



TEAMSTERS LOCAL 723 HEALTH AND WELFARE FUND

Robin Modzelewski, Fund Administrator

FROM THE TRUSTEES

It has been a very trying year for everyone, and we are all forever changed because of it.

This Spring is a new beginning for what we may consider to be the new normal.

The Covid Pandemic has greatly affected the Health Fund and our Participants and their families. We had experienced several deaths, serious illnesses and layoffs due to Covid-19.

We pray for the families of the Participants we lost and we are also encouraged that some of our employees are getting called back to their jobs.

We also urge everyone to stay safe and healthy as this is not a time to let our guard down. Please remember to wear a mask in public (they work) Flu and common cold cases were practically non-existent in the past year. We also support getting Vaccinated. Vaccinations are free. As always if you have questions, concerns or feedback we ask that you call the Fund Office. Stay Well*



CORONAVIRUS AFTEREFFECTS

Most people who have COVID-19 recover completely within a few weeks. But some people continue to experience symptoms after their initial recovery.

These people sometimes describe themselves as "long haulers."

Older people and people with serious medical conditions are the most likely to experience lingering COVID-19 symptoms, but even young, healthy people can feel unwell after infection. Common signs and symptoms that linger over time include: Fatigue; Shortness of breath or difficulty breathing; Cough; Joint pain; Chest pain; Memory, concentration or sleep problems; Muscle pain or headache; Fast or pounding heartbeat; Loss of smell or taste; Depression or anxiety; Fever; Dizziness when you stand; Worsened symptoms after physical or mental

activities.

Although COVID-19 is seen as a disease that primarily affects the lungs, it can damage other organs as well. Organs that may be affected include:

- Heart
- Lungs
- Brain

COVID-19 can make blood cells more likely to clump up and form clots.

It's important to remember that most people recover quickly. But the potentially long-lasting problems make it even more important to reduce the spread by wearing masks, social distancing, avoiding crowds, getting a vaccine when available and keeping hands clean.*

EMERGENCY ROOM, URGENT CARE CENTER OR DOCTOR'S OFFICE

PLEASE READ THIS IMPORTANT INFORMATION

The 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*



MOVING?

If you have moved or are planning to move, please notify the Fund Office.

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*



WEBSITE

The Health and Welfare Fund's website is there to keep you 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-pocket costs as low as possible*

REMINDER ABOUT OPEN ENROLLMENT

We want to remind you that Welfare Fund rules require you to notify the Fund office of any changes in your dependent information within 45 days of the change. If you fail to

notify the Fund office within 45 days of the event, you must wait until the open enrollment period in October of each year*

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individual receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to

produce a symmetrical appearance;

- Prostheses; and
- Treatment of physical complications at all stages of mastectomy, including lymph edema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan.

If you would like more information of WHCRA benefits, call the Welfare Fund office at: 908-688-0723*

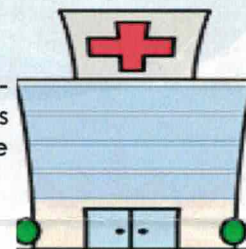
IMPORTANT HOSPITAL INFORMATION

The Welfare Fund has contracted with AmeriHealth for hospital stays in New Jersey and MagnaCare for hospital stays in New York.

St. Michaels Hospital and East Orange General do not participate in either network; therefore, please do not use either of these hospitals. If you use one of these hospitals, you will be respon-

sible for all charges.

You should always ask if the hospital and/or provider participates in the AmeriHealth or MagnaCare network*



WORKING SPOUSE POLICY

Your working spouse must notify the Fund of their employers next open enrollment period. However, if the working spouse has a copay of 50% or more for their benefits, a letter from their employer is required in order to exempt that spouse from this rule.

If your spouse is eligible for medical coverage through their employer, they must elect that coverage during their next open enrollment period. If the open enrollment period has already passed before May 1, 2021, they must elect that coverage for following year. For example, if your spouses open enrollment was in March 2021, that open enrollment has passed so

they must elect their employer's coverage in March 2022.

If your spouse's employer does not offer medical benefits, we need a letter from the employer specifically stating that they do not offer benefits to their employees.

If your spouse does not provide the Fund with this information by June 1, 2021 they will be suspended from your benefits. If they call the Fund office and notify us that they are making an attempt to get this information from their employer we will extend the time required and work with their situation.

If you have any questions regarding this notice, please call the Fund office and we will guide you the process*





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Welfare Fund
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Telephone: 908-688-0723

Presorted Marketing Mail
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Permit #188

Important Information to help
save your health care dollars.

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Page 4

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under this plan, you may be allowed to enroll in this plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in this plan, contact the Fund office at: 608-688-0723 or the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

For NJ—Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

For NY—Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831*