

# Twin Horse Crier

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Published for the Participants of

Teamsters Joint Council No. 83

of Virginia Health & Welfare and

Pension Funds

## Check Out Our Improved Website at [www.tjc83funds.org](http://www.tjc83funds.org)!



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We're excited to introduce our updated website to you! While the web address, [www.tjc83funds.org](http://www.tjc83funds.org), is the same, the look is totally different. We've redesigned this site with you in mind and have added lots of information regarding your benefits and the Fund. Take a few minutes to look around and familiarize yourself with the site.

As a participant of the Health & Welfare Fund, you can find just about anything that relates to your benefits by clicking on the Health & Welfare link. Here you can find your Schedule of Benefits by selecting your employer from the dropdown box. You can also find general information on everything from admission notification requirements, to dental, disability, prescription and vision benefits. If you're looking for a form related to your Health & Welfare benefits, click on the "Forms" link and download it directly from the site.

If you participate in the Pension plan, click on the Pension link and take a look around. You'll find a link to frequently asked questions (FAQs) on everything from how to apply for benefits to when and how you can receive your pension

benefit payment. If you're looking for a form related to your Pension benefits, click on "Forms". You can also find information on how your pension will be affected if you divorce, as well as employment after retirement that may cause your monthly benefit to be suspended.

Looking for a provider directory? Click on "Links" and find the steps to locate a provider in your area for medical, dental, vision and prescription benefits.

The "Publications" link gives you access to recent and archived editions of the Twin Horse Crier newsletter. You can also find information the Fund is required to provide, like Summary Annual Reports and Annual Funding Notices.

Need to call your Local Union or the Fund Office, but don't have the phone number handy? Contact information is just a click away under the "Contacts" link.

Now that you've taken a quick tour of our new site, remember, we're always happy to hear from you by phone if you can't find the information you're looking for.



## News from the Health & Welfare Fund

### Fund No Longer Accepts Credit Card Payments

Due to the increasing cost of processing credit card transactions, the Trustees have determined that payments to the Funds can no longer be made by credit card charge.

Effective April 1, 2014, you must submit a personal check, bank check, or money order for Retiree (ZR) health premiums, COBRA premiums, and any overpayment claim reimbursements.

Please make these checks or orders payable to 'TJC83 of VA H&W Fund'.

### Elimination of Annual Maximums Not Applicable to Dental Benefits

In the November edition of the Twin Horse Crier, we announced that annual maximums would be eliminated. Please note that this does not apply to dental benefits.

### 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.

### Reminder Regarding Maternity Management Program

If 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.

# ATTENTION

## Are You Using the Right ID Card?

As you know, on February 1, 2014, the Health & Welfare Fund transitioned to the Anthem BlueCross BlueShield network. Please be sure to present your new medical identification cards when visiting any medical providers. Your new ID card has the prefix "TJA" in front of your identification number. You may destroy your old ID cards to avoid confusion.

Your medical ID card is in addition to and does not replace your Anthem National Dental PPO card. That card is to be used only when visiting a dental provider.

If you did not receive your cards or need additional cards, please contact the Fund Office.

## Short Term Disability: Will it be Enough to Support You and Your Family?

Ever thought about what you would do if you were injured in a car accident or became seriously ill and couldn't return to work for an extended period of time? Would you be able to pay your mortgage if you missed six weeks of work? Though you cannot predict the future, being familiar with what your Short Term Disability benefits pay may help you to be more financially prepared.

### How much does my Plan pay for Short Term Disability?

To find specific Short Term Disability benefit amounts by plan, as well as the maximum number of weeks payable and length of free coverage, log on to our website at [www.tjc83funds.org](http://www.tjc83funds.org). Click on the "Health & Welfare" link and choose your employer from the list to access your Schedule of Benefits.

### What is free coverage?

Free coverage refers to the number of weeks your health care coverage will remain in effect while you are on Short Term Disability.

### Who is covered by the Short-term Disability Income Benefit?

The Short-Term Disability Income Benefit provides benefits only for Participants. Spouses and dependents are not covered.

### How do I qualify for Short Term Disability Benefits?

If the disability is caused by a non-work related illness, you must satisfy a waiting period before Short Term Disability Benefits begin. The 7 calendar day waiting period starts on the first day you receive treatment by a physician after the date you last worked because of the illness. Short Term Disability Benefits start on the eighth calendar day.

If the disability is caused by a non-work related injury, benefits will start on the first day that you receive treatment by a physician after the date you last worked because of the injury. Please note, if the disability begins more than 90 days after the injury occurs that results in the disability, benefits will be provided under the same guidelines established for illness.

To apply for disability benefits, you must file a disability claim form with the Fund Office. You may download this form from our website at [www.tjc83funds.org](http://www.tjc83funds.org) or request one by calling the Fund Office.

### What information must the form include?

The form must include your statement of disability, treatment information from your doctor and a statement from your employer providing the date you last worked. The Fund may accept forms from your doctor's office in place of ours, provided the forms contain all the necessary information.

### If I qualify for Short Term Disability, when will I receive my payment?

Disability payments are mailed out every Thursday, provided that all necessary information is received by the Fund Office the preceding Wednesday by 4:30 PM.

### Is there anything I can do to supplement my income if I go on Short Term Disability?

Yes. Although the Fund does not offer them, there are supplemental policies available through independent insurance companies. A simple internet search should yield the results of many different options available to you.

### Does the Fund offer Long Term Disability?

No. The Fund does not offer Long Term Disability.



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

## Introduction

This notice includes important funding information about your pension plan ("the Plan"). This notice also provides a summary of federal rules governing multiemployer plans in reorganization and insolvent plans and benefit payments guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a federal agency. This notice is for the plan year beginning January 1, 2013 and ending December 31, 2013 (referred to hereafter as "Plan Year").

## Funded Percentage

The funded percentage of a plan is a measure of how well that plan is funded. This percentage is obtained by dividing the Plan's assets by its liabilities on the valuation date for the Plan year. In general, the higher the percentage, the better funded the plan. The Plan's funded percentage for the Plan Year and 2 preceding plan years is set forth in the chart below, along with a statement of the value of the Plan's assets and liabilities for the same period.

	2013	2012	2011
Valuation Date	Jan. 1	Jan. 1	Jan. 1
Funded Percentage	72.4%	71.6%	72.2%
Value of Assets	\$576,797,762	\$557,714,827	\$545,609,071
Value of Liabilities	\$796,430,777	\$778,505,839	\$756,111,137

## Fair Market Value of Assets

Asset values in the chart above are actuarial values, not market values. Market values tend to show a clearer picture of a plan's funded status as of a given point in time. However, because market values can fluctuate daily based on factors in the marketplace, such as changes in the stock market, pension law allows plans to use actuarial values for funding purposes. While actuarial values fluctuate less than market values, they are estimates. As of December 31, 2013, the estimated fair market value of the Plan's assets was \$587,511,603. As of December 31, 2012, the fair market value of the Plan's assets was \$507,236,491. As of December 31, 2011, the fair market value of the Plan's assets was \$465,428,790.

## Participant Information

The total number of participants in the plan as of the Plan's valuation date was 7,023. Of this number, 2,239 were active participants, 3,694 were retired or separated from service and receiving benefits, and 1,090 were retired or separated from service and entitled to future benefits.

## Funding & Investment Policies

The law requires that every pension plan have a procedure for establishing a funding policy to carry out the plan objectives. A funding policy relates to the level of contributions needed to pay for benefits promised under the plan currently and over the years. The funding policy of the Plan is that it is funded by contributions made by employers pursuant to collective bargaining and participation agreements with unions that represent the Plan's participants.

Once money is contributed to the Plan, the money is invested by plan officials called fiduciaries. Specific investments are made in accordance with the Plan's investment policy. Generally speaking, an investment policy is a written statement that provides the fiduciaries who are responsible for plan investments with guidelines or general instructions concerning various types or categories of 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.

In accordance with 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 Allocations

## Percentage

1. Interest bearing cash	1.78
2. U.S. Government securities	3.33
3. Corporate debt instruments (other than employer securities):	
Preferred	2.60
All other	1.81
4. Corporate stocks (other than employer securities):	
Preferred	.01
Common	24.16
5. Partnership/joint venture interests	10.96
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	40.03
10. Value of interest in pooled separate accounts	
11. Value of interest in master trust investment accounts	
12. Value of interest in 103-12 investment entities	12.48
13. Value of interest in registered investment companies (e.g., mutual funds)	1.51
14. Value of funds held in insurance co. general account (unallocated contracts)	
15. Employer-related investments:	
Employer Securities	
Employer real property	
16. Buildings and other property used in plan operation	.13
17. Other	1.20

## Critical or Endangered Status

Under federal pension law a plan generally will be considered to be in "endangered" status if, at the beginning of the Plan year, the funded percentage of the plan is less than 80 percent or in "critical" status if the percentage is less than 65 percent (other factors may also apply). 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, the trustees of the plan are required to adopt a rehabilitation plan. Rehabilitation and funding improvement plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time.

The Plan was in endangered status in the Plan Year 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 designed to increase the funding percentage by at least 33% by the end of the funding improvement period and to provide for no accumulated funding deficiency during the funding improvement period.

You may obtain a copy of the Plan's funding improvement and the actuarial and financial data that demonstrate any action taken by the plan toward fiscal improvement by contacting the plan administrator.

## Right to Request a Copy of the Annual Report

A pension plan is required to file with the US Department of Labor an annual report (i.e., Form 5500) containing financial and other information about the plan and to make the report available upon written request to participants, contributing employers and any labor union that represents participants. Copies of the annual report 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.



### Summary of Rules Governing Plans in Reorganization and Insolvent Plans

Federal law has a number of special rules that apply to financially troubled multiemployer plans. Under so-called "plan reorganization rules," a plan with adverse financial experience may need to increase required contributions and may, under certain circumstances, reduce benefits that are not eligible for the PBGC's guarantee (generally, benefits that have been in effect for less than 60 months). If a plan is in reorganization status, it must provide notification that the plan is in reorganization status and that, if contributions are not increased, accrued benefits under the plan may be reduced or an excise tax may be imposed (or both). The law requires the plan to furnish this notification to each contributing employer and the labor organization.

Despite the special plan reorganization rules, a plan in reorganization nevertheless could become insolvent. A plan is insolvent for a plan year if its available financial resources are not sufficient to pay benefits when due for the plan year. An insolvent plan must reduce benefit payments to the highest level that can be paid from the plan's available financial resources. If such resources are not enough to pay benefits at a level specified by law (see Benefit Payments Guaranteed by the PBGC, below), the plan must apply to the PBGC for financial assistance. The PBGC, by law, will loan 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 notification of the insolvency 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 as a result of the insolvency, including loss of a lump sum option. This information will be provided for each year the plan is insolvent.

### Benefit Payments Guaranteed by the PBGC

The maximum benefit that the PBGC guarantees is set by law. Only vested benefits are guaranteed. 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 years of credited service.

**Example 1:** If a participant with 10 years of credited service has an accrued monthly benefit of \$500, 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 ( $\$500/10$ ), which equals \$50. The guaranteed amount for a \$50 monthly accrual rate is equal to the sum of \$11 plus  $\$24.75$  ( $.75 \times \$33$ ), or \$35.75. Thus, the participant's guaranteed monthly benefit is \$357.50 ( $\$35.75 \times 10$ ).

**Example 2:** If the participant in Example 1 has an accrued 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  $\$6.75$  ( $.75 \times \$9$ ), or \$17.75. Thus, the participant's guaranteed monthly benefit would be \$177.50 ( $\$17.75 \times 10$ ).

The PBGC guarantees pension benefits payable at normal retirement age and some early retirement benefits. In calculating a person's monthly payment, the PBGC will disregard any benefit increases that were made under the 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 pre-retirement death benefits to a spouse or beneficiary (e.g., a qualified pre-retirement survivor annuity) if the participant dies after the plan terminates, 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.

### Where to Get More Information

For more information about this notice, you may contact Michael M. McCall at 804-282-3131 or in writing at 8814 Fargo Road, Suite 200, Richmond, VA 23229. For identification purposes, the official plan number is 001 and the plan sponsor's employer identification number or "EIN" is 54-6097996. For more information about the PBGC and benefit guarantees, go to PBGC's website, [www.pbgc.gov](http://www.pbgc.gov), or call PBGC toll-free at 1-800-400-7242 (TTY/TDD users may call the Federal relay service toll free at 1-800-877-8339 and ask to be connected to 1-800-400-7242).



## Need Help Locating a Participating Provider in Your Area?

Thinking about switching doctors or perhaps getting a second opinion from a different health care provider? Looking for Durable Medical Equipment (DME) or a lab in your area? Maybe you've been ordered to have a sleep study. In all these cases, be sure the providers you are using participate in the Anthem BlueCross BlueShield network.

To locate participating providers in your area, visit [www.anthem.com](http://www.anthem.com) and simply follow the steps below:

- Click on "Find a Doctor or Hospital" under "Useful Tools" in the gray box on the right hand side of the page.
- In step 1, choose the type of provider you are searching for from the menu on the left.
- In step 2, enter the name and specialty of a particular provider you would like to use to verify they participate with Anthem BlueCross BlueShield. This step is optional.
- In step 3, enter a mileage radius and zip code, city or state to search within.
- In step 4, select "I am a current member and want to search using my plan". Enter the prefix "TJA". This prefix is case sensitive and must be in all upper case letters. Then click "Search". All in-network providers will be displayed.

## Notice of Grandfather Status

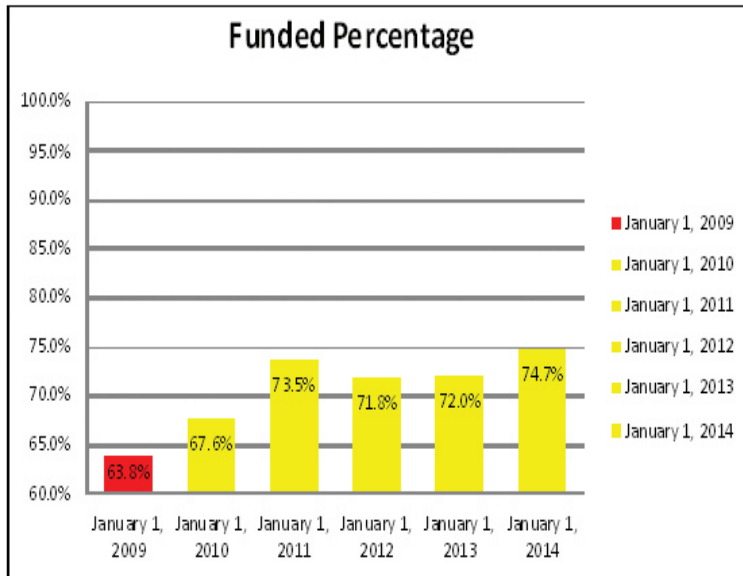
This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that 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.

## Pension Fund Moves Closer to Green Zone after Phenomenal Year in Investment Returns

The Pension Fund is pleased to announce an 18.2% investment return made during 2013. Needless to say it was a wonderful year for investments.

You may be wondering what this does for the overall health of the Pension Fund. The Fund now has an estimated funding level of 74.7%, up from 72% last year. More importantly, an investment return of this level advances the Fund toward green status two years earlier than originally expected. Of course, reaching the green zone of 80% is still several years away and requires healthy investment returns in the future, but as you can see, we are well on our way. The chart below shows the funded percentages from the past five years:



## Joint Council No. 83 Participants Recently Awarded Pensions

Name	Local	Awarded	Last Employer
Branch, Kenneth W.	592	1/1/2014	McLean Trucking
Carr, Suzanne E.	83	2/1/2014	TJC83 Fund Office
Clark, Donnie D.	22	12/1/2013	United Parcel Service
Cloonan, Steve B.	29	11/1/2013	United Parcel Service
Crouch, Horace E.	171	11/1/2013	YRC Worldwide
Curry, Amanda S.	822	11/1/2013	United Parcel Service
Deane, Ronald E.	322	11/1/2013	United Parcel Service
Delconte, George A.	322	1/1/2014	United Parcel Service
Fouch, George L.	22	2/1/2014	United Parcel Service
Harris Jr., Fred M.	322	11/1/2013	Safeway Stores
Heath, Ronald A.	22	11/1/2013	United Parcel Service
Hoal, Terry G.	171	1/1/2014	United Parcel Service
Johnson, Hal W.	322	11/1/2013	United Parcel Service
Martin, Gary A.	171	12/1/2013	United Parcel Service
Moran II, Roland E.	592	12/1/2013	Safeway Stores
Morgan, Gary	171	11/1/2013	United Parcel Service
Parker Sr., Kenneth L.	822	2/1/2014	United Parcel Service
Pettrey, Michael E.	171	2/1/2014	United Parcel Service
Richardson Jr., Lonnie	322	1/1/2014	Binswanger Glass
Rountree, Teresa Sharp	822	12/1/2013	United Parcel Service
Schwartz, David C.	171	12/1/2013	United Parcel Service
Smith, Chandores L.	322	11/1/2013	Federal Marine Terminals
Smith, Pamela L.	83	11/1/2013	TJC83 Fund Office Staff
Taylor III, Jerome J.	322	12/1/2013	United Parcel Service
Vanvalkenburg, Lee J.	822	12/1/2013	United Parcel Service
Williford, Christopher I.	822	11/1/2013	United Parcel Service
Wonderley, Patricia D.	29	1/1/2014	United Parcel Service

## 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 to inform you that on March 31, 2014, 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, 2014.

“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 74.7% for the 2014 plan year is slightly below the government’s “healthy” threshold of 80%. This means that the actuarial value of the Plan’s investments was 74.7% of the total accrued liability for active and retired employees.

Federal law requires that by November 27, 2014, 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.

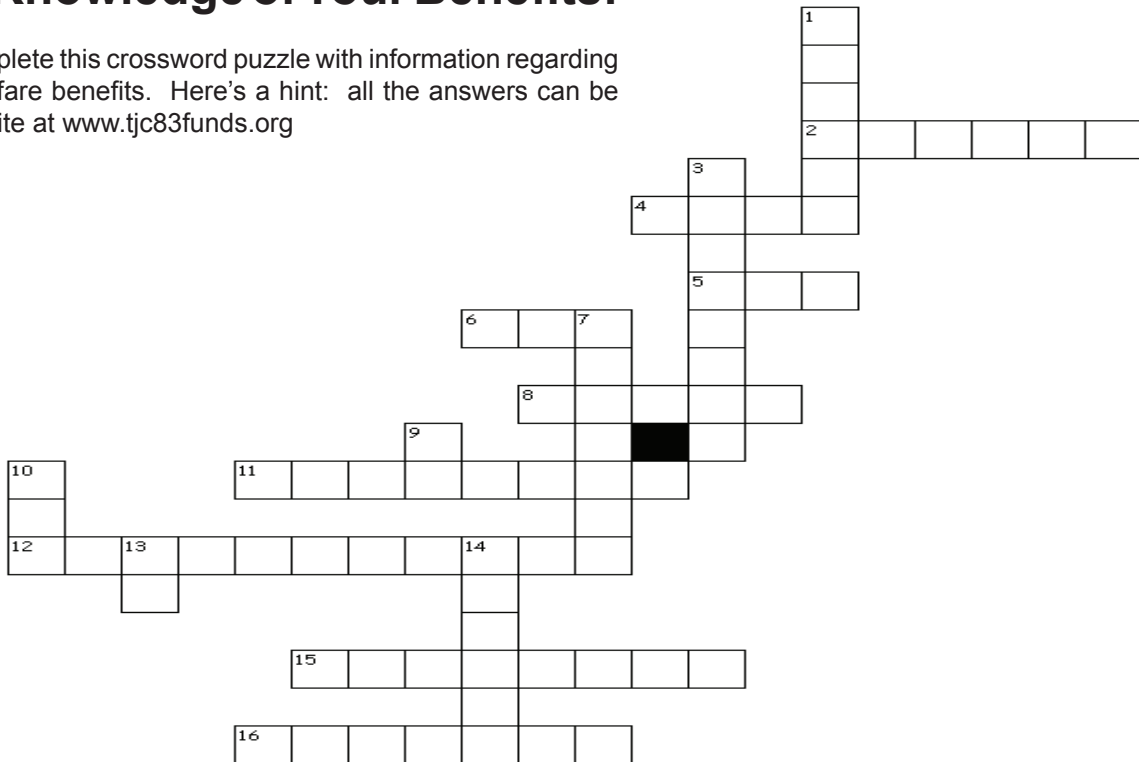
The FIP must propose to the bargaining parties one or more reasonable options for reaching specified benchmarks over a ten year period. The FIP period ends when the plan actuary certifies the Plan is no longer in endangered status, and is not in critical status.

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.



## Test Your Knowledge of Your Benefits!

See if you can complete this crossword puzzle with information regarding your Health & Welfare benefits. Here's a hint: all the answers can be found on our website at [www.tjc83funds.org](http://www.tjc83funds.org)



### Across

2. Your vision care network provider
4. Alternative way to receive prescriptions instead of picking them up at the pharmacy
5. Acronym for the explanation you receive once your claim has been processed
6. Acronym for program that offers free counseling sessions
8. What trimester or pregnancy must notification be made to Carewise
11. Day of the week that disability payments are mailed
12. Designation that must be on file with the Fund Office in order to pay life insurance benefits
15. City in which Fund Office is located
16. Your prescription benefit manager

### Down

1. File this with the Board of Trustees if you disagree with the Fund's payment or non-payment of a claim
3. Contact this company within 48 hours of non-emergency admission or 72 hours of emergency admission
7. HIPAA law protects this
9. Plan that does not cover vision benefits
10. Acronym for form sent annually to update the Fund on the status of the Participant's spouse's insurance coverage
13. Is Long Term Disability offered by the Fund?
14. Your dental network provider