September 2023

TEAMSTERS LOCAL 723 WELFARE FUND

BENEFIT NEWS YOU CAN USE

Robin Modzelewski, Fund Administrator

FROM THE TRUSTEES

The Trustees and Administrative staff want to wish you and your families a healthy and safe upcoming Winter season.

We also wish a fond farewell to our Fund Administrator, Robin Modzelewski. Robin has worked to service our Participants for over 30 years. She has appreciated the opportunity to work with our Members and their families over the years.

She will be retiring at the end of December this year and will be missed by all. We wish her well in this new chapter of her life.

We would like to welcome Vanda Neno in her new position as Fund Administrator. Vanda is currently the Assistant Plan Manager of Teamsters Local 641 Welfare and Pension Funds.

The Trustees of the Welfare Fund work continuously to improve the Benefit Plan for our Participants and their families.

You have received information regarding the benefit improvements regarding Mental Health and Substance abuse.

Please visit our website for updated information and Plan details. You can find us at:

www.local723.com.

ADULT VACCINES

All eligible adult vaccines (age 19 and older) must be administered at a participating pharmacy.

Flu and Covid-19 vaccines are available to all ages. Pneumonia vaccines are available for Participants age 65 and older. Shingles vaccines are available for Participants age 60 and older. Be sure to show the pharmacist your EmpiRx ID card before you receive a vaccine to confirm there is no co-pay.

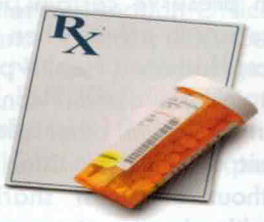
Participants under age 19 are eligible to receive the flu shot at their pediatrician's office.

NEW PRESCRIPTION PLAN

September 1st was the launch of our new Prescription Plan with EmpiRx. Please be sure to destroy any old prescription cards you may have and only use your new EmpiRx card you received.

The new Prescription Plan has the same co-pays and co-insurance as the previous Plan.

Please refer to the pamphlet you received for detailed information on the Prescription Plan



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

Remember, an Emergency Room (ER) visit will cost you more money and time and you should not substitute an Urgent Care Center for a doctor's office visit for minor illnesses.

A determination is made in the Medical Review Department and the guidelines that are followed in making the decision to 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.

For example 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 primary doctor in your area and know when an Urgent Care Center is necessary.

The Medical Review Department will 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 should have been treated in a doctor's office.

For the definition of the Plan's emergency, please refer to your Summary Plan Description (SPD).

Remember to have any tests performed in a participating lab or radiology center and not in a 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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

MOVING?

If you have moved or are planning to move, please notify the Welfare 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.

SUMMARY ANNUAL REPORT

This is the summary annual report for the Teamsters Welfare Fund of Northern New Jersey Local 723, EIN 22-1736275, Plan number 501 for the period January 1, 2022 to December 31, 2022. 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 Welfare Fund has committed itself to pay medical, dental, prescription drug, and vision claims incurred under the terms of the plan.

Insurance Information

The plan has a contract with Amalgamated Life to pay accidental death & dismemberment and death benefit claims incurred under the terms of the Plan. The total premiums paid for the plan year ending December 31, 2022 were 471,553.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was 28,722,950 as of December 31, 2022, compared to 32,722,950 as of January 1, 2022. During the plan year the plan experienced an decrease in its net assets of $4,188,250. This decrease 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 $829,142 including employer contributions of $5,654,079, employee contributions of $6,132, realized losses of $1,912,418 from the sale of assets, and unrealized losses from investments of $3,633,453.

Plan expenses were $5,017,392. These expenses included $1,072,292 in administrative expenses, $3,495,100 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: an accountant's report; financial information and information on payments to service providers; assets held for investment; and 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 the Welfare Fund, who is the plan administrator, 714 Rahway Avenue, Union, NJ 07083, 908-688-0723.

You also have the legally protected right to examine the annual report at the main office of the plan, Trustees of the Welfare Fund Plan Administrator, 714 Rahway Avenue, Union, NJ 07083, and at Teamsters Local 723 Welfare Fund Plan Administrator, 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 07/31/2024).

DOCTOR'S OFFICE VISIT

When you visit a doctor's office for your appointment, be sure to do your homework before you go. Write down all of your questions and concerns before your visit, which will help you get the most out of your visit.

If you have trouble remembering the doctor's instructions while at your visit, write them down or have someone accompany you to your appointment.

Remember your doctor is there to help you and you should be completely honest with him or her regarding your health issues.

HEALTH TIP: STOP SMOKING

70% of smokers want to quit. Try following this advice.

1. Don't smoke cigarettes. Each cigarette you smoke damages your lungs, your blood vessels, and cells throughout your body.
2. Write down why you want to quit. Do you want to:
   - Be around for your loved ones?
   - Have better health?
   - Set a good example for your children?
   - Protect your family from other people's smoke?
3. it will take commitment and effort to quit smoking. Nearly all smokers have some feelings of nicotine withdrawal when they try to quit. Nicotine is addictive. Knowing this will help you deal with withdrawal symptoms that can occur, such as bad moods and really wanting to smoke.

   Nicotine replacement products (gum and patches) or FDA-approved, non-nicotine cessation medications MAY help. For most people, symptoms only last a few days to a couple of weeks.
4. Smokers can receive free resources and assistance to help them quit by calling the 1-800-QUIT-NOW or visit CDC's *Tips From Former Smokers* www.cdc.gov/tobacco/campaign/tips.
5. More than half of all adult smokers have quit, and you can, too. Quitting smoking is the single most important step you can take to protect your health.

Important information to help save your health care dollars.

Teamsters Local 723
Welfare Fund
714 Rahway Ave., Suite 3
Union, NJ 07083
Telephone: 908-688-0723