

Twin Horse Crier

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Web site:

www.tjc83funds.org

Contact us at:

804.282.3131 (local)

800.852.0806 (toll free)

804.288.3530 (fax)

8814 Fargo Road, Suite 200

Richmond, VA 23229-4673

E-mail questions and comments to:

yourfund@tjc83funds.net

E-mail documents and forms to:

documents@tjc83funds.net

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Generic Drugs: Rx for Savings

One way to cut the exploding cost of prescription drugs is to switch to generic drugs. Generic drugs cost less and work the same way as the brand names.

The cost of medicine is one of the fastest-growing parts of U.S. health care spending. Ten years ago, Americans spent \$51 billion on prescription drugs, according to the federal Centers for Medicare & Medicaid Services (CMS).

How much money can generic drugs save? On average, brand names cost more than twice as much as generics, but the difference can be much greater. In a study of 12 common brand-name drugs and their generic equals, the brand-name drugs cost 18 times more than the generic drugs last year. One anxiety drug cost 78 times more than its generic double.

If generics are usually just as good, and cost less, why do they make up just 42 percent of all prescription drugs sold in America? And why do patients and doctors lean so much toward brand names?

It is estimated that drug companies spend \$3 billion annually on brand-name ads for newspapers, magazines, radio, television and the internet. Also, most patients tend to accept names of drugs they know, made by firms they know and they tend to go along with whatever drug their doctor prescribes. Experts say this is most true among seniors.

Generic drugs are a therapeutic copy of the brand-name drug, usually made by another firm. U.S. Food and Drug Administration rules state that a generic drug must be bioequivalent to the brand-name drug. That means it must have the same active ingredients, strength, dosage form, safety, quality and performance. The drug must be absorbed into the bloodstream at the same rate and extent as the brand name.

While generic drugs must have the same active ingredients as brand-name drugs, they may have different inactive ingredients -- additives used for color, flavor, binding or bulk. In some cases, the inactive ingredients in a drug (generic or brand) can cause allergic reactions. Because inactive ingredients may differ, your reaction may differ.

In some cases, there is no generic option. Generic drug makers can't copy a new drug until the patent has expired. A less costly drug, however, might be available in the same class as the one you're taking. For instance, there are several drugs that lower cholesterol and are part of the same class of drugs. However, the prices of those drugs can vary quite a bit.

In certain cases, doctors prefer brand names for medical or technical reasons. If you ask, the doctor should be able to explain why. Drugs on this list include blood thinners, heart stimulants and thyroid medicines.

No matter what the drug or medical issue, experts say, you're on solid ground in asking your doctor whether a generic drug might work just as well for you.

News from the Health & Welfare Fund

Annual Maximums Increased for Plans 7, 8B, 8 and 9

Effective January 1, 2012, the annual maximums for Plans 7, 8B, 8 and 9 will be increased to \$1.25 million.

Mail Order Prescription Drug Quantity Reduction

Effective January 1, 2012, the maximum quantity of prescription drugs available through the Mail Order Pharmacy will be reduced from a 100 day supply to a 90 day supply.

Health & Welfare Fund Gains 2 New Companies

Kellogg Snack Company and Aramark Refreshment Services are the latest companies to enter the Health & Welfare Fund. We look forward to serving both companies and providing their families with great benefits.

First Trimester of Pregnancy Requires SHPS Notification

When you or your dependent become pregnant, you must contact SHPS, the Fund's case management organization, during the first trimester of pregnancy. Failure to contact SHPS will result in a \$500 reduction of the Plan's payment of Inpatient Hospital Expense Benefits.

Fund's Privacy Policy

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.

Summary Annual Report for Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund

As required by federal law, we are providing you with the Summary Annual Report for the Teamsters Joint Council No. 83 of Virginia Health and Welfare Fund.

The Summary Annual Report provides the financial highlights of the Fund for 2010. You will note the amount of assets the Fund had at the beginning and end of 2010, income and expenses for the year, along with other important information.

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, 2010 through December 31, 2010. 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.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$51,714,230 as of December 31, 2010, compared to \$44,110,218 as of January 01, 2010. During the plan year the plan experienced an increase in its net assets of \$7,604,012. 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 \$40,910,298, including employer contributions of \$34,018,453, employee contributions of \$1,962,838, earnings from investments of \$4,642,506, and other income of \$286,501.

Plan expenses were \$33,306,286. These expenses included \$3,367,088 in administrative expenses, and \$29,939,198 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;
- transactions in excess of 5% of the plan assets;
- 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 Michael McCall at 8814 Fargo Road, Suite 200, Richmond, VA 23229, or by telephone at (804) 282-3131. The charge to cover copying costs will be \$1.70 for the full annual report, or \$0.05 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 Road, Suite 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.



The Tremendous Cost of Diabetes

Diabetes is taking a devastating toll on individuals, families, communities, employers and our nation's health care system. According to the Centers for Disease Control and Prevention, nearly 26 million adults and children have diabetes in the United States. An additional 79 million adults - nearly one in four - have prediabetes. This means they are at high risk for developing type 2 diabetes.

Diabetes is a serious disease. If it isn't managed, it can damage many parts of the body, leading to heart attacks, strokes, amputation, blindness, kidney failure and nerve damage. But there is good news: diabetes complications can be prevented or delayed by properly managing blood glucose, blood pressure and cholesterol levels. Eating healthy, being physically active, maintaining a healthy weight and not smoking can help lower the risk of diabetes complications.

The cost of diabetes is staggering, and growing fast. The ADA estimates that the total national cost of diagnosed diabetes in the United States is \$174 billion. Further studies suggest that when additional costs for gestational diabetes, prediabetes and undiagnosed diabetes are included, the total diabetes-related costs in the U.S. could exceed \$218 billion.

According to a 2010 study by UnitedHealth Group, educating the public on diabetes prevention and control could result in a 10-year net savings of up to \$250 billion to the U.S. health care system. More importantly, it could help reduce the number of people developing prediabetes or suffering from this disease by 10 million.

Fortunately, resources are available to help educate you about diabetes, and help you learn how to effectively manage your condition.

Online Member Education

PrescriptionSolutions.com offers a wealth of information about diabetes and how to manage it. You will find information on the causes and types of diabetes, and learn how to help manage the condition through diet and regular monitoring of blood sugar levels. You can also view and print many tools to support diabetes management, including meal planners, doctor visit planners, a food diary, food portion estimators and much more. The site also has a great resource library that links to some of the best diabetes websites available. These sites contain a broad range of topics, articles and expert tips to keep diabetes under control.

My Medication Reminders

Adherence. It's an important concept in the pharmacy benefits world. You've heard time and again that to maintain your health and avoid costly medical interventions, you should follow your medication regimens exactly as prescribed. These state-of-the-art tools make it easier for you to remember to take your medications.

My Medication Reminders, Prescription Solutions' text message reminder service is already helping members improve adherence. A recent study found that members enrolled in My Medication Reminders had a significantly higher adherence rate to their diabetes medications than a matched control group that was not enrolled in the program.

Based on previous studies evaluating the health care costs associated with improved diabetes medication adherence¹, the increased adherence rate translates into an estimated total health care savings of \$724 per year for members participating in the text messaging program

compared with members not participating in the program.

In a population with 1,000 members participating in the diabetes medication text messaging program, total projected annual health care savings from higher diabetes medication adherence based on Prescription Solutions' study results would be \$724,178.

1 Sokol et al. Impact of medication adherence on hospitalization risk and health care costs. Med Care 2005;43:521-530.

You can sign up to receive these text messages by visiting our website at www.prescriptionsolutions.com

No-Charge Meter Program

To help manage diabetes at the lowest possible cost, Prescription Solutions now offers a program that provides you with a complimentary blood glucose monitoring system (meter) when you purchase formulary test strips that are covered by the plan, and can be obtained through Prescription Solutions' Mail Service Pharmacy.

Here's how it works. If after talking with your physician, you decide to switch to a formulary brand or generic test strip, you can obtain a new, matching meter directly from the manufacturer at no cost. Eligible monitoring systems in 2012 are:

- BREEZE®2 and CONTOUR® by Bayer
- ACCU-CHEK® series, including: ACCU-CHEK Aviva®, ACCU-CHEK Compact®, ACCU-CHEK Comfort Curve® and ACCU-CHEK Active®, by Roche Diagnostics
- GLUCOCARD® 01 and GLUCOCARD® Vital, by Arkray*

When formulary test strips are ordered from the Mail Service Pharmacy, you may be able to get up to a 90-day supply of strips delivered right to your mailbox.

Courtesy of Prescription Solutions Newsletter, November 2011

Women's Health and Cancer Rights Act

As stated in the Women's Health Care and Cancer Rights Act of 1998, if you or one of your eligible dependents receive benefits in connection with a mastectomy and elect breast reconstruction, coverage will be provided for the following:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas;
- Any physical complications at all stages of mastectomy, including lymphedemas.

Payment for breast reconstruction follows the same guidelines established for all surgical procedures performed while covered by the Fund. All deductibles and maximums contained in your Schedule of Benefits for surgical procedures and the related charges also apply to breast reconstruction surgery and the related charges. If you have any questions, please contact the Fund Office. We will be glad to explain your benefits and how breast reconstruction is included in your coverage.



- ✓ Your annual deductible is reset at the beginning of every calendar year.
- ✓ The annual dental maximum does not apply to dependents under the age of 18.
- ✓ Only one co-pay applies for all office visits in a single day. The higher co-pay applies when at least one visit is with a specialist.
- ✓ Any injectable drugs supplied by your doctor will be subject to your office visit co-pay only. If your doctor writes you a prescription for the vaccine or injectable medication, it must be filled by the Prescription Solutions Speciality Drug Pharmacy.
- ✓ All services provided within the confines of the doctor's office are covered by your office visit co-pay. This could include chemotherapy, lab work, x-rays, allergy serum, and administration of injections, with the exception of allergy injections.

Joint Council No. 83 Participant Deaths October through November 2011

<u>NAME</u>	<u>LOCAL</u>	<u>LAST EMPLOYER</u>
Adkins, Arlie R.	171	Keal Driveaway Co.
Adkins, Michael W.	592	YRC Worldwide
Ashton, Daniel C.	29	Super Fresh of Virginia
Burkett, Glenn E.	29	American Smights Freight
Black, Jr., Nathaniel A.	322	United Parcel Service
Carter, Jr., Walter S.	592	McLean Trucking Co.
Cooper, George W.	822	United Parcel Service
Farrish, Maynard	29	Smiths Transfer
Foster, James T.	29	American Smiths Freight
Hunter, Robert L.	29	United Parcel Service
Johnson, David M.	171	SpectorRedBall
Kirkland, Leslie P.	592	Conoco Inc
Mowbray, Robert L.	592	McLean Trucking Co.
Pullon, Douglas W.	22	United Parcel Service
Thompson, Haywood W.	592	Yellow Freight
Underwood, Wilbert L.	822	United Parcel Service
Warner, Brommie W.	29	Smiths Transfer

What is COBRA and When Do You Qualify?

The Consolidated Omnibus Budget Reconciliation Act 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 lost.

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. Life insurance and disability are not included in the COBRA benefits, but COBRA does allow you to purchase either medical benefits only or medical benefits plus dental and vision, as the plan provides. The cost to extend health coverage depends on the plan and package you select.

If one of the "qualifying events" in the chart below occurs, you and/or your dependent **must notify us**. We will accept notice of termination of employment or a reduction in hours from your employer through a timely filed contribution report. 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.



For Active Participants	For Retiree Participants (Plan ZR)
Divorce	Divorce
Loss of Qualifying Child status (i.e., turns age 26)	Separation (in cases involving a Participant's stepchild)
Death of employee	Loss of Dependent Child status, (i.e., at age 19, or age 23 if a full time student)
	Retiree Spouse's Death
	Retiree Spouse's Entitlement to Medicare

Please note: COBRA payments are due the first day of the month for which coverage is purchased. However, there is a 30 day grace period.

To request a package including additional COBRA information and the cost to continue your coverage, please contact the Fund Office.

Reminder Regarding Deposit Statements

For the past several years, the federal tax withholding table has changed each year. At this time, there is no withholding change effective January 1st. However, since the amount of tax withheld effects the amount of your net deposit, the Fund Office will mail deposit statements out when and if there is a change. As always, monies will continue to be deposited to your account on the first business day of the month.

If you have recently moved, be sure to send the change of address in to the Fund Office as soon as possible. Changes of address must be signed by you or someone with your power of attorney.

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.

We can also withhold Virginia State taxes and supply 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.

If you would like to change your withholdings, please contact us at 804-282-3131 or toll free at 800-852-0806.

Joint Council No. 83 Participants Awarded Pensions October 2011 to November 2011

NAME	AWARDED
COOPER, TERRY A.	10/1/11
CROUCH JR., CLARENCE	11/1/11
HENSLEY, PHILLIP W.	11/1/11
HINKLE, JERRY L.	11/1/11
JONES, LARRY D.	10/1/11
KELLER JR., JOHN H	11/1/11
LEE, JOHN M.	10/1/11
LETT SR., WILLIS JEROME	11/1/11
LOUDERMILK, EDWARD H.	10/1/11
MANUEL, CHRIS M	10/1/11
MARTIN JR., WILLIAM R.	11/1/11
ROBINSON, MICHAEL W.	11/1/11
SHANNON, JAMES O.	10/1/11
SHROPSHIRE III., GEORGE D.	11/1/11
STROSNIDER, GUY J.	11/1/11
TANNER JR., ROBERT L.	10/1/11
TESTER, JOHN SCOTT	11/1/11
WALLER, ROBERT E.	10/1/11
WILLIAMS, ERIC P.	10/1/11
WOOD, JOHN CARTER	11/1/11

Disqualifying Employment and Suspension of Benefits

Are you retired and considering returning to work? If so, 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. The Pension Fund will suspend and permanently withhold your monthly benefit for any month in which you are employed or self-employed in Disqualifying Employment. The chart below outlines what is considered Disqualifying Employment.

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.

Age	Work Considered Disqualifying
Before Normal Retirement Age (usually 65)	<ul style="list-style-type: none">Employment with an Employer who pays into the Plan (a Contributing Employer), unless<ul style="list-style-type: none">you work less than 40 hours in a calendar month for a Contributing Employer that pays contributions at or above the prevailing NMF agreement casual rate for each day your work, oryou 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, orEmployment 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: <ul style="list-style-type: none">in an industry whose employees were covered by the Plan as of the date you retire or your Normal Retirement Age, andin the geographic area covered by the Plan as of the earlier of the date you retired or your Normal Retirement Age, andin a trade or craft, including supervisory work in which you were working at any time under the Plan.
After 70½	None

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



2012 Pension Benefit Check Mailing and Deposit Schedule

Month	Checks Mailed		EFTs Deposited	
	Weekday	Date	Weekday	Date
January	Friday	12/30/11	Tuesday	1/3/12
February	Tuesday	1/31/12	Wednesday	2/1/12
March	Wednesday	2/29/12	Thursday	3/1/12
April	Friday	3/30/12	Monday	4/1/12
May	Monday	4/30/12	Tuesday	5/1/12
June	Thursday	5/31/12	Friday	6/1/12
July	Friday	6/29/12	Monday	7/2/12
August	Tuesday	7/31/12	Wednesday	8/1/12
September	Friday	8/31/12	Tuesday	9/4/12
October	Friday	9/28/12	Monday	10/1/12
November	Wednesday	10/31/12	Thursday	11/1/12
December	Friday	11/30/12	Monday	12/3/12