



# Messenger



VOLUME 26, ISSUE 3

SUMMER 2008

## Message from MCTWF's Executive Director

Dear Teamster Families,

It's late summer; the schools have just reopened. That once a year, bittersweet moment of clarity is upon us when we seem best able to reflect upon both what has passed and what is to come. It's a fitting time for making important decisions and moving forward; a fitting time for Detroit's mayor to have folded his cards and to have acknowledged that he doesn't get to "turn back the hands of time and tell that young man to make better choices"; indeed, a fitting time for all of us to appreciate that lesson because, at this indisputably critical period in our history, we soon will be choosing the next president. At stake, for now and perhaps for generations, is America's future on such critical issues as health care, education, jobs, workers' rights, constitutional rights, energy, trade, foreign relations, the environment, maintenance of our physical infrastructure, regulation of our financial markets, our military, our veterans, terrorism, homeland security, immigration, and on and on. The candidates, to the extent that they have not avoided specificity or have not allowed their positions to be clouded in deference to the views of their running mates or by pandering to extremist factions, have expressed widely divergent positions and passions on most of these issues and each has revealed much about his life, character, skills and vision. "The line it is drawn, the curse it is cast...." Hopefully, the better choice is evident to you, as is the absolute necessity of casting a vote in this election. Surely, eight years of destruction and despair has made us wiser. If not, then perpetually, we are doomed to pay the price.

As you will note on page 3 of this *Messenger*, the Trustees (perhaps inspired by my Message in the Spring issue) have expanded coverage for colonoscopy screenings to address certain of those situations in which a screening would be of value but fails to satisfy MCTWF's eligibility criteria for either wellness or medical program benefits. Additionally, flu season is approaching and the Trustees wish to immediately encourage everyone to protect themselves. Coverage of adult flu vaccinations is no longer a medical program benefit (under which, the patient pays a portion of the charges); as noted below, it is now a wellness program benefit (under which, MCTWF covers in-network charges in full). The Trustees have also expanded or modified several other benefits, as described in this *Messenger*, including the increase of maximum lifetime benefits for most medical plans, from \$2 million to \$5 million.

We would like to welcome to MCTWF all of our new participants and their families, including the many Local 337 members employed throughout Michigan by motion picture and video production companies; Local 214 members and other employees of the City of Gladstone, the Manistee County Road Commission, and the Delta Area Transit Authority (Esanaba); the members of South Bend, IN Local 364 employed by Industrial Transmission Equipment, and the staff of Columbus, OH Local 284. Please contact our excellent Customer Service representatives with any problems or questions that you may have. We are here to help you.

On behalf of MCTWF's Trustees and staff, I wish you good fortune and the best of health.

Richard Burker

### Inside this issue:

Dependent Daughters Maternity Benefits	2
Dependent Child Documentation Required	2
SAP Services	2
Retiree Medical Program Enrollment Rights	2
Retiree Medical Program Medicare Eligibility Reminder	2
Colonoscopy Screenings	3
Dental Plan 2 - Plan Year	3
Key Plans Deductible Changes	3
Lifetime Benefit Maximum Increase	3
Notice of Creditable Coverage All TIF, SOA, KEY, I&S and PEP Plans	4
Hospital Acquired Conditions and Serious Adverse Events	5
Work Related Injury/Illness Exclusion	5
Human Organ and Tissue Transplant Benefit	5
They Keep Going...and Going...and ...	6

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.

### Influenza Vaccination

Currently, the influenza vaccination is covered in full for eligible dependent children under the Wellness Program when an in-network provider is used. **Effective immediately**, in-network influenza vaccinations are covered in full for adults under the Wellness Program. Out-of-

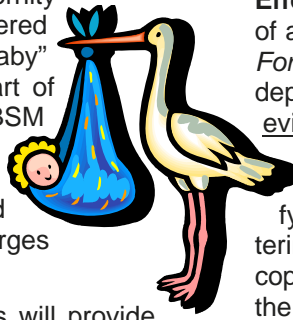
network provided vaccinations for children and adults are subject to any applicable plan copayment, coinsurance, and deductible charges.



## Dependent Daughter Maternity Benefits

MCTWF provides pre-natal and post-natal maternity benefits for dependent daughters of participants covered under a MCTWF medical plan. Previously, "well baby" newborn services were included by hospitals as part of the mother's maternity charges. Recently, BCBSM participating hospitals and others have been billing newborn services separately. Since the newborn child of the participant's daughter is not a covered dependent under MCTWF plans, the associated charges have not been covered.

**Effective June 26, 2008**, all MCTWF medical plans will provide coverage for "well baby" newborn hospital services rendered to the newborn of the covered dependent daughter.



## Dependent Child Documentation Required

**Effective July 1, 2008**, in addition to the submission of an *Enrollment Card* or a *Change in Family Status Form* to add a natural newborn child as a covered dependent, participants must provide documentary evidence of parentage. Within 60 days of the date of birth, the participant must provide MCTWF with a copy of the child's Birth Certificate identifying the participant as the child's parent. For interim coverage of the child, MCTWF will accept a copy of the child's hospital Birth Record identifying the participant as the child's parent.

## SAP Services

Participants who, subject to Department of Transportation rules, are discharged as the result of testing positive for alcohol or illegal drug use and are granted the opportunity to be reinstated are required to meet with a substance abuse professional (SAP), at the participant's own expense, and successfully complete a course of education and/or treatment, as determined by the SAP. **Effective August 28, 2008**, MCTWF provides coverage for prior authorized SAP services to eligible participants, subject to MCTWF plan mental health and substance abuse benefit limits and applicable co-payment, coinsurance and deductible charges. For prior authorization and a referral to an in-network certified SAP, the participant must contact ValueOptions at 800-457-8540. Employers will be notified of this benefit expansion.

## Retiree Medical Program

### Enrollment Rights

MCTWF's Retiree Medical Program (Program) expenses are funded, in part, by retiree self-contributions, but primarily by current employer contributions. So when an employer ceases participation in MCTWF, the burden of supporting the ongoing cost of that employer's retirees who have enrolled in the Program falls directly upon the remaining contributing employers and indirectly, therefore, upon active participants. Enrollments are particularly prevalent when participants learn that their employer is seeking to bargain out of MCTWF.

Accordingly, **effective June 26, 2008**, the right of retiring participants to enroll in the Retiree Medical Program is suspended upon the expiration of their collective bargaining agreement (CBA) and will remain so unless the parties agree to renew participation in a MCTWF medical plan, retroactive to the prior CBA's expiration date. In such case, the retiring participant's right to enroll will be retroactively restored.

### Medicare Eligibility Reminder

Retiree Medical Program (Program) benefits are available only until the covered individual (retiree or spouse) becomes eligible for Medicare benefits. The fact that the individual chooses not to participate in Medicare Part B coverage has no bearing on his right to continue participation in the Program. Participation and entitlement to Program benefits cease as of the date that the individual becomes eligible for Medicare Part A coverage. Program coverage automatically terminates effective the first of the month in which the individual's 65<sup>th</sup> birthday falls. However, unless we are informed, we do not know when an individual becomes eligible for early Medicare coverage. It is imperative, therefore, that the individual inform MCTWF, at the earliest possible date, of his early Medicare eligibility date (and provide MCTWF, at the earliest possible date, with his Medicare card or letter from the Social Security Administration stating his effective eligibility date) and that he cease utilizing Program benefits. MCTWF will pursue recovery of any Program benefits paid for services incurred on or after the individual's Medicare eligibility date.

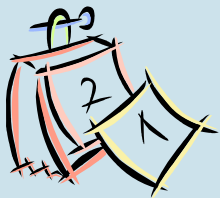


# Colonoscopy Screenings

Currently, all MCTWF's medical plans cover colonoscopy screenings as a wellness benefit once every 5 years for males and females, 50 years of age and older, or as a medical benefit when it is billed with a medical diagnosis code.

**Effective June 26, 2008**, subject to prior authorization by MCTWE, wellness colonoscopy screenings that do not satisfy the above standard criteria are covered as a wellness or medical benefit if the following criteria are satisfied:

Coverage Type	Individual's Description	Screening Age
Wellness	African American	Age 45 years. Follow-up every five years.
Medical	Individual whose first degree relative was diagnosed with colorectal cancer at age 60 and over, or two second degree relatives diagnosed at any time.	Age 40 or at 10 years prior to the age at which the relative was diagnosed (whichever is earlier). Follow-up every five years.
Medical	Individual whose first degree relative was diagnosed with colorectal cancer or tubular adenoma at age 60 years or less, or two second degree relatives diagnosed at any time.	Age 40 or at 10 years prior to the age at which the relative was diagnosed (whichever is earlier). Follow-up once every 3 years.
Medical	Individual with inflammatory bowel diseases, chronic ulcerative colitis, or Crohn's disease.	10 years after the onset of the disease. Follow up once per year.
Medical	Individual with inflammatory bowel diseases, chronic ulcerative colitis, or Crohn's disease with sclerosing cholangitis.	At the time of diagnosis. Follow up once per year.
Medical	Individual with diagnosed colorectal cancer before age 50, multiple polyps (pre-cancer) before age 40, or with a family history of colorectal or other cancers.	Age of screening will be determined after genetic evaluation of the cancer tissue of the patient. Follow up determined by the genetic diagnosis made.



## Dental Plan 2 - Plan Year

Since its inception, MCTWF's Dental Plan 2 has been administered on a fiscal year (i.e., July through June) basis. This has caused some participants and covered dependents confusion in planning the use of their annual benefits dollars and in planning the use of their twice per (calendar) year limits on cleanings and exams. It has

also caused some transitional difficulties for those groups that have bargained into Dental Plan 2 coverage from Dental Plan 1, which is administered on a calendar year basis. Accordingly, Dental Plan 2 is changing over to a calendar year. That change is immediate for groups enrolling in Dental Plan 2 on or after July 1, 2008. For groups already enrolled in Dental Plan 2 prior to July 1, 2008, the change to a calendar year administration will begin on January 1, 2010 to permit an 18 month transition. Affected participants have been so notified by mail.

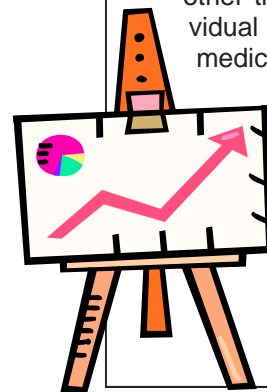
## Key Plans Deductible Changes

**Effective August 1, 2008**, the out-of-network annual family deductibles for the Key 1 and Key 2 package plans and cafeteria plans have been reduced to twice (previously, three times) the individual deductibles and the Key 3 and Key 4 package plans and cafeteria plans will now include a family deductible (previously there were none) for both in-network and out-of-network services. The following chart details the deductibles applied by plan for in-network and out-of-network providers:

Plan	In-Network Annual Deductible	Out-of-Network Annual Deductible
Key 1	\$100 Individual/\$200 Family	\$200 Individual/\$400 Family
Key 2	\$100 Individual/\$200 Family	\$300 Individual/\$600 Family
Key 3	\$300 Individual/\$900 Family	\$600 Individual/\$1,800 Family
Key 4	\$600 Individual/\$1,800 Family	\$1,200 Individual/\$3,600 Family

## Lifetime Benefit Maximum Increase

**Effective immediately**, for all participants and covered dependents of MCTWF plans other than TIF 2, the individual lifetime limit for medical and prescription drug benefits is increased from \$2 million to \$5 million.



## 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 about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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 standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15<sup>th</sup> through December 31<sup>st</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare 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.

### When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with MCTWF and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

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. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through MCTWF changes. You also may request a copy of this notice at any time.

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 drug plans. For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of 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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are not required to pay a higher premium (a penalty).**

September 1, 2008

Michigan Conference of Teamsters Welfare Fund  
Customer Service Department



## Hospital Acquired Conditions and Serious Adverse Events



**Effective October 1, 2008**, in response to recent Centers for Medicare and Medicaid Services reimbursement rule changes designed to improve safety for hospitalized patients, Blue Cross Blue Shield of Michigan (MCTWF's medical network) will cease reimbursing participating providers for the costs of care of certain preventable "hospital acquired conditions" and "serious adverse events" (commonly referred to

as "never events"). Furthermore, pursuant to BCBSM provider agreements, these providers are prohibited from then seeking payment from the patient. The following is a tentative list of such conditions and events that will not be covered under any MCTWF plan:

### Hospital Acquired Conditions

- Foreign object left in the body after surgery
- Air embolism as a result of surgery
- Deep vein thrombosis or pulmonary embolism
- Transfusion with the wrong type of blood
- Severe pressure ulcers (stages III and IV)

- Catheter associated urinary tract infections
- Vascular catheter associated infections
- Surgical site infection following certain orthopedic procedures or bariatric surgery
- Surgical site infection, mediastinitis, following a coronary artery bypass graft
- Hypoglycemic coma
- Diabetic ketoacidosis
- Secondary diabetes with ketoacidosis or hyperosmolarity
- Falls and Trauma:
  - Fracture
  - Dislocation
  - Intracranial and crushing injury
  - Burns and electric shock

### Serious Adverse Events

- Surgery performed on the wrong patient
- Surgery performed on the wrong body part
- Wrong surgery on a patient

We encourage participants and covered dependents who are billed for services related to any of the above to contact our Customer Service Department, so that we may address the matter.

## Work Related Injury/Illness Exclusion

In the Spring 2005 issue of the *Messenger*, participants and covered dependents were advised of the following revision to the "Exclusions and Limitations" section of their Summary Plan Description, which states in relevant part that -

"The following are not covered under this Plan:

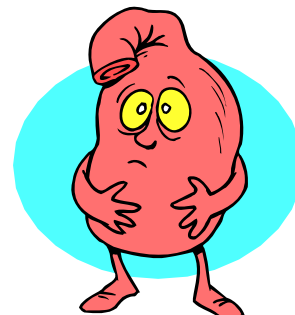
- *loss suffered as the result of an injury or illness arising out of or in the course of employment."*

**Effective June 26, 2008**, that exclusion/limitation is revised as follows:

- *injury or sickness arising in the course of employment and which is covered under any workers' compensation or occupational disease law or other state law or other insurance.*

## Human Organ and Tissue Transplant Benefit

All MCTWF medical plans, subject to prior authorization by Blue Cross Blue Shield of Michigan, cover surgical and follow up charges related to certain organ transplant procedures, up to a maximum benefit amount. **Effective June 26, 2008**, prior authorization is no longer required for kidney transplants. Furthermore, cornea transplants are no longer subject to the rules and limitations of the Human Organ and Tissue Transplant benefit; rather, they are covered as a standard medical/surgical benefit, subject to applicable plan copay, coinsurance and deductible charges.



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

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

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  
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 MCTWF Claims	800-637-6907
For Delta Dental or Optical Claims	800-524-0147
For BCBSM Hospital Claims	800-482-3787

**Union Trustees:**  
**WILLIAM A. BERNARD**  
**ROBERT F. RAYES**  
**H.R. HILLARD**  
**DENNIS HANDS**

**Employer Trustees:**  
**ROBERT J. LAWLOR**  
**HOWARD McDOUGALL**  
**RAYMOND J. BURATTO**  
**EARL D. ISHBIA**

**They Keep  
Going...and Going...and...**

We believe that what most distinguishes the Michigan Conference of Teamsters Welfare Fund is the sincere dedication of its staff to serving the needs of plan participants and their families. Most of our staff have spent the better part of their adult lives in that effort and more than a quarter are well into their third decade at the Fund. We pay special tribute to those long term Fund staffers, who, despite their youthful, stress free appearances have worked long and hard to serve you well.

**Pictured from left to right**

**Front row:** Denise Golob, Correspondence Rep; Barbara Howell, UR/Appeals Coordinator; Gail Lowran, Contribution Control Mgr; Claudia Schlueter, Customer Services Team Leader; Sandie Bowman-Claus, Sr Director of Plan Development/Director of Field Services; Diane Danieli, Correspondence Supervisor/HIPAA Privacy Officer; Kristine Roberts, IT Programmer; Judy Lessl, Sr Director of Administration.

**Middle row:** Kathleen Stauder, Contribution Control Acct Rep; Sue Reed, Sr Claims Processor; Cindy Storr, Customer Services Team Leader; Shirley Thomas, Documents Enrollment Processor; Kalim Rathur, IT Sr Systems Analyst/EDI Administrator; Cory Buchanan, Communications Mgr; Sue Hamilton, Claims System Administrator.

**Back row:** Lisa Clinton, Customer Services Division Director; Julie Morton, Claims Processing Team Leader; Steve Graham, Facilities Mgmt Director; Janet Osebold, Quality Assurance Mgr; Jerry Gerard, Facilities Mgmt Asst; Marc Miller, IT Sr System Analyst; Tom Anderson, Business Apps Admin/Process Mgmt Director; Sherry Hall, Field Services Rep; Veronica Pia, Contribution Control Acct Rep; Nona Sirotti, Contribution Control Tech Support Clerk.

**Not pictured:** Kim Bratek, Field Services Rep; Lori Dietz, Contribution Control COBRA Rep; Nora Hernandez, Contribution Control Acct Rep.



Summer 2008



If you are married please be sure to share this communication with your spouse.