

# BENEFIT NEWS YOU CAN USE

June 2017



## TEAMSTERS LOCAL 723 WELFARE FUND

Robin Modzelewski, Fund Administrator

### WELCOME SUMMER

**S**ummer is here and we will be spending more time outdoors. We wish to remind everyone that safety should always come first while driving, cooking outdoors, and having fun with family and friends.

The Fund relies on your feedback; it is important to the Fund Office staff that our Participants keep us informed of their experiences, both good and bad. Also, any concerns regarding medical claims, pre-certifications, doctors, hospitals, and your experiences with IDA (our new TPA for hospital and medical claims). Remember, we can better benefits and service to you and your eligible dependents when we are kept informed of your experiences\*



### SUMMARY OF MATERIAL MODIFICATIONS

**T**he Trustees have made the following modifications to the Welfare Plan:

Pain management will now be an eligible benefit provided pre-certification is approved and services are provided in-network and rendered and administered under the requirements of the Plan.

A Medical Management program is available to you through our Med-Watch program. Participants with Diabetes, Cancer and other serious or chronic conditions should participate by calling the Fund Office at: 908-688-0723.

The following are amendments to the General Exclusions Section of our Summary Plan Description:

Care or treatment of any injury or illness caused, exacerbated or worsened by the Member's (or in the case of a minor or incompetent child, a parent's or legal guardian's) intentional or negligent disregard of, or failure to follow, the medical advice, recommendations or directions of the Member's (or minor or incompetent child's) attending physician, hospital or other healthcare professional (including but not limited to and by way of example, use of un-

prescribed "alternative" treatments and "home remedies" in lieu of procedures and/or medicines recommended or prescribed by the attending physician or leaving a hospital against physician or Hospital advice) this shall also include refusal to participate in Medical Management when deemed appropriate by Med-Watch or other Medical Management providers approved by the Fund.

Charges for services received as a result of injury or illness caused by or contributed to by engaging in an illegal act or occupation; by committing or attempting to commit any crime, criminal act, assault or other felonious behavior; or by participating in a riot or public disturbance.

Coverage for self-inflicted injuries or illnesses including but not limited to injuries or illnesses caused while engaging in high-risk recreational or hazardous activities (e.g., head or neck injuries sustained while bungee jumping). This exclusion does not apply to injuries or illnesses that are self-inflicted due a medical condition or from domestic violence where they would otherwise be covered by the Plan\*

## EMERGENCY ROOM VISITS

**R**emember, only true emergencies are covered and they must be within 24 hours of the onset of an injury or illness (as approved by the Medical Management provider (MedWatch).

Please make sure if you need to use an



Emergency Room they participate in the Plan. If they do not participate, the Fund will pay 80% of the Reasonable and Customary charges. Therefore, you will be responsible for the balance bill.

Please read the article below regarding Urgent Care Centers\*

## EMERGENCY ROOM vs. URGENT CARE CENTER VISITS

**T**he Trustees have seen a significant improvement in the use of Urgent Care Centers.

Using an Urgent Care Center rather than Emergency Room (ER) saves you both money and time. The co-pay for an Urgent Care Center is far less than that for an ER visit. Also, ER waiting times are on average 2 to 4 hours depending on the hospi-

tal and the time you visit.

If you need to locate an Urgent Care Center near you, please use the AmeriHealth or MagnaCare websites or call the Fund Office and they will be happy to locate one in your area\*



## IMPORTANT INFORMATION

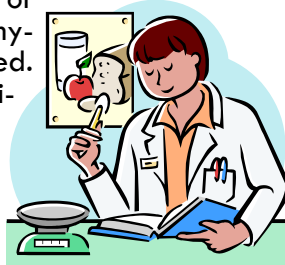
### PODIATRY

Podiatry visits and/or services are covered for Diabetic Participants **only**. Some services may be covered if pre-certification is obtained.

If you are unsure of your eligibility for this benefit, please contact the Fund Office at (908) 688-0723.

### IMPORTANT LAB INFORMATION

If you are seeing more than one physician, please take any lab results with you or have them faxed to your other physician before any tests are ordered. The Fund **does not** pay for duplicate or unnecessary testing. And remember to utilize **Quest** Diagnostic Labs or **LabCorp** for any blood test ordered by your doctor.



### PHYSICAL THERAPY & CHIROPRACTIC

Please be aware that these services are covered only when utilizing an in-network provider. In-patient services are eligible and covered by the Plan providing you receive pre-certification.

### ROUTINE GYNECOLOGICAL EXAMS

Routine gynecological exams (Well Woman) are covered once per year.

### TESTING

Lab work, x-rays, MRI's and other diagnostic tests are not covered at a hospital unless the test cannot be performed at a diagnostic center or a participating lab. The only exceptions are for pre-admission testing or if you are an inpatient or having a surgical procedure\*

## WEB-SITE UPDATE

**T**he Trustees have created a web-site to keep our Participants better informed regarding benefit information, Fund communications and updates.

You will find us at: **www.local723.com**. Our site will host our Summary Plan Description (SPD), Summary of Benefit Coverage (SBC), past Newsletters, Summary of Material Modifications, and other communications that will



help you use the benefits to keep your out-of-pockets costs as low as possible.

Please keep our web address handy and refer to it to when you have questions regarding your coverage\*

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

**T**he Women's Health and Cancer Rights Act of 1998 (WHCRA) requires group health plans and insurance companies that provide coverage for mastectomies to provide certain mastectomy-related benefits or services to plan participants and beneficiaries. The Plan provides the benefits required under the WHCRA, and makes these benefits available to eligible participants and dependents. Following is a brief overview of the benefits required under the WHCRA, which are provided by the Plan and your rights under the law.

Under the WHCRA, a group health plan participant or beneficiary who is receiving benefits in connection with a mastectomy, and who elects breast reconstruction in connection with the mastectomy is entitled to coverage for the following:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedema.

Coverage for these benefits or services will be provided in a manner determined in consultation with the participant's or beneficiary's attending Physician.

If you are a participant in the Plan, and are currently receiving, or in the future receive, benefits under the Plan in connection with a mastectomy, you are entitled to coverage for the benefits and services described above in the event that you elect breast reconstruction. Your eligible Dependents are also entitled to coverage for these benefits or services on the same terms. Coverage for the mastectomy-related services or benefits required under the WHCRA will be subject to the same deductibles and co-insurance or co-payment provisions that apply with respect to other medical or surgical benefits provided under the Plan.

If you have any questions about the WHCRA please contact the Welfare Fund office\*

## DENTAL HEALTH INFORMATION

**A** healthy smile leads to a happy life. Maintaining healthy gums will help you keep that smile and maintain a healthier life.

### What You Need to Know About Gum Disease:

- In early gum disease, called gingivitis, your gums may be red, swollen and bleeding. At this stage, the condition is still usually reversible when treated with daily brushing and flossing, as well as regular dental cleanings.
- In later-stage disease, called periodontitis, your gums may be seriously damaged and begin to pull away from the teeth. You may also lose supporting bone. This stage of the disease may require surgical treatment and is not reversible.
- The first line of defense against gum disease is good oral care. Brush twice a day with fluoride toothpaste, paying special attention to the gum line, and floss once a day.
- Also important: **Avoid smoking.**
- Finally, see your dentist regularly to have your teeth cleaned and checked.

### When Your Gums Recede

Periodontal disease is by far the most serious cause

of gum recession. If gum recession leaves the roots of your teeth exposed, your teeth may become more sensitive to hot, cold, sweet or sour foods and drinks.

Your dentist may recommend using a soft toothbrush, special toothpaste, or a fluoride rinse. Here are some smart ways to help minimize the effects of periodontal disease:

- Brush your teeth gently, at least twice a day, with special attention to the gum line. Use a fluoride toothpaste.
- Replace your toothbrush every three or four months or sooner if the bristles begin to fray.
- Floss at least once a day. Your teeth aren't truly clean until they're brushed and flossed.
- Visit the dentist routinely for a check-up and professional cleaning.
- Your dentist will check for gum disease and, if you do have it, will recommend a treatment plan to follow at home.
- Eat a nutritious diet, avoid sugary drinks and snacks, and snack wisely.
- Avoid smoking and all tobacco products\*



# CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

**T**he Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) requires group health plans and group health insurance issuers to permit an employee or dependent that is eligible for but not enrolled in the plan to enroll when the employee or dependent is covered under Medicaid or CHIP and loses that coverage as a result of loss of eligibility or when the employee or dependent becomes eligible for Medicaid or CHIP assistance with respect to coverage under the group health

plan. CHIPRA also created new notice requirements related to these special enrollment rights.

**Employee Rights.** The Act grants employees several important rights. Among them are the right to receive information about their pension or health benefit plans, to participate in timely and fair processes for benefit claims, to elect to temporarily continue group health coverage after losing coverage, to receive certificates verifying health coverage under a plan, and to recover benefits due under the plan\*

## TELL US WHERE YOU LIVE

**I**f you have moved or are planning to move, please notify the Fund Office.

It is important for you that we have your current address. Informing your employer or the Union of your move will not be communicated to the Fund Office. Therefore, please let the Fund



Office know where you live so we can keep you up to date and informed on your benefit Plan.

Please remember, we are here to assist you and your dependents in receiving health care\*

Important information to help  
save your health care dollars.

Teamsters Local 723  
Welfare Fund  
714 Rahway Ave., Suite 3  
Union, NJ 07083  
Telephone 908-688-0723

