



TEAMSTERS LOCAL 723 WELFARE FUND

BENEFIT NEWS YOU CAN USE

Robin Modzelewski, Fund Administrator

FROM THE TRUSTEES



Veteran's Day is a time to thank those who served in our armed forces and sacrificed so much to protect the freedoms we enjoy every day. This year is especially important, as it has been 20 years since our County was attacked on September 11 in 2001 killing 2,977 innocent people on that day. Our Country has been at war with terrorism since these attacks and many more lives have been lost.

As we approach the Holiday Season let's remember the men and women



that made it possible to enjoy this season.

As always, the Trustees and the Fund work very hard to bring you a health care plan at the lowest out of pocket cost, we can provide. The Fund office also offers a Medical Management program to our Participants that have chronic illnesses. If you have any feedback positive or negative the Fund Staff would like to hear from you. We wish you all a happy and healthy New Year[]

IT'S TIME FOR THE SHOT

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We are in the middle of 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[]



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

Remember, 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

Group 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

This 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[]

SUMMARY OF MATERIAL MODIFICATION

Effective January 1, 2022 the Health Plan will be amended to comply with the No Surprises Act and the Patient Protection and Affordable Care Act, which was passed with the Consolidated Appropriation Act.

The Plan will not restrict coverage of emergency services based on imposing a time limit between the onset of symptoms and the presentation of the Participant at the emergency department, or because the Participant did not experience a sudden onset of the condition.

A chronic condition or a prior diagnosis will not be covered for emergency room treatment in place of seeing a primary care physician.

In reviewing emergency services, the Plan will consider the details of the claim, including the Participant's symptoms and apply the Prudent Layperson Stand-

ard, which defines an emergency medical condition as a situation in which a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to: (1) place the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part. In other words, the Participant's symptoms make it an emergency, not the final diagnosis. For example, severe chest pain that creates a suspicion of heart attack and for which cardiac tests are done will be considered an emergency even if the final diagnosis indicates that it was not actually a heart attack.

Reimbursement for Out-of-Network Services Claims - All provider reimbursements for out-of-network emergency services claims will be paid at the billed amount up to a maximum of the Plan's in-network rate for that procedure[]

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, 2020 to December 31, 2020. 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 265,143.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$29,089,084 as of December 31, 2020, compared to \$29,944,266 as of January 1, 2020. During the plan year the plan experienced an increase in its net assets of \$2,144,778. 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 \$8,636,683 including employer contributions of \$5,848,783, employee contributions of \$49,748, realized gains of \$44,669 from the sale of assets, and earnings from investments of \$2,693,483. Plan expenses were \$6,491,905. These expenses included \$1,100,396 in administrative expenses, \$5,391,509 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.

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:

- 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[]



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**Important Information to help
save your health care dollars.**

HEALTH TIP: DIET & DIABETES

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Americans are getting fatter. In 2000, 30.5% of U.S. adults were obese. By 2018, that number had increased to 42.7%, which is now contributing to a diabetic epidemic. Poor diets also significantly contribute to high cholesterol, and a single meal high in saturated fat can immediately raise serum triglyceride levels.

Specific recommendations to improve weight, blood sugar and triglycerides are as follows:

- Select high-fiber carbohydrates including vegetables, fruits, whole grains, legumes, and nuts.
- Eat lean protein (fish and poultry).
- Eat approximately 1 handful of nuts daily consumed with vegetables, grains, berries, or other fruits.
- Eat salad daily, consisting with vinegar and olive oil.
- Avoid highly processed foods and beverages.
- Limit portion sizes to modest quantities.
- Maintain normal weight. Waist circumference should be less than one half of height in inches.
- Perform physical activity for at least 30 minutes or

more daily of at least moderate intensity.

DiETING improves diabetes and a loss of 7-10% of body weight may convert a poorly controlled diabetic to a well controlled one.

Smoking is bad for you....so quit now! Smoking:

- Is associated with several types of cancers—lung, esophageal, mouth, bladder, etc.
- Is associated with heart disease, stroke and high blood pressure
- Is associated with chronic obstructive pulmonary disease or COPD and with lung infections
- Decreases wound healing because nicotine causes vasoconstriction of blood vessels
- Exacerbates back pain or prevents healing of herniated discs
- Is detrimental to pregnant women and can cause fetal growth retardation
- Is detrimental to lungs of children...makes them susceptible to lung infections[]

MOVING?

If 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[]

