

Yearly Open Enrollment for the Health & Welfare Fund Begins November 6 and ends December 1, 2017

Open Enrollment is your annual opportunity to review your medical plan choices. All changes will be effective January 1, 2018. Take some time to review this Newsletter. <u>We</u> <u>have included in this Newsletter a Summary of Benefits & Coverage (SBC) for each medical</u> <u>plan</u>. You can also visit the Fund's website at www.teamsterfunds.com for Open Enrollment information and links to each medical plan's online provider directory.

Please keep in mind that the level of coverage you will enjoy during 2018 (Platinum or Gold level) depends upon whether you completed your required wellness screening and dental exam by October 31,2017.

If you now have Blue Card PPO coverage and want to switch to the Aetna HMO coverage effective January 1, 2018, call 1-800-523-2846 to have an enrollment kit mailed to you. You must fill out the enrollment form, choose a Primary Care Physician, <u>AND</u> have the enrollment form returned to the Fund office before the open enrollment period <u>ends on December 1, 2017.</u>

If you now have Aetna HMO coverage and want to switch to Blue Cross PPO coverage effective January 1, 2018, call the Fund office at 1-800-523-2846 for a coverage change form.

If you wish to change your coverage for the coming year, YOU MUST ACT NOW!

What's Staying the Same for Plan Year 2018

- No change in the Plan of Benefits; new vision and C-Pap benefits in place
- Yearly wellness and dental screening requirements remain the same
- Health Plan offerings remain the same
- Total Care Network continues to administer the mental health and substance abuse benefit (regardless of whether you choose the PPO or HMO medical program)
- PPO participants can avoid out of pocket costs by using LabCorp or Quest for their outpatient radiology needs and the Health Care Solutions network for their diabetic supplies and out-patient radiology services

Health Plan Terminology

— **Copayment (or copay):** A fixed amount you pay for covered health care services, usually when you receive service, that is not subject to your yearly deductible.

—Deductible: The amount you owe for health care services under the PPO or HMO before the plan begins to pay. The deductible applies to all services **except** preventative care, office visits and out patient therapy copayments, emergency room copayments, urgent care copayments and Minute Clinic copayments.

— Maximum Out-of-Pocket: The most you would pay in a year for deductibles and co-insurance. After the maximum out-of-pocket is reached, the plan pays 100% of the allowed amount.

—Network (In-Network): The facilities, providers and suppliers your health plan has contracted with to provide health care services.

— Out-of-Network: The facilities, providers and suppliers that do not contract with your health plan. For PPO members, you have an out-of -network benefit but it is subject to a deductible and coinsurance. Those members enrolled in the HMO have no coverage if you visit a provider who is not in the HMO's network.

Annual Notice Regarding Post-Mastectomy Reconstructive Surgery Benefits

As required by the Women's Health and Cancer Rights Act of 1998, the Health & Welfare Fund's Plan provides (as it always has) benefits for mastectomy-related service, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedemas). For more information, contact the Fund's Member Services Department at 1-800-523-2846.

New Vision Benefits Effective September 1, 2017

By now, you should have received your new member packet from "NVA", your new Vision Benefits provider. If you have not received your information from NVA, contact their Customer Service department by calling 1-800-627-7723

IMPORTANT PHONE NUMBERS

MEMBER SERVICES DEPARTENT

1-800-523-2846 HEALTH & WELFARE DEPARTMENT: OPTION #1 PENSION DEPARTMENT: OPTION #2

FUNDS HOURS OF OPERATION

MONDAY, TUESDAY, THURSDAY AND FRIDAY: 8AM-5PM WEDNESDAYS: 8AM – 8PM

New C-Pap Program begins January 1, 2018

Beginning January 1, 2018, the Health & Welfare Fund will make available one of the most advanced C-pap machines through its agreement with Health Care Solutions. Under this new program, a C-Pap unit can be provided to you provided you have a current prescription from your physician <u>AND</u> sleep study results dated within the last five years. Once you have this information, all you need do is call Health Care Solutions (HCS) at **1-800-655-8125.**

HCS will review your records and will then have a Registered Respiratory Therapist reach out to you to schedule an in-home visit. During the visit, the Respiratory Therapist will spend time with you to set up the unit and more importantly, make sure you are fitted with the most appropriate mask. All of the units are Bluetooth capable. If you opt to set up for the Bluetooth capability, the initial set-up and unit will cost you only a \$30.00 co-pay. If you choose not to have the unit Bluetooth enabled, your C-Pap unit would be subject to the applicable deductible and co-insurance.

Replacement tubes, water chambers and filters may also be ordered through HCS with no out-of-pocket cost; replacement masks are provided through HCS with a \$30 copay.

Be Sure to Check Out the Funds' Newly Designed and Enhanced Web Site

Nearly all of your benefit or eligibility questions can be answered 24/7 by logging onto the Fund's web site. www.teamsterfunds.com. Those who have registered on the secure member portal have access to their claims, work history, census, as well as their up-todate accrued pension benefits. And. we've gone mobile! Apps compatible with iPhone and Android devices are available for download. Check it out and let us know what you think!



SUMMARY ANNUAL REPORT FOR THE TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA AND VICINITY

This is a summary of the Annual Report of the TEAMSTERS HEALTH & WELFARE FUND OF PHILADEL-PHIA & VICINITY, a health, dental, vision, temporary disability and death benefits plan (Employer Identification Number 23-1392600), for the plan year 01/01/2016 through 12/31/2016. 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 TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA & VICINITY has committed itself to pay certain dental, prescription, vision, medical and disability claims incurred under the terms of the plan.

Insurance Information

The plan has an insurance contract with MUTUAL OF OMAHA INSURANCE COMPANY to pay certain Life Insurance, Accidental Death & Dismemberment claims incurred under the terms of the plan and a group policy. The total premiums paid for the plan year ending 12/31/2016 were \$384,265. All other benefits are self-insured and paid directly from the Trust Fund.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$78,039,451 as of the end of plan year, compared to \$67,645,088 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$10,394,363. This change includes unrealized appreciation and 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 \$120,180,472 including employer contributions of \$113,894,924 employee contributions of \$1,155,802, and earnings from investments of \$5,129,746. Plan expenses were \$109,786,109. These expenses included \$3,372,708 in administrative expenses, \$4,120,945 in benefit administrative expenses (paid to carriers) and \$102,129,184 in benefits paid to or on behalf of 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: 1. An accountant's report; 2. Financial information and information on payments to service providers; 3. Assets held for investment; 4. Transactions in excess of 5 percent of the plan assets; and 5. 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 Fund office at 6981 NORTH PARK DRIVE, SUITE 400, PENNSAUKEN, NJ 08109, Attention: Plan Administrator, and phone number, 856-382-2400. The charge to cover copying costs will be \$5.00 for the full Annual Report, or \$0.10 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses 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 given above 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: 6981 NORTH PARK DRIVE, SUITE 400, PENNSAUKEN, NJ 08109, 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.

-Board of Trustees

HEALTH FAIR 2017



On Saturday September 16th, the our Health & Welfare Fund along with Cancer Treatment Centers of America in Philadelphia hosted the 1st Annual Health Fair for the members and dependents of the Health & Welfare Fund. If you didn't attend, you missed a great event!

The event included representatives from most of the vendors that provide benefits to our members including Aetna, Healthcare Strategies, Teladoc, CVS/Caremark, Minute Clinic, Healthcare Solutions and Mattucci and Associates. Attendees gained important knowledge about the comprehensive benefits available through their Fund coverage.

Representatives from Quest Diagnostics were there to perform Wellness Screenings for our members and spouses.

Co-Chair Bill Hamilton was one of several Trustees who attended the Health Fair at Cancer Treatment Center's Philadelphia campus

Medical professionals educated our members about can-

cer prevention. Our contract with CTCA provides for "in-network" screenings at the CTCA campus.

One of the highlights of the Health Fair was an appearance by former Philadelphia Eagles player Brian Westbrook. Mr. Westbrook mingled with the visitors, signed autographs and even "facetimed" with some member's dependents.

This event was such a success, the Fund along with Cancer Treatment Centers of America are already planning our next health fair that will be held sometime in April 2018. Keep a lookout for the details to follow shortly.



CTCA President Nancy Hesse with former Eagles running back, Brian Westbrook

THIS DOCUMENT CONTAINS		
IMPORTANT INFORMA	ATION ABOUT YO	OUR OPEN ENROLL-
MENT RIGHTS UNDER	R YOUR HEALTH	& WELFARE PLAN.
THE SUMMARY OF BENEFITS AND COVERAGE REQUIRED BY THE AFFORD- ABLE CARE ACT, IS ENCLOSED WITH THIS PACKET		
PLEASE TAKE THE TIME TO READ IT AND SAVE IT!		
HAVE QUESTIONS? CALL OUR MEMBER SERVICES DEPRTMENT AT 1-800- 523-2846 OR SEND US AN EMAIL THROUGH OUR WEBSITE WWW.TEAMSTERFUNDS.COM		
TEAMSTERFUNDS	V.TEAMSTERFUNDS.COM	f <u>www.facebook.com/TeamsterFunds</u>

Teamsters Health & Welfare Fund of Philadelphia and Vicinity 6981 N. Park Drive, Suite 400 Pennsauken, NJ 08109

Address Correction Requested