



## TEAMSTERS LOCAL 723 WELFARE FUND

Robin Modzelewski, Fund Administrator

### FROM THE TRUSTEES

**V**eteran's Day is November 11th and it is a time to thank those who served in our country in the armed forces. They gave so much to protect not only our Country and our way of life, but our allies lives as well.

The Trustees would like to wish everyone a Happy Thanksgiving. We should all be thankful for our health, freedom and our health benefits for ourselves and our eligible dependents.

We are pleased to know that our Newsletter is read by our Participants, which aids in using our benefits wisely to maintain their health while saving money.

We also want to wish everyone a happy holiday and a healthy and happy New Year for 2019\*



### FLU SHOT



**F**all is the start of flu season. We want to remind you that the Welfare Fund will cover the flu shot for you and your eligible dependents.

Participants age 19 and over must receive the flu shot at Walgreens or

other participating pharmacy in order for there to be no charge.

Be sure to ask the pharmacy before you receive the flu shot 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\*

### IMPORTANT INFORMATION REGARDING St. MICHAEL'S HOSPITAL

**T**he Welfare Fund has contracted with AmeriHealth 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 provider participates in the AmeriHealth or MagnaCare network\*



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

## IMPORTANT INFORMATION

### PODIATRY

Podiatry services and visits are covered for diagnosed diabetic Participants. Surgeries of the foot and ankle and other conditions may be covered for non-diabetic Participants but require pre-certification.

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.

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

**W**e continue to alert you regarding the use of an Emergency Room (ER) vs. an Urgent Care Center. It is important to you because an ER visit will cost you more money and time; however, you should not substitute an Urgent Care Center for a doctor's office visit.

An Urgent Care Center **should not** be used instead of a doctor's office 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. The Medical Review Department will also 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 could have been treated in a doctor's office setting.

Most of us are not aware that 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 doctor in your area and know what center is located in your area to avoid an unnecessary visit to the ER\*

## SUMMARY ANNUAL REPORT

This is the summary annual report for the TEAMSTERS WELFARE FUND OF NORTHERN NEW JERSEY LOCAL 723, EIN 22-1736275, Plan No. 501, for period January 1, 2017 through December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### Insurance Information

The Plan has insurance contracts with Amalgamated Life and Graymatter Risk Management. Total premiums paid for the year were \$223,134.

Because they are so-called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2017, the premiums paid under such "experienced-rated" contracts were \$19,922, and the total of all benefit claims paid under these contracts during the plan year was \$0.

### Basic Financial Statement

The value of Plan assets, after subtracting liabilities of the Plan, was \$22,081,979 as of December 31, 2017, compared to \$18,561,454 as of January 1, 2017. During the plan year the Plan experienced an increase in its net assets of \$3,520,525. 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 \$7,745,823, including employer contributions of \$5,986,465, employee contributions of \$36,124, realized gains of \$311,641 from the sale of assets, and earnings from investments of \$1,411,593.

Plan expenses were \$4,225,297. These expenses included \$1,135,562 in administrative expenses, \$3,089,715 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:

- An accountant's report;
- Financial information and payments to service providers;
- Assets held for investment;
- 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: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210\*



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.**

## STROKE PREVENTION

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**S**troke prevention can start today. Protect yourself and avoid stroke, regardless of your age or family history. What can you do to prevent stroke? Age makes us more susceptible to having a stroke, as does having a mother, father, or other close relative who has had a stroke. You can't reverse the years or change your family history, but there are many other stroke risk factors that you can control.

### How to prevent stroke

Here are seven ways to start reining in your risks today.

#### 1. Lower blood pressure

High blood pressure is a huge factor, doubling or even quadrupling your stroke risk. High blood pressure is the biggest contributor to the risk of stroke.

#### 2. Lose weight

Obesity, as well as the complications linked to it, raises your odds of having a stroke. If you're overweight, losing as little as 10 pounds can have a real impact on risk.

#### 3. Exercise more

Exercise contributes to losing weight and lowering blood

pressure and it also stands on its own as a stroke reducer.

#### 4. Quit smoking

Smoking accelerates clot formation in a couple of different ways. It thickens your blood, and it increases the amount of plaque buildup in the arteries. Along with a healthy diet and regular exercise, smoking cessation is one of the most powerful lifestyle changes that will help you reduce your stroke risk significantly.

#### 5. Treat atrial fibrillation

Atrial fibrillation is a form of irregular heartbeat that causes clots to form in the heart. Those clots can then travel to the brain, producing a stroke.

#### 6. Treat diabetes

Having high blood sugar damages blood vessels over time, making clots more likely to form inside them.

#### 7. If you drink — do it in moderation

Drinking more than two drinks per day increases your risk of a stroke very sharply\*

## MOVING?



**I**f 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\*