Michigan Conference of Teamsters Welfare Fund

MESSENGER

VOLUME 35 ISSUE 1

Spring 2017

In This Issue:

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. When referring individually or collectively to participants, eligible children and spouses, the *Messenger* commonly uses the term "members." Michigan Conference of Teamsters Welfare Fund is referred to herein as "Fund or "MCTWF."

Message from MCTWF's Executive Director

Dear Teamster Families,

Well before Barack Obama was born, in fact for almost 70 years, this Fund has been all about providing Teamsters and their families with access to high value, affordable health care. Unlike the insurance companies, this Fund has never employed the injurious, profit motivated practices that the market reform provisions of the Affordable Care Act (ACA) have so necessarily eliminated. This Fund has never refused or delayed coverage to someone with a pre-existing condition or raised contribution rates above its standard rates for any active group due to the claims history of the group or the age, gender, or health status of any member; nor has it offered a package that did not include all essential health benefits, or that did not meet or exceed the actuarial value that ultimately was required by the ACA, or that did not provide lower limits on out-of-pocket costs than were required by the ACA. This Fund has provided and encourged the use of its free preventive benefits since the early 1980s, provided extended coverage for children, at least through their years of higher education for even longer, and has provided many other significant protections for several generations of Teamster families. Indeed, Teamster negotiated, patient focused health care coverage through the Michigan Conference of Teamsters Welfare Fund, like through most other large multiemployer Taft Hartley health and welfare funds, has always met, and for the most part has exceeded the high standards of patient protection required by the ACA. We will continue to do so, no matter how the Affordable Care Act may be amended or with whatever it is replaced.

A few months ago, Ellis Wood, Principal Officer of Teamsters Local Union 406, was appointed to MCTWF's Board of Trustees, succeeding his friend and colleague, the late Ron Holzgen. Ellis' willingness to devote his valuable time and effort to join the Trustees in governing MCTWF and its Plans is much appreciated. The Trustees' distinct skills and perspectives, but common devotion to acting solely in the interests of participants and their families, has resulted, over the years, in a truly productive and beneficial bipartisan collaboration. I'm proud of their efforts and achievements and thankful for the opportunity to work with them.

We all develop medical problems eventually, but often we are not aware of them until they have reached a serious stage of development. Please use your preventive benefits regularly. They are free and they can save you much heartache down the road. Two such preventive benefits, child and adult immunizations and colonoscopy screenings are addressed in this Spring 2017 *Messenger*, as are other topics that may be pertinent to you.

We welcome all of our recent and soon to be enrolled participants and their family members, including the following groups: (under Belleville, IL **Local 50**) – Pet O'Fallon, (under Indianapolis, IN **Local 135**) – US Foods, (under Detroit **Local 299**) – Precision Vehicle Logistics and T & K Logistics, (under Detroit **Local 337)** - Detroit City Productions, Midway Group, Kin Productions, and AVI Foodsystems, (under Flint **Local 332**) – Republic Services of Flint, (under Omaha, NE **Local 554**) – City of Woodbine, and (under Springfield, IL **Local 916)** – Aramark Uniform Services.

On behalf of the Trustees and staff, I wish you good health and good luck.

Richard Burker

Summary Annual Report for MCTWF Actives Plan and MCTWF Retirees Plan Participants

Plan Year Ended March 31, 2016

(Mailed to Participants February 21, 2017)

MCTWF Actives Plan

This is a summary of the annual report of the MCTWF Actives Plan, a health, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 38-1328578, Plan Number 501), for the plan year 04/01/2015 through 03/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $349,161,811 as of the end of the plan year, compared to $342,249,722 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of $6,912,089. This change includes unrealized appreciation and 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 $213,871,727 including employer contributions of $218,714,010, employee contributions of $641,158, earnings from investments of $-5,542,105, and other income of $58,664. Plan expenses were $206,959,638. These expenses included $12,270,467 in administrative expenses and $194,689,171 in benefits paid to participants and beneficiaries.

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 listed below are included in that report:

- An accountant's report.
- Financial information and information on payments to service providers.
- Information regarding any common or collective trusts pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at Board of Trustees, Michigan Conference of Teamsters Welfare Fund, 2700 Trumbull Avenue, Detroit, MI 48216-1296 and phone number, 313-964-2400.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: Michigan Conference of Teamsters Welfare Fund, 2700 Trumbull Avenue, Detroit, MI 48216-1269, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C., 20210.

MCTWF Retirees Plan

This is a summary of the annual report of the MCTWF Retirees Plan, a health, dental, vision, and death benefits plan (Employer Identification Number 38-1328578, Plan Number 502), for the plan year 04/01/2015 through 03/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $26,331,402 as of the end of the plan year, compared to $21,943,000 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of $4,388,402. This change includes unrealized appreciation and 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 $17,115,362 including employer contributions of $12,390,901, employee contributions of $5,052,052, earnings from investments of $-334,882 and other income of $7,291. Plan expenses were $12,726,960. These expenses included $914,578 in administrative expenses, $11,812,382 in benefits paid to participants and beneficiaries.

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- Information regarding any common or collective trusts pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

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Colonoscopy Screenings – Updated Rule

MCTWF's preventive/wellness benefits include no-cost coverage of colonoscopy screenings if the patient's history reveals no risk factors for colorectal cancer other than being age 50 or greater, or if African-American, age 45 or greater. If the screening results are normal and of reasonable quality, a preventive/wellness follow-up colonoscopy is covered once every five years thereafter.

If a preventive/wellness colonoscopy screening fails due to improper or incomplete preparation by the patient, the failed screening will be covered at no cost to the patient, but **effective May 4, 2017**, the follow-up screening will be treated as a medical benefit subject to the cost sharing requirements of the patient's MCTWF benefit package.

COBRA Continuation Coverage - Contribution Tiers

COBRA continuation coverage contribution rates are based on two coverage tiers, "single" and, for two or more people, "family." To date, once paying the family contribution rate, you remain obligated to continue to do so, even when your coverage is reduced to just one person.

Effective May 4, 2017, if during the period of COBRA continuation coverage, coverage for your family unit is reduced to just one person due to death, eligibility for Medicare, or exhaustion of COBRA eligibility periods, your contribution rate will be reduced to the required amount for single tier coverage.

2017 Recommended Child, Adolescent and Adult Immunization Schedules

Immunizations received in accordance with MCTWF's approved schedules below are covered, as noted, under MCTWF Actives Plan and MCTWF Retirees Plan medical benefits, as appropriate, if received from a network provider (please refer to your schedule of benefits for specifics). These schedules follow the recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. By going to the below online links you will find valuable additional information, including the footnotes referenced in these schedules.

Recommended Adult Immunization Schedule for Adults Aged 19 Years or Older, by Vaccine and Age Group - United States – 2017

Vaccine	19–21 years	22–26 years	27–59 years	60–64 years	≥ 65 years
Influenza (IIV) [1]	1 dose annually				
Tetanus, diphtheria, & [2] acellular pertussis (Tdap: ≥7 yrs)	Substitute Tdap for Td once, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)[3]	1 or 2 doses depending on indication				
Varicella (VAR) [4]	2 doses				
Herpes zoster [5] vaccination (HCV)				1 dose	
Human papillomavirus [6] (HPV) - Female	3 doses				
Human papillomavirus [7] (HPV) - Male	3 doses				
Pneumococcal [8] conjugate (PCV13)	1 dose				
Pneumococcal [9] polysaccharide (PPSV23)	1 or 2 doses depending on indication				1 dose
Hepatitis A (HepA)[10]	2 or 3 doses depending on vaccine				
Hepatitis B (HepB) [11]	3 doses				
Meningococcal (Hib-MenCY ≥6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos [12]	1 or more doses depending on indication				
Meningococcal B[13]	2 or 3 doses depending on vaccine				
Haemophilus influenzae type b (Hib) [14]	1 or 3 doses depending on indication				

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended for adults with additional medical conditions or other indications

No recommendation

Please refer online to https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

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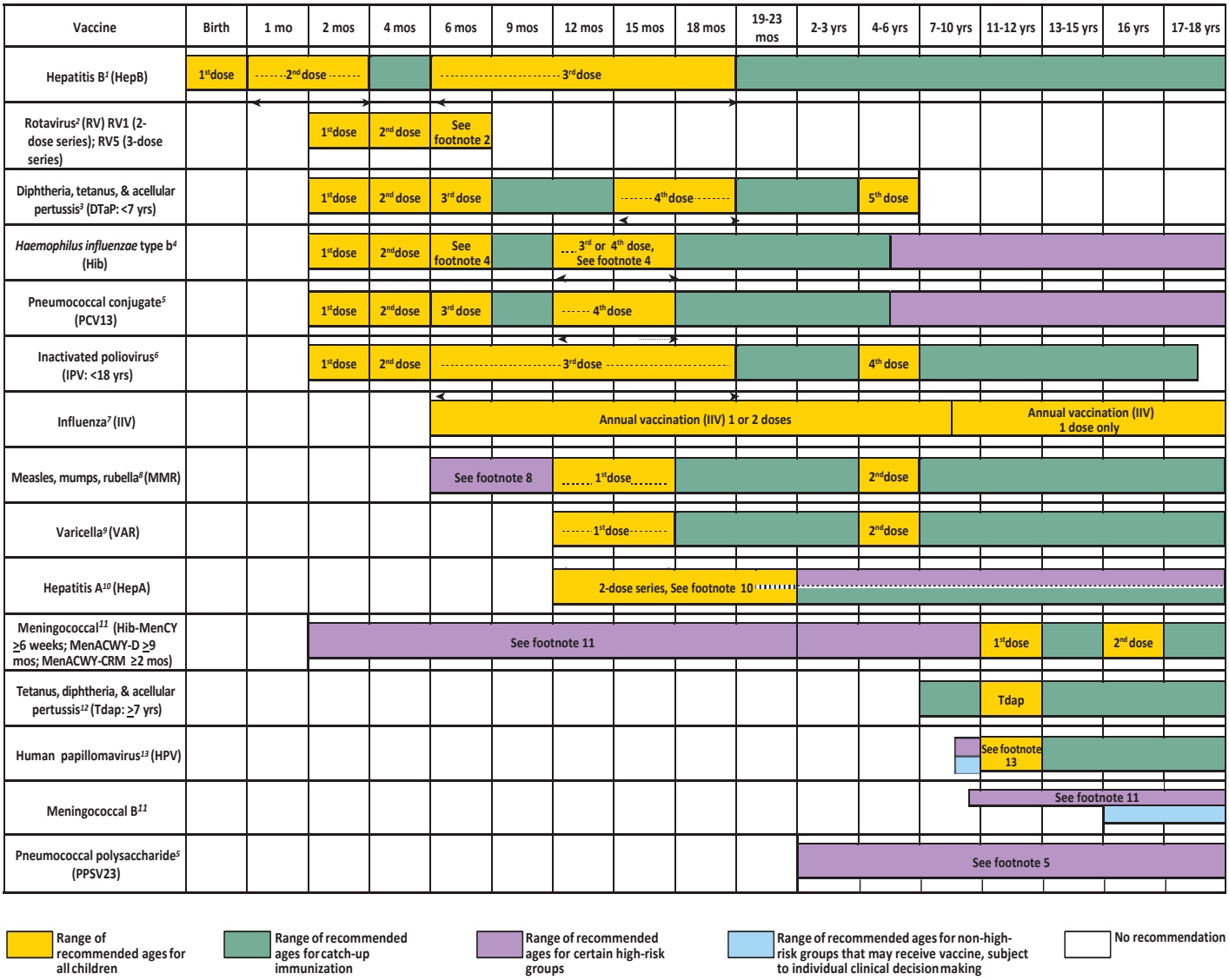
Continued

Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2017



Please refer online to https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

Reconstructive Surgery to Remove Excess Skin

Surgical procedures, treatment, or hospitalization primarily for reconstructive purposes generally are deemed covered services if the procedure is primarily intended to improve/restore bodily function or to correct significant deformity resulting from accidental injury, trauma, or previous therapeutic process, or if the procedure is intended to correct congenital or developmental anomalies that have resulted in significant functional impairment. Such covered services include the removal of excess skin when deemed by MCTWF to be medically necessary, resulting from massive weight loss, except when due to bariatric surgery.

Effective with dates of service February 2, 2017 and after, subject to prior authorization, **MCTWF benefits have been expanded to cover the removal of excess skin in the case of massive weight loss due to bariatric surgery causing functional impairment**, including but not limited to, severe rashes or intertrigo (skin inflammation usually in warm, moist areas between skin folds) skin ulceration, pain, etc., that has not responded to conventional medical therapy (e.g., topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics).

MCTWF Retirees Plan Health Benefit Rates

April 2017 - March 2018

The standard and expanded monthly self-contribution rates listed below apply to all those participating in MCTWF's basic Retirees Health Benefit Package **145**. These rates are unchanged from last year's rates. For those purchasing Retirees Health Benefit Package **475** (which includes the Retiree Supplemental Benefits Rider - hearing, vision, and Dental Plan 2 benefits), **add $100.75** (also unchanged from last year's rate) to Retirees Health Benefit Package 145 monthly rates. All currently active Retirees have been notified of these self-contribution rates by separate mail.

April 2017	**Retiree Health Benefit Package 145 Standard Eligibility Rules Monthly Self-Contribution Rates** ***(Covers Both the Retiree and the Eligible Spouse)****					
	Years Participating under an MCTWF Actives Plan Benefit Package with Retiree Health Component					
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

April 2017	**Retirees Health Benefit Package 145 Expanded Eligibility Rules Monthly Self-Contribution Rates** ***(Covers Both the Retiree and the Eligible Spouse)****					
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 the Fund 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, the Fund 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 a 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 (which also remain unchanged from last year). 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."

Designating and Updating Your Death Benefit Beneficiaries

MCTWF's Summary Plan Description states that death benefits will be paid to the named beneficiary most recently listed on your Enrollment Card (or for Retiree death benefits, the Death Benefit Program Election Form) or Change of Beneficiary Form and that regardless of your subsequent divorce, if your last named beneficiary was your spouse at the time of designation, your death benefits will be paid to that person if he or she claims the benefit. This is true no matter what is ordered in your judgment of divorce or provided for under State law. As an employee welfare benefit plan, MCTWF is governed by ERISA, a federal law that preempts State law in this regard and so the Summary Plan Description rules prevail. Therefore, please keep your death benefit beneficiary designation up to date. To add or change beneficiaries from those on your enrollment card, go to the *Forms* page of MCTWF's website at www.mctwf.org and fill out the Change of Beneficiary form and return it to MCTWF.

Medical Bill Negotiation

Since July 1, 2015, all unpaid medical claims for services rendered by non-Blue Cross Blue Shield providers have been referred by MCTWF to Consilium, an expert medical bill negotiation vendor, with the goal of settling the bill at MCTWF's expense to protect the patient from provider balance billing (i.e., the difference between the amount billed and MCTWF's maximum allowable benefit). If successful, the patient's financial responsibility is limited to the payment of any required deductible and coinsurance charge. Through March 31, 2017, patients have avoided about $2 million in balance billing because of this program.

However, **effective with August 1, 2017 dates of services**, non-Blue Cross Blue Shield lab service providers, ordered by your healthcare provider (other than when you are in a hospital inpatient setting) **will not be negotiated by Consilium**. It is the patient's responsibility to make sure that lab services used by the physician are being rendered by a Blue Cross Blue Shield participating provider. The non-Blue Cross Blue Shield provider lab claim will be reimbursed to the participant based on MCTWF's maximum allowable benefit amount and subject to out-of-network cost sharing benefit levels.

Please remember always to obtain medical services from a Blue Cross Blue Shield provider, but if you cannot do so, keep in mind that Consilium cannot negotiate a bill that you have already paid. We urge you to resist the non-Blue Cross Blue Shield provider's demand for full payment when services are provided. Assert that your benefit plan provides coverage for out-of-network services and so the provider should submit a claim for payment to the local Blue Cross Blue Shield participating plan and bill you later if there is an amount still owed.

Daily Low Dose Cialis Coverage Now Available without Prior Authorization

Effective, April 1, 2017, prescriptions for daily low dose (2.5 mg and 5 mg) Cialis are fillable without prior authorization and without diagnosis restrictions. The quantity limitation of 6 tablets every 34 days or 20 pills every 90 days for erectile dysfunction medications no longer applies to daily low dose (2.5 mg and 5 mg) Cialis prescriptions. The quantity limitation for all other erectile dysfunction medications continues.

Coverage for Non-Insulin Syringes

MCTWF pharmacy benefits have provided coverage for "insulin" syringes when they are obtained from the pharmacy with a prescription medication, but have not provided coverage for "non-insulin" syringes except when required to inject specialty medications or when pre-filled with the prescription medication.

Effective May 4, 2017, all previously non-covered non-insulin syringes prescribed by your physician will be covered, subject to your pharmacy benefit brand copayment or coinsurance charge.

Prior Authorization and 90 Day Limits for Lidocaine Prescriptions

MCTWF previously informed you of its implementation of CVS/caremark's Core Compound Strategy program to address abuses engaged in by many compounding pharmacies in the past few years. Recently, CVS/caremark has seen an emerging trend of spiking costs and quantities billed by compounding pharmacies for lidocaine and lidocaine-containing formulations, presumably to replace some of the lost revenues that resulted from the success of the program. Lidocaine has many uses but is most commonly used topically for pain (such as with injection sites or minor surgical procedures), skin ulcers, burns, abrasions or insect bites. It can also be used for pain relief in accessible mucous membranes of the oral and nasal cavities. Lidocaine is an ingredient in both FDA-approved and unapproved products.

Effective April 17, 2017, FDA-approved products that are lidocaine or lidocaine-containing formulations will be subject to a prior authorization requirement after the first month's fill and the authorization, if approved, will be limited to up to 90 days. Prior authorization can be obtained by having your physician contact CVS/caremark at (800) 237-2767.

Targeted communications were sent to affected participants and physicians to help ensure that they are aware of these changes.

Motor Vehicle Accident Related Personal Injury Claims

For Michigan Residents – Updated Rule

Plan participants and their eligible dependents who reside in the State of Michigan generally are not eligible for medical, prescription drug, or weekly accident and sickness benefits for motor vehicle accident related injuries or illnesses. This is due to Michigan's no-fault automobile insurance law, which requires insurers to provide unlimited health care benefits to any person suffering an accidental injury or illness as a result of a motor vehicle accident within the United States, its territories and possessions or in Canada. **Effective May 4, 2017, upon the submission of proof that (1) such payable benefits have been denied (for reasons other than non-payment of policy) and (2) all rights to appeal or otherwise dispute such denial to the auto insurance carrier have been exhausted**, the Plan will provide scheduled benefits upon execution of and compliance with the MCTWF Assignment, Subrogation and Reimbursement Agreement.

For Non-Michigan Residents - Clarification

Plan participants and their eligible dependents who reside outside of the State of Michigan are eligible for MCTWF medical, prescription drug, or weekly accident and sickness benefits for motor vehicle accident related injuries or illnesses **only to the extent that claims resulting from the accident are in excess of the greater of (1) the required insurance coverage or other financial protection required under applicable state law, or (2) the benefit limits of any other insurance under which the individual is entitled to coverage**. Upon the submission of proof that such responsibility has been met, or benefits have been paid or denied (and if denied, that all rights to appeal or otherwise dispute the denial have been exhausted), MCTWF will provide scheduled benefits in excess thereof, upon execution of, and compliance with, the MCTWF Assignment, Subrogation and Reimbursement Agreement. MCTWF will not coordinate with any other plan or insurance carrier in this regard.

MDLIVE™

MDLIVE Telehealth Services - Extension of $0 Copay Through March 31, 2018

Three years 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 physician and licensed behavioral health therapist consultations. Medical consultations are available 24 hours, 7 days a week, by phone or secure video. Behavioral health consultations are available 8 am to 11 pm Eastern time, Monday through Friday, by secure video only. Members who have used MDLIVE services and have agreed to be surveyed consistently have acknowledged its convenience and ease and their satisfaction with the consultation. **MCTWF's Trustees have extended the $0 copay policy for another year, through March 31, 2018.**

Register with MDLIVE for a Chance to Win a Prize!

MDLIVE once again will be conducting a drawing to choose two members, each of whom will win a $100 dollar VISA gift card and an MDLIVE sport water bottle. To be eligible to win, a member must be a MCTWF participant, spouse, or adult child, covered for medical benefits at the time of the drawing, and must have registered with MDLIVE between June 19, 2017 and July 31, 2017. If previously registered, the member must request to be part of the drawing.

Registration is easy and it will speed up the time it will take to arrange for your first consultation when you need it. You can register on-line at www.mdlive.com/mctwf, or via the *Info Links* page of the MCTWF's website, or by phone, with the help of an MDLIVE health services specialist at 888-632-2738.

If you previously registered, you will need to send an email by July 31, 2017 to promotions@mdlive.com and include on the subject line - "MCTWF Promotion Certification." In the body, state your full name and that you would like to participate in the MDLIVE/MCTWF drawing. Good luck!

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

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.

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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 Physician or Vision Claims	800-637-6907
For Dental Claims	800-524-0147
For Hospital Claims	800-482-3787

Time Limits for Receipt of Claim Submissions - Reminder

The following is a list of claim types and current corresponding time limits for receipt:

- Claims for health, dental, and vision benefits must be received by MCTWF within 15 months following the date that the eligible expense is incurred (i.e., the date the services were rendered).
- Claims for weekly accident and sickness benefits and total and permanent disability benefits must be received within 15 months following the date that the disability is incurred (which, for this purpose, is the date of first medical service to treat the disability).
- In either case, if such timely claim is incomplete, or additional information is required to adjudicate the claim, you will be given 45 days from the date of MCTWF's request to provide the necessary additional information, regardless of the exhaustion of the 15 month time limit. If you fail to provide the requested information within the 45 day period resulting in the denial of the claim, subsequent provision of the requested information will be considered on an appeal basis only and must be received within the 180 day from the notification of the claim denial.
- Claims for participant death benefits and accidental death and dismemberment benefits must be received within three years following the date of death or dismemberment. If the named beneficiary is under 18 years of age at the time the death occurs, the beneficiary's claim must be received before the later of one year following his/her 18th birthday, or three years from the date of death.
- Claims for spouse and dependent child death benefits must be received within three years after the date of death.