



Frequently Asked Questions

Health Plan

How long do I have to wait before I become eligible for benefits?

The waiting period for medical, dental, life and the flexible spending account is the first of the month following 30 days as a full-time Team Member. The waiting period for Short-Term and Long-Term Disability is the first of the month following 365 days as a full-time Team Member.

My physician states that I am still responsible for the \$25 copay. What should I do?

Present your BlueCross BlueShield of Texas (BCBSTX) ID card and ask the physician's office representative to call BCBSTX Customer Service, 1-800-521-2227, to verify benefits.

Should I pay a copay at the doctor's office if it is requested?

No. The plan no longer has a copay for office visits. Remind the provider or facility that we have changed from a PPO to a Health Care Account. If you have paid a doctor or facility for charges that you do not owe, contact their office for a refund.

What medical expenses are paid from my Health Care Account (HCA)?

The first \$1,000 of eligible medical expenses (\$1,250 for team members with dependents enrolled in the United plan) are paid from the HCA. The amount paid from the HCA is the cost of the service after the BCBSTX discount is applied.

What is my annual deductible?

Your total calendar-year deductible is \$2,300 for single coverage and \$4,600 for family coverage. The first \$1,000 (\$1,250 for a family) is paid by United through your HCA. You are responsible for the next \$1,300 (\$3,350 for a family). Once the deductible is met, your eligible in-network claims are paid at 80% and you are responsible for the remaining 20%.

Are preventive care expenses paid from my HCA?

No. In addition to the HCA funded by United, the plan pays preventive care services at 100%, when billed as

preventive care by an in-network provider. These expenses do not come out of your HCA and are not subject to your deductible.

I had my annual physical but not all charges were considered preventive and came out of my HCA. Why?

Claims must be billed as preventive care by an in-network provider in order to be paid at 100%. If you do not believe that your claim was filed correctly, please contact your provider.

Does the medical plan include a vision benefit?

No. Effective January 1, 2012, the vision benefit is no longer included in the medical plan. Please see information regarding the Ameritas vision plan at www.myunitedbenefits.com.

Who qualifies as an eligible dependent?

Eligible dependents are defined as (but not limited to): 1) lawful spouse, 2) dependent children up to their 26th birthday, 3) totally disabled dependents who rely on the Team Member for support and maintenance. Please see the Plan Document located online at www.myunitedbenefits.com for a complete definition.

If my claim is denied by BCBSTX, who should I contact to ask why?

Contact BCBSTX at 1-800-521-2227. If you would like to file an appeal contact BCBSTX for instructions.

Can I make changes to my benefits during the year?

Yes, if you have a qualifying event. **Important:** You have **31 days following a qualifying event to make changes to your coverage.** Changes can be made online at www.myunitedbenefits.com.

Documentation must be provided before changes are effective. For example, a birth certificate for a newborn, marriage license, adoption papers, etc.

Where can I find a listing of in-network providers?

A provider listing can be found on www.bcbstx.com or by calling BCBSTX at 1-800-521-2227.

Dental

Can I use my HCA for my dental expenses?

Your HCA is for eligible medical expenses only. The dental plan did not change from 2011. For plan details, please refer to plan information located online at www.myunitedbenefits.com.

Do I have to go to an in-network dentist?

You may go to any dentist. However, you may be able to save on out-of-pocket costs by using a participating DentaBlue or BlueCare dentist.

Do I have to pay a copay when I get my teeth cleaned?

No. Preventive services are paid at 100% of allowed charges. Basic, major and orthodontia dental services are subject to the \$75 calendar year deductible (\$225 per family).

Vision

How much does the Ameritas vision plan cover?

The Ameritas vision plan provides you with \$350 per calendar year per covered family member. This amount may be split between vision supplies and an eye exam.

Where can I find a vision claim form to get reimbursed?

Go to www.myunitedbenefits.com (Do not login), Benefits/Vision Coverage and then click "Ameritas Vision Claim Form".

You may go to any eye doctor or vision supply center however, there is a discount associated with EyeMed providers. For a list of providers offering the EyeMed discount, go to www.myunitedbenefits.com (Do not login), Benefits/Vision Coverage and you will see a link for in-network providers.

Where can I go for vision supplies or an eye exam?

Disability

Who do I need to contact if I have a disability?

You can file a claim for Short-Term Disability, if it is a non-work related illness/injury, by contacting Matrix Absence Management at 1-866-533-3438. If you are covered under the Short-Term Disability plan and continue to be disabled after 26 weeks, your claim is automatically filed under the Long-Term Disability plan. If you are not enrolled in the Short-Term Disability plan and need to file a claim for Long-Term Disability, contact the Total Benefits Department at (806) 791-0220 or toll-free at 1-888-791-0220 for claims assistance. All full-time Team Members are automatically enrolled in the Long-Term Disability plan and premiums are paid on your behalf by United Supermarkets.

Do my premiums for insurance come out of my disability check?

Your Short-Term Disability check is processed like a regular paycheck and all premiums are deducted before it is sent out.

The check will be a direct deposit if you have elected this option for your regular paycheck. If you are not on direct deposit, all funds will be loaded onto your Global Cash Card.

Will I receive disability benefits if I have a pre-existing condition?

The disability plan does contain a pre-existing condition limitation unless you enroll in the plan during the first 12 months of full-time active service.

Will I receive Short-Term disability benefits for a work related injury?

No, work-related injuries and illnesses are specifically excluded from the disability plan and the health plan. This exclusion applies if you are denied benefits under the Work Injury Plan for timeliness of reporting, and you will not receive disability benefits. Medical expenses related to the work-related injury or illness will not be covered under the health plan.

Flexible Spending Account

When I purchase vision supplies, can I pay for them with my Flexible Spending Account?

Yes. However, if you use your Flexible Spending Account to purchase glasses or contacts and those charges are also reimbursed through the vision plan, you will be required to refund the amount reimbursed by the vision plan, or any other vision plan. Refunds should be paid directly to Boon Chapman. Contact Boon Chapman at 1-800-252-9653, (Option 6).

Where can I find a listing of qualified expenses?

Contact Boon Chapman at 1-800-252-9653 (Option 6).

If my debit card is rejected at a facility or pharmacy what do I do?

Contact Boon Chapman at 1-800-252-9653 (Option 6).

How can I find out the balance of my account?

Contact Boon Chapman at 1-800-252-9653 (Option 6) or a member of the Total Benefits Department toll-free at 888-791-0220.

General Questions

What is my username and password for www.myunitedbenefits.com?

Your username is your Team Member number and your password is the last four digits of your social security number. Once logged in, you will be prompted to change your password.

How can I reset my password on the benefits web site?

Contact the Total Benefits Department at 1-806-791-0220 or toll-free at 1-888-791-0220.

Do we offer a team member assistance program?

The team member assistance program is offered through Reliance Standard. For assistance, go to www.my-life-resource.com (username: **hmsa**, password: **myresource**) or call 1-800-767-5320.

Who do I contact for changes or information regarding my voluntary critical illness, universal life and accident policies?

Contact Melinda Olivarez at Total Benefit Solutions at 806-783-9653 or toll-free at 1-888-783-9653.

If I go on a leave of absence, how long can I be off work?

The United Supermarkets Leave of Absence policy states that a full-time Team Member is allowed to be on leave up to a maximum of six months, including intermittent and partial leave. A qualified leave under FMLA is up to a maximum of twelve weeks. For additional information regarding the leave policy or FMLA, contact the Total Benefits Department at 1-806-791-0220, or toll-free at 1-888-791-0220.

How do I pay my benefit premiums during a leave of absence?

Premiums must be paid weekly to the Total Benefits Department. You will receive a weekly invoice after you have missed two weeks of premiums. Benefits will be cancelled after 5 weeks for non-payment. If you receive weekly benefits under the disability plan, premiums will be deducted from your disability payment.

If I need to change my address, can I just go through payroll?

Yes. You must also change your address on the benefit plans by going online to www.myunitedbenefits.com.

How can I qualify for retiree health insurance coverage?

Retiree medical, dental, vision and group life benefits are extended to Team Members who are enrolled in the plan at the time of retirement and are age 55 with 15 years of continuous active full-time service with United Supermarkets or age 65 with 10 years of continuous active full-time service with United Supermarkets. A retiree must pay 100% of the premiums.

Retirement

How and when can I make changes to my 401(k) contribution?

You can change your contribution on a weekly basis by calling New York Life Retirement Plan Services (NYLRPS) at 1-800-294-3575 or by going online to mylife.newyorklife.com.

How do I qualify to participate in the 401(k) plan?

Hired Prior to August 15, 2011:

You must be employed for a minimum of six months, be at least age 20 1/2 and have worked 500 hours in the six months prior to enrollment.

Hired After August 15, 2011:

You must be employed for a minimum of one year, be at least age 21 and have worked 1000 hours in the year prior to enrollment.

***Enrollment periods are the first of every month.*

If I am not currently enrolled in the 401(k) plan, when can I begin contributing?

If you were hired PRIOR to August 15, 2011, you can enroll in the 401(k) plan if you are 20 1/2 years of age and have completed six months of service (500 hours). If you were hired AFTER August 15, 2011, you can enroll in the 401(k) plan if you are 21 years of age and have completed one year of service (1000

hours). Enrollment periods are the first of each month. Contact the Total Benefits Department for additional information.

If I terminate employment, how long do I have to wait before I can withdrawal funds from my account?

Your direct supervisor must submit a separation report to the payroll department for processing before NYLRPS will distribute funds from your account. To receive distribution paperwork please contact NYLRPS at 1-800-294-3575.

If I need to take a withdrawal from my 401(k) while still employed, what are my options?

You must call NYLRPS at 1-800-294-3575. To be eligible for an in-service withdrawal, you must be at least age 59 1/2. If you are under age 59 1/2, you may be eligible for either a loan or a hardship withdrawal. Qualifications for a hardship withdrawal include funeral expenses for a direct relative, medical expenses over 7 1/2 % of your annual gross income, tuition expenses for secondary education for a direct relative, expenses related to a natural disaster, to prevent foreclosure/eviction from your primary residence and the closing costs related to the purchase of a primary residence. A participant is only allowed two in-service withdrawals in a rolling 12 month period (minimum is \$500 of eligible funds).

Wellness

How do I login to view my wellness program information on

www.myunitedbenefits.com?

To login, click "Wellness Login". Select "Let's Get Started" and enter your Team Member number as your Wellness Id. Continue with the registration steps until complete. Your *Username* is your Team Member number and then you will be able to create your own password.



What do I do if I forget my password?

In the middle of the log in screen you can click "Forgot Password". Fill in the necessary information and reset your password. You may also send an email to info@iawellness.com or contact Insurance Associates toll free at 1-866-765-7265 to reset your password.

Who may I contact if I need personal assistance?

You can contact a wellness coach by phone at 1-866-630-6733 or go to www.myunitedbenefits.com. This service is provided to you at NO cost.

United We Care (UWC)



What is the UWC program?

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

Who is eligible to apply for UWC?

A United Supermarkets, Market Street or Amigos Team Member who has worked for at least six months and has not applied for UWC in the last six months is eligible to apply for benefits.

Why did my application get denied?

The application did not meet the requirements needed to be approved for funds.

How long do I have to wait before I can reapply?

You may reapply after six months.

How often does the board meet to evaluate the

The board meets the 1st and 3rd Tuesday of each month.

Who knows that I have applied and reviews my application?

UWC is completely confidential. The program manager is the only person who knows the applicant and presents the application to the board after reviewing and verifying all information. (The program manager is not a voting board member.) Any identifying information is omitted when the applications are presented.

Do I need to turn in my budget and copies of my bills?

Yes, both a household monthly budget and current copies of all monthly bills are needed when applying for UWC.

Is it possible to have an emergency meeting in between regularly scheduled meetings?

Yes, in order to call an emergency meeting, a Store Director's statement must be turned in with all other required documentation. A true emergency must be documented.

Payroll

How do I check my personal and vacation time balances?

You can check your balances in three places: at the time clock, under the Employee Listings in Lotus Notes, and on your pay stub through globalcashcard.com.

How do I access my pay stub(s)?

All paystubs from 2010 and later are available at globalcashcard.com. Instructions for logging on to this website and setting up a user account can be found at www.myunitedbenefits.com under Benefits/Payroll.

What are my options for electronic payroll?

You can receive your pay through direct deposit or on a Global Cash Card pay card. If you wish to set up direct deposit, paperwork must be received in the Payroll Department by the Friday prior to the pay date. If a Team Member does not have a bank account, he/she should be issued a pay card from his/her home store.

How often can I change my W-4 form and where can I get a blank form?

You can change your W-4 form as often as needed. Blank forms are available at www.myunitedbenefits.com or on USMWeb under Talent Mgt./ Documents/Payroll Documents.

Who do I contact to activate a Team Member who is returning from a leave of absence?

You must submit the physician return to work release paperwork to the Benefits Department to reinstate a Team Member returning to work from a leave of absence. The Total Benefits Department fax number is 1-806-791-6341.

How do I reinstate a Team Member on inactive status?

You can send an email or call the Payroll Department to reactivate a part-time Team Member on inactive status.

Does Payroll process expense reports?

Payroll is responsible for processing expense reports submitted through the online application. All expense reports submitted on paper are processed by the Accounts Payable team.

Who should I contact with questions about the College Savings Plan?

The Talent Management Department administers the College Savings Plan. Contact Deonna Anderson toll-free at 1-866-791-0220 ext. 207411 for assistance.

What are the guidelines on taking vacation time?

As stated in the Team Member handbook, "vacation earned should be taken within one year of the Team Member's anniversary date. However, up to one week (40 hours) of unused vacation time may be carried over to the next year. Vacation in excess of one week will be lost forever if **not used by the Saturday prior to the full-time anniversary date**. In order to receive vacation pay, Team Members must take time off from work. Pay will not be given in lieu of taking time off."

How do I change my address?

Submit a change form with your new address to the Payroll Department.

How do I elect to receive my W-2 online?

Team Members can consent to receive their W-2 in electronic form only by completing the electronic W-2 authorization form. This form is available at www.myunitedbenefits.com under Benefits/Payroll.

Texas College Savings Plan (529 Plan)

What is the Texas College Savings Plan?

It is an education savings plan designed to assist Team Members with qualified higher education expenses for themselves, their children, grandchildren, family friends, etc.

How do I begin contributing?

An application can be located on www.myunitedbenefits.com (Do not login), Benefits/Texas College Savings Plan. You must also complete the "Employee Payroll Authorization Form" which is in the same location.

Where do I send my completed forms?

Please send all forms to the Total Benefits Department once completed. The address for mailing is United Supermarkets, LLC, Attn: Benefits, PO Box 6840, Lubbock, TX 79493.

Why should I contribute to this plan?

Unlike a taxable account, the assets in your Plan account can compound tax free. You can also withdraw the money federal tax free, as long as it is used for qualified higher educational expenses.

How much does it cost to begin contributing to the plan?

There is an initial \$15 enrollment fee and there is a \$5 minimum weekly contribution.

What are qualified educational expenses?

Qualified educational expenses include tuition, fees, certain room and board expenses, textbooks, supplies and equipment

required for a student to attend classes at an eligible educational institution, and expenses for special needs services in the case of a special needs beneficiary who incurs such expenses in connection with attendance at an eligible educational institution.