



# TEAMSTERS LOCAL 723 WELFARE FUND

## BENEFIT NEWS YOU CAN USE

Robin Modzelewski, Fund Administrator



### FROM THE TRUSTEES A FOND FAREWELL AND WARM WELCOME

**W**e want to wish a fond farewell to John Humphrey who retired as the Union Trustee for the Welfare Fund.

John worked diligently with the Welfare Fund office to provide Participants with a health care plan that has little or no out-of-pocket cost to you.

A warm welcome to our new Union Trustee James Kilkenny. James Kilkenny is the President of Teamsters Local 641 and is committed to insuring that our Partici-

pants maintain the high level of health benefits with the lowest out-of-pocket expenses we can provide.

The Trustees wish you and your family a healthy and happy holiday season.



### IT'S TIME FOR YOUR SHOT

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**T**he Trustees want to inform you that you and your eligible dependents are covered for the flu vaccines as well as the COVID-19 vaccine and boosters. Participants and eligible dependents age 50 and over are also eligible for the pneumonia vaccine at no cost to you. Participants and eligible dependents age 60 and over are eligible to receive the shingles vaccine at no cost to you.

With COVID-19 not under control, it is important to get the flu shot as well as keep up to date with all of your other vaccines.



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

Be sure to ask the pharmacy before you receive a vaccine 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.

**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

**I**f 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

**G**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

**T**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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.



## DOCTOR'S OFFICE VISIT

**W**hen you visit a doctor's office for your appointment, be sure to do your homework before you go. Write down all of your questions and concerns before your visit, which will help you get the most out of your visit.

If you have trouble remembering the doc-



tor's instructions while at your visit, write them down or have someone accompany you to your appointment.

Remember your doctor is there to help you and you should be completely honest with him or her regarding your health issues.

## SUMMARY ANNUAL REPORT

This is the summary annual report for the Teamsters Welfare Fund of Northern New Jersey Local 723, EIN 22-1736275, Plan number 501 for the period January 1, 2021 to December 31, 2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Welfare Fund has committed itself to pay medical, dental, prescription drug, and vision claims incurred under the terms of the plan.

### Insurance Information

The plan has a contract with Amalgamated Life to pay accidental death & dismemberment and death benefit claims incurred under the terms of the Plan. The total premiums paid for the plan year ending December 31, 2021 were \$247,351.

### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$32,722,950 as of December 31, 2021, compared to \$29,089,044 as of January 1, 2021. During the plan year the plan experienced an increase in its net assets of \$3,633,906. 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 \$8,453,291 including employer contributions of \$5,561,277, employee contributions of \$34,795, realized gains of \$639,459 from the sale of assets, and earnings from investments of \$2,217,760.

Plan expenses were \$4,819,385. These expenses included \$1,113,387 in administrative expenses, \$3,705,998 in benefits paid to participants and beneficiaries.

### 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 information on payments to service providers; assets held for investment; and 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 the Wel-

fare Fund, who is the plan administrator, 714 Rahway Avenue, Union, NJ 07083, 908-688-0723.

You also have the legally protected right to examine the annual report at the main office of the plan, Trustees of the Welfare Fund Plan Administrator, 714 Rahway Avenue, Union, NJ 07083, and at Teamsters Local 723 Welfare Fund Plan Administrator, 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: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 07/31/2023).



## DENTAL PLAN UPDATE

The Local 723 Dental Plan is provided through Delta Dental and utilizes their extensive Preferred Provider Organization (PPO) network. The Plan also allows Participants to use an out-of-network provider. There is no deductible for using an in-network or out-of-network provider; however, an out-of-network provider will most likely have a larger out-of-pocket cost to you.

The Dental Plan has no deductible for either an in-network or out-of-network provider. The maximum allowances are as follows:

- Calendar year maximum per person: \$1,500
- Surgical Extractions—Life-time maximum: \$1,500
- Orthodontic Benefit Life-time Maximum: \$1,500 (Child only **under age 19**)



### Other covered services:

- Preventive & Diagnostic covered at 100%.
- Basic Services are covered at 100%.
- Crowns and Prosthodontics are covered at 100% in-network and 50% at out-of-network providers.

The Dental Plan may also allow a Participant to carry up to 25% of their unused annual maximum to the following year and beyond. To qualify for the Carryover Max, you must receive at least one cleaning or one oral exam during the Plan Year. If you don't receive a cleaning or exam, you will not be eligible to carry over any of your benefit dollar to the following year. Also, if you fail to do so, any accumulated carryover will be lost.



## 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 communicat-

ed 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.