOS) Referred Care
Calendar-year deductible	\$200 per person; \$400 per family	\$200 per person; \$400 per family
Out-of-pocket maximum	None	None
Annual copayment maximum	None	\$1,000
Primary care office visit	\$10 copay after deductible (effective May 1, 2010: \$15 copay after deductible)	\$15 copay*
Specialist office visit	\$20 copay after deductible	\$25 copay after deductible
Pediatric immunizations	100% after office visit copay and deductible	100% after office visit copay*
Influenza vaccine (no age or frequency limit)	100% after office visit copay and deductible	100% after office visit copay*
Routine Gynecological exam/pap	\$10 copay after deductible (effective May 1, 2010: \$15 copay after deductible)	\$15 copay after deductible
Mammogram	100% after deductible	100%
Outpatient laboratory	100% after deductible	100%
Outpatient x-ray/radiology	\$20 copay after deductible	\$25 copay*
Inpatient hospital services	100% after deductible	100% after deductible
Outpatient surgery	100% after deductible	100% after deductible
Emergency room	\$100 copay (not waived if admitted)	\$100 copay (not waived if admitted)

* The deductible does not apply to these services in the KPOS plan.

Note: Both the KPOS and Personal Choice plans feature out-of-network and self-referred benefits.

Considering Your Choices...

If you are eligible to participate in the Choice Plan, you may wish to consider changing your Personal Choice coverage to KPOS. We have prepared a chart below to highlight some of the key differences between the plans.

Feature	Personal Choice	Keystone POS
Dependent Coverage for Full-Time Employees	Up to age 24 if full time student	Up to age 24 if full time student
Dependent Coverage for Part-Time Employees	Up to age 19	Up to age 24 if full time student
Primary Care Physician ("PCP")	Encouraged to choose PCP; not required	Must choose PCP
Deductible	Deductible applies to all services except emergency room	Deductible does not apply to: <ul style="list-style-type: none"> • PCP office visits • Mammograms • Outpatient lab • Outpatient x-ray/radiology • Pediatric immunizations • Influenza vaccine
Referrals	No referrals needed	Need written referrals for specialist care
PCP copay	\$10 copay after deductible (effective May 1, 2010: \$15 copay after deductible)	\$15 copay
Specialist copay	\$20 copay after deductible	\$25 copay after deductible
Benefit credits	You can earn \$30 per month in benefit credits by enrolling in the Keystone POS plan	N/A
Copay maximum per calendar year	N/A	\$1,000 per person; \$2,000 per family

To determine whether you are eligible to participate in the Choice Plan, or for more information on how to enroll, see page 7.

SAVINGS OPPORTUNITY

If you have diabetes, congestive heart failure ("CHF"), chronic obstructive pulmonary disease ("COPD"), or coronary artery disease ("CAD") you may have the opportunity to save on care that is related to your condition. Look for future mailings regarding the Value Based Health Care Plan.

New Fund Preventive & Wellness Benefit

To enhance the Fund's focus on wellness, effective January 1, 2010, your Fund benefits will include a new \$100 Preventive & Wellness benefit. If you have an out-of-pocket expense related to preventive or wellness care, such as a deductible, copay, or coinsurance, you can submit the expense to the Fund Office, and you will be reimbursed up to \$100 per eligible family member.

Examples of eligible expenses*:

- Routine office visit (history and physical)
- Pap test/Pelvic exam (females)
- Mammogram
- Baby well examinations
- Prostrate Screening (males 50+)
- Colonoscopy
- Diabetes Screening
- Cholesterol Test
- Other routine preventive and wellness care services.

*Certain restrictions apply.

**SAVINGS
OPPORTUNITY**

You can use the new \$100 Preventive & Wellness benefit to pay for part of the medical plan deductible!

Spousal Surcharge (Part-Time Plan II Participants Only)

\$50 Monthly surcharge for spouses with other coverage

Effective January 1, 2010, if coverage is available to your spouse from another source, and that coverage costs \$125 per month or less, you will be charged \$50 per month to have your spouse covered by the Fund as your dependent. If your spouse has other coverage available, consider the Dual Income Option in the Choice Plan. Not only will you avoid the \$50 per month charge, you could also earn up to \$1,200 per year in benefit credits (see page 7). If your spouse has other coverage available which costs more than \$125 per month, the \$50 surcharge will not apply.

Domestic Partner Coverage

Effective September 1, 2009, you will be able to enroll your same-sex domestic partner as a dependent under your coverage through the Fund, provided certain criteria are met. For more information on enrolling a domestic partner, please contact the Fund Office at 1-610-941-9400, ext. 119, or toll free at 1-800-458-8618, ext. 119.

Choice Plan Open Enrollment 2010

Earn even more in benefit credits and take advantage of new options. It is time to review your medical plan options for 2010. If you have at least five years of service, and are age 30 or older, you are eligible to participate in the Choice Plan through either the Dual Income Option or the KPOS Option under the Fund. Here's a summary of the Choice Plan Options:

Choice Plan Option	Key Facts	Benefit Credits
The Dual Income Option A Waive the Fund's medical coverage for yourself, your spouse, and your eligible dependents.	<ul style="list-style-type: none"> • Must provide proof of other medical coverage • Earn the most benefit credits • Be provided with "wrap around" medical coverage of up to \$6,500 per person per year 	\$2,400 per year (\$200/month)
NEW!		
The Dual Income Option B Waive your spouse's medical, prescription, dental, and vision coverage	<ul style="list-style-type: none"> • Spouse must provide proof of other medical coverage • Earn substantial benefit credits • Spouse will be provided with "wrap around" medical coverage of up to \$6,500 per year • Participant and eligible dependent children retain the Fund's coverage 	\$1,500 per year (\$125/month)
NEW!		
The Dual Income Option C Waive spouse's medical coverage only	<ul style="list-style-type: none"> • Spouse must provide proof of other medical coverage • Earn significant benefit credits • Spouse will be provided with "wrap around" medical coverage of up to \$6,500 per year • Participant and eligible dependent children retain the Fund's coverage 	\$1,200 per year (\$100/month)
The Keystone Point of Service (KPOS) Change medical coverage from Personal Choice to KPOS for you and your eligible dependents	<ul style="list-style-type: none"> • Maintain comprehensive medical coverage • Deductible does not apply to: <ul style="list-style-type: none"> • PCP office visits • Pediatric immunizations • Influenza vaccine (no age or frequency limit) • Mammogram • Outpatient laboratory • Outpatient x-ray/radiology • Coverage for eligible dependent children up to age 24 if Full-Time college student • Each family member must select a PCP 	\$360 per year (\$30/month)

**SAVINGS
OPPORTUNITY**

*Review your medical plan options through the Fund.
The one that fits your lifestyle best may also save you money!*

Prescription Drug Change

What You Need to Know:

New Copays and Tiers for prescription drugs

Effective January 1, 2010, prescription drug copays will change to:

	Preferred Pharmacy*	Non-Preferred Pharmacies	RxDN – Mail Order Program
Prescription Type	Obtain a 34-day Supply	Obtain a 34-day supply of non-maintenance medication	Obtain a 100-day supply
Tier 1 – Formulary Generic	\$10 Copay	\$12 Copay	\$10 Copay
Tier 2 – Formulary Brand**	\$20 Copay	\$22 Copay	\$20 Copay
Tier 3 – Non-formulary Brand**	\$30 Copay	\$32 Copay	\$30 Copay
Maintenance medication and injectibles must be filled through a preferred pharmacy or RxDN.			

*Preferred Pharmacies include Acme, Shop Rite, Rite-Aid, PathMark and Superfresh

**Remember: The Fund prescription plan is and has always been a “mandatory generic” plan.

This means that if a brand name drug does not have a generic equivalent available, you will pay the applicable formulary brand (“Tier 2”) or non-formulary brand (“Tier 3”) copay. If a brand name drug does have a generic equivalent available, and you choose to purchase the brand name drug, you will be charged the applicable formulary brand (“Tier 2”) or non-formulary brand (“Tier 3”) copay, PLUS the difference in cost between the more expensive brand name drug and its less expensive generic equivalent.

Understanding Your Three-Tier Prescription Drug Plan

Beginning on January 1, 2010 the Fund’s prescription drug coverage will feature a “three-tier” program, also known as the FutureScripts Select Drug Program Formulary. The FutureScripts Formulary includes all covered generic drugs and some brand name drugs that have been selected due to their medical effectiveness, safety, and value. The FutureScripts Pharmacy and Therapeutics Committee, whose members include practicing physicians and pharmacists, regularly reviews the Formulary and safe prescribing procedures to ensure the therapeutic effectiveness of the drugs on the list.

Tiers Made Easy

Understanding the Three-Tier plan can help you save valuable healthcare dollars while ensuring that you receive the medication that is right for your condition.

Tier 1: Generic and lowest copay

Most generic drugs are in Tier 1. Generic drugs have the same active chemical ingredients, strength and generally the same therapeutic results as more expensive brand-name drugs. There are also therapeutic generic alternatives, which are not the exact chemical equivalent of the brand-name drug, but treat the same condition in the same way as the brand drug. Generic drugs are available at the lowest copayment.

Tier 2: Brand formulary and middle copay

A Tier 2 drug is a brand-name drug that either does not have a generic equivalent or may be a less expensive, but equally effective, alternative to its Tier 3, more expensive counterpart. These drugs are also referred to as “brand formulary drugs”.

Tier 3: Brand non-formulary and highest copay

A Tier 3 drug is a brand-name drug for which there is either a generic and/or a second-tier therapeutic alternative. Tier 3 is the most expensive category of drug. You will incur the highest co-pay and out-of-pocket costs when you purchase drugs in this category.

If you currently take a Tier 3 medication, you will be receiving more information from FutureScripts about your prescription drug benefits and possible Tier 1 and Tier 2 alternatives.

It is very important for you to take an active role in discussing the three-tier drug program with your physician. You should review your medications with your doctor to determine which medications are on the FutureScripts formulary are appropriate for treatment of your condition in order to minimize your out-of-pocket cost.

SAVINGS OPPORTUNITY

You can reduce your out-of-pocket prescription drug costs for maintenance medication by having your physician write your prescription for up to a 100-day supply. You can receive up to a 100-day supply of maintenance drugs for one copay, rather than paying three copays at a preferred retail pharmacy for the same quantity.

Prescription Drug Tips

- **Consider generic alternatives.** The next time your doctor writes a prescription for you, ask if a generic drug is available and appropriate for your condition.
- **Use Tier 2 (brand) alternatives.** If a generic drug is not available, ask your doctor to prescribe a Tier 2 (brand) medication. Show your doctor the FutureScripts Select Drug Program® Formulary list. An appropriate Tier 2 drug may be on the formulary to help limit your out-of-pocket costs. While the copay for brand formulary drugs is higher than for generic drugs, it is lower than the copay than the brand non-formulary alternative.
- **Use mail-order for maintenance medication.** Get up to a three-month supply of medication for one copay through mail-order. In addition to saving copays, you save time and gas, and can enjoy the convenience of home delivery.

About Generic Drugs

- A generic drug is an equivalent version of a brand-name drug. It has the same active chemical ingredients and is equivalent in strength, dosage, and generally has the same therapeutic results as the brand-name drug.
- Generic drugs are permitted to have different inactive ingredients, such as color, flavor and shape. So they may not look exactly like their brand-name counterparts. Many generic drugs take on a different appearance than their brand-name counterparts because the look of branded versions is protected by trademark laws.
- Generic drugs, like brand-name drugs, must be manufactured according to federal standards. The generic drug must be equivalent to the brand-name drug.
- Generic drugs are manufactured by the same nationally known and respected pharmaceutical companies as brand-name drugs.

Live Right—Resources for You to Use

The Fund has partnered with IBC to provide you with comprehensive resources to help you live healthy. These resources are available to you at no additional cost and the Fund will provide you with incentives for your participation. So, don't miss out on this awesome opportunity — read on, enroll in Healthy Lifestyles programs today, earn your chance to win prizes, and start down the road to a healthier lifestyle!

How the Fund's Live Right Program Works

Step 1 is enrolling in the program. You will receive a \$10 gift card just for enrolling. Simply for completing a Personal Health Profile or enrolling in one of the other eligible IBC Healthy Lifestyles programs, you will receive a \$10 gift card from either Acme, Super Fresh, Shop Rite, or Rite Aid! The Fund will also provide a series of raffle drawings through which you can earn chances to win great prizes. Eligible members who participate in any one of the eligible IBC's Healthy Lifestyles programs will be awarded one entry, or one chance to win.

There are five programs in which to enroll and earn up to five entries in raffle drawings scheduled from December, 2009 through December, 2010. For participant eligibility and Healthy Lifestyles program eligibility rules, see page 14 for the Live Right Program Raffle rules.

Take the First Step—Create a Healthy Lifestyles Account

To request information and enroll in a Healthy Lifestyles program:

By telephone

- Call 1-800-ASK-BLUE, or 1-215-241-3367, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.
- Enter prompt no. 1 for "Member," and then enter prompt no. 2 for "Connections Health Management Program" or to speak to a Health Coach. Or, you can enter prompt no. 4 to request information or enroll in a Healthy Lifestyles program.

On the internet

- Create an *ibxpress* account on-line at www.ibxpress.com.
- Go to www.ibxpress.com, click *Register* at the bottom of the home page, select "Member," enter your personal information. Click *Continue to Step 2* at the bottom of the page, and then create a user name and password for your *ibxpress* account.

Personal Health Profile Earn one raffle entry

The Personal Health Profile (“PHP”) provides you with a comprehensive assessment of your health status. The PHP is an interactive on-line questionnaire which covers a variety of topics, including: nutrition, checkups, cardiovascular health, stress & well-being, general health habits, and goal setting for better health.

The all inclusive PHP takes approximately 10 minutes to complete. Once the questionnaire is complete, you will receive an overall health score (0 – 100) along with a customized report, including detailed health recommendations. There are even downloadable tools and tips to help you maintain positive habits and identify short-term and long-term goals for healthy behavior change. Complete a PHP today and earn one raffle entry. See page 15 for the two ways to complete a PHP.

Case Management Earn one raffle entry

Have you or one of your dependents recently been hospitalized? If so, it may be difficult to understand and keep track of associated medical terminology, your medications, what services are covered by the plan, and the various resources available to you. That is where IBC’s Case Management Team can help to get you the care you need. IBC’s Case Managers are registered nurses that work directly with you and your health care team to help you on the road to a speedy recovery.

An IBC Case Manager will call to arrange for you to receive any additional services you may need. Participation in the Case Management program is voluntary. We encourage you to speak with the Case Manager when he or she calls. You can talk with your Case Manager that day, as well as on a regular basis, until you feel comfortable handling the issues related to your illness or condition on your own.

Did you know? IBC typically identifies and contacts participants in need of Case Management. However, if you have not yet received a call and feel that you would benefit from Case Management, please do not hesitate to **call IBC at 1-800-313-8628, or submit a Case Management Consultation Request on-line through your ibxpress account.** *If you are eligible for Case Management and you utilize a Case Manager, you will earn one entry in the Live Right Program Raffle.*

Fitness Program Earn one raffle entry and up to \$150

Exercise is a great way to help you lose weight, manage stress, reduce the risk of heart disease and cancer, lower total cholesterol and blood pressure, raise healthy HDL cholesterol, and feel good about yourself. *And, just for enrolling in an eligible fitness program, you will earn one entry in the Fund’s raffle.* Plus, just for going to the gym, your fitness center fees can be reduced!

Through IBC’s Fitness Program, you can **receive up to \$150 toward the cost of your membership when you join a participating IBC fitness center, and complete 120 workouts in a 365-day program enrollment period.**

Did you know? In addition, you can also order a complimentary stress management CD and receive discounts on yoga and fitness books, tapes, videos, and other accessories. You can also take advantage of IBC’s Healthyroads for Living Program, through which qualified professionals, including certified personal trainers, are available for one-on-one sessions. Please note, however, that the Healthyroads program is not an eligible Live Right raffle program. For more information, log into your Healthy Lifestyles account at www.ibxpress.com.

Connections Health Management Earn one raffle entry

Have a question about a mosquito bite, sprained ankle, sick child, or serious health condition? IBC's Connections Health Management Program ("Connections") provides you with support for everything from simple health concerns to chronic conditions.

Through Connections, you can speak to a Health Coach, a trained health professional who can provide you with personalized support and guidance for any of your health-related questions.

Connections also provides you with the Dialogue Center, an interactive on-line feature through which you can obtain health information at no cost to you! Through the Dialogue Center, you can use a messaging system to request information from a Health Coach, and access a variety of on-line resources, such as the Healthwise Knowledgebase encyclopedia and HealthMedia, a tool to help you manage your health care activities.

Connections will also send you educational materials and reminders to your home.

When you speak with a Connections Health Coach, you earn one raffle entry. Talk to a Health Coach anytime—7 days a week, 365 days a year. Call 1-800-ASK BLUE.

Healthy Weight, Healthy You! Earn one raffle entry and up to \$200

A healthier weight will contribute to the prevention of many chronic diseases, such as heart disease, high blood pressure, and diabetes. IBC's weight management program, "Healthy Weight, Healthy You!", offers several options for you to achieve and maintain your ideal body weight.

You have the option of joining group support or individual support weight management programs, whichever style works best for you. Should you choose the group support method, **you could be reimbursed up to \$200 by IBC for the cost of either a WeightWatchers program, or any IBC approved in-network hospital weight management program!**

To find a WeightWatchers location near you, call WeightWatchers at 1-800-651-6000, or visit the website at www.weightwatchers.com. Please note that on-line WeightWatchers programs are not eligible for the \$200 IBC reimbursement. To find an IBC in-network hospital, go to www.ibx.com.

When you enroll in one of the IBC group support weight management programs, you will earn one entry in the Live Right Program raffle.

Did you know? If you prefer individual weight management support, you can access a national network of Registered Dieticians through the American Specialty Health Networks, Inc., for one-on-one nutritional counseling sessions to help you set weight goals. **As an IBC member, you will receive a 30% discount on these services!** Please note, however, that the IBC individual support weight management programs are not eligible for the Live Right Program raffle.

Eligible Healthy Lifestyles Program Requirements

Personal Health Profile (“PHP”)	Complete the All Inclusive PHP and submit a copy of the Certificate of Completion to the Fund Office along with a completed entry.
Case Management	Speak with a Case Manager when he or she calls, OR, call a Case Manager at 1-800-313-8628, OR submit a Case Management Consultation Request on-line through your ibxpress account. Then, complete an entry form and submit it to the Fund Office by the deadline. IBC will provide the Fund Office with verification of your participation.
Weight Management—Healthy Weight, Healthy You!	Enroll in WeightWatchers or an IBC in-network hospital weight management program. Then, complete an entry form and submit it to the Fund Office by the deadline.
Fitness Program	Enroll in the program. Then, complete an entry form and submit it to the Fund Office by the deadline.
Connections Health Management Program	Call Connections at 1-800-ASK-BLUE or 1-215-241-3367. Then, complete an entry form and submit it to the Fund Office by the deadline. IBC will provide the Fund Office with verification of your participation.

Live Right Program Raffle Deadlines

The entry deadlines for each raffle drawing, along with the related raffle prizes are outlined below. Please remember that you must complete a Live Right Program Entry Form for each Healthy Lifestyles program and return it to the Fund Office by the entry deadline to be eligible for that raffle drawing. Entry forms are included in the October issue of *Healthlines* or are available from the Fund Office.

Raffle	Entry Deadline	Drawing Date	Prizes	Number of Prizes
1	December 11, 2009	December 18, 2009	Philadelphia Zoo Family Annual Pass (\$99 value)	30
			Spa Gift Cards (\$100 value)	30
			Flyers Tickets	10 sets of 2 tickets
			Sixers Tickets	10 sets of 2 tickets
2	April 16, 2010	April 23, 2010	Best Buy Gift Cards (\$50 value)	50
			Adventure Aquarium Family Annual Pass (\$155 value)	10
			World Café Live Gift Cards (\$100 value)	10
			Eagles Tickets (2010 season)	10 sets of 2 tickets
			Phillies Tickets (2010 season)	10 sets of 2 tickets
3	August 20, 2010	August 27, 2010	Laptop Computer (\$1,000+ value, Dell Intel Core/3GB memory/320GB Hard Drive/ Microsoft Office 2007/2 yr warranty/web camera/wireless card/15.4")	1
Grand Prize	December 10, 2010	December 17, 2010	Flatscreen TV (\$1,400 value, Samsung 40"/1080p/60Hz/LCD HDTV)	1

Live Right Program Raffle Rules

To be eligible to enter each raffle, you must:

- Be a participant, or covered dependent (18 or over) of a participant, in the Fund.
- Be enrolled in the Fund's medical coverage through IBC as of the entry date(s);
- Submit the appropriate completed Live Right Program Entry Form (please note that the PHP also requires the Certificate of Completion) to the Fund Office at 3031 B Walton Road, Plymouth Meeting, PA 19462, or via fax at (610) 941-5325, Attention: Elizabeth Werner.
- All entries must be **received** at the Fund Office by the entry deadline. There will be no exceptions.

Other Rules

- You are eligible to win only one prize for each raffle.
- Your chances accumulate throughout the Live Right Program. In other words, if you complete a PHP by December 11, 2009, you will have one entry in the December 18, 2009 drawing. If you then enroll in the Fitness Program on January 15, 2010, you will have two entries into the April 23, 2010 drawing.
- You must have enrolled in a program as of the entry deadline. You may not submit an entry for a future date.

Improve Your Health and Save

What You Need to Know: To Avoid a \$10 per month Penalty

Beginning February 1, 2010, participants with medical coverage will be charged a \$10 per month penalty (\$2.31 per week) for non-compliance with required cost-containing programs, including completing a Health Risk Assessment ("Personal Health Profile" or "PHP"). The penalty will be deducted from your paycheck. To obtain a waiver of the penalty for the period of February 1, 2010 through June 30, 2010, you must complete a PHP by December 31, 2009.

Every Fund participant with medical coverage must complete a PHP by December 31, 2009 to avoid a \$10 per month penalty. All covered dependents (18 and over) are encouraged to complete the PHP. Each family member who completes a PHP can earn one entry in the Live Right Program Raffle!

Introducing the Personal Health Profile

The PHP is a tool, available through Independence Blue Cross ("IBC"), that helps participants and their families evaluate their health status. Participating in the PHP is so important to the Fund's goal of improving the health of participants and their families, that we want every participant and eligible dependent (18 and over) to complete a PHP.

There are two ways to complete the PHP—You choose what works for you!



1 Register on-line at www.ibxpress.com to take the PHP on your own computer.

Refer to the flyer from the Fund office about completing the PHP
[Instructions on logging into the IBC website and completing the PHP.]

OR

2 Contact the Fund Office to have a Fund Representative complete the PHP for you over the phone.

You must make an appointment with a Fund Representative to take the PHP over the phone.

To make an appointment, contact the Fund Office, via email at fund@ufcw1776benefitfunds.org or by phone at 1-800-458-8618, ext. 113 or 610-941-9400 ext., 113.

If you have already registered on-line with IBC, please also have your username and password available.



**SAVINGS
OPPORTUNITY**

You will have additional opportunities to obtain a waiver of your \$10 monthly penalty from July through December 2010. Watch your mail for additional information on ways you can save!

Disability Update

Disability Management Program

The Fund provides certain participants with a weekly disability benefit for periods when they are temporarily disabled due to a non-work related illness or injury. If you are eligible, you may receive up to 26 weeks of disability pay. We realize that this is an important and valuable benefit for Fund participants. We also realize that the time you are away from work due to a disability can be challenging and difficult.

We are pleased to announce an exciting new benefit enhancement. Effective January 1, 2010, the Fund will begin providing a Disability Management Program to compliment your disability benefit. The Fund has partnered with APS Healthcare for these services.

The objective of the program is to help you manage your disability and your recovery so that you may return to full earning capacity as quickly as possible and minimize the adverse effects that a disability may have on your daily life.

The Disability Management program is designed to provide you with expert disability management services to ensure that you receive appropriate high quality care that is so important for an effective recovery and prompt return to work. The program also includes the following features:

- Partial disability benefit
- Temporary alternative duty assignments
- Return to work counseling

The Disability Management Program helps you to manage your disability by assigning you a Care Coordinator who specializes in disability management, and who will help develop a personalized care plan, and facilitate a return to work plan that fits your specific needs. There is no need to enroll in the Disability Management Program. As soon as you apply for disability benefits through the Fund, your personal care coordinator will be notified so that your case can be evaluated and services can begin.

The Fund is excited about the new Disability Management Program and the opportunities it presents. We believe that this exciting benefit enhancement will have a tremendous positive impact on the quality of your life when a disability occurs.

Claim Filing Deadline Changed to 7 Days

Effective January 1, 2010, you will need to file a claim within seven (7) days from the date you became disabled. If you do not file the claim within seven (7) days, your application for benefits will be denied up to the date of the actual claim filing.

How to File a Disability Claim

You now have two ways to file a disability claim:



1 Current Method – via paper **Submit a completed “green form”** (Weekly Group Accident & Sickness Disability insurance form)

- Complete and sign the Employee information side of the Green Form
- Have your doctor complete and sign the side of the form titled “Attending Physician’s Statement”
- Submit the form to the Fund Office within 7 days of the accident or sickness

2 New Method – via telephone **Tele-report the disability**

- Call the Disability Hotline (1-800-458-8618, ext. 140 or 610-941-9400, ext. 140) within 7 days of the accident or sickness and leave a message including your contact information and description of your disability including: the date of the disability event; type of event (e.g. auto accident)
- The Fund Office will call you to complete a claim form
- The Fund Office will mail you the completed claim form
- Review and sign the claim form and send it back to the Fund Office (the claim will not be processed for payment until the Fund Office receives the signed form)
- The Fund Office will contact your doctor to certify the disability



It is critical to remember that you must report a disability claim to the Fund Office within seven (7) days of the event that caused your disability.

Part-Time Employees New Hours Requirement

As you are aware, you must work a certain minimum number of hours to remain eligible for health benefits. Effective January 1, 2010, the hours requirement is changing. The new requirements are outlined below.

Part-Time Employees Hired Before 7/1/09

Part-Time employees hired before July 1, 2009, must work or be paid an average of 16 hours per week in any two-month rolling period to maintain eligibility for benefits.

Part-Time Employees Hired On or After 7/1/09

Part-Time employees hired on or after July 1, 2009, must work or be paid an average of 20 hours per week in any rolling two-month period to maintain eligibility for benefits.

Hours Requirement for Full-Time Employees

Full-Time employees must work or be paid an average of 30 hours per week in any rolling two-month period to maintain eligibility for benefits.

For the purpose of determining hours of work for Part-Time and Full-Time employees, personal holidays, vacation time, Fund-approved disability time, and time out on a worker's compensation injury all count as time worked.

2010 Hours Calendar

DECEMBER 2009						
Su	M	T	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY 2010						
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24	25	26	27	28	29	30
31						

FEBRUARY 2010						
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28						

MARCH 2010						
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APRIL 2010						
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MAY 2010						
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JUNE 2010						
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JULY 2010						
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AUGUST 2010						
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SEPTEMBER 2010						
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OCTOBER 2010						
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31						

NOVEMBER 2010						
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DECEMBER 2010						
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26	27	28	29	30	31	

Hours Worked in Month	=	Month Eligible
Oct. '09 & Nov. '09	=	January 2010
Nov. '09 & Dec. '09	=	February 2010
Dec. '09 & Jan. '10	=	March 2010
January & February	=	April 2010
February & March	=	May 2010
March & April	=	June 2010
April & May	=	July 2010
May & June	=	August 2010
June & July	=	September 2010
July & August	=	October 2010
August & September	=	November 2010
September & October	=	December 2010

About This Booklet

This booklet, "2010 Benefits for Acme Participants," highlights key features of the UFCW Local 1776 and Participating Employers Health and Welfare Fund benefit plans based on the 2009 collective bargaining agreement and describes changes to the plans.

This booklet is considered a Summary of Material Modifications (or SMM) for the UFCW Local 1776 and Participating Employers Health and Welfare Fund benefit plans. More detailed information can be found in the collective bargaining agreement, insurance contracts (as applicable) and other official plan and administrative documents.

Taken together, this booklet and these other materials, including enrollment or schedule of benefits information provided by the carriers, and the individual benefit descriptions, are considered your Summary Plan Description, as required by the Employee Retirement Income Security Act of 1974 (ERISA).

This booklet provides highlights of your benefits; it is not a complete description. Complete information may be found in the Plan documents. In case of any question about Plan provisions, the official Plan documents and/or contracts will govern over this booklet or any other enrollment communication material.