TRUSTEES Announce BENEFIT INCREASES
Changes To Take Effect April 1, 1999

Dear Fund Participant:
The Fund Trustees have approved a set of benefit increases for Fund members effective April 1, 1999. We are pleased to announce the benefit increases and feel they represent changes that will have a direct positive value to members. It is gratifying to announce benefit increases. These changes have been made based upon your suggestions to us combined with a thorough financial analysis by our consultants. We will continue to listen to your input and take responsible action on those items that benefit the majority of the membership. Our ultimate responsibility is to provide comprehensive benefits to our members while, at the same time, maintaining the financial integrity of the Fund.

Retiree Benefit Plan
The current Retiree Benefit plan, for those retirees under age 65, will have an increase in the annual benefit maximum from $100,000 to $150,000. The increase in the annual maximum reflects an adjustment to ensure that the benefits remain competitive and keep pace with increases in medical costs. The change represents a 50% increase in the benefit maximum.
The new maximum will be effective April 1, 1999.

Post-65 Benefits for Retirees
We are very pleased to provide a new benefit for retirees over the age of 65. Effective April 1, 1999, retirees over age 65 will be eligible for a prescription drug supplement to Medicare. To be eligible, current retirees must have been a Fund member in 7 of the last 10 years prior to retirement, with the last 5 consecutive years as a Fund member. A monthly premium will be charged. That premium will be based upon your years of service with the Fund. Those members with more years of service will have a smaller premium.

Current eligible retirees will receive a mailing to explain the benefits, eligibility, and enrollment provisions of the new plan. The plan will provide retirees with up to $1,000 of prescription drug benefits per year. To be eligible, retirees must have served at least 7 of the last 10 years with the Fund and the last 5 years of service must be consecutive prior to retirement. The plan will be available to all current retirees and their spouses. Retirees will have 60 days to make a decision to enroll in the plan and make their first monthly contribution. New retirees and their spouses will be eligible for benefits upon their 65th birthday.

The benefit will be available to members on a one-time basis when they first become eligible.

If you decide that you do not want the benefit at the time you are eligible, you will not be eligible for the benefit at a later date. If you want the benefit initially, but later decide to drop it, you will not be able to again receive the benefit at a later date.

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**Dental Benefits**

There will be a significant increase in the Plan B dental benefits for Dental and D&O Plans Program (D). The current benefit schedule will be generally increased across the board, for example.

Restorations will increase between 45% - 55%, Crowns will increase between 107% - 114%, Dentures will increase between 71% - 89%, and Bridges will increase between 180% - 304%.

The annual maximum benefit will also be increasing from its current annual maximum of $1,000 to $2,500. The orthodontia benefit is also increasing from the current $1,000 maximum per year to $2,000 per year.

A full updated schedule will be provided in the revised Summary Plan Descriptions to be mailed at a later date.

**Optical Benefits**

Optical benefits are also increasing for Optical and D&O Plans Program (D). The first substantial change is the frequency with which members can receive benefits. Prior to the change, benefits were only available every 18 months. Under the revised plan, benefits will be available every 12 months. This applies to examinations, lenses, and frames.

The benefit allowances for vision services are also increasing. Effective April 1, 1999, the allowances from the adjoining chart will be applicable to exams, lenses, and frames.

**Optical / D&O Plans Program (D) Changes Effective April 1, 1999**

<table>
<thead>
<tr>
<th>Services</th>
<th>Old</th>
<th>New</th>
<th>Incr.</th>
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</thead>
<tbody>
<tr>
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<td>$25</td>
<td>$50</td>
<td>$25</td>
</tr>
<tr>
<td>Frames</td>
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<td>10</td>
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<tr>
<td>Bifocal Lens/e.</td>
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<td>30</td>
<td>10</td>
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<tr>
<td>Trifocal Lens/e.</td>
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</tr>
<tr>
<td>Contacts/pair</td>
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<td>80</td>
<td>20</td>
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</tbody>
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**Chiropractic Benefits**

Benefits for Chiropractic services will be increasing effective April 1, 1999. Currently the Fund provides a benefit equal to 80% of billed charges up to an annual maximum of $400. The new benefit will still pay at 80% of billed charges, but the annual maximum will increase to $1,000 per year.

**Hearing Aid Benefits**

Three primary changes in the hearing aid benefit will be effective April 1, 1999. The first change is that the Fund will no longer restrict benefits to a preferred service provider. The current preferred service provider may still be used, but members are no longer required to receive covered benefits solely from that provider. As such, members may use any provider of their choice for hearing aid benefits.

The second change is that members can receive hearing aids every two years. The current benefit only allowed replacement hearing aids every three years. This change will bring the benefit more in line with the warranty period for most hearing aid manufacturers.

The third change is an increase in the benefit allowances for hearing aids. The current benefit provides allowances that vary by type of device. The new benefit provides up to $1,000 per one hearing aid and $2,000 per pair of hearing aids. These benefit allowances apply to any type of device purchased by the member.

**Women’s Health Benefit**

The Fund will begin a program to improve the general health of its female members. The first program step is the emphasis on certain types of procedures including mammograms, pap smears, physical examinations, stool occult blood tests, and flexible sigmoidoscopy screening. The complete program will be explained in greater detail by the Fund’s Medical Director in a subsequent mailing.

The program features include:

- Annual mammograms for women aged 50 and older.
- Annual mammograms for women above age 40 who are at risk for breast cancer
- Annual cervical cancer screening (Pap smear) for all women aged 18+.

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• Periodic women's physical examination including family and personal history, health habits, height/weight, blood pressure, blood sugars (diabetes screening), cholesterol, triglycerides (lipid panel), skin cancer screens, breast cancer screens, and pelvic examination.

• Annual stool occult blood test for women aged 50+.

• Annual stool occult blood tests for women above age 40 who are at risk for colorectal cancer.

• Flexible sigmoidoscopy screening every 4-5 years for women aged 50+.

• Flexible sigmoidoscopy screening every 4-5 years for any women above age 40 who are at risk for colorectal cancer.

You do not need to be a Plan A member to participate in this program.

CHILDREN’S HEALTH BENEFIT

The Children's Health Benefit will provide full coverage for all physical examinations and immunizations as designated by the American Academy of Pediatrics. Effective April 1, 1999, members can take their children to their pediatrician of choice and receive full coverage for immunizations and well baby and child examinations.

In Conclusion

This issue of the Messenger is a summary of the benefit changes scheduled to take place April 1st.

The full benefit descriptions will be provided in the updated Summary Plan Description booklets to be mailed at a later date.

It is a pleasure to be of service to our participants. The increased benefits reflect our commitment to the members of the Michigan Conference of Teamsters Welfare Fund.

Respectfully submitted,

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IMPORTANT BENEFIT INFORMATION
FOR FUND PARTICIPANTS

Increased Benefits Effective April 1, 1999

Retiree - Pre & Post 65
Dental & Optical
Chiropractic
Hearing Aids
Women’s, Men’s & Children’s Health

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