



Messenger



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Message from MCTWF's Executive Director

Dear Teamster Families,

Belated greetings. We hope that your spring was a good one. Meanwhile, our region has taken a bullet to its heart. Our jobs, savings, homes, families, and self-esteem continue to pour from that wound along with much of our next generation of public servants and leaders, educators, scientists, professionals, entrepreneurs and skilled workers. The assumptions upon which we have built what we thought were reasonable expectations have proven false or unreliable.

Our confidence is shaken a bit, but we have to get past it and we have to do more than just persevere. We need to take stock of ourselves, our relationships, and our priorities. We have the potential to create enormous positive change, but to do so we must dispense with our cynicism and prejudices and engage one another with respect and diligence. And within that context of building for a better future, we need to take responsibility for who we are and what we will become; mind, body and soul. It takes humility and unyielding determination.

I can think of no one who better demonstrates these qualities than Local 164 Secretary-Treasurer/MCTWF Trustee, Bill Bernard. Never before have I known a person with such capacity to care for and benefit so many while at the same time suffering through one catastrophic medical episode after another. Well, Bill Bernard has made it back once again. His dedication and will remain unbroken. He gives us much to be inspired by.

Expanding upon the notion of responsible actions, I call your attention to the critical matter of "adherence", the extent to which a person's behavior – taking medication, following a diet and/or executing lifestyle changes – corresponds with agreed recommendations from a health care provider. Caremark informs us that MCTWF participant adherence to drug therapy directions - whether it regards following the prescribed utilization regimen, or timely obtaining a refill, or even picking up the first fill - is below that of Caremark's benchmark results for all union groups and for its entire book of business. The adherence rates for those MCTWF participants with asthma or chronic obstructive pulmonary disease is just 25.8%, those with diabetes – 62.1%, those with congestive heart failure – 73.8%, those with hyperlipidemia (high cholesterol) – 61.5%, and those with hypertension – 67.1%.

In addition to the toll that unmanaged chronic disease will inflict upon the quality of life of the individual and his family, there are enormous cost consequences. A 2005 Medco Health Solution study found for every dollar spent on medication for diabetes patients, \$7 in medical costs was saved; for those with high cholesterol, \$5.10 in medical costs was saved; and for those with high blood pressure, \$3.98 in medical costs was saved. Furthermore, the study found, for example, that the least adherent diabetes patients were more than twice as likely to be hospitalized as the most adherent.

In another large study, non-adherent patients were asked why they failed to follow their prescribed drug treatment directions. The most frequent response was that they simply forgot to do so. The next most frequent response was that it was due to side effects (presumably, many of these patients did not seek an alternative medication). Another frequent response was that the patient decided that there was no further need for the medication. Surely, we can make better decisions.

Independence Day is just around the corner. Every year, we learn of disastrous injuries resulting from July 4th amateur fireworks, yet we don't seem to take it seriously enough until the injury strikes close to home. Please be cautious. Amateur fireworks result in 10,000 emergency room visits each year with many permanent injuries to the hands, head and face, including blindness.

As always, I urge you to review the contents of the *Messenger* thoroughly. However, of special note, addressed on page 3 of this edition, is the enhancement to our Participant Portal, which now provides you access to your claims history and the current amounts accrued toward your benefit and out-of-pocket limits.

On behalf of our staff and Trustees, I wish you good health and a great summer.

Richard Burker

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Editor's Note:

For simplicity, unless otherwise stated, the *Messenger* uses the masculine form to refer to male and female individuals and uses the term "participants" to refer to both participants and their eligible dependents.

Automobile Related Injury/Illness Reminder

As a reminder, and as previously stated in your Summary Plan Description regarding claims incurred as the result of an automobile related injury or illness, MCTWF's medical benefit "Exclusions and Limitations" provide that:

- Based upon Michigan's "No-Fault" automobile insurance laws providing for comprehensive health care benefits to any person(s) suffering an injury or illness as a result of an automobile accident in Michigan, or to participants and their dependents who are covered under Michigan "No-Fault" automobile insurance and suffer an injury or illness in an out-of-state automobile-related accident, NO medical benefits will be paid by MCTWF for auto related injuries or illnesses.
- Plan participants and their eligible dependents who suffer an injury or illness resulting from an automobile accident and who are covered by "No-Fault" automobile insurance laws substantially the same as Michigan's "No-Fault" laws (which provide for comprehensive health care benefits to any person(s) suffering an injury or illness as a result of an automobile accident), will NOT be eligible for any medical benefits under any MCTWF plan.

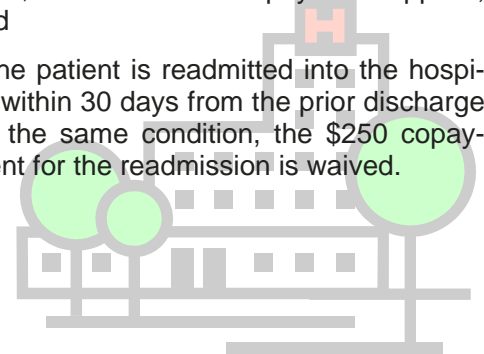
If a participant's auto-related injury/illness is not covered under Michigan's "No-Fault" automobile insurance laws or other similar "no-fault" state laws, MCTWF will provide benefits pursuant to a signed *Assignment, Subrogation and Reimbursement Agreement* (please refer to the "Assignment, Subrogation and Reimbursement" provision in the plan SPD).

It is the participant's responsibility to advise MCTWF of any auto related injury or illness, otherwise claims that are paid inappropriately are the responsibility of the participant.

Inpatient Hospital Admission Copayment Reminder

All plans with medical benefits provide coverage for inpatient hospital stays. For plans SOA, PEP, TIF, TIF2, I&S and Key 4, be reminded that the patient is responsible for a \$250 per admission copayment as follows:

- limited to a maximum of three admission copayments per calendar year;
- includes mental & nervous and substance abuse admissions;
- if the admission comes from an emergency room visit, the \$20 emergency room copayment for plans SOA, PEP, TIF and I&S (\$50 emergency room copayment for plan TIF2) is waived and only the \$250 admission copayment applies; and
- if the patient is readmitted into the hospital within 30 days from the prior discharge for the same condition, the \$250 copayment for the readmission is waived.



Coverage for Special Formulas and Medical Foods

Effective July 1, 2009 MCTWF will be providing coverage, subject to plan limits, for special formulas and medical foods prescribed for infants and young children born with certain inherited metabolic diseases. These diseases, when inadequately treated, can result in cognitive impairment, organ damage or organ failure.

Special formulas - Physician prescribed medical formulas are covered, without a dollar maximum, for children up to 24 months of age, if the formula represents at least half of the child's caloric intake.

Medical foods - Physician prescribed medical foods and solid, modified food supplements are covered up to a yearly maximum of \$2,500 for children through age 18.

Participants can purchase special formulas and medical foods from any supplier. Those suppliers could include, for example, any health food store or supplier found on the internet.

Reimbursement of billed charges, subject to plan limits, will be made directly to the participant upon MCTWF's receipt of the prescription (which will be kept on file for one year), a medical claim form (available from the *Forms* page of our website), and a purchase receipt.



Enhancements to MCTWF's Participant Portal

In the Winter 2007-2008 issue of the *Messenger*, we introduced the *Participant Web Portal* which provides participants with fully secured access to personal information maintained by MCTWF, and can be accessed from the home page of our website through a fully secured personal account. An account can be created by any participant or dependent who is currently eligible for coverage (dependents must be age 18 years or older). If eligibility terminates, access to account information is limited to 24 months from the termination date.

The second phase of the Portal's development has been completed, allowing you access to your claim records and to the accrued amounts of those benefits that are subject to plan dollar and frequency limits as described below:

Claims –You may search this screen by selecting from a number of options. You may enter a specific date of service or a range of dates of service, a claim number, a provider name, the patient name, or claim type, or by combinations of these options. Once you have defined your search option(s), corresponding claims will appear (please note that accessible claims are limited to adjudicated claims with dates of service for the current calendar year and the two years prior) for which you may view an explanation of benefits (EOB) by clicking on "View" under the "View Claim" field. The EOB will display the date and description of the service, the amount billed, amount not covered, allowed amount, copay amount, deductible amount, coinsurance amount, COB savings and amount paid. Anyone age 18 and older who has created an account may view his own claims. Participants and their spouses may also view the claims of their dependent children under the age of 18.

Plan Limits – This screen allows you to view current (and the prior calendar year) accruals toward specific limits on benefit dollars, benefit frequency and out-of-pocket expenses according to your plan of benefits (please note that your current plan's *Schedule of Benefits* is linked to this screen for easy reference).

Non-Surgical Spinal Decompression Therapy

Non-surgical spinal decompression therapy, which is a form of intermittent motorized traction used as treatment for disc herniations and low back pain, was not a MCTWF plan covered procedure previously under either its medical or chiropractic benefit.

Effective January 1, 2009 the rule has been changed to cover non-surgical spinal decompression therapy as a covered chiropractic benefit, subject to applicable plan deductibles and coinsurance charges and the annual \$1,000 chiropractic benefit limitation.



Colonoscopy/Sigmoidoscopy Wellness Program

Currently, all MCTWF's medical plans cover non-medically necessary colonoscopy and sigmoidoscopy screenings as free wellness benefits (when the screening is performed by a BCBSM PPO provider), for participants 50 years of age (45 if African American) and older, limited to one screening (either colonoscopy or sigmoidoscopy) once every 5 years.

Effective May 28, 2009, the once per 5 year Wellness Program limitation no longer applies, on a one time basis, in the case of a colonoscopy which follows a sigmoidoscopy. This is to encourage the use of the colonoscopy, which provides a more thorough screening.

BlueHealthConnection®

We previously have informed you of the valuable resources that Blue Cross Blue Shield of Michigan (BCBSM) makes available to participants through its BlueHealthConnection® program, which provides online health information, coaching, and support tools, as well as a toll-free 24/7 nurse support hotline and more. Effective June 1, 2009, BCBSM enhanced and updated its BlueHealthConnection web resources. As before, you can access BlueHealthConnection from MCTWF's website from the *Info Links* page or directly at www.bcbsm.com (under the "Member" tab) by logging into *Member Secured Services*. The BlueHealthConnection website offers the following resources:

My Health Assessment - provides a health assessment questionnaire used to create your personalized Health Dashboard tailored to your health needs and interests and provides you with a Succeed™ plan designed by health-care professionals to help you make healthy lifestyle choices. This home page also provides review articles, news and multimedia, tasks to complete on your "My To-Do List" and allows you to search for health information and receive alerts and messages.

My Health Programs - these health coaching programs assess your motivation, confidence and barriers in making changes before delivering an action plan specifically tailored for you. The program topics include health assessment, fitness, nutrition, smoking cessation, weight management, stress management, depression management, binge eating, insomnia, chronic condition self-management, diabetes management, pain management and back care. Once you complete the health assessment, a team of experts will combine your answers to develop a program that is unique to your needs.

Library - provides information on diseases and conditions, tests and procedures, drug reference guide, herbs, vitamins and supplements, wellness library, news center, nutrition facts, recipes and prevention guidelines.

Healthy Living - provides a collection of information focusing on key health concerns by giving you access to guides, articles, interactive tools, online resources and recent headlines on back and neck care, blood pressure, cholesterol, fitness, mental health, nutrition, smoking cessation, stress management and weight management.

Health Centers - provides a topic-based collection of information focusing on disease triggers, disease management, coping management, and drug side effects on asthma, cancer, chronic obstructive pulmonary disease, diabetes, heart disease, obesity and bariatric surgery, orthopedics, and pregnancy and newborns.

Your Family - provides a collection of information, quizzes, health tips, drug information and interactive multimedia tools on children's health, men's health, older adults and women's health.

Tools and Media - provides a collection of multimedia tools to visualize how to assess and monitor your health. The tools include calculators, quizzes and risk assessments and the media tools include animations, clinical wizards, podcasts and videos for your computer, MP3 player and iPod.

CVS Caremark ExtraCare® Health Card

To help participants save money on their medical needs, MCTWF is pleased to inform you of the availability of the CVS Caremark ExtraCare® Health Card.

CVS Caremark ExtraCare Health Card offers savings opportunities in-store or online to all participants and their eligible dependents with prescription drug benefits. With the ExtraCare Health Card you can enjoy a 20% discount (from the non-sale price) on more than 1,500 CVS/pharmacy Store Brand non-prescription, health related items of \$1 or more. Eligible health related items include CVS Brand pain, allergy, stomach and

cough and cold remedies, first aid products, nicotine gum and patches, as well as home diagnostics. (Please note that vitamins and supplements are not included as eligible health related items.)

Information outlining the program features as well as three ExtraCare Health Card key tags will be mailed to all eligible participants on July 1, 2009.



Expanded Hospice Care Benefit

Hospice care provides for routine home care, inpatient respite care, services in an extended care facility, and general inpatient care in an approved hospice program, and is designed specifically to treat the terminally ill concentrating on pain management and professional counseling for both patients and their families.

Effective July 1, 2009, hospice benefit eligibility will be expanded from the current six month period for traditional hospice services to a period of 12 months, providing a transitional period ("Phase 1") as part of the 12 month benefit. Phase 1 hospice care consists of evaluation, support services, consultation and education for the patient and family, is limited to one visit per day and continues until the patient and physician agree to forgo curative treatment for the terminal illness and proceed with the traditional hospice services.

Providers must obtain prior authorization for hospice services by contacting MCTWF's Utilization Review Department at 313-964-2400 extension 428.



Flexible Dependent Coverage Program

The Flexible Dependent Coverage Program provides a health reimbursement account to cover certain medical, dental and optical expenses that are not reimbursed by MCTWF or other group health plans and that are deductible from an individual tax return if itemized (pursuant to section 213(d) of the Internal Revenue Code). To participate in this Program, a participant must enroll and agree to ongoing waiver of all MCTWF medical and prescription drug coverage for his spouse and dependent children. Evidence is required that each dependent has other group health coverage. A detailed description of the Program can be found in your Summary Plan Description, including a list of reimbursable expenses.

This list was expanded, commencing with the 2007 tax year, in recognition of the growing number of participants who are required under their Collective Bargaining Agreement to pay a portion of the employer's contribution obligation to MCTWF.

This notice is to make clearer that to be reimbursable under the Program the contribution copayment must be eligible as an itemized deduction on your tax return. Consequently, only those contribution copayments paid on a post-tax basis are eligible for reimbursement under the Program, since pre-tax contribution copayments are not permissible itemized deductions. Proof of your post-tax contribution copayments must be submitted via either your pay stubs or, if noted, your form W-2.

Reimbursement of eligible expenses from the Program is available twice yearly and is limited by the amount accrued in your Program account for the calendar year in which you paid for the expense.

To enroll in the Flexible Dependent Coverage Program you must fill out a *Flexible Dependent Coverage Program Election Form* and send proof of other group health care coverage for all your dependents. Enrollment is limited to the first 30 days following the effective date of MCTWF participation or each year during the month of December. To obtain reimbursement of eligible expenses, please –

- completely fill out and sign a *Flexible Dependent Coverage Program Claim Form*, which can be obtained by contacting MCTWF or on our website under *Forms* on the navigation bar; and
- collect your receipts, claim denials or other proofs that a group health coverage plan has paid its maximum benefits during the above time periods and attach them to your claim form. All receipts must reflect payment in full, must be a qualified service/expense (listed on the back of the claim form), must be itemized and include all pertinent patient, participant, and service provider information, as well as services dates, procedure and diagnosis codes if applicable, and must not be an expense reimbursable by another policy or plan; and
- attach all receipts and required materials to the form and submit them to MCTWF for reimbursement to the attention of the Flexible Dependent Coverage Program, at the address listed on the back page of this publication; and
- file between July 1st and August 31st for eligible expenses accumulated during the first 6 months of the calendar year (if you prefer, you may wait until the next filing period and file your receipts all at one time); or
- file between January 1st and March 31st for expenses accumulated either during the second 6 months of the prior calendar year, or for that entire calendar year.

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

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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
TOLL FREE 1-800-572-7687



MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND

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 MCTWF Claims	800-637-6907
For Delta Dental or Optical Claims	800-524-0147
For BCBSM Hospital Claims	800-482-3787

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Blue Distinction Centers for Specialty Care®

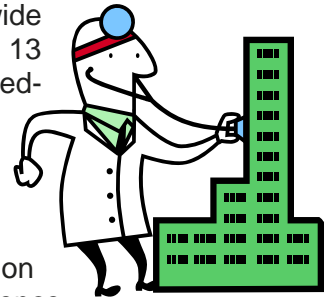
In the Winter 2008-2009 issue of the *Messenger*, we spotlighted the Blue Cross Blue Shield Association's national network of centers of excellence for specified organ transplants. While MCTWF does not limit its transplant benefits to services performed at these centers of excellence, it recognizes the extraordinary quality of care provided by these participating facilities and encourages their use if a transplant is required.

The transplant program is one of several such programs that are part of the Blue Distinction Centers for Specialty Care®. Such other centers of excellence address bariatric surgery, cardiac care and complex and rare cancers. Presently there are 267 centers for bariatric surgery nationwide with 29 in Michigan, 406 centers for cardiac care nationwide with 21 in Michigan and 91 centers for com-

plex and rare cancers nationwide with 3 in Michigan that treat 13 different types of cancers. Scheduled for launch in 2009 and 2010 are centers for knee and hip replacement and for spine surgery.

The Blue Distinction® designation is based on stringent, evidence based, objective selection criteria established in collaboration with expert physicians and medical organizations, with its goal to help consumers find quality specialty care on a consistent basis, while enabling and encouraging healthcare professionals to improve overall quality and delivery of care nationwide.

To learn more about the Blue Distinction Centers for Specialty Care we refer you to the *Info Links* page of our website or directly at www.bcbs.com/innovations/bluedistinction/.



Spring 2009

If you are married please be sure to share this communication with your spouse.