

Twin Horse Crier

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Published for the Participants of

Teamsters Joint Council No. 83

of Virginia Health & Welfare and

Pension Funds



this issue

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New Year. New Medical Identification Cards.

As we all know, health care costs are at an all time high. In an effort to reduce expenses associated with network usage fees, the Health & Welfare Fund will transition to the Anthem BlueCross BlueShield network in early 2014. This transition will not cause any change to the health care providers you are currently using. You will however receive a new medical identification card. You will notice that the three letters preceding your Unique Identification Number have changed from "TMJ" to "TJA". Because of this change, it is very important that you present this new card to all of your health care providers upon your next visit. Failure to provide them with the new card will cause a delay in the processing of your medical claims. You will receive your new cards along with a letter informing you of the exact date that the change will occur. Once you receive the new cards, be sure to destroy the old ones. Please note, there will be no change to your prescription, dental or optical cards. If you need additional cards, please call the Fund Office, or email the request to yourfund@tjc83funds.net.

Again, we expect no disruption to any services you are receiving and there will be no change to the providers you currently use.

Annual Maximums No Longer Apply

In compliance with the Patient Protection and Affordable Care Act, all Plans offered by the Fund will have unlimited annual dollar maximums effective January 1, 2014.

Reminder Regarding Changes to Maternity Management Program

If, on or after January 1, 2014, a Participant or their Dependent is within the first trimester of pregnancy, she must successfully complete the maternity management program provided by Carewise Health. The maternity management program is deemed successful when the 28 week survey is completed. A \$500 penalty will apply if the program is not completed.

Update Contact Information with the Fund Office

Have you recently moved or had a change in your contact information? If so, be sure to let the Fund Office know of any changes as soon as possible. Mailing address changes must be submitted in writing, but changes to phone numbers or email addresses can be taken by phone.

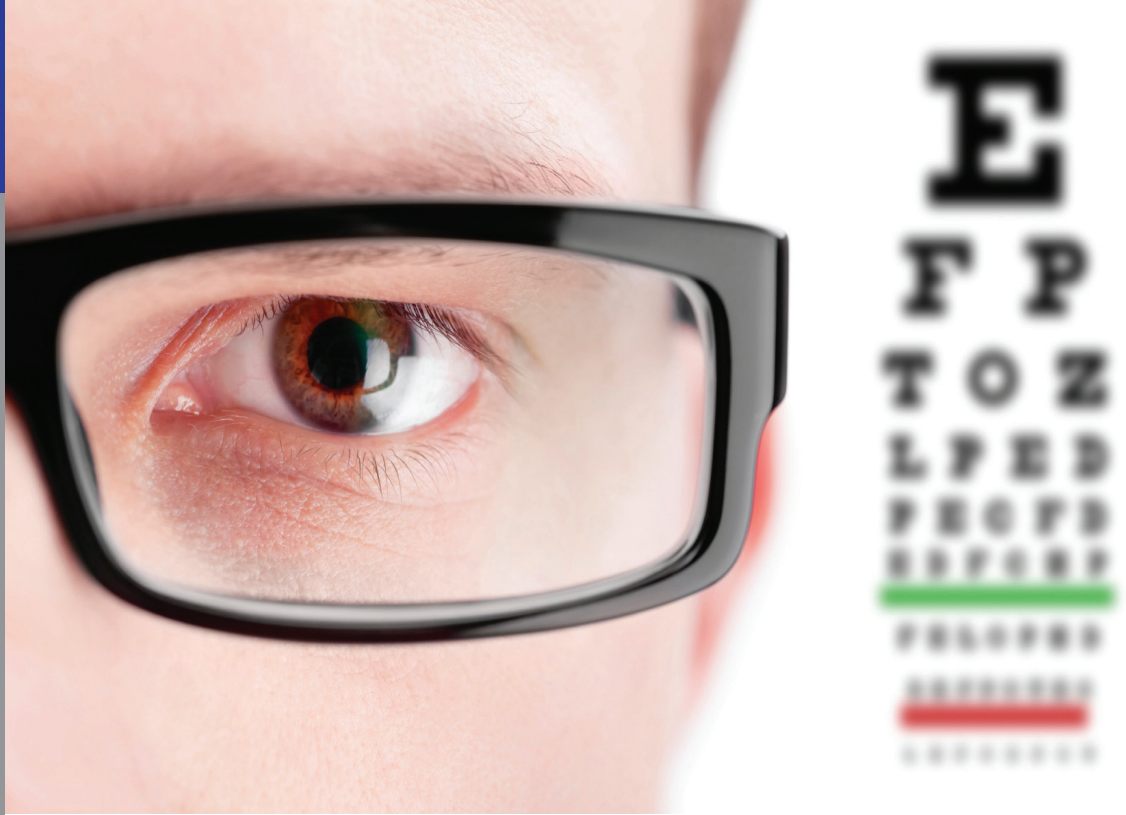
Admission Notification Requirements for CareWise Health

Admission notification is required within 48 hours of non-emergency admission and 72 hours of emergency admission.

Failure to contact CareWise Health will result in a \$500 reduction of the Plan's payment of Inpatient Hospital Expense Benefits. To contact Carewise Health, call 1-888-852-8382.

Fund Protects your Privacy

The Fund is committed to protecting your privacy. As part of our daily operation, we create and receive information about your physical or mental health. By law, we are required to maintain the privacy of your health information and to protect your information from inappropriate use or disclosure. To request a full copy of the Privacy Regulations, contact the Fund Office.



See Clearly to Better Health

If you wear glasses or contact lenses to correct your vision, odds are you make a point of getting regular eye exams. But what if you don't need corrective lenses? Eye doctors do more than just treat nearsightedness or farsightedness. They help detect and prevent other serious medical problems that can harm your eyes... or the rest of you.

Unfortunately, most children and adults who should get regular eye exams, don't. The American Optometric Association recommends that children without eye symptoms have a vision screening at ages 6 months and 3 years. After that, they should be screened every two years from ages 6 to 18. Symptom-free adults should see an eye doctor at least every two years until age 60, then increase visits to once a year.

Many eye diseases don't cause vision problems in early stages, yet can cause vision loss, or even blindness later. Regular eye exams can catch these diseases while they are still treatable. Health conditions like diabetes and high blood pressure can also cause serious eye damage. Some people who don't know they have one of these conditions first learn about it from their eye doctor.

The type of vision test you take when getting a drivers license is not a substitute for a true eye exam. In a thorough eye exam, your doctor looks inside your eyes to see the nerves and other structures within your eyes.

People who benefit most from regular eye exams are those who:

- have existing vision or eye health problems (now or in the past).
- have a family history of eye disease (such as glaucoma or macular degeneration).
- have diabetes or high blood pressure.
- work in occupations that are visually demanding or hazardous.
- take medicines that have eye-related side effects.

If you fall into one of these groups, your eye doctor may recommend more frequent exams. Learn more about keeping your eyes healthy and protecting your vision by logging on to teamsters.carewisehealth.com. You can find information in the Health Library or click on Ask A Health Question to get more personalized information and advice.

If you would like more information about managing a lifestyle or health condition or would like to work one-on-one with a personal nurse advocate or health coach, call Carewise Health today at 1-888-852-8382. The Health & Welfare Fund has partnered with Carewise Health to provide you with confidential health management programs at no additional cost to you.

Summary Annual Report for the Teamsters Joint Council No. 83 Health & Welfare Fund

This is a summary of the annual report of the Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund, EIN 54-0556299, Plan No. 501, for period January 01, 2012 through December 31, 2012. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund has committed itself to pay all claims incurred under the terms of the plan.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$57,921,244 as of December 31, 2012, compared to \$56,213,252 as of January 01, 2012. During the plan year, the plan experienced an increase in its net assets of \$1,707,992. This increase 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 \$41,793,727, including employer contributions of \$34,976,861, employee contributions of \$1,783,370, earnings from investments of \$4,963,200, and other income of \$70,296.

Plan expenses were \$40,085,735. These expenses included \$3,355,275 in administrative expenses, and \$36,730,460 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;
- assets held for investment;
- transactions in excess of 5% of the plan assets;
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund at 8814 Fargo Road, Suite 200, Richmond, VA 23229, or by telephone at (804) 282-3131. The charge to cover copying costs will be \$1.75 for the full annual report, or \$0.05 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 (Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund, 8814 Fargo Road, Suite 200, Richmond, VA 23229) 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 N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Rest Assured. Your Benefits are Safe with Us.

While health care reform continues to headline the news and cause a lot of confusion regarding who is affected, as a Participant of the Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund, you can simply enjoy the continuation of your hard earned benefits.

That's not to say that ObamaCare hasn't had an impact on the Fund, but the required changes have actually improved your benefits. These improvements include:

- Coverage for dependent children up to age 26 even if they have health benefits available through their employer
- No lifetime or annual limits
- No pre-existing condition exclusions

Interesting Facts about the Health & Welfare Fund:

- Fund size - \$63.5 million (as of August, 2013)
- Number of lives covered - 8,863
- Benefits paid per year - \$36.7 million
- Benefits account for 91.6% of total expenditures with the Fund's administrative costs at 8.4%

If you are unsure about how health care reform relates to your benefits, please do not hesitate to call the Fund Office.



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:

- Reconstruction of the breast that was removed by mastectomy;
- Surgery and reconstruction of the other breast to make the breasts look symmetrical or balanced after mastectomy;
- Any external breast prostheses (breast forms that fit into your bra) that are needed before or during the reconstruction;
- Any 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. Consult your Schedule of Benefits for specific information regarding your coverage.

If you would like more information on WHCRA benefits, contact the Fund Office.

COBRA Benefits and How You Can Qualify

The Consolidated Omnibus Budget Reconciliation Act of 1985, allows you and/or your eligible dependents the option to temporarily extend health coverage if benefits terminate. The maximum amount of time you can extend your health coverage varies and depends on the reason coverage is terminated.

When electing COBRA coverage, you may choose the benefit plan under which you were last covered or you may move to a less costly plan. While life insurance and disability are not included in the COBRA benefits, you may choose to purchase either medical benefits only or medical benefits plus dental and vision, as the plan provides. The cost to extend health coverage depends on the plan and package you select.

If one of the "qualifying events" in the chart below occurs, you and/or your dependent must notify us. We will accept notice of termination of employment or a reduction in hours from your employer through a timely filed contribution report. Notification of the qualifying event must be in writing (email or fax accepted) and received by the Fund Office within 60 days of the date the event took place. If we do not receive notification within the 60 day time limit, the right to COBRA continuation coverage for this "qualifying event" is no longer available.

For Active Participants:	For Retiree Participants Under Plan Schedule ZR
Divorce	Divorce
Loss of Qualifying Child status (i.e., turns age 26)	Separation (in cases involving a Participant's stepchild)
Death of Employee	Loss of Dependent Status (i.e., at age 19, or age 23 if a full time student)
	Retiree Spouse's Death (for eligible dependents)
	Retiree Spouse's Entitlement to Medicare (for eligible dependents)

The chart below shows COBRA rates effective October 1, 2013. Please note: COBRA payments are due the first day of the month for which coverage is purchased. However, there is a 30 day grace period.

COBRA Benefit Options	Plan 9	Plan 9 Series II	Plan 11	Plan 11 Series II	Plan 12
Core (medical + dental and vision)	\$989	\$989	\$1,106	\$1,106	\$1,106
Non-Core (medical only)	\$916	\$916	\$1,000	\$1,000	\$1,000

To request a package of COBRA information or for questions regarding qualifying events, please contact the Fund Office.

Federal Income Tax Withholdings for Pensioners

When you first applied for pension benefits, you were given the opportunity to have federal income taxes withheld from your monthly payment. If we did not receive instructions from you in regard to the taxes you wanted withheld, taxes were withheld as though you were married and eligible for three (3) exemptions.

We can also withhold Virginia State taxes and provide you with the necessary forms to have this tax withheld. However, we cannot withhold state taxes from any other state.

Federal Law requires federal income tax be withheld from pension and survivor benefits unless you elect an exempt status. The Internal Revenue Service may penalize you for not withholding enough federal taxes.

If you would like to change your withholdings, please contact the Fund Office.

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.

Reminder Regarding Annual Pension Statements

The Fund Office will issue annual pension statements in February 2014. Please be sure to review your statement for accuracy, as it is much easier to resolve possible work history errors as they occur rather than waiting to question the amount of benefit accrual service granted in a particular year.

Disqualifying Employment and Suspension of Benefits

Are you retired and considering returning to work? If so, be sure to submit a Post-Retirement Employment Approval Form to the Fund Office, as certain jobs are considered Disqualifying Employment under the Pension Plan. The Pension Fund will suspend and permanently withhold your monthly benefit for any month in which you are employed or self-employed in Disqualifying Employment. The chart below outlines what is considered Disqualifying Employment.

You must notify the Fund in writing within 15 days after starting any job that may be Disqualifying Employment, regardless of how many hours you plan to work or have worked. The Fund has the right to request additional information before making a ruling. As always, if you disagree with the Fund's ruling, you have the right to appeal to the Board of Trustees.

The applicable United States Department of Labor Regulations may be found in 29 C.F.R., Section 2530.203-3. You may also refer to Sections 4.11 through 4.13 of the Pension Plan Document.

Age	Work Considered Disqualifying
Before Normal Retirement Age (usually 65)	<ul style="list-style-type: none"> Employment with an Employer who pays into the Plan (a Contributing Employer), unless <ul style="list-style-type: none"> you work less than 40 hours in a calendar month for a Contributing Employer that pays contributions at or above the prevailing NMF agreement casual rate for each day your work, or you become permanently disabled to perform the duties of your covered occupation while working in Covered Employment, you may return to work for your former Contributing Employer in non-covered employment, or Employment with an employer who competes with a Contributing Employer.
After Normal Retirement Age but before 70½ years old (usually between 65 and 70½)	Working 40 or more hours per month: <ul style="list-style-type: none"> in an industry whose employees were covered by the Plan as of the date you retire or your Normal Retirement Age, and in the geographic area covered by the Plan as of the earlier of the date you retired or your Normal Retirement Age, and in a trade or craft, including supervisory work in which you were working at any time under the Plan.
After 70½	None

Joint Council No. 83 Participants Awarded Pensions September 2013 to October 2013

Name	Local	Awarded	Last Employer
Anderson Jr., Robert L.	322	10/1/2013	United Parcel Service
Andrews, Lewis W.	29	9/1/2013	United Parcel Service
Cheatham, Donna I.	171	9/1/2013	United Parcel Service
Davis, Kenneth W.	822	10/1/2013	Quality Carriers, Inc
Dillard, Susan	592	9/1/2013	TJC83 Fund Office
Greiber, Arnold H.	822	9/1/2013	United Parcel Service
Jenkins, Jackie A.	22	10/1/2013	United Parcel Service
Koontz, Gregory P.	322	10/1/2013	United Parcel Service
Millirons, Timothy	822	9/1/2013	United Parcel Service
Nesselrodt, Millard A.	29	9/1/2013	Shen. Valley Meat Packers
Nygren, Kenneth E.	322	9/1/2013	PCI of Virginia, Inc
Pannell Jr., William A.	29	9/1/2013	United Parcel Service
Poff, Albert H.	171	10/1/2013	ABF Freight System
Pruitt, James L	171	10/1/2013	ABF Freight System
Roop, Barry L.	171	10/1/2013	United Parcel Service
Royster, Alberta A.	322	10/1/2013	United Parcel Service
Sadler, David M.	322	10/1/2013	United Parcel Service
Stultz Sr., Gary G.	171	10/1/2013	Hook Up, Inc
Trent Jr., Richard C.	592	9/1/2013	YRC Worldwide
Turner, Rodney E.	22	10/1/2013	United Parcel Service
Widener, Carl M.	592	9/1/2013	New Penn Motor Express
Wilkerson, Stratton T.	592	10/1/2013	Mountainside Transport
Williams, Timothy N.	29	9/1/2013	United Parcel Service
Wilson Jr., Edwin	171	9/1/2013	United Parcel Service

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds
8814 Fargo Road
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Trek the malls: Tips for staying sane during shopping trips

The holiday season can be stressful, especially if you've got a lot of gifts to buy for friends and family. To stay calm through the ordeal, follow this advice:

- Plan your holiday shopping. Make a list of the people you want (or need) to buy presents for and what you want to buy. Set a budget so you don't overspend.
- Shop online. You'll save time as well as wear and tear on your nerves. Just pay attention to the details. For example, is shipping free, or is there an extra charge?
- Buy a couple of gift cards. Pick stores that you and most people like. That way if you've forgotten anyone, you'll have something to fall back on. And if you haven't forgotten anyone, you get to keep the gift.
- Keep track of your spending. Save your receipts so you can know how much you've spent at any given moment. Of course, this also comes in handy if any gifts need to be returned or exchanged.
- Pay attention to stores' return policies. Some stores set a time limit on when items can be returned; others offer exchanges but no refunds. Be aware of policies to make returns easy on everyone.
- Wrap things as you go. Wrap each gift the minute you get home. You won't have to spend hours wrapping a bunch of presents at the last minute and you'll feel more rested and prepared as the holiday festivities begin.

