Michigan Conference of Teamsters Welfare Fund

Messenger

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Message from MCTWF's Executive Director

Dear Teamster Families:

It was Friday evening, just past six and I was working on an opening to this Message, when I received an email from a staffer who obviously had been fretting for a while over a phone call from which she had emerged somewhat battered and second guessing herself. Apparently, a participant's wife, frustrated by her inability to bully her way past a MCTWF documentation requirement, had cursed and berated our staffer; one of our most gentle, respectful and knowledgeable people.

No claims administrator is immune from the occasional burst of rage triggered in callers already tense with confusion, frustration, and anxiety about their claim issues before even picking up the phone. Fortunately, our service representatives are so experienced, knowledgeable, desirous of helping and caring about the quality of their work, that, in my opinion, they are among the best anywhere in diffusing the tension and resolving the issues; indeed, so many of you thoughtfully write in to thank and compliment our staff. Despite their desire to help you, however, they will not circumvent MCTWF's rules.

Praise is not fairly limited to our customer service staff. In the past couple of years, virtually all MCTWF staffers have been working "above and beyond" as we have addressed a host of new projects, major refinements, and reconfigurations to enable us to regain our financial health, adapt to the changing realities of the marketplace and explore progressive approaches to wellness and disease management. The most demanding and far reaching of these projects involved our transition to the Blue Cross Blue Shield PPO network and the integration of MCTWF and BCBSM systems and procedures to create our unique shared claims processing environment, the result of which has been greater provider access and lower out-of-pocket expense for participants, minimization of claims processing errors, and reduced claims expense to MCTWF. In addition, staff will be rolling out several new and beneficial projects for you before year's end.

We are pleased to announce in this *Messenger* a number of benefit plan enhancements – an annual limit on out-of-pocket coinsurance charges in connection with traditional plan (SOA, TIF, I&S and PEP) Extended Benefits and Additional Services & Supplies; a "hold harmless" arrangement to protect you from balance bills on certain out-of-network emergency services; inclusion of employee contribution copays as a reimbursable expense under MCTWF's Flexible Dependent Coverage Program; and an expansion of the timeframe available to notify MCTWF of a new dependent to receive retroactive coverage. I think it noteworthy, in evidencing the Trustees' willingness and ability to be quickly responsive when change is appropriate, that they enacted three of the above enhancements following their consideration of recent related participant appeals. We have also devoted space in this issue to further clarifying MCTWF rules regarding student eligibility and women's wellness examination limitations.

Finally, we thank the many groups that have renewed with MCTWF in the past year and we welcome the new employees of contributing employers and the employees of newly contributing employers, the largest of which include Commuter Express (Local 299), Dietrich Industries (Local 142), Hazel Park Harness Raceways and Northville Downs race tracks (Local 337), NylonCraft (Local 342) and Perfection Bakeries (Locals 135, 164, 414 and 580).

On behalf of MCTWF's Trustees and staff, I send you best wishes for a dazzling spring.

Richard Burker

Inside this issue:

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.

Extended Benefits and Additional Services & Supplies
Annual Out-of-Pocket Coinsurance Maximums

We are pleased to inform you that effective January 1, 2007, MCTWF's Trustees have capped participant out-of-pocket exposure to coinsurance charges for benefits covered under the "Extended Benefits" and "Additional Services and Supplies" sections of all MCTWF traditional plans (i.e., SOA, PEP, TIF1, TIF2 and I&S). All out-of-pocket coinsurance exposure is already capped under MCTWF's comprehensive major medical plans (i.e., the Key and Retiree Medical Plans) and under the "Basic Benefits" section of those MCTWF traditional plans with coinsurance requirements.

"Extended Benefits" include infusion therapy, chemotherapy, radiation therapy, dialysis, injections, hyperalimentation, home health care, durable medical equipment and medical supplies (and lab and diagnostic testing under the I&S Plan).

"Additional Services and Supplies" include prosthetics, orthotics, dietary counseling, respite care and physical, occupational and speech therapies.

Please refer to your Summary Plan Description for a complete list of Extended Benefits and Additional Services & Supplies.

The below charts detail the new annual caps on out-of-pocket coinsurance charges for each of the affected plans:

BCBS PPO

Plan	Extended Benefits Coinsurance	Additional Services & Supplies Coinsurance	Annual Coinsurance Out-of-Pocket Maximum Effective 01/01/07
SOA	10%	25%	$2,000/Family
PEP	10%	25%	$2,000/Family
TIF1	10%	25%	$2,000/Family
TIF2	20%	25%	$1,500/Individual $3,000/Family
I&S	20%	25%	$2,500/Family

Non BCBS PPO

Plan	Extended Benefits Coinsurance	Additional Services & Supplies Coinsurance	Annual Coinsurance Out-of-Pocket Maximum Effective 01/01/07
SOA	20%	25%	$4,000/Family
PEP	20%	25%	$4,000/Family
TIF1	20%	25%	$4,000/Family
TIF2	30%	25%	$3,000/Individual $6,000/Family
I&S	30%	25%	$5,000/Family

Please note that coinsurance charges for both BCBS PPO and non BCBS PPO services are counted against both the BCBS PPO and non BCBS PPO annual out-of-pocket maximums.

Emergency Services Expanded Coverage

Currently, subject to MCTWF's determination that an "emergency" existed (as defined by your Summary Plan Description), all emergency services are covered at in-network benefit levels (regarding applicable deductibles and coinsurance charges) regardless of whether the professional participates in the BCBS PPO Network. However, the patient remains responsible for payment of the balance of out-of-network provider bills (i.e., in excess of MCTWF's maximum allowable benefit schedule).

Effective December 21, 2006, the Trustees have expanded coverage of emergency services by holding patients harmless from balance billing of such services when no network choice is reasonably available, until the acute emergency phase is resolved. Accordingly, contingent upon MCTWF's determination that such circumstances existed, MCTWF will arrange for full satisfaction of out-of-network provider bills for emergency services, subject only to the participant's deductible and coinsurance responsibilities.

Individual Authorization to Release Protected Health Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides for strict limitations on the use and disclosure of any information about you which relates to your past, present or future physical or mental health or health care services from which you can be identified (otherwise known as "protected health information" or "PHI"). It includes not only any information concerning diagnosis and treatment, but any personal information that could be used to identify you.

HIPAA forbids our sharing of your "PHI" with others, even your spouse or child, unless you authorize us to do so by completing an *Individual Authorization to Release Protected Health Information* form and submitting it to MCTWF's Privacy Officer at MCTWF, 2700 Trumbull Ave., Detroit, MI 48216. This form can be requested from our Customer Service Department or it can be printed from the *HIPAA Privacy Rule* or *Forms* pages of our website at www.mctwf.org. You may revoke your authorization at anytime.

Retiree Medical Program Rates Effective April 1, 2007

Effective April 1, 2007, the below listed self contribution rates will apply to all those participating in MCTWF's Retiree Medical Program:

Retiree Medical Program Rates
Effective April 1, 2007 through March 31, 2008

Monthly Self-Contribution Rate Covering Both Retiree and Spouse

Age at Retirement	Years in Fund 5 - 9	Years in Fund 10 - 14	Years in Fund 15 - 19	Years in Fund 20 - 24	Years in Fund 25 - 29	Years in Fund 30 +
50 - 54	$505.00	$460.00	$410.00	$370.00	$320.00	$275.00
55 - 59	$390.00	$365.00	$330.00	$310.00	$280.00	$255.00
60 - 64	$275.00	$265.00	$260.00	$250.00	$240.00	$230.00

For eligible retirees where active employment ceased prior to January 1, 2002
$230.00

Participants contemplating retirement should refer to MCTWF's age and service rules for Program eligibility.

Flexible Dependent Coverage Program Changes

The Flexible Dependent Coverage Program provides a medical expense reimbursement account to cover certain medical, dental and optical expenses that are not reimbursed by MCTWF or other benefit plans and that are deductible from individual tax returns if itemized. To participate in this Program, a participant must enroll and agree to ongoing waiver of all MCTWF medical and prescription drug coverage for his dependents (i.e., spouse and dependent children). Evidence that each dependent has other group health coverage is required. A detailed description of the Program can be found in your Summary Plan Description booklet, including a list of reimbursable expenses.

In recognition of the growing number of participants who are required under their collective bargaining agreement to pay a portion of their employer's contribution obligation to MCTWF (i.e., a contribution copayment), the Trustees have resolved to include contribution copays as a reimbursable expense under the Program, commencing with the 2007 tax year. Appropriate proof of the contribution copays (i.e. pay stubs or U.S. tax reporting form W-2) must be provided.

The Trustees have also determined that providing Program coverage to single participants is no longer appropriate and therefore, effective January 1, 2007, single participants are no longer eligible to enroll in the Program. Those single participants enrolled by December 31, 2006 will continue to be eligible to participate in the Program until they discontinue participation in the program or no longer otherwise satisfy Program eligibility requirements.

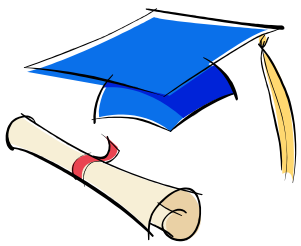
Enrollment into the Program is limited to the first 30 days following the effective date of MCTWF participation, or each year during the month of December. However, for those participants, with eligible dependents (spouse and/or children) who have other group health care coverage and who currently wish to enroll, MCTWF is holding a special application enrollment period beginning April 1st and ending May 15, 2007. To apply, participants must submit a *Flexible Dependent Coverage Election Request* form, available from MCTWF's Customer Service Department or online by printing it from the *Forms* page on MCTWF's website at www.mctwf.org. The completed form must be accompanied by proof of other medical coverage for the participant's dependents.

Full-Time Student Eligibility

While dependent child coverage automatically ceases at the end of the month of the child's 19th birthday, it remains 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 for certain non accredited institutions as described in the Fall 2006 *Messenger*), as documented by a completed *Full-Time Student Eligibility Verification Form* for each school semester.

Maintaining full-time student status is necessary to maintain continuous coverage under the participant's benefit plan. To demonstrate full-time student status the completed *Full-Time Student Eligibility Verification Form* must be submitted to MCTWF after the "drop deadline date" for each successive semester (for instance, for MSU's Fall semester, after September 21st and for its Spring semester, after February 2nd). Furthermore, failure to submit the form by no later than October 10th for the Fall semester and February 15th for the Spring semester will cause coverage to cease as of the last day of the month following the previous semester (for instance, failure to submit the form timely for MSU's Spring semester will cause coverage to cease as of January 31st and failure to do so for MSU's Fall semester will cause coverage to cease effective retroactively to the previous May 31st). If coverage does cease retroactively, the participant will be responsible for reimbursement to MCTWF for benefits paid in error during that time. Since full-time student status is required between ages 19 and 24 for coverage, graduation will terminate coverage. Accordingly, in completing the *Full-Time Student Eligibility Verification Form*, the institution must state the student's anticipated graduation date or it must provide an explanation for not doing so.

The *Full-Time Student Eligibility Verification Form*, which can be obtained from the Customer Service Department or online on MCTWF's website at www.mctwf.org on the *Forms* page, has been revised to include the institution's accrediting agency. Once again, all fields must be completed, or the form will be returned and will delay student eligibility.



Change in Family Status
New Notification Time Limits

Family status changes include marriage, divorce, death, birth, adoption, placement for adoption, cessation of dependent child status, or a change in your spouse's primary group health, dental or vision insurance carrier. MCTWF requires notification of family status changes through the completion of its *Change in Family Status Form,* along with the required documentation. This form is available by request from MCTWF's Customer Service Department or online by printing it from the *Forms* page on MCTWF's website at www.mctwf.org.

Effective January 1, 2007 MCTWF is extending the time for notification of a new dependent (i.e., due to marriage, birth, adoption or placement for adoption) to 60 days following the date of the event. Receipt of such timely notification (along with the appropriate documentation) will allow retroactive coverage to the date of the addition. Failure to timely notify MCTWF will prevent retroactivity and therefore coverage will commence, prospectively only, from the date of receipt.

Coverage for dependents terminates upon the loss of dependent status (i.e., resulting from a divorce, death, cessation of dependent child status, or early Medicare eligibility for Retiree Medical Program participants). MCTWF will pursue recovery from the participant and dependent for benefits paid for dependent claims after the loss of dependent status. Accordingly, we urge you to notify MCTWF of such event at the earliest possible date. By doing so, you will also ensure the availability of COBRA continuation coverage.

Wellness Program
Adult Female Examinations Annual Limits

The Fall 2006 *Messenger* reviewed the Wellness Program services covered, including eligibility limitations on age and frequency. While women are covered for both general physical and gynecological examinations during any 12-month period, they are not covered twice for the same services performed by both the general practitioner and the gynecologist. MCTWF has received many claims for such duplicative services and so we seek to further clarify the coverage rules with the following examples:

- You went to your gynecologist and had a wellness gynecological examination that included a Pap screening, pelvic and breast examination in addition to a general examination of the head and neck, chest and heart, extremities, etc. Your gynecologist bills MCTWF for a complete physical examination and thereby exhausts your general physical and gynecological wellness benefits for the next 12 months. However, within the same 12-month period you go to your general practitioner for a wellness checkup and require a physical examination. The examination by your general practitioner will not be covered under the wellness program because your physical examination benefits will not renew until 12 months following the earlier provision of those services by your gynecologist. Furthermore, because the examination was preventative rather than medically necessary, the examination also will not be covered under your medical benefits.

- You went to your general practitioner and received a general physical examination that did not include a gynecological Pap screening, pelvic and breast examination. Within 12 months thereafter you see your gynecologist and receive not only a Pap screening, pelvic and breast examination, but a general examination as well. MCTWF will not cover that portion of the gynecologist's bill for the general physical examination because benefits for those services have been exhausted and will not renew until 12 months following your earlier general practitioner visit.

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

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

MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act (Women's Health Act) was signed into law October 21, 1998. This law amended the Employee Retirement Income Security Act of 1974 (ERISA) and provides important protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy.

Under the Women's Health Act, group plans offering mastectomy coverage must also provide for reconstructive surgery in a manner determined in consultation between the attending physician and the patient. Coverage must include:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

MCTWF provided this coverage for many years prior to the enactment of this law and continues to do so.

Contact Information Updates

In order for MCTWF to communicate with you and provide you with information about your plan of benefits, it must be kept informed of your current address. Having a record of your current telephone number and email address also would be of value. All participants who have not provided MCTWF with their current address, phone number(s) and email address are requested to do so by completing MCTWF's *Contact Update Form*. This form is available by request from MCTWF's Customer Service Department or online by printing it from the *Forms* page on MCTWF's website at www.mctwf.org.

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