

# Michigan Conference of Teamsters Welfare Fund



# Messenger



VOLUME 27, ISSUE 3

SUMMER 2009

## Message from MCTWF's Executive Director

Dear Teamster Families,

The discomfort felt by many Americans toward health care reform is not new. There has always been resistance to public health initiatives; and going back at least as far as FDR, on a national basis. Consider, for example, adverse public reactions over the years to such initiatives as vaccinations for polio and other infectious diseases, fluoridation of drinking water, smoking cessation campaigns, motor vehicle and workplace safety laws, safe sex campaigns, and, of course, what was once thought to be the greatest outrage and what Ronald Reagan characterized at that time as the beginning of the end of freedom in America – Medicare. The hostility toward Medicare legislation was perhaps even more broad and fervent than is the response to current reform legislation. Americans have always been indignant about what they perceive as government intrusion, and now, perhaps more than ever, suspicious of the motives of our elected legislators. However, like some of those legislators, we too can be manipulated by cynical, self interested forces. They prey on our vanity, fears, biases, and resentments; they prey on our sense of morality, justice and patriotism. Some of us buy into it, speak out passionately and become closed to contradictory facts and opinion. A few of us become inspired to more radical forms of activism through fear mongering and interfering with others who are trying to engage in thoughtful discourse. In such cases, the cynical forces score a big win. Having recently come face to face with just such an activist uprising, many of our originally stalwart legislators are weakening in their resolve to support comprehensive reform, with eyes no longer solely focused on avoiding a future America so utterly compromised by a dysfunctional health care system that, ironically, it is forced to impose the very system and policies that the activists, and indeed the majority of Americans, are most fearful of.

There's much to challenge in the several Congressional reform proposals to date, but rational comprehensive reform is badly needed. We're all aware of the basic facts. Recent studies have determined that we are last among 19 major industrialized countries in avoiding deaths that could have been prevented by access to timely and effective health care and we're falling further behind. If we were in the top three, we'd be saving more than 100,000 more lives each year. Our life expectancy is shorter and our infant mortality rate is higher than that in 41 other countries and presumably, our quality of life prior to death also suffers by comparison. Yet we spend far more on health care per capita than any other country. Without reform, by 2018 health care costs will represent \$1 out of every \$5 spent in the economy. Recent studies found that 62% of individual bankruptcies and about 1.5 million annual home foreclosures are linked to unaffordable medical expenses and by 2018, 178,000 small business jobs will be lost due to the escalating cost of health care and almost 10 times that number of small business workers will be unwilling to leave their jobs for fear of losing their health insurance (despite their ever increasing out-of-pocket expense). By 2016, taxpayers will be footing the bill for more than half the nation's health care expense through Medicare and Medicaid.

In addition to seeking change to the provider payment model to one based on quality rather than quantity of services delivered and to addressing exclusionary underwriting ("cherry picking") practices by the commercial insurers and to reducing the amount of unnecessary and redundant testing, medical errors, and rampant fraud, reform legislation will certainly focus on the critical issue of the uninsured in America. Estimates of the continuously uninsured are approaching 50 million and although the uninsured eventually can get emergency care when their condition has become acute, many never make it there in time; almost 20,000 adult deaths each year are attributable to a lack of health care coverage. And beyond the deaths and constant anxiety of economic devastation from catastrophic illness or injury, treatment of the uninsured on an emergency basis is so expensive that about \$1,100 on average is being shifted to the cost of insurance for every covered family in America in 2009; a huge and growing burden on already beleaguered individuals and businesses. The time has come.

Belated but enthusiastic welcome to all groups newly participating in MCTWF, including Local 337 production companies (Oogie's Big Balloon Adventure, Hangman Films, Cast & Crew Productions, Crash Course Productions, Wolverine Productions, Savvy Productions, Genesis Productions, and Little Murder Production Co.), American Bottling/Dr. Pepper – Snapple under Flint Local 332, Michigan State Clerical Tech Unit under Lansing Local 580, Fiber-Tech Industries under Columbus Local 413, Ave Maria Press under South Bend Local 364, Advance Tec Body Repair under Local 486, as well as the several new smaller groups. We appreciate your confidence in MCTWF and we promise to serve you well.

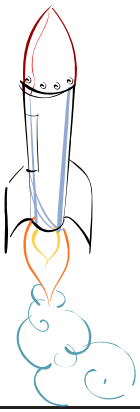
Please take the time to familiarize yourselves with the content of this *Messenger*. If you have any questions on this or any MCTWF matter, please do not hesitate to call our Customer Communications Department. On behalf of the Board of Trustees and the staff, I wish you good luck, good times and, of course, good health.

Richard Burkner

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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 3 for more details.



## Retiree Death Benefit Program - Increased Limits

This is to inform you that the Retiree Death Benefit Program's coverage limits have been increased by \$1,000 increments to a new maximum of \$10,000 (previous maximum was \$5,000) for retirees (and their spouses) with a MCTWF Retirement Date (as defined by your Summary Plan Description) of August 1, 2009 or later. The quarterly contribution rate for each benefit amount is determined by the individual's (i.e., the retiree or spouse) age at the time of the retiree's initial participation in the Retiree Medical Program, as follows:

| Age at Enrollment | Quarterly Contribution Rate Per Benefit Amount |         |         |         |         |         |          |          |          |          |
|-------------------|--|---------|---------|---------|---------|---------|----------|----------|----------|----------|
|                   | \$1,000  | \$2,000 | \$3,000 | \$4,000 | \$5,000 | \$6,000 | \$7,000  | \$8,000  | \$9,000  | \$10,000 |
| 50                | \$6.30   | \$12.60 | \$18.90 | \$25.20 | \$31.50 | \$37.80 | \$44.10  | \$50.40  | \$56.70  | \$63.00  |
| 51                | \$6.66   | \$13.32 | \$19.98 | \$26.64 | \$33.30 | \$39.96 | \$46.62  | \$53.28  | \$59.94  | \$66.60  |
| 52                | \$7.02   | \$14.04 | \$21.06 | \$28.08 | \$35.10 | \$42.12 | \$49.14  | \$56.16  | \$63.18  | \$70.20  |
| 53                | \$7.41   | \$14.82 | \$22.23 | \$29.64 | \$37.05 | \$44.46 | \$51.87  | \$59.28  | \$66.69  | \$74.10  |
| 54                | \$7.83   | \$15.66 | \$23.49 | \$31.32 | \$39.15 | \$46.98 | \$54.81  | \$62.64  | \$70.47  | \$78.30  |
| 55                | \$8.55   | \$17.10 | \$25.65 | \$34.20 | \$42.75 | \$51.30 | \$59.85  | \$68.40  | \$76.95  | \$85.50  |
| 56                | \$9.03   | \$18.06 | \$27.09 | \$36.12 | \$45.15 | \$54.18 | \$63.21  | \$72.24  | \$81.27  | \$90.30  |
| 57                | \$9.27   | \$18.54 | \$27.81 | \$37.08 | \$46.35 | \$55.62 | \$64.89  | \$74.16  | \$83.43  | \$92.70  |
| 58                | \$10.14  | \$20.28 | \$30.42 | \$40.56 | \$50.70 | \$60.84 | \$70.98  | \$81.12  | \$91.26  | \$101.40 |
| 59                | \$10.71  | \$21.42 | \$32.13 | \$42.84 | \$53.55 | \$64.26 | \$74.97  | \$85.68  | \$96.39  | \$107.10 |
| 60                | \$11.91  | \$23.82 | \$35.73 | \$47.64 | \$59.55 | \$71.46 | \$83.37  | \$95.28  | \$107.19 | \$119.10 |
| 61                | \$12.63  | \$25.26 | \$37.89 | \$50.52 | \$63.15 | \$75.78 | \$88.41  | \$101.04 | \$113.67 | \$126.30 |
| 62                | \$13.38  | \$26.76 | \$40.14 | \$53.52 | \$66.90 | \$80.28 | \$93.66  | \$107.04 | \$120.42 | \$133.80 |
| 63                | \$14.22  | \$28.44 | \$42.66 | \$56.88 | \$71.10 | \$85.32 | \$99.54  | \$113.76 | \$127.98 | \$142.20 |
| 64                | \$15.09  | \$30.18 | \$45.27 | \$60.36 | \$75.45 | \$90.54 | \$105.63 | \$120.72 | \$135.81 | \$150.90 |

### ENROLLING

MCTWF's Retiree Death Benefit Program coverage is initially available for new retiree and spouse participants in the Retiree Medical Program. To begin the enrollment process, a retiree and/or eligible spouse must file a completed *Retiree Death Benefit Program Application Form* with the MCTWF office by the later of 90 days after the retiree's MCTWF Retirement Date or 30 days after the date of MCTWF's letter approving the retiree's application for enrollment in the Retiree Medical Program.

Upon approval and submission of a completed election form together with a 3 month contribution, coverage will commence on the first day of the following month if postmarked or hand delivered on or before the 20th of the month.

### HOW THE PROGRAM PAYS BENEFITS

Benefits will be paid in full (except as noted below) according to the most recent beneficiary listing on the *Retiree Death Benefit Program Election Form* or *Change in Beneficiary Form*, whichever is most recent.

However, the benefit is limited to the amount of contributions received by MCTWF for coverage of the deceased retiree or spouse in the event of a death due to illness within one year after the commencement of coverage or a death by suicide within two years after the commencement of coverage,

### TERMINATION OF COVERAGE

Coverage under the Retiree Death Benefit Program for a retiree or spouse will cease upon the failure to file a contribution within the time required, or upon the date of Trustee termination of the Program or amendment to the Program's eligibility requirements that make the retiree or spouse no longer eligible for coverage.

## Notice of Creditable Coverage

### All MCTWF Plans With Prescription Drug Coverage

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 Communications 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 required to pay a higher premium (a penalty).**

September 1, 2009


Michigan Conference of Teamsters Welfare Fund  
Customer Communications Department

## Optical Benefit Clarification

In the Summer 2007 issue of the Messenger we announced the availability of the DeltaVision network of providers to all MCTWF optical plan participants and published a chart highlighting the benefit enhancements. The chart indicated that the plan pays, in network, up to \$20 per pair for polycarbonate lenses for children less than age 18. The chart was misleading.

The \$20 per pair benefit for polycarbonate lenses is in addition to the benefit for basic glass and plastic lenses. Network provider charges in excess of this additional \$20 benefit per pair of polycarbonate lens and for all other lens options and coatings are subject to DeltaVision's 15% discount off the provider's lowest available retail price.

The below charts highlights the current MCTWF optical plan benefits when utilizing DeltaVision network providers and non-DeltaVision providers. One examination and one vision correction option are allowed per calendar year.

| 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; patient is responsible for the balance after the DeltaVision 15% discount is applied to the provider's lowest available retail price.   | Plan pays up to \$75  |
| Single, Bifocal or Trifocal Lenses (Basic Glass or Plastic)  | Covered in full  | Single -plan pays up to \$50 per pair<br>Bifocal -plan pays up to \$60 per pair<br>Trifocal-plan pays up to \$70 per pair |
| Progressive Lenses (Basic Glass or Plastic)  | Plan pays up to \$85 per pair; patient is responsible for the balance after the DeltaVision 15% discount is applied to the provider's lowest available retail price.   | Plan pays up to \$70 per pair   |
| Polycarbonate Lenses<br><br> | <b>Under age 18:</b><br>Plan pays up to \$20 per pair in addition to the basic lens benefit of \$45 for single vision, \$55 for bifocal or \$65 for trifocal lenses. Patient is responsible for the balance after the DeltaVision 15% discount is applied to the provider's lowest available retail price.<br><br><b>Age 18 and Older:</b><br>Plan pays up to the first \$45 per pair for single vision lenses, \$55 per pair for bifocal lenses, or \$65 per pair for trifocal lenses. Patient is responsible for any balance after the DeltaVision 15% is applied to the provider's lowest available retail price. | Plan pays up to \$50 per pair for single, \$60 per pair for bifocal, or \$70 per pair for trifocal lenses.                |
| Lenses - Other (e.g., high index, aspheric, wavefront, photochromic, polarized)                                | Plans pays up to the first \$45 per pair for single vision lenses, \$55 per pair for bifocal lenses, or \$65 per pair for trifocal lenses. Patient is responsible for any balance after the DeltaVision 15% is applied to the provider's lowest available retail price.  | Plan pays up to \$50 per pair for single, \$60 per pair for bifocal, or \$70 per pair for trifocal lenses.                |
| Lens Coatings (e.g., scratch resistant, ultra violet, tinted, anti-reflective)                                 | DeltaVision 15% discount applied to provider's lowest available retail price.  | No coverage   |
| Contact Lenses<br><br>Fitting – New User<br>Fitting – Current User   | Plan pays up to \$120; patient is responsible for balance of the provider's lowest available retail price.<br><br>Patient pays no more than \$90.<br>Patient pays no more than \$60.   | Plan pays up to \$80.   |
| Laser Vision Correction  | Plans pays up to \$250 per eye per lifetime.<br><br>Patient receives the lowest price offered by that provider, not to exceed \$1,495 per eye (wavefront technology not to exceed \$1,800). Other new technologies are optional and may cost more.   | Plans pays up to \$250 per eye per lifetime.  |



## Retiree Medical Program - Liberalized Eligibility Rule

To date, under MCTWF's Retiree Medical Program (Program) eligibility rule, entitlement to enroll in the Program is conditioned upon, among other requirements, receipt by MCTWF of a completed *Retiree Medical Program Application Form* during a window period ending 90 days after a retiree's "Retirement Date". (The Retirement Date is defined as the date a participant ceases to be covered by MCTWF as an active employee as a result of retirement, after application of all remaining benefit bank weeks.)

MCTWF's Trustees have liberalized the rule as follows: If the completed application is received beyond the 90 day window period, but within one year of the MCTWF Retirement Date (as above defined), the otherwise eligible retiree will be allowed to enroll and commence coverage for Program benefits as of the first day of the month that falls at least 90 days after MCTWF's receipt (and subsequent approval) of the retiree's application.

For example: A laid off participant ceased to be covered by a MCTWF benefit plan, including the expiration of his COBRA coverage rights, on June 1<sup>st</sup> (on which date the participant could have satisfied MCTWF's age and service requirements for Program eligibility), but has not made up his mind to retire, since he is hoping to find covered employment and resume MCTWF participation. By November 15<sup>th</sup>, having been unable to find covered employment, he decides to retire and files his Program application. Since, by definition, MCTWF deems his Retirement Date to be June 1<sup>st</sup>, he is long past his 90 day window and, under the prior eligibility rule, he would have lost his right to enroll in the Program. Under the new rule, his application would be approved for enrollment, with coverage commencing March 1<sup>st</sup> of the following year.

### Attention Participants

When contacting MCTWF Customer Communications by phone please be prepared to provide our representative with your MCTWF contract number. This will permit us to serve you more quickly and to reduce the waiting time for others seeking to speak to a representative. When you are corresponding with MCTWF, please note your MCTWF contract number on each item that you include.

## Full-Time Student Forms Reminder

Under all MCTWF Plans (with the exception of the Retiree Medical Program) extended coverage is available for dependent children age 19 through the end of their 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 (except where they fall under the non accredited exception rule; please see the Fall 2006 issue of the *Messenger*), as documented by a completed *Full-Time Student Eligibility Verification Form* for the first school semester and each semester thereafter submitted to MCTWF immediately following the school's drop deadline date. The anticipated graduation date must be included.

Such extended coverage also applies to students who are enrolled in full-time graduate studies, through the end of their 24th birthday month. To receive uninterrupted extended coverage beyond the college/university graduation date, the student must provide MCTWF with the graduate school's letter of acceptance and an *Affidavit of Enrollment in Graduate School* attesting to the student's intention to attend a full-time program at the graduate school and stating the school's minimum requirement for full-time status. For the first semester and each semester thereafter, a Full-Time Student Eligibility Verification Form must be completed and submitted to MCTWF immediately following the graduate school's drop deadline date. The anticipated graduation date must be included.

The *Full-Time Student Eligibility Verification Form* and *Affidavit of Enrollment in Graduate School* are available from the *Forms* page of MCTWF's website at [www.mctwf.org](http://www.mctwf.org) or by contacting MCTWF's Customer Communications Department at 800-572-7687.



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

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 |

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**Reminder!**

### Medicare Eligibility

Retiree Medical Program (Program) participation and benefits entitlement cease as of the earlier of a) the first of the month in which the individual's (retiree's or spouse's)

65<sup>th</sup> birthday falls or b) the date that the individual becomes eligible for early Medicare Part A coverage. However, unless we are informed, we do not know when an individual becomes eligible for early Medicare coverage. Therefore, it is imperative that the individual immediately call to inform MCTWF of his early Medicare eligibility date and that he cease utilizing Program benefits. MCTWF then will ask the individual for a copy of the Medicare card or letter from the Social Security Administration stating his effective eligibility date. MCTWF will pursue recovery from the individual (and spouse) for any Program benefits paid for services incurred on or after the individual's Medicare eligibility date.

### Dental Sealant Coverage

As announced in the Summer 2004 issue of the *Messenger*, dental sealant coverage is available under Class I services at 75% of the in-network contracted amount or the out-of-network maximum allowable benefit, for dependent children ages 14 years or younger. This coverage, which must be prior authorized by MCTWF, is limited to the first and second permanent molars for eligible children with high risk teeth. A child with high risk teeth is one who has had dental caries (tooth decay) in one or more molar(s). Dental sealant coverage is available only for permanent teeth, not for baby (deciduous) teeth.

**Reminder!**