

TWIN HORSE CRIER

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New Dental Provider Network. New ID Cards Coming Your Way!

The Fund is pleased to announce that we will be partnering with Anthem's Dental Blue® 100/200/300 network, as of January 1, 2019. As a result of this partnership, new ID cards are coming your way! This card combines medical and dental benefits into a single card. Be on the lookout for your cards to arrive by mail prior to the new year.

What changed on the ID card?

A few changes have been made to the ID cards. As we mentioned, both medical and dental benefit information are contained in this new card, eliminating the need to have a separate cards for medical and dental benefits.

The name of your dental network, Dental Blue® 100/200/300, is now displayed on the right column on the front of the ID card. The back of the card provides claims filing information for dental providers.

You'll also notice that copay information has been removed from the front of the cards. While your copays have not changed, Anthem has required that ID cards be issued without this information.

As you'll see in the article on the right, Anthem's HealthLink now provides pre-certification for inpatient admissions and certain outpatient procedures. Their contact information can be found on the back of the ID card along with other important contact information.

What stayed the same on the ID card?

Just like before, all ID cards will be issued in the Participant's name. Eligible dependent children over the age of 18 will be mailed cards also, but with the Participant's name.

Based on the state in which you reside, your card will either have an Anthem logo or a BlueCross BlueShield logo.

Depending on your employer, the back of your ID card may or may not have a listing for EAP (Employee Assistance Program). If you do not see this listing, your employer provides you with an EAP. Contact your Human Resources Department for information on EAP.

On January 1, 2019, you may destroy your old cards. Be sure to present your new ID cards to all of your medical and dental providers. Contact the Fund Office if you need additional cards.

Fund Partners with Anthem's HealthLink for Pre-certification, Case Management and Utilization Management

Effective January 1, 2019, the Fund will partner with Anthem's HealthLink for pre-certification, Case Management and Utilization Management.

As a reminder, pre-certification guidelines are as follows: Pre-certification must be made at least 5 days preceding the items listed below.

- **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.

HealthLink can be reached at 1-888-852-8382. Failure to pre-certify will result in a \$500 penalty to the Fund's payment. No payment will be made for any services not authorized by HealthLink.

H&W News

Increase to Chiropractic Expense Benefit

Effective August 8, 2018, the Board of Trustees has approved an increase to the Chiropractic Expense Benefit from 10 visits to 12 visits annually. Please consult your Schedule of Benefits to be sure Chiropractics is covered under your Plan.

Enhancement to In-Network Vision benefits

Effective May 24, 2018, the Board of Trustees has approved an enhancement to your in-network vision benefits. As of that date, one pair of glasses (lenses and frames) and contacts will be covered every year.

Coordination of Benefits Must be Completed Annually

If you are a married Participant, you must complete a Coordination of Benefits (COB) form every year. You will receive the form from the Fund Office one month prior to your birth month.

Dependents over the age of 18 will also receive a Qualifying Child COB form annually. These forms are also mailed one month prior to the Participant's birth month.

Fund Office Protects Your Private Health Information

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.

Release of Personal Health Information to Dependents Age 18 and Over

In compliance with HIPAA regulations, the Fund requires written authorization to release protected health information (PHI) of dependents age 18 and over. The authorization for release can be found on our website and must be completed to allow access to PHI.

Dependents age 18 and over may call the Fund to give permission to access PHI on a case by case basis, as well.



Need Help Finding an In-network Participating Provider?

Looking for a new physician? Need to make sure your current dentist participates with the new Anthem Dental Blue® 100/200/300 network? Or maybe you've moved to a new city and need to have your prescription for contacts updated. Read on to find out how to find participating providers for medical, dental, vision and prescription benefits.

Anthem BlueCross BlueShield - Your Medical Network Provider

Searching for medical providers is easy at www.anthem.com/find-doctor. Search as a member by entering "TJA" in the Identification Number/Alpha Prefix box and click "Continue." Make your selections from the drop-down menu choices provided and click "Search." A list of in-network providers and facilities will be shown in the search results.

Anthem Dental Blue® 100/200/300 - Your Dental Network Provider

To search for in-network dental providers, you will need to access the search portal as a Guest, which is located below the Search as a Member feature on the same page. Clicking "Continue" will bring you to a page with drop down menus. You will need to answer with the following:

1. You get insurance "Through my employer".
2. Select the state you would like to search in.
3. The type of care is "Dental".
4. The plan/network for searches before January 1, 2019 is "National Account Dental PPO". If you're searching as of January 1, 2019, select "Dental Blue® 100/200/300".

Click "Continue," set your search parameters on the next page and click "Search." A list of in-network providers will be shown in the search results.

EyeMed - Your In-Network Vision Benefit Provider

Vision benefits are accessible online 24 hours a day, seven days a week. Make sure to create an account at <https://www.eyemedvisioncare.com/member/public/register.emvc>

To search for an in-network provider, you must create an account and use the "Locate a Provider" link on your account homepage.

You can also print an ID card, check the status of a claim, locate a provider and download an Explanation of Benefits.

To print your ID card, click "View Your Benefits" and "Print ID Card."

Express Scripts - Your Prescription Benefit Manager

Register your account online at www.express-scripts.com/register. Your personal account contains a wealth of information regarding your benefit plan, and you can locate participating pharmacies, print member ID cards, price medications and access your claim history from one convenient location any time of day.

Carry your card on your phone!

EyeMed and Express Scripts have handy mobile apps that can be downloaded through the App Store and Google Play. Login with the same credentials you use to access your accounts online and always have your card with you!



SUMMARY ANNUAL REPORT FOR 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, 2017 through December 31, 2017. 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, 2017 were \$444,121.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$71,408,104 as of December 31, 2017, compared to \$60,690,310 as of January 01, 2017. During the plan year the plan experienced an increase in its net assets of \$10,717,794. 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 \$62,898,436, including employer contributions of \$53,718,558, employee contributions of \$2,014,671, earnings from investments of \$7,137,342, and other income of \$27,865.

Plan expenses were \$52,180,642. These expenses included \$3,586,383 in administrative expenses, and \$48,594,259 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;
- 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 Melissa Wetzel who is Executive Director at 8814 Fargo Rd., Ste 200, Richmond, VA 23229, or by telephone at (804) 282-3131. The charge to cover copying costs will be \$2.55 for the

full annual report, or \$0.03 per page for any part thereof.

You also have the right to receive from the plan administrator, 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 plan administrator, 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 Rd., Ste 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 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

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, 2019. 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	Core and None Core	Core Only
Plan 9/Plan 9 Series II	\$1,145	\$1,140
Plan 11/Plan 11 Series II	\$1,280	\$1,245
Plan 12/Plan 12 Series II	\$1,280	\$1,245
Plan ZR	\$1,596	\$1,557
Plan ZR Family	\$2,638	\$2,364

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, Melissa Wetzal 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, Aramark Uniform of Roanoke or covered under Plan ZR.



Women’s Health Act and Cancer Rights Act of 1998 (WHRCA)

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.



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.

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 Under the Pension Plan

If you are retired and considering returning to work, 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.

Fund Retirees

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

Local 22

Carlton I. Lanier
Aaron K. Carlisle

Local 29

Carroll L. Anderson
Frank H. Blankenship, Jr.
Dennis E. Robinson

Local 171

Kevin W. Dickerson
Wesley B. Garst

Local 322

Charles J. Babcock
Richard G. Carlton
Stephen Carr
James G. Colvin
Patrick S. Conroy
Crystal Dutton
Brandon W. Gresham, Jr.
Corine M. Halloran
Dennis M. Limrick
Johnny Moore, Sr.
Stephanie A. Myers
Ralph L. Newland
John C. Wiggins

Local 592

Ranvil R. Barker II
Stanley Hill
David G. Jones
James D. Massie
Aunra Streat

Local 822

Robert A. Brittingham
Richard K. Collins
Ronald A. Johnson
Gregory J. McLaurin
Phyllis A. O'Neil
Norman D. Riggs
Charles D. Trescott III



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

Breakfast: The most important meal of the day

Make your first meal of the day healthy and nutrient packed! Breakfast will help fuel your body with the energy you need to get your day started.

What makes a better breakfast?

- Fruits and vegetables (fresh or frozen)
- Whole grains (bagels, cereal, muffins, toast, oatmeal, etc.)
- Lean protein (eggs, nuts, lean meat, etc.)
- Low-fat dairy (yogurt, milk, cheese, etc.)
- Less added sugar (cereal, yogurt, jelly, etc.)

Why is a better breakfast important?

- Eating protein in the morning decreases carbohydrate cravings
- Helps you control your weight
- Helps you fit in all of your nutrients for the day

Try out a new healthy recipe from Choose My Plate during “Better Breakfast Month” and get into the habit of making healthier choices.

Meal: Breakfast burrito: 1 flour tortilla (8” diameter), 1 scrambled egg, a cup of black beans, 2 Tbsp salsa

Side: Fruit

Beverage: 1 cup water, coffee, or tea (unsweetened)

Courtesy of Hines & Associates

Source: <https://www.choosemyplate.gov/dietary-guidelines>

