Michigan Conference of Teamsters Welfare Fund

Messenger

VOLUME 31, ISSUE 2

FALL 2013

Message from MCTWF's Executive Director

Dear Teamster Families,

We are saddened and diminished by the passing of Fund Trustee Bill Bernard. I thought I might share with you a few thoughts about this man who worked so hard for so long to improve the lives of so many.

Bill's arrival for Trustee meetings generally followed a memorable pattern. He would stroll through the Fund hallways like a proud, small town mayor, leaving a trail of smiles in his wake, greeting those he encountered with well wishes, encouragement, and a stream of humorous observations and inside jokes, lifting spirits, never missing a beat – a whirlwind of enthusiasm and good cheer. When he entered the Board Room, he'd plop down that ever bursting briefcase of his, make some remarkable proclamation to get the other Trustees' attention and proceed with a mischievous grin and well honed skill to tell them whatever story he'd been itching to tell them. Then he'd get down to the serious business of attending to the welfare of Fund participants and their families, a responsibility that he held and cherished for nearly three decades and into which he invested his time, his wisdom, his compassion, his energy, and those indefinable elements of his nature that drove him relentlessly forward for 87 years.

In the Spring of 2000, out of work in New York with a young family and growing debt and anxiety, I received a call from Bill Bernard congratulating me on having been selected to be the Fund's Executive Director. He said that he saw in me someone whom he could trust and who could help the Fund to better serve its mission. He pledged his support and his word was good; he never wavered in his commitment. He became a friend, a mentor, and sometimes like a father to me. And beyond the gratifying nature of that personal relationship, in his final years he taught me something about the beauty of the human spirit, as he faced up to his personal tragedies with enormous courage and dignity and with remarkable sensitivity to the feelings of those who cared for him. After each seemingly devastating new blow, he stoically would drag himself up and square his shoulders to the world, like a man who respects himself and honors life; like a man with faith in the wisdom of God. I believe that Bill died a loving and peaceful man.

We offer our condolences to Bill's family, friends, and Teamsters Local 164 members. May he long be remembered as a good man who led a worthwhile existence.

We welcome all of our new participants and family members enrolled since our last *Messenger* publication, including the following groups: under Kalamazoo **Local 7** – Michels Corporation; under Toledo **Local 20 -** Martin Transport; under Jackson **Local 164** – G & A Sand and Supplies Aramark; under Detroit **Local 214 -** City of Onaway; under **Local 247 -** Century Cement Company; under Columbus **Local 284** - T. Marzetti Company; under Detroit Local 299 - Traditional Logistics & Cartage; under South Bend **Local 364** - Alexander Distributing and Model Coverall Service; under Grand Rapids **Local 406** – Martin Transport, Indianhead Pipeline Services, Laney Directional Drilling Co., and National Wine & Spirits of Michigan; under Columbus **Local 413 -** Dr. Pepper Snapple Group; under Pontiac **Local 614** - Welded Construction; and under Cincinnati **Local 1199** - Seligman Distributing. Please do not hesitate to contact our Customer Communications representatives with your questions and comments.

On behalf of the Trustees and staff, I wish you good health, good luck, and a happy fall season.

Richard Burker

Inside this issue:

Editor's Note:

For simplicity, unless otherwise stated, the *Messenger* uses the term "participants" to refer to both employee/participants and their eligible beneficiaries. The *Messenger* also uses the masculine form to refer to employee/ participants and children and the feminine form to refer to spouses.

If in reviewing any Explanation of Benefits provided to you from MCTWF, or any of its vendors, you identify possible fraud, please contact the appropriate toll free **Anti-fraud Hotline** as follows:

For Medical Professional or Vision Claims	800-637-6907
For Dental Claims	800-524-0147
For Hospital Claims	800-482-3787

HIPAA Notice of Privacy Practices

Effective September 23, 2013, modifications to the HIPAA privacy, security and enforcement regulations went into effect, as reflected in the following amended Notice of Privacy Practices (and which also can be found on the *HIPAA Privacy Rule* page of MCTWF's website at www.mctwf.org):

Notice of Privacy Practices for Protected Health Information
Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:
- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records
- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records
- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**

We will not retaliate against you for filing a complaint

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
- share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

Continued on Page 3

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. *Example: We use health information about you to develop better services for you.*

Pay for your health services

We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety .

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We never share your health information for marketing purposes. We never sell you health information.

Under the HIPAA privacy and security rules, the Plan is required to comply with State laws, if any, that also are applicable and are not contrary to HIPAA (for example, where state laws may be stricter). The Plan maintains a policy to ensure compliance with these laws.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice is effective September 23, 2013

Privacy Officer: Cory Buchanan
(313) 964-2400 ext. 260
privacyofficer@mctwf.org

Brand Drugs Requiring Prior Authorization

As was first announced in the winter 2011-2012 *Messenger*, MCTWF's pharmacy benefit manager, CVS Caremark, made prior authorization of certain brand name prescription drugs a condition of coverage. The following list reflects each drug requiring prior authorization, its therapeutic class, the common medical condition that the class treats, and the alternative drugs in that therapeutic class (i.e., those not requiring prior authorization). Those drugs stated in red print have been newly added by CVS Caremark to the list requiring prior authorization **effective January 1, 2014**. Please note that generic drugs are in *lowercase italics* font and brand drugs are in UPPERCASE font. Those who are utilizing any of the listed brand name drugs in red print will be notified, along with their prescribing physician, directly by CVS Caremark and will be provided with a list of covered alternative drugs that are equally or more efficacious.

Common Condition/ Therapeutic Class	Drug Subject to Prior Authorization	Alternative Generic or Brand Drugs in Therapeutic Class (note: the below listed generics are not the direct generic equivalent of the brand drug that is subject to prior authorization)
Allergies Nasal Steroids/Combinations	BECONASE AQ, RHINOCORT AQUA, OMNARIS, VERAMYST, QNASL, **ZETONNA**	*flunisolide spray, fluticasone spray, triamcinolone spray*, NASONEX
	DYMISTA	*flunisolide spray, fluticasone spray, triamcinolone spray*, NASONEX **WITH** *azelastine* or ASTEPRO
Allergies Ophthalmic	**LASTACAFT**	*axelastine, cromolyn sodium*, ALREX, PATADAY
Asthma Beta Agonists, Short-Acting	MAXAIR, XOPENEX HFA, **VENTOLIN HFA**	PROAIR HFA, PROVENTIL HFA
Asthma Steroid Inhalants	**ALVESCO**	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
Asthma or Chronic Obstructive Pulmonary Disease (COPD) Steroid/Beta Agonist Combinations	**BREO ELLIPTA**	ADVAIR, DULERA, SYMBICORT
Chronic Obstructive Pulmonary Disease (COPD) Anticholinergics	**TUDORZA PRESSAIR**	SPIRIVA
Depression Antidepressants	OLEPTRO	*trazodone*
Diabetes Biguanides	GLUMETZA, RIOMET	*metformin, metformin ext-rel*
Diabetes Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	**NESINA**, ONGLYZA	JANUVIA, TRADJENTA
Diabetes Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	**KAZANO**, **OSENI**, KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO
Diabetes Insulins	HUMALOG	APIDRA, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	NOTE: Humulin U-500 concentrate will bet be subject to removal and will continue to be covered.	
Diabetes Supplies	**BREEZE 2 STRIPS AND KITS**, **CONTOUR STRIPS AND KITS**, **CONTOUR NEXT STRIPS AND KITS**, FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
Erectile Dysfunction Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA
Glaucoma Prostaglandin Analogs	LUMIGAN	*latanoprost*, TRAVATAN Z, ZIOPTAN
Growth Hormones	GENOTROPIN, SAIZEN, NUTROPIN/NUTROPIN AQ, TEV-TROPIN, OMNITROPE	HUMATROPE, NORDITROPIN
High Blood Pressure Angiotensin II Receptor Antagonists	EDARBI	*candesartan, eprosartan, irbesartan, losartan*, BENICAR, DIOVAN, MICARDIS
High Blood Pressure Angiotensin II Receptor Antagonist/Diuretic Combinations	EDARBYCLOR, TEVETEN HCT	*candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide*, valsartan-hydrochlorothiazide, BENICAR HCT, MICARDIS HCT
High Cholesterol HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV, LIVALO, **LESCOL XL**	*atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin,* CRESTOR
High Cholesterol HMG Co-A Reductase Inhibitor Combinations	ADVICOR	*atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin,* SIMCOR
	LIPTRUZET	*atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin,* VYTORIN

Continued on Page 5

Common Condition/ Therapeutic Class	Drug Subject to Prior Authorization	Alternative Generic or Brand Drugs in Therapeutic Class (note: the below listed generics are not the direct generic equivalent of the brand drug that is subject to prior authorization)
Inflammatory Bowel Disease (IBD), Ulcerative Colitis Aminosalicylates	**ASACOL HD** **DELZICOL**	*balsalazide, sulfasalazine, sulfasalazine delayed-rel,* APRISO, LIALDA, PENTASA
	SUBOXONE FILM	*buprenorphine/naloxone sublingual tablets*
Overactive Bladder/Incontinence Urinary Antispasmodics	DETROL LA TOVIAZ OXYTROL	*oxybutynin ext-rel*, tolterodine, trospium, trospium ext-rel, GELNIQUE, VESICARE
Pain and Inflammation Nonsteroidal Anti-inflammatory Drugs (NSAIDs)	FLECTOR	*diclofenac, meloxicam, naproxen*
Pain and Inflammation Corticosteroids	**RAYOS**	*dexamethasone, methylprednisolone, prednisone*
Prostate Condition Benign Prostatic Hyperplasia Agents/ Combinations	JALYN	*finasteride or* AVODART **WITH** *alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or* RAPAFLO
Sleep Hypnotics, Non-benzodiazepines	INTERMEZZO ROZEREM	*zolpidem, zolpidem ext-rel*
Testosterone Replacement Androgens	ANDROGEL TESTIM	ANDRODERM, AXIRON, FORTESTA
Transplant Immunosuppressants, Calcineurin Inhibitors	Hecoria	*tacrolimus*

To obtain prior authorization, your physician must contact CVS Caremark at 800-626-3046

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act (Women's Health Act) was signed into law October 21, 1998. This law amended the Employee Retirement Income Security Act of 1974 (ERISA) and provides important protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy.

Under the Women's Health Act, group health plans offering mastectomy coverage must also provide for reconstructive surgery in a manner determined in consultation between the attending physician and the patient. Coverage must include:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedema.

Recovery of Benefit Overpayments

ERISA requires plan fiduciaries to use all reasonable means to recover benefits payments made to or on behalf of participants and beneficiaries who were not eligible for such benefits. This is to remind you that MCTWF has the right and obligation to recover such overpayments from any person to whom payments were made, from any person for whom payments were made, from any insurance company or organization to which payments were made, **as well as directly from you.**

Required Notice of "Grandfathered" Status Under The Affordable Care Act

Please be advised that this group health plan, the Michigan Conference of Teamsters Welfare Fund (MCTWF), believes that all current MCTWF medical plans not designated as "New SOA", "New Key"*, "New I&S" or "New PEP" are "grandfathered plans" 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 MCTWF Plan Administrator at 2700 Trumbull Avenue, Detroit, Michigan 48216. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 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.

* New Key Plans 1, 1a, 1b, 2, 2a, 2b, 2c, 2d, 3, and 4

Emergency Ambulance Benefits

Under all MCTWF medical benefit plans, eligible in-network and out-of-network expenses are reimbursed for ground, air or water ambulance services for basic and advanced life support and transportation to a medical facility for treatment of a medical emergency, or from one hospital facility to another for reasons of medical necessity. **Effective April 9, 2013**, MCTWF's coverage was broadened to hold harmless from out-of-network balance billing exposure, participants and beneficiaries who, in seeking emergency ambulance services, receive services from a non-participating ambulance provider, when no other reasonable choice is available.

Emergency Room Benefits

As was announced in the spring 2013 *Messenger*, emergency room utilization by MCTWF participants and beneficiaries is about 50% higher than the average utilization throughout the country as reported to MCTWF by its benefits consulting firm, Towers Watson. As a result, MCTWF's Medical Director reviews carefully for medical necessity all emergency room claims incurred by individuals in excess of three per 12 month period. Should the use of the emergency room be determined to not have been medically necessary, the individual will bear the full cost of the billed services.

All participants and beneficiaries are urged to consider whether their medical condition warrants emergency room attention. The Trustees have restated with examples the criteria that must be satisfied to qualify for emergency room benefits, as follows:

An emergency situation is a sudden and unexpected medical problem which if not immediately treated, might result in death or serious bodily harm.

Some examples of emergency illness are heart attack, stroke, loss of consciousness and convulsions.

Some examples of emergency injuries are severe eye or head injury, medication overdose, poison ingestion, severe allergic reaction, animal bite, burn, smoke inhalation, and frostbite.

In general, emergency room treatment for medical conditions that do not require immediate attention (to prevent death or serious bodily harm), including chronic medical problems, is not covered as a benefit.

We urge you, when possible, before deciding to go to an emergency room, to contact your primary care provider. If you have an unexpected medical problem requiring prompt attention that is not a true emergency as defined above, treatment should be sought from an urgent care facility.

Immunizations

Immunizations received in accordance with MCTWF's approved schedules (which follow the recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices) are covered, subject to applicable limits, by all MCTWF medical plans. For children, all immunizations are covered in full if received from a network provider. For adults, coverage is subject to applicable limits (please refer to your schedule of benefits for specifics). Below are the *2013 Child and Adolescent Immunization Schedule* and the *2013 Adult Immunization Schedules.* The Centers for Disease Control and Prevention publish these schedules together with footnotes (which are too voluminous to print here) that must be read in conjunction with the schedules. Please refer online to the complete schedule and footnotes, as noted beneath the schedules below or on the *Info Links page* of our website at www.mctwf.org.

2013 Child and Adolescent Immunization Schedule

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B (HepB)	Dose 1	Dose 2			Dose 3											
Rotavirus (RV)			Dose 1	Dose 2	Dose 3											
Diphtheria, Tetanus, & acellular Pertussis (DTaP))			Dose 1	Dose 2`	Dose 3			Dose 4				Dose 5				
Tetanus, diphtheria & acellular pertussis (Tdap)														(Tdap)		
Haemophilus Influenzae Type b (Hib)			Dose 1	Dose 2	Dose 3		Dose 3 or 4									
Pneumococcal conjugate (PCV13)			Dose 1	Dose 2	Dose 3		Dose 4									
Pneumococcal Polysaccharide (PPSV23)																
Inactivated Poliovirus (IPV)			Dose 1	Dose 2	Dose 3							Dose 4				
Influenza (IV, LAIV)					(IV only)							(IV or LAIV)				
Measles, Mumps, Rubella (MMR)							Dose 1					Dose 2				
Varicella (VAR)							Dose 1					Dose 2				
Hepatitis A (HepA)							2 Dose Series									
Human Papillomavirus (HPV2: females only; HPV4:males and females)														3 Dose series		
Meningococcal														Dose 1		Booster

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages during which catch up is encourages and for cetain high-

Not Routinely recommended

Please refer online to http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf

2013 Adult Immunization Schedule Based on Age Groups

Vaccine	19-21 Years	22-26 Years	27-49 Years	50-59 Years	60-64 Years	65 Years and Older
Influenza	1 dose annually					
Tetanus diphtheria pertussis (Td/Tdap)	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years					
Varicella	2 doses					
Human papillomavirus (HPV) Female	3 doses					
Human papillomavirus (HPV) Male	3 doses					
Zoster					1 dose	
Measles, Mumps, Rubella (MMR)	1 or 2 doses					
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses					1 dose
Pneumococcal 13-valent conjugate (PCV13)						
Meningococcal	1 or more doses					
Hepatitis A	2 doses					
Hepatitis B	3 doses					

2013 Adult Immunization Schedule Based on Medical and Other Indications

VACCINE ↓ INDICATION →	Pregnancy	Immuno-compromising conditions (excluding human immune deficiency virus (HIV)	HIV Infection CD4 +T lymphocyte count		Men who have sex with men (MSM)	Heart disease, chronic lung disease, chronic alcoholism	Asplenia (including elective splenectomy and persistent complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Diabetes	Healthcare personnel
			<200 cells/*u*L	>200 cells/*u*L							
Influenza	1 dose IIV annually				1 dose IIV or LAIV annually	1 dose IIV annually					1 dose IIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap)	1 dose Tdap each pregnancy	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs									
Varicella	Contraindicated			2 doses							
Human papillomavirus (HPV) Female		3 doses through age 26 yrs				3 doses through age 26 yrs					
Human papillomavirus (HPV) Male		3 doses through age 26 yrs				3 doses through age 21 yrs					
Zoster	Contraindicated			1 dose							
Measles, mumps, rubella (MMR)	Contraindicated			1 or 2 doses							
Pneumococcal polysaccharide (PPSV23)						1 or 2 doses					
Pneumococcal 13-valent conjugate (PCV13)											
Meningococcal											
Hepatitis A					2 doses						
Hepatitis B			3 doses								

For persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

Please refer online to http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.

Last updated on 03/20/2013 • CS239274-A

Weekly Accident and Sickness Benefits

Participants who suffer a non-occupational, or non-auto related accident or sickness, and who otherwise meet MCTWF's requirements, are entitled to ongoing coverage for themselves and their eligible beneficiaries in accordance with the terms of their schedule of benefits. Weekly accident and sickness benefits are not payable if the disability commences during a period of time the participant would not otherwise be working if the disability had not occurred. Your Summary Plan Description provides as an example, that if a disability occurs during a layoff, weekly accident and sickness benefits are not payable. MCTWF's Trustees have determined that other such examples are when a participant is not working due to a personal leave or temporary work stoppage (e.g., strikes and lockouts).

Additionally, Weekly Accident and Sickness benefits entitlement is conditioned, in part, upon a determination of disability by a physician. The Trustees have resolved that **effective January 1, 2014,** physicians who are authorized to make such determination under a MCTWF plan of benefits must be either a Doctor of Medicine (M.D.), a Doctor of Osteopathy (D.O.), a Doctor of Podiatric Medicine (D.P.M), or an Oral Surgeon. Accordingly, **effective January 1, 2014**, MCTWF no longer will accept a determination of disability by a chiropractor (D.C.).

Coordination of Benefits (COB) Rules for Employee, Spouse, and Retiree Coverage

If you and/or your eligible beneficiaries have coverage under another group health plan as well as under an MCTWF Plan, benefits entitlement will be coordinated between the two plans.

The primary plan is the plan that pays benefits first and the secondary plan is the plan that pays those benefits not covered or not completely covered by the primary plan. When the patient is covered by one plan as an active employee and another plan as a spouse, or by one plan as an active employee, or the spouse thereof, and by another plan as a retiree, or the spouse thereof, the following coordination of benefits rules apply if both group health plans have a COB provision:

The plan covering the patient as an actively working employee is primary to the [secondary] plan that is covering the patient as a spouse.

The plan covering the patient as an actively working employee is primary to the [secondary] plan covering the patient as a retiree.

The plan covering the patient as a spouse of an actively working employee is primary to the [secondary] plan covering the patient as a spouse of a retiree.

If the primary plan cannot be determined based on these rules, the plan that has covered the patient for the longest period of time will be deemed the primary plan.

Notice of Creditable Coverage

All MCTWF Plans With Prescription Drug Coverage

The following Notice is published in accordance with regulations promulgated by the Centers for Medicare and Medicaid Services, pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003:

Important Notice from the Michigan Conference of Teamsters Welfare Fund (MCTWF) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with MCTWF and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. MCTWF has determined that the prescription drug coverage offered by the above stated Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, under MCTWF rules you nonetheless may not drop your MCTWF prescription drug coverage. If you have both MCTWF prescription drug coverage and Medicare prescription drug coverage, MCTWF prescription drug coverage will be primary and your Medicare prescription drug plan will be secondary. If you are a COBRA beneficiary you may drop your MCTWF coverage in full, including prescription drug coverage, and enroll in a Medicare prescription drug plan. However, you will not be able to get your MCTWF COBRA coverage back later. If you do elect COBRA continuation coverage, your COBRA prescription drug coverage will be secondary to your Medicare prescription drug plan coverage. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Your current prescription drug plan provides comprehensive coverage for eligible prescription drugs, subject to preauthorization requirements for non-sedating antihistamines, proton pump inhibitors, selective serotonin reuptake inhibitors, anabolic steroids, anti-obesity, ADHD/narcolepsy (age 20 and above), oral acne, topical acne (age 26 and above) and oral anti-fungal drugs with both retail and mail order availability, subject to generic and brand copays, as detailed in your Summary Plan Description booklet. Your current coverage pays for other health expenses, in addition to prescription drugs, and you still will be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with MCTWF and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage…
Contact MCTWF's Customer Communications Department at (313) 964-2400 or (800) 572-7687. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through MCTWF changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

September 1, 2013
Michigan Conference of Teamsters Welfare Fund

Best Doctors Survey

As was announced in the winter 2011-2012 *Messenger*, MCTWF provides a highly reputed, medical review and consulting service called Best Doctors that is available to all eligible medical plan participants and their eligible beneficiaries on a confidential and no cost basis. A Best Doctors expert specialist conducts a full review of your diagnosis and treatment plan, and either confirms what you've been told or recommends a change. The Best Doctors team will collect and analyze all your relevant medical records. You'll receive a comprehensive report recommending the right course of action. The Best Doctors Program can help give you the peace of mind and confidence you need to be sure that you and your family are making the best healthcare decisions. Best Doctors works with the top 5% of doctors in the country to review every aspect of your case, ask the right questions, and then provide you and your physician with valuable feedback on a diagnosis and treatment plan. By phoning Best Doctors at 866-904-0910, you can get answers to your questions, get an in-depth medical review, or find a Best Doctor to treat your condition.

We seek your feedback by asking you to respond to an online survey that can be found on the Home page of MCTWF's website at www.mctwf.org. Your responses will be anonymous and secured. The survey questions are replicated below. We thank you in advance for your participation.

1. **If you or your child faced a significant medical decision, would you be likely to call Best Doctors?**

   ☐ Yes
   ☐ No

2. **What might prevent you from calling Best Doctors? Check all that apply.**

   ☐ I'm unsure how to contact Best Doctors.
   ☐ The process seems too complicated.
   ☐ I'm concerned that the process will take up too much time.
   ☐ I'm concerned about my privacy.
   ☐ I trust my physician's judgment.
   ☐ I prefer to seek a second opinion from a provider recommended by my physician or from another trusted source.
   ☐ I'm concerned that my physician will be upset.
   ☐ Other: _____
   ☐ None of the above; I would use the Best Doctors service.

3. **If you've used Best Doctors, how would you rate your experience?**

   ☐ Highly Satisfied
   ☐ Satisfied
   ☐ Unsatisfied
   ☐ Highly Unsatisfied

Comment about Best Doctors _____

Benefit Bank Weeks Entitlement for New Participants

Currently, employees of newly participating employers do not become entitled to benefit bank weeks until contributions have been made on their behalves for 12 consecutive weeks, or 13 out of 17 weeks, whereas new employees of already participating employers become entitled to benefit bank weeks once contributions commence on their behalves.

Effective January 1, 2014, employees of newly participating employers and newly hired employees of already participating employers will become entitled to benefit bank weeks once contributions have been made on their behalves for 8 consecutive weeks, or 9 out of 13 weeks.

Benefit Bank Weeks Included in COBRA Coverage

Effective April 1, 2012, dental and optical benefits were restored to benefit bank weeks (for those who had dental and optical benefits while actively employed). This is to clarify that effective April 1, 2012 remaining benefit bank week benefits are applied prior to elected COBRA continuation coverage benefits and each benefit bank week is counted toward your statutory COBRA continuation coverage entitlement period.

We're on the Web!!
www.mctwf.org

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The *Messenger* 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, or you can find them on our website at mctwf.org.

MICHIGAN CONFERENCE OF
TEAMSTERS WELFARE FUND

2700 TRUMBULL AVE.
DETROIT, MICHIGAN 48216
313-964-2400
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Removal of Walgreens from Pharmacy Network, January 1, 2014

This is to inform you that effective January 1, 2014 and until further notice, Walgreens will be excluded from the Caremark retail pharmacy network for all MCTWF participants and beneficiaries.

MCTWF's Trustees have taken this step in light of Walgreens' decision to replace UPS with FedEx as its package delivery vendor. As a result, The IBT estimates that as many as 2,000 full-time and part-time Teamsters will be laid off.

While we regret any inconvenience caused to you, the Caremark network has over 60,000 other participating retail pharmacies nation-wide, so it is likely that you will find an equally accessible network pharmacy. To determine the network pharmacies in your area, please contact MCTWF's Customer Communications Department, or access www.caremark.com directly or through MCTWF's web site at www.mctwf.org. If a Walgreens pharmacy has your prescription with remaining refill entitlement, simply ask your new pharmacist to arrange for it to be transferred.

As with any non-network pharmacy, if you continue patronizing Walgreens after December 31, 2013, you risk incurring additional out-of-pocket expense, since you will be reimbursed only up to the discounted amount that MCTWF would have paid a network pharmacy, less the applicable copay.

Adult Dependent Children Up to Age 26
New Open Enrollment Window

In accordance with the Affordable Care Act, MCTWF has made coverage available to all dependent adult children through the end of their 26th birthday month. The temporary exception to this rule is that adult dependent children are not entitled to coverage if they are eligible to enroll in an employer sponsored health plan, other than that of their parents. This exception ends upon the earlier of April 1, 2014 or the cessation of the "grandfathered" status of the participant/parent's MCTWF health plan. Except for those children who already were covered or became covered under MCTWF's rules on or after February 27, 2011, eligibility for coverage on or after April 1, 2011 has been contingent upon submission to MCTWF of an *Adult Child Coverage Application for Enrollment* form during an authorized enrollment period. There have been three such enrollment periods; January to February 2011, November to December 2011, and November to December 2012.

Despite our several efforts to communicate the enrollment requirements to affected participants and their eligible children, a few affected adult children still have failed to submit a timely Application. Accordingly, **the Trustees have authorized another enrollment period for those adult children, beginning November 1, 2013 and ending December 16, 2013, to permit eligibility for coverage commencing on or after January 1, 2014** (contingent upon the eligibility of the child's parent/participant and only if the child's age is less than 26 at that time).

To enroll, an *Adult Child Coverage Application for Enrollment* form must be fully filled out and received by MCTWF between November 1, 2013 and December 16, 2013. This form is available on the *Forms* page of MCTWF's website at www.mctwf.org, or by contacting MCTWF's Customer Communications Department. **Please note that the Application must be timely submitted - (a) regardless of whether the adult child's participant/parent is eligible for coverage at the time of submission of the Application. If and when that participant/parent resumes covered employment, the adult child's eligibility will commence; or (b) regardless of whether the adult child is excluded from MCTWF coverage by virtue of his eligibility to enroll in an employer sponsored health plan, other than that of his parents.** In such case, the adult child's eligibility will commence on the earlier of April 1, 2014 or the date upon which his participant/parent's MCTWF health plan ceases to be "grandfathered" under the Affordable Care Act.

If you you are married please be sure to share this communication with your spouse.