

MESSENGER MASTHEAD

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SOA/TIF Plans

Provisions Regarding Allergy Injections & Immunizations/Inoculations

Allergy injections and immunization/inoculations are services covered under the Major Medical benefit for all plans. However, deductibles and co-insurance vary. Therefore, if you are not covered under the SOA/TIF plans, please check your Summary Plan Description booklet for the applicable deductible and co-insurance information.

Allergy Injections

Plan B and C participants must satisfy the Major Medical annual deductibles of \$100/person or \$200/family. After the deductible has been met, the Fund pays 80% of a scheduled amount, and the Plan B or C participant is responsible for a 20% coinsurance payment.

There is no annual deductible for Plan A participants. However, Plan A participants are responsible for a 10% coinsurance payment for injections.

Standard Immunizations/Inoculations

Standard immunizations/inoculations are not covered under Plans B and C. These services are covered only if you participate in our Plan A program. The Fund reimburses its Plan A providers at 90% of the scheduled fee and the Plan A participant is responsible for a 10% coinsurance payment.

Plan C participants do have the option of receiving Plan A benefits by utilizing our designated medical centers. In the event a Plan C participant receives immunizations/inoculations from a designated Plan A provider, the services will be covered and the Plan C participant will be responsible for the 10% coinsurance.

Plan A Immunizations/Inoculations Exclusions

Exclusions to the standard immunizations covered under the Plan A program are special vaccinations for foreign travel and the controversial Chicken Pox vaccine.

As always, should you have any questions or need further information, our Member Services Department will be happy to assist you. Please call us at (313) 964-2400, ext. 430, or use our toll-free numbers listed under our return address on the back page.

SOA/TIF Benefits At A Glance

ALLERGY INJECTIONS

Plan A No Deductible,
10% coinsurance

Plans B & C Subject to deductibles;
20% coinsurance

IMMUNIZATIONS/INOCULATIONS

Plan A Standard covered;
10% coinsurance

Plan B NOT covered

Plan C NOT covered (unless
received from a
designated Plan A
provider, and then
subject to a 10%
coinsurance)

EXCLUSIONS

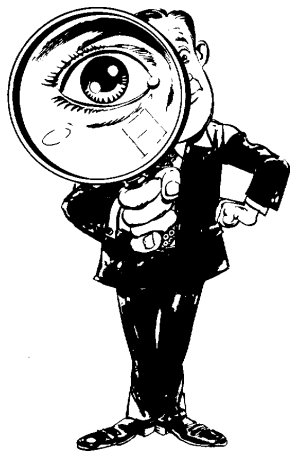
- Special Foreign Travel Vaccinations
- Chicken Pox Vaccine

Important Fund Benefit

Plan Amendment

— Please see Page 3 —

*Verify Services Billed
Were Services Performed*
Check Your Explanation
of Benefits (EOB) and
Hospital Bills Carefully



The Fund sends an Explanation of Benefits (EOB) each and every time a claim is processed. If an EOB indicates services that were not performed, or you have questions about any of the information reported, please call us.

In the event you are hospitalized, the hospital should send you a copy of the itemized bill. Contact

the hospital or your doctor if there are items you do not understand or question.

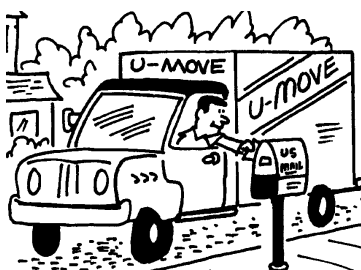
Hospitals and doctor's offices can make billing mistakes. It is important that you review every EOB and itemized bill you receive to ensure that the services billed were actually performed.

ARE YOU MOVING?

Be Sure To Notify the Fund

If you are moving, or changed your telephone number, please notify us immediately.

Address changes must be submitted in writing to the Fund and signed by the member.



Also, don't forget to include your Social Security number on all communications to the Fund.



The Fund welcomes letters from our participants. If you have had a personal experience you would like to share with others, drop us a line and let us know how we are doing.

Remember, this is YOUR Fund, and your input is crucial to ensuring that we continue providing the top-quality service you deserve.

Mail Order Prescription Drug Program offers Convenience and Lower Costs to Participants

Back in 1990, the Fund implemented a mail order prescription drug program for active participants and in 1992, expanded it to include eligible retirees and/or spouses. This program allows participants to obtain maintenance or long-term medications on a less costly and more convenient basis.



What are Maintenance Medications? Usually, these are drugs prescribed on a regular and ongoing basis, associated with the treatment of such illnesses as anemia, arthritis, diabetes, emphysema, epilepsy, heart disorders, high blood pressure and other chronic conditions.

Savings and Convenience! Eligible participants save by having their physician prescribe maintenance drugs and/or refills for up to a 90-day supply. Local pharmacies will only dispense 30-day supplies. Thus, members only have to make one \$5.00 co-pay instead of three separate co-pays. Plus, you receive home delivery via first class mail or UPS.

Safe and Prompt Service. Prior to shipment, your prescription is screened by registered pharmacists and should any questions or problems arise, your physician is contacted directly. You will receive your prescriptions within 10 to 14 days from the date you mail them.

Using the Program. Patient Profile forms and postage paid envelopes are available from the Fund and also included in new member packets. Simply fill out the form and mail it along with the original prescription(s) and co-payment of \$5.00 per prescription. The Patient Profile form is only required with your first order. You will receive re-order instructions for future prescriptions or refills.

As always, our telephone consultants will be happy to assist you. Call us at (313) 964-2400, ext. 430, or use our toll free numbers listed under our return address on the back page.

SOA/TIF PLANS

Additional Services & Supplies Benefits *ORTHOTIC DEVICES*

The Plan pays 75% of scheduled amounts, up to a lifetime maximum of \$20,000 per person*, for certain services and supplies which are not covered under the Major Medical Benefit.

*Eligible expenses incurred during the year are deducted from your overall lifetime maximum, however, on January 1 each year, up to \$1,000 of those expenses will be added back to the lifetime maximum

Eligible expenses for Orthotic Devices for treatment of nonoccupational and non auto-related illness or injury are covered under this benefit. Back braces are covered when necessary following surgery. Knee braces will be considered for coverage immediately following injury or surgery.

Prior authorization for orthotic devices can be obtained by calling the Fund (ext. 428).

Orthotic Devices for the treatment of flat feet, plantar warts and/or heel spurs are exclusions under all benefit plans. Claims and/or requests for prior authorization for these diagnoses will be denied and you will be responsible for all charges incurred.



Have You Misplaced Or Lost Your Summary Plan Description Booklet(s)?

If you cannot locate your Summary Plan Description (SPD), please contact the Fund and we will be happy to send you another.

It is important that you reference your SPD so that you will know the benefits you are entitled to receive, as well as those services which may not be covered.

To request another SPD, please call our Member Services department at (313) 964-2400, ext. 430, or use our toll-free numbers conveniently listed under our return address on the back page.

BENEFIT PLAN AMENDMENT

Mental, Nervous and Substance Abuse Treatment (Plan B and C Participants)

The Mental Health Parity Act prohibits a group health plan from having different lifetime or annual maximums for mental, nervous expenses than for other medical expenses. Therefore, effective January 1, 1998:

For Plan B and C participants, Inpatient and Outpatient professional care for Mental, Nervous and Substance Abuse is covered at 50% of reasonable and customary charges, up to a maximum of 20 visits per calendar year for inpatient and outpatient combined.

Previously, the Plan set forth a calendar year maximum of \$1,000 for Mental, Nervous and Substance Abuse inpatient and outpatient professional care combined.

There is no change for Plan A participants. Inpatient professional care is covered in full. Outpatient professional care requires a \$15 co-pay per visit, with a maximum of 50 visits per calendar year. Plan B and C participants can receive Plan A benefits if the services are received from a Plan A provider.

Hospital room and board benefits for mental, nervous disorders and substance abuse remain the same. Please refer to your Summary Plan Description, under "Your Hospital Benefits" section for full details.

Remember, all inpatient and outpatient treatment for mental, nervous and/or substance abuse requires prior authorization, which can be obtained by call our toll-free number (800) 457-8540.

HELP US — TO HELP YOU

Every month, *The Messenger* runs tips on how the Teamsters Welfare Fund can help you cut red tape and end bottlenecks that might exist with the processing of your claims, or in receiving the proper assistance you need.

Many of these helpful reminders come directly from our Fund claims processors, who answer hundreds of phone calls per day and receive letters from both members and medical providers.

FUND TIP # 134

Hearing Aid Benefit Reminder

Active members and their dependents whose Plan coverage includes the Hearing Aid Benefit are entitled to receive this benefit *once in a 36-month period through Beltone*, the Fund's approved provider.

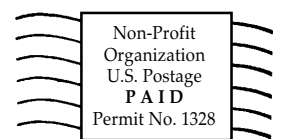
While hearing aids are **not a benefit under the Retiree and certain other Plans**, the Fund has made arrangements for these participants to purchase hearing aids from Beltone for the same discount that the Fund has negotiated on behalf of our covered members.

You may obtain further information about this benefit, as well as the nearest Beltone dealer location, by calling our office.

REMEMBER, HEARING AIDS PURCHASED FROM A PROVIDER OTHER THAN BELTONE WILL NOT BE COVERED AND THE FUND WILL NOT PROVIDE REIMBURSEMENT

Teamsters Welfare Fund

2700 Trumbull Avenue
Detroit, Michigan 48216
(313) 964-2400
Outstate Members - 1-800-334-9738
Upstate Members - 1-800-824-3158
Metro-Detroit Members - 1-800-572-7687



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