

Twin Horse Crier

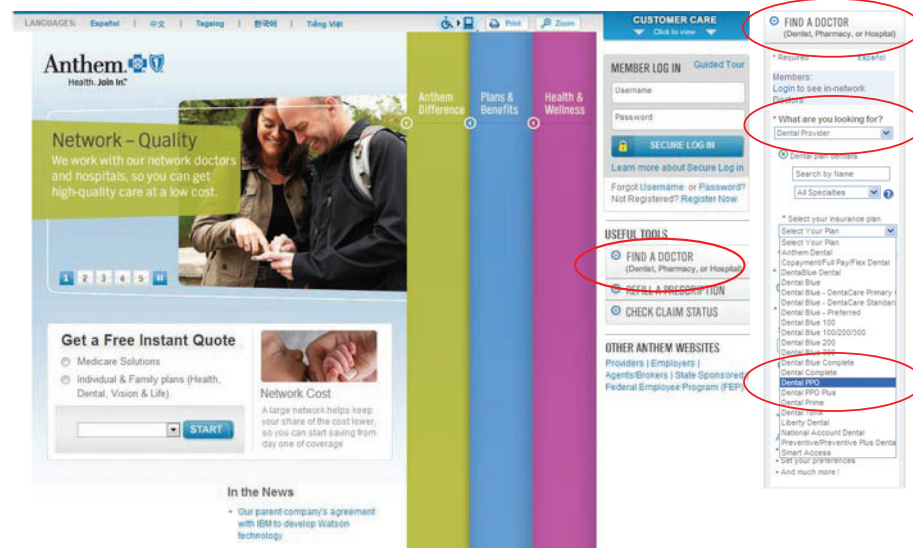
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Board Agrees to New Partnership with Anthem National Dental PPO

The Fund is excited to announce that the Board of Trustees has agreed to a new partnership with Anthem National Dental PPO. The partnership begins June 1, 2012 and offers the following:

- Extension of your annual dental dollars as network dentists are required to accept the Fund's payment as payment in full;
- Access to network dentists throughout the United States. Virginia has 1,773 general dentists in the network, in comparison to the 1,037 dentists in the network the Fund will be leaving at the end of May;
- Enhanced coverage to the rural areas of the Commonwealth. For example, the current network provides only 2 participating general dentists in the Shenandoah Valley. Anthem National Dental PPO provides access to 25 participating general dentists in the same area;
- Access to Anthem's dental locator and dental education material through use of Anthem.com. To find a network dentist, perform the following steps:
 - Log onto www.anthem.com
 - From the Find a Doctor tool, select "Dental Provider", under "What are you looking for?" and then "Dental PPO" from the drop down menu.



- You can then enter your city and state or your ZIP code – and then select "Search".

- A list of participating providers will be displayed.

The Fund will mail dental identification cards in May. If you do not receive your card or have any questions regarding the new dental network, please call the Fund Office.

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www.tjc83funds.org

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yourfund@tjc83funds.net

E-mail documents and forms to:

documents@tjc83funds.net

Published for the Participants of

Teamsters Joint Council No. 83

of Virginia Health & Welfare and

Pension Funds

Claims for Hearing Aids

As of March 29, 2012, it is no longer required that hearing aids be prescribed by an Ear, Nose and Throat specialist.

Transplant Follow-Up Care Now Available for Retiree Participants

Effective February 7, 2012, the Board of Trustees has approved organ transplant follow-up care for Retiree Participants with Plan ZR coverage.

Prescription Solutions is now Optum Rx

Prescription Solutions is changing their name to Optum Rx. In August, the name Prescription Solutions will be retired and their website will change to OptumRx.com. Please note that this name change does not affect your health plan, your benefits, the drugs covered by your plan, or the amount you pay for them.

New Trustees Appointed to Board

Effective December 7, 2011, Jim Smith, President of Local 592, has replaced Mike Hughes as Trustee. Effective May 1, 2012, Kenny Chism, President of Local 322, will replace Joe Ayers as Trustee.

Network Change Notification

Shenandoah Emergency Medicine Associates will no longer participate in the BlueCross BlueShield network as of May 1, 2012. This group of emergency room physicians provides services at Augusta Medical Center. Alternate hospitals with contracted emergency room physicians are Martha Jefferson Hospital and Rockingham Memorial Hospital.

Beware of the Potentially High Costs of Out-of-Network Claims



We all know that healthcare costs can be overwhelming these days, especially in an economy where most people are looking to save money wherever possible. One of the easiest ways to keep healthcare costs at a minimum is to utilize in-network providers when possible.

According to AHIP (America's Health Insurance Plans), participants see measurable savings when they visit contracted providers because in-network physicians are generally prohibited from charging patients the difference between billed charges and the negotiated rate. Also, participants who receive services from in-network providers typically have lower co-pays and coinsurances.

Locating an in-network provider in your area should be a rather simple process due to their extensive network. The BlueCross BlueShield network has discount contracts with 5,370 general acute care hospitals, 253,306 primary care physicians and 412,890 specialists nationwide. All general acute care hospitals in Virginia participate in the BlueCross BlueShield network. To find out if your provider participates, log onto www.bcbs.com. On the righthand side of the page, click on "Find a Doctor or Hospital". Select the option "I have my Blue ID card", enter the prefix "TMJ" in the box and hit enter. You can then search by location, doctor/hospital/other name or provider type. You may also contact the Fund Office for this information.

If you choose to visit an out-of-network provider, keep in mind that you will likely pay a considerable amount more than if you had chosen an in-network provider. Out-of-network claims are considered for payment based on the allowance provided by BlueCross BlueShield. The difference between the charge and the allowance is not a discount and will be the responsibility of the patient. In comparison, the allowance for in-network claims is determined by the provider's contract with BlueCross BlueShield. The difference between the in-network allowance and the charge will be written off by the provider and not billed to the patient. Because out-of-network claims can leave participants with an unexpectedly high balance, the Board of Trustees has approved a new method of processing out-of-network claims, effective January 22, 2011. To determine the appropriate allowed amount to be used for payment, several figures must be calculated. The allowed amount provided by BlueCross BlueShield will be multiplied by two (see calculation 1 below). The billed amount will be multiplied by 54%, the average in-network discount (see calculation 2 below). The results of the two calculations will be compared and the lesser of the two amounts will be used as the actual allowed amount, then benefits will be applied according to the Schedule of Benefits. Please see the example below.

An out-of-network surgeon charges \$1,000 for his services. The original allowable provided by BlueCross BlueShield is \$200. The following calculations are performed to determine the actual allowable amount used for consideration of the claim:

Calculation 1
 $\$200 \times 2 = \400

Once the calculation is performed, the lower of the two amounts is used to determine a payment.

$$\$400 \times 70\% = \$280$$

Calculation 2
 $\$1000 \times 54\% = \540

(The Schedule of Benefits provides for a payment of 70% for out-of-network claims.)

The patient will be responsible for the charge less the payment.

$$\$1000 - \$280 = \$720$$

Prior to the change, the original allowable of \$200, would have been considered at 70%, making the payment \$140 and the patient liability \$860.

This calculation will be applied to all out-of-network claims with a date of service of January 22, 2011 and later without exception. Any claims on or after that date which have already been processed with the previous calculation will be reopened automatically and do not need to be resubmitted.

Heart Quiz for Women Only

As a woman, do you know what your risk is for developing heart disease? You might be surprised. Take this quiz, based on information from the American Heart Association, and see how much you know about heart disease.

Heart Quiz Questions:

1. Coronary heart disease develops gradually over many years and can easily go undetected. True or False?
2. Women don't have to worry about cardiovascular disease. It's primarily a man's problem. True or false?
3. If a woman has a heart attack at an older age, she is more likely to survive than a man. True or false?
4. Women are less likely to get heart disease after menopause than before. True or false?
5. African-American females are more likely than white females to die from coronary heart disease or stroke. True or false?
6. Which of the following is the single most important thing a woman can do to reduce her risk of heart attack?
A) reduce stress;
B) start jogging;
C) reduce salt in her diet;
D) quit smoking.
7. Women smokers double their chances of having a heart attack over women who don't smoke. True or false?
8. Women can reduce their risks of heart attack and stroke by following which of these lifestyle habits?
A) quit smoking;
B) exercise regularly;
C) eat a healthy, low-fat diet;
D) control high blood pressure;
E) control cholesterol levels;
F) maintain their ideal weight;
G) get regular medical checkups;
H) All of the above.
9. Women with heart disease have a lower risk of stroke. True or false?

Heart Quiz Answers:

1. **True.** Coronary heart disease takes years to develop, and, in the case of women, it takes almost a decade longer to show up. By then, a woman is often concerned with other health problems such as cancer, arthritis or osteoporosis. These diseases tend to draw attention away from heart disease. The National Heart, Lung, and Blood Institute reports one in ten American women 45 to 64 years of age has some form of heart disease, and this increases to one in five women over 65.
2. **False.** Coronary heart disease is the number one killer of American women. According to the American Heart Association (2004), coronary heart disease claims the lives of 236,468 females annually compared with 43,800 lives from breast cancer and 60,600 from lung cancer.
3. **False.** The American Heart Association says (2004) that at older ages, women who have heart attacks are more likely than men to die from them within a few weeks. After the first heart attack, studies show that 38 percent of women die within a year compared to 25 percent of men, because women tend to be older and sicker when they have heart attacks.
4. **False.** Many women before menopause seem to be protected from the risk of heart attack and stroke, perhaps by the hormone estrogen, which raises the HDL, or "good" cholesterol, level while lowering LDL cholesterol. But as women approach menopause, things change and the average woman's blood cholesterol begins to rise. After menopause, women's risk of heart attack and stroke continues to rise with age.
5. **True.** The death rate for African-American females from coronary heart disease is more than 35 percent higher than the rate for white females. Death rate from stroke is 71 percent higher for African-American females than for white females.
6. **D.** Smoking is the greatest single preventable cause of death. For women, smoking is the biggest preventable risk factor for heart attack and stroke.
7. **True.** The National Heart, Lung, and Blood Institute says if you smoke, you are two times more likely to suffer a heart attack than a nonsmoking woman, and the risk increases with the number of cigarettes you smoke each day.
8. **H.** Many of the risks for cardiovascular diseases are controllable through healthy life habits. If women take control of their lives and choose habits that promote heart health, they can help prevent heart disease and stroke. For example, getting at least 30 minutes of moderate-intensity exercise (like brisk walking) every day.
9. **False.** Coronary heart disease is a major risk factor for stroke.





Joint Council No. 83 Participant Deaths December 2011 through March 2012

Name	Local	Last Employer
Arthur, Glen D.	171	Yellow Freight System, Inc
Bowyer, Earl W.	171	Roadway Express, Inc
Brown, Wesley T.	171	St. Johnsbury NMF
Carter, Otis M.	592	Preston Trucking Co
Correll, Roy G.	171	American Smiths Freight
Davis Jr., John M.	592	Preston Trucking Co
Dennis, Roy O.	592	McLean Trucking Co
Forbus, James E.	29	American Smiths Freight Sys.
Fuller, Burke R.	171	SpectorRedBall
Garrison, Henry C.	29	Packaging Corp. of America
Hauer, Charles L.	592	Davidson Transfer
Hughes, Gary	29	White Wave Foods
Jamerson, Joseph H.	29	Pilot Freight
Kern, Frederick S.	592	Swann Oil Co of VA
Lear, James C.	592	Brinks Inc
Lowery, Charles E.	592	McLean Trucking Co
May, Lawrence R.	592	Mason Dixon Co
McLane, Joyce	322	Teamsters Local No 322
Morral, Johnny D.	29	Packaging Corp of America
Morrison, Francis	29	Hemingway Transport, Inc
Oswalt, Heyward C.	592	Yellow Freight System, Inc
Phillips, Bill R.	822	Quality Carriers Inc
Putnam, Wayne S.	71	Arnold Bakers
Sawyers, William H.	29	American Smiths Freight Sys.
Scott, Kenneth W.	71	Arnold Bakers
Smith, William N.	29	Smiths Transfer
Stevenson, Johnnie L.	822	Sadler Materials Co
Thurston Jr., Arthur L.	171	Associate Transfer
Tignor, James N.	322	Super Fresh of VA
Turner, Carol L.	29	Time DC
Vest, Norman G.	29	Del Monte USA
Westmoreland Jr., William H.	592	McLean Trucking Co
Widener, Herbert	29	American Smiths Freight Sys.
Woodward, James W.	539	Virginia Medal Products
Yost, Charles K.	171	Brinks Inc

Early Retiree Reinsurance Program Notification

You are a Plan Participant, or are being offered the opportunity to enroll as a Plan Participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a Plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your Plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in Plan Participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the Plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a Plan Participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this Plan sponsor chooses to use the reimbursements for this purpose. A Plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health coverage to its retirees and employees and their families.

Notice of Grandfathered Status for Health & Welfare Active Plan as Required by Department of Labor

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, 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 Affordable Care Act 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 Affordable Care Act, 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 plan administrator at (804) 282-3131. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Notice of Funded Status for Teamsters Joint Council No. 83 of Virginia Pension Plan

The Pension Protection Act of 2006 requires the Plan to issue a number of notices on an annual basis. This notice is sent to inform you that on March 30, 2012, the plan actuary certified to the U.S. Department of the Treasury and to the Board of Trustees that the Plan is in Endangered Status for the plan year beginning January 1, 2012.

“Endangered Status” is a label that the law requires the Trustees to use. The Plan is considered to be in Endangered Status because its funded percentage of 71.8% for the 2012 plan year is slightly below the government’s “healthy” threshold of 80%. This means that the actuarial value of the Plan’s investments was 71.8% of the total accrued liability for active and retired employees.

Federal law requires that by November 26, 2012, the Trustees must adopt a Funding Improvement Plan (“FIP”) designed to achieve the following goals:

- Increase the funding percentage by roughly 9% over a ten year period, and
- Avoid any accumulated funding deficiency for any of the plan years for which the FIP applies.

The FIP must propose to the bargaining parties one or more reasonable options for reaching specified benchmarks over a ten year period. The FIP period ends when the plan actuary certifies the Plan is no longer in endangered status, and is not in critical status.

For the duration of the FIP period, the Trustees cannot accept a contract providing for a reduction in contribution rates, a funding holiday, or the exclusion of new hires from pension coverage. Before the adoption of the FIP, the Trustees cannot amend the plan to increase benefits except as required to maintain the Plan’s IRS qualification. After adoption of the FIP, the Trustees may increase benefits only if the actuary certifies that the increase is consistent with the FIP and is funded by contributions in excess of those required to meet the FIP benchmarks.

Board of Trustees
 c/o Michael M. McCall, Executive Director
 Teamsters Joint Council No. 83 of Virginia Pension Fund
 8814 Fargo Road
 Richmond, VA 23229
 804-282-3131

Joint Council No. 83 Participants Awarded Pensions December 2011 to March 2012

Name	Awarded
Akers, Steven O.	3/1/12
Altice, James P.	1/1/12
Baylor III, George F.	3/1/12
Beck, Dennis E.	3/1/12
Brothers, Carol T.	3/1/12
Byers, Curtis O.	3/1/12
Carter, Leon P.	12/1/11
Dixon, Tony M.	3/1/12
Freeman Jr., Homer L.	3/1/12
Gallmeyer, Cecil E.	2/1/12
Green, George D.	12/1/11
Hart, Jr., William S.	2/1/12
Isom, David W.	12/1/11
Johnson Jr., Wallace S.	1/1/12
Jones, Jeffrey D.	1/1/12
Leake Jr., Wilbur F.	1/1/12
Outland, Leo	1/1/12
Peace, Robert E.	1/1/12
Smith, Randall A.	12/1/11
Spann Sr., Steve	1/1/12
Taylor, Gerald H.	12/1/11
Toombs, Albert D.	12/1/11
Vernon, John C.	3/1/12
Webb, James M.	2/1/12
White, Warren C.	3/1/12
Wilson, James E.	1/1/12
Wonderley, Randy L.	2/1/12
Wray, Earl W.	2/1/12

IMPORTANT



Retiree Coverage (Plan ZR) Premiums Increase Notification

Effective July 1, 2012, retiree coverage premiums will increase. Please see the chart below for rates. Payments must be paid two (2) months in advance and are withheld from your monthly pension payment if applicable. If you would like your Retiree Coverage to become effective the same date as the date you retire, three (3) months of premiums will be withheld from your first payment.

Please note that this schedule, including but not limited to premium rates, effective dates and applicable retirement age, is subject to adjustment by the Board of Trustees at any time as deemed necessary.

Retired under Age 57		Retired Age 57 or after	
Single	Family	Single	Family
\$450	\$550	\$400	\$500

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds
8814 Fargo Road
Suite 200
Richmond, VA 23229



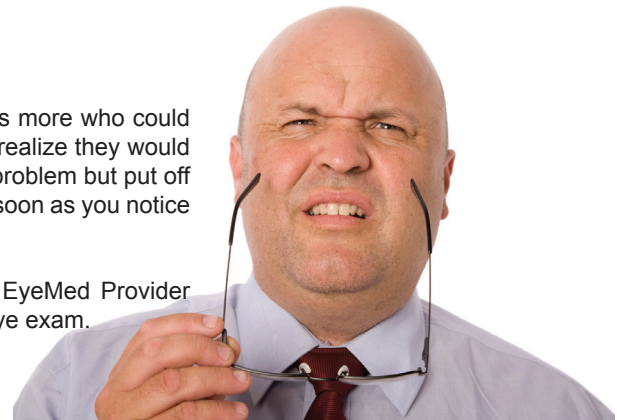
Ten Signs You Might Need Glasses

Are you among the millions of Americans with an uncorrected vision problem?

It's estimated that about half of all Americans wear corrective lenses. But there are millions more who could use a pair. Many people have lived with poor vision for such a long time, they simply don't realize they would benefit from or see better with vision correction. Others might be aware they have a vision problem but put off going to the eye doctor until it's a struggle to perform everyday functions. The fact is that as soon as you notice your eyesight is changing, it's time to see your eye doctor.

Wondering if it's time to get a pair of glasses? Dr. John Lahr, divisional vice president, EyeMed Provider Relations, and medical director, offers the following 10 symptoms that you might need an eye exam.

- Blurred close-up vision, indicating farsightedness (hyperopia)
- Poor distance vision, or nearsightedness (myopia)
- Difficulty seeing objects both close up and at a distance (astigmatism)
- Difficulty seeing at night
- Increased difficulty adjusting from dark to light surroundings
- Difficulty in reading or working at a computer
- Eye strain or eye fatigue
- Frequent headaches
- Double vision
- Seeing halos around light



If you have one or more of these symptoms, it doesn't always mean you have a problem. However, it's important to have your eyes checked by a qualified eye professional to understand the cause behind these changes. "The way to accurately diagnose a vision problem is to see an eye care professional," Lahr says.

Yearly eye exams are the best way to ensure any possible vision problem is detected and treated early. In the meantime, be on the lookout for any signs your eyes may be giving you.

Courtesy of EyeMed Vision Care