



# Messenger

Fall



VOLUME 33, ISSUE 2

FALL 2015

## Message from the Fund's Executive Director

Dear Teamster Families:

With the extraordinarily rapid and unsettling transformation that we're all experiencing in the delivery and funding of health care and the administration of health care benefits, and given our inability to rely on the sources of future financial security that we once assumed to be reliable, I would like to share with you my confidence in this rock-solid trust, the Michigan Conference of Teamsters Welfare Fund, the most disciplined, financially stable and member focused Taft-Hartley plan that I know of. Not only is the Fund governed by a dedicated, skilled and prudent board of trustees, counseled by highly qualified external actuaries, attorneys, investment advisers, and accountants/auditors, but in my 15 years with the Fund, I never once felt that our Trustees and staff were not serving our members with the utmost loyalty and effort. We continually have strived to improve the quality of our work, our members' interactive experience, and our benefit options and we never have strayed from the fiscal discipline that has allowed our benefits to be offered at contribution rates below that of other funds and insurers offering comparable benefit designs with comparable provider access. And the effort never ends; our perpetual goal is to do better by working smarter and more thoughtfully.

Please review this fall 2015 *Messenger* carefully. Two articles are included in accordance with federal regulations; one informs you that since coverage under all of our drug benefit packages is expected on average to pay out at least as much as standard Medicare drug plans, such coverage is deemed "creditable coverage" and therefore entitles you to keep such coverage and not pay a penalty loaded premium if you later decide to join a Medicare drug plan; the other informs you of the required coverage for breast reconstruction following a mastectomy performed on breast cancer patients. Several articles regard CVS/caremark programs designed to address the excessive cost and, in some cases, the lack of medical necessity or appropriateness of certain prescription medications. These include prior authorization requirements for drugs that are not included on CVS/caremark's formulary list, step therapy requirements for specialty drugs that are in certain therapeutic classes and for proton pump inhibitors, the provision of certain specialty drugs through the CVS/caremark specialty pharmacy rather than through your physician's office (it should be noted that while specialty drugs currently are utilized by just one percent of our members, their cost has rocketed to 27 percent of our total drug costs and that there is no hope of a change in that trajectory without the use of pharmacy benefit managers' scientifically based clinical programs coupled with the economic leverage that they can impose on the drug manufacturers), and finally a more aggressive program to deal with the abusive practices of some compounding pharmacies. Also included are several articles regarding expanded Fund benefits and eligibility including the elimination of limits on applied behavior analysis therapy for autism spectrum disorders, the provision of developmental speech therapy benefits, the provision of future coverage for work related injuries and illness following final settlement of claims by the worker with the responsible parties, and the right to enroll in MCTWF Retirees Plan benefits following labor contract expiration for those meeting Fund service and age requirements. There are other articles that may be of importance to you, as well.

We welcome all of our recent and soon to be enrolled participants and their family members including the following groups: under Toledo **Local 20** - Midwest Terminals of Toledo International, Inc.; under Detroit **Local 214** - Airport Community Schools; under Detroit **Local 247** - TG Mercer; under Detroit **Local 337** - The Royal We Productions, LLC, Cranetown Media, LLC, Twentieth Century Fox Film Corporation, Blind Man Productions, LLC, and Paramount Pictures Corporation; under South Bend **Local 364** - Blue Linx Corporation; under Grand Rapids **Local 406** - Pioneer Resources, Inc. and Writ Transport Company; under Atlanta **Local 528** - Sysco Foods; under Madison **Local 695** - Citrus System Madison; and under LaSalle **Local 722** - US Foods.

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

Richard Burker

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#### Editor's Note:

For simplicity, the *Messenger* uses the masculine form to refer to participants and children and the feminine form to refer to spouses. Also, when referring collectively to participants, eligible children and spouses, the *Messenger* uses the term "members."

# Notice of Creditable Coverage

## All MCTWF Benefit Packages 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 all MCTWF benefit packages with prescription drug coverage, on average for all plan members, is expected to pay out as much as standard Medicare prescription drug coverage pays and therefore is 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 15<sup>th</sup> through December 7<sup>th</sup>. 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 certain brand name prescription drugs and for prescription drugs within the following drug classifications: compound drugs, non-sedating antihistamines (until 12/31/15, thereafter not covered), proton pump inhibitors (effective 1/1/16, after a 90 day generic supply during a 365 day period, or if a brand is requested), selective serotonin reuptake inhibitors (brand name only), anabolic steroids, anti-obesity, ADHD/narcolepsy (age 20 and above), acne, and oral anti-fungal drugs, 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 Member Services Call Center 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](http://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](http://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).**

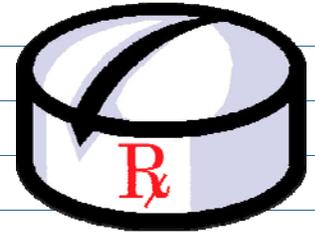
September 1, 2015

Michigan Conference of Teamsters Welfare Fund

## 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 prescription drugs that are not on its Standard Formulary list, a condition of coverage. The following list reflects each such 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). **Effective January 1, 2016, those drugs stated in red are no longer formulary drugs and require prior authorization.** CVS/caremark will so notify current utilizers of the newly added drugs and their prescribing physician and will provide them with a list of covered alternative drugs that are therapeutically equal in effectiveness. Please note that generic drugs are in *lowercase italics* font and brand drugs are in UPPER-CASE roman font. To obtain prior authorization, your physician must contact CVS/caremark at 800-626-3046.

Common Condition/ Therapeutic Class	Drug Subject to Prior Authorization	Recommended Alternative Generic or Brand Drugs in Therapeutic Class (note: the below listed generics are <u>not</u> the direct generic equivalent of the brand drug that is subject to prior authorization)
Allergic Reaction (Anaphylaxis) Treatment	ADRENACLICK	AUVI-Q, EPIPEN, EPIPEN JR
Allergies Nasal Steroids/Combinations	BECONASE AQ OMNARIS QNASL	RHINOCORT AQUA VERAMYST ZETONNA  <i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
	DYMISTA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX WITH azelastine spray or PATANASE</i>
Allergies Ophthalmic	LASTACRAFT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
Anti-infectives, Antivirals Cytomegalovirus Agents	<b>VALCYTE</b>	<i>valganciclovir</i>
Anti-infectives, Antivirals Hepatitis C Agents	VIEKIRA PAK	HARVONI
Anti-infectives, Antivirals Herpes Agents	VALTRES	<i>acyclovir, valgacyclovir</i>
Anti-obesity Agents Newer Agents	<b>QSYMIA</b>	BELVIQ, CONTRAVE, SAXENDA
Asthma Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA	XOPENEX HFA  PROAIR HFA,
Asthma Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
Asthma or Chronic Obstructive Pulmonary Disease (COPD) Steroid/Beta Agonist Combinations	SYMBICORT	ADVAIR, DULERA,
Attention Deficit Hyperactivity Disorder Agents	ADDERALL XR <b>INTUNIV</b>	<i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, DAYTRANA, QUILLVANT XR, STRATTERA, VYVANSE</i>
Cardiovascular Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics HMG Co-A Reductase Inhibitors (HMGs or Statins) / Combinations	ADVICOR ALTROPREV LESCOL XL	LIPITOR LIPTRUZET LIVALO  <i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>
Chronic Obstructive Pulmonary Disease (COPD) Anticholinergics	<b>INCRUSE ELLIPTA</b> TUDORZA	SPIRIVA
Depression Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<b>CYMBALTA</b>	<i>duloxetine, venlafaxine, venlafaxine ext-rel, KHEDEZLA, PRISTIQ</i>
Depression Antidepressants, Miscellaneous Agents	QLEPTRO	<i>trazodone</i>
Depression, Schizophrenia Antipsychotics, Atypicals	<b>ABILIFY</b>	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperdone, ziprasidone, LATUDA, SEROQUEL XR</i>
Dermatology Actinic Keratosis	<b>Fluorouracil cream 0.5%</b> <b>CARAC</b>	<i>fluorouracil cream 5%, fluorouracil soln, imiquimod, PICATO, ZYCLARA</i>
Dermatology Rosacea	<b>NORITATE</b>	<i>metonidazole, sulfacetamide-sulfur, FINACEA, SOOLANTRA</i>
Dermatology Skin Inflammation and Hives Corticosteroids	<b>clobetasol spray</b> <b>CLOBEX SPRAY</b> <b>OULX-E</b>	<b>clobetasol foam</b>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
Diabetes Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
Diabetes Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA



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Common Condition/ Therapeutic Class	Drug Subject to Prior Authorization	Recommended Alternative Generic or Brand Drugs in Therapeutic Class (note: the below listed generics are <u>not</u> the direct generic equivalent of the brand drug that is subject to prior authorization)
<b>Diabetes</b> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR	OSENI JANUMET, JANUMET XR, JENTADUETO
<b>Diabetes</b> Injectable Incretin Mimetics	<b>BYDUREON</b> BYETTA	TRULICITY, VICTOZA
<b>Diabetes Biguanides</b>	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<b>Diabetes</b> Injectable Incretin Mimetics	<b>BYDUREON</b> BYETTA	TRULICITY, VICTOZA
<b>Diabetes</b> Insulins	APIDRA HUMALOG	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 R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
<b>Diabetes</b> Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<b>Diabetes</b> Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitors	<b>INVOKANA</b>	FARXIGA, JARDIANCE
<b>Diabetes</b> Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitor/Biguanide Combinations	<b>INVOKAMET</b>	XIGDUO XR
<b>Diabetes</b> Supplies	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ONETOUGH brand	ONETOUGH ULTRA STRIPS AND KITS, ONETOUGH VERIO STRIPS AND KITS
<b>Erectile Dysfunction</b> Phosphodiesterase Inhibitors	LEVITRA <b>VIAGRA</b>	CIALIS
<b>Gastrointestinal Agents</b> Irritable Bowel Disease – Constipation Pre- dominant	<b>AMITIZA</b>	LINZESS
<b>Glaucoma</b> Prostaglandin Analogs	LUMIGAN	<i>latanoprost, travoprost, TRAVNTANZ, ZIOPTAN</i>
<b>GROWTH HORMONES</b>	GENOTROPIN NUTROPIN AQ	OMNITROPE SAIZEN HUMATROPE, NORDITROPIN
<b>High Blood Pressure</b> Angiotensin II Receptor Antagonists	ATACAND <b>DIOVAN</b>	EDARBI TEVETEN <i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR</i>
<b>High Blood Pressure</b> Angiotensin II Receptor Antagonists/ Diuretic combinations	ATACAND HCT DIOVAN	EDARBI TEVETEN <i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT</i>
<b>High Blood Pressure</b> Angiotensin II Receptor Antagonist/ Calcium Channel Blocker /Diuretic Combinations	<b>EXFORGE HCT</b>	<i>amlodipine-valasartan-hydrochlorothiazide, TRIBENZOR</i>
<b>High Blood Pressure</b> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<b>CARDIZEM</b> <b>CARDIZE, CD</b> <b>CARDIZEM LA (includes generic cardizem LA)</b>	<i>matzim LA</i> <i>diltiazem ext-rel (except generic of cardizem LA)</i>
<b>Inflammatory Bowel Disease (IBD), Ulcerative Colitis</b> Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, budesonide capsule, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>
<b>Kidney Disease</b> Phosphate Binders	<b>FORSRENOL</b>	<i>calcium acetate, PHOSLYRA, RENVELA, VELPHORO</i>



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Common Condition/ Therapeutic Class	Drug Subject to Prior Authorization		Recommended Alternative Generic or Brand Drugs in Therapeutic Class (note: the below listed generics are <u>not</u> the direct generic equivalent of the brand drug that is subject to prior authorization)
Multiple Sclerosis Agents	AVONEX EXTAVIA	PLEGRIDY	AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF
Musculoskeletal Agents	AMRIX		cyclobenzaprine
Opioid Dependence Agents	ZUBSOLV		buprenorphine-naloxone sublingual tablet, SUBOXONE FILM
Osteoarthritis Viscosupplements	EUFLEXXA MONOVISC	ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ
Overactive Bladder/Incontinence Urinary Antispasmodics	DETROL LA OXYTROL	TOVIAZ	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYR-BETRIQ, VESICARE
Pain and Inflammation Corticosteroids	RAYOS		dexamethasone, methylprednisolone, prednisone
Pain and Inflammation Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/ Combinations	ARTHROTEC VIMOVO DUEXIS		celecoxib; diclofenac, meloxicam, or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, or NEXIUM
	FLECTOR PENNSAID		diclofenac, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL
	NAPRELAN		diclofenac, meloxicam, naproxen, CELEBREX
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 LUNESTA	ROZEREM	eszopiclone, zolpidem, zolpidem ext-rel, SILENOR
Testosterone Replacement Androgens	testosterone gel 1% ANDROGEL FORTESTA	NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON
Transplant Immunosuppressants, Calcineurin Inhibitors	Hecoria		tacrolimus



## Non-Sedating Antihistamines and Proton Pump Inhibitors - Coverage Changes

Currently, in order to obtain coverage for prescription drugs classified as non-sedating antihistamines (NSAs) and proton pump inhibitors (PPIs) prior authorization must be granted by MCTWF's Utilization Review Department based on evidence of satisfaction of certain documented criteria.

**Non-Sedating Antihistamines – Effective with prescription fills on or after January 1, 2016**, due to the universal availability of over-the-counter NSAs, MCTWF coverage will cease except that those patients who have an existing MCTWF authorization as of 12/31/15 will remain covered for the remainder of the authorization period, subject, of course, to otherwise maintaining eligibility for MCTWF prescription drug benefits.

**Proton Pump Inhibitors – Effective with prescription fills on or after January 1, 2016**, patients will be allowed 90 units of generic PPIs per 365 day period without needing prior authorization. For patients requesting brand PPIs, or treatment for longer than 90 days per 365 day period, prior authorization will be required and administered by CVS/caremark to determine whether medical necessity requirements are satisfied. Patients who have an existing MCTWF authorization as of 12/31/15 will remain covered for the remainder of the authorization period, subject, of course, to otherwise maintaining eligibility for MCTWF prescription drug benefits.

## Compound Drugs - Expanded Limitations on Coverage

As stated in the spring 2015 issue of the *Messenger* effective June 2015, in an effort to promote the use of safe, effective compounds, all compound drug claims exceeding \$300 are subject to review for medical appropriateness by CVS/caremark through consideration of prior authorization requests. Further all compound fills, regardless of the charge, are limited to one fill of the same compound per 34 days. The patient's physician must contact CVS/caremark at 800-626-3046.

In light of the recent explosion in the prices charged by unscrupulous compounding pharmacies for bulk powders and proprietary compounding bases, **effective with prescription fills on or after January 1, 2016**, limitations on coverage are expanded, as follows: -

- coverage will be denied for proprietary compounding bases, bulk compounding powders, and compounding kits; and
- coverage will be excluded for select topical compounded analgesics (pain patches).

## Home Cervical Traction Devices - New Benefit

Cervical Traction can be performed safely at home in lieu of receiving such treatment at a physical therapist's office. **Effective August 6, 2015**, MCTWF covers the purchase of a physician prescribed Home Cervical Traction Device as a Durable Medical Equipment benefit, subject to prior authorization for medical necessity by MCTWF's Utilization Review Department, based on the following criteria –



- For over-the door cervical traction devices -
  - The patient must have a musculoskeletal or neurologic impairment requiring traction equipment; and
  - The appropriate use of a home cervical traction device must have been professionally demonstrated to the patient and the patient tolerated the device.
- For Pneumatic cervical traction devices applying traction force to other than the mandible, and cervical traction equipment not requiring an additional stand or frame -
  - The member must have a musculoskeletal or neurologic impairment requiring traction equipment;
  - The appropriate use of a home cervical traction device must have been demonstrated to the patient and the patient tolerated the device; and
  - Any of the following criteria is met:
    - ✓ The treating physician orders and documents the medical necessity of 20 pounds or more of home cervical traction; or
    - ✓ The member has temporomandibular joint (TMJ) dysfunction and has received treatment for the TMJ condition; or
    - ✓ The member has distortion of the lower jaw or neck anatomy (e.g., radical neck dissection) such that a chin halter is unable to be utilized.



## Non-Surgical Spinal Decompression Therapy - Termination of Benefit

**Effective with service dates of January 1, 2016 and after**, non-surgical spinal decompression therapy no longer is a MCTWF covered benefit.

## ABA Coverage for Autism Spectrum Disorders - Benefit Limits Removed

**Effective with service dates of January 1, 2016 and after**, all limits on MCTWF Applied Behavior Analysis (ABA) coverage for autism spectrum disorders are eliminated.



## Specialty Medical Carve-Out Program

**Effective January 1, 2016**, MCTWF will implement in limited form CVS/caremark's Specialty Medical Carve-Out Program (Program). Under the Program, oral and injectable specialty medications, other than those for cancer treatment, which are provided and/or administered by a physician will be "carved-out" of the MCTWF medical benefit and covered under the MCTWF pharmacy benefit. The specialty medication will be available to the provider or patient through the CVS/caremark specialty pharmacy. In addition to benefiting MCTWF with

CVS/caremark's substantial discounts, the "Program" will manage utilization through prior authorization, step therapy, dose/waste claim management, and education.

## Consilium – Medical Bill Negotiation

In June, all participants and spouses covered by a MCTWF medical benefits package received new MCTWF Networks Cards. While we urge you to use a Blue Cross Blue Shield participating provider whenever possible to avoid your exposure to balance billing for amounts in excess of MCTWF maximum allowable benefits, as we stated in the notice that accompanied the Cards, effective July 1, 2015 all medical claims for services rendered by non-Blue Cross Blue Shield participating providers are referred by MCTWF to Consilium, an expert bill negotiation vendor, with the goal of eliminating patient balance billing by the provider through Consilium's negotiation of a settlement with it. If Consilium is unsuccessful, it determines whether the provider belongs to one or more of 150 provider networks and therefore subject to contractual limits on its charges. If either approach is successful, the patient's financial responsibility only will be for the payment of his required deductible and or coinsurance charge. However, since Consilium's

negotiation is likely to result in lower payment to the provider (and therefore a lower coinsurance charge to you) than would a network contractually based amount, and since Consilium cannot negotiate a bill that you have already paid, we urge you to resist the provider's request that you pay the bill when the services are provided. Inform the provider that your benefit plan provides coverage even though the provider does not participate with Blue Cross Blue Shield and that it should submit a claim for payment to the local Blue Cross Blue Shield participating plan and bill you later if there is an amount still owed. For the first three months of MCTWF's use of Consilium, MCTWF members have avoided patient balance billing totaling almost \$400,000.



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

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

A group benefit plan that does not have a Coordination of Benefits (COB) provision is always primary to MCTWF. If all benefit plans have a COB provision, under MCTWF rules, the primary plan is determined as follows:

- The plan covering the patient as an active employee or as a retired employee will be primary to any plan in which the patient is covered as the dependent spouse of an active or retired employee.
- The plan covering the patient as an active employee will be primary to any plan in which the patient is covered as a retiree.
- The plan covering the patient as a dependent spouse of an active employee will be primary to a plan in which the patient is covered as a dependent spouse of a retiree.

## Survivor Health Benefits – Clarification

MCTWF's Survivor Health Benefits, which was announced in the fall 2014 issue of the *Messenger*, provides up to 36 months (subject to ongoing eligibility rules) of free medical and prescription drug coverage for all eligible spouses and dependent children of participants who die while actively covered under a MCTWF benefits package covering such benefits (through active employment, MCTWF strike coverage, MCTWF benefit bank coverage, or weekly accident and sickness benefit coverage).

However, if at the time of death the deceased participant's employer has ceased to maintain MCTWF benefits for the deceased participant's employee unit, his survivors will not be eligible for Survivor Health Benefits.



## Work Related Injury/Illness - New Conditional Coverage

Under MCTWF's General Exclusions and Limitations listed in your Summary Plan Description it states in part that an injury or illness arising in the course of employment that is covered under any workers' compensation or occupational disease law or other state law or other insurance is not covered.

However, **effective August 6, 2015**, once the injured party has permanently settled his claim with the responsible party by way of a "redemption order" (or similar instrument), although pre-settlement claims continue to be deemed work related, post-settlement claims are deemed non-work related and are eligible for payment if the individual is actively covered under a MCTWF benefit package. If settlement is by way of a "voluntary payment agreement" (or similar instrument), not only do pre-settlement claims continue to be deemed work related, post-settlement claims continue to be deemed work related unless such claims are time-barred from being filed under the applicable state statute. If time-barred, the claims are treated as non-work related and will be eligible for payment if the individual is actively covered under a MCTWF benefit package.

## 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.

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.

**The Trustees have authorized another enrollment period for those adult children, beginning November 1, 2015 and ending December 16, 2015, to permit eligibility for coverage commencing on or after January 1, 2016** (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, 2015 and December 16, 2015. This form is available on the *Forms* page of MCTWF's website at

www.mctwf.org or by contacting MCTWF's Member Services Call Center. **Please note that the Application must be timely submitted 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.**



## Developmental Speech Therapy - New Benefit

MCTWF benefits cover unlimited therapy designed to restore and maintain speech function (restorative speech therapy). **Effective November 5, 2015** MCTWF benefits include coverage designed to develop and maintain a child's speech function (developmental speech therapy) when the services provided by the child's school district are deemed by the Fund to be inadequate to meet the child's reasonable needs.

In order to be eligible for developmental speech therapy, such services must be prior authorized annually by MCTWF's Utilization Review Department, subject to review of the child's current Individualized Education Plan (IEP) and a letter of medical necessity from the referring physician must be provided to the Fund.

Approved developmental speech therapy is paid in accordance with the provider's participating status with BCBS PPO and the patient's medical benefit package, subject to the same coinsurance rate as the restorative speech therapy benefit, a maximum of 30 visits each calendar year, and only until the last day of the month in which the child turns 18 years old.

## CVS/caremark's Advance Control Specialty Formulary Program

**Effective January 1, 2016**, CVS/caremark's Advance Control Specialty Formulary Program is expanding to cover a total of 11 therapeutic classes. As previously explained, this Program was designed to help address the extraordinary and rapidly growing cost of specialty drugs. It does so by limiting coverage to lower cost but equally effective specialty drugs in the same therapeutic class, as determined by step therapy. These therapeutic classes are -

1. Autoimmune
2. Chronic Myeloid Leukemia (CML)
3. Hematology
4. Hepatitis C
5. Growth Hormone
6. Multiple Sclerosis
7. Osteoarthritis
8. Osteoporosis
9. Prostate Cancer
10. Pulmonary Arterial Hypertension
11. Transplant

If the patient is prescribed a specialty medication and goes to a retail pharmacy, the pharmacist will ask the patient to contact CVS/caremark at 800-237-2767 to initiate a direct relationship with CVS/caremark specialty pharmacy services.

## Eligibility for MCTWF Retirees Plan - Post CBA Expiration

The rule has been that the right of a retiring employee to enroll in the MCTWF Retirees Plan is suspended upon the expiration of his Collective Bargaining Agreement (CBA) and will remain so unless the parties agree to re-new participation in MCTWF.

**Effective October 1, 2015** this rule has been amended to permit an otherwise eligible affected retiree to enroll during the above described period if he is at least age 57 and has at least 30 years of participation in MCTWF.

## Dentist and Dental Surgeon Services Covered Under Medical Services - Clarification



MCTWF medical benefits cover services secondary to dental coverage for repair of natural teeth as the direct result of an accidental injury or caused by congenital or genetic abnormalities. Charges first are applied against available dental benefit limits before being covered under the member's medical benefits.

## Same Sex Marriage Eligibility - Termination of Domestic Partner Eligibility

In light of the Supreme Court's June 25, 2015 ruling, MCTWF now recognizes as an eligible beneficiary a participant's same sex spouse. In order to effectuate coverage, as with all new spouses, participants must identify their spouse through the submission of an updated MCTWF *Enrollment Card* or a *Change in Family Status*, provide a copy of their marriage certificate, and otherwise comply with MCTWF's spouse eligibility rules.

Now that MCTWF recognizes same sex marriages, those partners who were approved for eligibility under MCTWF's Domestic Partner Eligibility rules and presently participate in MCTWF under those rules will lose MCTWF eligibility **effective January 1, 2016**.

## 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.



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www.mctwf.org

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MICHIGAN CONFERENCE OF  
TEAMSTERS WELFARE FUND

2700 TRUMBULL AVE.  
DETROIT, MICHIGAN 48216  
313-964-2400  
TOLL FREE 800-572-7687



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

## MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND

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## MDLIVE "GetFit Pack" Winner

**MDLIVE™**

The spring 2015 *Messenger* announced that MDLIVE was conducting a drawing from the names of all those MCTWF participants and beneficiaries who registered to utilize MDLIVE services by April 30, 2015.

The Winner of the "GetFit Pack" was Jaclyn Gordon. Jaclyn worked for SVS Vision, Inc. for over 24 years and belonged to Teamsters Local Union No. 243 in Plymouth, Michigan. Two weeks after the presentation, and continuing her lucky streak, Jaclyn got married and then moved up north, where, presumably, she's making good use of her prize.

Pictured in the accompanying June 10<sup>th</sup> photo taken at MCTWF, from left to right, are Local 243 Principal Officer Jim Cianciolo, MCTWF Field Services Representative Sherry Hall, winner Jaclyn Gordon, MCTWF Sr. Director Sandie Bowman-Claus, Local 243 Vice President Doug Robinson, and Local 243 Business Agent Christine Millhorn. Jaclyn's "GetFit Pack" included a Samsung Galaxy Tab, a FitBit Flex, and a Sport Water Bottle.

We congratulate Jaclyn and hope that she is enjoying her new husband, her new home, and her "GetFit Pack".



**As a reminder**, for the plan year April 1, 2015 through March 31, 2016, the \$10 copay per MDLIVE consultation is waived. Please note that you do not have to register in order to speak to a doctor right away. You will be asked for the last four digits of the participant's social security number and date of birth, as well as the patient's name, address, and date of birth.

Fall 2015

If you are married please be sure to share this *Messenger* issue with your spouse.