

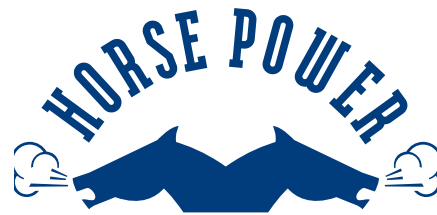
Twin Horse Crier

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Have a Chronic Condition? Join the Horse Power Healthy Rewards Program Today!

By Michael M. McCall, CEBS



HEALTHY REWARDS PROGRAM

Some years ago, the Trustees and I attended a conference in which the speaker presented a method of preventing the need to continually raise employer contributions and cut employee benefits. The speaker, an internal medicine doctor, opened by emphasizing that medical inflation is much greater than general inflation and that both the employer and employee suffer from those annual cost increases. He then presented the audience with a new concept, known as disease management, and quoted that 15-20% of the individuals covered under an insurance program account for 70-80% of the program's annual payments. As he described the many benefits of the program, we were well aware by the end of the conference that "disease management" would be a term with which we would become very familiar. Realizing the value of this new concept, the Fund's disease management program, the Horsepower Healthy Rewards Program, was approved by the Board and in the development stage within 30 days of the conference.

Fast forward many years and the fruits of our collective labor are obvious. Take a look at the following chart showing the average medical inflation in the country compared to that of the Fund's during the last five years of the Program.

Year	Average Medical Trend	TJC83 Medical Trend
2006	12.7%	-3.96%
2007	11.7%	6.19%
2008	10.6%	7.70%
2009	10.4%	3.01%
2010	10.5%	6.03%

The collective savings of the program from 2006 to 2010 has been \$7,097,867 versus what the Fund would have spent had the program not been in place. That makes sense when you recognize that as of February, 2011, the program had identified 2,891 individuals possessing at least one of the chronic diseases the

program addresses. We've also noticed significant growth in participation over the past five years. As of December, 2006 only 21% of people with one of the conditions listed below had joined, but by February, 2011 the participation rate had topped 50%.

Chronic Conditions Treated by Horse Power Healthy Rewards Program:

Diabetes	Congestive Heart Failure
High Cholesterol	Low Back Pain
Atrial Fibrillation	Stroke
Asthma/COPD	Hypertension
Coronary Artery Disease	

If you have one of these conditions and have not yet joined the program, please consider participating. Participation is as simple as speaking with your assigned nurse every 4 to 6 weeks, dependent upon your condition, and ensuring you're taking your medications as prescribed. You may also request that your nurse send you relevant information regarding your condition. As a participant myself, being treated for high blood pressure, I was surprised at the valuable information I received from my assigned nurse. I thought everything I needed to know would come from my doctor.

As a reward for consenting to the program, you will receive free generic drugs, not only for your chronic condition, but for any condition in which a generic drug is available. You will also receive a \$25 gift card to a local pharmacy for completing an annual physical. Remember however, that if you have a chronic condition and choose not to participate, your co-pays will increase.

We hope you will participate in the program so we can continue to see smaller than normal increases in the cost of our insurance program each year. For more information on the program, please call 888-852-8382.

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of Virginia Health & Welfare and

Pension Funds

Reminders from the Health & Welfare Fund

First Trimester of Pregnancy Requires SHPS Notification

When you or your dependents become pregnant, you must contact SHPS, the Fund's case management organization, during the first trimester of pregnancy. Failure to contact SHPS will result in a \$500 reduction of the Plan's payment of Inpatient Hospital Expense Benefits.

Dependent Eligibility Requirements for Retired Participants

The Patient Protection and Affordable Care Act applies only to Participants covered through active employment. Dependents between the ages of 19 and 23 of retired Participants will continue to be eligible for benefits under Plan ZR, provided they are full time students and meet all the requirements of an eligible dependent. If you have any questions, do not hesitate to contact the Fund Office at (804) 282-3131 or toll free at (800) 852-0806.

Beware When Using Out of Network Providers

Effective January 1, 2011, the out of network allowance is equivalent to Medicare's allowance, which can be as little as 10% of the charge. The Fund Office makes our payment based on the allowance. For example, if a non-emergency hysterectomy is performed by an out of network surgeon and the surgeon charges \$10,000, the Blue Cross Blue Shield allowable charge could be as little as \$1,000. For the Plan 12 Participant in this example, \$1,000 would be paid at 70%, resulting in a \$700 payment and a \$9,300 patient liability.



Reducing Cholesterol Through Lifestyle Change

Courtesy of BHS Tipsheet

Here's the skinny on the troublesome fat your body makes called cholesterol: Chances are good that you may not need drugs to keep it in check. True, people with a strong genetic predisposition for high cholesterol need medication to control cholesterol, but many don't. For most, lifestyle changes are the key to maintaining a healthy balance between bad cholesterol, LDL, which clogs the arteries, and good cholesterol, HDL, which combats the clogging process.

What Should I Eat?

- ▲ Plenty of fruits and vegetables (8-10 servings a day)
- ▲ Whole grains, i.e., 100% whole wheat bread, brown rice and whole grain cereal (6 or more a day)
- ▲ Nuts and seeds in limited amounts (4-5 servings a week)
- ▲ Lean meats and poultry without the skin (5-6 ounces a day); For vegetarians, 1 egg, 1/4 cup of cooked beans, 1 tablespoon of peanut butter, or 1/2 ounce of nuts or seeds can be counted as an ounce of meat
- ▲ Use vegetable oils like olive, soybean, corn or canola instead of margarine, butter, coconut oil or lard
- ▲ Limit saturated fat (red meat, cheese, fried foods, solid fats like margarine, butter or lard, whole milk or cream, baked goods and egg yolks), trans fat (avoid foods with "partially hydrogenated" oils in the ingredient list) and sodium
- ▲ Limit your dietary cholesterol; Aim for no more than 300 milligrams (mg) of cholesterol a day, or less than 200 mg if you have heart disease.

What Else Can I Do?

Get regular exercise: Regular physical activity is critical to improving your cholesterol levels and cutting your risk for heart disease. Exercise reduces not only total cholesterol, but also LDL or "bad" cholesterol as well as triglycerides. Regular exercise also increases HDL or "good" cholesterol. The American Heart Association recommends 30 minutes of moderate exercise, such as brisk walking, biking, dancing or jogging, most days, if not every day. Short on time? Break up those 30 minutes into 2-3 blocks of 10-15 minutes throughout your day.

Limit alcohol use: In some studies, moderate use of alcohol has been linked with higher levels of HDL cholesterol, but the benefits aren't strong enough to recommend alcohol for anyone who doesn't drink already. If you drink alcohol, do so in moderation. For men, that means no more than two drinks per day; for women no more than one a day.

Avoid tobacco and second hand smoke: Smoking raises triglyceride levels and increases the risk for metabolic syndrome.

Maintain a healthy weight: If you are overweight or obese, losing as little as 5-10% of your body weight can reduce your cholesterol and other risk factors. To determine your ideal weight talk with your doctor.

Talk with your doctor: Have your cholesterol tested regularly.

Creditable Coverage Notice from Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund About Your Prescription Drug Coverage and Medicare

As conveyed in the news and in previous notices, the federal government began offering prescription drug coverage through Medicare in 2006. While this organization does not currently offer a health care program for those in the age group covered by Medicare, the Fund does provide coverage to some individuals over 65 because they continue to work or because an active participant's spouse is 65 years of age or older, as well as to certain individuals under 65 due to disability or end-stage renal disease.

Because this Fund provides coverage to at least one person eligible for Medicare, the federal government requires the Fund to send the following announcement. We have elected to send it to all Participants covered by the Health and Welfare Fund in order that all Participants may learn more about Medicare Part D.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund ("the Fund") and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable coverage prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund coverage will not be affected. If you are eligible for Medicare because of your age, yet maintain group health insurance through the Fund, the Fund is the primary carrier and Medicare is the secondary payer.

When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go by up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your monthly premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact West End Administrators at (804) 282-3131 or toll free at 800-852-0806 for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Fund changes. You may also request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).



October: Breast Cancer Awareness Month

Courtesy of BHS October Newsletter

This October, National Breast Cancer Awareness Month will celebrate 25 surviving and thriving years of recognition! Breast cancer awareness has become increasingly visible in the past decade: pink ribbons, walks, run, and media blitzes have increased awareness and research dollars. Even the National Football League is in on the action, making pink their signature color during the month of October. Early detection through screening mammography, clinical breast examinations, and self examinations is critical for women aged 20 years or older.

What is Breast Cancer?

Breast cancer occurs when cells in the breast begin to grow out of control and invade nearby tissues or spread throughout the body. Large collections of this out-of-control tissue are called tumors. Tumors that can spread throughout the body or invade nearby tissues are considered cancerous (malignant) tumors. Cancerous tumors in the breast usually grow very slowly; by the time one is large enough to be felt as a lump, it may have been growing for as many as ten years. However, some tumors are not cancerous (benign) because they cannot spread or threaten someone's life.

Detecting Breast Cancer

An Early Breast Cancer Detection Plan should include:

- Clinical breast examinations every three years from ages 20-39, then every year thereafter, depending on prior findings.
- Monthly breast self-examinations beginning at age 20.
- Baseline mammogram by the age of 40. Mammogram every one to two years for women 40-49, then annual exams are recommended.
- If you find a lump or change in your breast, you may be worried about breast cancer - but take comfort in the odds. As many as 4 out of 5 breast lumps that are biopsied are noncancerous. Still, it's important to have any breast lump evaluated by a doctor. (www.mayoclinic.com)

Decrease Your Risk of Developing Breast Cancer: 10 Easy Steps

1. Maintain a healthy body weight (BMI less than 25) throughout your life.
2. Minimize or avoid alcohol.
3. Consume as many fruits and vegetables as possible.
4. Exercise regularly the rest of your life.
5. Increase your intake of omega-3 fats.
6. Decrease your consumption of high glycemic index foods such as white flour, white rice, white potatoes, sugar and products containing them.
7. Consume whole food soy products regularly, such as tofu, tempeh, edamame, roasted soy nuts, soy milk and miso.
8. Minimize exposure to pharmacologic estrogens and xeno-estrogens.
9. Take your supplements daily.
10. Maintain a positive mental outlook.



Joint Council No. 83 Participant Deaths June through September 2011

<u>NAME</u>	<u>LOCAL</u>	<u>LAST EMPLOYER</u>
Allen, Gorman L.	29	Smiths Transfer
Alley, Alvin P.	322	Allied Glass Corp.
Back, James R.	29	American Smiths Freight Sys.
Bennett, Donald E.	29	White Wave Foods
Bostic, Arbuary L.	29	American Smiths Freight Sys.
Brown, Jerome	592	ABF Freight System, Inc.
Catron, Joseph E.	171	Kroger Company
Chandler, Floyd E.	171	Schwerman Trucking Co.
Crenshaw, Thomas D.	592	Hemingway Transport, Inc.
Doyle, Roy K.	29	American Smiths Freight Sys.
Gray, John R.	29	Roadway Express, Inc.
Hubbard, Walter J.	592	ABF Freight System, Inc.
Hughes, John R.	171	Mason Dixon Lines
Ingram, William T.	592	Sentinel
Lawhorn, Dudley J.	171	Spectorredball Sys.
McComb, James A.	29	Del Monte USA
Moore, Andrew	592	Consolidated Freight
Moore, Roy H.	29	Time DC
Nelson, Earl L.	29	YRC Worldwide
Pack, Ernest	592	Employer's Resources
Paramore, Robert E.	822	United Parcel Service
Patterson, Marvin W.	29	American Smiths Freight Sys.
Smith, Robert L.	29	American Smiths Freight Sys.
St. Clair, Vernon N.	171	Associate Transfer
Watson, Norman L.	322	ABF Freight System, Inc.
Williams Sr., George L.	171	YRC Worldwide



Joint Council No. 83 Participants Awarded Pensions June 2011 to September 2011

Uniformed Services Employment and Reemployment Rights Act

If you, as a Participant of the Pension Plan, leave Covered Employment to serve in the military, you will continue to earn Benefit Accrual Service up to a maximum of five years as if you had continued to work in Covered Employment. Under The Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994, your employer must pay your pension contributions if you return from active duty and apply for reemployment within 90 days. In the event you are reemployed by a different Covered Employer, then each employer is liable to the Pension Fund for half of the required contributions.

Please be sure to contact us if you are called to serve in active duty or are the beneficiary of a Participant who dies as a result of serving in active duty.



<u>NAME</u>	<u>AWARDED</u>
Allen Jr., Sidney M.	8/1/11
Belford, Ray E.	9/1/11
Birdsong, Robert L.	6/1/11
Bond, Roger D.	9/1/11
Callear, Jimmy A.	6/1/11
Desimone, David C.	6/1/11
Dooley, Rex A.	9/1/11
Doolittle, Mancil E.	8/1/11
Hargrove Jr., Albert	7/1/11
Hogge, Edward W.	8/1/11
Kurpiel Jr., Edward A.	7/1/11
Lambert, James R.	7/1/11
MacCallum, Leslie E.	6/1/11
McKnight, Ralph W.	9/1/11
Medley Jr., Leonard R.	9/1/11
Miller, James	7/1/11
Miller, William A.	9/1/11
Morehead Jr., Harry M.	6/1/11
Newton, David W.	9/1/11
Pillow, Joseph A.	8/1/11
Seeley, William W.	8/1/11
Sprouse, William S.	6/1/11
Strader, Michael W.	6/1/11
Terry, Percy B.	8/1/11
Thomas, Chris M.	6/1/11
Thomas, Danny B.	9/1/11
Thomas, Richard L.	8/1/11
Washburn, David W.	8/1/11
Yearout, Clonnie H.	8/1/11

Pension “Pop-Up” Option Available Under Plan’s Joint & Survivor Benefit

Under the Pension Plan, you can elect to have your base benefit reduced to provide a lifetime benefit to your spouse, or if unmarried, your Contingent Annuitant. Under this option, you can elect to have 50%, 66.7%, 75%, or 100% of your reduced monthly benefit to be payable after your death for the remainder of your spouse’s or Contingent Annuitant’s life.

However, in the event that your spouse or Contingent Annuitant dies before you do, your reduced monthly benefit will be “popped up” to the amount that would have been payable had you not elected that option. The pop-up benefit does not become effective until the month after the certified death certificate is received by the Fund Office. For example, if your spouse dies on October 15, 2011 and the Fund Office receives a certified copy of the death certificate on January 7, 2012, your benefit will not be “popped up” until February 1, 2012. If your friend’s spouse dies on October 30, 2011 and the Fund Office receives a certified copy of the death certificate on November 18, 2012, his benefit will be “popped up” on December 1, 2011.

If you retire and elect the option on behalf of your spouse, but subsequently get divorced, the option remains in effect unless your spouse waives his or her right to the survivor benefit.

For more information regarding the pop-up option, or other questions concerning your pension benefits, please contact the Pension Department at the Fund Office.

Trick or treat? Enjoy Halloween with a safe costume

Courtesy of First Draft, October 2011



Halloween is coming, and your children are excited by the prospect of dressing up as their favorite animal, superhero, or celebrity. But as a parent it's your responsibility to be sure they're safe as they walk from house to house trick-or-treating in their costumes. Keep these tips and precautions in mind:

- Flame retardant materials are a must. Check the label on any costume you buy from a store. If you're making your child's outfit, use only synthetic, flame-retardant fabrics.
- Try costumes on before the big night. This gives you time to make any alterations necessary. You want the costume to be loose enough for your children to wear a sweater on a chilly night, but not so baggy that they'll trip, or snag an arm or leg. Be careful of capes that might drag or trip a child.
- Don't blend into the dark. A bright, colorful costume is best, but if your child is determined to dress as Batman or the Grim Reaper, a few strips of reflective tape will help him or her show up more effectively in streetlights and car headlights.
- Avoid bulky masks. Makeup is usually better than a mask, as long as it's nontoxic and doesn't contain anything likely to cause an allergic reaction. Masks that are difficult to remove quickly can be hazardous in an emergency. If your child insists on a mask, make sure the ear, eye, nose, and mouth openings are wide enough for him or her to hear, see, and breathe easily.
- Wear comfortable shoes. You don't want your little princess stumbling over high heels. Children walking door to door (accompanied by you or another adult, of course) should wear sneakers or some other reasonable footwear.