



TWIN HORSE CRIER



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Trustees Appoint Hines & Associates as Fund's New Medical Consultant

The Fund is pleased to announce a partnership with Hines & Associates, our new medical consultant. Hines & Associates is URAC (Utilization, Review Accreditation Commission) certified and has over two decades of innovative and professional healthcare experience.

As a result of this new partnership, several changes will be made to your benefits effective July 1, 2015. These changes are a collaborative effort between medical professionals to ensure that the proper level of care is provided. You will also receive new medical identification cards with updated information in late June. Once you receive the new identification card, please destroy the old cards. If for some reason you do not receive a new card, please contact the Fund Office.

Maternity Management Program

Effective July 1, 2015, there will no longer be a Maternity Management Program. If you or one of your dependents is currently participating in the Maternity Management Program through Carewise, please note that that program will be phased out by July 1.

Pregnancies that are considered high risk will be handled through Hines & Associates' Case Management Program.

Disease Management Program

If you suffer from any of the following conditions, you may receive a letter as well as a phone call from Hines & Associates regarding participation in the Healthy Tomorrows program or you may contact Hines & Associates to enroll.

Chronic Conditions Identified by Hines & Associates for Participation in the Disease Management Program:

Diabetes
Asthma
Coronary Artery Disease
Congestive Heart Failure (CHF)
Arthritis
Chronic Obstructive Pulmonary Disease (COPD)

If you were previously being penalized for failure to participate in the former Disease Management Program provided by Carewise, you will no longer be penalized unless you are re-identified by Hines & Associates and again decline the request to participate. The penalty will include higher copays.

If you are receiving free generic drugs because of previous participation in the Disease Management program through Carewise Health, this incentive will continue.

Case Management Program

Hines' Case Management team will be there to guide you through the process if you ever incur a complex medical condition. They will help coordinate cost effective treatment plans, services and facilities.

Pre-certification Requirements

Effective July 1, 2015, pre-certification will be required for elective and emergency procedures and admissions as listed in the chart below.

| Type of Admission or Procedure | Pre-certification Requirement |
|--|--|
| Elective – any admissions or procedures that are scheduled in advance | At least 5 days preceding the admission or procedure listed in the chart below |
| Emergency – severe condition, the symptoms of which occur suddenly and unexpectedly, requiring immediate medical care to prevent death or serious impairment | Within 2 calendar days of any inpatient admission or procedure listed in the chart below |

Failure to pre-certify any procedures listed in the chart below or inpatient admissions will result in a \$500 reduction of the Fund's payment for benefits relating to the procedure or admission. To request pre-certification, you may either call Hines & Associates at 1-866-253-3198 or visit their website at www.hinesassoc.com.

Procedures Requiring Pre-certification

- | | |
|---|---|
| * Abdominoplasty | * Intradiscal Electrothermal Annuloplasty (IDET) |
| * Artificial Intervertebral Disk Implantation | * Lithotripsy (Shock wave for Plantar Fasciitis) |
| * Arteriovenous (AV) Fistula for Dialysis | * MRI (all related to oncology) |
| * Automated Percutaneous Lumbar Discectomy (APLD) | * MRI (heart) |
| * Automatic Implantable Cardioverter Defibrillator (AICD) Insertion | * Maxillo-facial surgery |
| * Bariatric (weight loss) surgery | * Nasal surgeries (all) |
| * Biopsies (all) | * Orthopedic Surgeries with Implants (implants are defined as any medical device that is permanent and will not be removed) |
| * Biventricular Device Insertion | * PET Scan (all related to oncology) |
| * Blepharoplasty | * Panniculectomy |
| * Breast Reduction | * Percutaneous Radiofrequency Neurotomy |
| * CT Angiogram | * Sclerotherapy |
| * CT Calcium Screening | * Spinal Surgeries (all) |
| * CT (all related to oncology) | * Uvulopalatopharyngoplasty (UP3/UPPP) |
| * Capsule Camera Endoscopy | * Varicose Vein Surgery |
| * Colonoscopy (virtual) | * Ventral Hernia Repair |
| * Excess Skin Removal – arms, chest, and legs | |
| * Graphed Access for Dialysis | |
| * Hysterectomy | |

Unsure of who your Employee Assistance Provider (EAP) is?

If you are unsure of who your EAP is, check the back of your medical identification card. If EAP is listed, your EAP is Anthem. If EAP is not listed, your employer provides an EAP. For details on your employee provided EAP, contact your Human Resources department, as the Fund Office does not have this information.

Fund Provides Secondary Coverage for Dependents up to Age 26 with Other Insurance

Your dependent age 18 or older should receive a Qualifying Child Coordination of Benefits form annually. This form is mailed directly to the dependent and is sent two months prior to the member's birth month. If your dependent becomes employed and receives coverage from his/her employer before the form is received, please notify the Fund Office of the primary coverage.

Once the Fund is notified of the primary coverage, we will then provide the dependent with secondary coverage. After the primary carrier has considered the claim, the Fund will consider the amount that remains. Keep in mind that your dependent must follow the guidelines of the primary carrier, otherwise the secondary claim may be denied.

For prescription reimbursements, send a copy of the receipt or itemized statement from the pharmacy, including the primary carrier's payment, to the Fund Office.

If you or your dependent have questions regarding secondary coverage, contact the Fund Office.

Tips for Choosing Whom to Trust with Your Eyes.



If you ask people what's the most important of their five senses, chances are they'll say their eyesight. It's no surprise, considering we rely on our vision for almost every activity we perform. That's why choosing someone you trust to care for your eyes is an important decision—but it doesn't have to be a difficult one.

By following a few basic tips, you can find the right doctor for your vision care needs. Dr. John Lahr, Divisional Vice President, EyeMed Provider Relations, and Medical Director, offers these guidelines:

- Ask people you trust—friends, family and coworkers—for their recommendations.
- Confirm the doctor will perform a comprehensive eye exam—one that includes a discussion of your medical history, dilation of the pupils and a full range of tests on both the internal and external parts of the eye.

- Find a doctor whose office is in a convenient location and offers evening and weekend hours to accommodate your schedule.
- Look for a doctor and staff who provide you with the caring, knowledgeable, passionate and personalized service you deserve.
- Choose a doctor who uses the most modern developments in medical technology.
- Select a doctor who offers a broad selection of eyeglass frames, lenses and prescription sunwear in a wide range of price points.

Finding the right eye doctor can help you protect your eyes and vision. By doing your homework, you are sure to find one to help you take good care of the sense you value most—your vision.

In-Network Dental Benefits Leave You with No Balance

Anytime you use an in-network dental provider, you can expect to have no balance billing until you meet your annual family maximum. If your current provider does not participate in the Anthem National Dental PPO, you can nominate them by downloading the Provider Nomination Form from our website at www.tjc83funds.org/dental.asp.

To find a participating dental provider in your area, follow these steps:

1. Log onto www.anthem.com. From the "Find a Doctor" tool, follow these steps:
2. Under the option to search by selecting a plan/network, first select the state in which you reside from the dropdown menu;
3. In the "select a plan/network" dropdown menu, scroll until you see the heading "Dental" and select "National Account Dental";
4. Click "select and continue";
5. On the next screen, you can narrow your search by entering specialties, locations or specific names of providers, then click "search". Participating providers will appear on the next page.



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, 2014 and ending December 31, 2014 (“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 2014 | Plan Year 2013 | Plan Year 2012 |
| Valuation Date | January 1 | January 1 | January 1 |
| Funded Percentage | 74.5 | 72.4 | 71.6 |
| Value of Assets | \$609,771,066 | \$576,797,762 | \$557,714,827 |
| Value of Liabilities | \$817,869,116 | \$796,430,777 | \$778,505,839 |

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, 2014 Estimated | Dec. 31, 2013 | Dec. 31, 2012 |
|-----------------------------|----------------------------|---------------|---------------|
| Fair Market Value of Assets | \$615,624,286 | \$587,504,601 | \$507,236,491 |

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, 2014 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 an increase in the funding percentage to reach green zone by the end of the funding improvement period. You may get a copy of the Plan’s funding improvement plan, any update to such plan and the actuarial and financial data that demonstrate any 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, 2015, separate notification of that status has or will be provided.

Participant Information

The total number of participants and beneficiaries covered by the Plan on the valuation date was 7,048. Of this number, 2,209 were current employees, 3,752 were retired and receiving benefits, and 1,087 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) | 1.85 |
| 2. U.S. Government securities | 3.95 |
| 3. Corporate debt instruments (other than employer securities): | 2.19 |
| Preferred | 1.50 |
| All other | |
| 4. Corporate stock (other than employer securities) | |
| Preferred | |
| Common | 24.28 |
| 5. Partnership/joint venture interests | 11.72 |
| 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 | 40.49 |
| 10. Value of interest in pooled separate accounts | 11.46 |
| 11. Value of interest in 103-12 investment entities | 1.29 |
| 12. Value of interest in registered investment companies (e.g., mutual funds) | |
| 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 | .09 |
| 16. Other | 1.18 |

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, 2015, the Plan expects the following events to have such an effect: the Plan intends to merge the assets, liabilities and participants of the Richmond Teamsters and Industry Pension Fund ("Bakery Fund") into the Plan. Receipt of the net assets and liabilities of the Bakery Fund is expected to increase the funding percentage of the Plan by up to 1% as of the date of transfer.

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

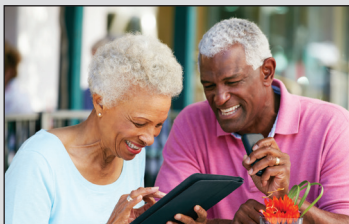
The maximum benefit that the PBGC guarantees is set by law. Only benefits that you have earned a right to receive and that cannot be forfeited (called vested benefits) are guaranteed. There are separate insurance programs with different benefit guarantees and other provisions for single-employer plans 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).

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The Many Benefits of Direct Deposit



Still receiving your pension benefit check in the mail? Have you considered direct deposit as an alternative? Here are several ways direct deposit can benefit you.

When you receive your benefit check via direct deposit, you no longer have to wait in line at the bank to cash your check. There are also no holds on direct deposits, as there often are with checks deposited in ATMs.

You are likely to receive your payment earlier if you use direct deposit as opposed to receiving your check in the mail. All direct deposits are guaranteed to be in your account on the first business day of the prior month, whereas paper checks are mailed on the last business day of the month and may take several days to be delivered to you.

Direct deposit also prevents the risk of lost or stolen checks, which can result in identity theft.

If you would like to transition from receiving your pension benefit check by mail to direct deposit, you can download the form from our website at www.tjc83funds.org/pension-forms.asp (the form is listed as Electronic Funds Transfer form) or you can request a form be sent to you by contacting the Fund Office.

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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.pbpc.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 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 sent to inform you that on March 31, 2015, 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, 2015.

"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 77.0% for the 2015 plan year is slightly below the government's "healthy" threshold of 80%. This means that the actuarial value of the Plan's investments was 77.0% of the total accrued liability for active and retired employees.

Federal law requires that by November 24, 2015, the Trustees must adopt a Funding Improvement Plan ("FIP") designed to achieve the following goals:

- * Increase the funding percentage by roughly 8% 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.

Fund Retirees

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

Fund Office

Carol S. Wilkinson

Local 22

Jack G. Bond, Jr.
Jeffrey Duncan
Teresa A. Smith
Michael Tate
Phillip V. Wilkinson

Local 29

Douglas D. Coleman
Lon S. Piquet
David H. Ralston
James W. Sulser

Local 171

Willard F. Donovan
Randall Powell
Jerry A. Rickey
Terry L. Rucker
John W. Smith, Jr.
Robert S. Smith
Roosevelt A. Via
Charles L. Williams

Local 322

Earl Dudley, Jr.
William G. Duvall
Elvin D. Eaton
Sharlene Goldsberry
Edward Holt
Barry F. Long
Arthur W. Markland
John A. Moody
Ronald P. Sharp
Rodney D. Valad

Local 592

Steven G. Hayes, Sr.
Richard T. Haynes
Elvin K. Hogge
Edward W. Horning
Robert C. Nance
Leslie T. Nelson, Jr.
Henry B. Stith
Albert B. Wilkins
James R. Wright, Jr.

Local 822

George W. Patrick
Thomas Sanzi

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

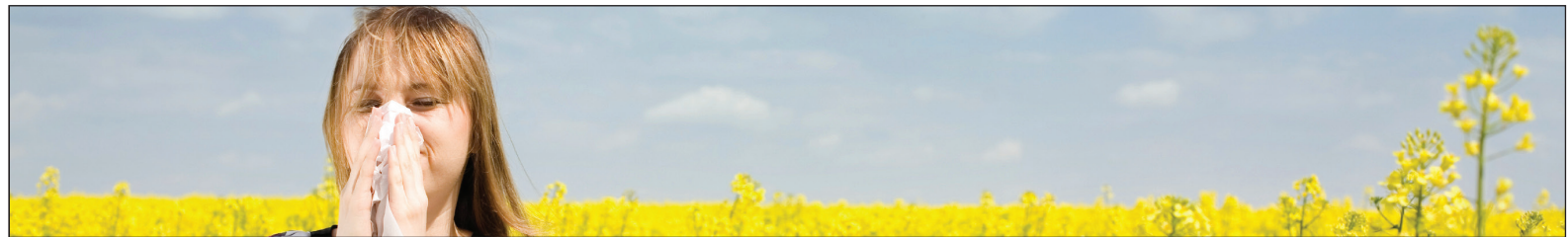
Email documents and forms:

documents@tjc83funds.net



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

Know your allergies to defeat them this spring



The allergy season is upon us, creating misery for more than 35 million people. Here are some tips for alleviating allergy attacks caused by pollen and mold:

- * Keep your windows closed at night. Use air conditioning, which cleans, cools, and dries the air.
- * Minimize early morning activities outdoors between 5 and 10 a.m. This is the time of day when pollen is most prevalent.
- * Keep your car windows closed when you drive.
- * Take a vacation during the height of the pollen season. Pick a place that's more pollen-free, like the beach or the sea.
- * Take the medications prescribed by your allergist.
- * Don't spend too much time outdoors when the pollen count, humidity, or wind factor is high.
- * Avoid raking leaves or mowing lawns, which stirs up molds and pollens. Delegate these

tasks to someone who isn't allergic.

- * Don't hang sheets or clothing out to dry. Pollens and molds may collect on these items.
- * Don't grow too many indoor plants. Wet soil is a breeding ground for molds.

Pollen

The pollen of such trees as oak, western red cedar, elm, birch, ash, hickory, poplar, sycamore, maple, cypress, and walnut is often the cause of early spring seasonal allergic rhinitis (hay fever).

Late spring and early summer hay fever is usually caused by pollinating grasses, including timothy, bermuda, orchard, sweet vernal, red top, and some blue grasses. Other weeds that can cause pollen allergy include sagebrush, pigweed, tumbleweed, Russian thistle, and cockleweed.

Note that pollen from plants with bright flowers, such as roses, usually does not cause allergic problems, since these flowers have large

and waxy pollens that are carried from plant to plant by insects such as bees. On the other hand, many trees, most grasses, and certain low-growing weeds are primarily wind-pollinated.

Mold

Molds are parasitic, microscopic fungi without stems, roots, or leaves. They contain no chlorophyll, and their spores float in the air like pollen. Mildew is caused by molds.

Outdoor mold spores begin to appear after a spring thaw and reach their peak in either July, August, September, or October in the northern United States.

Molds are present in almost every possible habitat. Outdoors, they can be found in soil, vegetation, and rotting wood. Inside, molds are found in attics, basements, bathrooms, refrigerators and other food storage areas, garbage containers, carpets, and upholstery.

Courtesy of First Draft, February 2015