

BENEFIT NEWS YOU CAN USE

October 2019



TEAMSTERS LOCAL 723 WELFARE FUND

Robin Modzelewski, Fund Administrator

FROM THE TRUSTEES

We would like to thank you for the feedback regarding the semi-annual Newsletter. We have listened to your concerns and we are printing our Fall Newsletter a little earlier as to remind our Participants of their Flu Shot benefit.

Your feedback is always welcomed as we strive to make your benefits easily available and understandable. We repeat some of the information because we do not want our Participants to have an additional out-

of-pocket cost for services.

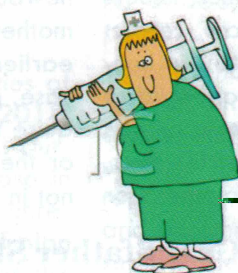
Please share this newsletter with your eligible dependents as it will also assist them in utilizing our Health Plan.

If you have questions or issues you would like to address, please feel free to contact the Welfare Fund office*

BENEFIT IMPROVEMENT

The Trustees have approved coverage for the pneumonia shot and the singles vaccine for eligible Participants age 50 and older. We also want to remind you that Fall is the start of flu season and that the Welfare Fund will cover the flu shot for you and your eligible dependents.

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*

IMPORTANT INFORMATION REGARDING St. MICHAEL'S HOSPITAL

The 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.

To ensure you do not incur an unexpected hospital bill, be sure the hospital in your area is participating in our network. This few minutes beforehand can save you thousands of dollars.

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

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.

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 contrib-

uting 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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.*

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

We 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 NJ Local 723, EIN 22-1736275, Plan number 501 for the period January 1, 2018 to December 31, 2018. 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 \$269,142.

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, 2018, the premiums paid under such "experience-rated" contracts were \$20,873, and the total of all benefit claims paid under these "experience-rated" contracts during the plan year was \$0.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$23,176,985 as of December 31, 2018, compared to \$22,081,979 as of January 1, 2018. During the plan year the plan experienced an increase in its net assets of \$1,095,006. 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 \$6,806,435 including employer contributions of \$6,891,753, employee contributions of \$10,977, realized losses of \$23,623 from the sale of assets, and earnings from investments of (\$72,672).

Plan expenses were \$5,711,429. These expenses included \$956,744 in administrative expenses, \$4,754,685 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*



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

FIVE WARNING SIGNS OF A HEART ATTACK

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Not all heart problems come with warning signs. Some are a vague sense that you're not feeling well. If you are tempted to dismiss these symptoms—think again. The following symptoms should not be ignored:

- Pressing or squeezing sensation in the center of the chest, lasting more than a few minutes.
- Neck, jaw, back, or stomach discomfort or pain.
- Arm or shoulder discomfort or pain, felt in one or both arms.
- Shortness of breath.
- Lightheadedness, nausea, vomiting, and/or breaking into a cold sweat.

Chest pain is the most common sign of a heart attack in both men and women. But in some cases, that is where the similarities end.

Women are more likely than men to experience shortness of breath, back or jaw pain, nausea, and

vomiting. This may be why some women who have a heart attack initially dismiss their symptoms as signs of the flu or some other illness. Women are more likely than men to have what are known as silent heart attacks.

A silent heart attack is still a heart attack—meaning blood flow to a section of the heart is blocked off, putting it at risk for damage if not treated.

Symptoms of a silent heart attack can be quite wide-ranging and may include:

- Indigestion, heartburn.
- Unexplained excessive fatigue.
- Discomfort similar to a muscle strain in the upper abdomen, back, or jaw.
- Lightheadedness.
- Shortness of breath.



If you or someone you are with has any of these signs, don't delay. Call 9-1-1*

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*