

Robin Modzelewski, Fund Administrator

FROM THE TRUSTEES

e hope this Newsletter finds you and your family well during this pandemic.. And we wish you Happy and Healthy Holidays.

In this Newsletter we will be providing you with infor-

mation to help you through the flu season coming at the time of the COVID-19 pandemic. Please read these articles and take precautions to keep you and your family safe.

As always, if you have questions or issues you would like addressed, please feel free to contact the Wel-

fare Fund office[]

IS IT THE FLU OR COVID-19?

Jappy Thanksgiving

he COVID-19 pandemic has brought more challenges over the past six months than many will see in a lifetime. Making matters worse, the start of fall will present the greatest COVID challenge yet; the onset of flu season.

During flu season we will be faced with the task of determining if we have the flu or COVID, and what to do once that determination is made.

Both spread from person-to-person between people who are in close contact with one another (within six feet). It is spread mainly by droplets made when people sneeze, cough or talk. However, COVID is more contagious.

Both may be spread to others by people before they begin showing symptoms, with very mild symptoms or who never developed symptoms (asymptomatic).

It's possible for people to spread COVID for about two days before experiencing signs or symptoms and remain contagious for at least 10 days after signs or symptoms first appear. If someone is asymptomatic or their symptoms go away, it's possible to remain contagious for at least 10 days after testing positive.

If you are or are suspected to be sick with COVID, you should be self-isolated at home.

Four steps to minimize either illness:

- 1.Pay close attention to your symptoms and remain home if you suspect you are ill.
- 2.Clean and disinfect your workplace and home. Wash your hands often.
- 3. Practice social distancing by keeping at least 6 feet from others whenever possible.
- 4.lt is recommended to get the flu vaccine. Please read the article on page 4 of this Newsletter regarding this benefit.

IMPORTANT:

- 1. Wear a mask to prevent spreading either the flu or COVID-19.
- 2. Wash your hands often and especially when you come home.
- 3. Avoid large gatherings (even during this holiday season).
- 4. Maintain a 6 feet social distance from others[]



DOCTOR'S OFFICE, URGENT CARE CENTER or E.R.

emember, an Emergency Room (ER) visit will cost you more money and time and you should

not substitute an Urgent Care Center for a doctor's office visit for minor illnesses.

A determination is made in the Medical Review Department and the guidelines that are followed in making the decision determine whether a claim is considered as a true ER visit. ER visits that are not considered a true emergency will be denied by the medical review department.

An Urgent Care Center is able to provide and remove stitches for small open

wounds. An Urgent Care Center should only be used to replace an ER visit. You should have a primary doctor

in your area and know when an Urgent Care

Center is necessary.

The Medical Review Department will determine if it was appropriate to use an Urgent Care Center rather than a doctor's office. Your claim may be denied for minor visits that should have been treated in a doctor's office.

Remember to have any tests performed in a participating lab or radiology center and not in a hospital[]

IMPORTANT NOTICES

Special Enrollment Rights

If you are declining enrollment for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll your dependents in this Plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your dependents' other coverage). However, you must request enrollment within 45 days after your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within 45 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Welfare Fund office at: 908-688-0723[]

Newborns' and Mothers' Act

roup health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after con-

sulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours)[]

Grandfather Status

his group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (ACA). As permitted by the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the ACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer

protections in the ACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Administrator at 908-688-0723. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans[]

IMPORTANT INFORMATION REGARDING St. MICHAEL'S HOSPITAL

he Welfare Fund has contracted with Ameri-Health for hospital stays in New Jersey and MagnaCare for hospital stays in New York.

St. Michaels Hospital does not participate in either network; therefore, **please do not use this hospital**. If you use this hospital, you will be responsible for all charges.

You should always ask if the hospital and/or provid-

er participates in the AmeriHealth or MagnaCare network[]



SUMMARY ANNUAL REPORT

This is the summary annual report for the Teamsters Welfare Fund of Northern NJ Local 723, EIN 22-1736275, Plan number 501 for the period January 1, 2019 to December 31, 2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with insurance carriers to pay claims incurred under the terms of the plan. Total premiums paid during the plan year were \$21,284.0

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$26,944,266 as of December 31, 2019, compared to \$23,176,985 as of January 1, 2019. During the plan year the plan experienced an increase in its net assets of \$3,767,281. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$9,802,193 including employer contributions of \$6,755,680, employee contributions of \$11,715, realized gains of \$108,661 from the sale of assets, and earnings from investments of \$2,926,137.

Plan expenses were \$6,034,912. These expenses included \$1,016,148 in administrative expenses, \$5,018,764 in benefits paid to participants and beneficiaries, and \$0 in other expenses.

Your rights to additional information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report.

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You have the right to receive a copy of the full annual

report, or any part thereof, on request. The items listed below are included in that report:

- An accountant's report;
- Financial information and payments to service providers;
- Assets held for investment;
- Transactions in excess of 5% of plan assets;
- Insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Trustees of Teamsters Local 723 Welfare Fund at 714 Rahway Avenue, Union, NJ 07083, or by telephone at (908)688-0723. These portions of the report are furnished without charge.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of assets and liabilities of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan: Teamsters Local 723 Welfare Fund, 714 Rahway Avenue, Union, NJ 07083) and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Room N1513, Washington, D.C. 20210[]

FLU SHOT UPDATE

e are approaching flu season and the Welfare Fund will cover the flu shot for you and your eligible dependents.

With COVID-19 still not under control, this year may be more important than before to get the flu shot. It will not protect against COVID-19; however, it will protect you against the flu.

All shots and vaccines must be administered at Walgreens or other participating pharmacy.

Be sure to ask the pharmacy before you receive an injection if there will be a charge by showing them your SPS prescription ID card.

Participants under age 19 are still eligible to receive the flu shot at their pediatrician's office[]



f you have moved or are planning to move, please notify the Welfare 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[]



Important Information to help save your health care dollars.

