

TWIN HORSE CRIER

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Pension News: 30 and Out Special Early Benefit Restored

We are pleased to announce that the Board of Trustees has voted to restore the 30 and Out Special Early pension benefit.

Who is eligible for the Special Early Benefit?

All Participants who attain at least 30 years of BAS, and participate under a Benefit Schedule that provides for the Special Early Benefit are eligible.

What is the Special Early Benefit?

The Special Early Benefit allows Participants to retire with 30 years of BAS, regardless of age, and to receive a maximum monthly benefit of \$3,500.

As of what date does the restoration take effect?

This restoration is effective as of January 1, 2019.

How do I know how many years of service I have?

Recently, the Pension Fund mailed 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, 2018.

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
- » Estimated Benefit Amount at Normal Retirement Age

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 of 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 the Fund's records of your service history.

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Regular Treatment By Physician Required for Short Term Disability

Once you have been approved for Short Term Disability benefits from the Health & Welfare Fund, it is required that you receive regular treatment for your condition by a physician. Generally speaking, regular treatment is described as every 1 to 4 weeks. Failure to do so will result in a suspension of your Short Term Disability benefit payment.

Flu Shots Covered at 100% at Your Local Pharmacy

Flu season is right around the corner. Keep in mind that flu shots, as well as several other vaccinations, are covered at 100% when performed at your local pharmacy. Simply present your Express Scripts card to the pharmacist at the time of service and there will be no cost to you.

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.

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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 Pension department of the Fund Office.

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 or Legal Separation
- » Loss of Qualifying Child Status (e.g., turns age 26)
- » Death of Participant

Qualifying Events for Participants Under Plan Schedule ZR:

- » Divorce or Legal Separation
- » Loss of Qualifying Child Status (e.g., at age 19 or age 23 if a full time student)
- » Retiree or spouse’s death or entitlement to Medicare that results in a loss of coverage for eligible dependents

COBRA Rates

Listed below are COBRA rates for all available Plans effective August 1, 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 & None Core
Plan 9/Plan 9 Series II	\$1,262
Plan 11/Plan 11 Series II	\$1,376
Plan 12/Plan 12 Series II	\$1,376
Plan ZR	\$951
Plan ZR and Spouse	\$1,444
Plan	Core Only
Plan 9/Plan 9 Series II	\$1,233
Plan 11/Plan 11 Series II	\$1,347
Plan 12/Plan 12 Series II	\$1,347
Plan ZR	\$922
Plan ZR and Spouse	\$1,400



Summary of Material Modifications to the Teamsters Joint Council No. 83 Health & Welfare Fund

This Summary of Material Modification ("SMM") modifies some of the information contained in the Summary Plan Description ("SPD") for the Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund.

Modification

Important changes to certain benefits under the Plan will go into effect as described below:

Out-of-Network Labs and X-rays Not Covered by Fund

Effective January 1, 2020, x-rays and labwork services performed at an out-of-network facility will not be covered, unless the services are ordered by an in-network facility.

Increase to Maximum Fill for Erectile Dysfunction Medications (such as Viagra and Cialis)

Effective August 1, 2019, the maximum number of pills treating Erectile Dysfunction for which the Fund will provide coverage has been increased from 8 pills per month to 12 pills per month.

Zolgensma Not Covered under Fund's Prescription Benefit

Effective August 1, 2019, the prescription drug Zolgensma, used to treat Spinal Muscular Atrophy (SMA), will not be covered by the Fund.

Dependent Children No Longer Eligible Under Retiree Coverage (Plan ZR)

For Participants retiring on or after August 1, 2019, only dependent spouses will be covered under retiree health benefits (Plan ZR). Dependent children will no longer be covered, regardless of age.

For Participants who retired prior to August 1, 2019, dependent children are still covered.

For further information regarding changes to the Plan's eligibility rules or changes in benefits, please contact your Plan Administrator at 804-282-3131 or 800-852-0806.

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 Wetzel 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, Praxair Philadelphia or covered under Plan ZR.



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 Retirees

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

Local 22

Michael Turner

Local 29

Thomas Britts
Roy Cole III
Douglas Harlow
Robert Hlbbs
Timothy Morrison
Sarah Jane Skae-Clark
Charles Zufall

Local 171

Joseph Anderson
Robert Brooks
David Campbell
Timothy Chandler
Timothy Duncan
Danny Rickman
Jimmy Roberts
Donald Wray

Local 322

James Brown Jr
Mark Claveloux
Beverly Prignano
William R Smith Jr

Local 391

Jerry Morgan

Local 592

Larry Getties
Don Hawkes
Greg Hicks
Carol King
James Perkins
John Roney
Lynda Sikes
Tod Van Dusen
King Whitfield
Frank Wiggins
Michael Wilkerson
Elisha Williams
Wilbur Woodley

Local 822

Nancy Forbes
Thurman Forehand III
Donald Hardison
Kirk Perry
Timothy Shortt