

# TWIN HORSE CRIER

Vol. 28, No. 1 March 2010



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The Twin Horse Crier is published  
by West End Administrators, Inc.

March 2010  
Volume 28, No. 1

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**West End  
Administrators**

# In the News

## Participant Adopts Haitian Children



The George Family

Brian and Jennifer George of Fredericksburg, VA have recently adopted two children from Haiti. Brian, a UPS driver out of Local 322 and Jennifer, a financial consultant for Stellar One, are thrilled about the new additions to their family.

The Georges began the adoption process last year and were expecting to wait 2 years to finally have their children home with them. Much to their surprise

however, the children arrived 11 months early, as a result of the January earthquake that devastated the capital city, Port-au-Prince.

Although Brian and Jennifer weren't quite ready for the children to arrive as quickly as they did, they were fortunate enough to have the support of their family, friends and the congregation of Grace Presbyterian Church to make the transition easier. Donations of toys, diapers and clothing were made to the family, but most importantly they received lots of love and prayer throughout the adoption process.

The children, Jason and Evan (whose names have been "Americanized" by their adoptive parents) are adjusting to life in the U.S. quite well. Their first month, however was a bit of a challenge, as most of it was spent indoors, thanks to an unusual amount of snowfall in Eastern Virginia. The time was well spent though, getting to know one another, and forming a bond between the children and the family's three dogs. The family is also adjusting to the language barrier. While the boys are in the process of learning English and seem to understand more than they speak, Brian and Jennifer are able to speak the children's native language of Creole on a 3 year old level.

Undoubtedly, Jason and Evan have the opportunity for a much brighter future here in America. Their health is steadily improving and their parents plan to send them to a private school in a few years. As for Brian and Jennifer, they finally have the family they always dreamed of and are enjoying every moment of it.

# Health & Welfare News

## Trustees Approve Benefit Changes

At a recent appeals meeting held by the Board of Trustees, the following benefit changes were approved:

Charges by an out-of-network anesthesiologist with dates of service on or after October 15, 2009 will be paid at 90% of the BlueCross BlueShield allowable charge. If you already have a claim that has been processed at the prior rate of 70%, your claim will be reopened and considered under the new guidelines.

Also, the list of procedure codes listed in the July 1, 2009 benefit enhancements relating to preventative care has been expanded. For claims incurred on or after September 21, 2009 that contain CPT codes 77051, 77055, 77056, 77057 and HCPCS code G0204 and G0206 (all related to routine mammography) will all be paid at 100% of the BlueCross BlueShield allowable charge. CPT codes 77052, 77057 and HCPCS code G0202, which were part of the initial enhancement to the x-ray benefit will continue to be paid at 100% of the Blue Cross BlueShield allowable charge.



## The Purpose of the Injury Report

Each claim the Fund receives is submitted with a diagnosis code billed by the provider. If the diagnosis code indicates an injury occurred, the Fund automatically sends an Injury Report to the Participant to obtain more information regarding the incident. The Fund uses this information to determine whether the injury occurred at work and whether a third party (for example, an auto insurance company) is involved, in which case, the matter is turned over to the Fund's subrogation attorney.

If you receive an Injury Report from the Fund, please complete the form with as much detail regarding the injury as possible. If a specific incident was not the cause of your claim, simply return the form to the Fund Office and indicate that the claim in question was not the result of an injury.

## The Benefits of Statins

At some point in your medical history, you've probably had a doctor tell you to keep taking your medication, even though your health has improved. This seems to be quite common among patients who have been diagnosed with high cholesterol and have been prescribed a statin drug. Unfortunately, many times those patients who are successful in lowering their cholesterol, decide on their own to stop taking the statin without their doctor's advice.

While it is widely known that statins reduce the "bad" cholesterol in our bodies, studies also have shown that statins may reduce heart attacks and strokes in patients with diabetes. Statins such as Lipitor<sup>TM</sup>, Zocor<sup>TM</sup> and others are considered beneficial in the fight against heart disease.

Carl Hartman, a board certified cardiologist who serves as the medical director of Cardiac Services at Sentara Heart Hospital in Norfolk, VA, is a proponent of long term statin usage. Dr. Hartman continually sees patients who have improved their cholesterol levels as a result of continued use of statins. "Even when a patient's cholesterol goes down, continued use of a statin drug is indicated in the ongoing effort to prevent and control heart disease," says Dr. Hartman.

### What are the benefits of statins?

Although statins are often considered as drugs solely prescribed to lower cholesterol, they also have other benefits. Statins have proven to reduce the risk of heart attack and death in patients with proven coronary artery disease (CAD), as well as improve cardiac risks.

### What are the side effects of statins?

The most common side effects of the statins are gastrointestinal including nausea, gas, and upset stomach, while headache, dizziness, rash, and sleep disturbance are less common side effects.

As always, be sure to consult your physician before you stop taking any prescribed medications. Get in the habit of having an annual physical to maintain your health and to promote early detection of illness.

*Information provided by [dailypress.com](http://dailypress.com), [about.com](http://about.com) and the American Heart Association.*

# Health & Welfare News

## Reduce the Risk of Diabetes with Healthy Nutrition

*“You have diabetes,” stated Amber’s doctor. Amber thought she was hearing things as diabetes did not run in her family. But then her physician repeated himself. “You have diabetes, Amber.”*

Amber was just 35 years old when she was diagnosed with Type 2 Diabetes. Over the course of the past five years, she put on more than 45 pounds and was always fatigued to the point that it interfered with her daily life. Though Amber had always been overweight, after adding the extra 45 pounds, she became obese. Many of Amber’s friends suggested that she go to her general physician, but she didn’t like doctors and figured that the reason for her fatigue was weight gain. However, Amber’s family eventually convinced her to go to her physician who diagnosed her with Type 2 Diabetes. Her physician told her that even though diabetes did not run in her family, she contracted it due to her weight gain.

Her physician convinced her that with an appropriate nutritional treatment plan and exercise program, she could fight this illness and get her life back on track. As Amber began to follow her nutrition plan (developed by a dietician) and began exercising four times a week she began to shed the pounds and felt like a new person. After one year of this new lifestyle, Amber was ecstatic to learn that she was no longer suffering from Type 2 Diabetes. Even though her health has improved, she is still monitored by her physician on a regular basis.

### What are Type 1 and Type 2 Diabetes?

**Type 1.** Type 1 Diabetes is also known as “Juvenile Diabetes”. This is when the body doesn’t produce any insulin (the hormone needed to convert sugar into energy) and requires the patient to inject shots of insulin. It is typically found amongst individuals younger than 30 and if treated, the individual can live a long and healthy life.

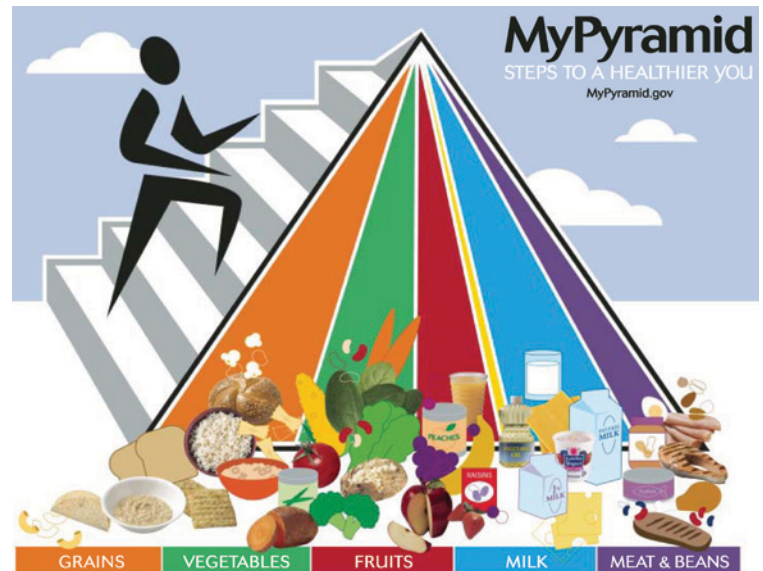
**Type 2.** Type 2 Diabetes is when the body either does not produce enough insulin or the cells are ignoring the insulin that the body does produce. This is more common than Type 1 and easier to maintain than Type 1.

Note, that although obesity increases the risk of contracting diabetes, it is not a prerequisite.

### Nutritional Treatment Plan

Most physicians will recommend you meet with a dietician to create the best diet plan for you. When helping to create a meal plan, a dietician takes into account your medical

history/illnesses, lifestyle, any current medications and your weight. The American Diabetes Association recommends that you follow the food pyramid guidelines to ensure you are eating healthy foods. The food pyramid gives a clear description of what specific foods you should be eating for optimal nutrition.



The following are important tips a dietician may recommend for an individual that is diagnosed with diabetes:

- Eat foods low in salt and sugar (foods with sugar should be eaten in moderation)
- Eat starches 6 or more times a day (bread, cereal and starchy vegetables)
- Eat 5 fruits and vegetables everyday (it’s helpful to add these into the meals you are eating)

### Exercise Plan

Your physician and dietician will encourage you to get into an exercise plan that fits your specific needs. You are encouraged to consult a professional to make sure that you are doing the correct exercises including cardio, aerobics and weight training.

*Courtesy of The Wellness Exchange, March 2010*



# Pension News



## Pension Changes Likely in the Future

*Message from Mike McCall*

Thank goodness 2008 is history and 2009 was a great year! Our pension plan earned an investment return of almost 17% in 2009 allowing the plan to recover roughly one third of what it lost in 2008. If we could only get some Congressional help with the impact of the Pension Protection Act ("PPA") I've written about in a number of issues of the Twin Horse Crier, our collective pain created by the introduction of the law would be greatly reduced.

Is there any legislative relief on the horizon? The latest I hear is 'No' as all efforts on the Hill are overshadowed by the attempt at health care overhaul.

So what does that mean for the Joint Council No. 83 plan? As it stands now, the Board has worked through forty-four different benefit change scenarios looking for an acceptable plan that would meet the requirements of the PPA. All require benefit reductions due to the investment returns of 2000-2002 and 2008.

During presentations to the members of Locals 29, 171 and 322, I've been asked if there's one of the forty-four the Trustees are leaning toward and the answer is 'Yes'. Assuming no other ideas are placed on the table and that no legislative relief rescues the Trustees from this no-win decision, effective January 1, 2011, those with under 20 years of Benefit Accrual Service as of December 31, **2009** will no longer have access to the 25 and 30 and out benefits. For those of you employed by UPS, you may add your part-time years to your full-time years to determine if you have under 20 or 20-or-more. For those with under 20, including myself, we will look to the tables found in Appendix I of the Fund's plan document to determine what retirement benefits are available to us. To find your benefit table, locate the plan document behind the green tab of your 3-ring binder containing your "Welcome Kit" or log into the Fund's website at [www.tjc83funds.org](http://www.tjc83funds.org) and work through the following links:

- Click on the "Employer" tab along the top row,
- Locate your employer and click on their name
- Click on "Pension Schedule"

As time marches on, I'll continue to provide the latest information available involving the impact of the Act.

## Voluntary Contributions No Longer Accepted in Lump Sum Payment

The Fund announced earlier this year that Voluntary Contributions will no longer be accepted in a lump sum payment, effective January 1, 2010. The Board of Trustees has since postponed that change with a new effective date of January 1, 2011.

The decision to cease lump sum payments of voluntary contributions was made after the Board debated whether it was still appropriate for Participants with 19, 24 or 29 years of Benefit Accrual Service to purchase their 20<sup>th</sup>, 25<sup>th</sup> or 30<sup>th</sup> year in a lump sum. The Trustees agreed the financial stress caused by the 2008 investment year, as well as the 2000-2002 investment period, was significant enough to warrant the elimination of this lump sum purchase capability.

As a result, the Fund will not accept payments of Voluntary Contributions in a single lump sum for pensions effective January 1, 2011 or after. Such Voluntary Contributions can still be paid quarterly, in advance, but a Participant cannot begin receiving benefits any earlier than if he had continued working with his employer paying the contributions.

The ability to pay in a lump sum for up to three years in cases of total disability or closure of a Participant's employer was protected and has not changed.



If you have questions regarding the payment of Voluntary Contributions, please call the Fund Office at 804-282-3131 or toll free at 800-852-0806.

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