July 2020

TEAMSTERS LOCAL 641 WELFARE AND PENSION FUNDS

BENEFIT NEWS

Diane Florian, Plan Manager

FROM THE TRUSTEES

The Trustees of Local 641 the Pension and Welfare Funds hope this Newsletter finds you well and safe and enjoying the summer!

The Trustees remain committed to providing Participants with the highest quality healthcare possible.

We understand that the recent decreases in our Pension Benefits have caused a disruption to our Pensioners but the Trustees remain committed to researching ways on every level to protect our Pension Plan.

This Newsletter is meant to keep you informed on how best to utilize your Benefit Plan and provide you and your eligible dependents with a superior healthcare plan.

Please also familiarize yourself with the Summary Plan Description (SPD) and the Summary of Benefit Coverage. You can view these documents on our website at: www.641funds.org, as these will help you save time and money. Included in this Newsletter are articles that we hope will inform you about our Welfare and Pension Plans.

If you have any questions, please do not hesitate to call the Fund Office and we will gladly assist you*

BENEFIT IMPROVEMENTS

The Trustees are pleased to inform you of improvements to our Welfare Plan. Below are modifications that will provide eligible Participants with an expanded health plan.

Summary of Material Modifications

- **Medical Plan—**Effective June 1, 2020 the Plan covers dependent children from birth to age 21, according to the Preventive Health Guidelines of Horizon, for wellness visits, screenings, tests and immunizations. (Please see details on our Website)
- **Dental Plan—**The Dental Plan was amended effective March 1, 2020 to expand the Delta Dental Plan to the PPO Plus Premier.

This improvement will change your copays as follows:

	Delta PPO	Non-PPO
Preventive & Diagnostic	100%	80%
Basic Procedures	100%	100%
Crowns & Prosthodontics	100%	100%
Calendar year maximum	$1,500	
Implants (calendar year)	50% - $4,000	
Orthodontic (child only)	100% - $4,000	

If you have questions regarding these benefit improvements or your other coverages, please do not hesitate to contact the Welfare Fund office*

DOT OFFICE OF DRUG & ALCOHOL POLICY & COMPLIANCE

The Agricultural Improvement Act removed hemp from the definition of marijuana under the Controlled Substances Act. Under the Bill, hemp-derived products containing a concentration of up to 0.3% THC are not controlled substances. THC is the primary psychoactive component of marijuana. Over 0.3% THC remains classified as marijuana under the Controlled Substances Act.

Safety-sensitive employees who are subject to drug testing specified under 49 CFR part 40 include school bus drivers, truck drivers, transit vehicle operators, among others.

It is important to know:

1. DOT requires testing for marijuana and not CBD.
2. Don't be misled by CBD product labels, which may contain higher levels of THC than stated. The Food and Drug Administration (FDA) does not certify THC levels in CBD products. The FDA has cautioned the public to beware of purchasing and using CBD products. It is currently illegal to market CBD as a dietary supplement.
3. The DOT's Drug and Alcohol Testing Regulation, Part 40, does not authorize the use of Schedule 1 drugs, including marijuana, for any reason. CBD use is not a legitimate medical explanation for laboratory-confirmed marijuana positive result. Therefore, Medical Review Officers will verify a drug test confirmed at the appropriate cutoffs as positive, even if an employee claims they only used a CBD product.

It remains unacceptable for any safety-sensitive employee subject to the DOT's drug testing regulations to use marijuana. Since CBD products could lead to a positive drug test result, DOT advises to exercise caution when considering whether to use CBD products.

This document does not have the force and effect of law and is not meant to bind the public. This document is intended only to provide clarity to the public regarding existing requirements under the law*

CORONAVIRUS UPDATE

The coronavirus infects the lower respiratory tract. Patients initially develop a fever, cough and aches, and can progress to shortness of breath and complications from pneumonia. Adults of all ages are most at risk, but the risk of severe disease and death is highest for older adults and those with underlying health conditions such as heart disease, chronic lung disease, cancer and diabetes.

Always wear a mask in public spaces or where social distancing is difficult to maintain. Even if you don't feel sick, germs can spread to others through respiratory droplets produced by breathing, talking, sneezing, and coughing.

Most people who are infected might become only mildly ill. But "mild" can be anything from a fever, cough and aches to pneumonia that doesn't become too severe.

If you are experiencing symptoms, COVID-19 tests are now widely available in every state. Please look on your State's Website or contact your local municipality.

If you are told to self-isolate, you will need to stay at home and avoid contact with others for 14 days. Wash your hands before and after contact with pets.

Always check for updated quarantine advisories if you are planning to travel, since you may have to self-quarantine when returning home*

VISIT OUR WEB-SITE

The Welfare and Pension Fund's web-site is there to assist you in answering your questions about our Health and Pension Plans and knowing how to best utilize your Welfare Fund benefits to save you money.

You will find us at: **www.641funds.org**. Our web-site hosts the Summary Plan Descriptions (SPD) for the Welfare Fund and Pension Fund, the latest Summary of Benefit Coverage (SBC) and it will also contain our Newsletters and other Fund communications that will help you use the benefits to keep your out-of-pocket costs as low as possible.

Please check the site often as it will be updated with new information.

Our web-site is there to keep you informed about our Benefit Plans*

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications at all stages of mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan.

If you would like more information of WHCRA benefits, please contact the Welfare Fund office⁕

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) ⁕

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 30 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 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Welfare Fund office at:
908-687-4488 ⁕

COBRA & DISABILITY CLAIMS

The US Department of Labor issued a new COBRA Rule which extends the deadline under ERISA in response to the COVID-19 pandemic, which impacts COBRA continuation coverage. The Outbreak Period starts March 1, 2020, and will end 60 days after the announced end of the COVID-19 National Emergency.

A Plan Participant whose hours are reduced during the Outbreak Period and has a COBRA-qualifying event will be able to elect COBRA continuation coverage until 60 days after the end of the emergency.

This Outbreak Period extension also applies to spouses and dependents.

Disability Claims- An employee who receives a disability plan claim denial decision during the Outbreak Period will have 180 days after the last day of the Outbreak Period to file an appeal of the claim denial. If the disability plan provides for a longer period than 180 days to file appeal requests, the deadline will be the later.

If you have any questions please call the Welfare Fund Office⁕

EMERGENCY ROOM, URGENT CARE CENTER OR DOCTOR'S OFFICE

The Board of Trustees continues to alert you regarding the use of an Emergency Room (ER) vs. an Urgent Care Center vs. a Doctor's Office Visit. It is important that you know which type of provider to see because using the wrong one will cost you money.

An ER visit is only covered when the condition is "sudden and serious" as defined in our Summary Plan Description. An Urgent Care Center should only be used to replace an ER visit. You should establish yourself with a primary care physician in your area for illnesses that are treatable at a doctor's office; this will avoid an unnecessary visit to an ER or Urgent Care Center. You **should not** substitute an Urgent Care Center visit for a doctor's office visit.

A determination will be made utilizing the guidelines that are followed by the Welfare Fund office in making a decision to determine whether a claim is considered as a true ER, Urgent Care Center visit or doctor's office visit to consider appropriate payment of the claim.

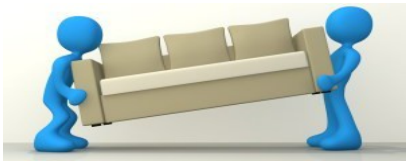
If the Welfare Fund office determines that the place of service was not appropriate for your diagnosis, your claim may be denied.

For more information regarding an Emergency Room vs. Urgent Care Center visit, please see the Health and Welfare Fund's section of our web-site which can be found at: www.641funds.org*

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** notify the Fund office of any address changes so we may keep you up to date and informed on your benefit Plans*

Important Information to help save Your health care dollars.

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