Dear Teamster Families,

The timing of this Messenger issue affords me the opportunity to express publicly a few year-end sentiments.

The Trustees and staff of MCTWF are aware of the havoc and anxiety that another year of this nightmarish economy must be causing so many of you. We fully appreciate, therefore, how important it is to make your experiences dealing with the Fund as beneficial, easy and pleasant for you as possible. We know that when many of you contact us, particularly for the first time, you are tense with the expectation of a typical, frustrating interaction with a health insurer. But we are different. We are a health plan for Teamsters and we are dedicated to serving you with respect and sensitivity. And while there certainly are instances that we are unable to give you what you seek and occasional phone calls in which emotions overflow and patience runs out, we never stop trying to learn from our experiences. We truly are intent on serving you well and we hope that has been your experience. I am extremely proud of our staff, both those who interact with you directly and those who otherwise maintain and ensure the quality of the Fund operation. I am fortunate to lead such a fine group of dedicated people.

Also, I would like to express my fondness, respect and appreciation to outgoing Joint Council 43 President Larry Brennan, who has been a constant friend and aggressive supporter of MCTWF for a very long time and who has helped me immeasurably in doing my job.

Finally, I wish much success to the newly elected Joint Council 43 Executive Board led by David Robinson as President, Greg Nowak as Secretary/Treasurer, Jim Cianciolo as Vice President, Ron Holzgen as Recording Secretary and Paul Kozicki, Kevin Moore, and Mike Parker as Trustees. We look forward to a mutually supportive, open and productive relationship.

In this issue, you will find MCTWF’s Summary Annual Report for the plan year that ended March 31, 2010. MCTWF’s excellent investment performance, which capitalized on post-recessionary rebounds in all asset classes, more than offset investment losses from the previous year. Contributions fell slightly short of total expenses for the year. Contributions fell slightly short of total expenses for the year. Contributions fell slightly short of total expenses for the year. Contributions fell slightly short of total expenses for the year.

Also in this issue, is an important article entitled “Enrollment of Adult Children Up to Age 26” in which we detail the rules and procedures pertaining to the extended provision of MCTWF coverage to adult dependent children, commencing April 1, 2011, as required by the healthcare reform law. All adult dependent children are affected, but particular focus is on those adult children who, because they are not presently covered by their parent’s MCTWF benefit plan, must enroll to receive coverage and must do so by February 28, 2011. So please share this Messenger with your adult dependent children. Other changes, effective April 1, 2011, necessitated by the healthcare reform law will be addressed in our next Messenger issue.

We welcome our new participants since publication of our summer Messenger including the following groups: (under Jackson Local 164) Libra Industries, (under Detroit Local 214) Ogemaw County and City of Evart, (under Wyandotte Local 283) Van Dyke Gas Company, (under Local 337) film production groups Right Angle Productions (The Right Angle), S.C. Pictures Unit Eight (Smooch), Stage 6 Films (Hostile 3), Close Quarters Woodbridge Production, and Giant Mechanical Man, (under Grand Rapids Local 406) Georgia Film Fund 2, and (under Local 580) Eaton Rapids Medical Center (McLaren Health Services). Please do not hesitate to contact us.

On behalf of the Trustees and staff, I wish you good health, good luck, and a terrific Holiday Season.

Richard Burker
This is a summary of the annual report of Michigan Conference of Teamsters Welfare Fund (hereafter the Plan), EIN 38-1328578 for the plan year ended March 31, 2010. The annual report will be filed with the Employee Benefits Security Administration of the U.S. Department of Labor by no later than January 15, 2011, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The plan provides health, dental, optical, prescription drug, short and long term disability, and death benefits for its participants.

**BASIC FINANCIAL STATEMENT**

The value of plan assets, after subtracting liabilities of the Plan was $232,223,742 as of March 31, 2010 compared to $178,337,008 as of April 1, 2009. During the plan year, the Plan's net assets increased by $53,886,734. This increase includes unrealized depreciation in the value of plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the Plan had total income of $235,188,063 including, but not limited to, employer contributions of $165,965,184, participant contributions of $10,903,637, realized gains of $3,016,139 from the sale of assets, earnings from investments of $55,285,407 and rental and other income of $17,696.

Plan expenses were $181,301,329. These expenses included $169,133,514 in benefits paid on behalf of participants and beneficiaries and $12,167,815 in administrative expenses.

**YOUR RIGHTS TO ADDITIONAL INFORMATION**

You have the right to receive a copy of the full, annual report, or any part thereof, on request. The items below are included in that report:

- an accountant's report
- financial information and information on payments to service providers
- assets held for investment
- transactions in excess of five percent of plan assets
- insurance information, including sales commissions paid by insurance carriers information regarding any common or collective trusts, pooled separate accounts, master trusts, or 103-12 investment entities in which the plan participates

**TO OBTAIN ADDITIONAL INFORMATION**

To obtain a copy of the full annual report, or any part thereof, your request should be addressed to: Executive Director, Michigan Conference of Teamsters Welfare Fund, 2700 Trumbull Avenue, Detroit, Michigan, 48216-1269. The charge to cover copying costs will be $.15 per page. You also have the right to receive, at no charge, the annual report's statement of assets and liabilities and accompanying notes or a statement of income and expenses and accompanying notes, or both. If you request a copy of the full annual report, these two statements and accompanying notes will be included, at no cost, as part of that report.

You will also have the legally protected right to examine the annual report at the offices of the Michigan Conference of Teamsters Welfare Fund in Detroit, Michigan and at the U.S. Department of Labor in Washington D.C. on or after January 17, 2011. To obtain a copy from the U.S. Department of Labor, your request should be addressed to:

Public Disclosure Room N 1513
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210
CVS/Caremark - New Clinical Management Programs

We are pleased to inform you of two clinical management programs offered by MCTWF’s pharmacy benefit manager, CVS/Caremark, effective January 1, 2011.

Pharmacy Advisor – This is a voluntary program that provides valuable health care counseling to patients with chronic conditions. It is being rolled out by CVS/Caremark on a condition-by-condition basis, the first of which is diabetes.

New diabetic patients will be offered a face-to-face counseling session when filling their script at a CVS pharmacy. Other retail pharmacies will be encouraged by CVS/Caremark to do so as well. In addition, CVS/Caremark will reach out to all diabetic patients with phone calls and written materials designed to improve the patient’s awareness and health with regard to diabetes and its many related diseases. We hope that those of you with this serious chronic condition take advantage of this excellent program.

Proactive Specialty Management - This is a program that provides to those patients taking specialty medications comprehensive monitoring and coordination of medical treatment, with direct outreach by CVS/Caremark to the physician and the patient, as deemed necessary. This program monitors specialty medication utilization for appropriateness and patient adherence with treatment guidelines. CVS/Caremark will confer with the prescribing physician to confirm that the patient’s drug treatment is appropriate, taking into consideration such factors as whether the specialty drugs are:

- Approved by the US Food and Drug Administration for use
- Causing an allergic reaction
- Being taken as prescribed
- Not working, as determined by lab values, genetic testing and clinical values
- Placing you at risk or danger

“Grandfathered” Status Under The Affordable Care Act

Please be advised that this group health plan, the Michigan Conference of Teamsters Welfare Fund (MCTWF), believes that this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the MCTWF Plan Administrator at 2700 Trumbull Avenue, Detroit, Michigan 48216. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.
Flexible Dependent Coverage Program - One-Time Filing Extension

The Flexible Dependent Coverage Program (Program) provides an account for reimbursement, up to the account limit, of medical, dental and optical expenses that are not reimbursable by MCTWF or by another group health plan and that are deductible from an individual tax return, if itemized (pursuant to section 213(d) of the Internal Revenue Code). To take advantage of this Program, a participant must have composite rate contributions paid on his behalf and must agree to waive all MCTWF medical and prescription drug coverage for his spouse and dependent children. Evidence is required that the spouse and dependent children have other group health coverage. A detailed description of the Program, including a list of reimbursable expenses, can be found in your Summary Plan Description booklet.

The Program provides for two periods of time for which incurred eligible expenses are reimbursable, (a) January to June and (b) July to December or January to December.

Weekly Accident and Sickness Benefits - Benefit Commencement

MCTWF’s Weekly Accident & Sickness benefits provide you with short term, weekly disability (i.e., wage replacement for loss of time) benefits if you are disabled due to a non-occupational, or non-auto related, sickness or accident while you are covered by the Plan as an active participant.

The Summary Plan Description states that, in the event of an accidental injury, weekly accident & sickness benefits commence the first day following medical attention after the last day worked and in the event of sickness, the eighth day following medical attention after the last day worked.

To clarify, since the wage replacement benefit can’t begin on a day for which you received wages, the first day following the last day worked is the first possible day that benefits can begin. Thus, in the event of an injury, a) if medical attention is received on the last day worked, benefits would commence effective the following day; b) if medical attention is first received on a subsequent day, benefits would commence effective the day the medical attention is received. Similarly, in the event of sickness, a) if medical attention is received on the last day worked, the first of the eight day elimination period would be the following day and therefore benefits would commence effective the same day of the week in the following week (e.g., on Wednesday, December 7th you leave work due to illness, during or after your scheduled time and you seek medical attention that day; your physician determines that you are disabled. Your eight day elimination period starts to run on Thursday, December 8th and your benefits commence effective Thursday, December 15th); or b) if medical attention is first received on a day subsequent to the last day worked, the first day of the eight day elimination period would be the day the medical attention is received and therefore benefits would commence effective the same day of the week in the following week (e.g., on Wednesday, December 7th you leave work due to illness, but you do not seek medical attention until Friday, December 9th, at which time your physician determines that you are disabled. Your eight day elimination period starts to run on Friday, December 9th and your benefits commence Friday, December 16th).

Reimbursement from your account can be made up to twice yearly as follows:

- for reimbursement of eligible expenses incurred (i.e., paid for) between January and June, you may submit them between July 1st and August 31st of that year; and/or
- for reimbursement of eligible expenses incurred a) between July and December, or b) throughout the year, you may submit them between January 1st and March 31st of the following year.

Since a number of new participants have become confused by the Program’s several time frames, the Trustees have extended until May 31st the last date by which a participant, who is submitting his claims for the first time for the prior year, must do so.

To enroll in the Program, MCTWF must be in receipt, by the end of the prescribed enrollment period (November 1st through December 31st or within 30 days of first becoming eligible for MCTWF benefits), of a completed, signed and dated “Flexible Dependent Coverage Program Election Form” (along with proof of your spouse’s and children’s other group health coverage). The Form can be obtained from our Customer Communications Department, or on MCTWF’s website under Forms.
Coverage for Dependent Children Up to Age 26

We previously informed you that, in accordance with the Patient Protection & Affordable Care Act (the “Affordable Care Act” or “healthcare reform law”), effective April 1, 2011 MCTWF generally will make coverage available to dependent children through the end of their 26th birthday month. The temporary exception to this rule is that “adult children” (i.e., those age 19 or older) will not be entitled to coverage if they are eligible to enroll in an employer sponsored health plan, other than that of their parents, until the earlier of April 1, 2014, or until the participant/parent’s MCTWF health plan is no longer “grandfathered” under the healthcare reform law. This notification will provide you with additional details.

Dependent children (other than those temporarily excepted, as explained above) who are covered under a MCTWF plan as of Sunday, February 27, 2011 or later, automatically will continue to be covered as dependents through their 26th birthday month (subject, of course, to satisfying ongoing eligibility requirements); no new enrollment will be required. Accordingly, adult dependent children who are covered by MCTWF as full-time students through March 5, 2011 will continue to be covered; completion of MCTWF’s “Full-Time Student Verification Form” will not be required.

However, all adult dependent children with birthdates of April 2, 1985 or later (other than those temporarily excepted, as explained above), whose MCTWF dependent coverage ended or is expected to end prior to February 27, 2011, or who never established dependent eligibility due to age, student status, or marital status, must satisfy certain enrollment requirements to become eligible for coverage. Each such adult dependent child of whom MCTWF is aware will be notified in early January, by first class mail (with a copy to the participant/parent), of their opportunity to enroll in their participant/parent’s benefit plan during an open enrollment period that will run through February 28, 2011. An “Adult Child Coverage Application for Enrollment” form that must be fully filled out and received by MCTWF by the end of the enrollment period, will be included. Following receipt and approval of the Application by MCTWF, coverage for the eligible adult dependent child will commence April 1, 2011.

There undoubtedly are many potentially eligible adult dependent children of whom MCTWF is not aware, or for whom MCTWF does not have a current address. We therefore encourage you to notify your adult dependent child who is not presently covered by MCTWF, about this opportunity. This Messenger article, a copy of the form letter notifying the adult child and the “Adult Child Coverage Application for Enrollment” form will be included in a specially noted section on MCTWF’s website (www.mctwf.org) and also can be obtained from MCTWF’s Customer Communications Department.

As noted above, adult dependent children who are eligible to enroll in an employer sponsored health plan, other than that of their parents, are not entitled to coverage as of April 1, 2011. Such adult dependent children will be given the opportunity to enroll in their participant/parent’s benefit plan at a later date upon submission to MCTWF of a) acceptable proof of the loss of that eligibility, which eligibility must have been continuous from the later of April 1, 2011 or the date their participant/parent first became covered under a MCTWF benefit plan, and b) a completed “Adult Child Coverage Application for Enrollment,” within 30 days of the loss of the adult dependent child’s eligibility under the non-parental health plan.

During the period April 1, 2011 through March 31, 2014, all adult dependent children who become eligible for coverage under an employer sponsored health plan other than that of their parents, must notify MCTWF at once. MCTWF benefit entitlement ceases immediately upon the commencement of such eligibility. Any benefits paid by MCTWF on the child’s behalf for services incurred thereafter will be pursued for recovery.

Retiree Medical Program - Annual Benefit Maximum Increase

The Trustees have increased the Retiree Medical Program annual benefit maximum to $220,000 and have done so, retroactively, for calendar year 2010. All affected claims have been adjusted accordingly.
The Messenger 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

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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

**MCTWF Detroit Free Press Marathon Team**

Back in June, several of our staff (who enjoy an occasional grueling physical and mental challenge) set about conditioning themselves to run in the 33rd Annual Detroit Free Press Marathon (five as a relay team and one particularly spirited soul, as a half marathoner). Our runners in training were an inspiring sight, undaunted (for the most part) by punishing heat and withering humidity of late afternoon Detroit, jogging along rhythmically through local neighborhoods and along the Detroit RiverWalk. Perhaps, at first, you might have spied an occasional grimace and a gasping for breath, but by the fall, they were all smiling, confident, and very good looking. And they did us proud; our relay team of Kristine Roberts, Erica Miller, Kathy Ingram, Rehan Ahmed and Aaron Toney completed the Marathon in their adrenaline driven best time ever, and Andrea Ordakowski was a standout in the individual half marathon.

MCTWF’s staff and Trustees congratulate our runners on their admirable devotion and accomplishment. We expect that several more employees will be inspired to run next year.

**Winter 2010-2011**

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