

# TWIN HORSE CRIER

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## Are You Using the Correct ID Card for Medical Visits?

Have you been told by a medical provider that you do not have eligibility? If so, it is likely that you are not presenting the most current ID card upon your visit.

The easiest way to determine if your card is current is to check the ID number listed on the front of the card below your name. Your ID number should begin with the prefix "TJA". If your ID number begins with the prefix "TMJ", your card is outdated and needs to be replaced.

Based on the state in which you reside, your card will either have an Anthem logo or a BlueCross BlueShield logo. Anthem states include the following: California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, and Wisconsin. Residents of all other states will have a BlueCross Blue Shield logo on their ID cards. Again, both of these cards are valid, provided the

ID number begins with the prefix "TJA".

Depending on your employer, the back of your ID card may or may not have a listing for EAP (Employee Assistance Program). If you do not see this listing, your employer provides you with an EAP. Contact your Human Resources Department for information on EAP.

Also, if you are the spouse of a retiree covered under Plan ZR, you should have recently received medical ID cards issued in your name with a new ID number, as opposed to your spouse's name and ID number. If you have not received an ID card issued in your name and are still eligible for benefits, contact the Fund Office. Be sure to destroy the old card issued in your spouse's name.

Example ID cards for Virginia Residents on Plan 12 with an EAP provided by the Fund:

		Teamsters Joint Council No. 83 of VA Health & Welfare Fund	
<b>John Doe</b>			
Identification Number <b>TJA801000000</b>			
Group No:	000TJA834	Physician co-pay	\$15
Plan Codes:	834/332	Specialist co-pay	\$25
		ER co-pay	\$100

		Provider Locator 1-800-810-2583	
Providers: Please file all claims with the Blue Cross and Blue Shield Plan in the state where services are rendered. If Medicare is primary, file claims to Medicare. Include the "TJA" alpha prefix in addition to the ID number.		Provider Eligibility/Benefits Fund Office (group) EAP Hines & Associates, Inc.* 1-800-810-2583 1-800-346-5484 1-888-852-6382	
*Pre-certification must be made at least 5 days preceding any elective inpatient admission or for any outpatient procedure requiring pre-certification as listed on the Fund's website. Pre-certification for emergency inpatient admissions must be made within 2 days of the admission. A \$500 penalty will apply if the requirements are not satisfied.			
Possession of this card does not guarantee eligibility of benefits.			
*Contracts directly with group: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. An independent licensee of the Blue Cross Blue Shield Association. Anthem Health Plans of Virginia provide administrative claims payment services only and do not assume any financial risk or obligation with respect to claims.			

*To request updated or additional cards, visit us on the web at [tjc83funds.org/medical.asp](http://tjc83funds.org/medical.asp) or contact the Fund Office at 800-852-0806.*

# H&W NOTICES

## Fund Office 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.

## Notice of Grandfathered Status

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, Michael McCall at (804) 282-3131 or toll free at (800) 852-0806. 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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

*Please note, this notice does not apply to Participants employed by National Fruit.*



**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, 2015 through December 31, 2015. 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.**

### Insurance Information

The plan has a contract with Amalgamated Life Insurance Company to pay stop loss claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2015 were \$411,951.

- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates;

### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$58,095,638 as of December 31, 2015, compared to \$61,258,741 as of January 01, 2015. During the plan year the plan experienced a decrease in its net assets of \$3,163,103. This decrease 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 \$44,631,554, including employer contributions of \$42,136,174, employee contributions of \$1,881,156, earnings from investments of \$585,543, and other income of \$28,681.

Plan expenses were \$47,794,657. These expenses included \$3,476,027 in administrative expenses, and \$44,318,630 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;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;
- insurance information, including sales commissions paid by insurance carriers;

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 in care of Michael McCall who is the Executor Director at 8814 Fargo Road Suite 200, Richmond, VA 23229, or by telephone at (804) 282-3131. The charge to cover copying costs will be \$3.40 for the full annual report, or \$0.05 per page for any part thereof.

You also have the right to receive from the Executor Director, 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 Executor Director, 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.

## Short Term Disability Benefit Changes Approved by Board of Trustees

The Board of Trustees recently approved changes to the Short Term Disability Benefit beginning January 1, 2017. Essentially, Short Term Disability benefits are limited to one 6 month period per injury or illness. Let's take a look at several different scenarios to see how benefits would be paid according to these changes.

### Example 1

While working at home, David falls off a ladder and injures his leg. His doctor orders him out of work for 12 weeks. In this case, David is entitled to Short Term Disability benefits for no more than that 12 week period, unless a continuation is ordered by a physician.

### Example 2

Upon receiving a diagnosis of cancer, Sara's doctor orders her out of work for 8 months. Keep in mind Short Term Disability Benefits and free coverage are limited to 6 months. Sara recovers enough to return to work for 3 weeks after being out for 2 months, but then is forced to leave employment again due to this particular cancer diagnosis. No free coverage or Short Term Disability Benefits are payable once she returns to work. Had she stayed out the entire 8 months, 6 months would have been payable.

### Example 3

Mary becomes pregnant. She is eligible for Short Term Disability and free coverage for 6 months. Should Mary become pregnant again in the future, she will again be eligible for another 6 month period of Short Term Benefits and free coverage.

### Example 4

James goes out on Short Term Disability after undergoing a kidney transplant. After 5 months, James is released by his doctor to return to work. He returns to work for a day but then gets into an auto accident on his way home from work and injures his neck. His doctor recommends he stay out of work for 4 weeks. Because this is a different condition and because he had returned to work for one day after his initial period of disability, James is eligible for another 6 month period of Short Term Disability and free coverage.

*Be sure to consult your Schedule of Benefits to see if you are entitled to this benefit. Short Term Disability benefits only apply to Participants and are not available to dependents. Also, please note that the Fund does not provide Long Term Disability benefits.*





# HEALTH BENEFITS

**Benefits Covered Under the Women's Health Act and Cancer Rights Act of 1998**



## COBRA Benefits and How You Can Qualify for Coverage

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 COBRA benefits, you may choose to purchase either medical benefits only (core) or medical benefits plus dental and vision (core and non-core), as the plan provides. The cost to extend health coverage depends on the plan and package you select.

If one of the following "qualifying events" occurs, you and/or your dependent must notify us. 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.

### Qualifying Events for Active Participants

- Termination of Covered Employment for reasons other than gross misconduct
- Reduction of hours of employment
- Absence from employment because of service in the uniformed services of the United States
- Termination of Direct Pay benefits

### Qualifying Events for Active Dependents:

- Divorce
- Loss of Qualifying Child Status (i.e., turns age 26)
- Death of Participant

### Qualifying Events for Participants Under Plan Schedule ZR:

- Divorce
- Separation (in cases involving a Participant's stepchild)
- 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)

### COBRA Rates

Listed below are COBRA rates for all available Plans through July 31, 2017. Please note that if you elect COBRA, you cannot elect a higher Plan than you were covered under. COBRA payments are due the first day of the month for which coverage is purchased. However, there is a 30 day grace period.

Plan	Core and None Core	Core Only
Plan 9/Plan 9 Series II	\$1,195	\$1,134
Plan 11/Plan 11 Series II	\$1,336	\$1,238
Plan 12/Plan 12 Series II	\$1,336	\$1,238

Patients diagnosed with breast cancer and who have had or are going to have a mastectomy, may be entitled to certain benefits under the Women's Health Act and Cancer Rights Act of 1998 (WHRCA).

Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for the following:

- 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; and
- 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.

## Uniformed Services Employment 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 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 the Fund Office 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.

## 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.

The Fund can 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.

To change your withholdings, please contact the Fund Office.

## 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. Your monthly benefit will be suspended and withheld for any month in which you are employed or self-employed in Disqualifying Employment. The following defines what is considered Disqualifying Employment at certain ages:

### Before Normal Retirement Age (usually 65 years old):

- Employment with an Employer who pays into the Plan (a Contributing Employer), unless
  - you work less than 40 hours in a calendar month for a Contributing Employer that pays contributions at or above the prevailing National Master Freight agreement casual rate for each day you 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:
  - 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 age 70½ years old

There is no employment that is considered disqualifying after age 70½.

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.

## Fund Retirees

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

### Local 22

George W. Brubaker, Jr.  
Kevin B. Dunn, Sr.  
John I. Marion, Jr.

### Local 29

Kristi K. Alger  
Kim D. Cross  
Stephen M. Dowdy  
James J. Foster  
Arthur D. Myers  
Mark E. Painter  
Ernest R. Shirley  
Eugene E. Vaughn, Jr.  
Teddy D. Warren  
Dennis W. Zimmerman

### Local 171

Stevie L. Clark  
Roger L. Cox  
James D. Mahala  
David C. Maurer  
Louie W. Terry  
Timothy A. Winston

### Local 322

Eric E. Bradby  
Simon H. Howard  
Bernard L. Jackson, Jr.  
Jessica L. McCullough  
John E. Morgan  
Nathaniel R. Page  
Stephen M. Parker  
Paul S. Plunkett  
Michael E. Saunders  
James W. Williams  
Andrew L. Wright

### Local 592

John L. Clary  
Frank J. Fried, III  
Donald Lotz  
Margaret M. Nesbitt  
Suzanne Nock  
Ronald G. Oliver  
Janet H. Putnam  
David S. Raynor, Sr.  
Llewellyn E. Seward  
Alan R. Villines

### Local 822

Mark S. Barbee  
Robert W. Clark  
Donald L. Lamb  
Michael L. Norfuss  
Steven W. Smith  
Thomas W. Smith  
Barry W. Weaver

## Fund Office Contact Info

**Phone:**

(804) 282-3131 - local

800-852-0806 - toll free

**Fax:**

(804) 288-3530

**Web:**

[www.tjc83funds.org](http://www.tjc83funds.org)

**Email questions and  
comments:**

[yourfund@tjc83funds.net](mailto:yourfund@tjc83funds.net)

**Email documents and forms:**

[documents@tjc83funds.net](mailto:documents@tjc83funds.net)

Please be aware that unencrypted, unauthenticated internet e-mail is inherently insecure. Email message may be corrupted, incomplete, or may incorrectly identify the sender. To secure your message, try using a free secure email such as SAFe-mail. If you have questions regarding HIPAA regulations or how to assure the security of your protected health information, please contact the Fund Office.



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

## Walktober Challenge

Fall is finally here. School is back in session and cooler temperatures are upon us. Let's give ourselves a break and get up, get out, and enjoy the sights, sounds and smells of the beautiful fall weather.

**The challenge:**

Challenge yourself to move more throughout the day! Walk, jog, run, bike, swim, etc. Two different times during the day for a minimum of 10 minutes each time. Try setting a



reminder on your phone or computer at 10am and 2pm every day, to get up and move. Ten minutes is all it takes to achieve heart health benefits and reduce your risk of developing chronic diseases. Grab a co-worker and get moving!

Interested in doing more than 20 minutes a day? Contact your Hines health coach today for a personalized exercise program, at 1-800-592-8097 or by email at [coach@hinesassoc.com](mailto:coach@hinesassoc.com).

*Courtesy of Hines & Associates*