

THE CONNECTION

Newsletter of The Teamsters Health & Welfare Fund of Philadelphia and Vicinity



HEALTH & WELFARE

WELLNESS SCREENING

The Teamsters Fund kicked off its annual wellness screening on April 1st. See page 2 for details and important updates to program requirements.

HRA UPDATE

The 2021 and 2022 HRA assessment has been completed. See page 3 to find out how changes to the HRA program will benefit you.

COB REMINDER

Is your spouse's Coordination of Benefits (COB) up to date? See page 4 to learn more about the Fund's COB provision and how to keep your records current.



SUMMARY OF MATERIAL MODIFICATIONS (SMM)

This newsletter contains updated benefits information. Please read the inserted information and save it. **THESE ARE IMPORTANT HEALTH BENEFITS DOCUMENTS.**

2023 ANNUAL WELLNESS SCREENING

Once again, the Teamsters Fund is ready to kick off its WELLTEAM program through Quest Diagnostics. The 2023 annual wellness screening began on April 1st and will go through October 31st. Participation in the wellness screening program will allow you and your eligible dependents to enjoy benefits under the Fund's Platinum Plan. Please note, the Fund has made two modifications to the wellness screening program to make it easier for members and their spouses to get screened. Changes in the wellness program requirements are listed below.



WELLNESS SCREENING PROGRAM CHANGES

- Dental exam requirement has been removed. Members and covered spouses participating in the wellness screening are no longer required to get an annual dental exam to remain in the platinum plan in the following plan year.
- A covered spouse, who carries primary medical coverage through their employer, is no longer required to complete a wellness screening through the Teamsters Health and Welfare Fund's WELLTEAM program.

Except as provided above, no other changes have been made to the requirements of the Teamsters Health and Welfare Fund wellness screening program.

Know Your Numbers, Lower Your Risk.

Don't wait! Here are a few ways you can get your free annual wellness screening (choose one):

- **At a Quest Diagnostics Service Center.** Call a Quest patient service center at 1-855-623-9355 (M-F, 8:00AM-9:30PM and Sat., 8:30AM-5:00PM) to schedule an appointment.
- **Schedule Online.** Make an appointment online at My.QuestForHealth.com and use registration key "WELLTEAM." The registration unique identification number is employee's last 4 digits of SSN + DOB (ex. 123402231945), spouse's last 4 digits of SSN + DOB (ex. 123402231945).
- **With a Physician.** If you prefer to complete your screening with your physician—visit your doctor, pay an office visit copay, have your doctor fill out a Physician Results Form and fax this form in its entirety to Quest Diagnostics by 10/31/2023. Forms can be downloaded online at My.QuestForHealth.com.
- **Fasting Is Not Required.** Take any regularly scheduled medications as usual. Drinking water is permissible and recommended prior to your blood draw. Stay well!

NEED TO UPDATE YOUR BENEFITS DUE TO A LIFE EVENT?

The Fund understands that life happens. Members who need to make changes to their current benefits due to a life event (new hire, birth/adoption, change of address, marriage/divorce, death) have 30 days from the date of the life event to complete a Beneficiary and Census Card. **If a member wants to add or remove a dependent(s) from their medical benefits coverage, this change can only be made during the medical benefits open enrollment period, generally between Nov. 1 through Dec. 1.** Members may also contact the Fund office by calling Member Services at 1-800-523-2846, option 1 for more information and assistance. Please note, additional documentation, such as a marriage certificate or birth certificate, may be required to process any change made to your benefits depending on the life event that has occurred. Beneficiary and Census Card can be found on the Fund website at www.teamsterfunds.com, under the Health & Welfare tab, click on Forms Gallery.

HRA UPDATE

The Board of Trustees have completed an assessment of the 2021 and 2022 Teamsters Health and Welfare Fund HRA program. After careful consideration, a decision was made to discontinue the distribution of individual HRA checks to eligible members. However, in lieu of HRA checks, the Trustees have approved a reduction in out-of-pocket costs for the medical benefits program.

As of January 1, 2023, medical benefit deductibles have been reduced by \$50 (single) and \$100 (family) for both Platinum and Gold Plans (Horizon or Aetna) - see the schedule of benefits chart below. HRA checks for Plan Year 2022 are being processed and will be mailed in June 2023. If you have questions about the HRA update or want to know if you were eligible for an HRA check in 2022, please contact Member Services at 1-800-523-2846, option 1.

	Medical			
	Horizon BCBS PPO PLATINUM	Horizon BCBS PPO GOLD	Aetna EPO PLATINUM	Aetna EPO GOLD
In-Network Deductible & Coinsurance	\$200 deductible per person, \$400 per family, and 10% coinsurance up to \$500 per person	\$450 deductible per person, \$900 per family, and 10% coinsurance up to \$750 per person	\$50 deductible per person, \$100 per family, and 10% coinsurance up to \$250 per person	\$300 deductible per person, \$600 per family, and 10% coinsurance up to \$500 per person
Out-of-Network Deductible & Coinsurance	\$450 deductible per person, \$900 per family, and 20% coinsurance up to \$1500 per person	\$950 deductible per person, \$1900 per family, and 20% coinsurance up to \$2250 per person	NOT COVERED	NOT COVERED

For a full overview of the Schedule of Benefits, please visit www.teamsterfunds.com. All benefits noted above are subject to the eligibility schedule set forth in the Summary Plan Description.

COORDINATION OF BENEFITS REMINDER

As a reminder, your Plan of Benefits contains a "Coordination of Benefits" provision. This means that if your spouse is scheduled to work 32 or more hours per week and is offered medical, dental, vision or prescription benefits through their employer, they must enroll in that company's plan unless they are required to pay 100% of the premium. In the event your spouse must pay 100% of the premium or, if he/she is not offered coverage, the Fund will need a letter from their employer stating that fact.

Once a year, generally in June, the Fund requires members to fill out a Declaration of Spouse Health Coverage Form and return the completed form to the Fund office. **If the Fund does not receive a properly completed form from the member within 45 days, it will cause the Fund to assume your spouse has primary benefits coverage and all claims, including pharmacy, would be denied for primary coverage payment.** The Declaration of Spouse Health Coverage Form can be found on the Fund website at www.teamsterfunds.com, under the Health & Welfare tab, click on Forms Gallery. Members may also call Member Services for more information and assistance.

WELCOME BACK!

FUND OFFICE IS NOW OPEN FOR MEMBERS

After a long pause on in-person visits due to the pandemic, members are welcome to stop by the Fund office. However, before you make the trip, please visit WWW.TEAMSTERFUNDS.COM to see if we can answer your question online. The Fund has added many upgrades to our secured website and there may be a possibility that the matter can be handled through the website quickly and efficiently. If you need to make an in-person visit, please call the Fund office first to ensure your issue can be resolved when you arrive.

Members needing assistance with Pension matters should be done by appointment. Pension appointments are available on Tuesday, Wednesday, and Thursday. We kindly ask that you call the Pension Department at 1-800-523-2846, option 2, to set up an appointment date and time. Walk-ins are welcome for any changes related to pension payments, such as direct deposit, W-4P, and change of address. Thank you.



IMPORTANT: Please open any mail you receive from the Fund Office. Mail may include checks and other time sensitive benefits information that is important and valuable.

Summary of Material Modifications

PLEASE KEEP A COPY OF THIS SMM WITH YOUR COPY OF THE SPD AND OTHER PLAN DOCUMENTS FOR FUTURE REFERENCE.

Teamsters Health & Welfare Fund of Philadelphia and Vicinity

This summary of material modifications (SMM) describes changes to the Teamsters Health and Welfare Fund of Philadelphia and Vicinity (the Fund). The Fund is providing this SMM to you in accordance with the disclosure requirements of the Employee Retirement Income Security Act of 1974, as amended, the federal law that governs the Fund. The SMM supplements and updates the most recent Summary Plan Description (SPD) for the Fund, which was effective July 1, 2019. **Please keep a copy of this SMM with your copy of the SPD and other plan documents for future reference.**

1. **Effective March 1, 2023**, the last paragraph of **Subsection (E) of the section of the SPD entitled “HOW THE MEDICAL PROGRAM WORKS”** is hereby deleted. A dental exam is no longer required as a condition of participating in the Platinum Plan.
2. **Effective May 1, 2023**, except in the case of an applicable mid-year change in status event, participants in the Fund may only add or remove a spouse or dependent from a Fund benefit during the Fund’s annual open enrollment with enrollment or disenrollment being effective on January 1 following such open enrollment period.
3. **Effective May 1, 2023, Subsection (D) of the section of the SPD entitled “WHICH TYPES OF DEPENDENTS ARE COVERED BENEFICIARIES UNDER THE FUND, AND WHEN DO THEY BECOME ELIGIBLE FOR FUND BENEFITS?” is hereby deleted in its entirety.** A parent of a participant is no longer eligible to participate in the Fund as a beneficiary of such participant.
4. **Effective May 1, 2023, Subsections (A)(2)” of the section of the SPD entitled “HOW DOES A MEMBER OR DEPENDENT LOSE HIS OR HER ELIGIBILITY FOR FUND BENEFITS?” is revised in its entirety to read as follows (with additions underlined and deletions struck through):**
 2. When you cease to be a member of a class of employees covered by a Collective Bargaining Agreement between a Contributing Employer and participating Local Union, or otherwise no longer qualify as a Member as defined herein, (except that, if you leave covered employment prior to retirement or if the Fund determines that your Contributing Employer is not required to make contributions to the Fund on your behalf, you may continue to exhaust earned eligibility credits for a period not to exceed two months);
5. **Effective May 1, 2023, Subsections (A)(3) and (A)(4)” of the section of the SPD entitled “HOW DOES A MEMBER OR DEPENDENT LOSE HIS OR HER ELIGIBILITY FOR FUND BENEFITS?”** are deleted and the remainder of the Subsections of this section are renumbered accordingly.
6. **Effective May 1, 2023, Felons Not Entitled to Benefits:** Any Covered Person who incurs an injury or sickness caused by or resulting from such Covered Person’s commission or attempt to commit a felony shall not be entitled to benefits for such injury or sickness. If the Covered Person is subsequently acquitted, the Trust Fund shall provide reimbursement, as appropriate under the Plan benefit provisions, on a retroactive basis. This exclusion from coverage will not apply to injuries or sicknesses that result from an act of domestic violence against a Covered Person or the Covered Person’s physical or mental health condition, to the extent that the exclusion of such injuries would result in unlawful discrimination under 45 CFR 146.121(a)(1)(ii) and (b)(2).
7. **Effective May 1, 2023, Violators of State Automobile Insurance Law Not Entitled to Benefits:** Any Member who fails to maintain primary automobile insurance coverage in accordance with the requirements of applicable law shall not be entitled to Plan benefits to the extent that such benefits would have been provided or available under such automobile insurance coverage, provided however, that this exclusion is limited to the first \$5,000 of claims resulting from an automobile accident. This reduction in Plan benefits shall also apply to the Member’s Dependents, whether or not such Dependents are legally permitted to drive. If the Dependent of a Member, however, has automobile insurance coverage that meets the requirements of applicable law independent of any automobile insurance coverage that the Member has or has not obtained, the benefits available under the Plan shall be coordinated with the Dependent’s automobile insurance coverage in accordance with other applicable Plan Provisions.
8. **Effective May 1, 2023, Claims Arising from Motorcycle Accidents:** Any Covered Person who fails to maintain primary motorcycle insurance coverage for payment of at least \$5,000 (or a higher amount, if required by applicable state law) of expenses for treatment of an injury or sickness that is a result of a motorcycle accident in which such Covered Person is an operator of a motorcycle shall not be entitled to Plan benefits to the extent that such benefits would have been provided or available under such motorcycle insurance coverage. If the Covered Person is a passenger on a motorcycle, such coverage must be maintained if the Covered Person, or a member of the Covered Person’s family, possesses an ownership or leasehold interest in the motorcycle. In no event will benefits be covered for an injury or condition for a Covered Person until after the first \$5,000 of expenses is paid by the motorcycle insurance carrier or by the Covered Person with respect to Covered Persons who are required to carry such motorcycle insurance coverage. In all events, the Plan will pay secondary to any such motorcycle insurance coverage.

Except as provided above, the terms of the SPD shall continue to be in full force and effect. A copy of the most recent SPD is available on the Fund’s website at www.teamsterfunds.com. You may also request a paper copy of the SPD by sending a written request to Teamsters Health & Welfare Fund, 2500 McClellan Ave., Suite 140, Pennsauken, NJ 08109 or by calling 1-800-523-2846, option 1.

ENHANCED MEMBER BENEFITS

Did you know that in addition to your medical benefits plan you have access to many enhanced programs and services that can help eligible members and their dependents get the care they need? More importantly, most of these programs are provided at no additional cost. Take advantage of these valuable services today and stay healthy.

\$20 NON-EMERGENCY, OUTPATIENT RADIOLOGY TESTING - When you are prescribed a non-emergency, outpatient medical imaging procedure (X-ray, MRI, CT scan or Ultrasound) prior to making your appointment, please call Health Care Solutions at 1-800-655-8125 to get your test approved for only a \$20 copay, no deductible.

GUARDIAN NURSES HEALTHCARE ADVOCATES - Are you struggling with a health care issue? Guardian Nurses are ready to respond and support you. Services are free and confidential. Contact your Guardian Nurse at (609) 760-1919 or (609)760-3514.

TELADOC VIRTUAL CARE 24/7/365 - Is it allergies or the flu? Talk to a doctor anytime, anywhere you happen to be when you need care for \$0 copay. Call 1-800-Teladoc (835-2362), go online at member.teladoc.com or mobile app at teladoc.com/mobile.

EYE EXAMS - Need an eye exam, new glasses or contact lenses? Contact NVA at 1-800-672-7723 to learn more about your vision benefits or to find an eye care provider near you.

GENETIC TESTING - Are you at risk for hereditary cancer, heart disease or want to know how your body processes certain medications? Claim your confidential genetic testing kit for free at www.color.com/go/teamsters.

FIT TEAMSTER GYM REIMBURSEMENT - Eligible members can get reimbursed up to \$200 when you complete a minimum of 120 gym visits for the 2023 calendar year (January-December). Contact Member Services for other program requirements and information.

MENTAL HEALTH & BEHAVIORAL HEALTH CARE SERVICES

Total Care Network (TCN) offers members and eligible dependents access to a network of licensed professionals to assist with substance abuse and mental healthcare needs.

For confidential assistance or to find a provider, contact TCN at 1-800-298-2299 or 215-425-8140, Monday–Friday, 9:00 a.m. to 5:00 p.m., and 24/7 for emergency services. Please note, **mental health and behavioral health services are administered through TCN** not Horizon or Aetna.

Know Your
Benefits So
You Can
Access the
Right Care, at
the Right
Time, with the
Right Provider,
at the Right
Cost.



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