

Michigan Conference of Teamsters Welfare Fund



VOLUME 33 ISSUE 1

SPRING 2015



Messenger

Message from MCTWF's Executive Director

Dear Teamster Families,

The arrival of spring is always such a heartening event, especially after a tough winter. Those early signs of tentative, awakening life are eternally comforting reminders that despite its gentle and spiritual nature, spring is imbued with the power and ferocious will to wrest the life-force from the paralyzing grip of winter. Of course, it's really just a response to the earth's cyclical tilt, but so, in their way, are the laws that govern us and those whom we choose to fashion those laws, just responses to the community's cyclical tilt in its attitudes.

Presently, Lansing is controlled by politicians serving right wing ideologies that are harshly adverse to the interests of low and moderate wage earners, the future of their children, and paradoxically, to the prospects for commercial growth in the State of Michigan. But while this current brain-frozen and heartless political season was the result of our seemingly inevitable lapse into apathy and failure to remember the painfully learned lessons of those who preceded us, we do not have to politely endure it. Despite the unconscionable partisan gerrymandering that occurred in 2011, which distorted election results and undermined constitutionally assured equal protection rights, incumbents can be defeated; a government can be elected that is representative of the majority. Skilled and inspired people will emerge to fight for your interests if they know that you will fight for their election. Prevailing in those elections will require your determined effort through collective action. You have the seasoned, dedicated, influential Union leadership that, with the impetus of your support, can help meld powerful coalitions to depose those who arrogantly inflict their will on the electorate rather than serve it. We all need to start now to do our part to build the momentum. We have the collective power, but do we have the will?

Please thoroughly review this *Messenger* issue. Among other items, it addresses our new and improved vision program through Davis Vision; our twelve month elimination of the \$10 copay for MDLIVE consultations and an opportunity for you to win a valuable prize by registering with MDLIVE; new CVS/Caremark programs that curtail the indefensible growth in compound drug costs and that provide retail access to those who presently are required to use mail order to fill maintenance drug prescriptions; new Retiree self-contribution rates; and the expansion of benefit bank week entitlement in the event of termination or suspension.

We welcome all of our new participants and family members enrolled since our last *Messenger* publication, including the following groups: under Kalamazoo **Local 7** – Atlantic Plant Maintenance; under Cincinnati, OH **Local 100** – Aramark Refreshment Services, LLC; under Detroit **Local 214** – City of Bad Axe and Van Buren Community Mental Health Authority; under Detroit **Local 299** – Trilogy Healthcare of Jackson, LLC; under South Bend, IN **Local 364** – Days Corporation; under Grand Rapids **Local 406** – Iron County Road Commission; and under Pontiac **Local 614** – Eures Support Services and Forest Lake Country Club.

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

Richard Burkner

Inside this issue:

SUMMARY ANNUAL REPORT	2
Eligibility for Extended Disability Medical	3
Introducing MCTWF's New Vision Network - Davis Vision	3-4
MDLIVE Telehealth Services - Free for One	5
Register for Chance to Win an MDLIVE GetFit Pack	5
Out-of-Pocket Cost Limits	5
New CVS/Caremark Programs	6
Notifying MCTWF of New Beneficiaries	6
Air Ambulance Benefit Usage Criteria	6
Retiree Health Benefit Package Rates: April 2015 - March 2016	7
Increase in Covered Mastectomy Bras per Calendar Year	7
Reminder—Entitlement to Retiree Benefits Ceases Upon Medicare Eligibility	7
Benefit Bank Weeks Renewal and Expansion of Entitlement	8

Editor's Note:

For simplicity, unless otherwise stated, the *Messenger* occasionally uses the term "members" to refer to both employee/participants and their eligible beneficiaries. It also uses the masculine form to refer to employee/participants and children and uses the feminine form to refer to spouses.

Kroger and Walgreens

Effective April 1, 2015, all Kroger and Walgreens retail pharmacies will be reinstated in MCTWF's CVS/Caremark provider network.

No Cost Tobacco Cessation Interventions

Pursuant to the Affordable Care Act's mandate for the provision of preventive services at no cost to the patient, all MCTWF "non-grandfathered" health benefit packages provide members who use tobacco products with coverage, at no cost and without prior authorization, for in-network tobacco cessation interventions, including tobacco use and tobacco caused disease counseling and FDA approved, physician prescribed tobacco cessation medications. As of January 1, 2015, all MCTWF Actives Plan health benefit packages are non-grandfathered and in compliance. The

number of covered, appropriate, in-network counseling sessions for those diagnosed with tobacco use disorder is unlimited. Coverage for FDA approved, physician prescribed tobacco cessation medications purchased from an in-network pharmacy fall into two categories, Nicotine Replacement Products (patch, gum, lozenges, Nicotrol inhalation system, and Nicotrol NS nasal spray) and Nicotine Deterrent Products (Chantix or Bupropion). No cost coverage for any physician prescribed product or combination of products in each category is limited to 168 days per calendar year.

Summary Annual Report

Michigan Conference of Teamsters Welfare Fund

Plan Year Ended March 31, 2014

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, 2014. 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, 2015 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 \$312,152,540 as of March 31, 2014 compared to \$294,353,989 as of April 1, 2013. During the Plan year, the Plan's net assets increased by \$17,798,591. 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 \$237,073,272 including, but not limited to, employer contributions of \$201,085,025, participant contributions of \$6,969,824, realized gains of \$1,284,251 from the sale of assets, earnings from investments of \$27,722,934, and rental and other income of \$11,238.

Plan expenses were \$219,274,681. These expenses included \$205,837,180 in benefits paid on behalf of participants and beneficiaries and \$13,437,501 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, 48216-1296. 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

Eligibility for Extended Disability Medical Benefits

All MCTWF Actives Plan medical benefits provide for "Extended Disability".

Extended Disability medical benefits may be available for MCTWF Actives Plan participants or beneficiaries who became disabled while covered under a MCTWF health benefit package and whose active coverage thereafter ceased. If eligible, Extended Disability coverage will be provided for medical and prescription drug benefits that were available during active coverage, but solely in connection with the disabling disability for a period up to the earlier of (a) 24 months, (b) the date the member becomes eligible for Medicare benefits or other group health coverage, or (c) the date the member is no longer totally disabled.

To qualify for Extended Disability medical benefits, ALL of the following conditions must be met:

- As determined by MCTWF's Trustees, the participant or beneficiary was totally disabled when coverage ended and remained continuously totally disabled until the date the medical expense is incurred; and
- Within fifteen months from the date the active coverage ceased, documentation is provided to MCTWF by the physician verifying the total disability; and
- The treatment or services are received after active coverage ceases within the following period: the earlier of (a) 24 months, (b) the date the member becomes eligible for Medicare benefits or other group health coverage, or (c) the date the member is no longer totally disabled; and
- The treatment or services must be for the same injury or illness that existed on the date the coverage ended and caused the total disability.

For the first 90 days of the Extended Disability medical benefit period, the level of coverage is dependent upon whether the provider is in-network or out-of-network. For the last 21 months, coverage is limited to out-of-network levels of coverage regardless of whether the provider is in-network or out-of-network. Annual individual and family deductibles and coinsurances will apply based on the network affiliation and the specific MCTWF Actives Plan benefit package.

Introducing MCTWF's New Vision Network – Davis Vision

We are pleased to announce that, **effective April 1, 2015**, MCTWF's new vision network is *Davis Vision*, a nationwide network of quality eye care professionals. With *Davis Vision*, you will enjoy an improved vision benefit program, including better frame choices for less out-of-pocket expense with the exclusive *Davis Vision Collection* (available at most independent provider locations) and better retail access through retail stores such as SVS Vision (Teamster represented), Costco, Henry Ford OptimEyes, Sam's Club, Walmart, America's Best, Shopco, Eye Mart Express, Co-Op Optical, and VisionWorks.

The *Davis Vision* network includes more than 46,000 providers across the country, including optometrists and ophthalmologists in both private practice and in many retail optical settings. We have worked with *Davis Vision* to replicate or improve upon the current vision plan benefits. A summary of MCTWF's *Davis Vision* benefits are below.

In late March, you will receive new MCTWF Networks cards bearing a *Davis Vision* imprint (in early April you also will receive replacement Blue Cross Blue Shield ID cards with the current reference to *VSP Choice* eliminated). Please destroy your current cards upon your receipt of these new cards. Your new MCTWF Networks card should be presented to *Davis Vision* network providers to ensure that your coverage is at the network benefit level. Also in late March

you will receive a *Davis Vision* welcome letter summarizing the benefits and providing a list of network providers in your area. If you need a broader list of network providers, or if you wish to determine whether an unlisted provider is in the *Davis Vision* network, you can call MCTWF's Member Services Call Center, or link to a complete *Davis Vision* network provider search from the *Provider Networks* page of MCTWF's website. If you choose to use a non-*Davis Vision* provider, reimbursement of billed charges, subject to plan limits, will be made directly to the participant.

Note: If you utilize an ophthalmologist (medical doctor specializing in diseases of the eye) and do not have a medical eye condition, services will be covered under the vision portion of your benefit package. To receive network-level benefits, the ophthalmologist must participate in the *Davis Vision* network.

If you are being treated by an ophthalmologist for a medical condition, services will be covered under the medical portion of your benefit package. To receive network-level benefits, the ophthalmologist must participate in the BCBS PPO network.

DAVIS VISION
EYECARE REFRAMED™

Continued on Page 4

VISION BENEFITS	DAVIS VISION NETWORK COVERAGE	NON DAVIS VISION NETWORK COVERAGE																								
EXAMINATION	In full	Up to \$50																								
FRAMES	<p>Davis Vision Collection frames are covered subject to the following member copays:</p> <p><i>Fashion frames - \$0</i> <i>Designer frames - \$15</i> <i>Premier frames - \$40</i></p> <p>Non-Davis Vision Collection frames are covered up to a retail value of \$125 on any frame. You are responsible for any charges in excess of \$125 after a discount of 20% of the excess is applied. Discounts do not apply to products purchased from Costco, Wal-Mart, or Sam's Club.</p> <p>Note: All Davis Vision Collection frames and lenses and all frames and lenses purchased from a network provider that does not carry Davis Vision Collection frames come with a <u>free one-year breakage warranty</u>.</p>	<p>Up to \$75</p> 																								
LENSES (clear plastic) - Per Pair: Single Vision Bifocal Trifocal Lenticular	<p>In full In full In full In full</p> <p>Note: For lenses other than clear plastic, there may be an additional charge, both in-network and out-of-network.</p>	<p>Up to \$50 Up to \$60 Up to \$70 Up to \$70</p>																								
OPTIONAL LENS TREATMENTS AND MATERIALS - Per Pair	<p>Covered subject to the following member expenses:</p> <table border="1" data-bbox="457 940 1156 1438"> <tr> <td>Anti-Reflective: <i>Standard/Premium/Ultra</i></td> <td>\$40/\$55/\$69</td> </tr> <tr> <td>High-Index</td> <td>\$60</td> </tr> <tr> <td>Oversize</td> <td>\$0</td> </tr> <tr> <td>Photochromic (plastic only)</td> <td>\$70</td> </tr> <tr> <td>Polarized (plastic only)</td> <td>\$75</td> </tr> <tr> <td>Polycarbonate lenses under age 19</td> <td>\$0</td> </tr> <tr> <td>Polycarbonate lenses age 19 or greater</td> <td>\$35</td> </tr> <tr> <td>Progressive: <i>Standard/Premium/Ultra</i></td> <td>\$42/\$82/\$117</td> </tr> <tr> <td>Scratch Protection Plan: single vision/multifocal</td> <td>\$20/\$40</td> </tr> <tr> <td>Scratch-resistant</td> <td>\$0</td> </tr> <tr> <td>Tinting (plastic only)</td> <td>\$15</td> </tr> <tr> <td>Ultraviolet (plastic only)</td> <td>\$15</td> </tr> </table>	Anti-Reflective: <i>Standard/Premium/Ultra</i>	\$40/\$55/\$69	High-Index	\$60	Oversize	\$0	Photochromic (plastic only)	\$70	Polarized (plastic only)	\$75	Polycarbonate lenses under age 19	\$0	Polycarbonate lenses age 19 or greater	\$35	Progressive: <i>Standard/Premium/Ultra</i>	\$42/\$82/\$117	Scratch Protection Plan: single vision/multifocal	\$20/\$40	Scratch-resistant	\$0	Tinting (plastic only)	\$15	Ultraviolet (plastic only)	\$15	No coverage
Anti-Reflective: <i>Standard/Premium/Ultra</i>	\$40/\$55/\$69																									
High-Index	\$60																									
Oversize	\$0																									
Photochromic (plastic only)	\$70																									
Polarized (plastic only)	\$75																									
Polycarbonate lenses under age 19	\$0																									
Polycarbonate lenses age 19 or greater	\$35																									
Progressive: <i>Standard/Premium/Ultra</i>	\$42/\$82/\$117																									
Scratch Protection Plan: single vision/multifocal	\$20/\$40																									
Scratch-resistant	\$0																									
Tinting (plastic only)	\$15																									
Ultraviolet (plastic only)	\$15																									
CONTACT LENSES – Per Pair	Up to \$120. You are responsible for any charges in excess of \$120 after a discount of 15% of the excess is applied. Discounts do not apply to products purchased from Costco, Walmart, or Sam's Club.	Up to \$80																								
Contact Lens Fitting	You are responsible up to the first \$60.	No coverage																								
LASER VISION CORRECTION	<p>Up to \$250 per eye per lifetime.</p> <p>For charges in excess of \$250, additional discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials (whichever is lower) is available.</p>	Up to \$250 per eye per lifetime.																								
BENEFIT FREQUENCY	One exam and one vision correction option per person per calendar year. A vision correction option is defined as either (a) one pair of lenses and frames, whether purchased together or separately, (b) contact lenses and fitting, or (c) laser vision correction for one or both eyes. Note: Coverage for one such annual vision option cannot be later replaced with coverage for another vision option.																									

MDLIVE Telehealth Services - Free for One Year

A year ago, MCTWF introduced a convenient service for treatment of many non-acute medical conditions through the use of telehealth consultations provided by MDLIVE. MDLIVE provides on-demand access to U.S. Board certified physicians and licensed therapists by secure video (between 7am and 9pm), or by phone or email, anytime and almost everywhere throughout the country. Real-time video and phone consultations allow for the diagnosis and treatment of a wide range of medical conditions, regardless of the patient's location, in a safe, secure and confidential environment. Members who have used MDLIVE services almost uniformly have expressed surprise with the ease of the process and satisfaction with the telehealth consultation. Currently, each consultation with a MDLIVE physician or

behavioral health therapist costs a member only \$10. However, telehealth consultations are a relatively new concept in health-care delivery and many people are reluctant to try it.

In an effort to encourage members to register and try out MDLIVE, **MCTWF's Trustees have decided to waive the \$10 copay per consultation for the plan year April 1, 2015 through March 31, 2016.**

In addition, as promoted by the following "flyer," MDLIVE will conduct a drawing from the names of all those who register to utilize MDLIVE services (at www.mdlive.com/mctwf, or by calling MDLIVE at 1-888-632-2738) between March 15th and April 30th (plus those who previously have registered and who send their full name and email address to promotions@mdlive.com by April 30th). The winner will be given a "GetFit Pack" that includes a Samsung Galaxy Tab, a Fitbit Flex and a Sport Water Bottle. Good luck!

Register for Chance to Win an MDLIVE GetFit Pack



The Future of Healthcare is Here

Get Active This Month!

Start this month off with a big win for your health!



Get 24/7 Access to Doctors Anytime, Anywhere.

We are happy to offer you MDLIVE, a health benefit that allows you to have doctor's appointments via your phone or mobile device, for convenient care when you're not at your best. And best of all? It's free to sign up!

SIGN UP FOR FREE

Sign Up from March 15th to April 30th for a chance to Win a GetFit Pack to boost your heart health this month. (\$500 approx. value)

If you are already an MDLIVE member and wish to participate, please send your full name and email address to promotions@mdlive.com



Samsung Galaxy Tab



Fitbit Flex



Sport Water Bottle

GET STARTED NOW. Activate your account by phone or go online.

1-888-632-2738

www.mdlive.com/mctwf

Download the free MDLIVE app



NO PURCHASE OR PAYMENT OF ANY KIND IS NECESSARY TO ENTER OR WIN. Purchase and payment of any kind will not increase your chance of winning. Prizes are not intended to treat or diagnose any health conditions. Odds of winning will depend on the total number of entries received. Void in RI and where prohibited or restricted by law. By entering (or otherwise participating in) the sweepstakes, you agree to MDLIVE's official rules, which are a contract, so read them carefully before entering. Without limitation this contract includes indemnification to the sweepstakes entities from you and a limitation of your rights and remedies. For official sweepstakes rules go to www.mdlive.com/legal/promotions009.html

See terms of use for more details. www.mdlive.com/pages/terms.html 010113

Out-of-Pocket Cost Limits

In accordance with the Affordable Care Act, **effective January 1, 2015**, all MCTWF Actives Plan medical and prescription drug benefits combined in-network out-of-pocket costs are subject to calendar year limits. Out-of-pocket costs refer to deductibles, copay and coinsurance amounts (but not contribution payments, or out-of-network cost-sharing or balance bill payments). Once a calendar year limit is reached, coverage must be provided for the balance of the year without further out-of-pocket costs for in-network medical and prescription drug benefits. The limits for 2015 are \$6,600 per individual and \$13,200 per family. Member accumulations toward these statutory out-of-pocket cost limits are tracked on each MCTWF Explanation of Benefits (EOB) form and in each MCTWF *Participant Portal* account.

In addition, MCTWF continues to separately administer and similarly track the out-of-pocket cost limits specific to each medical benefit package (for instance the Key I benefit has a \$1,000 per family in-network out-of-pocket maximum and a \$2,000 per family out-of-network out-of-pocket maximum). As always, the member costs that are accumulated against these out-of-pocket cost limits are medical (not prescription drug) copay and co-insurance (not deductibles) amounts only. Once a cost limit is reached, in-network or out-of-network coverage, as appropriate, is provided without further copay or co-insurance costs.

Therefore, in addition to the annual in-network and out-of-network out-of-pocket cost limits built into each MCTWF Actives Plan benefit package, MCTWF now administers the Affordable Care Act required annual in-network, medical and prescription drug combined out-of-pocket cost limits for individuals and families, which may result, for the first time, in a limitation on your out-of-pocket costs for prescription drugs.

New CVS/Caremark Programs

In an effort to assist members in improving their health and safety, as well as to reduce costs, the following recommended strategies from MCTWF's pharmacy benefit manager, CVS/Caremark, are being implemented as part of MCTWF's prescription drug benefit effective June 1, 2015:

Compound Drugs

In general, compounding is defined as a practice in which a licensed pharmacist combines, mixes, or alters ingredients of a drug to create a medication tailored to the needs of an individual patient. Some compounds are medically indicated, such as liquid doses compounded from solids to permit pediatric use and those that are free of dyes or other ingredients that cause allergic reactions, whereas many of the higher priced compounds contain excessively priced bulk powders and proprietary compounding bases that, in addition, may be lacking documented evidence of clinical efficacy. The average cost for each compound prescription has increased over 300% between 2013 and 2014.

In an effort to promote the use of safe, effective compounds, **effective June 1, 2015** all compound drug claims exceeding \$300 will be subject to review for medical appropriateness by CVS/Caremark (i.e., through consideration of physician prior authorization requests) and all compound drug fills, regardless of the charge, will be limited to one fill of the same compound per 34 days. Those members who are currently utiliz-

ing a compound medication will be notified directly of this benefit rule change, as will their prescribing physician. To obtain prior authorization for compound medications that exceed \$300, your physician must contact CVS/Caremark at 800-626-3046.

Maintenance Choice

Currently, members that are covered by MCTWF's prescription drug benefit designs Rx1a, New Rx1a, New Rx1b, New Rx2a, and New Rx2b are allowed one retail fill at any participating network pharmacy for maintenance medications. Thereafter, fills of that maintenance drug must be obtained from the CVS/Caremark mail order pharmacy.

In an effort to increase convenience for members without significant cost increase to MCTWF, we are pleased to announce that **effective June 1, 2015** MCTWF will implement CVS/Caremark's Maintenance Choice program for all members covered by the above stated prescription drug benefit designs (including members from YRC, Holland Motor Express, Inc., ABF, Farmer Brothers Coffee, Stafford Transport of Michigan, Alexander Distributing, Central Warehouse Operations, Libra Industries, and Wiltfong Moving & Storage, Inc.). Under the Maintenance Choice program, members may obtain two retail fills of 34 days or less of a maintenance medication at any participating network pharmacy. Thereafter, members are given the choice of obtaining fills of that maintenance drug from the CVS/Caremark mail order pharmacy or from any CVS retail pharmacy.

Notifying MCTWF of New Beneficiaries

New participants initially must inform MCTWF of their Beneficiaries (i.e., their spouse and children under age 26) and keep MCTWF informed of any changes (e.g., a divorce, a new spouse, a new child, etc.), within 60 days of the event, using MCTWF's *Change in Family Status Form* (available on the Forms page of MCTWF's website). Any such event may alter the required contribution rate paid on behalf of participants who have coverage under a tiered contribution rate structure, since it may cause a change in the participant's contribution tier.

Until recently, for participants who have coverage under a tiered contribution rate structure and who inform MCTWF of a new beneficiary more than 60 days from the date of that change in family status, the rule has been that if the addition of the beneficiary changed the participant's tier, the beneficiary's MCTWF benefits coverage would commence after receipt of such notification and the employer would be billed at the higher tier contribution rate prospectively. **Effective February 2, 2015**, in such instance, the beneficiary's MCTWF benefits coverage will commence retroactively to the date 60 days prior to MCTWF's receipt of such notification and the employer will be billed at the higher tier contribution rate retrospectively and prospectively.

Air Ambulance Benefit Usage Criteria

MCTWF's medical benefit packages cover eligible expenses 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 (i.e., when transport by any other means would endanger the patient's health, or the injury requires immediate first aid to stabilize the patient before transport to a hospital), or from one hospital facility to another for reasons of medical necessity. MCTWF will hold harmless from balance billing, members who, in seeking emergency ambulance services, receive services from a non-participating ambulance provider when no participating ambulance provider is available.

However, air ambulance services are payable only when ALL of the following criteria are met:

- the use of an air ambulance is medically necessary and ordered by a physician;
- the physician must have a reasonable expectation of significant time savings by the use of air ambulance transport as compared to ground or water ambulance transport time and that such time savings will reduce the risk of loss of life, limb or bodily function;
- the patient is transported to the nearest medical facility capable of treating his condition; and
- the provider is a licensed air ambulance service, not a commercial air carrier.



Retiree Health Benefit Package Rates: April 2015 - March 2016

Effective April 2015, the standard and expanded monthly self-contribution rates listed below apply to all those participating in MCTWF's basic Retiree Health Benefit Package **145**. For those purchasing Benefit Package **475** (which includes the Retiree Supplemental Benefits Rider - hearing, vision, and Dental Plan 2 benefits), **add \$115.70** to Benefit Package 145 monthly rates:

April 2015 Retiree Health Benefit Package 145 <u>Standard Eligibility Rules</u> Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*						
	<i>Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component</i>					
Age at MCTWF Retirement Date	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
50 – 54	\$785	\$710	\$645	\$575	\$495	\$435
55 – 59	\$605	\$560	\$520	\$475	\$440	\$405
60 – 64	\$435	\$420	\$405	\$385	\$375	\$365
For eligible retirees whose active employment ceased prior to January 1, 2002: \$365						

April 2015 Retiree Health Benefit Package 145 <u>Expanded Eligibility Rules</u> Monthly Self-Contribution Rate (Covers Both the Retiree and the Eligible Spouse)*						
	<i>Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component</i>					
Age at MCTWF Retirement Date	7 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
57 – 59	\$665	\$615	\$570	\$525	\$485	\$445
60 – 64	\$480	\$460	\$445	\$425	\$415	\$400

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 at least 45 days prior to the end of the last calendar month for which you wish to be covered. For example, to drop coverage as of January 1st, MCTWF must receive written notification by November 15th. Once the Retiree Supplemental Benefits Rider is dropped, it will not be available to you again.

*Eligibility to participate in the Retiree Health Benefit Package (i.e., 145 or 475) 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 Health 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 health 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 Health Benefit Package at the retiree's self-contribution rate, unless or until the later of (a) eight years from the date that the retiree's health 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 Health Benefit Package's cost based rate as an "Extended Retiree Spouse."

Increase in Covered Mastectomy Bras per Calendar Year

MCTWF's breast reconstruction benefit has provided coverage for two mastectomy bras per calendar year. **Effective 12/4/14**, MCTWF has increased coverage to four mastectomy bras per calendar year. Reimbursement is at the scheduled amount for Medical Supplies, subject to any deductible, coinsurance and co-payment amounts.

Reminder Entitlement to Retiree Benefits Ceases Upon Medicare Eligibility



In addition to the other causal events stated in your Summary Plan Description, entitlement to Retiree benefits cease as of the earlier of a) the first of the month in which the individual's (i.e., the retiree's or spouse's) 65th birthday falls or b) the date that the individual becomes eligible for early Medicare Part A coverage. It is imperative that the individual immediately call to inform MCTWF of his or her early Medicare eligibility date and that the individual immediately cease the use of Retiree benefits. MCTWF will ask the individual for a copy of the Medicare card or letter from the Social Security Administration stating the effective eligibility date. MCTWF will pursue recovery from both individuals for any Retiree benefits paid for services incurred on or after the individual's Medicare eligibility date.

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

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
DETROIT, MI
PERMIT #2655

The *Messenger* 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 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

Union Trustees:
H.R. HILLARD
RONALD E. HOLZGEN
KEVIN MOORE
PAUL M. KOZICKI

Employer Trustees:
RAYMOND J. BURATTO
EARL D. ISHBIA
ROBERT W. JONES
JOSÉ C. ROSARIO

Benefit Bank Weeks Renewal and Expansion of Entitlement

We are pleased to announce that the Trustees have renewed MCTWF's standard benefit bank week program for "Old" and "New" SOA, TIF, Key 1, Key 1a, Key 1b, Key 2, Key 2a, Key 2b, Key 2c, Key 2d, Key 3, and Key 3a, medical benefit packages for the 36 month period **commencing April 1, 2015** as follows:

- Eligible participants who are actively employed on or after April 1, 2015, will be allotted six benefit bank weeks for use during the period April 1, 2015 through March 31, 2018.
- Benefit bank week coverage includes the medical benefits, and any prescription drug, dental and vision benefits provided for in the participant's active benefit package. No short term disability ("Weekly Accident and Sickness"), total and permanent disability, or death benefits will be available when incurred during the period covered by benefit bank weeks.
- Participants who are not actively employed on March 31, 2015 and who are still covered by remaining benefit bank weeks from the 2012 through 2015 period will continue to be so covered until their benefit bank weeks are exhausted. Upon their return to active employment and the payment of contributions on their behalf, they will receive a new allotment of six benefit bank weeks through March 31, 2018.
- **Effective 4/1/15**, benefit bank week coverage will be available in the event of a termination or suspension (MCTWF no longer will require that that the termination or suspension be grieved to trigger benefit bank week coverage). Benefit bank week coverage remains unavailable in the event of a quit.



Spring 2015