

# Michigan Conference of Teamsters Welfare Fund



# Messenger



VOLUME 32, ISSUE 1

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## Message from MCTWF's Executive Director

Dear Teamster Families,

At a time when political, social, economic, and climatic instability seems unusually extreme and thus our ability to control our present and guide our future appears far more uncertain, it's apparent to me that we all need to try harder; to become more informed and self-disciplined and appreciative of the personal, familial and societal consequences of our actions. Not an insignificant component in such responsible conduct is the effort we make in achieving and maintaining good health for ourselves and our children and the manner in which we use the medical services available to us.

In their persistent effort to encourage early intervention before conditions worsen and become more expensive and difficult to treat, MCTWF's Trustees have contracted with MDLIVE, Inc., a highly regarded telehealth solutions company, to provide you, at all times, in any location, with quick and easy access to Board certified physicians and to behavioral health therapists, via your phone or computer, commencing April 1st. You'll find details about this terrific new MCTWF medical benefit in this *Messenger* issue.

The Trustees also have been mindful of the significant financial impact of the excessive use of emergency room facilities by our participants and beneficiaries (50% greater than the national average). Emergency room services typically cost MCTWF five to ten times the cost of services rendered by urgent care centers, specialists, or primary care physicians. The consequence of inappropriate usage is higher employer contribution rates, of which many of you are paying a significant portion. Many members are using emergency rooms instead of their physician or local urgent care center to treat chronic or newly developed non-acute conditions, and some are doing so as often as several dozens of times a year. The Trustees have been cracking down on inappropriate use, instructing MCTWF's medical director to scrutinize the records of those emergency room professional and facility claims that represent in excess of three uses per 12 month period and to deny payment where the condition is determined to have been non-emergent. So please act with caution and consider the use of a local urgent care center (which, in most cases, will deliver quicker and equal or often better care than the emergency room). We have included in this *Messenger* issue an article that will provide you with guidance on this matter and we will be distributing to each of you a list of your closest urgent care centers, including their location, phone numbers, and service hours.

Also, the Trustees have decided to implement a major expansion of eligibility rights for participation in MCTWF's retiree medical program. Commencing April 1, 2014, to be eligible to enroll in the program, participants no longer will be required to be covered by a benefit package that includes the retiree coverage component at the time of retirement. Sufficient prior coverage will be adequate to establish eligibility, as detailed later in this *Messenger* issue.

We welcome all our new participants and family members enrolled since our last *Messenger* publication, including the following groups: under Kalamazoo **Local 7** – CB & IS & W Construction, Inc., Pearson Equipment & Services Corporation, and Cheney Limestone; under Canton, OH **Local 92** – Scioto County Sanitary Engineering Department and Lawrence County Sheriff's Office; under Detroit **Local 247** – Advanced Disposal Services Solid Waste Midwest, LLC; under Wyandotte **Local 283** – Elite Parking and Quala Wash Holdings, LLC; under Detroit **Local 299** – Carco, Inc.; under Detroit **Local 337** – Farmer Brothers Coffee, Henskels & McCoy, Inc., and production company Crown City Pictures, Inc.; under Grand Rapids **Local 406** – Marquette County Medical Care Facility; and under Omaha **Local 554** – City of Woodbine.

On behalf of the Trustees and staff, I wish you good health, good luck, and a happy spring season.

Richard Burker

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#### Editor's Note:

For simplicity, the *Messenger* uses the masculine form to refer to participants and children and the feminine form to refer to spouses.

## Introducing MDLIVE™ Telehealth Consultations

MCTWF is pleased to announce that **effective April 1, 2014** it is making available to all medical plan participants, spouses, and dependent children a new and very convenient service for treatment of many non-acute medical conditions. This service, known as a “telehealth” (or “telemedicine”) consultation, is provided by MDLIVE™, which MCTWF has determined to be the best telehealth vendor in America. MDLIVE provides you with on-demand access to U.S. Board certified physicians and licensed therapists by secure video (between 7am and 9pm), or by phone or e-mail **anytime** and almost everywhere throughout the country. Your consultation generally will occur in less than 15 minutes from the time you request it. You also can choose a provider and schedule a consultation for a time that works best for you.

The goal is to connect you with the care you need, whenever you need it. Whether you are at home, at work, traveling, or you simply want the most convenient way to see a doctor, real-time video and phone consultations allow for the diagnosis and treatment of a wide range of medical conditions, regardless of your location, in a safe, secure and confidential environment.

MDLIVE physicians are state licensed and Board certified and are credentialed in family practice, internal medicine, pediatrics, or emergency medicine. MDLIVE physicians average 15 years of experience.

Each consultation with a MDLIVE physician or behavioral health therapist will cost you \$10, payable by debit or credit card. You can receive unlimited free e-mail advice. Prescriptions\* are sent electronically to your chosen pharmacy and MDLIVE's on-line patient portal provides you with a secure way to store and access your MDLIVE electronic personal health records.

\* Prescriptions are issued only when clinically appropriate. No controlled substances may be prescribed and the availability of other prescriptions may be restricted by law.

### When To Use MDLIVE

- If you are considering the ER or urgent care center for a non-emergency medical issue
- If your primary care physician is not available
- If you are traveling and in need of medical care
- During or after normal business hours, nights, weekends, and holidays

### Common Conditions Treated

#### **Medical**

Acne	Allergies	Asthma
Bronchitis	Cold & Flu	Constipation
Diarrhea	Ear Infection	Fever
Headache	Infections	Insect Bites
Joint Aches	Nausea	Pink Eye
Rashes	Sore Throat	

#### **Behavioral Health**

Child Behavior & Learning Concerns  
Coping with Loss & Grief  
Stresses & Challenges of Everyday Life

### Getting Started - Registration

Before seeking your first phone or video consultation, you and your eligible family members will need to register. Registration is easy and it will speed up the time it will take to arrange for your first consultation when you need it. You and your family can register by phone with the help of an MDLIVE health services specialist at **1-888-632-2738** or on-line at **www.mdlive.com/mctwf**, a link to which, as well as a guide for on-line registration, is available on the *Info Links* page of MCTWF's website.

#### When registering on-line -

1. The participant must register before eligible family members can be registered. The participant must enter the last 4 digits of his social security number and his date of birth (the “Moniker”), continue to the next screen to select his name from among his listed family members, and then continue to each of the patient sign-up screens, creating a username and a password and filling in other requested information.
2. An e-mail confirmation will be sent to the participant. Once received, the participant will complete the registration process by clicking on the “Activation” link. He then will be prompted to login using his username and password. This will take the participant to his personal portal's “Dashboard.”



*Continued on Page 3*

3. The participant now may register each dependent minor child in the same manner that he did for himself by selecting each name from the drop-down next to the participant's name in the upper right hand corner of the Dashboard screen. The participant's spouse and children over age 18 may register by using the participant's Moniker and then following the above process for themselves.
4. Each registered person should fill out his medical history by clicking on the link, "You need to update your medical history" on the right hand side of their Dashboard page and then completing all of the tabs under "My Health."
5. Also to the right hand side of your Dashboard is the link, "You need to choose a pharmacy." Each registered person should select the network pharmacy to which he wishes his prescriptions sent. MDLIVE physicians have been asked to observe MCTWF's prescription benefit rules and limitations when prescribing medications.

**Requesting a medical or behavioral health consultation, by phone or on-line -**

If arranging for a consultation **on-line**, sign in using the username and password you created to be directed to your Dashboard from where you can seek a phone consultation with the next available "on call" doctor or therapist available, or you can select from a number of family doctors, pediatricians, or therapists to schedule a phone or video consultation at a

time that best fits your schedule (however, video consultations must occur between 7am and 9pm). For scheduled video consultations, sign in to the MDLIVE portal five minutes prior to your consultation. You will be prompted to update your health information and your pharmacy selection, and download "VSee", MDLIVE's proprietary secure video software; the provider will then connect with you. If you have any questions regarding "VSee" or regarding any other issue, contact MDLIVE Customer Services at 1-888-632-2738 and you will be assisted. MDLIVE will soon be making available an application that will permit video consultations using mobile devices such as iPhones, tablets or android devices.

You soon will be receiving by mail a welcome kit containing information about MDLIVE, an identification card and a key ring attachment stating MDLIVE's phone number and URL.

We hope that you take advantage of this convenient and low cost alternative for treating non-acute medical conditions.



***Reminder***

**Retiree Benefit Eligibility Ceases Upon Medicare Eligibility**

In addition to the other causal events stated in your Summary Plan Description, retiree medical benefit eligibility ceases for a retiree or spouse as of the earlier of the first of the month in which the retiree's or spouse's 65<sup>th</sup> birthday falls or when she becomes eligible for Medicare Part A coverage.

If you are a retiree or a retiree's spouse who is becoming (or has become) eligible for Medicare Part A coverage prior to your 65<sup>th</sup> birthday early, **it is imperative that you immediately inform MCTWF of your early Medicare eligibility date and that you cease the use of MCTWF retiree medical benefits.** MCTWF will ask you for a copy of your Medicare card or letter from the Social Security Administration stating your effective eligibility date.

MCTWF will pursue recovery from you for any medical benefits paid for services incurred on or after your Medicare eligibility date.



# Summary Annual Report for Participants

## Michigan Conference of Teamsters Welfare Fund

### *Plan Year Ended March 31, 2013*

This is a summary of the annual report of Michigan Conference of Teamsters Welfare Fund (hereafter the Plan), EIN 38-1328578 for the Plan year ended March 31, 2013. The annual report will be filed with the Employee Benefits Security Administration of the U.S. Department of Labor by no later than January 15, 2014 as required under the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provides health, dental, optical, prescription drug, short and long term disability, and death benefits for its participants.

#### **BASIC FINANCIAL STATEMENT**

The value of Plan assets, after subtracting liabilities of the Plan was \$294,353,949 as of March 31, 2013 compared to \$274,820,839 as of April 1, 2012. During the Plan year, the Plan's net assets increased by \$19,533,110. This increase includes unrealized depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the Plan year, the Plan had total income of \$218,759,148 including, but not limited to, employer contributions of \$191,367,120, participant contributions of \$7,381,730, realized losses of \$2,074,867 from the sale of assets, earnings from investments of \$22,066,978, and rental and other income of \$18,187. Plan expenses were \$199,226,038. These expenses included \$186,097,799 in benefits paid on behalf of participants and beneficiaries and \$13,128,239 in administrative expenses.

#### **YOUR RIGHTS TO ADDITIONAL INFORMATION**

You have the right to receive a copy of the full, annual report, or any part thereof, on request. The items below are included in that report:

- an accountant's report
- financial information and information on payments to service providers

- assets held for investment
- transactions in excess of five percent of Plan assets
- insurance information, including sales commissions paid by insurance carriers information regarding any common or collective trusts, pooled separate accounts, master trusts, or 103-12 investment entities in which the Plan participates

#### **TO OBTAIN ADDITIONAL INFORMATION**

To obtain a copy of the full annual report, or any part thereof, your request should be addressed to: Executive Director, Michigan Conference of Teamsters Welfare Fund, 2700 Trumbull Avenue, Detroit, Michigan, 48216-1269. The charge to cover copying costs will be \$.15 per page. You also have the right to receive, at no charge, the annual report's statement of assets and liabilities and accompanying notes or a statement of income and expenses and accompanying notes, or both. If you request a copy of the full annual report, these two statements and accompanying notes will be included, at no cost, as part of that report.

You will also have the legally protected right to examine the annual report at the offices of the Michigan Conference of Teamsters Welfare Fund in Detroit, Michigan and at the U.S. Department of Labor in Washington D.C. To obtain a copy from the U.S. Department of Labor, your request should be addressed to:

Public Disclosure Room N 1513  
Employee Benefits Security Administration  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

## Expanded Eligibility Rules for Retiree Plan Enrollment

**Effective April 1, 2014** retiree medical benefit eligibility rules will be substantially expanded under the MCTWF Retirees Plan.

Currently, the retiree medical benefit rules condition eligibility, in part, on participation at the time of retirement in a MCTWF benefit package that includes the retiree coverage component (the Standard Eligibility Rules). Effective with Retirement Dates of 4/1/14 or after, a participant need not retire in a MCTWF benefit package that includes the retiree coverage component. Sufficient prior participation in such a package also will trigger eligibility for MCTWF Retirees Plan benefits, as explained below (the Expanded Eligibility Rules). Self-contribution rates for participation in the MCTWF Retirees Plan retiree medical benefits package based on the Expanded Eligibility Rules are approximately 10% higher than the standard rates.

- For participants who retire at age 62 or greater while covered by a MCTWF medical benefits package that does not include the retiree coverage component, eligibility for MCTWF Retirees Plan benefits is conditioned on having accrued, at any time, 20 years of participation in any MCTWF benefit package that includes the retiree coverage component.
- For participants who retire at age 57 or greater while covered by a MCTWF medical benefits package that does not include the retiree coverage component, eligibility for MCTWF Retirees Plan benefits is conditioned on having accrued a minimum of seven of the immediately prior 10 years of participation in a MCTWF benefit package that includes the retiree coverage component, or a minimum of 10 of the immediately prior 15 years of participation in a MCTWF benefit package that includes the retiree coverage component. Once the requirements are met, the participant will not lose his eligibility to enroll in the MCTWF Retirees Plan solely by delaying his Retirement Date.

### Retiree Medical Benefit Package Rates: April 2014 - March 2015

**Effective April 2014**, the standard and expanded monthly self-contribution rates listed below apply to all those participating in MCTWF's basic Retiree medical benefit package 145. For those purchasing benefit package 475 (includes the Retiree Supplemental Benefits Rider - hearing, vision, and Dental Plan 2 benefits), add \$128.50 to benefit package 145 monthly rates:

<b>April 2014 Retiree Medical Benefit Package 145 Standard Eligibility Rules Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*</b>						
	<b>Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component</b>					
<b>Age at MCTWF Retirement Date</b>	<b>5 – 9</b>	<b>10 – 14</b>	<b>15 – 19</b>	<b>20 – 24</b>	<b>25 – 29</b>	<b>30 +</b>
50 – 54	\$780	\$705	\$640	\$570	\$490	\$430
55 – 59	\$600	\$555	\$515	\$470	\$435	\$400
60 – 64	\$430	\$415	\$400	\$380	\$370	\$360
For eligible retirees whose active employment ceased prior to January 1, 2002: <u>\$360</u>						

<b>April 2014 Retiree Medical Benefit Package 145 Expanded Eligibility Rules Monthly Self-Contribution Rate (Covers Both the Retiree and the Eligible Spouse)*</b>						
	<b>Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component</b>					
<b>Age at MCTWF Retirement Date</b>	<b>7 – 9</b>	<b>10 – 14</b>	<b>15 – 19</b>	<b>20 – 24</b>	<b>25 – 29</b>	<b>30 +</b>
57 – 59	\$660	\$610	\$565	\$515	\$480	\$440
60 – 64	\$475	\$455	\$440	\$420	\$405	\$395

To drop the Retiree Supplemental Benefits Rider you must have been covered by it for a minimum of 12 months and you must notify MCTWF in writing 45 days prior to the calendar month for which the Rider coverage is to terminate. For example, to drop coverage as of January 1<sup>st</sup>, MCTWF must receive written notification by November 15<sup>th</sup>. Once the Retiree Supplemental Benefits Rider is dropped, it will not be available to you again.

\* Eligibility to participate in the retiree medical benefit package 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 by the Summary Plan Description Booklet). In the event that the retiree becomes eligible for Medicare Part A, the spouse may continue to participate in the retiree medical benefit package at the retiree self-contribution rate until or unless such participation, from the date of commencement, exceeds eight years. Spouse participation then requires self-contribution at the retiree medical benefit package'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 retiree medical benefit package at the retiree's contribution rate, unless or until the later of a) eight years from the date that the retiree's medical benefit package 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 retiree medical benefit package's cost based rate as an "Extended Retiree Spouse."

## Emergency Room or Urgent Care?

Your MCTWF plan pays for emergency room treatment of emergency injuries and emergency illnesses (“emergent conditions”). As addressed in the Fall 2013 *Messenger* and supported with examples, an emergent condition is a sudden and unexpected medical problem which if not immediately treated, might result in death or serious bodily harm. **If your condition does not meet this definition, your plan will not cover the costs incurred, so we urge you to make your decision carefully.** For conditions that require medical attention and cannot wait for an appointment with your physician, but are not “emergent,” treatment should be sought from an urgent care center. Emergency rooms should never be used as a matter of convenience.

Blue Cross Blue Shield of Michigan provides the following useful guidance:

### Should I go to the emergency room or urgent care?

This information can help you figure out where to go for medical treatment when you need it most. When you’re sick or injured, the last thing you want to do is to have to decide whether to go to an emergency room or an urgent care center. Understanding the differences between the two options now will give you peace of mind later.

### The difference between an emergency room and an urgent care center

#### Emergency Rooms:

- Treat severe and life-threatening conditions
- Hospital emergency rooms have specially trained doctors, paramedics, nurses, and other support staff that can recognize, diagnose and make recommendations on a wide variety of medical issues
- Emergency rooms are open 24 hours a day, seven days a week

#### Urgent Care Centers:

- Focus on diagnosing and treating conditions that aren’t life-threatening yet they need to be taken care of right away
- Offer quality care on a walk-in basis
- Have extended evening and weekend hours
- Typically provide more complex services than a doctor’s office

### What are some common reasons to visit an emergency room?

You may choose an emergency room if you’re having:

- Chest pain

- Sudden or severe pain
- Abdominal pain
- Difficulty breathing
- Stroke
- Severe bleeding
- A head injury
- Other major trauma



### What are some common reasons to visit an urgent care center?

You may choose an urgent care center if you have:

- A sprained ankle
- Ear infections
- Fever or flu-like symptoms
- Allergic reactions
- Minor burns or injuries
- Broken bones
- Coughs, colds, sore throats
- Animal bites



### What are the advantages of going to an urgent care center?

In most situations, you’ll find that you save time and money by going to an urgent care instead of an emergency room.

If you have an injury or illness such as a sprained ankle or an ear infection, you may end up waiting for hours in the emergency room and paying hundreds of dollars for your care.

Most urgent care centers are open for extended hours, and they are often able to accommodate you much more quickly. Also, you may end up paying lower co-pays at an urgent care center. Check your plan’s benefits to find out your out-of-pocket costs.

If you’re ever in doubt about which care facility to choose, it’s a good idea to ask your primary doctor for guidance. And if you can’t reach your doctor, you might want to call an urgent care center in your neighborhood.

MCTWF’s Medical Director advises that “[p]articipants should understand that utilization of emergency rooms does not ensure superior medical care. Quite the opposite is frequently the reality. Persons with minor injuries and medical complaints are triaged to the lowest status and are justifiably placed in the back of the line to endure the longest wait times. Furthermore, if your presenting complaint is not of sufficient concern, an ER may assign you to receive treatment from a non-physician medical provider such as a Nurse Practitioner or Physician’s Assistant.

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*MCTWF does not in any way wish to discourage the use of ER services for participants involved in a true medical emergency. If you or a family member ever experiences a major traumatic injury, sudden severe chest pain, shortness of breath or loss of consciousness, please dial 911 immediately.”*

We soon will be mailing to you a list of in-network urgent care centers closest to your home. The phone number and office hours for each will be included. Of course, you can get this information by going to our website at [www.mctwf.org](http://www.mctwf.org) and following the search instructions on our Provider Networks page under Blue Cross Blue Shield,

or by contacting MCTWF's Member Services Call Center during business hours at 313-964-2400 or after business hours at 800-810-BLUE (2583) for assistance.

Also please remember that your MCTWF medical benefits include use of the BlueHealthConnection 24-hour nurse line at 800-775-BLUE (2583), which is staffed with registered nurses who can help you assess the seriousness of your condition and the appropriate venue for treatment.

## Coverage for Adult Children with Other Available Coverage – Special Enrollment Period

In the Spring 2011 *Messenger* we informed you that, in accordance with the Patient Protection & Affordable Care Act (the “Affordable Care Act” or “healthcare reform law”) effective April 1, 2011, MCTWF made coverage available to dependent children through the end of their 26<sup>th</sup> birthday month. The temporary exception to this rule was that “adult children” (i.e. those age 19 or older) would not be entitled to coverage if they were eligible to enroll in an employer sponsored health plan, other than that of their parents, until the earlier of April 1, 2014, or until the participant/parent's MCTWF health plan is no longer “grandfathered” under the healthcare reform law. Due to the expiration of this temporary exception, effective April 1, 2014, the applicable section of MCTWF's definition of a dependent has been revised in part as follows:

- *your natural or step child, or child who has been placed with you for adoption, or whom you have adopted, age 19 through the end of his 26<sup>th</sup> birthday month.*

Adult dependent children with birthdates of April 1, 1988 or later, who were not eligible for MCTWF coverage due to the availability of other employer sponsored health plan, may now enroll for coverage under their parent's MCTWF benefit package by completing an “*Adult Child Coverage Application*,” which is available from the *Forms* page of MCTWF's website at [www.mctwf.org](http://www.mctwf.org) or by contacting MCTWF's Member Services Call Center at 313-964-2400 or 800-572-7687, Monday through Friday, 8:30 a.m. through 5:00 p.m. The application **must be received by MCTWF no later than May 16, 2014** with coverage commencing the Sunday following MCTWF's receipt of the completed application. Applications received after May 16, 2014 will be held until the next scheduled open enrollment period beginning November 1, 2014 and ending December 13, 2014 with coverage commencing on January 1, 2015.

## Required Notice of “Grandfathered” Status Under The Affordable Care Act

Please be advised that this group health plan, the Michigan Conference of Teamsters Welfare Fund (MCTWF), believes that all current MCTWF medical plans not designated as “New SOA”, “New Key”\*, “New I&S” or “New PEP” are “grandfathered plans” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protec-

tions in the Affordable Care Act for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the MCTWF Plan Administrator at 2700 Trumbull Avenue, Detroit, Michigan 48216. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

\* New Key Plans 1, 1a, 1b, 2, 2a, 2b, 2c, 2d, 3, 3a, 4 and 4a.





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The *Messenger* notifies you of changes to your benefit package. 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 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 Medical Professional or Vision Claims 800-637-6907  
For Dental Claims 800-524-0147  
For Hospital Claims 800-482-3787

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**MCTWF Actives Plan and MCTWF Retirees Plan**

Since inception, both the employee welfare benefit plan under which all MCTWF participants (actives and retirees) and their eligible family members have been covered and the tax exempt trust through which MCTWF's Trustees fund the benefit plan have operated under the name, Michigan Conference of Teamsters Welfare Fund. This is to inform you that **effective April 1, 2014**, the Trustees, pursuant to their authority under the Trust Agreement, will spin-off assets and liabilities from the current benefit plan to establish and maintain two separate benefit plans, the MCTWF Actives Plan and the MCTWF Retirees Plan, with corresponding sub-funds in which the interest of each benefit plan will be held. The assets of each benefit plan and sub-fund will be segregated on the books of the trust fund, the Michigan Conference of Teamsters Welfare Fund.

The Trustees chose to take this action to permit them to continue to offer MCTWF's retiree medical benefits without materially raising contribution rates. This would have been necessary had the retiree benefit package (with its \$220,000 annual limit on most benefits) remained subject to the Affordable Care Act's required phase out of annual limits on Essential Health Benefits (by March 31, 2014 for MCTWF). However, since the Affordable Care Act does not impose the annual limits prohibition on "retiree only" benefit plans, the Trustees opted to preserve the retiree medical benefit package and its contribution rate structure by the establishment of the MCTWF Retirees Plan for the provision of retiree benefits. Retirees will be receiving a MCTWF Retirees Plan summary plan description booklet later this spring.

**Death Benefit Claim Filing Limitation**

**Effective March 6, 2014** the Trustees have extended the claim filing deadline for active participant deaths and retiree/retiree spouse deaths to three years following the date of death. Previously, the Trustees had extended the claim filing deadline for spouse and dependent child deaths to three years following the date of death.