



PHILADELPHIA

Update

Official Publication of the
Teamsters Health & Welfare Fund
of Philadelphia and Vicinity

www.teamsterfunds.com

Fall 2013

Yearly Open Enrollment Begins Nov. 1st and Ends Dec. 6th . . .

It's Your Chance to Choose Between Blue Cross PPO or Aetna HMO Coverage

Open Enrollment is your annual opportunity to review your medical plan choices. All changes will be effective January 1, 2014. Take some time to review this Newsletter. ***We have included a Summary of Benefits & Coverage (SBC) for each medical plan*** — one for the PPO and one for the HMO. Also visit www.teamsterfunds.com for Open Enrollment information and links to each medical plan's online provider directory.

If you are presently enrolled in the BlueCard PPO program and don't want to make any change to your present coverage, you don't have to do a thing. If you have PPO coverage now and don't do anything, as of January 1, 2014 you'll still enjoy coverage under the PPO program.

If you have BlueCard PPO coverage and want to switch to the Aetna HMO coverage effective January 1, 2014, 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, ***AND*** have the enrollment form returned to the Fund office before the open enrollment period ***ends on December 6th.***

If you have Aetna HMO coverage now and want to keep that HMO coverage into next year, you don't have to do a thing. If you have HMO coverage now and don't do anything, as of January 1, 2014 you'll still enjoy coverage under the HMO program. ***If you have Aetna HMO coverage and want to switch to the Blue Cross PPO coverage effective January 1, 2014, call the Fund office at 1-800-523-2846 for a coverage change form (a copy is also available on the Fund's web site).***

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

What's Staying the Same for Plan Year 2014?

- No change in the Plan of Benefits
- Copayments, deductibles and coinsurance remain the same. Further, even though the Fund's Plan is a "grandfathered plan" under the Affordable Care Act, the Act's prohibition of having any annual limits on essential health benefits applies. Thus, the \$2 Million annual limit that was in effect for 2013 will be removed as of January 1, 2014.
- 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)
- Dental and vision coverages will remain the same for both PPO and HMO participants
- PPO participants can avoid out-of-pocket costs by using LabCorp or Quest for their outpatient laboratory needs and the ***Health Care Solutions*** network for their diabetic supplies and out-patient radiology services
- You can continue to save time and money, without sacrificing care, by visiting Urgent Care Centers, rather than hospital emergency rooms, for non-life threatening, but nonetheless urgent medical conditions

Confused about those Insurance Marketplace Notices? No need to worry . . .

You have or will soon receive from your employer a notice in the mail with the heading “**New Health Insurance Marketplace Coverage Options and Your Health Coverage.**” The Affordable Care Act (ACA) requires that all must receive it from their employer; new hires will also receive it in the future within 14 days of their hire.

The notice is a brief overview of the new online Health Insurance Marketplaces. It will include information about shopping for coverage through the Marketplace (formerly called an Exchange). The notice also mentions that you may be eligible for premium assistance if you purchase coverage on the Marketplace, and that, if you do purchase a plan there, you may lose your employer contribution (if any) to your plan.

As a participant of the Teamsters Health & Welfare Fund of Philadelphia and Vicinity, you do not need to shop for different or additional insurance. Just as important, because health coverage with the Fund is considered “affordable” and “adequate” as defined by ACA, you are not eligible for premium assistance.

ACA requires that these notices be sent out because, starting in January 2014, most people will be required to have health insurance; if not, they will pay a penalty. This is known as the “individual mandate.” Your health insurance coverage can come from your (or your spouse’s) employment, through a policy you buy on your own, or through a government-sponsored program like Medicare or Medicaid.

The good news is you do not need to take any action. Your coverage under the Fund *meets the individual mandate standard, and is a better value than Marketplace coverage.* The law requires that the coverage be “adequate” (meaning that it covers at least 60% of eligible expenses). Your plan of benefits with the Fund exceeds the ACA minimum value standard. The law further requires that the coverage be “affordable,” that is, the premium cost is not more than 9.5% of your household income. **The Fund’s coverage is affordable under this test.** (If you have a payroll deduction at work for your healthcare: As long as the amount you have deducted for your share of the premium for participant-only coverage is less than 9.5% of your household income your Fund coverage is affordable.) **We believe all Fund participants meet this requirement and therefore the Fund’s benefits are affordable for all participants under the ACA.**

REMEMBER: In spite of all the “noise” you’ll hear about the new Marketplaces, **the bottom line is that by participating in the Fund’s coverage, you satisfy the “you-must-have-coverage” requirement (the individual mandate).** Please contact us at 1-800-523-2846 if you have questions about the information in this letter. The federal government also has a website dedicated to Marketplace information, www.healthcare.gov.

Updated Summary Plan Descriptions Published in March of this Year

In March 2013, the Fund mailed to each member’s home a new and updated Summary Plan Description, which describes in easy-to-read terms, the valuable benefits you enjoy as a participant of the Teamsters Health & Welfare Fund. Be sure to read and save your copy for future reference.

If you misplaced your copy, the SPD has been published on the Fund’s website (www.teamsterfunds.com), or you may call the Fund office to have another copy mailed to you.

We can’t communicate with you unless you tell us where you live!

- Be sure to notify the Fund office promptly of any change in your address. Neither your employer nor your Local Union share this information with us.
- Don’t assume that we have your new address just because you gave it to your employer or your Local.
- Be one of the first to learn about new developments at the Fund and your benefits. Register your email address with the Fund.

We respect your privacy!

The Fund’s Privacy Policy was amended to comply with new Federal regulations.

Learn more about the Fund’s privacy policy by reading your Summary Plan Description or visiting the Fund’s web site.

The Privacy Policy is posted at: <http://www.teamsterfunds.com/For%20Members/Privacy%20Policy.htm>.

Attention Health & Welfare Fund Participants:

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 services, 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.

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

This is a summary of the annual report of the TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA & VICINITY, a health, dental, vision, temporary disability and death benefits plan (Employer Identification Number 23-1392600), for the plan year 01/01/2012 through 12/31/2012. 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 TEAMSTERS HEALTH & WELFARE FUND OF PHILA & 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 insurance contracts with AETNA LIFE INSURANCE COMPANY & AFFILIATES to pay certain Life insurance, ACCIDENTAL DEATH & DISMEMBERMENT claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2012 were \$426,883.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$64,521,351 as of the end of plan year, compared to \$60,285,188 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$4,236,163. 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 \$107,389,535 including employer contributions of \$97,742,329, employee contributions of \$1,820,126, gains/(losses) of \$0 from the sale of assets, and earnings from investments of \$7,827,080. Plan expenses were \$103,153,372. These expenses included \$6,532,882 in administrative expenses, and \$96,620,490 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: 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 office of WILLIAM J EINHORN, who is a representative of the plan administrator, at 6981 NORTH PARK DRIVE, SUITE 400, PENNSAUKEN, NJ 08109 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.

William J. Einhorn, Administrator

Announcing a New Partnership with Cancer Treatment Centers of America!

In the United States, cancer will affect 1 in 2 men and 1 in 3 women in our lifetime.

Members now have access to a state-of-the-art cancer hospital with the highest patient satisfaction scores in the region.

These days just about everyone knows someone fighting cancer. And if the "Big C" strikes close to one of our members' homes, we want to ensure they receive every available option to help fight their disease. That's why the Teamsters Health & Welfare Fund is pleased to announce a new partnership with Cancer Treatment Centers of America (CTCA), located in northeast Philadelphia.

At CTCA, each patient – and their family members – receives continuous care from a dedicated team, including oncologists, surgeons and other integrative care clinicians. The team of cancer experts is committed to bringing the latest technologies and advanced treatment options to patients sooner. At the same time, they support patients with therapies to reduce side effects, boost energy levels and keep them strong during treatment.

Patients travel from all across the country to receive the unique treatment model offered at CTCA, which consistently results in above average outcomes and earns top scores in patient satisfaction. And now, members have access to this patient-focused approach, right here in our own backyard.

If you or your spouse are in need of information or cancer care, you can contact a representative at CTCA 24 hours a day, 7 days a week, by calling 1-888-816-6124. Don't forget to mention that you are member of the Teamsters Health & Welfare Fund of Philadelphia and Vicinity.

For more information about the difference in CTCA, including the latest treatment options to help patients fight and beat cancer, please visit www.cancercenter.com.

Learn how you can fight or even prevent cancer . . .and receive a **FREE** flu shot in the process!

***Come out to the Seminar and enter our special drawing to win 2 tickets
in a suite for the Eagles/Bears game on Dec. 22nd !***

The Fund and CTCA are sponsoring free cancer awareness seminars at the following locations and dates:

Local 463
1375 Virginia Dr.
Ft. Washington, PA
Sunday, Nov 10th
11 am – 1 pm

Local 107
Am Legion Post #810
9151 Old Newtown Rd
Philadelphia, PA
Sunday, Nov 17th
10 am – 12 Noon

Open to all Fund participants, not just members of Locals 463 and 107

Free Flu Shots to the first 300 Adults at each location!

Sprain your Ankle? Think twice about where you get your care.

You may think of the emergency room first when you have a medical event, but that might not be your best choice. If you want quicker non-emergency care, you may be wiser to skip the ER and go to your nearest urgent care center. Urgent care centers often have extended evening and weekend hours to make it convenient for you. That's because ERs are busy, crowded places. If your situation is not a true emergency, you can end up waiting for hours for the care you need. Generally, you'll want to visit your primary care physician or nearest urgent care center for non-life threatening health events such as the flu, a cold, a rash, sore throat, ear ache, a minor cut, vomiting, diarrhea, sprain, or even a broken bone. Of course, it's a good idea to plan ahead. Don't wait until an event happens before you locate an urgent care center convenient to your home.

Although New Jersey has had urgent care centers for some time, such urgent care centers are relatively new to Pennsylvania. Now our members in the northeast and northwest areas of Philadelphia have a choice. Temple Health, one of the most advanced and comprehensive health systems in the area, has opened **FOUR** state-of-the-art urgent care centers that can treat anything from sore throats, coughs, flu and bee stings to asthma attacks to broken bones, without an appointment and many times without any significant wait time.

Best of all, the co-pay is \$50, not \$100 as is the case in an ER visit!

For more information about Temple ReadyCare Centers, their locations and services provided, call one of their four locations:

Fort Washington
(215) 540-8404

Jenkintown
(215) 884-3800

Northeast Philadelphia
(215) 677-1475

Port Richmond
(215) 926-3535

Other urgent care centers are available to you with the same copay of \$50; check your network's online directory for the urgent care center most convenient to you

The Fund May Suspend or Cancel Your Coverage for Fraud or Intentional Misrepresentation

IMPORTANT: If you intentionally provide false or misleading information about eligibility for coverage under the Benefit Plan (or about a claim), your coverage may be suspended or canceled. This may occur, for example, if you file a false claim, fail to notify us promptly of a separation or divorce or fail to submit timely proof of birth or adoption that verifies your relationship with a new child whom you have added as a dependent.



This newsletter may contain a general description of the Plan of Benefits (Plan). It is provided for informational purposes only and should not be viewed as a contract, offer of coverage, confirmation of eligibility or medical or other advice. In the event of a conflict between this newsletter and the official Plan Document, the official Plan Document will control. However, to the extent expressly stated, an article may modify the provisions of the Summary Plan Description. The Trustees of the Fund reserve the right to amend, modify or terminate the terms of the Plan, including any options available under the Plan, at any time, and for any reason, subject to applicable federal law and regulation.

THIS DOCUMENT CONTAINS IMPORTANT INFORMATION ABOUT YOUR OPEN ENROLLMENT RIGHTS UNDER YOUR HEALTH AND WELFARE PLAN. THE SUMMARY OF BENEFITS AND COVERAGE, REQUIRED BY THE AFFORDABLE CARE ACT, IS ENCLOSED WITH THIS PACKET

PLEASE TAKE THE TIME TO READ IT AND SAVE IT!

HAVE QUESTIONS? CALL OUR MEMBER SERVICES DEPARTMENT AT 1-800-523-2846 OR SEND US AN EMAIL THROUGH OUR WEB SITE . . . WWW.TEAMSTERFUNDS.COM

Also in this Issue

- *Special pull-out section—Summary of Benefits & Coverage*
- *Summary Annual Report for the Health & Welfare Fund*
- *Annual notice regarding post-mastectomy reconstructive surgery benefits*
- *New Privacy Practice Notification*
- *New Partnerships with Cancer Treatment Centers of America and Temple ReadyCare™ Centers*
- *Making sense out of those PPACA Exchange/Marketplace Notifications*

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