Michigan Conference of Teamsters Welfare Fund

Messenger

VOLUME 25, ISSUE 3

SUMMER 2007

Message from MCTWF's Executive Director

Dear Teamster Families:

I recently addressed Michigan Teamsters business agents and officers at the Joint Council #43 Fall Delegates Meeting, which devoted much of its agenda at this year's meeting to health care related issues, including wellness and care management. The following is excerpted from my presentation:

"It's rare for a week to go by during which I am not confronted with someone's dissatisfaction with his benefit plan coverage. Whether it's a balance bill for an out-of-network radiology or anesthesiology service, or an uncapped coinsurance charge on an expensive infusion therapy, or a minimum time requirement for replacement of a dental crown, or a deadline for payment to avoid a loss of Retiree Medical Program coverage, or a preauthorization requirement to fill a script for Nexium, or a restriction on the number of Viagra doses … it goes on and on. And I fret over each of these complaints because we all should be able to get whatever health care services and products that are medically necessary, without fear that their expense may force us to defer the purchase of other basic necessities.

Because as sure as it is fundamental federal and state public policy that we be kept free from epidemic disease, crime, and national invasion, and that our children are ensured access to education and enough to eat, it should be just as fundamental a right that we be given access to affordable health care, just like every other industrialized society in the world. Instead, as is the case with virtually all other employer sponsored health care plans, the Teamsters are faced with a sometimes intolerable tension between wages and benefits and between contributions and the extent of coverage of their health care expenses.

But that's the hand we've all been dealt and so we and our participants are left to playing our cards as well as we possibly can. For the Fund, that means 360 degree and 365 day unwavering focus on every issue that affects, or may affect, the best possible administration of plan benefits. For participants and their families, that means being proactive about their health care and staying informed and energetic about their health; helping to make health care affordable through healthy living and conformance with wellness screening and immunization schedules and cooperation with outreach programs involving lifestyle coaching for moderate risk conditions and disease management for chronic conditions.

That's what it's all about; there is no bigger bang for the buck in controlling health care costs than through periodic screening, common sense decisions about eating, drinking, smoking, exercise, and stress relief, and management of chronic disease. Most diseases are preventable; they are not inevitable - and when they do strike, they are generally controllable. But when they are not controlled, they often are very expensive and that cost is borne by everyone.

Just 5% of Fund participant families are responsible for over half of Fund health care expense; just 15% of the Fund population account for over three quarters of Fund expense. There is enormous potential for future cost reduction by changing the habits of relatively few people.

We have 4200 participants and beneficiaries identified as having one or more of five chronic diseases (asthma, diabetes, ischemic heart disease, chronic obstructive pulmonary disease, and congestive heart failure), yet only 6% are participating in the Fund's disease management program, BlueHealthConnection. We must do a better job of reaching out to those people and persuading them to become engaged with the program.

Furthermore, utilization of the Fund's free wellness benefits during the past two years was disappointing, particularly with regard to child wellness visits, PSA screenings, cervical cancer screenings, colorectal screenings and mammographies for women over age 50.

We need your involvement to get through to the membership. In the coming years, we can help cause the reduction of employer contributions, hopefully with corresponding reductions in employee contribution copays and out-of-pocket expense and help people lead healthier, more enjoyable lives."

I was most appreciative of the delegates' graciousness and receptivity, the Joint Council's leadership on this issue, and the valuable contribution to the discussion by the folks at Blue Cross Blue Shield of Michigan; we hope to further engage all parties in this critical outreach effort to gain your support.

You will find much to be pleased with in this issue of the *Messenger* including the introduction of MCTWF's new vision network, DeltaVision, and several other benefit enhancements. We wish you much luck, happiness and good health in the coming season.

Of final, terribly sad note, is the passing of two good people, Teamsters organizer, Dan Dengel and MCTWF's Co-manager of Claim Recoveries, Jean Przybylowicz. Our deepest sympathies go out to family and friends.

Richard Burker

Inside this issue:

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.

Introducing DeltaVision® - MCTWF's New Vision Network

The Michigan Conference of Teamsters Welfare Fund is pleased to announce that **effective October 1, 2007** the DeltaVision® nationwide network of quality eye care professionals will be made available, with enhanced benefits, to all MCTWF optical plan participants. Participants will remain free to use non-network providers, subject to the limitations of current optical plan benefits.

The DeltaVision® network is comprised of approximately 4,500 providers, including the Teamster organized SVS Vision Optical Center chain, and is currently working on recruiting other providers most utilized by MCTWF participants. The DeltaVision® network offers specially negotiated pricing on professional eye exams, eyewear, contact lenses and laser vision correction, with all types of eye care professionals including ophthalmologists, optometrists, independent practitioners, comprehensive eye care centers, and optical retailers. Through the network, MCTWF is able to cover you in full for eye examinations and single, bifocal and trifocal lenses, with substantially improved coverage for frames and contact lenses, and first time benefits for laser vision correction and polycarbonate lenses for children. The network benefits are summarized and compared to non-network benefits in the chart below. Please note that where applicable, DeltaVision® network retail providers offer MCTWF participants 15% discounts off retail prices as well as their lowest available prices. In summary, use of a network provider may result in full coverage of your vision services and products and if not, it will result in much less out of pocket expense.

There are a number of sources available to determine whether a certain provider participates in the DeltaVision® network (other than calling the provider directly), or to determine which network providers are located near you. You may, of course, call MCTWF's Customer Service Department at 800-572-7687, or link to the DeltaVision provider screen through the *Provider Networks* page on MCTWF's website at www.mctwf.org, or use your DeltaVision® Provider Directory, which you will receive by mail in late September.

When using a DeltaVision® network provider, you need only to state that your plan uses DeltaVision. You will be asked to provide only the participant's social security number for eligibility and billing purposes. Please take note that MCTWF can no longer accept an assignment to a non-network provider of your vision benefits; reimbursement of billed charges, subject to plan limits, will be made directly to the participant.

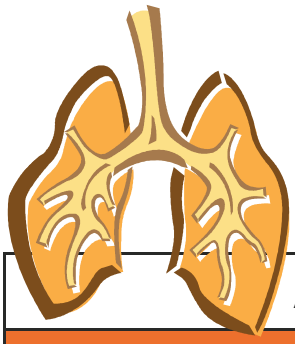
The below chart highlights and compares MCTWF optical plan benefits when utilizing DeltaVision® network providers and non-DeltaVision® providers. One examination and one vision correction option are allowed per calendar .

Type of Service or Product	DeltaVision® Network Provider	Non-DeltaVision® Provider
Examination	Covered in full.	Plan pays up to $50.
Frames	Plan pays up to $125, you are responsible for the balance after the DeltaVision 15% discount.	Plan pays up to $75.
Lenses per pair - Single, Bifocal, Trifocal	Covered in full.	Single - plan pays up to $50. Bifocal - plan pays up to $60. Trifocal - plan pays up to $70.
Lenses per pair - Progressive	Plan pays up to $85, you are responsible for the balance after the DeltaVision 15% discount.	Plan pays up to $70.
Lenses per pair - Polycarbonate (children up to age 18)	Plan pays up to $20, you are responsible for the balance after the DeltaVision 15% discount.	No coverage.
Other Lens Options (e.g. scratch resistant, ultra violet, tinted)	No coverage. You are responsible for the payment after the DeltaVision 15% discount.	No coverage.
Contact Lenses Fitting - New User Fitting - Current User	Plan pays up to $120. You receive the lowest price offered by a participating provider. No coverage. Patient pays no more than $90. No coverage. Patient pays no more than $60.	Plan pays up to $80.
Laser Vision Correction	Plan pays up to $250 per eye per lifetime. You receive the lowest price offered by that provider not to exceed $1,495 per eye (wave front technology not to exceed $1,800). Other new technologies are optional and may cost more.	No coverage.

New Medical Benefit - Contraceptive Drugs Provided/Administered in the Physician's Office

Effective October 1, 2006 MCTWF expanded its prescription drug benefits to include prescription contraceptives. However, charges for such drugs when supplied and administered by the patient's physician remained uncovered.

The Trustees have resolved that **effective June 1, 2007** MCTWF's medical benefits are expanded to include coverage of charges for contraceptive drugs (that would require a prescription if purchased from a pharmacy) supplied and administered in the physician's office, for all MCTWF plans that also provide prescription drug benefits.



Expanded Human Organ and Tissue Transplant Benefit

The Trustees have resolved that **effective July 27, 2007** MCTWF's Human Organ and Tissue Transplant Benefit is expanded to include the following:

Additional Human Organ and Tissue Transplant Procedures

Organ	Surgical Benefits	Annual Follow-up	Lifetime Follow-up
Liver/Kidney	$175,000	$25,000	$100,000
Liver/Intestine	$325,000	$25,000	$100,000
Liver/Pancreas/Intestine	$350,000	$25,000	$100,000
Pancreas/Intestine	$325,000	$25,000	$100,000

New and Improved Achieve Solutions Website

ValueOptions, MCTWF's behavioral health network, offers a website filled with educational information and content for you and your family called *Achieve Solutions*. You can log on to *Achieve Solutions* -

- to access a comprehensive library of educational materials, including information on depression, anxiety, stress, addiction and relationship issues;
- for complete self-assessment tools and interactive trainings; and
- to read news briefs and feature stories, which are updated weekly.

On July 30th ValueOptions launched its new and improved *Achieve Solutions* website. The new features include:

- **Find Services** – Gain quick access to self-search tools that will help you locate a variety of services in your community.
- **Manage Life Event** – Provides practical ideas on managing events such as divorce, empty nest, adoption, coping with a chronic illness, death of a loved one, retirement, or relocation.
- **Assess Concerns** – Take a quiz about a topic of concern. More than 30 interactive quizzes are available on such subjects as alcohol use, assertiveness, anger management, internet addiction, online gamine, posttraumatic stress disorder, and much more.

A login identification is no longer required to access the site directly at www.achievesolutions.net/mctwf or to link to it through MCTWF's website at www.mctwf.org on the *Info Links* page.

Notice of Creditable Coverage

All 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, selective serotonin reuptake inhibitors, anabolic steroids, anti-obesity, ADHD/narcolepsy (age 20 and above), oral acne, topical acne (age 26 and above) and oral anti-fungal drugs 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, 2007
Michigan Conference of Teamsters Welfare Fund
Customer Service Department

Prescription Drug Benefit

Certain Prescription Drug Limits Eliminated

After careful consideration, despite the ability of a physician to obtain authorization for medically necessary unlimited quantities, the Trustees have repealed the quantity limits for migraine and sedative/hypnotic drugs that were placed in effect upon the transition to Caremark as MCTWF's pharmacy benefits manager.

Participants who filled or presented prescriptions for migraine or sedative/hypnotic drugs since April 1, 2007 were directly notified of this change and were able to return to their pharmacy, on or after August 4, 2007, to have the balance filled of any prescription only partially filled due to the imposition of the quantity limitation. Furthermore, if in adherence with the quantity limit their physician limited the amount prescribed, participants were able to have filled a new script for an additional quantity without concern about limitations due to early refills.

Even though these limits have been repealed, the reasons for their imposition remain valid and should be discussed with your physician. In summary -

- **Migraine medications** – Too frequent use of migraine drugs often leads to "rebound headaches", which in turn often lead to the use of more migraine medication to treat the rebound headache, resulting in a self induced cycle of drug dependence.
- **Sedative/hypnotic medications -** The current recommended treatment of chronic insomnia on an intermittent basis is a short-term therapy of 7 to 14 days. Extended periods of medication increase the risk of tolerance, habituation, and other adverse events.

Prior Authorization for Branded SSRIs

Prior to the retention of Caremark as MCTWF's pharmacy benefit manager, coverage of brand name SSRIs (selective serotonin reuptake inhibitors; a category of antidepressant drugs) was conditioned on (a) compliance with a "step therapy" program requiring participants to first try two generic SSRIs during a 12 month period, unless (b) the participant was already being treated with a branded SSRI as of January 1, 2006, the inception of the step therapy program, or (c) a participant transferred to MCTWF coverage after January 1, 2006 under treatment with a branded SSRI.

Under Caremark, the step therapy program has been changed to a prior authorization program requiring just one 60 day generic SSRI trial, but in addition, requiring the patient's physician to obtain authorization from Caremark (at 800-626-3046) by asserting that treatment, utilizing the generic SSRI, had failed.

Any participant who previously satisfied MCTWF's step therapy program requirements and is currently using a branded SSRI, may continue doing so for the duration of the treatment. Participants who seek coverage for resumption of treatment with a brand name SSRI after a lapse of one year must first receive prior authorization, as described above.

New Prescription Drug Benefit - Prescription Vitamins

Currently your MCTWF Summary Plan Description lists as a prescription drug benefit exclusion *"cosmetic or beauty aids, diet supplements and vitamins (other than pre-natal vitamins)."*

The Trustees have resolved that **effective June 25, 2007** MCTWF's prescription drug benefits are expanded to include coverage of all prescription vitamins.

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

PRESORT FIRST-CLASS
U.S. POSTAGE
PAID
ROYAL OAK, MICH
PERMIT NO. 686

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

2700 TRUMBULL AVE.
DETROIT, MICHIGAN 48216
313-964-2400

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

MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND

New Wellness Benefit - HPV Testing

The Summer 2006 *Messenger* announced the addition to MCTWF's Wellness benefits of the vaccine for human papillomavirus, or HPV, a sexually transmitted virus - 14 "high risk" strains of which are most commonly associated with the development of cervical cancer; the cause of some 4,000 deaths annually in the U.S. Pap tests, which look for the presence of abnormal cells in the cervix, can detect most, but not all, precancerous cell changes and cervical cancers at an early, curable stage. The American Cancer Society and the American College of Obstetricians recommend, in combination with the Pap test for women age 30 and over, an HPV test, which identifies the genetic material (DNA) of the high risk strains of HPV and thereby significantly reduces the likelihood of precancerous cells going undetected. Early detection obviously is very important for successful treatment.

Accordingly, the Trustees have resolved to add annual HPV DNA testing for women age 30 or older to MCTWF's Wellness benefits **effective June 1, 2007**.