TWIN HORSE CRIER

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LiveHealth Online Provides 24/7 Access to Medical Advice at Your Fingertips

What is LiveHealth Online?

With LiveHealth Online, you have a doctor by your side 24/7. LiveHealth Online lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam. No appointments, no driving and no waiting at an urgent care center.

LiveHealth Online connects you with a board-certified doctor in just a couple of minutes. Plus, you can get a LiveHealth Online visit summary from the MyHealth tab to print, email or fax to your primary doctor.

Use LiveHealth Online for common health concerns like colds, the flu, fevers, rashes, infections, allergies and more! It's faster, easier and more convenient than a visit to an urgent care center. This service should not, however, be used for emergency care. If you experience a medical emergency, call 911 immediately.

LiveHealth Online is not meant to replace your primary care physician. It's simply an alternative option for care when visiting your physician is not convenient.

Is there a copay associated with LiveHealth Online?

No. This service is completely free to eligible participants and dependents.

When is LiveHealth Online available?

Doctors are available on LiveHealth Online 24/7, 365 days a year.

Do doctors have access to my health information?

Sometimes — it depends on whether or not you set up an account. With a LiveHealth Online account, you can allow doctors to access and review your health information from past visits. Also, to help keep track of your own health information, you can report it yourself at livehealthonline.com. Once you sign in, go to the MyHealth tab and then select Health Record.

How does LiveHealth Online work?

When you need to see a doctor, simply go to livehealthonline.com or access the LiveHealth Online mobile app. Select the state you are located in and answer a few questions.

Establishing an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and schedule online visits at times that fit your schedule.

Once connected, you can talk and interact with the doctor as if you were in a private exam room.

How do I get the LiveHealth Online app on my smartphone or other device?

Using a smartphone or other mobile device, search for LiveHealth Online in the App Store℠ or on Google Play™. To learn what mobile devices are supported and get instructions, go to livehealthonline.com and select Frequently Asked Questions under the How It Works tab.

How long does a LiveHealth Online session with a doctor usually last?

A typical LiveHealth Online session lasts about 10 minutes.

Are all adults on the policy required to create their own username and password?

Any patient age 18 and over (spouse, adult dependent, etc.) must create his/her own username and password. Dependents under the age of 18 can be added to either/both of the parents' account as dependents.

In This Edition:

Board Approves Changes to Pre-Certification and Notification Requirements through Hines & Associates

As you may recall, certain procedures require either pre-certification or notification through the Fund's medical consultant, Hines & Associates. The Board of Trustees recently approved changes to the list of procedures effective February 1, 2016.

Procedures Requiring Pre-Certification

To request pre-certification, you may either call Hines & Associates at 1-888-852-8382 or visit their website at www.precertcare.com. You'll need to provide your address, phone number and ID number, along with the name of your doctor and/or hospital, address and phone number, diagnosis and procedure, as well as the date of admission, surgery or service.

Within 5 days of requesting pre-certification, Hines & Associates will send you and your doctor or hospital a personal and confidential letter informing you whether your procedure has been approved. If for some reason you do not receive written notification, contact Hines & Associates directly. If your request for pre-certification is denied, its likely that there are safer or more conservative options available to you.

Failure to pre-certify any procedures listed below or in-patient admissions will result in a $500 reduction of the Fund's payment for benefits relating to the procedure or admission.

- Abdominoplasty
- Artificial Intervertebral Disk Implantation
- Artiovenous (AV) Fistula for Dialysis
- Automated Percutaneous Lumbar Diskectomy (APLD)
- Automatic Implantable Cardioverter Defibrillator (AICD) Insertion
- Bariatric (weight loss) surgery
- Biventricular Device Insertion
- Blepharoplasty
- Breast Reduction
- Capsule Camera Endoscopy
- Colonoscopy (virtual)
- Durable medical equipment over $1,000 (total rental or purchase)
- Education/nutrition class for a new diabetes diagnosis
- Excess skin removal - arms, chest, and legs
- Graphed Access for Dialysis
- Home Health Care, except those requiring notification only
- Hysterectomy
- Intradiscal Electrothermal Annuloplasty (IDET)
- Lithotripsy (Shockwave for Plantar Fasciitis)
- Maxillo-facial surgery
- Nasal surgeries (all)
- Orthopedic Surgeries with Implants
- Orthotics over $2,000
- Panniculectomy
- Percutaneous Radiofrequency Neurotomy
- Prosthetics over $2,000
- Sclerotherapy
- Spinal Surgeries (all, excluding injections)
- Uvulopalatopharyngoplasty (UP3/UPPP)
- Varicose Vein Surgery
- Ventral Hernia Repair

Procedures Requiring Notification

Some of the procedures that previously required pre-certification have now been changed to only require notification to Hines & Associates. To give notification, either call Hines & Associates at 1-888-852-8382 or visit their website at www.precertcare.com.

Notification allows Hines to more easily identify patients who may benefit from Case Management. Case Management helps patients who are experiencing a serious illness or injury, or a chronic condition by assigning the patient a nurse to help ensure quality care is received at a cost-effective price.

A penalty of $500 applied to the Fund's payment for benefits relating to the procedure or admission will also apply if notification is not made for the procedures listed below.

- Biopsies (excluding dermatological)
- CT Angiogram
- CT Calcium Screening
- CT (all related to oncology)
- In home services limited to the following:
  - Hospice
  - Occupational Therapy
  - Physical Therapy
  - Sleep Studies
  - Speech Therapy
- MRI (all related to oncology)
- MRI (heart)
- PET Scan (all related to oncology)
- Occupational Therapy over 20 visits per calendar year
- Physical Therapy over 20 visits per calendar year
- Speech Therapy over 20 visits per calendar year

If you have questions regarding the pre-certification or notification process through Hines & Associates, please do not hesitate to contact the Fund Office.

Annual Funding Notice for Teamsters Joint Council No. 83 of Virginia Pension Fund

This notice includes important information about the funding status of your multiemployer pension plan (the "Plan"). It also includes general information about the benefit payments guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"), a federal insurance agency. All traditional pension plans (called "defined benefit pension plans") must provide this notice every year regardless of their funding status. This notice does not mean that the Plan is terminating. It is provided for informational purposes and you are not required to respond in any way. This notice is required by federal law. This notice is for the plan year beginning January 1, 2015 and ending December 31, 2015 ("Plan Year").

How Well Funded is Your Plan

The law requires the administrator of the Plan to tell you how well the Plan is funded, using a measure called the "funded percentage". The Plan divides its assets by its liabilities on the Valuation Date for the plan year to get this percentage. In general, the higher the percentage, the better funded the plan. The Plan's funded percentage for the Plan Year and each of the two preceding plan years is shown in the chart below. The chart also states the value of the Plan's assets and liabilities for the same period.

Funded Percentage			
	Plan Year 2015	Plan Year 2014	Plan Year 2013
Valuation Date	January 1	January 1	January 1
Funded Percentage	77.1%	74.5%	72.4%
Value of Assets	$646,450,553	$609,771,066	$576,797,762
Value of Liabilities	$837,456,949	$817,869,116	$796,430,777

Year-End Fair Market Value of Assets

The asset values in the chart above are measured as of the Valuation Date. They also are "actuarial values". Actuarial values differ from market values in that they do not fluctuate daily based on changes in the stock or other markets. Actuarial values smooth out those fluctuations and can allow for more predictable levels of future contributions. Despite the fluctuations, market values tend to show a clearer picture of a plan's funded status at a given point in time. The asset values in the chart below are market values and are measured on the last day of the Plan Year. The chart also includes the year-end market value of the Plan's assets for each of the two preceding plan years.

	Dec. 31, 2015 Estimated	Dec. 31, 2014	Dec. 31, 2013
Fair Market Value of Assets	$643,415,117	$615,648,848	$587,504,601

Endangered, Critical, or Critical and Declining Status

Under federal pension law, a plan generally is in "endangered" status if its funded percentage is less than 80 percent. A plan is in "critical" status if the funded percentage is less than 65 percent (other factors may also apply). A plan is in "critical and declining" status if it is in critical status and is projected to become insolvent (run out of money to pay benefits) within 15 years (or within 20 years if a special rule applies). If a pension plan enters endangered status, the trustees of the plan are required to adopt a funding improvement plan. Similarly, if a pension plan enters critical status or critical and declining status, the trustees of the plan are required to adopt a rehabilitation plan. Funding improvement and rehabilitation plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time. The plan sponsor of a plan in critical and declining status may apply for approval to amend the plan to reduce current and future payment obligations to participants and beneficiaries.

The Plan was in endangered status in the Plan Year ending December 31, 2015 because the funding percentage was between 65 and 80%. In an effort to improve the Plan's funding situation, the trustees adopted a Funding Improvement Plan that provides for adjustments to contributions and benefits such that the Plan is projected to emerge from endangered status by January 1, 2024.

You may obtain a copy of the Funding Improvement Plan, any update to such plan and the actuarial and financial data that demonstrate the action taken by the Plan toward fiscal improvement. You may get this information by contacting the plan administrator.

If the Plan is in endangered, critical or critical and declining status for the plan year ending December 31, 2016, separate notification of that status will be provided.

Participant Information

The total number of participants and beneficiaries covered by the Plan on the valuation date was 7,044. Of this number, 2,221 were current employees, 3,751 were retired and receiving benefits, and 1,072 were retired or no longer working for the employer and have a right to future benefits.

Funding & Investment Policies

Every pension plan must have a procedure to establish a funding policy for plan objectives. A funding policy relates to how much money is needed to pay promised benefits. The funding policy of the Plan is that it is fully funded by contributions made by employers pursuant to collective bargaining agreements and participation agreements with unions that represent the Plan's participants.

Pension plans also have investment policies. These generally are written guidelines or general instructions for making investment management decisions. The investment policy of the Plan is to maximize the total rate of return over the long term, subject to preservation of capital, by diversifying the allocation of capital among professional investment managers with various investment styles.

Under the Plan's investment policy, the Plan's assets were allocated among the following categories of investments, as of the end of the Plan Year. These allocations are percentages of total assets:

Asset Allocation	Percentage
1. Cash (Interest bearing and non-interest bearing)	1.57
2. U.S. Government securities	5.36
3. Corporate debt instruments (other than employer securities): Preferred All other	 1.69 3.04
4. Corporate stock (other than employer securities) Preferred Common	 22.55
5. Partnership/joint venture interests	13.47
6. Real estate (other than employer real property)	

7. Loans (other than to participants)	
8. Participant loans	
9. Value of interest in common /collective trusts	38.25
10. Value of interest in pooled separate accounts	
11. Value of interest in 103-12 investment entities	10.51
12. Value of interest in registered investment companies (e.g., mutual funds)	1.02
13. Value of funds held in insurance co. general account (unallocated contracts)	
14. Employer-related investments: Employer securities Employer real property	
15. Buildings and other property used in plan operation	.07
16. Other	2.47

For information about the Plan's investment in any of the following types of investments – common/collective trusts, pooled separate accounts, or 103-12 investment entities – contact Mike McCall at 804-282-3131 or by email at mmccall@tjc83funds.net.

Events Having a Material Effect on Assets or Liabilities

By law this notice must contain a written explanation of new events that have a material effect on plan liabilities or assets. This is because such events can significantly impact the funding condition of a plan. For the plan year beginning on January 1, 2016, the Plan expects no material events to have such an effect.

Right to Request a Copy of the Annual Report

Pension plans must file annual reports with the US Department of Labor. The report is called the "Form 5500". These reports contain financial and other information. You may obtain an electronic copy of your Plan's annual report by going to www.efast.dol.gov and using the search tool. Annual reports also are available from the US Department of Labor, Employee Benefits Security Administration's Public Disclosure Room at 200 Constitution Avenue, NW, Room N-1513, Washington, DC 20210, or by calling 202.693.8673. Or you may obtain a copy of the Plan's annual report by making a written request to the plan administrator. Annual reports do not contain personal information, such as the amount of your accrued benefit. You may contact your plan administrator if you want information about your accrued benefits. Your plan administrator is identified below under "Where to Get More Information".

Summary of Rules Governing Insolvent Plans

Federal law has a number of special rules that apply to financially troubled multiemployer plans that become insolvent, either as ongoing plans or plans terminated by mass withdrawal. The plan administrator is required by law to include a summary of these rules in the annual funding notice. A plan is insolvent for a plan year if its available financial resources are not sufficient to pay benefits when due for that plan year. An insolvent plan must reduce benefit payments to the highest level that can be paid from the plan's available resources. If such resources are not enough to pay benefits at the level specified by law (see Benefit Payments Guaranteed by the PBGC, below), the plan must apply to the PBGC for financial assistance. The PBGC will load the plan the amount necessary to pay benefits at the guaranteed level. Reduced benefits may be restored if the plan's financial condition improves.

A plan that becomes insolvent must provide prompt notice of its status to participants and beneficiaries, contributing employers, labor unions representing participants, and PBGC. In addition, participants and beneficiaries also must receive information regarding whether, and how, their benefits will be reduced or affected, including loss of a lump sum option.

Benefit Payments Guaranteed by the PBGC

The maximum benefit that the PBGC guarantees is set by law. Only benefits that you have earned a right to receive and that cannot be forfeited (called vested benefits) are guaranteed. There are separate insurance programs with different benefit guarantees and other provisions for single-employer plans and multiemployer plans. Your Plan is covered by PBGC's multiemployer program. Specifically, the PBGC guarantees a monthly benefit payment equal to 100 percent of the first $11 of the Plan's monthly benefit accrual rate, plus 75 percent of the next $33 of the accrual rate, times each year of credited service. The PBGC's maximum guarantee, therefore, is $35.75 per month times a participant's credited service.

Example 1: If a participant with 10 years of credited service has an accrued monthly benefit of $600, the accrual rate for purposes of determining the PBGC guarantee would be determined by dividing the monthly benefit by the participant's years of service ($600/10), which equals $60. The guaranteed amount for a $60 monthly accrual rate is equal to the sum of $11 plus $24.75 (.75 x $33) or $35.75. Thus, the participant's guaranteed monthly benefit is $357.50 ($35.75 x 10).

Example 2: If the participant in Example 1 has an accrued benefit monthly benefit of $200, the accrual rate for purposes of determining the guarantee would be $20 (or $200/10). The guaranteed amount for a $20 monthly accrual rate is equal to the sum of $11 plus $6.75 (.75 x $9), or $17.75. Thus, the participant's guaranteed monthly benefit would be $177.50 ($17.75 x 10).

The PBGC guarantees pension benefits payable at normal retirement age and some early retirement benefits. In addition, the PBGC guarantees qualified preretirement survivor benefits (which are preretirement death benefits payable to the surviving spouse of a participant who dies before starting to receive benefit payments). In calculating a person's monthly payment the PBGC will disregard any benefit increases that were made under a plan within 60 months before the earlier of the plan's termination or insolvency (or benefits that were in effect for less than 60 months at the time of termination or insolvency). Similarly, the PBGC does not guarantee benefits above the normal retirement benefit, disability benefits, not in pay status, or non-pension benefits, such as health insurance, life insurance, death benefits, vacation pay, or severance pay.

For additional information about the PBGC and the pension insurance program guarantees, go to the Multiemployer Page on PBGC's website at www.pbgc.gov/multiemployer. Please contact your employer or plan administrator for specific information about your pension plan or pension benefit. PBGC does not have that information. See "Where to Get More Information About Your Plan," below.

Where to Get More Information

For more information about this notice, you may contact Mike McCall at 804-282-3131 or by email at mmccall@tjc83funds.net. For identification purposes, the official plan number is 001, the plan sponsor's name is Teamsters Joint Council No. 83 of Virginia Pension Plan and the employer identification number or "EIN" is 54-6097996.

Notice of Funded Status

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, 2016, 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, 2016.

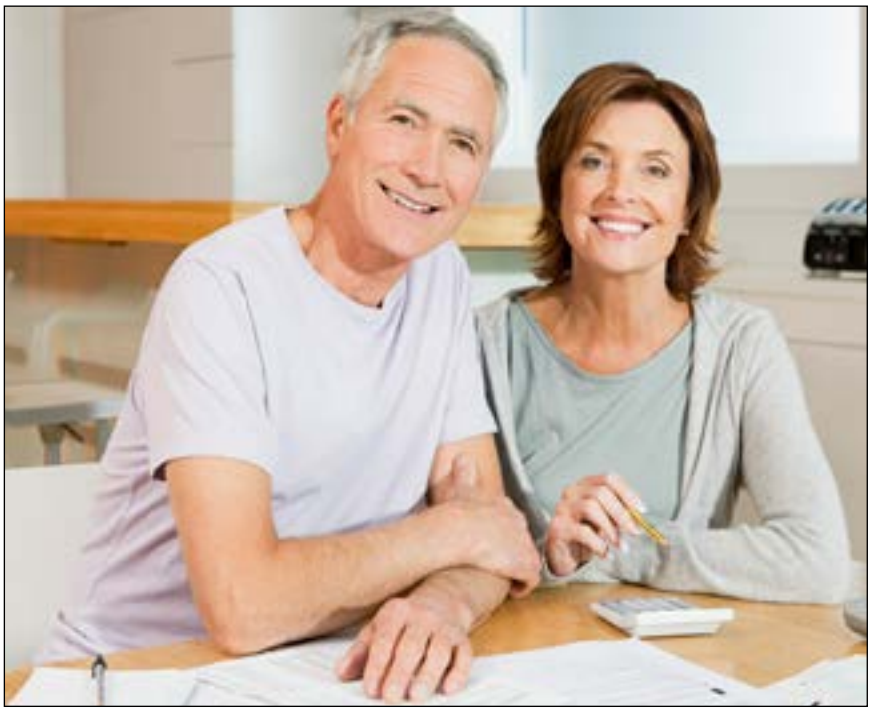
"Endangered Status" is a label that the law requires the Trustees to use. The Plan is considered to be in Endangered Status because its funded percentage of 79.4% for the 2016 plan year is slightly below the government's "healthy" threshold of 80%. This means that the actuarial value of the Plan's investments was 79.4% of the total accrued liability for active and retired employees.

Federal law requires that by November 26, 2016, the Trustees must adopt a Funding Improvement Plan ("FIP") designed to achieve the following goals:

- Increase the funding percentage by roughly 7% over a ten year period, and
- Avoid any accumulated funding deficiency for any of the plan years for which the FIP applies.

The FIP period ends when the plan actuary certifies the Plan is no longer in endangered status, and is not in critical status.

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.



Retirement Planning: What you need to know about the Joint and Survivor Benefit

Are you married and planning to retire soon? Have you and your spouse considered the Joint and Survivor Benefit and how it will affect your pension?

The Joint and Survivor Benefit reduces the amount of your monthly benefit to allow for a lifetime survivor benefit.

If you elected the Joint and Survivor Benefit when you retired and later become divorced, the survivor benefit will still be payable to your ex-spouse at the time of your death. In order to remove your spouse as your Joint and Survivor beneficiary, he/she must waive his/her right to this benefit as part of the divorce decree. You must submit proof of waiver in the form of a signed court order to the Fund. If you fail to submit proof of waiver to the Fund Office before you die, your ex-spouse will receive the survivor benefits.

Once a waiver is received by the Fund Office, you may then name a new beneficiary, as the Joint & Survivor Benefit is only available to the spouse on the retirement effective date. Keep in mind that this beneficiary is only due the final pension payment at the date of your death.

What happens though if your spouse precedes you in death? If your spouse dies before you, your pension will be recalculated to 'pop up' to the base amount you would have received had you not retired under the Joint and Survivor Benefit. The recalculated amount will go into effect the first day of the month after the month in which the Fund receives a certified copy of the death certificate.

Feel free to schedule an appointment with a Pension Analyst at the Fund Office to discuss your options regarding retirement. Pension Analysts are available Monday through Friday from 8AM to 5:30PM.

Fund Retirees

The Fund would like to recognize the following Participants on their recent retirement::

Local 22
James R. Berry
Marrison Short

Local 29
Roger D. Pace Sr.
Samuel G. Houston
William M. Bell

Local 171
Darryl L. Jenkins
James R. Snow
John E. Wilson
Marcia L. West
Richard E. Ward
Robert L. McAllister Jr.

Local 322
Ray M. Garrett
James C. Hammill
Predzel Hawthorne
Artie T. Jefferson
Serey Sim
Romondt Taylor
Carl A. Wallace
Donald R. Williams
James L. Wiseman

Local 592
Wilbert Murriel Allen
Patricia M. Catlett
Vaughn R. Jones
John T. Oakley
George F. Perkins III
Robert L. Sams
Thomas Schoenfelder
Ronald E. Scruggs
Sandra Snead
Ervin G. Williams

Local 822
Kevin Cole
John W. Godwin
David H. Haga
Mark A. Hamilton
John B. Haralson Jr.
David M. Hundley
Eugue W. Morrison II
Robert H. Owens
Lawrence M. Ryan
Jackson F. Snethen
Jere W. Woodall Jr.

Fund Office Contact Info

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Email documents and forms:
documents@tjc83funds.net

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Health & Welfare and Pension Funds
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Use your benefits anytime, anywhere

eyeMed℠

EyeMed Offers Online Access to In-Network Providers

To make sure you get easy, convenient access to vision choices that best fit your lifestyle, EyeMed has added Glasses.com to their roster of thousands of independent providers and top optical retailers. This is great news for you because EyeMed members can now apply in-network vision benefits anywhere, anytime.

At Glasses.com, you get:

- In-browsing benefit application - see what you'll pay for frames instantly while shopping
- A large selection of frames and lenses, with multi-focal or progressive prescriptions
- Free, easy shipping on every order, including returns
- No claims to file
- Round-the-clock shopping

You must have a valid prescription from within the last 12 months in order to purchase prescription lenses online. Don't have an up-to-date prescription? Simply schedule an eye exam online through the EyeMed provider locator at eyemed.com.

Download the Glasses.com app for iPhone or iPad from the App Store or visit Glasses.com today.

Use the Glasses.com app to create a 3D model of your face

See how thousands of styles look from any angle

Share on social media

Get the opinions of family and friends