



Messenger



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SPRING 2010

Message from MCTWF's Executive Director

Dear Teamster Families:

Health care reform has become a reality and, disappointingly, there's little that meaningfully addresses the manner in which health care is practiced. However, there is much that ultimately will result in near universal coverage, with broad consumer protections against exclusionary and discriminatory insurance company practices. While MCTWF does not engage in such practices, there are several provisions of the Act (the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Affordability Reconciliation Act of 2010) that will, or may, require changes to MCTWF plans, affecting participants and dependents in future years.

We await the issuance of clarifying regulations from the federal departments that have jurisdiction under the Act regarding provisions of the Act that are pertinent to MCTWF. We will summarize those provisions in future issues of the *Messenger*. But it is clear that the first provisions requiring changes to MCTWF benefit plans will become effective as of April 1, 2011. At that time, dependent children will become eligible for MCTWF plan coverage until they reach 26 years of age, regardless of their financial dependency, residency, student or marital status, or employment, unless they are eligible to enroll in another employer-sponsored health plan. Also at that time, MCTWF's lifetime (and certain annual) dollar limits on "essential" (not yet defined) benefits will cease. We have posted two documents on our website (see [Health Care Reform](#) on the home page) that you may find useful in understanding the Act's key provisions and in tracking their effective dates (prepared by Groom Law Group, MCTWF's employee benefits counsel).

We welcome back our participants from their winter layoffs, as well as our many new participants, including about 500 employees comprising 17 groups that have joined us since our last *Messenger*. Those groups include (under Columbus Local 284) Fiber-Tech Industries located in Washington Court House, Springfield Metropolitan Housing Authority – Springfield, Hanson Pipe & Precast – Columbus, and Spirit Services – Columbus; (under Canton Local 92) G&J Pepsi-Cola Bottlers – Franklin Furnace; (under Gary Local 142) Industrial Pneumatics – Gary; (under Saginaw Local 486) Bay Transportation – Kawkawlin, Leach Trucking – Bridgeport, and the City of Onaway; (under Pontiac Local 614) Diamond Moba Americas – Lancaster, PA; and (under Detroit Local 337) D.W. Studio Productions, Georgia Film Fund One, Stage 6 Film, FTP Productions, Jinn Productions, Hangman Films, and Sherwood Food Distributors in Miami, FL.

As always, I urge you to carefully review the contents of the *Messenger*; several Plan rules are addressed. This will be the last issue published prior to the publication of MCTWF's newly updated, April 2010 Summary Plan Description booklet, which you will be receiving in June, along with your Schedule of Benefits.

On behalf of the Trustees and staff, I wish you good health and a pleasurable and prosperous springtime.

Richard Burker

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Editor's Note:

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

Retiree Medical Program Rates

April 2010 - March 2011

Effective April 2010, the self-contribution rates listed below apply to all those participating in MCTWF's Retiree Medical Program (Program):

Monthly Self-Contribution Rate Covering Both the Retiree and the Eligible Spouse*						
Years Participating in MCTWF under a Plan with Retiree Medical Program Coverage						
Age at Retirement	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
50 – 54	\$645	\$585	\$525	\$475	\$405	\$355
55 – 59	\$495	\$460	\$425	\$385	\$360	\$325
60 – 64	\$355	\$340	\$325	\$315	\$305	\$295
For eligible retirees whose active employment ceased prior to January 1, 2002 \$295						

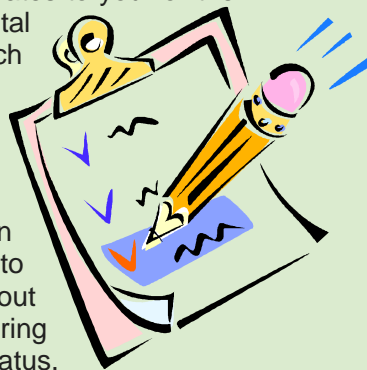
* Eligibility to participate in the Program ceases for the retiree or the spouse when he or she becomes eligible for Medicare Part A coverage or engages in prohibited employment (as defined in your Summary Plan Description). In the event that the retiree becomes eligible for Medicare Part A, the spouse may continue to participate in the Program at the retiree self-contribution rate until or unless such participation, from the date of commencement, exceeds five years. Spouse participation then requires self-contribution at the Program's cost based rates. If the retiree dies

or becomes eligible for early age (disability) Medicare coverage, the otherwise eligible spouse may continue to participate in the Program as an "extended retiree spouse" at the retiree's contribution rate, unless or until the later of a) five years has elapsed from the date that the retiree's Program coverage began or b) until the date the retiree would have attained age 65, after which, for so long as she remains eligible, the spouse may continue to participate at the Program's cost based rate.

Adult Child - Protected Health Information

The Health Insurance Portability and Accountability Act (HIPAA) restricts the use and disclosure of protected health information (PHI) by covered entities such as MCTWF and its business associates. PHI includes any information about you or your covered dependents that relates to your or their past, present, or future physical or mental health or health care services from which you or they can be identified.

MCTWF receives many requests from parents for the PHI of their children who have reached the age of majority. Such requests often are for information that the parent always had access to when the child was a minor and about which the child has no objection to sharing with the parent, such as eligibility status, health care services received, balances due and other claim information. However, MCTWF is not permitted by HIPAA to release any PHI unless the dependent child has authorized such release by submitting to MCTWF a completed *Individual Authorization to Release Protected Health Information (PHI) Form*, which is available from the *Forms* page or the *HIPAA Privacy Rule* page of MCTWF's website, or by contacting MCTWF's Customer Communications Department.



Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act (Women's Health Act) was signed into law October 21, 1998. This law amended the Employee Retirement Income Security Act of 1974 (ERISA) and provides important protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy.

Under the Women's Health Act, group health plans offering mastectomy coverage must also provide for reconstructive surgery in a manner determined in consultation between the attending physician and the patient. Coverage must include:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedema.

Coverage for Dependent Children

Under all MCTWF Plans other than the Retiree Medical Program, extended coverage is available for eligible dependent children age 19 through the end of their 24th birthday month, provided that the child is enrolled in a degree or certification program offered by an accredited academic institution or accredited vocational school, as documented by a completed *Full-Time Student Eligibility Verification Form*. However, please take note of the following exceptions to the general rule:

Michelle's Law

Effective April 1, 2010, pursuant to federal legislation known as Michelle's Law, if your covered, full-time student child between the ages of 19 and 24, takes a medically necessary leave of absence from school or a medically necessary reduction in credits resulting in a change from full-time to part-time student status, coverage for that child will be extended, for as long as the medical necessity persists, but not in excess of one year, or until coverage otherwise would terminate under your Plan, if all of the following conditions are met:

- your child must be suffering from a serious illness or injury at the time of the leave or reduction to part-time status;
- your child's physician must provide written certification that your child is suffering from a serious medical illness or injury that necessitates the leave of absence or change in enrollment status; and
- your child otherwise would have lost coverage under the Plan were it not for this extension.



Step Children

Effective immediately, if your step child is covered as a dependent under your MCTWF Plan and your spouse dies, MCTWF will provide temporary, contingent coverage to that child for 60 days. If within that period you provide documentation of your primary custodial responsibility and primary financial support of the child, MCTWF will extend the temporary coverage to that child for up to one year (including the initial 60 days) to allow time for you to legally adopt the child, or for you to obtain other insurance for the child. If you fail to provide the required documentation within the 60 day period, coverage will be retroactively terminated to the first day of that period. If proof of adoption is not received within the one year period, coverage for the child will terminate at the end of the period.

COBRA Coverage May Extend MCTWF Retirement Date

The MCTWF Retirement Date is the date a participant ceases to be covered by MCTWF as an active employee as a result of retirement, after application of all remaining benefit bank weeks. However, for retiring participants **age 50 or older**, the purchase of COBRA continuation coverage (with the Retiree Medical Program component) extends the MCTWF Retirement Date until the cessation of such coverage.

Effective March 1, 2010, for retiring participants **under age 50 with 25 or more years of MCTWF participation**, the purchase of COBRA continuation coverage (with the Retiree Medical Program component) also will extend the MCTWF Retirement Date until the cessation of such coverage.



MCTWF Continuation Coverage

In the event of your temporary layoff, MCTWF offers you additional coverage upon exhaustion of your full COBRA continuation coverage entitlement. Such MCTWF continuation coverage is available for a maximum of 12 months beyond your COBRA entitlement period, depending upon the length of your seniority recall period as stated in your Teamster collective bargaining agreement. The combination of your COBRA continuation coverage period and the MCTWF continuation coverage period cannot exceed the duration of your seniority recall period. Thus, if the recall period is 24 months and you have exhausted your 18 month COBRA continuation coverage you may purchase MCTWF continuation coverage (with the same benefits as in your COBRA plan, at the then current COBRA rate) for up to six months. If, however, the recall period

is less than 18 months (or less than 29 months if COBRA continuation coverage was extended due to disability), then no MCTWF continuation coverage will be available. MCTWF continuation coverage will be made available only so long as you are able to enforce your seniority recall rights and your employer remains obligated to contribute to MCTWF. Thus, if your employer has ceased covered operations, or has bargained out of MCTWF, or no collective bargaining agreement is in effect, or you are permanently disabled, MCTWF continuation coverage will not be offered, or if already commenced, will be curtailed upon notice to you of coverage cessation, effective the end of the month following the month in which MCTWF so notifies you.

Coverage During Temporary Work Stoppage

MCTWF provides for eight weeks of coverage for Teamster participants, following the exhaustion of benefit bank weeks, when they are not working due to a sanctioned strike or lockout, subject to the following conditions:

- the strike must be sanctioned by the International Brotherhood of Teamsters (IBT) or the locked out employees must be supported by the IBT, as evidenced by payment of IBT strike wages;
- MCTWF must receive written confirmation of strike sanctioning or support from the IBT, which must include the inception and termination dates, the name of the employer, and a list of affected participants, along with other necessary information, from the Local Union;
- coverage will not be provided to participants who are on leave of absence, sick leave, layoff, or have been terminated;
- the employer must not be more than 30 days delinquent in making required contributions to MCTWF at the commencement of the temporary work stoppage;

- unused benefit bank weeks will be applied immediately so as to avoid a lapse in medical and prescription drug benefits. After all benefit bank weeks have been exhausted, full coverage will continue during the temporary work stoppage for a maximum of eight weeks, subject to the participant's ongoing compliance with the Local Union's requirements for strike duty. Alternatively, the participant may exercise his right to elect COBRA continuation coverage since the temporary work stoppage is a COBRA qualifying event;
- during the temporary work stoppage, non-bargaining unit participants will receive a maximum of seven weeks extended coverage, contingent on the employer's payment of advance contributions for that period; and
- Teamster participants who cross the picket line during a sanctioned strike or lockout will lose eligibility for benefits under their MCTWF Plan and MCTWF will not accept contributions on their behalf for work performed during that temporary work stoppage.



Optimizing Your Doctor's Appointment

A typical doctor's appointment lasts just 10 to 20 minutes. To get the most out of this time, you should be well prepared. Here are some tips to optimize your next visit.

Before your visit

- When scheduling an appointment, explain the reason that you need to see your physician, "I'm better prepared and so is the staff when we know the purpose is a routine physical, follow-up for a chronic condition like diabetes, or a new problem," says Dr. Elisabeth Monk, a family physician in Bangor, Maine (pop. 31,473).
- Compile your health history, especially when seeing a new doctor. Include as much detail as you can about yourself, your parents and siblings. Mention life changes, such as a death in the family or a job loss. I recommend patients keep a health diary, especially if they have an ongoing complaint like frequent headaches," Monk says. "When we look at the diary together, a pattern may emerge - for instance, if a headache begins whenever the patient hasn't had much sleep."
- Make a list of health concerns that have arisen since your last visit. If it is pain, when did it start? Does it begin at a particular time?
- List all your questions, starting with the most important ones.
- Take along a list of your medicines, including vitamins, aspirin and other over-the-counter drugs, as well as the exact dosages. Or, take all your medications to your appointment. Tell the doctor if you've noticed side effects.
- Gather and take previous medical reports, including EKGs, lab tests and x-rays, to be compared with future tests. If you don't have reports, take the names and phone numbers of the doctors who ordered them, so the information can be obtained.
- If you have health insurance, take all your insurance cards. Take the current provider directory or insurer's Internet address as well, so if your physician refers you to a specialist, you can check to see if the specialist participates in your plan.
- Confirm your appointment a day ahead. Ask if there are special instructions you need to follow, such as not eating or not taking any of your regular medications prior to your visit.

The appointment

- Arrive early to fill out paperwork, if needed.
- Consider taking someone with you to your appointment, advises U.S. Surgeon General Regina Benjamin. "A friend or family member can listen more objectively," says Benjamin, founder of a rural health care clinic in Bayou La Batre, Ala. (pop. 2,313). If you prefer that your companion step outside during a physical examination, say so ahead of time.



- Take notes during your visit, especially if you don't bring a companion along.
- Be honest and frank, even if the subject is personal or you find it embarrassing. Doctors are trained to be nonjudgmental and discrete.

Wrapping it up

- Don't expect to have all your questions answered during the appointment. Additional tests may be needed or you may need to see a specialist.
- If you get a diagnosis, be sure you understand it. If necessary, insist that the doctor re-explain. Ask for brochures or other educational materials about your condition.
- Ask questions. What can be done for a particular problem? What is the downside if you don't take action? If your condition is serious, you may want a second opinion.
- If new medication is prescribed, understand what it is for and exactly how and when to take it. Ask if a generic version is available. A generic usually will cost less and be just as effective as a brand-name drug.
- Ask if you need a follow-up appointment or if there are other instructions. "I remind my women patients to examine their breasts each month when they get their electricity bill," Benjamin says. "I also suggest they schedule a Pap smear and mammogram near their birthday as their present to themselves. Wives, mothers and significant others should urge men to have routine checkups, including a blood test and prostate exam."

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TEAMSTERS WELFARE FUND

2700 TRUMBULL AVE.
DETROIT, MICHIGAN 48216
313-964-2400
TOLL FREE 800-572-7687



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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Keeping Your Beneficiary Information Current

At the time of your enrollment, you are asked to complete a MCTWF *Enrollment Card*, which requires you to identify the name and address of the beneficiary of your death benefits, or of your remaining total and permanent disability benefits. Should you wish to change your beneficiary designation or provide MCTWF with an updated address for your beneficiary, please complete MCTWF's *Change of Beneficiary Form*. To avoid a payment delay to the beneficiary, please be sure to include your beneficiary's social security number and current address.

You may obtain a *Change in Beneficiary Form* from the *Forms* page of MCTWF's website or by contacting MCTWF's Customer Communications Department.

General Benefit Exclusion - Automobile Related Injury/Illness

MCTWF'S medical benefit General Exclusions and Limitations section of your Summary Plan Description states in relevant part that the following is not covered under your MCTWF Plan:

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 those who are covered by 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 your MCTWF plan for auto-related injuries or illnesses (this does not include motorcycle accidents not involving an automobile) (**emphasis added**)



The term "out-of-state" accident above is limited to having occurred within the United States, its territories and possessions, or in Canada.

Spring 2010

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