



PENSION NEWS

FEDERAL
INCOME TAX
WITHHOLDINGS
FOR PENSIONERS

DISQUALIFYING
EMPLOYMENT
AND SUSPENSION
OF BENEFITS

UNIFORMED
SERVICES
EMPLOYMENT
REEMPLOYMENT
RIGHTS ACT

INSIDE THIS ISSUE... EATING HEALTHY ON A BUDGET

10 WAYS TO EAT HEALTHY ON A BUDGET



HEALTH & WELFARE NEWS

HEALTH & WELFARE
SUMMARY ANNUAL
REPORT

WOMEN'S HEALTH
CARE AND CANCER
RIGHTS ACT

If You are Planning to Retire Soon...

You may want to schedule an appointment with a Pension Analyst at the Fund Office to discuss your options. Pension Analysts are available to meet with you Monday through Friday, from 8:00AM to 5:30PM. Be sure to call ahead to schedule your appointment so that we have all the proper documentation available to better serve you. You can call the Fund Office at 804-282-3131 and ask for the Pension Department.

The Plan will now cover the cost of medically necessary Durable Medical Equipment (DME) purchases made from any vendor (including online vendors.)

You will need to submit a completed claim form, a written prescription or letter of medical necessity from your doctor and attach a paid receipt which includes the following information: (1) patient name, (2) date of purchase, (3) description of DME purchased, (4) patient diagnosis, (5) total charge for only the DME, and (6) any discounts applied for only the DME. Note that sales tax and shipping are not considered covered expenses under the Plan.

Coordination of Benefits Must be Completed Annually

If you are a married Participant, you must complete a Coordination of Benefits (COB) form every year. You will receive the form from the Fund Office one month prior to your birth month.

Dependents over the age of 18 will also receive a Qualifying Child COB form annually. These forms are also mailed one month prior to the Participant's birth month.

Release of Personal Health Information to Dependents Age 18 and Over

In compliance with HIPAA regulations, the Fund requires written authorization to release protected health information (PHI) of dependents age 18 and over. The authorization for release can be found on our website and must be completed to allow access to PHI.

Dependents age 18 and over may call the Fund to give permission to access PHI on a case by case basis, as well.

It's not too late to get your flu shot!

Remember, they are covered 100% at participating pharmacies. Just show your Express Scripts card to the pharmacist at the time of service.

Reminder:

Form 1095-B will be mailed to your home address prior to the end of January. While you should keep this Form with your tax papers, it is not necessary that you have it in order to prepare and file your 2019 tax returns.

Have you recently changed your address?

It is important that you keep your correct mailing address updated with the Fund Office. Let us know if you have recently moved.

Ten ways to eat healthy on a budget

Eating well and saving more can be easier when you know when to shop and where to look.



Looking for ways to get more from your food budget? Eating healthy doesn't have to break the bank. These tips can help you shop smarter to get the most nutritious foods at a better price.

- **Stick to your list** — Taking inventory of the items you need before you shop and not deviating from your list can keep you from overbuying and overspending. Many grocery stores now offer online shopping which can be a great way to avoid impulse buying as you wander the aisles.
- **Clip coupons** — Search for savings on your favorite healthy products by entering "(Product Name) Coupons" online or by checking published weekly specials at your local market. Many brands also offer coupons if you sign up for their email list.
- **Look high and low** — Many stores stock pricier items at eye level. It pays to look for items on upper and lower shelves to find better deals, especially on store brands.
- **Shop locally grown** — Buying produce from your local farmers market can help you get the freshest, in-season items for less. Stock up during peak seasons and freeze your foods.

- **Buy in bulk** — Beans, cereals, grains, dried fruits, seeds, nuts in bulk can provide more servings at a lower cost. Check local discount warehouses or online markets for bulk deals.
- **Choose frozen vegetables** — Because they're harvested and frozen at their peak freshness, their nutrients are similar to fresh and they last longer.
- **Go meatless** — Replace meat a few times each week with lower cost, high nutrition proteins like eggs, lentils, black beans, kidney beans or quinoa.
- **Save on seafood** — Instead of fresh fish, buy canned tuna, salmon or sardines that are just as healthy and less expensive.
- **Can the cola** — Drink more water instead. Sodas, sports drinks and juices are high-cost, high-calorie items. A pitcher that filters tap water can cut down on beverage costs and provide gallons of drinking water with zero calories.
- **Plan meals** — Spend some time at the beginning of each week to meal plan. This can help you avoid takeout and also help you build a grocery list. Remember to include plans for lunch!

What can you eat for a dollar these days?

How about some of the tastiest, most nutrient-rich foods that can help you stay healthy. We're talking about bananas, eggs, oranges, cabbage, beans, tuna, rice — all for less than \$1 per serving.



References:

"Healthy Foods Under \$1 Per Serving." American Heart Association, 12 November 2013. Web. 22 December 2017. http://www.heart.org/HEARTORG/GettingHealthy/HealthierKids/HowtoMakeaHealthyHome/Healthy-Foods-Under-1-Per-Serving_UCM_303809_Article.jsp "12 Ways to Save Money on Food." U.S. News and World Report, 08 April 2014. Web. 22 December 2017. <https://money.usnews.com/money/personal-finance/slideshows/12-ways-to-save-money-on-food?slide=2>

"Healthy Eating on a Budget." ChooseMyPlate.gov, 18 April 2017. Web. 22 December 2017. <https://www.choosemyplate.gov/budget>

"Healthy, Cheap Shopping Tips: How to Pay Less for Good Food." Huffingong Post, 03 April 2012. Web. 22 December 2017. http://www.huffingtonpost.com/2012/04/03/healthy-cheap-shopping-tips_n_1397292.html

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

105415ANEENABS VPOD Rev. 2/18



SUMMARY ANNUAL REPORT FOR 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, 2018 through December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, 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, 2018 were \$500,173.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$68,945,518 as of December 31, 2018, compared to \$71,408,104 as of January 01, 2018. During the plan year the plan experienced a decrease in its net assets of \$2,462,586. 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 \$60,144,836, including employer contributions of \$59,152,969, employee contributions of \$1,999,616, earnings from investments of (\$1,020,449), and other income of \$12,700.

Plan expenses were \$62,607,422. These expenses included \$4,149,810 in administrative expenses, and \$58,457,612 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;
- insurance information, including sales commissions paid by insurance carriers;
- 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 in care of Melissa Wetzel who is the Executive Director at 8814 Fargo Rd., Ste 200, Richmond, VA 23229, or by telephone at (804) 282-3131. The charge to cover copying costs will be \$2.28 for the full annual report, or \$0.03 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 Rd., Ste 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13)(PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)

MEDICARE



WHAT YOU NEED TO KNOW

- If you are Medicare eligible, you are not eligible for Retiree Health Coverage (Plan ZR Insurance) with Teamsters Joint Council No. 83 of Virginia Health and Welfare and Pension Funds.
- You are responsible to inform the Fund office if you are Medicare eligible. Make sure you send in a copy of your Medicare card once you are set up with Medicare benefits. Any claims paid in error by Retiree Health Coverage will be requested back from the member. It will be the responsibility of the member to refund the Teamsters Joint Council No. 83 of Virginia Health and Welfare and Pension Fund.

If you are Medicare Eligible, keep in mind:

- In most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty. You'll have to pay this penalty for as long as you have Part B. Your monthly premium for Part B may go up 10% of the standard premium for each full 12-month period that you could have had Part B, but didn't sign up for it. Also, you may have to wait until the General Enrollment Period (from January 1 to March 31) to enroll in Part B. Coverage will start July 1 of that year.
- Usually, you don't pay a late enrollment penalty if you meet certain conditions that allow you to sign up for Part B during a Special Enrollment Period.
- There are also late penalties that may be imposed for delayed enrollment in Medicare Part D (prescription drug coverage), which are different from the Part B penalties, but may have a substantial impact on your effective date and cost of coverage.



For more information about Medicare:

1-800-MEDICARE

Toll Free: 1-800-633-4227

www.Medicare.gov



Women's Health Act and Cancer Rights Act of 1998 (WHRCA)

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 Under the Pension Plan

If you are retired and considering returning to work, 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

Gregory Lane
Terry Feagins
Blaine Yarber

Local 29

David Barr
Jeffrey Bowers
Thomas Britts
Mark Clatterbuck
Richard Hanger
Gary Viands

Local 65

Michael Turner

Local 83

Nancy Reid

Local 171

Phillip Cox
Donald Hopkins
Alfred Smith, Jr.
Donald Wray, Jr.
Robert Deacon

Local 322

Kenneth Chism
Johnny Johnson
James Mcfadden
Deborah Mckinney
Donald Naumann
Michael Simmons
William Smith, Jr.

Local 592

Don Hawkes
John Mathis
Larry Getties
Terry Sutton

Local 822

William Caudell
Michael Crandle
Jay Erdei
Gene Gathagan
Charles Caples
Donald Hardison
Steven Jacobs
Kevin Phillips
James Sanford
Timothy Shortt
Beth Simmons
Kelly Taylor
Harry Tennessee
Richard Harmon
Shawn Towne
William Whitbeck



Fund Office Contact Info

Phone:

804 282-3131 - local
800-852-0806 - toll free

Fax:

804 288-3530

Web:

www.tjc83funds.org

Email questions and comments:

yourfund@tjc83funds.net

Email documents and forms:

documents@tjc83funds.net

Please be aware that unencrypted, unauthenticated internet e-mail is inherently insecure. Email messages 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

HAVE A HAPPY AND SAFE HOLIDAY SEASON!

Here's a couple of suggestions for ways to avoid trips to the hospital emergency room and save money by visiting an urgent care facility instead:

- **Think ahead.** If you're suffering from an illness or injury that you think will likely require the services of a medical professional, don't delay – call your family doctor and see if you can get in to see him/her before they close.
- **Look around your neighborhood and identify the location of clinics or doctor's offices that maintain extended hours.**
- **Remember, hospital emergency rooms are primarily designed to respond to life-threatening medical conditions.**