

Michigan Conference of Teamsters Welfare Fund



Messenger



VOLUME 23, ISSUE 2

SPRING 2005

Message from the Fund's Executive Director

Dear Teamster Families,

Yes, unfortunately, Spring is just about spent. Once again, the Fund's Communications Manager and I find ourselves racing against an early eruption of the coming season, as we sweat out the completion of the current season's *Messenger*. But, each year, this edition seems to be the toughest to wrap up; you can feel those powerful Spring forces pulling hard at your sleeve, subverting your focus on the important business of the day.

So too, the job of maintaining our health. We understand the priority, we know what we've got to do, but for most of us it's a battle against some serious energy flowing in the opposite direction. Some of us prevail, some of us don't even try, but those in whom the biological imperative of survival is strong take control of what they can and use their health care benefits for what they can't.

At the Joint Council #43 Spring Delegates Seminar in April, I urged the delegates to take a leadership role in promoting good health care practices and to lead by example with regard to controllable behavior such as cigarette smoking, overeating (including excessive fat and cholesterol consumption), diabetes management, alcohol and drug abuse, exercise, seeking counseling for stress and depression and getting regular well care examinations.

But it's not only about staying healthy; it's about the cost of health care services and insurance. The American health care system is severely compromised by waste and inefficiencies and is threatening the future viability of our economy. Most of those who still have a job and health benefits have already taken significant hits with contribution copays, increased out-of pocket expense and reduced or eliminated wage increases. And while it's truly encouraging to see the development of public and private initiatives to address two issues critical to system reform – the provision of health care to the uninsured and underinsured and the development and sharing of electronic personal health records – nothing would have a more dramatic impact than all of us taking responsibility for our health and thereby materially reducing the incidence of preventable diseases and increasing control over our chronic conditions.

Please review this *Messenger* carefully and call the Fund's Member Services Department with your questions. Understanding your benefits will maximize your options and save you money.

The Fund's Trustees, staff and I wish you a healthy and enjoyable summer.

Richard Burkner

Inside this issue:

Fats - What They Are and How They Affect Your Health	2
Emergency Ambulance Services	3
Weekly Accident & Sickness Benefits	3
Employment Related Injuries and Illnesses	3
Assignment, Subrogation and Reimbursement	4
IUD - New Benefit	4
Dental Plan II Plan Year	4
"Expenses Not Covered" Clarification	5
In-Office Diagnostic Testing Restriction Revision	5
EOB	5
Participant Information Changes	6
Additional Claim Information	6

Fats -

What They Are and How They Affect Your Health

Fats; we cannot live without them. Obviously, there's the energy factor; fat is the most concentrated form of energy, providing more than twice the energy of carbohydrates and sparing the body the need to burn protein for fuel. And, of course, it insulates our body from the cold. But, it also helps in the absorption and transport of certain essential vitamins and keeps insulin and blood sugar at even levels by slowing the rate at which carbohydrates leave the stomach after eating. Fats also provide the building blocks for cell membranes and a number of critical chemical compounds including ... cholesterol.

While cholesterol is, indeed, necessary for proper body function (it is needed for formation and maintenance of cell membrane, body temperature maintenance, production and insulation of nerve fibers, production of bile acids that help to digest fat, production of sex hormones, and among still other things, is necessary for proper brain development in infants), too much of it can kill us.

Cholesterol is produced by our bodies, primarily in the liver and is found in foods such as red meats, certain sea foods, whole milk dairy products and eggs. Because cholesterol cannot dissolve in blood, it is transported by a carrier molecule that is composed of protein; these compounds are referred to as lipoproteins and are classified by the ratio of protein to fat; high density lipoproteins (HDL or "good" cholesterol), which have the highest ratio of protein to fat, low density lipoproteins (LDL or "bad" cholesterol) and very low density lipoproteins (VLDL), which are converted to LDL after delivering triglycerides (another type of fat) to muscles and adipose tissue.



When too much cholesterol is present, plaque (a thick, hard deposit) may form in the body's arteries, narrowing the space for blood to flow to the heart. This buildup, known as hardening of the arteries (atherosclerosis), can lead to coronary artery disease, heart attack, or stroke. High cholesterol is responsible for 70% of heart disease and is the leading killer of both men and women after age 45.

The key is to maximize the "good" cholesterol (HDL) level in your blood, which carries excess cholesterol back to the liver for processing and excretion, and to minimize the "bad" cholesterol (LDL) level, which carries cholesterol to the body tissues and deposits the excess on arterial walls. So how do you do that? While the most prudent approach is to consult with your physician to determine

your level of risk and the most appropriate course of conduct, it is indisputable that lifestyle changes, such as stress reduction, smoking elimination and strenuous exercise can have a substantial positive impact. So too can the use of certain natural herbs and nutritional supplements such as beta-sitosterol (found naturally in significant quantities in sugar cane, soybeans and rice), guggul lipids, flaxseed oil, betaglucon, soy isoflavones and red yeast rice extract, as well as can the consumption of foods with water-soluble fibers, including oat and corn bran, beans, legumes and fruits.

Foods high in cholesterol, saturated fats or trans fats should be avoided. They increase your overall cholesterol level and increase your ratio of "bad" to "good" cholesterol.

Unsaturated (mono and polyunsaturated) fats, which are those found primarily in plant-based foods (e.g., oils such as olive, canola, corn, sunflower, safflower and soybean) and are usually liquid at room temperature, may help lower overall cholesterol when consumed in moderation. However, saturated fats, which are usually solid at room temperature and found together with cholesterol in foods of animal origin, as well as in tropical vegetables such as coconut and palm, increase the "bad" cholesterol level. Trans fats, which are derived from the hydrogenation of unsaturated oils to make them solid to increase shelf life, improve taste or provide a crisper texture (such as in baked goods, deep-fat fried foods, margarine, frozen foods, chips and crackers, breakfast foods, toppings, dips and condiments), are treated by the body like saturated fats and not only increase "bad" cholesterol but may reduce "good" cholesterol as well.



There's much you can do to keep yourself healthy. Visit your doctor. The American Heart Association recommends that all adults age 20 and over have their cholesterol levels checked at least once every five years. Cholesterol testing is covered under the Fund's Wellness benefit; copayments and deductibles are waived. Your doctor will assess your needs, advise you on reading nutrition labels to determine fat and cholesterol content and on what levels are appropriate for you.

Emergency Ambulance Services

Under all Fund 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.

Due to the emergent nature of these services, the Fund's Trustees have modified all Plans with respect to deductibles and coinsurance payments, to treat such services provided by out-of-network providers as in-network. The participant will remain liable for any provider charges in excess of the Fund's maximum allowable benefit in addition to the [in-network level]



deductible and/or coinsurance payments which may be required.

As a reminder, air ambulance service benefits are payable only when all of the following criteria are met:

- Use of an air ambulance is medically necessary and ordered by a physician;
- No other means of transport is available, or the patient's condition requires transportation by air rather than ground or water ambulance;
- The patient is transported to the nearest medical facility capable of treating the patient's condition; and
- The provider is a licensed air ambulance service, not a commercial air carrier.

Weekly Accident & Sickness Benefits

The Fund's Weekly Accident & Sickness benefits provide you with weekly short term disability (loss of time) benefits if you are disabled due to a non-occupational or non-auto related illness or injury (please see your Summary Plan Description for a full list of non-covered circumstances) while you are covered by the Plan as an active participant. While you are collecting these benefits you and your eligible dependents also remain eligible for all other Plan benefits that you and they would otherwise be entitled to receive.

However, your SPD further states that Weekly Accident & Sickness benefits "are payable only if you incur a loss of income as a result of your illness or injury." Accordingly, the Fund has administered this benefit by ceasing entitlement to it and to all other Plan benefits when employment ends, i.e. upon termination, either quit or discharge, or upon layoff.

The Fund's Trustees have reconsidered and modified this provision to provide for continuation of eligibility to Weekly Accident & Sickness and other benefits when termination results from layoff or from a discharge that is formally grieved by the participant's local union, until such time as an adjudication in support of the discharge is rendered by the appropriate grievance panel.

Employment Related Injuries and Illnesses

The "Exclusions and Limitations" section of your Summary Plan Description states in relevant part that "The following are not covered under this Plan:

- Injury or sickness arising in the course of employment or which is covered under any workers' compensation or occupational disease law or other state law or other insurance."

The Fund's Trustees have modified that exclusion as follows:

- **loss suffered as the result of an injury or illness arising out of or in the course of employment.**



Assignment, Subrogation and Reimbursement

The Fund's Trustees have adopted the following revised Assignment, Subrogation and Reimbursement language (formerly known as Subrogation and Reimbursement), which will be included in the next printing of your Summary Plan Description:

When the Fund pays any benefits for you or your dependents, it immediately gains all rights of recovery against any person or entity that caused or contributed to the loss covered by it. This is called subrogation. Where reasonable cause exists to believe there may be another source for you or your dependent to recover for the same loss, payment of benefits is conditioned upon the execution, by you and/or your dependent, of the Fund's Assignment, Subrogation and Reimbursement Agreement. Furthermore, failure to comply with any provisions contained in such agreement or in the Summary Plan Description shall relieve the Fund from any further benefit obligations related to the loss.

In addition, if you or your dependent receives any payment from any source as a result of an injury or illness, the Fund has the right to reimbursement from you and/or your dependent for all amounts it has paid and will pay as a result of that injury or illness. The Fund will be entitled to reimbursement up to the amount you or your dependent receives, whether or not such payments are designated as reimbursement for medical expenses. The Fund has a lien on all such amounts, which shall be deemed assets of the Fund.

If you, or your dependent, fail to reimburse the Fund, it has the right to deduct the amount of benefits paid from any future benefits payable to, or on behalf of, you or your dependents.

You and your dependent and those acting on your behalf, including attorneys:

- may do nothing to prejudice the Fund's assignment, subrogation and reimbursement rights;
- must provide the Fund with information when requested;
- must cooperate with the Fund in the enforcement of its assignment, subrogation and reimbursement rights; and

- must notify the Fund immediately upon notification to any other party (or the party's attorney) of an intent to pursue damages.



The Fund's assignment, subrogation and reimbursement rights are a first priority claim against all potentially liable parties, and are not limited by any right you or your dependent has to be made whole. The Fund is to be paid first before any other payments for you or your dependent, whether such amounts are recoverable from, or paid by, any source to you, your dependent or any other individual, institution or trust.

Such first priority shall apply regardless of how and by whom such payments may be characterized, i.e., past medical expenses, future medical expenses, pain and suffering, loss of earnings, legal fees or expenses, or any other form of economic or non-economic damages whatsoever, and to the extent necessary to satisfy the Fund's rights, any recovery will be deemed as compensation for medical expenses.

The Fund is entitled to assignment, subrogation and reimbursement even if such amounts constitute only a partial recovery and are insufficient to compensate you or your dependent for all damages sustained. The Welfare Fund is not required to participate in any damage claim or pay attorney's fees to any attorney you or your dependent hires to pursue the damage claim. This assignment, subrogation and reimbursement provision applies whether or not a third party admits liability for payment.

You or your dependent may receive payment for medical services before benefits are paid under the Fund. In that case, the benefits payable by the Fund will be limited to the amount of benefits in excess of the amount already paid, if any. Such amounts include all direct or indirect payments to, or on behalf of, you or your dependent for injury or illness from any source by settlement, judgment or any other means.

IUD - New Benefit

The Fund's Trustees are pleased to announce that effective May 23, 2005, coverage for intra-uterine devices (IUDs) is included under all medical Plans as follows:

- One IUD in a 3 year period.
- The IUD is covered as a medical supply and the insertion and removal is covered under the surgical portion of your Plan.

Coverage is subject to the terms and conditions of your benefit plan and paid according to the Fund's in-network and out-of-network reimbursement rules.

Dental Plan II Plan Year

The Fund provides a lower cost dental plan option to its standard Dental Plan I, known as Dental Plan II, which is a component of Dental & Optical Plan II. While the Fund's Summary Plan Description correctly notes that Dental Plan II benefits are subject to an annual maximum of \$1,500 per individual, it fails to note that **such annual period runs from July 1st through June 30th** (Dental Plan I's annual maximum period runs from January 1st through December 31st). Should you have any questions in this regard, please contact the Fund's Member Services Department.



"Expenses Not Covered" Clarification

All medical plan Summary Plan Descriptions provide for the exclusion from coverage of -

“any treatment, except dietary counseling, maternity and wellness care that is not the result of a sickness, illness or injury (e.g., obesity, sterility, impotency, developmental disorders, pain control etc)”



The Fund's Trustees have clarified such exclusions as follows:

- **Treatment for obesity:** While not covered when billed as an isolated diagnosis, treatment for obesity is covered when accompanied by concurrent medical issues in which the obesity plays a major contributing role.
- **Treatment for sterility/infertility:** While medical or surgical therapies and procedures administered strictly for the purpose of conception is not covered, treatments for other medical disorders, for example diabetes mellitus or polycystic ovarian syndrome that, as a result of successful therapy, also would allow a successful conception, are covered.
- **Treatment for impotency:** While treatments strictly directed at producing potency when the cause is most likely mental or emotional is not covered, medical treatment of organic disease related impotency is covered.
- **Treatment of developmental disorders:** Coverage requires a clear cut medical diagnosis as the cause of retarded mental and/or physical development.
- **Treatment of pain control:** While bundled services provided through structured pain control/rehabilitation programs are not covered, treatment for pain control through epidural injections and implantable analgesic pain pumps, is covered.

In-Office Diagnostic Testing Restriction Revision

Effective January 1, 2004, based on the recommendation of the Fund's Medical Director, the Fund restricted coverage for certain diagnostic tests when performed in the office of a primary care physician (Summer 2003 *Messenger*). Effective September 1, 2004 these restrictions were expanded to the specialist's office (with the exception of pelvic trans-vaginal and obstetrical ultrasounds in the obstetrics/gynecology specialist's office); see Summer 2004 *Messenger*.

Among these restrictions, standard abdominal ultrasounds are not covered unless performed in either a free standing radiologic diagnostic center or a hospital based diagnostic unit (either on, or off, a hospital campus). The Fund's Medical Director has reconsidered that policy and upon review, the Trustees have adopted the following revision:

- **Effective April 1, 2005, coverage has been extended to cover retroperitoneal renal ultra-sounds, with unlimited frequency, that are performed in a urologist's office.**

EOB

The Fund's EOB (Explanation of Benefits) provide you with essential information regarding the adjudication of your medical, dental and optical benefit claims, including any remaining financial responsibility that you may have under your plan of benefits.

The Fund urges you to carefully review each EOB upon receipt and to contact the Member Services

Department if the services billed for were not performed, or if the EOB is not understandable.

The Fund also urges you to retain your EOB for future reference. If you request a copy of an EOB from the Fund, you must fill out a HIPAA Individual Request for Access to Protected Health Information form (available in writing from the Fund's Correspondence Department or, online from the Fund's website, www.mctwf.org - click on "Forms" button and then scroll to HIPAA Privacy Forms). You will be charged the applicable copying and mailing fee.

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

PRESORT FIRST-CLASS
U.S. POSTAGE
PAID
ROYAL OAK, MICH
PERMIT NO. 686

The *Messenger*, published quarterly, 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.

MICHIGAN CONFERENCE OF
TEAMSTERS WELFARE FUND

2700 TRUMBULL AVE.
DETROIT, MICHIGAN 48216
313-964-2400

Metro Detroit 1-800-572-7687
Upstate 1-800-824-3158
Out-of-State 1-800-334-9738



MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND

Labor Trustees
WILLIAM A. BERNARD
H. R. HILLARD
ROBERT F. RAYES

Management Trustees
ROBERT J. LAWLOR
HOWARD McDOUGALL
RAYMOND J. BURATTO

Participant Information Changes

If there is a change to your family status, to your spouse's coverage under another group health plan, or to your address, or if you wish to change your beneficiary selection, the Fund should be informed as quickly as possible by completion of a new Fund enrollment form (which can be obtained from the Fund by telephone or by written request).

In the case of a change in family status, including, but not limited to, marriage, divorce, death, birth, adoption and name change, you must provide the Fund with the proper legal documentation such as a copy of your marriage certificate, divorce decree, death certificate, birth certificate, adoption papers, etc.



Additional Claim Information

The Department of Labor (DOL) regulations governing claims procedures for employee benefit plans, which became effective January, 2002, provide that if it is necessary for the Fund to request additional information regarding your claim, you will have 45 days to respond to the request.

Effective March 31, 2005 the Fund has amended its plans, reducing the allowed period of response from one year to the DOL prescribed 45 day period.