

# Michigan Conference of Teamsters Welfare Fund



# Messenger



VOLUME 22, ISSUE 2  
SPRING 2004

## Message from the Fund's Executive Director

Dear Teamster Families,

Memorial Day, 2004. The dedication of the National World War II Memorial in Washington D.C. got me thinking about my father, a WWII veteran who served in combat with the highly regarded 10<sup>th</sup> Mountain Division, which fought its way over the northern Apennine Mountains in Italy during the winter months of 1945, ultimately to spearhead the 5<sup>th</sup> Army's eastward drive on the Axis forces amassed in the Po Valley. I suspect that he was proud of what that brutal, remarkable campaign accomplished, but certainly, that experience altered the quality of the rest of his life. On this day, I take the opportunity to voice my deep respect and admiration for all the courageous soldiers, past and present, who have shown such integrity and who have sacrificed so much.

We welcome the many members, some 1,250, who are newly participating in the Fund this year and we hope that you and your families have had a smooth transition into Fund coverage. Among the largest new groups are Johnson Controls (Belleville, MI, Local 283), SportRack Automotive (Port Huron, MI, Local 339), American Linen Service (various locations in Florida, Locals 79, 385, 512 and 728), Monosol (Portage, IN, Local 142), Pepsi Cola Bottling Co. of Hamilton (Hamilton, OH, Local 1199) and Sara Lee Baking Group (Taylor and other MI locations, Local 51). The Fund staff has been working very hard to serve you, but we urge all of you to familiarize yourself with your benefit plan, as detailed in your SPD booklet, Schedule of Benefits and quarterly published *Messengers*. By doing so, you will maximize the value of your plan and minimize your inconvenience and out-of-pocket expenses. If you have questions, please don't hesitate to contact our Member Services Department.

A special reminder note for those of you who are planning on retiring in the near future; the minimum age to establish eligibility under the Fund's Retiree Medical Program increases to age 57 effective January 1, 2005; please be sure to read our article on page 4 of this issue.

The Fund's Staff, Trustees and I wish you a happy and healthy summer.

Richard Burker

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## Messenger Compilation

The *Messenger* is a quarterly publication that is used primarily to notify you of changes to your plan of benefits. Such notifications, in combination with your Summary Plan Description (SPD) booklet and Schedule of Benefits, form your complete SPD. For ease of reference, the Fund has created a compilation of *Messenger* notifications beginning with the Summer 2001 issue (the first issue following the July 2001 printing of the SPD booklet). It is arranged chronologically by topic, generally

following the order of the SPD booklet. Each time a new issue of the *Messenger* is released, the *Compilation* will be updated.

You can access and print a copy of the *Messenger Compilation* by logging on to the Fund's website at [www.mctwf.org](http://www.mctwf.org) and clicking on the Summary Plan Description button on the navigation bar. If you are unable to access the Fund's website you may contact the Fund's Member Services Department at 313-964-2400 or toll free at 800-572-7687 for a copy.



## Plan Time Limits

The Fund's Summary Plan Description sets time limits for benefit eligibility, filing of applications, claims, appeals and submission of required information in terms of years, months and days, but is not always precisely clear as to when those time limits end. Accordingly, we have defined each of those time limits, as follows:

- **Years** - Time limits in terms of years are units of a fiscal year, or years, commencing on the day of a given event and ending on a date, that number of years later, one calendar day prior. For example, to meet the Fund's one year claim filing requirement, if the date of service is July 1, 2003, the claim must be filed **no later than** June 30, 2004.
- **Months** - Time limits in terms of months are meant to be units of a fiscal month or months, commencing on the day of a given event and ending on a date, that number of months later, one calendar day prior. For example, to satisfy the Fund's 12-month optical benefit rule, if the date of service was July 15, 2003, eligibility for a new optical service commences **after** July 14, 2004.
- **Days** - Time Limits in terms of days are always deemed **calendar** days unless stated as business days.

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## Flexible Dependent Coverage How to Submit a Claim

The Flexible Dependent Coverage Program provides an annual flexible spending account to those who are enrolled in the Program. It permits reimbursement from account balances for specified medical, dental and optical expenses that are not reimbursed by the Fund or other group plans and that are considered deductible from individual tax returns, if itemized. Reimbursement from your flexible spending account is available twice yearly and is based on the date you pay for the services, not the date of the service.

- File between July 1st through August 31st for credits accumulated during the first 6 months of the calendar year (if you prefer, you may wait until the next filing period and file your receipts all at one time); and
- File between January 1st and March 31st for credits accumulated either during the second 6 months of the prior calendar year, or for that entire calendar year.

To facilitate your reimbursement under this Program, we ask you to -

1. completely fill out and sign a Flexible Spending Allowance Claim Form, which can be obtained by contacting the Fund office or on the Fund's website at [www.mctwf.org](http://www.mctwf.org), under Forms on the navigation bar;

2. obtain your receipts, rejections or proofs that another plan has paid its maximum benefits during the above time periods and attach them to your claim form. All receipts must reflect payment in full, must contain a written description of the service/expense, must be a qualified service/expense (listed on the back of the claim form) and must not be an expense reimbursable by another policy or plan; and
3. attach all receipts and required materials to the form and submit them to the Fund for reimbursement at the address listed on the back page of this publication.



# Clarification of Dental and Orthodontic Expenses Not Covered



## **Dental Replacement Expenses**

For Fund participants with Dental Plan benefits, this is to clarify the following Dental Expense Not Covered item in your Summary Plan Description booklet:

*“expenses for replacement made less than five years after placement or replacement that was covered by this Plan or a predecessor Plan;”*

Listed below are the replacement services, appliances and prosthetics which are subject to the five year limitation:

- Crowns and onlays
- Substructures (including pins, posts, cores and thimbles)
- A fixed bridge
- A removable prosthetic appliance (e.g., dentures)
- A complete occlusal adjustment



- A limited occlusal adjustment not more than 3 times in a five-year period

For the purpose of measuring the five year period, the date on which the placement, replacement, or adjustment occurs is deemed the period commencement date.

In order to ensure that intended dental services are covered and to ensure that you understand any financial exposure you may have, the Fund recommends predetermination of all dental services in excess of \$200 in charges, through written submission, by your dentist, to the Fund's Dental Claims Unit, whether or not your dentist participates in the Delta Dental Premier network.

## **Network Orthodontic Expenses**

Effective January 1, 2004, the Trustees set a lifetime, in-network, orthodontic benefit maximum of \$3,500 per person. Orthodontic treatment occasionally requires more than one phase. In conformance with Delta Dental's standard procedure, if a new phase of treatment commences after January 1, 2004, all prior treatment phases are applied towards the lifetime benefit maximum.

## **Accidental Death & Dismemberment Benefit Clarification**

Accidental Death and Dismemberment (AD&D) benefits are paid, in addition to a participant's death benefits, if he dies or is seriously injured as a result of an accident. However, the Summary Plan Description booklet provides that the AD&D benefit does not cover losses caused by *“accidental death as the result of voluntary or involuntary use of alcohol beyond the legal limit or misuse of drugs;”*. For purposes of clarification, the Trustees have modified the exclusionary language to state that the AD&D benefit does not cover losses caused by -

accidental death as the result of the deceased participant's impaired conduct, of whatever nature, caused by the voluntary or involuntary use of alcohol beyond the legal limit for operation of a motor vehicle, or misuse of drugs.

## **Correction to the Summary Plan Description Booklet Introduction**

The Summary Plan Description (SPD) booklet states that the Fund maintains a Master Plan Document separate from the SPD. It does not. The terms of the Plan are fully stated in the SPD booklet and Schedule of Benefits, as updated by modifications described in the Fund's participant newsletter, the *Messenger*. The SPD booklet, Schedule of Benefits and *Messenger* updates are available from the Fund upon request, or on the Fund's website at [www.mctwf.org](http://www.mctwf.org).

# Retiree Medical Program Increase in Minimum Participation Age

## Retiree Medical Program Deferrals

### 12-Month Rule

The Retiree Medical Program (Program) deferral rules state, in part, that:

*“a retiree may defer coverage any number of times after he has commenced participation in the Program, upon presentation of proof of other medical coverage, subject to the requirement that the retiree must defer coverage for no less than 12 months each time.”*

The Trustees have determined that if the retiree asserts to the Fund that he is seeking to defer because he has coverage under another medical plan (for example, as a dependent under his spouse's plan), he may return to Program coverage at any time thereafter, upon the Fund's receipt of written documentation from the other insurance carrier that evidences the loss of the other coverage.

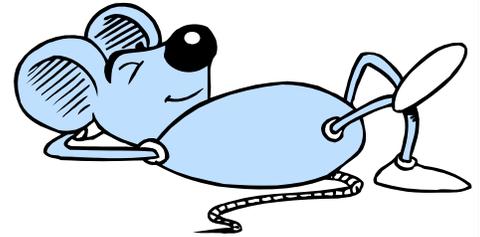
### COBRA Deferral Rule

In the event that the spouse of a retiree exhausts her right to continue participation in the Program at the retiree contribution rate, the retiree spouse is offered the right to continue participation in the Program as an Extended Retiree Spouse, or may choose COBRA coverage instead. In the event that the retiree spouse elects COBRA coverage, her right to participate in the Program as an Extended Retiree Spouse will be deemed deferred.

## COBRA Coverage Benefit Bank Weeks Offset

Federal Law provides that when a “qualifying event” causes a loss of coverage under a group health plan, COBRA continuation coverage must be offered to the participant and “qualified beneficiaries” (the participant's spouse and dependent children) for at least the period beginning on the date of the qualifying event and ending, in most cases, up to 18 months later. A plan may (but is not required to) extend the maximum coverage period by measuring

This is to remind you of the fast approaching deadline of December 31, 2004 for establishing pre-age 57 Retiree Medical Program (Program) eligibility. We refer you to the Spring 2003 Messenger for a comprehensive statement of Program eligibility rules.



Currently, SOA, TIF and Key Plan retirees can participate in the Program as early as age 50 (the minimum age for the I&S Plan is age 57). Effective January 1, 2005, the minimum age at which new retirees may participate in the Program will be age 57 (with the exception of “30-and-Out Pension” retirees, whose minimum participation age remains at age 50). Participants who retire prior to age 57, on or after January 1, 2005, will have participation deferral rights to age 57 or older.

The Retirement Date is defined as the date an individual ceases to be covered by the Fund as an active employee as a result of retirement. This includes post retirement vacation contributions, benefit bank weeks and COBRA coverage. For the purpose of this transitional period, the Fund will recognize the last date of active employment, when such date is on or before December 31, 2004, for the purpose of determining eligibility to participate in the Program prior to age 57. However, participation in the Program will commence for such retirees following their Retirement Date. For example, you declare your retirement and leave active employment on December 28, 2004, your 50th birthday, and on which date you have satisfied all eligibility requirements to participate in the Program. You are owed two weeks vacation for which your employer contributes to the Fund through January 12, 2005 and you have eight remaining Benefit Bank Weeks, which further extends your coverage, resulting in a Retirement Date of March 10, 2005. Due to your cessation of active employment on account of your retirement on December 28, 2004, you will be entitled to participate in the Program before the age of 57 commencing on your Retirement Date of March 10, 2005.

the COBRA period from the date coverage is lost, rather than from the earlier date of the qualifying event. The Fund currently offers COBRA coverage from the date coverage is lost; typically following the exhaustion of remaining benefit bank weeks.

The Trustees have determined that, effective July 1, 2004 the Fund's rule will change so that for any qualifying event that occurs on or after that date, the COBRA period will run from the date of the qualifying event. Accordingly, benefit bank weeks will be applied toward the COBRA period.

## Weekly Accident & Sickness Benefit Eligibility Clarification

The Fund's Summary Plan Description booklet states, in part, that Weekly Accident & Sickness ("loss of time") benefits are provided "if you are disabled due to a non-occupational or non-auto related illness or injury while you are **actively employed.**" (emphasis added)

The Trustees have clarified the rule, in pertinent part, to state that benefits are payable if the disabling injury occurs "while you are covered by the Plan **as an active participant.**" (emphasis added).

Accordingly, weekly accident & sickness benefits are not available at any time thereafter, with respect to a disability that pre-dates the participant's establishment of eligibility under the Plan.



### Visit the Fund's Website at [www.mctwf.org](http://www.mctwf.org)



The Fund's website contains valuable information that will help you find the things you need to know about your Plan of benefits. You can access your Summary Plan Description (SPD) booklet, Schedule of Benefits and *Messenger* (or the *Messenger Compilation*) updates, conduct provider network searches, retrieve

and print forms, research HIPAA Privacy Rules and access other key Fund information. Our Website's navigation bar gives you access to the following options:

- **Home** - This page allows you to access the HIPAA Notice of Privacy Practices as well as the Privacy Rule Frequently Asked Questions (FAQs). You may also view the James Riddle Hoffa Commemorative Plaque (located at the Fund in the atrium).
- **About the Fund** - This page links you to a brief History of the Fund, a Benefits Overview and FAQs regarding medical and dental benefits.
- **Contacts** - This page provides you with the Fund's phone numbers, address, Confidential Helpline phone number and a map that shows our location. You may also email us with any questions, comments, requests or concerns.
- **Schedule** - This page provides you with a schedule of Fund business hours and office closings.

- **Summary Plan Description** - From this page you can access your SPD booklet by clicking on the appropriate icon. You may then access a specific topic from the table of contents by clicking on that topic or conduct a search through the "Find" search function. Your Schedule of Benefits, which is linked to this page, defines your plan's co-payments, deductibles, coinsurance and benefit maximums and should be used in conjunction with your SPD booklet and *Messenger* updates (or the *Messenger Compilation*), both of which are linked to this page as well.
- **Forms** - From this page you can access all of the Fund's required forms, along with a brief description of their use. Use these forms to print, fill out and mail to the Fund office (note that these forms cannot be filled out and submitted electronically). Adobe Acrobat Reader is required for viewing and printing and can be downloaded free of charge from this page.
- **Newsletters** - The Fund's *Messenger* newsletters published since March 1998 are available on this page. The *Messenger* notifies you of any changes to your plan of benefits and, starting with the Summer 2001 issue, updates your SPD booklet and Schedule of Benefits. A *Messenger Compilation*, starting with Summer 2001 issue, is also accessible from this page.
- **Provider Networks** - From this page you can link to the Fund's provider networks and obtain information on PPOM, MultiPlan, Blue Cross Blue Shield and Delta Dental. These network links give you the ability to search for a specific provider or location of provider and print out a listing customized to your needs.

The *Messenger*, published quarterly, notifies you of changes to your plan of benefits. Please retain all issues of the *Messenger*, along with your SPD booklet and other plan materials, for future reference.

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## Early Detection of Oral Cancer New Brush Biopsy Benefit

### Did you know....

- Annually about 31,000 Americans are diagnosed with oral cancer and about 9,000 die from it.
- The 5-year survival rate is 57%, and has not improved in 40 years.
- 25% of all oral cancer patients neither smoke or chew tobacco nor excessively drink alcohol (heavy alcohol use combined with heavy tobacco use can increase the risk of oral cancer up to 100 times).
- The fastest growing segments being diagnosed with oral cancer are women, non-smokers and those under age 40.

Although these are grim statistics, if detected in its earliest stage, the survival rate jumps to 81%. If oral cancer is detected in its pre-cancerous stage, the disease is fully preventable.

Effective April 1, 2004, the Trustees adopted a new benefit that provides coverage for a diagnostic test known as a "brush biopsy", a test which Delta Dental

has adopted as one of its standards of care in the detection and prevention of oral cancer. Until the development of the brush biopsy, scalpel biopsies were a dentist's and patient's only option, and too often, by the time this procedure was performed, it was too late.

During your dental examination your dentist may observe a red or white spot in your mouth or on your lips. Most of these spots are harmless, but are identical in appearance to those which are not. Using a special hand held brush, the dentist takes a small sample of the tissue and sends it to a laboratory for computer assisted analysis. This test is quick and painless and involves little or no discomfort for the patient and the results are received by the dentist within 3 days.

This benefit enhancement requires no pre-authorization or co-payment and is applied to the annual benefit maximum.

