



## TEAMSTERS LOCAL 723 HEALTH AND WELFARE FUND

Robin Modzelewski, Fund Administrator



### FROM THE TRUSTEES

**T**he Trustees of this Health and Welfare Fund hope this Newsletter finds you well and ready for Spring weather.

As the weather changes, so does the Health Care Environment, the Affordable Care Act, Prescription Drug Cost, and Hospital mergers seem to make the news daily. As always, the Trustees strive to provide the best benefits affordable with the lowest cost to our Participants and their families. Our Plan is in-network only because the Fund has no control over what an out-of-network provider bills.

The other protection to save you money is to get pre-certification for the services listed on the back of your medical ID card. Therefore, please be sure to have your provider call the number on the card listed for pre-certification. Please also familiarize yourself with the Summary Plan Description that has been provided to you, as this will also save you time and money.

If you have any questions please feel free to call the Fund Office\*



### BENEFIT IMPROVEMENT

**E**ffective June 1, 2018, the Trustees have made an improvement in the Health and Welfare Fund's Prescription Plan.

The Prescription Plan will now cover generic oral birth control pills for Participants. They will be covered according to Plan rules and allowances.

To save you money, have your doctor write your prescription for the generic equivalent.

Studies have proven that the generic equivalent provides the same therapeutic results as the

name brand. The difference is in the cost of the drug.

Also, the Fund has contracted with MagnaCare to administer our Medical Management Plan, they monitor any serious medical conditions such as Cancer, Multiple Sclerosis, Heart Disease, Lupus, Joint replacements, and other conditions. They are available to help our Participants with any materials that might be helpful to manage certain conditions.



As always, please do not hesitate to contact the Health and Welfare Fund Office if you have any questions regarding this Plan\*

## EMERGENCY ROOM, URGENT CARE CENTER OR DOCTOR'S OFFICE

### PLEASE READ THIS IMPORTANT INFORMATION

**T**he Board of Trustees continues to alert you regarding the use of an Emergency Room (ER) vs. an Urgent Care Center vs. a Doctors Office Visit. It is important that you know which type of provider to see because using the wrong one will cost you money.

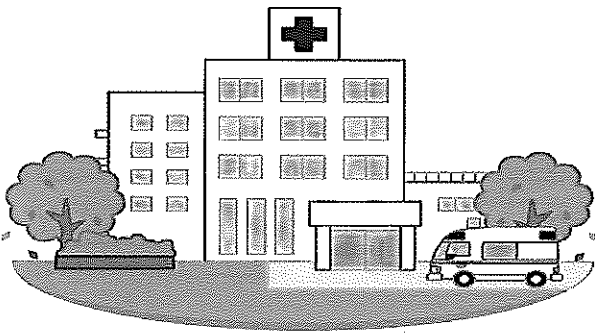
An ER visit is only covered when the condition is "sudden and serious" as defined in our Summary Plan Description. An Urgent Care Center should only be

used to replace an ER visit. You should establish yourself with a primary care physician in your area for illnesses that are treatable at a doctor's office; this will avoid an unnecessary visit to an ER or Urgent Care Center. You **should not** substitute an Urgent Care Center visit for a doctor's office visit.

A determination will be made by the Medical Management Company and the guidelines that are followed in making a decision to determine whether a claim is considered as a true ER, Urgent Care Center visit or doctor's office visit to consider appropriate payment of the claim.

If the Medical Management Company determines that the place of service was not appropriate for your diagnosis, your claim will be denied.

For more information regarding an Emergency Room vs. Urgent Care Center visit, please see the Health and Welfare Fund's web-site. Information on the Fund's web-site can be found on the following page of this Newsletter\*



## 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\*



**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✳

## HOW TO KEEP OUT-OF-POCKET MEDICAL COSTS IN CHECK

**E**ven though the Health and Welfare Fund provides excellent health coverage, Participants are sometimes shouldered with out-of-pocket medical expenses.

By following some simple procedures, you can limit and even eliminate most of these expenses. Make sure the providers and facilities you choose participate with your appropriate network.

There are situations that an out-of-network provider may render services to you; such as: anesthesiologist, ER physician, or doctors that visit you while an in-patient for example.

Also ask: "What will I pay out-of-pocket after insurance adjustments?" (get this estimate in writing from your provider). This includes the co-pay and de-

ductible.

**Investigate:** When a doctor's bill or EOB arrives in the mail, read it carefully. About 50% have errors, such as the wrong codes or incorrect charges. Verify that the charges on your bill match the payment you owe according to your EOB.

**Act fast:** As soon as you get a bill or an EOB, the time left to appeal the claim, correct the bill or negotiate a payment plan diminishes.

If you do not pay your provider on time the bill will likely be sent to a collection agency. Once in collection, the Fund has limited ability to help you. You can eliminate this by making sure that the EOBs sent match the bills. Please save your EOBs✳

## WEB-SITE UPDATE

**T**he Health and Welfare Fund's web-site is there for our Participants to keep you better informed regarding benefit information, Fund communications and updates.

You will find us at: [www.local723.com](http://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-pocket costs as low as possible.

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





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

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Important Information to help  
save your health care dollars.

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## CHILDREN'S HEALTH INSURANCE PROGRAM

**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\*

