

TWIN HORSE CRIER

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Health & Welfare Fund Welcomes Express Scripts as New Prescription Benefit Manager

As you may know, effective April 1, 2018, the Fund changed Prescription Benefit Managers to Express Scripts. New prescription drug ID cards were mailed at the end of March. These cards replace the Optum Rx ID card you were previously issued and must be presented to your pharmacist upon filling your next prescription. Additional cards can be requested by contacting the Fund Office or by downloading the mobile app.

Drugs Requiring Prior Authorization

Prior authorization is required for certain drugs. A complete listing of these drugs is available on our website at tjc83funds.org/prescription-drugs.asp. If your newly prescribed drug (i.e., not a prescription that is being refilled) appears on this list, the prescribing provider must contact Express Scripts at 855-230-7775. Assistance with prior authorization is available 24 hours a day, seven days a week, so a determination can be made right away.

If the pharmacist cannot reach your doctor, talk with the pharmacist

about filling a small supply of your prescription right away. You may have to pay full price for this small supply, but once authorized, the prescription can be reprocessed for payment through the Fund.

Prescription Drugs Excluded from Coverage

If your prescription drug appears on the Exclusion List, it will not be covered by the Fund. You are not required to change drugs, but if you choose to continue using this medication, expect to pay the full cost even if you received a prior authorization in the past. This does not mean you should stop taking your medication. We recommend you talk to your doctor to discuss alternative medication options. A complete listing of drugs excluded from coverage can also be found on our website at tjc83funds.org/prescription-drugs.asp.

Secondary Prescription Benefit Coverage by the Fund

If you are covered by the Fund as your secondary carrier, please present your Express Scripts ID card to

the pharmacist when picking up your prescription. Your secondary benefits will be processed at the time of payment, instead of requesting a reimbursement from the Fund, as handled previously.

Convenient home delivery services through the Express Scripts PharmacySM (previously known as Mail Order)

Have a chronic condition such as high blood pressure or diabetes that requires a prescription for long-term medication? If so, get the most out of your benefits by using the home delivery service. This service allows you to receive up to a 90 day supply of your medication by mail with free shipping.

Specialty Drugs filled through Accredo, an Express Scripts company

If you have been prescribed a specialty drug for a complex chronic condition such as Multiple Sclerosis or Rheumatoid Arthritis, there are services available through the Express Scripts's specialty drug pharmacy, Accredo. Accredo has

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Fund News

New Trustee Appointed to Board of Trustees

The Fund Office welcomes the newest member of the Board of Trustees, James Wright of Teamsters Local Union No. 822. Mr. Wright was appointed Trustee effective January 1, 2018, replacing former Trustee Kenny Chism.

Pre-Certification Reminder

As a reminder, pre-certification is required for all inpatient admissions, including admissions for surgeries, skilled nursing facilities, 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) also require pre-certification.

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.

Go to precertcare.com, or call Hines at 888-852-8382 for pre-certification.

Update Your Address with the Fund Office

Have you recently moved or have plans to move in the near future? Have a dependent child age 18 or older that has recently moved? If so, please be sure to provide the Fund Office with your most current address. Download a Change of Address form on our website at tjc83funds.org/forms.asp or by requesting one from the Fund Office.

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specialized teams of Patient Care Advocates who will work closely with you and your physician to obtain prior authorizations as well as contact you when your prescriptions need to be refilled. Accredo can be reached by phone at 800-803-2523 or online at accredo.com.

Helpful resources online at Express-Scripts.com

Manage your medicines anywhere, any time at express-scripts.com or by downloading the Express Scripts mobile app from your device's app store.

You can check prices of medicines, get access to pertinent forms, as well as download a prescription ID card. You can also request refills of your home delivery prescriptions, check order status and track shipments here.

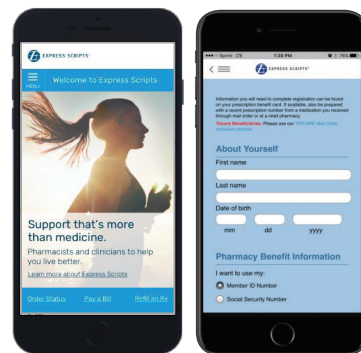
Registering Online with Express Scripts

Registering online is safe and simple. Your information is secure and confidential. All you need to complete your registration is your member ID number or SSN.

If you're registering from a desktop or laptop computer, go to express-scripts.com and select Register. Enter the requested information and create a username and password.

From a mobile device, go to the app store, and search Express Scripts. Once you've downloaded the app, enter your personal information and create a user name and password. Click Register and you're all set!

To set preferences, select Communications



Preferences from the menu under Account, scroll to Communication and Viewing Preferences. Click Edit preferences. Preferences can only be changed via the member website, not the mobile app.

If you're an iPhone user with Apple's touch ID authentication on your iPhone or iPad, you can enable it to login to your Express Scripts account on the mobile app, if desired.

Please note that all eligible dependents, ages 18 and older need to register separately.

LiveHealth Online Medical – Quick and easy access to doctors 24 hours a day, 7 days a week



Meet Karen
Mother of 3

Three children are sleeping and one wakes up in the middle of the night crying with a fever and a bad cold. Husband is out of town. She wants to talk to a doctor but it's 2 a.m. What should she do?



Emergency Room

Time: 3+ Hours

Cost: \$1,636

Impact: Time spent driving and waiting to be seen. Had to wake up the other children. Had to take off the following day of work.



Urgent Care Center

Time: 2+ Hours

Cost: \$147

Impact: Time spent driving and waiting to be seen. Had to wake up the other children. Tired and dragging the next day at work.



LiveHealth Online

Time: 10 min or less wait Cost: Free

Impact: No driving, no appointments, no long waits. No time off from work. Child feels better faster!

National average allowed amounts; 2016 claims data based on Local Group and Individual, Non Refunding Members only, for LiveHealth Online fully treatable diagnosis codes in Anthem's 14 Blue states

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, 2017 and ending December 31, 2017 (“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 2017	Plan Year 2016	Plan Year 2015
Valuation Date	January 1	January 1	January 1
Funded Percentage	82.5%	79.3%	77.1%
Value of Assets	\$741,100,865	\$705,517,906	\$646,450,553
Value of Liabilities	\$897,546,520	\$888,797,654	\$837,456,949

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, 2017 Estimated	Dec. 31, 2016	Dec. 31, 2015
Fair Market Value of Assets	\$819,591,081	\$701,847,748	\$643,448,323

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 not in endangered, critical, or critical and declining status in the Plan Year.

Participant Information

The total number of participants and beneficiaries covered by the Plan on the valuation date was 7,704. Of this number, 2,486 were current employees, 4,049 were retired and receiving benefits, and 1,169 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)	1.38
2. U.S. Government securities	4.28
3. Corporate debt instruments (other than employer securities):	
Preferred	1.95
All other	2.25
4. Corporate stock (other than employer securities)	
Preferred	
Common	21.72
5. Partnership/joint venture interests	15.47
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	39.70
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	11.14
13. Value of interest in registered investment companies (e.g., mutual funds)	.94
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	.05
17. Other	1.12

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 Melissa Wetzel at 804-282-3131 or by email at yourfund@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, 2018, the Plan expects no material events to have such an effect.

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 ten (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).

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.pbgc.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 Melissa Wetzel at 804-282-3131 or by email at yourfund@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 Fund and the employer identification number or "EIN" is 54-6097996.

FAQ

Q

How often are Coordination of Benefits (COB) forms required by the Fund and what is the purpose of the form?

A

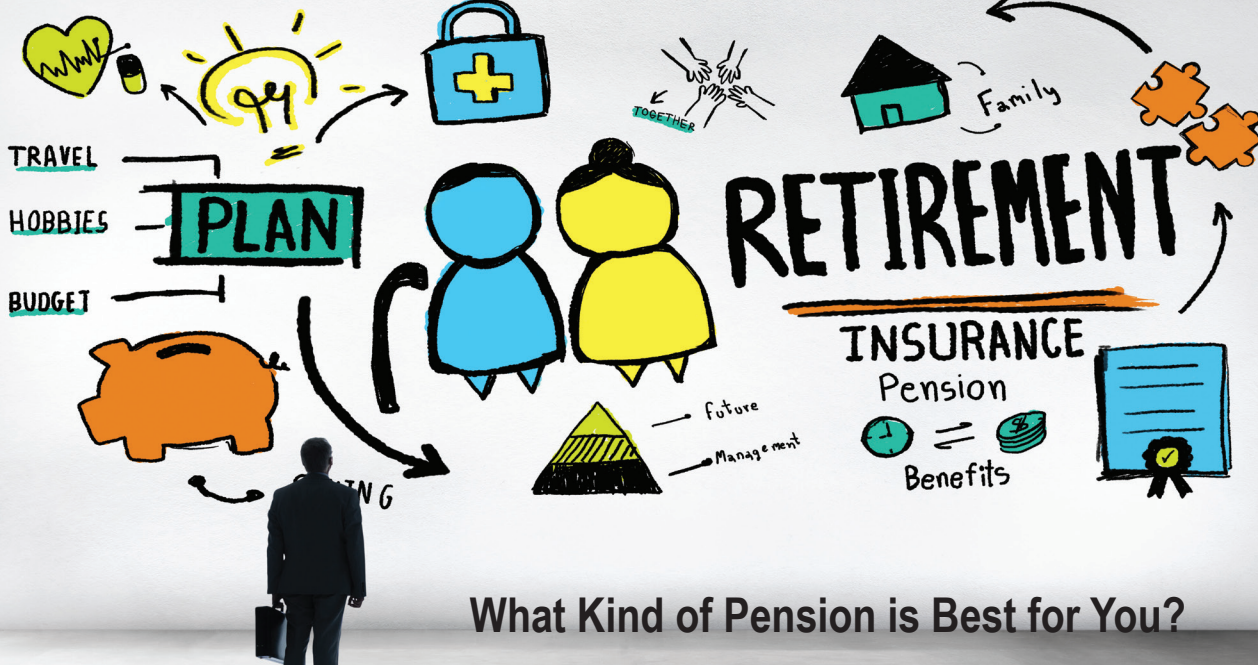
COB and QCOB (for dependents age 18 and older) forms are required annually from all members with spouses and dependent children age 18 and over to determine if the spouse or dependent has insurance available through his/her employer. The Fund mails forms two months prior to the Participant's birthday to allow plenty of time for processing before the prior year's form expires. Failure to return the form will result in the delay of claims processing.

Q

I received an Injury Report from the Fund after my daughter visited the doctor for a broken arm. Why did I receive this form?

A

Medical claims received with a diagnosis code related to an injury trigger an Injury Report to be sent to the Participant to obtain more information regarding the incident. This information is used to determine if the injury occurred at work and if a third party (for example, an auto insurance company) is involved. If there is a third party involved, the matter is turned over to the Fund's subrogation attorney. If no third party is involved, the claim will be processed for payment by the Fund.



What Kind of Pension is Best for You?

When planning for your retirement through the Fund, there are a few different benefits you should consider. Have you thought about how a divorce would affect your pension? What happens to your benefits upon your death?

Joint and Survivor Benefit

Are you married and planning to retire soon? Have you and your spouse considered the Joint and Survivor Benefit and how it will affect your pension?

The Joint and Survivor Benefit reduces the amount of your monthly benefit to allow for a lifetime survivor benefit.

If you elect the Joint and Survivor Benefit when you retire and later become divorced, the survivor benefit will still be payable to your ex-spouse at the time of your death. In order to remove your spouse as your Joint and Survivor beneficiary, he/she must waive his/her right to this benefit as part of the divorce decree. You must submit proof of waiver in the form of a signed court order to the Fund. If you fail to submit proof of waiver to the Fund Office before you die, your ex-spouse will receive the survivor benefits.

Once a waiver is received by the Fund Office, you may then name a new beneficiary. This beneficiary may be due the final pension payment at the date of your death. If the pension benefit has been disbursed by the Fund at the time of your death, no further payments are due.

What happens though if your spouse precedes you in death? If your spouse dies before you, your pension will be recalculated to 'pop up' to the base amount you would have received had you not retired under the Joint and Survivor Benefit. The recalculated amount will go into effect the first day of the month after the month in which the Fund receives a certified copy of the death certificate.

If you pass away prior to retiring but after vesting in the Pension Plan, your spouse automatically receives 100% of the Fund's Joint and Survivor Benefit.

Contingent Annuitant Benefit

The Contingent Annuitant Benefit allows unmarried participants to assist loved ones who remain in the event of death. A Contingent Annuitant is a person you, as an unmarried participant, select to receive lifetime survivor benefits from the Pension Plan upon your death, similar to the ability a married individual has to leave lifetime survivor benefits to his/her spouse. Based on you and your Contingent Annuitant's birth dates, your pension benefit from this Fund is reduced to provide a percentage of your monthly pension benefit based on age difference to your Contingent Annuitant upon your death.

If you are unmarried at the time of your death with at least 10 years of vesting service and have not named a Contingent Annuitant or pension beneficiary, the 5 year Death Benefit or Lump Sum Benefit, if applicable,

will be paid out in the following order:

- to your child or children in equal shares;
- to your father or mother in equal shares if both are living;
- to your estate, if no relative above survives you.

If you are unmarried at the time of your death with at least 5 but less than 10 years vesting service, survivor benefits are only payable if you have named a Contingent Annuitant.

If you have not already named a pension beneficiary, you may do so by completing a pension beneficiary form and submitting it to the Fund Office. You must sign the form and an adult who is not named as a beneficiary must witness your signature. You can name a primary beneficiary and a secondary beneficiary, a person who takes the place of the primary beneficiary should the primary beneficiary die before or at the same time as you. You can also name several beneficiaries, with survivor benefits divided among them. However, there can be only one eligible spouse or Contingent Annuitant to receive the Lifetime Survivor Benefit.

For more information regarding your Pension benefits, contact the Fund Office.

Have you recently changed banks?

Be sure to let the Pension department at the Fund Office know in order to avoid delays in receiving your monthly benefit.

Fund Retirees

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

Local 22

Jeffrey Blackwell, Sr.
James Buckles
Julia Shipley

Local 29

James Campbell
Gregory Cummings
Barry Dean
Mark McMullen
Charles Miller
Robert Williams

Local 171

Robert Hendricks
Randall Jennings
Ronald Jones
Charles Roberts
Jerry Tart

Local 322

Quintin Aldridge
Linda Anderson
Sylvia Clarke
Robert Clay
William Hopkins
Jennifer Jennings
Wendell Jennings
Louis Jackson
Charles Middleton
Daniel Sharp
Randolph Smith
Angela Staton
Herbert Warthan
Ben Wiggins

Local 592

Donald Bogan, Sr.
Timothy Ferguson
Cynthia Hearn
Martin Medley, Jr.
Leo Reed
Roger Scott
Ronald Spain
Donald Trice
Leroy White
Luther Wooten

Local 822

Emre Appleton
Keith Barry
Edward Edelson
Mark Long
Glenn Miller
Bruce Noll
Ronnie Roberts

Fund Office Contact Info

Phone:

(804) 282-3131 - local

800-852-0806 - toll free

Fax:

(804) 288-3530

Web:

www.tjc83funds.org

**Email questions and
comments:**

yourfund@tjc83funds.net

Email documents and forms:

documents@tjc83funds.net

Please be aware that unencrypted, unauthenticated internet e-mail is inherently insecure. Email messages may be corrupted, incomplete, or may incorrectly identify the sender. To secure your message, try using a free secure email such as SAFe-mail. If you have questions regarding HIPAA regulations or how to assure the security of your protected health information, please contact the Fund Office.



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

Fund Office Welcomes New Executive Director

The Fund is excited to welcome our new Executive Director, Melissa Wetzel, from Toledo, Ohio. Melissa directs all phases of daily administration for the Funds.

Her prior experience as a plan administrator includes managing health & welfare, defined contribution pension, 401(k), supplemental unemployment benefit fund and health reimbursement accounts.

She is a member of the Benefits Peer Network and the Richmond Chapter, ISCEBS; she has served as secretary, vice president/treasurer, and is currently serving as president of the Employee Benefits Administrators Association. She also serves on the Pension

Committee for the United Way of Greater Toledo in Toledo, Ohio.

Melissa graduated with a B.S. degree in business administration, with concentrations in accounting and finance, from Elizabethtown College and holds her M.B.A. degree from Penn State University. She earned the Certified Employee Benefit Specialist (CEBS) designation from the International Foundation and the Wharton School of the University of Pennsylvania.

Melissa and her husband R.J. have a son, Aiden who is four years old. She is an avid theatre fan, loves to travel and enjoys volunteering for various organizations.



Melissa L. Wetzel, CEBS
Executive Director