

# TWIN HORSE CRIER



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## Pension Fund Status Update: Your Fund is Stable

Recently, various multiemployer pension funds around the country have made headlines for reducing benefits to avoid insolvency. According to a recent article posted on CNN Money's website, multiemployer funds cover more than 10 million workers and retirees in trucking, manufacturing and other industries. An aging workforce and major investment losses from the recession are being blamed for the downfall of these funds. Your fund, however, continues to progress towards becoming more financially healthy.

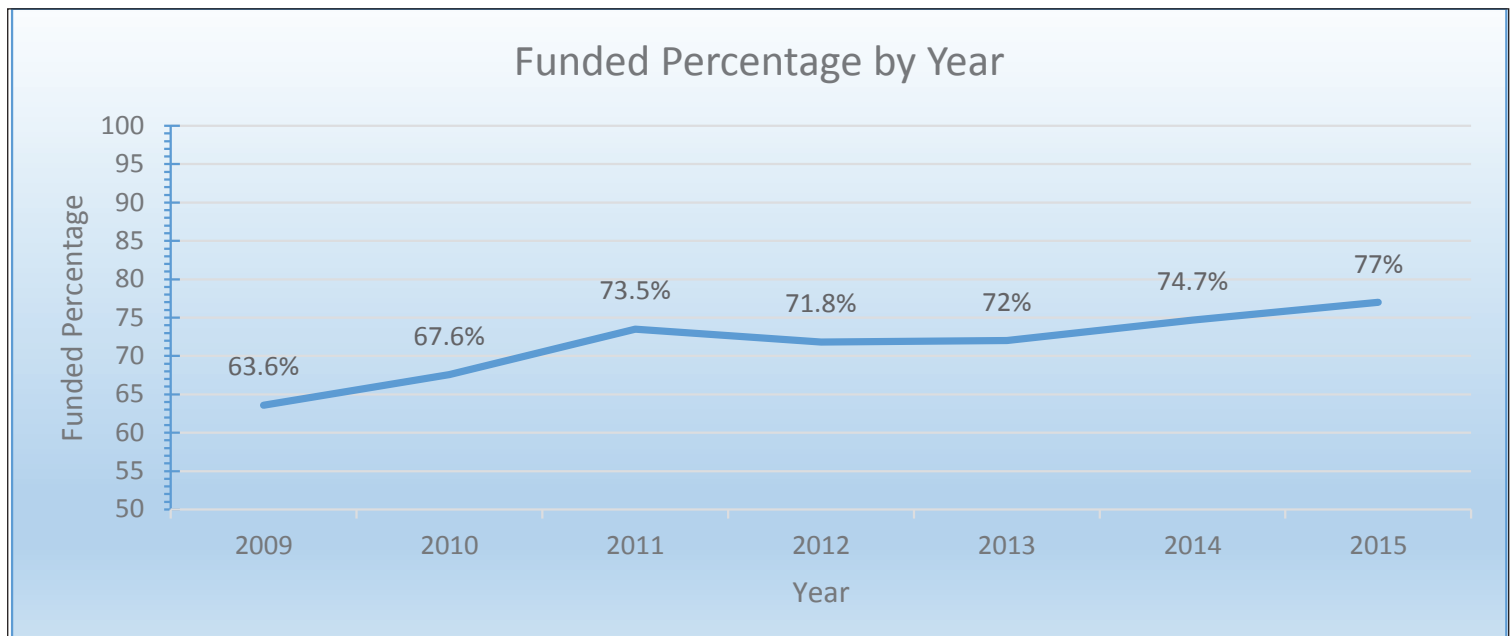
You may recall from past newsletter articles that the Pension Protection Act rates each Fund based on their financial health, using the colors green, red and yellow. Funds in the green zone are considered healthy and are 80% or more funded. Funds in the yellow or "endangered"

zone are 65% to 79.9% funded. Red zone funds, or those considered "critical", are less than 65% funded.

As of January 1, 2015 your Fund is 77% funded, which as you can see, is very close to achieving a green zone status. If projections are accurate, the Fund is expected to reach the green zone within a couple of years.

To illustrate the Fund's financial growth, you can see a seven year funding history below.

The Board of Trustees continue to monitor the health of the Fund as one of their key priorities. We will provide you with annual updates regarding the status of your pension fund.



## H&W NEWS

### Gender Reassignment Now Covered by Fund

Effective August 25, 2015, medically necessary procedures, services and prescription drugs related to gender reassignment are covered by the Fund. Determination of medical necessity will be performed by the Fund's medical consultant, Hines & Associates.

### Retiree Health Benefits premium now accepted by check payment

The Fund now accepts payment of Retiree Health Benefits (Plan ZR) premiums by check. Payment is due by the tenth of every month.

### Spouses and Qualifying Children Must Enroll in Free Coverage if Available

If you are an active employee and free coverage is offered to your spouse or qualifying child between the ages of 18 and 26 through his/her employer, your spouse or qualifying child must enroll as long as no benefits will be forfeited. Those benefits may include extra compensation, vacation, etc.

If your spouse or qualifying child has been offered free coverage in the past but did not enroll, he/she must enroll during the next open enrollment period. The Fund will become his/her secondary carrier on the date in which the free coverage is next available through his/her employer. The Fund cannot process any claims as the secondary carrier that have not first been considered by the primary carrier.

## Summary Annual Report for the Teamsters Joint Council No. 83 of Virginia 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, 2014 through December 31, 2014. 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, 2014 were \$396,177.

### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$61,258,741 as of December 31, 2014, compared to \$59,540,361 as of January 01, 2014. During the plan year the plan experienced an increase in its net assets of \$1,718,380. This increase 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 \$45,285,737, including employer contributions of \$38,492,673, employee contributions of \$1,784,660, earnings from investments of \$4,998,337, and other income of \$10,067.

Plan expenses were \$43,567,357. These expenses included \$3,924,193 in administrative expenses, and \$39,643,164 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;

- 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 Michael McCall who is the Executive 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 \$2.10 for the full annual report, or \$0.05 per page for any part thereof.

You also have the right to receive from the Executive 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 Executive 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.

# 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, 2016. 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 9/Plan 9 Series II | Plan 11/Plan 11 Series II | Plan 12/Plan 12 Series II |
|--------------------------|-------------------------|---------------------------|---------------------------|
| <b>Core and Non-Core</b> | \$1,078.00              | \$1,205.00                | \$1,205.00                |
| <b>Core Only</b>         | \$1,013.00              | \$1,106.00                | \$1,106.00                |

# Same Sex Spouses Now Covered by H&W Fund

We are pleased to announce that as of August 25, 2015, same-sex spouses are now eligible for benefits.

If you are a retiree and your pension effective date was on or before August 1, 2015, your same-sex spouse can be added to the Retiree Health Benefit Plan (Plan ZR) on or after September 1, 2015. Please note that the pre-existing clause will apply.

To add eligible dependents including a same-sex spouse or a step-child(ren), complete the Dependent form and return it to the Fund Office along with the required documentation. You can download the form from our website at [www.tjc83funds.org/forms.asp](http://www.tjc83funds.org/forms.asp).

# Specialty Drugs Transitioning to BrioVaRx Specialty Pharmacy

Optum Rx, your pharmacy benefit manager, and Catamaran Corporation combined companies earlier this year to serve you more efficiently. The combination of the two companies, who will still operate under the name Optum Rx, will begin to move participants from the Optum Rx specialty pharmacy to the BrioVaRx specialty pharmacy. The transition is expected to take nine months.

On November 1, 2015, participants taking the following medications will be moved to BrioVaRx specialty pharmacy:

- Nexavar
- Stivarga
- Xtandi
- Pulmozyme
- Tobramycin nebulized products – Bethkis, Tobi, Tobi Podhaler, and tobramycin nebulized solution
- Praluent
- Repatha

If you are taking any of the medications listed above along with any other specialty medications, Optum Rx will transfer those medications as well so that all your specialty medications will be filled at the same specialty pharmacy.

On December 1, 2015, the drugs Vivitrol and Lemtrada will be moved to BrioVaRx. These drugs are typically provided directly to the provider’s office for administration under the pharmacy benefit.

If you are affected by this transition due to the medications you are prescribed, Optum Rx will call you to provide you with information on how to navigate the BrioVaRx website and refill your prescriptions. When you receive your next refill with BrioVaRx, your shipment will include a welcome kit, an introduction letter to BrioVaRx and condition-specific educational materials.

After this initial wave, Optum Rx will continue to transition members beginning March 1, 2016 and will continue monthly through July 1, 2016. We do not anticipate any changes to costs, pharmacist availability, refills or deliveries.



## Breast Cancer Awareness: Are You at Risk?

Breast cancer is a malignant tumor that has developed in the cells of the breast. According to the American Cancer Society, it is the most common cancer among American women and the second deadliest cancer in women. Although the disease occurs almost entirely in women, men can also be diagnosed with it.

### Risk Factors for Developing Breast Cancer

There are some controllable risk factors that can decrease chances of developing breast cancer. Maintaining a healthy weight through diet and exercise, as well as limiting alcohol intake and avoiding smoking are all ways to reduce risk of breast cancer.

Certain risk factors exist however, that are uncontrollable. The female gender, for example is the main risk factor in developing breast cancer. Because the female body produces estrogen and progesterone, this disease is 100 times more common in women.

Aging increases risk as well. The American Cancer Society reports that about 1 out of 8 cases of breast cancer are found in women younger than 45, while about 2 of 3 cases of breast cancer are found in women age 55 or older.

Personal or family history of breast cancer is also a risk factor. Women with sisters, mothers or daughters who have been diagnosed with breast cancer are twice as likely as those who have no family history of the disease.

Concerning race, Asian, Hispanic and Native-American women have a lower risk, while Caucasian and African-American women have a slightly higher risk.

### Screening and Early Detection

The American Cancer Society has recently issued new guidelines regarding mammograms. They now

recommend that women start getting mammograms at age 45, instead of 40, due to the relatively high false positive rate. It is also recommended that women in their 20's perform breast self exams to detect any lumps or changes in their breasts.

Early detection through screening such as mammograms and breast self exams saves thousands of lives every year.

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

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.

*As of June 2015, there were more than 2.8 million breast cancer survivors in the United States, including women who were still undergoing treatment and those who have completed treatment.*

*Information provided by American Cancer Society website, [www.cancer.org](http://www.cancer.org)*

## 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.

## Your Privacy is Protected

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.

## PENSION NEWS

### Merger of Richmond Teamsters and Industry Pension Plan

We are pleased to welcome the Richmond Teamsters and Industry Pension Plan into the Pension Fund as of July 1, 2015. This merger brings 534 new participants into the Fund.

### Need to Speak to a Pension Analyst at the Fund Office?

If you need to speak to a Pension Analyst at the Fund Office regarding your pension benefits, please be sure to call and schedule an appointment prior to visiting the Fund Office. By scheduling in an advance, we can assure that we have all the proper documentation available to better serve you.

### 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.

## 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.

## Fund Retirees

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

### Fund Office

Vickie L. Whitlock  
Marcella C. Wright

### Local 22

Harold D. Chattin, Jr.  
Gary W. Fultz  
Thomas M. Perrigan

### Local 29

James C. Allen  
Dewey L. Baker  
Larry C. Bowles  
Ralph L. Leitch, Jr.  
Kemp L. Mumaw  
Michael W. Norton  
Edward C. Shokes  
Johnnie B. Smith  
Roger Y. Young  
Robert A. Wolford

### Local 171

Jerry M. Adkins  
Melvin O. Bond  
Harold E. Craig  
John S. Edwards  
Charlie D. Hash  
Don F. Minnick  
Kurt B. Minnick  
Gary D. Scott  
Marc G. Stone

### Local 322

Willie L. Allen, Jr.  
Robert N. Brummell  
Kenny L. Christian  
Daryl K. Gibson  
Walter R. Heath  
Anthony Henderson, Sr.  
Eric C. Hughes  
Donald D. Petty  
Eugene B. Roache  
Randy L. Screen  
Haywood E. Staves, Sr.  
William R. Stephens

### Local 592

Johnnie L. Hughes  
Mark R. Palmer  
Carl J. Poland, Jr.  
Ira S. Weinberg

### Local 822

Anthony Canady  
Kim Farrants  
Albert D. Granby, Sr.  
Stephen V. Pappas

## 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)



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



*The Fund Office will be closed Thursday, November 26 and Friday, November 27, 2015.*