



The Michigan Conference of Teamsters Welfare Fund

Message from the Executive Director—Richard Burker

I'm very proud and happy to introduce myself to you as the new Executive Director of the Michigan Conference of Teamsters Welfare Fund. We've been working diligently through the summer to help stabilize and optimize our internal operations and our provider network relationships, and to encourage the most respectful and conscientious attitude by the Fund's staff toward their jobs and towards you, your family and your Union representatives. The staff, in turn, has clearly demonstrated its considerable expertise and dedication toward you, fostering a very productive level of communication and collaboration with the Fund's Trustees.

So what has this meant to you so far? Perhaps, most importantly, the Fund's staff has succeeded, through team effort and sheer will power, in breaking the claims backlog while, with true professionalism and progressive attitude, implementing the intricate transition to the PPOM and Delta Dental Premier networks. They accomplished this at great sacrifice of their time and personal relationships over many months. Other operational changes include expedited issuance of short-term disability (loss of time) checks, the extension of the Fund's member services window and telephone hours to 5:00 p.m., the upgrade of the Fund's telephone system to permit better reception, more pleasant and informative waiting time, and enhanced monitoring to ensure speedier access to our member service representatives as well as to the maximum in courteous and competent communications.

Speaking of communications, we will shortly be mailing your newly revised Summary Plan Description booklets. We trust that you will find them easier to use. And please make use of our new Internet Website, at www.mctwf.org to access up-to-date information regarding PPOM network physicians and Delta Dental Premier network dentists. You will note that PPOM and Delta Dental continue to aggressively expand their networks. Among their other successes, PPOM has, at our persistent urging, achieved an important breakthrough in Kalamazoo, signing up the popular ProMed Healthcare group effective October 1, 2000. Please see *Fund Tips* on the back page of this newsletter for more about our Website.

In closely monitoring the implementation of your much improved plans of benefits, the Trustees have noted network geographic access problems for some of you with regard to primary care physicians and orthodontists. Accordingly, the Trustees established a *Non-Access* rule, as detailed on page 3 of this issue, which upgrades benefits for those of you forced to go out of network for your care. The Trustees also recognize how your quality of care can be immeasurably improved when you are well informed, so, effective October 1st, they have provided you with easy access to such information through the *Blue HealthLine*. Blue HealthLine provides 24-hour telephone access to an excellent panel of nurses and to an expansive library of up-to-date audiotapes of healthcare related topics. And if used for nothing else, it just may be that the nurses can help relieve that middle of the night panic all of us seem to experience at one time or another. For more information, see page 2 of this issue, as well as the enclosed Blue HealthLine booklet.

Another area of recent focus by the Trustees is the *Post-65 Rx Program*. In further recognition of the financial burden that prescription drugs place upon our retirees, the Trustees have expanded this program by arranging to provide par-

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Benefit
Improvement!

Human Organ Transplant Benefit

Effective July 1, 2000, the human organ transplant benefits were significantly revised.

The Board of Trustees have identified a critical period of care following human organ transplant procedures of twelve months. As of July 1, 2000 this critical period of care which was previously covered under the limited transplant follow up care benefit, is now covered under the substantial transplant surgical procedure benefit.

As another improvement to this benefit, also effective July 1, 2000, the Trustees have determined that following the commencement of pre-transplant evaluation, should you retire and enroll in the Fund's Retiree Health Plan, you will continue your eligibility to transplant benefits until your coverage limits are reached.

Remember, all organ transplants require prior authorization by the Welfare Fund and coverage is available only if the transplant is not considered experimental in nature and all other eligibility provisions are satisfied.

Benefit
Improvement!

Post-65 (Affinity Rx) Prescription Drug Program

We have had a most positive response to this excellent and low priced benefit from our retirees. With this program the Medicare eligible retiree receives up to \$1,000 in prescription drug benefits per year, subject to a \$5 or \$10 co-payment for each filled prescription. In recognition of the rising costs of prescription drugs and the ever growing role they represent, particularly for our retirees, the Trustees have decided to expand the benefit by allowing participating retirees to purchase prescriptions drugs at substantially discounted rates rather than at full retail price, once the \$1,000 annual maximum has been reached. To receive the program savings, just ask your pharmacist if they participate with the Affinity Rx program. This program applies to both generic and brand name drugs as well as injectable insulin, disposable needles and syringes. The program discount can be enjoyed as long as your monthly premium payments are paid to the Fund.

New
Program!

Blue HealthLine 24-Hour Health Information

Do you ever have health care concerns or questions, or need information to understand a medical treatment plan or option given to you by your physician, but don't know where to turn? The Fund is happy to introduce Blue HealthLine, a toll free, 24-hour a day nurse advice line. Blue HealthLine, which is provided through Blue Cross Blue Shield of Michigan, provides information about at-home treatment for minor illnesses or injuries, ways to prevent or manage chronic conditions, offers treatment options you may need to consider when facing surgery or medical tests and general tips on how to stay healthy. There are two ways you can receive services from Blue HealthLine. You can listen to taped information from the Audio Health Library or speak directly with a Blue HealthLine registered nurse.

The Audio Health Library offers recorded information on numerous health care topics. Each topic is given a four digit code, which you enter to receive information (i.e. 4331 is the topic code for the common cold). General information about Blue HealthLine as well as all topic codes can be found in the enclosed booklet.

When speaking directly with a Blue HealthLine registered nurse be aware that all calls are strictly confidential. Although HealthLine nurses cannot diagnose medical conditions or authorize care, they can provide information about symptoms in the event of illness or injury, which may help you decide what to do next.

Effective October 1, 2000 to access the Blue HealthLine call toll free at:

1-800-811-1764

ATTENTION

Members & Retirees Located in The Southwest Michigan Area

We are very pleased to announce ProMed Health-care will be participating in the PPOM network effective October 1, 2000. If you need a list of physicians and service locations, please call our Members Services Department.

NON-ACCESS TO NETWORK PROVIDERS

All Active Participants

Benefit
Improvement!

The Michigan Conference of Teamsters Welfare Fund is dedicated to providing its participants and their families with affordable health and dental care within their communities and have thus adopted the following rule to better serve you:

MEDICAL PRIMARY CARE

In the event you live further than 20 driving miles (as determined by the Fund) from a required type of PPOM Primary Care Physician (PCP) and therefore do not have adequate access to the Fund's In-Network benefits, you will have the option of seeking care from a physician of your choice and you will receive an improved schedule of benefits, subject to verification and approval by the Fund. Approval for the non-access exemption will be made on a per-claim basis. Upon approval of the application for the non-access exemption, the claim should be submitted to the Fund office.

Primary Care Physicians are defined as those doctors whose main area of care is Family Practice, Internal Medicine, General Practice, Pediatrics, or Obstetrics/Gynecology. Please note that specialists are not covered under this rule.

Under the non-access rule, your benefits are improved to the same deductible and co-payments that In-Network patients enjoy (where applicable). Payment will be made directly to the physician (unless the claim reflects that the member has paid). However, since your Out-of-Network PCP does not have an agreement with PPOM or the Fund, you will be responsible for any balance over and above the Fund's reasonable and customary reimbursement levels should the provider bill for the difference.

GENERAL DENTISTRY

In the event you live further than 20 driving miles (as determined by the Fund) from a Delta Premier general dentist and therefore do not have adequate access to the Fund's Delta Dental Network, you will have the option of seeking care from a dentist of your choice and you will receive an improved schedule of benefits, subject to verification and approval of the Fund. Approval for the non-access exemption will be made on a per-claim basis. Upon approval of the application for the non-access exemption, the claim should be submitted to the Fund office. Please note that specialists, other than orthodontists (see below) are not covered under this rule.

Under the non-access rule, your dental benefits are improved up to the level of reimbursement that In-Network dentists are paid. Payment will be made to you, not your Out-of-Network dentist. However, since the Out-of-Network dentist does not have an agreement with Delta Dental or the Fund, you will be responsible for any balance over and above the Fund's payment.

ORTHODONTICS

In the event you live further than 25 driving miles (as determined by the Fund) from a Delta Premier orthodontist and therefore do not have adequate access to the Fund's Delta Dental Network, you will have the option of seeking care from an orthodontist of your choice and you will receive an improved schedule of benefits, subject to verification and approval of the Fund.

Under this non-access rule, your benefits are improved to 85% of charges, or the Fund's scheduled amount, whichever is less, subject to prior-authorization through Delta Dental. You will be notified of the benefits by Delta Dental. Payment will be made to you, not your Out-of-Network orthodontist. However, since the Out-of-Network orthodontist does not have an agreement with Delta Dental or the Fund, you will be responsible for any balance over and above the Fund's payment.

A course of orthodontic treatment can last from a few months to several years. During that period, should newly "accessible" orthodontists join the Delta Premier network, the orthodontic approval you received for your non-access exemption will remain valid for the entire treatment plan. Furthermore, should your orthodontist join the network, In-Network benefits will be provided for the remainder of the treatment.

APPLICATION FOR NON-ACCESS EXEMPTION

To apply for a non-access exemption, call the Fund's Member Services Department at (313) 964-2400, or toll free 800-572-7687 in Metro-Detroit, 800-824-3158 in Upstate Michigan, or 800-334-9738 outside of Michigan. Forms will also be available at the Fund office.

Total & Permanent Disability Benefit Plan UE

Benefit
Improvement!

Active members under the UE Plan who become totally and permanently disabled, as defined by the Plan rules, on or after September 1, 2000, will now enjoy an improved monthly benefit as approved by the Board of Trustees.

Specifically, if an active employee has met the requirements for the UE Plan's Total and Permanent Disability benefit, the Fund will pay a monthly benefit of \$125. The first payment will commence on the first day of the month following the date that the payment of the benefit is approved and will continue each month thereafter while the employee remains totally and permanently disabled, up to a maximum of 80 months. If the employee dies while receiving Total and Permanent Disability benefits, the spouse or designated beneficiary will receive the remaining benefits in a single lump sum payment.

If you are not clear on the eligibility requirements for this benefit, please contact the Member Services Department, here at the Fund.

Cold, Allergy, or Sinus Infection: Which Is It?

When a runny nose, headache, and cough all strike at once, it's easy to assume you've got a cold. To relieve your misery, you might try an over-the-counter cold medicine. But you may not have a cold at all. The same symptoms could signal an allergy, such as hay fever, which is treated differently and may require a visit to an allergist.

Or you could have a sinus infection, or sinusitis. An untreated cold or allergy sometimes leads to sinusitis. It can also be caused by an unrelated bacterial or fungal infection. Unlike a cold or allergy, sinusitis is usually treated with antibiotics. When sinusitis isn't properly diagnosed and treated, it can lead to serious damage to the sinuses and cheekbone.

The chart below can help you sort out the symptoms of a cold, allergy, and sinusitis. If you're still not sure, call your doctor.

	Allergy	Cold	Sinusitis
How you get it	Can be genetic	Contact with a virus, through hand-to-hand or airborne transfer	Can occur with the advanced stages of a cold, and is viral, bacterial, or fungal
Fever	No	Sometimes	Sometimes
Headache	Sometimes	Sometimes	Usually
Cough	Sometimes; may produce clear phlegm	Yes; may produce mucus	Yes; produces mucus
Nasal Discharge	Clear, watery	Thick, cloudy, can be yellowish	Yellow or green
Sneezing	Yes	Yes	No
Pain in Upper teeth	No	No	Yes
How long it lasts	Recurring, often depending on the time of year	About a week	Can last from a couple of weeks to many months
Contagious	No	Yes	No
Treatment	Often requires prescription decongestants, and/or steroids	Over-the-counter cold remedies, drink lots of fluids, rest, wash hands frequently	Usually requires antihistamines, antibiotics, decongestants and/or steroids

Lipids—What are They and Why do We Measure Them?

FROM THE FUND'S MEDICAL DIRECTOR - ELLIOTTE MOSS, M.D.

As I indicated to you in the last edition of the Messenger, I will be addressing a series of discussions on various medical topics. This article is the first in a series of three, that discusses the fatty particles in our bodies and the roles they play. The second article in this series will discuss the relationships between these fatty particles and the specific diseases they can cause. The third article will talk about specific medical treatments in addition to lifestyle modifications.

Lipids are a group of chemicals that we generally refer to as fats. They are represented structurally in brain components and cellular membranes. They also act as an immediate energy source for bodily requirements. In addition, they are the largest depot of storage fuel in the human body.

Fats are made up of multiple chemicals commonly referred to as cholesterol and triglycerides. These substances do not travel freely in blood, but are linked to proteins in the form of lipoproteins. After meals, intestinal cells create a protein-triglyceride packet referred to as a *chylomicron*. These are quickly removed and stored by our fat cells with the aid of insulin and several enzyme systems. Between meals, our liver cells create a similar particle made up of triglycerides, cholesterol and protein known as VLDL, or very low density lipoprotein. These VLDL's contain the triglyceride which, when increased in the fasting (or dieting) state, is considered a significant risk factor for vascular disease, particularly in diabetics (stroke, heart attack and peripheral vascular disease).

The liver creates an additional package of protein, cholesterol and triglyceride known as LDL. This low density lipoprotein, which is high in cholesterol content, is the particle elevated in most situations of cholesterol excess (not all). Most of the increased risk studied by researchers in the last 20 years in relation to stroke and heart attack is associated with increased levels of this substance. It is these particles that are most amenable to pharmaceutical intervention, with major reductions (50% or greater) being accomplished by the group of drugs commonly known as *statins* (this will be discussed later as part of the series of articles).

The last, but not least, important particle created by our liver is HDL. This high density lipoprotein is also made up of protein, cholesterol and triglyceride, but is much denser and smaller than the others. Its important function is the removal of excess cholesterol from non-liver cells. This material is transported to the liver for safe removal by metabolism. This is the last in a series of risk factors for vascular disease, but the risk occurs when HDL is decreased, rather than increased, as with the others. A low HDL, for example, is found in approximately one-third of patients experiencing a recent heart attack. These patients often have, at the same time, no increase in their serum cholesterol. Equivalent drugs for increasing the level of HDL, in as powerful a fashion as those used to decrease LDL, are yet to be discovered. On the other hand, moderately effective treatments will be discussed in the later part of this series of articles.

Before closing this discussion, let's take a look at how your physician calculates your cholesterol, LDL, HDL and triglycerides. We must first make certain that before meal triglycerides (chylomicrons) do not interfere with the calculation. This is accomplished by doing at least a 12-hour overnight fast (some experts suggest a 16-hour fast for best results). Blood drawn in the morning gives results yielding the total cholesterol (removed from all the particles), the HDL cholesterol, and the triglycerides also removed from all the particles. The following calculation is done: The triglycerides are divided by the number five and this number is added to the reported HDL cholesterol. That total is subtracted from the total cholesterol yielding the LDL cholesterol. The normal range for HDL, LDL and total cholesterol as well as many of the ratios commonly calculated for risk will be discussed next in this three article series. The significance of these and how they relate to various disease processes will also be discussed in the next article.

Thanks. Good to talk to you again. The best of health!

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FUND TIPS

Visit Our New Website

We strive to better address your information needs and so, we are pleased to announce the addition of a new Website. Our website describes the full range of Fund services. Through our Contact page you can e-mail to us any questions or comments you may have. You can also read back issues of the *Messenger*, and link to the PPOM and Delta Dental Websites so that you can access the most updated information on network providers and where they are located. We are currently working on adding Schedules of Benefits for all Plans to the site so that you can obtain a quick reference to what types of benefits your plan provides, for both in-network and out-of-network. Our goals also include adding our Summary Plan Descriptions to the site so that you have the ability to view and print benefit information as you need it.

To access the site, please log on to:

www.mctwf.org

Any suggestions or comments you may have for improving or adding to our website are always welcome. Please forward them to:

webmaster@mctwf.org