# **Twin Horse Crier**

**DECEMBER 2021** 

VOLUME 53, NO. 2

# PENSION NOTICES

FEDERAL INCOME TAX WITHHOLDINGS FOR PENSIONERS

DISQUALIFYING EMPLOYMENT AND SUSPENSION OF BENEFITS

UNIFORMED SERVICES EMPLOYMENT REEMPLOYMENT RIGHTS ACT **INSIDE THIS ISSUE...** ANTHEM EMPLOYEE ASSISTANCE PROGRAM

# HEALTH & WELFARE NOTICES

HEALTH & WELFARE SUMMARY ANNUAL REPORT

SUMMARY OF MATERIAL MODIFICATIONS

# HAPPY HOLIDAYS FROM THE TJC #83 FUND OFFICE!

THE FUND OFFICE WILL BE CLOSED ON THE FOLLOWING DATES:

FRIDAY, DECEMBER 25 MONDAY, DECEMBER 27 FRIDAY, DECEMBER 31 MONDAY, JANUARY 3

# H&W News

### 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.

#### 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.

# It's not too late to get your flu shot!

Remember, they are covered 100% at participating pharmacies. Just show your Express Scripts card to the pharmacist at the time of service.

### **Reminder:**

Form 1095-B will be mailed to your home address prior to the end of January. While you should keep this Form with your tax papers, it is not necessary that you have it in order to prepare and file your 2020 tax returns.

# Have you recently changed your address?

It is important that you keep your correct mailing address updated with the Fund Office. Let us know if you have recently moved.



### There are two new mandatory programs that you will be automatically enrolled in if you meet certain guidelines based on your medical diagnosis.

### **Diabetes Care Value Program**

It is part of the SafeGuardRx portfolio that helps save lives and money by focusing on the most costly and complex conditions. Eligible members who have met the criteria will be informed via letters and email (if available). After enrollment, members will receive a welcome kit containing their new meter. For more information about the program and how SafeGuardRx makes medicine work harder, visit SafeGuardRx.com.

### Here's How it Works

- **Digital Diabetes Prevention and Obesity Solution** provides members with tools that encourage healthy lifestyles and help avoid diagnoses.
- **Digital Care for Type 1 and Type 2 diabetes** securely sends results to clinicians who analyze the data and provide meaningful coaching interventions to guide patients toward a healthier lifestyle with better control of glucose levels.
- **Providing 90-day supplies** to patients promotes adherence, closes gaps in care and mitigates unnecessary medical expenses.
- **Specialized support** from the Express Scripts Diabetes Therapeutic Resource Center including medication education and counseling for patients already diagnosed with diabetes and those we are helping to avoid a diagnosis.

### **Pulmonary Care Value Program**

It is part of the SafeGuardRx portfolio that helps save lives and money by focusing on the most costly and complex conditions. Eligible patients who have met the criteria will be sent communications for enrollment. For more information about the program and how SafeGuardRx makes medicine work harder, visit SafeGuardRx.com.

### Here's How it Works

- **Preferred quality pharmacy networks** with a focus on pulmonary conditions to better care for COPD and asthma patients
- One-on-one support from our team of extensively trained and disease-specialized clinicians
- **90-day supplies** with each fill to promote adherence to long-acting inhaled products, closing gaps in care and mitigating unnecessary medical expenses
- Digital pulmonary care to help establish healthy habits, such as medication tracking

These are mandatory programs that require you to obtain a 90-day prescription through either Express Scripts mail or a 90-day retail at CVS. You will benefit, not only from the additonal services, but also from receiving three months supply at \$45.

These programs will not pertain to any other maintenance medications, however you can take advantage of the savings by asking your povider to write a 90 -day supply and fill it at CVS or Express Scripts mail.





# 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, 2020 through December 31, 2020. The annual report is filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

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, 2020 through December 31, 2020. The annual report is filed with the Employee Benefits Security Administration, 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, 2020 were \$665,199.

#### **Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$100,236,427 as of December 31, 2020, compared to \$80,992,423 as of January 01, 2020. During the plan year, the plan experienced an increase in its net assets of \$19,244,004. 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 \$84,910,192, including employer contributions of \$72,711,025, employee contributions of \$2,018,345, and other income of \$10,180,822.

Plan expenses were \$62,607,422. These expenses included \$4,149,810 in administrative expenses, and \$58,457,612 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 Robin Donovick who is the 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 \$2.28 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13)(PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL\_ PRA\_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)



### TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA HEALTH AND WELFARE FUND SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Teamsters Joint Council No. 83 of Virginia Health and Welfare Fund ("Fund") has adopted the following changes to the Teamsters Joint Council No. 83 of Virginia Health and Welfare Plan. Please keep this document with your Summary Plan Description ("SPD") and your Summary of Benefits and Coverage ("SBC").

### **Telehealth Services**

In the May 2021 Twin Horse Crier, it was stated that Telehealth Service was being extended through December 31, 2021 for telehealth visits to an in network provider. The Plan will continue to cover medically necessary in network telehealth visits, other than telehealth visits related to the detection of SARS-CoV-2 or the diagnosis of COVID-19. The visits with an in-network telehealth provider will continue to be covered as though the visit took place in the in-network health care provider's office and are subject to appropriate discounts, co-payments, fee allowances, out-of-pocket, and other applicable provisions and in the percentage specified in the Schedule of Benefits as determined by the provider's participation in the Plan's appointed Preferred Provider Organization.

### Short Term Disability Income Benefit Successive Disabilities

Effective May 2021, the Plan modified the rules regarding successive disability to state that successive periods of disability resulting from a different injury or from an unrelated illness will be considered a new period of disability if the periods of disability are separated by the Participant's return to active service for at least one day.

For the following Plans: 9, 9 ARS, 9 NG, 9 ACME, 11, 11NG and 12 only, successive periods of disability resulting from the same injury or a related illness will be considered a new disability if the periods of disability are separated by the Participant's return to active service for at least one day.

#### Life Insurance Benefit

Effective April 1, 2021, prescription drugs administered in an outpatient medical setting, with a billed amount of \$15,000 or more require prior authorization in order to be considered a covered expense under the Plan.

<u>Suicide</u>. For certified death certificates presented on behalf of any Participant that list cause of death as suicide, a Life Insurance Benefit at 50% of that provided in the applicable Schedule of Benefits, not to exceed \$13,500, shall be paid. This Life Insurance Benefit is subject to a two year waiting period, calculated from the first (1st) day of the calendar month after the Participant is benefit eligible.

### Accidental Death and Dismemberment Benefit

Payment of Benefits. Payment of benefit under Section 3.2 shall be made in accordance with the rules of Section 3.1, "Life Insurance Benefit," in the case of the loss of life, in accordance with the rules of 3.1 and otherwise in accordance with Section 6. Section 3. ID does not apply to Accidental Death and Dismemberment Benefits.

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.



### 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 noncovered employment, or
- Employment with an employer who competes with a Contributing Employer.

# After Normal Retirement Age but before $70\frac{1}{2}$ years old (usually between 65 and $70\frac{1}{2}$ )

- 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 701/2 years old

There is no employment that is considered disqualifying after age  $70\frac{1}{2}$ .

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

David Barrow Richard Carter Susan Jones Michael Shelton

### Local 29

Larry Cain Paul Prutzman, III

### Local 171

Steven Clarke John Davis Debra Feury Warren Franklin Randy Miller

### Local 322

David Campbell Sandra Bailey Carl Blodgett Michael Flores Wayne Lewis Michael Taylor Johnny Tuck

### Local 592

Gary Ford James Goldsmith Theresa Jordan Earl McReynolds

### **Local 822** Joanne Richards Todd Winterfeldt



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.

Employee Assistance Program Service Summary Teamsters Joint Council No. 83 of Virginia



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

### Anthem 🔹 🕅

### Available 24/7, 365 days a year Everything you share is confidential\*

Life can be full of challenges. Your Anthem Employee Assistance Program (EAP) is here to help you and your household members. EAP offers a wide range of no-cost support services and resources, including:



#### Counseling

- Up to 3 visits per issue
- In-person or online visits
- Call EAP or use the online Member Center to initiate services



#### Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



### Financial consultation

- ${\boldsymbol \circ}$  Phone meeting with financial professionals
- ${\boldsymbol \circ}\,$  Regular business hours; no appointment required
- ${\ensuremath{\bullet}}$  Free financial resources and budgeting tools online

### ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations

\* In accordance with federal and state law, and professional ethical standards.

- Online information about child care, adoption, elder care, and assisted living
  - ${\ensuremath{\,^\circ}}$  Phone consultation with a work-life specialist
  - Help with pet sitting, moving, and other common needs

Dependent care and daily living resources

#### Other anthemEAP.com resources

- $\boldsymbol{\mathsf{o}}$  Well-being articles, podcasts, and monthly we binars
- Self-assessment tools for emotional health issues



### Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises







### We are ready to support you

You can call us at **800-346-5484**, or go to **anthemEAP.com** and enter your company code: TJC83.