



Messenger

VOLUME 24, ISSUE 3

SUMMER 2006

Message from MCTWF's Executive Director

September 11th.

Five years of unimaginably wrenching images – America, the Middle East, Asia, Africa, Europe. Five years of rationalized cruelty and carnage.

What does the future hold? I clutch at the image of my eight year old daughter, gleefully hand in hand with her friend of Arab descent; growing up together, Jew and Muslim; devoted to one another. Perhaps in small ways, but nonetheless in the ways that count most, humanity always triumphs over inhumanity.

Well, summer is about over, things are back to normal, the kids are in school; perhaps, now, you can find some time to attend to your physical and mental well being. How about finally getting that check up? Despite all of my preaching, I've been guilty of failing to get one myself. I finally went; a quick examination, a blood sample, informed answers to my questions, and I was out of there and feeling good about it. And maybe you've been carrying the weight of the world on your shoulders for a bit too long and it's beginning to sap the life out of you. Do yourself a favor; contact Value Options' Referral Line for some professional counseling; it might make a difference.

This Summer's *Messenger* brings some good news - the Trustees' elimination of MCTWF's 26 week break rule for coverage reinstatement in the case of most layoffs, their expansion of MCTWF's prescription drug benefit to include prescription contraceptives, their expansion of the provision of in-network level benefits to non-network emergency services rendered outside the hospital, and their two additions to coverage under MCTWF's Wellness Program - bone density testing and the extraordinary, new HPV immunization, which prevents most cervical cancers.

Also, I'm pleased to inform you that the Department of Labor has concluded its recent audit of MCTWF and has given MCTWF a clean bill of health, seeking no corrections or improvements.

On behalf of the Trustees and staff, I wish you and yours good health and a wonderful autumn.

Richard Burkner

Inside this issue:

Exception to Reinstatement Rule	2
Prescription Contraceptives	2
Emergency Services	2
Hearing Aids	2
Loss of Benefits	3
Full-Time Student Eligibility As of Age 19	3
Family Status Change	3
Notice of Creditable Coverage TIF, SOA, Key, I&S and PEP Plans	4
Benefits of Breastfeeding	5
Bone Density Testing	6
Human Papillomavirus (HPV) Immunization	6

Editors Note:

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

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 4 for more details.

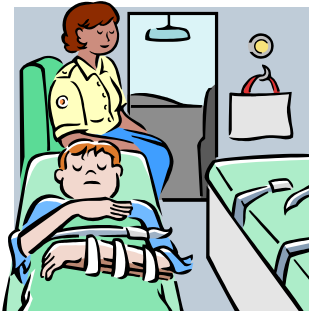
Exception to Reinstatement Rule

Effective June 22, 2006, the Trustees liberalized MCTWF's reinstatement of coverage rule as follows:

Coverage will be reinstated upon the return to work (i.e., as of the first day of the week for which contributions resume) of **laid off** employees who were eligible for coverage at the time of layoff, **regardless of the duration of layoff**, so long as the employee has retained his seniority rights. This is an exception to MCTWF's general reinstatement rule, which continues to apply in all other cases (i.e., reinstatement of coverage following a break of 26 or more weeks requires nine weeks of employer contributions during any consecutive 13 week period, with coverage retroactive to the first Sunday of the ninth week). Any participant who, on June 22, 2006, was in the process of re-establishing eligibility and who satisfied the exception criteria, was reinstated retroactive to the first day of the week for which contributions resumed on his behalf.

Prescription Contraceptives

The Trustees have resolved that, effective October 1, 2006, MCTWF will cover prescription contraceptives under all plans that provide prescription drug coverage.



Emergency Services

MCTWF Plans cover non-occupational emergency illnesses and injuries. MCTWF's Summary Plan Description provides for in-network level benefits (i.e., with

respect to deductibles and coinsurance levels) for both network and non-network emergency services rendered in an outpatient hospital setting. The Trustees have resolved, effective September 1, 2006, to provide in-network level benefits to the provision of non-network emergency services in all settings (i.e., hospitals, urgent care facilities, and physicians' offices).

Emergency illness means the sudden, unexpected, worsening or onset of a condition that threatens the patient's life or significant worsening of the underlying condition if medical attention is not received. Some examples of such medical emergencies include heart attacks, strokes, loss of consciousness, convulsion, increasing or sudden shortness of breath, and unexplained chest pain.

Emergency injuries include, but are not limited to: fractures, strains, sprains or cuts requiring immediate professional treatment, eye injuries, head injuries, swallowing of poisons, medication overdose, allergic reactions caused by insect stings or bites, animal bites, burns, smoke inhalation, heat prostration, and frostbite.

Hearing Aids

MCTWF's hearing aid benefit is available to participants under all MCTWF medical plans (with the exception of the Retiree Medical Program), subject to a \$1,000 per person per hearing aid limit, once every two years.

Once your hearing aid claim has been processed by MCTWF, you will receive an Explanation of Benefits notifying you of any remaining payment responsibility you may have to the provider. Hearing aids vary in cost depending upon quality and technical capabilities. We urge you to discuss with the provider, prior to receiving the service, any out-of-pocket expense to which you may be exposed.

Loss of Benefits

The Trustees have determined that the “Loss of Benefits” section of MCTWF’s Summary Plan Description requires clarification. It was intended that this section state a general rule as to when coverage under MCTWF’s plans may end, followed by exceptions to the general rule, where applicable, as expressly stated. That section of the SPD is restated as follows:

As a general rule, you and your eligible dependents may lose coverage under the benefit Plan, under any of the following circumstances:

- *your employment with a contributing employer ends;*
- *your employer stops making contributions to MCTWF on your behalf;*
- *you stop making self-contributions;*
- *your employer no longer participates with MCTWF; or the Trustees of MCTWF change, amend or terminate this Plan.*

When Your Coverage Ends

In most cases, your coverage under this Plan ends at midnight on the Saturday of the last week your employer makes contributions to the Fund on your behalf.

However, under certain circumstances, as an exception to the above stated general rule, coverage may continue for you and your eligible dependents if you:

- *are eligible for Benefit Bank weeks;*
- *are eligible to receive Weekly Accident & Sickness benefits; or*
- *are eligible to purchase COBRA continuation coverage and you make the required payments on time.*

Please refer to these sections of your SPD to determine whether they constitute an exception to one or more of the circumstances described by the general rule.

Full-Time Student Eligibility As of Age 19

MCTWF plan coverage is available for your unmarried natural, step, or adopted child, age 19 through the end of his 24th birthday month provided that the child is enrolled in a degree or certification program offered by an accredited academic institution or an accredited vocational school and who:

- is a full-time student (as reflected by a Full-Time Student Eligibility Verification form submitted for each school grading period); or
- was covered as a full-time student (as reflected by a Full-Time Student Eligibility Verification form) on the date he graduated from high school and who demonstrates (through a letter from an accredited academic institution or an accredited vocational school) his acceptance for enrollment for the subsequent school term as a full-time student.

On or about the first day of the month in which your child turns age 19, he will receive a COBRA notification describing his options to continue coverage. If he is not electing COBRA continuation coverage because he is enrolled, or is enrolling as a full-time student, he must submit a Full-Time Student Eligibility Verification form prior to the last day of the month in which he turns age 19 to avoid a loss of coverage. This form is available from MCTWF’s Customer Service Department or by printing it from the *Forms* page on MCTWF’s website at www.mctwf.org.



Family Status Change

Family status changes include marriage, divorce, death, birth, adoption, placement for adoption as well as a change in your spouse’s primary group health, dental or vision insurance carrier.

You must notify MCTWF when you have a change in family status by completing and returning MCTWF’s Change in Family Status form, within 30 days from the date of the status change. You may request the form from MCTWF’s Customer Service Department or print it from the *Forms* page on MCTWF’s website at www.mctwf.org.

Failure to notify MCTWF of your family status change may result in the denial of benefits for your new dependent(s), or in your obligation to reimburse MCTWF for benefits paid in error.

Notice of Creditable Coverage

TIF, SOA, KEY, I&S and PEP Plans

The following Notice is published in accordance with regulations promulgated by the Centers for Medicare and Medicaid Services, pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003:

Important Notice from the Michigan Conference of Teamsters Welfare Fund (MCTWF) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with MCTWF and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. MCTWF has determined that the prescription drug coverage offered by the above stated Plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

Note that even if you do decide to enroll in a Medicare prescription drug plan, under MCTWF rules you nonetheless may not drop your MCTWF prescription drug coverage. If you have both MCTWF prescription drug coverage and Medicare prescription drug coverage, MCTWF prescription drug coverage will be primary and your Medicare prescription drug plan will be secondary.

If you are a COBRA beneficiary you may drop your MCTWF coverage in full, including prescription drug coverage, and enroll in a Medicare prescription drug plan. However, you will not be able to get your MCTWF COBRA coverage back later. If you do elect COBRA continuation coverage, your COBRA prescription drug coverage will be secondary to your Medicare prescription drug plan coverage. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Your current prescription drug plan provides comprehensive coverage for eligible prescription drugs, subject to preauthorization requirements for non-sedating antihistamines, proton pump inhibitors and selective serotonin reuptake inhibitors, with both retail and mail order availability, subject to generic and brand copays, as detailed in your Summary Plan Description. Your current coverage pays for other health expenses, in addition to prescription drugs, and you still will be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with MCTWF and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage...

Contact MCTWF's Customer Service Department at (313) 964-2400 or (800) 572-7687 for further information. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through MCTWF changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

September, 2006
Michigan Conference of Teamsters Welfare Fund
Customer Service Department

Benefits of Breastfeeding

Here are compelling reasons you should breastfeed your baby:

Best for baby

- Research shows that breastfed infants have fewer and shorter episodes of illness.
- Breastfeeding is the most natural and nutritious way to encourage your baby's optimal development.
- Colostrum (the first milk) is a gentle, natural laxative that helps clear baby's intestine, decreasing the chance for jaundice to occur.
- The superior nutrition provided by breastmilk benefits your baby's IQ.
- Breastfeeding is a gentle way for newborns to transition to the world outside the womb.
- The skin-to-skin contact encouraged by breastfeeding offers babies greater emotional security and enhances bonding.
- The activity of sucking at the breast enhances development of baby's oral muscles, facial bones, and aids in optimal dental development.
- Breastfeeding appears to reduce the risk of obesity and hypertension.
- Breastfeeding delays the onset of hereditary allergic disease, and lowers the risk of developing allergic disease.
- Breastfeeding helps the baby's immune system mature, protecting the baby in the meantime from viral, bacteria, and parasitic infections.
- Breastfeeding increases the effectiveness of immunizations, increasing the protection against polio, tetanus, and diphtheria vaccines.
- Breastfeeding protects against developing chronic diseases such as: celiac disease, inflammatory bowel disease, asthma, and childhood cancers.
- The benefits of breastfeeding appear to last even after the baby has been weaned.

Lack of breastfeeding increases the risk to the infant of:

- ear infections
- childhood diabetes
- obesity
- gastrointestinal and diarrheal infections
- childhood cancers
- SIDS
- respiratory infections
- allergies



Best for mother

Research shows that breastfeeding benefits the health of mothers.

- Breastmilk is always fresh, perfectly clean, just the right temperature, and is the healthy choice at the least cost!
- Increased levels of oxytocin stimulate postpartum uterine contractions, minimizing blood loss and encouraging rapid uterine toning.
- From 3 months to 12 months postpartum, breastfeeding increases the rate of weight loss in most nursing mothers.
- Breastfeeding offers some protection against the early return of fertility.
- Because breastfed babies are healthier, their mothers miss less work and spend less time and money on pediatric care.
- Breastfeeding women report psychological benefits such as increased self-confidence and a stronger sense of connection with their babies.

Lack of breastfeeding increases the risk to the mother of:

- urinary tract infection
- pre-and post-menopausal breast cancer
- ovarian cancer
- osteoporosis

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

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The *Messenger*, published quarterly, notifies you of changes to your plan of benefits. Please retain all issues of the *Messenger*, along with your SPD booklet and other plan materials, for future reference.

MICHIGAN CONFERENCE OF
TEAMSTERS WELFARE FUND

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DETROIT, MICHIGAN 48216
313-964-2400

Metro Detroit 1-800-572-7687
Upstate 1-800-824-3158
Out-of-State 1-800-334-9738

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Wellness Program Additions

Bone Density Testing

Osteoporosis is a condition that is characterized by a decrease in bone mass and density and an increased risk and/or incidence of fracture and is common to post menopausal women due to hormonal changes. A bone density test can determine if you have osteoporosis or are at risk for osteoporosis. According to the Mayo Clinic's website, this test uses special X-rays to measure how many grams of calcium and other bone minerals (collectively known as bone mineral content) are packed into a segment of bone. The higher your mineral content, the denser your bones and the denser your bones, the stronger they are and the less likely they are to break.

Effective October 1, 2006, MCTWF will include bone density testing as part of its "Wellness Program" for post menopausal women, with follow-up testing limited to once every two years. If a diagnosis of osteoporosis is made, future testing is no longer covered under the Wellness Program, but rather, benefits will be subject to the Plan's standard deductible and coinsurance level.



Human Papillomavirus (HPV) Immunization

Human Papillomavirus (HPV) is the common name for a group of sexually transmitted viruses, some which occur on the cervix and are the cause of about 70% of cervical cancers. A woman is more likely to get HPV if she has sex at an early age, many sex partners or a sex partner who has had many partners. The HPV immunization, which was recently approved by the FDA, is considered highly effective in preventing infections that are the cause of most cervical cancers.

Effective October 1, 2006, MCTWF will include the HPV immunization as part of its "Wellness Program". This vaccine, administered through a series of three injections, is covered for females between the ages of 9 and 26. We urge you to consult with your child's pediatrician to determine the appropriate age for her immunization.