

TWIN HORSE CRIER

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Board of Trustees Agree to Changes to Pre-Certification and Notification Requirements through Hines & Associates

As you may recall, in the April 2016 edition of this newsletter, we provided a complete list of procedures requiring pre-certification and notification through Hines & Associates. Recently, the Board of Trustees agreed to simplify this process, in an effort to eliminate obstacles to receive the best care possible.

Effective May 24, 2017, notification is no longer required. As a result, physical therapy, speech therapy and occupational therapy are no longer limited to 20 visits per person per calendar year.

Effective September 1, 2017, only the following will require pre-certification:

- All inpatient admissions. This includes admissions for surgeries, skilled nursing facilities (for patients requiring rehabilitation from hip replacements, strokes, etc.), and treatment centers for psychiatric conditions and/or substance abuse disorders.
- Durable Medical Equipment (DME) rentals and purchases exceeding \$1,000 (common examples include CPAPs and motorized wheelchairs)

Pre-certification must be made at least 5 days prior to any elective inpatient admission. Pre-certification for emergency inpatient admissions must be made within 2 days of the admission.

As a reminder, failure to pre-certify these items through Hines & Associates will result in a \$500 penalty relating to the admission or DME claim.



TO REQUEST PRE-CERTIFICATION:

Either call Hines & Associates at **888-852-8382** or visit their website at **precertcare.com**.

You'll need to provide your address, phone number and ID number, along with the name of your doctor and/or hospital, address and phone number, diagnosis and procedure, as well as the date of admission, surgery or service.

H&W NOTICES

Welcome Additional Pet Dairy Members

We are pleased to welcome additional Pet Dairy members into the Health & Welfare Fund as of July 1, 2017. This multi-state account brings approximately 250 new Participants into the Fund.

Correction to April Newsletter Regarding Infertility Testing

In the April 2017 edition of this newsletter, we incorrectly stated that charges related to infertility testing are not covered by the Fund. Infertility testing is covered, however infertility treatment is not covered, nor are any charges related to the promotion of pregnancy.

Spinraza - Not a Covered Prescription Drug

The drug Spinraza, prescribed to treat spinal muscular atrophy, will not be covered by the Fund.

Fund Office Protects Your Privacy

The Fund is committed to protecting your privacy. As part of our daily operation, we create and receive information about your physical or mental health. By law, we are required to maintain the privacy of your health information and to protect your information from inappropriate use or disclosure. To request a full copy of the Privacy Regulations, contact the Fund Office.

COBRA Benefits and How You Can Qualify for Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) 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

Plan	Core and None Core	Core Only
Plan 9/Plan 9 Series II	\$1,200	\$1,140
Plan 11/Plan 11 Series II	\$1,342	\$1,245
Plan 12/Plan 12 Series II	\$1,342	\$1,245
Plan ZR	\$1,668	\$1,616
Plan ZR Family	\$2,757	\$2,669

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, 2018. 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.

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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please note, this notice does not apply to Participants employed by National Fruit or covered under Plan ZR.

PENSION NEWS

Keep the Fund Office Updated with Changes

Have you recently moved or switched banks? Need to make a change to your pension beneficiary? If so, please submit all of these changes in writing to the Fund Office, as we do not accept these changes by phone.

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.

Monthly Retiree Meeting at Locals 322 and 592

Retirees of Local Unions 322 and 592 are invited to meet with fellow retirees every second Wednesday of the month at 11:00AM. Meetings are held at the Union hall at 3705 Carolina Avenue in Richmond. For more information, contact Jerry Hall at (540) 894-0620 or by email at papahall8@msn.com.



Understanding Your Annual Pension Statement

In the coming weeks, the Pension Fund will be mailing annual statements to Participants who are still accruing service in the Pension Plan. This statement is a breakdown of your accumulated years of service, as well as the days/weeks of contributions paid, and is based on information provided to the Fund by your employer as of December 31, 2016.

What information does the statement contain?

Your pension statement includes the following information:

- * Your Alternate ID number
- * Date of birth
- * Pension Benefit Schedule
- * Local Union Number
- * Current employer
- * Benefit Accrual Service earned
- * Vesting Service earned

What is Benefit Accrual Service?

Benefit Accrual Service (BAS) determines the amount of your monthly pension benefit. It may also determine the type of pension you will receive.

How is BAS earned?

If you complete 1,575 hours of service (35 weeks of contributions) in Covered Employment during a calendar year, you earn 1 full year BAS. Benefit Accrual Service can also be earned in one-quarter (12 weeks), one-half (20 weeks), and three-quarter years (26 weeks).

How do I know how much BAS is earned in a particular year?

On the reverse side of your pension statement,

you will find a table illustrating your service history according to the Fund's records.

What is Vesting Service?

Vesting Service (VS) determines your eligibility to receive a pension from the Plan. You become vested after earning 5 years of Vesting Service. Once vested, you cannot lose the pension benefit you have earned, even if you leave Covered Employment.

How is Vesting Service earned?

You earn 1 full year of Vesting Service when you complete 1,000 hours (23 weeks) of service in a calendar year. You earn ½ year Vesting Service when you complete at least 501 (12 weeks), but less than 1,000 hours of service in a calendar year. No Vesting Service is earned if less than 501 hours of service are completed in the calendar year.

How is my pension calculated?

Your pension benefit is based upon the years of Benefit Accrual Service, the applicable pension schedule, your age at retirement, and the form of benefit you choose.

What do I do if the information on the statement is incorrect?

It's very important that you review the statement for accuracy. If you disagree with the information listed, please contact your employer to verify contributions were made properly for the time period in question.

For specific information regarding your Pension benefits, do not hesitate to contact the Fund Office.

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

Local 22

Christy Cain
Kenneth L. Jennings
Stanley Landis
Thomas P. Poey
Jesse L. Woodby

Local 29

Titus D. Anderson
Richard E. Bolden, Jr.
Thomas A. Brake
Knole L. Mitchell
Terry L. Wood

Local 171

David F. Assaid
Jeffrey W. Burke
Gordon R. Campbell
Carroll Cornett
David W. Eells
Irvine A. Mays, Jr.
Thomas R. Robertson
Bruce A. Saunders

Local 322

Mohammed Baqaja
Wesley T. Boone
Donald H. Cosgrove
James A. Green
Robert L. Jackson
Sandra L. Johnson
David L. Lacks
Kenneth A. Mosher
Grayson R. Travis

Local 592

Gary C. Cook
Robert E. Cotman
Clyde W. Crawford
Donald R. Farrell
Randal D. Gaither
Michael D. Hammer
Kenneth F. Jenkins
Cecil Jones
Mitchell R. Parrish
Aldo Succetti
Alfred M. Wilson, Jr.

Local 822

Tony C. Landes
Randy W. Lint
Paul V. Neale



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



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

What you're doing (or not doing) that will affect how your child learns

As a parent who values your child's education, you've probably gone to great lengths to make sure your child goes to the right school and has access to the best possible teachers.

You've also spent a lot of time hunting down all the necessary school supplies. And although glue sticks, No. 2 pencils and pocket folders are important, it's possible you're not addressing the one item that dictates 80 percent of learning: your child's vision.¹

What we learn is largely predicated by what we see. Vision is a primary way children find out about the world around them. Yet 5 to 10 percent of children have undetected vision problems.²

Just like check-ups and trips to the dentist, bringing your child in for an annual eye exam is an important way to help him or her stay well. It's not enough to rely on school vision screenings to determine your child's eye care needs. By the time they have their first screening, they may already have issues that could have been corrected years earlier.

Between 6 months of age and 1 year, your child should have his or her first eye exam with an optometrist or ophthalmologist. The doctor will check for nearsightedness, farsightedness, astigmatism, amblyopia (or "lazy eye"), proper eye movement and eye alignment, how the eye reacts to light and darkness, and other eye health problems.³

Your child's next eye exam should take place between the ages of 3 and 5, and then every year ongoing. During these exams, the doctor will conduct a comprehensive eye exam as well as vision screening tests.⁴

Because children often don't realize they have a vision problem, it's important they have a comprehensive eye exam conducted by an optometrist or ophthalmologist. And while vision screenings performed at your child's school can be helpful, they should not

be considered a substitute for a comprehensive eye exam.

- Courtesy of EyeMed



¹ Gazzaniga, M.S.; Ivry, R. B.; Jangun, G. R.; Cognitive Neuroscience, the Biology of the Mind. New York: WW Norton & Co., 1998.

² U.S. Preventive Services Task Force. Guide to Clinical Preventive Services. 2nd Edition. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 1996.

³ American Optometric Association, "Infant Vision: Birth to 24 Months of Age," 2010.

⁴ American Optometric Association, "Infant Vision: Preschool Vision: 2 to 5 Years of Age," 2010.