

2022 ANNUAL ENROLLMENT GUIDE

JANUARY 1, 2022 - DECEMBER 31, 2022

The
United
Family™

United
supermarkets

Amigos

Albertsons
Market

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STREET

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JANUARY 1, 2022 -
DECEMBER 31, 2022
PLAN YEAR

Benefits Enrollment

Sign-up 

on our benefits website:
www.unitedfamilybenefits.com

Instructions on how to complete your enrollment are available on Page 2.

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

Your United Family 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.

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 January 1, 2022.

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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 January 1, 2022. 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.

ENROLL ONLINE

PLEASE FOLLOW THE INSTRUCTIONS OUTLINED BELOW TO COMPLETE REGISTRATION:



- Go to www.unitedfamilybenefits.com
- Follow the instructions link on the homepage in order to login

Once you have completed your enrollment, be sure to
PRINT YOUR CONFIRMATION FOR PROOF OF ENROLLMENT.

If there is a discrepancy in your enrollment elections, a copy of your confirmation statement will be required.

Why Am I Required To Go Online If I Do Not Want To Make Changes?

This is an active enrollment.

**** IMPORTANT INFORMATION FOR JANUARY 1, 2022 ****

- All **NEW** medical and dental plans.
- Now offering an **HSA Plan**.
- Short Term Disability Plan Changes

IMPORTANT: If you or your eligible dependents are not currently enrolled in the plans and you do not choose to enroll during Annual Enrollment, you will not have another opportunity to enroll until the next Annual Enrollment period unless you experience a "LIFE EVENT" - such as marriage, birth of a child, divorce or loss of coverage - and enroll them on The United Family website and provide the required documentation within 60 days of a life event or Medicaid, CHIP, birth or adoption event.

Team Member Contributions

The United Family continues to offer a competitive benefit package while paying most of the cost for your health care coverage. Additionally, certain benefits are furnished by The United Family at no cost to eligible Team Members. You share in a portion of the overall cost for the benefit coverage you elect.

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 / Domestic Partners
- 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. You may fax your documents to (806) 791-6341 or upload your information during your enrollment online.

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 spousal surcharge. This surcharge only applies to the medical plan, not the dental, vision, or other plans.

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 across 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**.

How Health Care Reform Affects You in 2022

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.

Affordable Care Act (ACA) Reporting (Tax Considerations)

Employers were required to mail Form 1095-C notices (Health Insurance Offer and Coverage) to Team Members (including dependents) showing eligibility and participation in medical benefits for each month during 2021. Individuals may not have received this information before they filed their income tax returns. According to IRS Notice 2016-4, individuals who rely upon other information about their coverage for purposes of filing their returns need not amend their returns once they receive Form 1095-C for any corrections. Also, individuals do not have to send this information to the IRS when filing their returns, but should keep the form with their tax records.

Benefits Requalification

The current benefits requalification measurement period started October 1, 2021, and goes through September 30, 2022. Team Members must maintain an average of 30 hours of service per week to continue medical coverage. If you do not meet the requirement, your medical coverage will be terminated effective January 1, 2023. 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.

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. 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 or Medicaid, CHIP, birth or adoption event.**

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.

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.

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TDD: 800.697.0353

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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
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- Relationship/marital conflicts



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- Planning events, locating pet care



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MEDICAL PLAN JANUARY 1, 2022 - DECEMBER 31, 2022

High Performance Network Locations

- Chicago, IL
- Dallas, TX
- Phoenix, AZ
- Seattle, WA
- Denver, CO
- Boston, MA
- Portland, OR
- Los Angeles, CA
- San Francisco, CA
- Houston, TX
- Statewide HP network:** CO, MN, NJ, NV, OK, TN & WA

Plan Feature	EPO HP-NETWORK PLAN OR EPO NETWORK PLAN	HSA PLAN	PPO PLAN
Where available	See above to determine which EPO plan you are eligible for	Nationwide except HI	Nationwide except HI
Annual Deductible • Associate • Family	Embedded \$1,500 \$4,500	Aggregate \$2,000 \$4,000 ¹	Embedded \$750 \$1,500
Annual Out-of-Pocket Max • Associate • Family	Embedded \$5,000 \$15,000	Embedded \$6,000 \$12,000	Embedded \$3,500 \$7,000
	NETWORK ONLY YOU PAY	IN-NETWORK YOU PAY	IN-NETWORK YOU PAY
Preventive Care	\$0 ³	\$0 ³	\$0 ³
Teladoc Telemedicine Visit • Medical • Mental Health	\$20 per visit \$20 per visit	\$20 per visit (after deductible) \$20 per visit (after deductible)	\$20 per visit \$20 per visit
Office Visit • PCP • Specialist	\$20 copay ³ \$40 copay ³	20% ² 20% ²	20% ² 20% ²
Urgent Care	\$40 copay ³	20% ²	20% ²
Emergency Room	\$200 copay + 30% ²	20% ²	\$200 copay + 20% ²
Diagnostic Testing	PCP office: \$20 copay ³ Specialist office: \$40 copay ³	20% ²	20% ²
Outpatient X-Ray and Lab	PCP office: \$20 copay ³ Specialist office: \$40 copay ³	20% ²	20% ²
Hospitalization • Inpatient Semi-Private Room • Inpatient Physician	30% ² 30% ²	20% ² 20% ²	20% ² 20% ²
Outpatient Treatment (Physical, Occupational & Speech Therapy)	\$40 copay ³	20% ²	20% ²
Mental Health/Substance Abuse • Inpatient • Outpatient	30% ² 30% ²	20% ² 20% ²	20% ² 20% ²
Pharmacy Retail	30-day supply	30-day supply	30-day supply
• Annual Deductible Applies • Pharmacy Out-of-Pocket Max	No Combined with medical	Yes Combined with medical	No Combined with medical
• Specified Preventive Drugs ³ • Generic • Brand Preferred • Brand Non-Preferred	N/A \$10 copay 20% ² (min \$30, max \$90) 30% ² (min \$60, max \$120)	100% covered ³ \$10 copay 20% ² (min \$30, max \$90) 30% ² (min \$60, max \$120)	N/A \$10 copay 20% ² (min \$30, max \$90) 30% ² (min \$60, max \$120)
Pharmacy Mail Order	90-day supply	90-day supply	90-day supply
• Specified Preventive Drugs • Generic • Brand Preferred • Brand Non-Preferred	N/A \$30 copay 20% ² (min \$90, max \$270) 30% ² (min \$180, max \$360)	100% covered ³ \$30 copay 20% ² (min \$90, max \$270) 30% ² (min \$180, max \$360)	N/A \$30 copay 20% ² (min \$90, max \$270) 30% ² (min \$180, max \$360)

1) The family deductible must be met before any person receives benefits 2) Coinsurance you pay after you meet the annual deductible unless otherwise noted 3) Annual deductible waived

Medical Plan	Description
EPO HP-Network Plan	<p>This plan exclusively covers you for in-network doctors and facilities. Except in the case of an emergency, you'll pay the full price for any out-of-network care. If you live in a high performance network location, you can enroll in the EPO HP-Network Plan. Otherwise you can enroll in the EPO Network Plan.</p> <p>High performance network locations: Chicago, IL, Dallas, TX, Phoenix, AZ, Seattle, WA, Denver, CO, Boston, MA, Portland, OR, Los Angeles, CA, San Francisco, CA, Houston, TX Statewide HP Network locations, CO, MD, NJ, OK, TN & WA</p>
EPO Network Plan	<p>This plan exclusively covers you for in-network doctors and facilities. Except in the case of an emergency, you'll pay the full price for any out-of-network care. If you do not live in a high-performance network location, you can enroll in the EPO Network Plan. The EPO Network Plan uses the national BlueCard network.</p>
HSA Plan	<p>You can see both in-network and out-of-network providers without a referral, but keep in mind staying in-network for care will almost always be less expensive. To help with your share of costs, this plan gives you the option to participate in a Health Savings Account (HSA).</p>
PPO Plan	<p>You can see both in-network and out-of-network providers without a referral, but keep in mind staying in-network for care will almost always be less expensive.</p>

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**.

Medical Plan Rates

You can earn a wellness credit of \$12.50/paycheck for yourself and another \$12.50/paycheck if your spouse is also enrolled in the healthcare plan and completes the wellness requirement. This wellness credit is not reflected in the current enrollment rates below. Please print the Wellness Verification Form found at www.unitedfamilybenefits.com. Have your doctor complete this form at both yours and your spouse's preventative visit, and send it to the Benefits Department to receive your discount.

MEDICAL PLAN RATES	EPO Plan	PPO Plan	HSA Plan
EE Only	\$16.08	\$24.34	\$18.20
EE + Spouse	\$95.12	\$138.30	\$67.66
EE + Child(ren)	\$39.23	\$59.57	\$38.33
Family	\$130.78	\$173.53	\$87.76

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) 854-1412**.

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.

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

**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 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 at 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.

Teladoc

Teladoc provides 24/7/365 access to a doctor through the convenience of phone or video consultations. At \$20 per visit, these consultations cost far less than a visit to the physician's office or an emergency room. Teladoc's network of doctors treat patients at any age. Teladoc provides you with a secure personal and portable electronic health record. The information from your Teladoc visit may be shared with your primary care physician with your consent. Teladoc can provide advice and care for cold and flu symptoms, allergies, bronchitis, skin problems, respiratory infection and sinus problems. Contact Teladoc at **(800) 835-2362** or visit www.teladoc.com.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



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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.

HSA PLAN JANUARY 1, 2022 - DECEMBER 31, 2022

Health Savings Account (HSA)

Effective January 1, 2022, the United Family Benefits will start offering a Health Savings Account (HSA) Plan.

WHAT IS AN HSA-ELIGIBLE HEALTH PLAN?

You can contribute to an HSA if you are in a qualifying high deductible plan. For 2022 that means a plan with a minimum annual deductible of at least \$1,400 for a team member and \$2,800 for families. These health plans must have an annual out-of-pocket maximum spending amount of more than \$7,050 for a team member and \$14,100 for families.

WHAT ARE THE ADVANTAGES OF PARTICIPATING IN AN HSA?

1. Tax Advantage - Your HSA contributions are pre-tax deductions, you can spend your money tax free, and any growth is tax free as well.
2. It's Investable - Investing your unused HSA money can be a great way to take the sting out of retirement medical care cost.
3. It's your money - Your unused HSA money rolls over every year. Keep your HSA if you move or change employers or insurance.

WHAT ARE THE ANNUAL HSA CONTRIBUTION LIMITS?

- \$3,650 for team member only
- \$7,300 for team member + dependent
- Catch-up contribution is \$1,000 if age 55 or older

CAN I PARTICIPATE IN AN HSA AND AN FSA?

No, Team Members are unable to participate in both the HSA Plan and elect to contribute the FSA Plan. HSA Plans are for long-term savings and FSA Plans can be used regardless of what type of health insurance plan you have.

WHEN ARE THE FUNDS AVAILABLE IN THE HSA PLAN?

Contributions to an HSA Plan are only available as the funds are deposited into the account. They are not front loaded, like with an FSA Plan.

HSA VS. FSA	HSA	FSA
You own your own account, not your employer	X	
Contributions you make to your account are pre-tax deductions	X	X
The money in your account stays with you, no matter what	X	
The account can be good for long term savings	X	
You can invest the money for potential tax-free growth	X	
You can spend the money tax free on qualified medical expenses	X	X
If you lose your job, the money can cover your COBRA cost	X	
The account covers your qualified medical cost in retirement.	X	

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! When registering online, enter company code **UNF**.

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. **But**, you have access to the full amount elected on January 1, 2022. Why is this important? Many health care providers require money upfront before services are performed. You have access to your money to help pay for your deductible expenses, out-of-pocket expenses, prescriptions, dental expenses, and other expenses that are not cosmetic in nature.

When determining the amount of your deductions, 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 January 1 and December 31. If you contribute to the plan and do not have eligible expenses that are incurred between January 1, 2022 and December 31, 2022 you lose the money you contributed. **However**, The United Family plan offers a carryover feature for unused FSA contributions up to \$550.00. Navia Benefits will carry over to the January 2023 Plan Year, as long as you enroll. 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.

For the Plan Year January 1, 2022 - December 31, 2022, the maximum FSA contribution is ~~\$28~~ 50.00 or **\$54.81** per paycheck. The Plan Year minimum contribution is \$275. 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.

REMINDER: You must enroll in the Flexible Spending Account (FSA) Program to participate in the January 1, 2022 - December 31, 2022 Plan Year.

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 14 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 Plan Year January 1, 2022 - December 31, 2022 annual maximum DCFSA contribution is \$6,125 if married and filing separately on your tax return, or \$3,062.50 per household.
- The Plan Year January 1, 2022 - December 31, 2022 annual minimum contribution is \$152. 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.

DENTAL PLAN JANUARY 1, 2022 - DECEMBER 31, 2022

Dental Plans & Coverage

You have three choices in dental plans; the Delta Dental Basic Plan, the Delta Dental Enhanced Plan, and the Delta Dental Enhanced 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 BASIC			Delta Dental ENHANCED			Delta Dental ENHANCED PLUS		
	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network
Deductible									
<i>Per Person</i>	\$50	\$50	\$75	\$25	\$25	\$50	\$25		
<i>Maximum Per Family</i>	\$150	\$150	\$225	\$75	\$75	\$150	\$75		
Preventive & Diagnostic Services <i>Examinations, x-rays, teeth cleaning</i>	Plan Pays 100%	Plan Pays 90%	Plan pays 80%	Plan Pays 100%	Plan pays 90%	Plan pays 80%	Plan pays 100%		
Basic Services <i>Fillings, root canals, extractions, minor oral surgery</i>	Plan pays 60%	Plan Pays 50%	Plan pays 40%	Plan pays 90%	Plan pays 80%	Plan pays 70%	Plan pays 90%		
Major Services <i>Crowns, onlays, bridges, dentures</i>	Plan pays 10%	Plan pays 10%	Plan pays 0%	Plan pays 60%	Plan pays 50%	Plan pays 40%	Plan pays 60%		
Implants	Plan pays 10%	Plan pays 10%	Plan pays 0%	Plan pays 60%	Plan pays 50%	Plan pays 40%	Plan pays 60%		
Maximum Benefit <i>Per eligible person per benefit year</i>	\$500			\$2,000			\$2,000		
Orthodontic Services Child & Adult	Not a covered benefit			Plan pays 50%			Plan pays 50%		
Maximum orthodontic lifetime benefit <i>Replacement of orthodontic appliance is not covered; waiting period is 12 months for new enrollees. Waiting period is waived for previous Aetna enrollees.</i>	NA			\$3,000			\$3,000		

DENTAL PLAN RATES	Delta Dental Basic Plan	Delta Dental Enhanced Plan	Delta Dental Enhanced Plus Plan
EE Only	\$1.93	\$5.34	\$7.17
EE + Spouse	\$6.61	\$13.77	\$18.08
EE + Child(ren)	\$5.76	\$12.24	\$14.91
Family	\$10.45	\$20.68	\$26.25

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 photocromic 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.

VSP KIDSCARE PLAN SUMMARY	
Eye Exam	• Exam, Lens, Frame (child), Contact lenses.....12 months
Exam Services	• Two, fully covered WellVision Exams that test for eye health and vision problems that can begin during childhood, like nearsightedness, amblyopia (lazy eye), and strabismus (cross-eye)
Lenses	• Fully covered lenses, including child-friendly, impact-resistant lenses • Lens enhancements covered after copay • Additional lenses fully covered once per year
Frame	• Fully covered frames up to your plan's retail allowance • Up to 20% savings on amount above the retail allowance
Additional Pairs of Glasses	• Up to 20% savings on unlimited additional pairs of prescription glasses • Option to purchase additional repair program

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 JANUARY 1, 2022 - DECEMBER 31, 2022

- **Term Life Insurance** - *The Hartford* provides our term life insurance policies (*Group #681852*).

BENEFIT	TEAM MEMBER TERM LIFE INSURANCE - 2021 PLAN YEAR
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 JANUARY 1, 2022 - DECEMBER 31, 2022

- **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.

CHOOSE YOUR BENEFICIARIES

You'll need to elect beneficiaries for any life and AD&D coverage you automatically receive or enroll in for any supplemental coverage. It's important to designate beneficiaries to ensure your life insurance benefits go to the people you want if something were to happen to you.

Short Term and Long Term Disability

Short Term Disability (STD) - Effective January 1, 2022 - After a 7 day elimination period, the first 6 weeks the plan will pay 100% of your weekly salary. Starting week 7 the plan will pay 60% of your weekly pay up to the max. The STD Plan pays for a covered injury, illness or maternity leave that results in an absence from work. Eligibility for coverage is one year of full-time service. This plan is company paid and you are automatically enrolled. Team Members can call The Hartford at **(855) 532-7881** and will need to give them the **Group Number 697770**.

Long Term Disability (LTD) is a Team Member paid benefit (*Group #697770*). 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 The Hartford at **(855) 532-7881**.

	Short-term Disability	Long-term Disability
Benefit amount	100% of eligible pay first 6 weeks; 60% of eligible pay for 19 additional weeks	60% of base pay + bonus up to \$25,000 per month
Benefits begin	After 7-day elimination period for sickness, 0 days for an accident	After a 180-day elimination period
Benefits period	Maximum of 25 weeks	Benefits continue until <ul style="list-style-type: none"> You are no longer considered disabled Age 65
Who pays for coverage?	United Family	You if you elect this coverage

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.aflacgroupins.com**.



**MAKE SURE YOU ARE ASKING ABOUT THE UNITED FAMILY PLAN,
NOT THE ALBERTSONS COMPANY PLAN.**

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.

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**

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

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**.

Team Perks

Receive a discount on store brand products, bakery, floral items (where available), food service items and Starbucks, as well as stay up to date with the latest news! Sign up with Team Perks on Uconnect with your Rewards account to receive your team member discount and great information via text and/or email.

- Sign up with Rewards at theunitedfamily.com/rewards.
- Log in to Uconnect at uconnect.unitedtexas.com.
- Click on the Team Perks icon to start your enrollment.

Additional Team Member Benefits not limited to those listed here.

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.

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.

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

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:

CONTINUED ON NEXT PAGE

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

- 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 60 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 60 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 Ring, Benefits Manager
7830 Orlando Ave.
Lubbock, TX 79423
(806) 791-0220



Once Completed
Fax to: (806) 791-6341

Working Spouse Surcharge Declaration

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:

1. 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.)

2. 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.

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.

4. 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

The following are legal notices The United Family is required to provide:

- 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 60 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 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 **(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;
- Prosthesis; 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 2022

BENEFIT	WEBSITE	PHONE
UNITED FAMILY BENEFITS		
Benefits Enrollment / General Benefits Information	www.unitedfamilybenefits.com	(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) 854-1412
BridgeHealth Medical (Surgical)	www.bridgehealth.com <i>Company Code: LPEVA</i>	(888) 387-3912
Employee Assistance - Guidance Resources	www.guidanceresources.com <i>Web ID: Albertsonscompanies</i>	(877) 294-3271
Blue Distinction Centers	www.bcbs.com/blue-distinction-center-finder	(855) 854-1412
United Diabetes Management Program		(844) 778-2083
SmartShopper®	members.bcidaho.com	(866) 507-3528
Teledoc	www.teledoc.com	(800) 835-2362
PHARMACY		
MedImpact	www.medimpact.com	(888) 402-1984
FLEXIBLE SPENDING ACCOUNTS (FSA)		
Navia Benefit Solutions	www.naviabenefits.com	(800) 669-3539
HEALTH SAVINGS ACCOUNTS (HSA)		
Fidelity	www.Fidelity.com/HealthSavingsAccount	(800) 544-3716
DENTAL		
Delta Dental of Idaho	www.deltadentalid.com	(800) 356-7586
VISION		
Vision Services Plan (VSP)	www.vsp.com	(800) 877-7195
LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE		
The Hartford	abilityadvantage.thehartford.com <i>Plan #681852</i>	(855) 532-7881
Universal Life Insurance - Allstate Benefits	www.allstatevoluntary.com/unitedfamily	(800) 521-3535
DISABILITY - SHORT TERM		
The Hartford	abilityadvantage.thehartford.com <i>Policy #697770</i>	(855) 532-7881
DISABILITY - LONG TERM		
The Hartford	abilityadvantage.thehartford.com <i>Plan #697770</i>	(855) 532-7881
ACCIDENT INSURANCE		
Unum/Provident Corporation	www.unum.com	(800) 635-5597
CRITICAL ILLNESS & Hospital Indemnity		
Aflac	www.aflacgroupins.com	(800) 433-3036
ADDITIONAL TEAM MEMBER BENEFITS		
United Family 401(K) Fidelity Plan	www.netbenefits.com <i>Plan #99811</i>	(866) 956-3433
MetLife Auto & Home Insurance	www.metlife.com	(800) 438-6388
Purchasing Power	www.purchasingpower.com <i>Register Code: USM2237</i>	(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.