

Michigan Conference of Teamsters Welfare Fund



Messenger



VOLUME 29, ISSUE 3

WINTER 2011-2012

Message from MCTWF's Executive Director

Dear Teamster Families,

Trustee Howard McDougall has passed away, leaving a gaping hole in our hearts and in the fabric of the Fund. I didn't know Howard in his younger years when he was earning his reputation as an unpretentious man of uncommon intelligence, wit and integrity and earning the respect and friendship of so many people – Teamster and non Teamster, the powerful and the powerless, the highly reputed and even the notorious (Howard relied on his own judgment of people's character). But I was fortunate to have spent some time during the past decade with this insightful man and wonderful storyteller whose life was so interwoven with the freight industry, its folklore and the larger-than-life people who dominated it during the second half of the 20th century. I got to experience and observe Howard's warmth and humor, his remarkable awareness and cleverness, his incorruptibility, his resolute, nonpartisan focus on the interests of Fund participants, his love for his family and friends (to whom we send our best wishes), and ultimately, his great dignity and grace in the final months.

Well, spring is chomping at the bit and so it's a fitting time to snap out of it and move forward, especially regarding the protection of fundamental workers' rights. Left unchallenged, elected state representatives, in their ill considered, self-righteous fervor may very well cause a significant compromise to labor's structural underpinnings by means of an insidious, "death by a thousand cuts" strategy, and thereby, not only cause grievous injury to workers but, as an ironic result, undermine the economy which drives the viability of their business constituents. Presently, there are over 80 anti-union bills pending in Lansing. There's a smell of growing inevitability. It's time to stand up and push back.

In this issue of the *Messenger*, in addition to the Fund's favorable Summary Annual Report for plan year ending March 31, 2011, rule reminders, changes and clarifications, and required Affordable Care Act notices, we introduce Best Doctors[®], a free service for you to use when you need help in understanding, or guidance in treating, your medical condition. Effective April 1st, at your request only, Best Doctors will gather and review your medical records utilizing the highly reputed, peer selected specialists on its panel, and will provide you and your physician with a written analysis and recommendations for treatment and, when requested, referrals to the best available, local network physicians. The object is to give you the opportunity, without cost or awkwardness, to gain greater knowledge about your condition and confidence in pursuing the appropriate course of treatment.

Also detailed in this issue is the Trustees' decision, effective with your new three year allotment of benefit bank weeks (on or after April 1st), to include in your benefit bank week coverage the dental and vision benefits provided in your active plan of benefits. Please also take note of the prescription brand name drugs listed in this issue that will require prior authorization before the Fund will provide coverage. Also included are the Retiree Medical Program's new self-contribution rates commencing with April.

We welcome all of our new participants and family members since our last *Messenger* publication, including the following new groups: under Detroit **Local 214** – Ogemaw County Sheriff – Corrections; under Detroit **Local 247** – BMI Refractory Services and Boyer Steel; under Detroit **Local 299** – T&K Logistics; under Detroit **Local 337** – Pepsi Beverages Company; and under Saginaw **Local 486** – Gladstone Area Schools and Menominee County – Corrections, Courthouse, and Road Patrol. Please contact our excellent Customer Communications representatives with your questions. We're here to serve you.

On behalf of the Trustees and staff, I wish you good health, good luck, and a happy spring season.

Richard Burkner

Inside this issue:

SUMMARY ANNUAL REPORT	2
Introducing Best Doctors [®]	3
Required Notices of Waiver from the Annual Limit Requirement of the Affordable Care Act	4-5
Required Notice of "Grandfathered" Status Under The Affordable Care Act	5
Dependent Death Benefit Claim Filing Limitation	5
Vision Plan Correction	5
Prior Authorization Newly Required for Certain Brand Drugs	6
Retiree Medical Program Rates: April 2012 - March 2013	7
Retiree Medical Program Self-Contributions Must be Paid on Time	7
Reminder - Retiree Eligibility Ceases Upon Medicare Eligibility	7
Prior Authorization for Cialis	7
Benefit Bank Weeks Renewal with Expanded Coverage	8

Editor's Note:

For simplicity, unless otherwise stated, the *Messenger* uses the term "participants" to refer to both the employee participants and their eligible dependents, the masculine form to refer to employee participants and children and the feminine form to refer to spouses.

Notice of Privacy Practices Reminder

MCTWF is required by law to maintain the confidentiality of your individually identifiable health information. Detailed statements of how your medical information may be used, and of your right to access your medical information, can be found in your Summary Plan Description Booklet or on the *HIPAA Privacy Rule* page of the MCTWF website. You also may request a copy from MCTWF's Customer Communications Department.

Summary Annual Report

Michigan Conference of Teamsters Welfare Fund

Plan Year Ended March 31, 2011

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, 2011. The annual report has been filed with the Employee Benefits Security Administration of the U.S. Department of Labor 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 \$265,307,226 as of March 31, 2011 compared to \$232,223,742 as of April 1, 2010. During the plan year, the Plan's net assets increased by \$33,083,484. 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 \$220,642,712 including, but not limited to, employer contributions of \$178,269,498, participant contributions of \$9,782,800, other contributions of \$2,785,027, realized gains of \$749,415 from the sale of assets, earnings from investments of \$29,039,757, and rental and other income of \$16,215.

Plan expenses were \$187,559,228. These expenses included \$174,925,968 in benefits paid on behalf of participants and beneficiaries and \$12,633,260 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. 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

Introducing Best Doctors®

MCTWF is pleased to announce that, **effective April 1, 2012**, the highly reputed medical review and consulting service, Best Doctors, will be available to all eligible medical plan participants. The following material was provided by Best Doctors:

Taking an active role in your own medical care can sometimes be difficult. But the Best Doctors program, with its network of the best physicians in the country, can help give you the peace of mind and confidence you need to be sure that you and your family are making the best healthcare decisions. The Best Doctors service is based on the traditional practice of getting a second opinion, but with an important difference. Best Doctors works with the top 5% of doctors in the country to review every aspect of your case, ask the right questions, and then provide you and your physician with valuable feedback on your diagnosis and treatment plan.

By contacting Best Doctors you can -

- **Get answers to your toughest questions.** Is there a better treatment? Do I really need surgery? Is my doctor missing something about my condition? How can I be sure? Best Doctors removes the doubt.
- **Get an In-Depth Medical Review.** Like a second opinion—only better. An expert specialist will conduct a full review of your diagnosis and treatment plan, and either confirm what you've been told or recommend a change. The Best Doctors team will collect and analyze all your relevant medical records. You'll receive a comprehensive report recommending the right course of action.
- **Ask the Expert.** Best Doctors' "Ask the Expert" service provides you with advice from expert physicians about your medical condition. You no longer have to wrestle with confusing Internet searches for answers to your medical questions—instead, you now can get expert information from a doctor who fully understands your unique situation. Best Doctors will even help make sure you're asking the right questions.
- **Find a Best Doctor for your condition.** When you need to find an in-network specialist you can trust, call Best Doctors and gain access to 46,000 doctors voted best-in-class by their medical peers. Best Doctors will contact the physician's office, confirm health plan participation and appointment availability, and even prepare you for your doctor visit with important questions to ask.

This service is 100% free and confidential. Neither your employer nor MCTWF will ever know that you called. Best Doctors is an independent, confidential resource.

Best Doctors services are provided for a wide range of medical conditions. However, neither cases of mental health disorders that do not have physical ailments, nor cases being covered under Workers Compensation, are addressed by Best Doctors.



This is how the medical review process works:

- After you call 1-866-904-0910, a dedicated Best Doctors Member Advocate will conduct an in-depth discussion with you about your medical condition, including obtaining a full health history of you and your family.
- After the discussion, following your written authorization, medical records concerning your present condition and diagnosis are gathered by Best Doctors.
- When the records are received, the Best Doctors clinical team conducts a comprehensive analysis of your clinical information. They select the appropriate expert(s) for your medical condition to evaluate your case based on the most up-to-date medical thinking.
- Your Member Advocate sends you a report of the expert's findings, summarized in an easy-to-read format, as well as a comprehensive Expert Report for your treating physician's reference.
- Best Doctors speaks with you about the report's findings and then delivers the report to your treating physician, unless you do not authorize it.
- Throughout the process, your Member Advocate is available to answer your questions. At both six weeks and six months after you receive the report, your Member Advocate will follow up with you to see if you need any other help.

In late March you will receive in the mail a welcome kit containing additional information about Best Doctors including a list of Frequently Asked Questions (FAQs). The FAQs as well as other helpful information regarding Best Doctors will be available on MCTWF's website at www.mctwf.org on the *Info Links* page.

We hope that those in need will take advantage of this excellent service.



Required Notices of Waiver from the Annual Limit Requirement of the Affordable Care Act

Retiree Medical Program Plans 145 and 475

The Affordable Care Act prohibits health plans from applying dollar limits below a specific amount on coverage for certain benefits. This calendar year, if a plan applies a dollar limit on the coverage it provides for certain benefits in a year, that limit must be at least \$1.25 million.

Your health coverage, offered by the Michigan Conference of Teamsters Welfare Fund's Retiree Medical Program Plans 145 and 475, does not meet the minimum standards required by the Affordable Care Act described above. Your coverage has an annual limit of \$220,000 on all covered medical benefits.

This means that your health coverage might not pay for all of the health care expenses you incur. For example, a stay in a hospital costs around \$1,853 per day. At this cost, your insurance would only pay for 118 days.

Your health plan has requested that the U.S. Department of Health and Human Services waive the requirement to provide coverage for certain key benefits of at least \$1.25 million this calendar year. Your health plan has stated that meeting this

minimum dollar limit this year would result in a significant increase in your premiums or a significant decrease in your access to benefits. Based on this representation, the U.S. Department of Health and Human Services has waived the requirement for your plan until March 31, 2014.

If you are concerned about your plan's lower dollar limits on key benefits, you and your family may have other options for health care coverage. For more information, go to: www.HealthCare.gov.

If you have any questions or concerns about this notice, contact the Michigan Conference of Teamsters Welfare Fund Plan Administrator at 2700 Trumbull Avenue, Detroit, Michigan 48216. In addition, you can contact the Michigan Consumer Health Assistance Program (MiCHAP) which is run by the Michigan Office of Financial and Insurance Regulation at:

611 W. Ottawa Street
Lansing, MI 48933
(877) 999-6442
<http://michigan.gov/ofir>
ofir-ins-info@michigan.gov

NMFA "Daily Rate" Mini-Med Plan 330

The Affordable Care Act prohibits health plans from applying dollar limits below a specific amount on coverage for certain benefits. This calendar year, if a plan applies a dollar limit on the coverage it provides for certain benefits in a year, that limit must be at least \$1.25 million.

Your health insurance coverage, offered

by the Michigan Conference of Teamsters Welfare Fund's National Master Freight Agreement "Daily Rate" Mini-Med Plan 330, does not meet the minimum standards required by the Affordable Care Act described above. Your coverage has an annual limit of \$100,000 on all covered medical benefits.

NMFA "Daily Rate" Mini-Med Plan 330 Continued on Page 5

This means that your health coverage might not pay for all of the health care expenses you incur. For example, a stay in a hospital costs around \$1,853 per day. At this cost, your insurance would only pay for 53 days.

Your health plan has requested that the U.S. Department of Health and Human Services waive the requirement to provide coverage for certain key benefits of at least \$1.25 million this year. Your health plan has stated that meeting this minimum dollar limit this year would result in a significant increase in your premiums or a significant decrease in your access to benefits. Based on this representation, the U.S. Department of Health and Human Services has waived the requirement for your plan until March 31, 2014.

Required Notice of "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.

If you are concerned about your plan's lower dollar limits on key benefits, you and your family may have other options for health care coverage. For more information, go to: www.HealthCare.gov.

If you have any questions or concerns about this notice, contact the Michigan Conference of Teamsters Welfare Fund Plan Administrator at 2700 Trumbull Avenue, Detroit, Michigan 48216. In addition, you can contact the Michigan Consumer Health Assistance Program (MiCHAP) which is run by the Michigan Office of Financial and Insurance Regulation at:

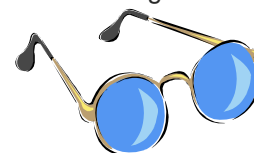
611 W. Ottawa Street
Lansing, MI 48933
(877) 999-6442
<http://michigan.gov/ofir>
ofir-ins-info@michigan.gov

Dependent Death Benefit Claim Filing Limitation

MCTWF's Summary Plan Description states that claims for death benefits must be received within 15 months after the date of death. The Trustees have amended the Plan to extend the claim filing deadline in the case of a claim for a dependent death benefit, to three years following the date of the dependent's death.

Vision Plan Correction

In the Fall 2011 issue of the *Messenger*, the article titled "Introducing MCTWF's New Vision Network – VSP Choice" stated in error that the maximum permissible charge by a VSP network provider for UV protection lens treatment per pair is \$33 for single and \$37 for bifocal, trifocal, or progressive lenses. The correct maximum permissible charge by a VSP provider for UV protection lens treatment per pair is \$16 for single, bifocal, trifocal, or progressive lenses. While MCTWF has been assured that VSP provider charges have been limited to this \$16 maximum, please contact our Customer Communications Department if you believe you were charged incorrectly.



Prior Authorization Newly Required for Certain Brand Drugs

Effective April 1, 2012, prior authorization of the below listed brand name prescription drugs will be required as a condition of coverage. MCTWF's pharmacy benefits manager, CVS Caremark, had sought to impose an absolute exclusion of these drugs due to their inappropriate pricing and marketing by their manufacturers. However, CVS Caremark has agreed instead to a prior authorization process, utilizing reasonable criteria for authorization. To obtain prior authorization, your physician must contact CVS Caremark at 800-626-3046. Those who are currently utilizing any of these brand name drugs are being notified, along with their prescribing physician, directly by CVS Caremark and will be provided with a list of covered alternative drugs that are equally or even more efficacious.

The below list, compiled by CVS Caremark, reflects each drug requiring prior authorization, its therapeutic class, the common medical condition that the class treats, and the alternative drugs in that therapeutic class. *Please note that generic drugs are in lowercase italics and brand drugs are in CAPS.

Drug Subject to Prior Authorization	Common Condition Therapeutic Class	*Alternative Generic or Brand Drugs
BECONASE AQ OMNARIS RHINOCORT AQUA	Allergies Nasal Steroids	<i>flunisolide spray, fluticasone spray, triamcinolone spray</i> , NASONEX, VERAMYST
MAXAIR, XOPENEX HFA	Asthma Beta Agonists, Short-Acting	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
OLEPTRO	Depression Antidepressants	<i>trazodone</i>
BREVOXYL NEOBENZ MICRO	Dermatology Acne	<i>benzoyl peroxide</i>
OLUX-E	Dermatology - Skin Inflammation and Hives Corticosteroids	<i>clobetasol propionate foam 0.05%</i>
FORTAMET GLUMETZA RIOMET	Diabetes Biguanides	<i>metformin ext-rel</i>
TRADJENTA	Diabetes Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	JANUVIA, ONGLYZA
HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R	Diabetes Insulins	NOVOLOG NOVOLOG MIX 70/30 NOVOLOG MIX 70/30 NOVOLIN 70/30 NOVOLIN N NOVOLIN R
LEVITRA	Erectile Dysfunction Phosphodiesterase Inhibitors	CIALIS, VIAGRA
ATACAND EDARBI TEVETEN	High Blood Pressure Angiotensin II Receptor Antagonists	<i>losartan</i> , BENICAR, DIOVAN, MICARDIS
ATACAND HCT TEVETEN HCT	High Blood Pressure Angiotensin II Receptor Antagonists/Diuretic Combinations	<i>losartan-hydrochlorothiazide</i> , BENICAR HCT, DIOVAN HCT, MICARDIS HCT
ALTOPREV LIVALO	High Cholesterol HMG Co-A Reductase Inhibitors (HMGs or Statins)	<i>lovastatin, pravastatin, simvastatin</i> , CRESTOR, LIPITOR
ADVICOR	High Cholesterol HMG Co-A Reductase Inhibitors /Niacin Combinations	SIMCOR
OXYTROL SANCTURA XR TOVIAZ	Overactive Bladder/Incontinence Urinary Antispasmodics	<i>oxybutynin ext-rel</i> , DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE
ARTHROTEC FLECTOR	Pain and Inflammation Nonsteroidal Anti-inflammatory (NSAIDs)/ Combinations	<i>diclofenac, meloxicam, naproxen with misoprostol</i> , CELEBREX, VIMOVO <i>diclofenac, meloxicam, naproxen</i>
RYZOLT	Pain Non-Narcotic Analgesics	<i>tramadol ext-rel</i>
AXIRON FORTESTA TESTIM	Testosterone Replacement Androgens	ANDRODERM, ANDROGEL



Retiree Medical Program Rates: April 2012 - March 2013

Effective April 2012, the monthly self-contribution rates listed below apply to all those participating in MCTWF's basic Retiree Medical Program, Plan 145. For those purchasing the supplemented Program, Plan 475 (which includes MCTWF's hearing, vision, and Dental Plan 2 benefits), add \$142.00 to the following Program rates:

April 2012 Plan 145 Monthly Self-Contribution Rate (Covers Both the Retiree and the Eligible Spouse)*						
	<i>Years Participating in MCTWF under a Plan with Retiree Medical Program Coverage</i>					
Age at MCTWF Retirement Date	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
50 – 54	\$735	\$665	\$600	\$540	\$460	\$405
55 – 59	\$560	\$525	\$485	\$440	\$410	\$375
60 – 64	\$405	\$390	\$375	\$355	\$345	\$335
For eligible retirees whose active employment ceased prior to January 1, 2002: <u>\$335</u>						

* Eligibility to participate in the Program ceases for the retiree or the spouse when he or she becomes eligible for Medicare Part A coverage or engages in prohibited employment (as defined by the Summary Plan Description Booklet). In the event that the retiree becomes eligible for Medicare Part A, the spouse may continue to participate in the Program at the retiree self-contribution rate until or unless such participation, from the date of commencement, exceeds five years. Spouse participation then requires self-contribution at the Program's cost based rates. If the retiree dies or becomes eligible for early age (disability) Medicare coverage, the otherwise eligible spouse may continue to participate in the Program as an "extended retiree spouse" at the retiree's contribution rate, unless or until the later of a) five years from the date that the retiree's Program coverage began or b) until the date the retiree would have attained age 65, after which, for so long as she remains eligible, the spouse may continue to participate at the Program's cost based rate.



Retiree Medical Program Self-Contributions Must be Paid on Time

For those who participate in the Retiree Medical Program, timely receipt of your self-contributions is essential to preserve your right to participate. Even your non receipt of MCTWF's invoice and payment coupon does not relieve you of that responsibility; coverage will terminate if your self-contributions are not received when due. MCTWF encourages you to take advantage of Automated Clearing House (ACH) electronic funds transfers in which monthly self-contributions are automatically withdrawn from the retiree's checking or savings account on the date the payment is due, thereby eliminating the monthly concern about making timely payment. To begin the ACH transfer process, complete the authorization form (which can be obtained by contacting MCTWF's Retiree Department) and include a voided check (for identification of your checking account) or a deposit slip (for identification of your savings account) and return it to MCTWF's Retiree Department.

Reminder Retiree Eligibility Ceases Upon Medicare Eligibility

In addition to the other causal events stated in your Summary Plan Description, 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 (i.e., the retiree's or spouse's) 65th birthday falls or b) the date that the individual becomes eligible for early Medicare Part A coverage. It is imperative that the individual immediately call to inform MCTWF of his early Medicare eligibility date and that the individual immediately cease the use of Program benefits. MCTWF will ask the individual for a copy of the Medicare card or letter from the Social Security Administration stating the effective eligibility date. MCTWF will pursue recovery from the individual for any Program benefits paid for services incurred on or after the individual's Medicare eligibility date.

Prior Authorization for Cialis

MCTWF's prescription drug program limits coverage of erectile dysfunction medications to six tablets every 34 days or to 20 tablets every 90 days, for which no prior authorization is required. The FDA has recently approved the erectile dysfunction drug, Cialis (generic name - *tadalafil*), prescribed for once daily use at a 2.5mg or 5mg dose, for the

treatment of benign prostatic hypertrophy (BPH). Therefore, **effective March 1, 2012**, MCTWF's prescription drug program is covering prior authorized prescriptions for once daily use of 2.5mg or 5mg dose Cialis, for the treatment of BPH. To obtain prior authorization, your physician must contact CVS Caremark at 800-626-3046. The duration of approval will be 12 months.



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

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

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



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 Medical Professional or Vision Claims 800-637-6907
For Dental Claims 800-524-0147
For Hospital Claims 800-482-3787

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

Employer Trustees:
HOWARD McDOUGALL (decd.)
RAYMOND J. BURATTO
EARL D. ISHBIA
ROBERT W. JONES

Benefit Bank Weeks Renewal with Expanded Coverage

We are pleased to announce that the Trustees have renewed MCTWF's standard benefit bank week program for SOA, TIF and Key 1, 2, and 3 medical plans for the 36 month period beginning April 1, 2012 as follows:

- **Effective April 1, 2012**, eligible participants, who are actively employed as of that date, will be allotted six benefit bank weeks for use during the period April 1, 2012 through March 31, 2015.
- **Also effective April 1, 2012, benefit bank week coverage will be expanded to include dental and vision benefits provided for in the participant's active plan.** As is currently the case, no short term disability ("loss of time"), total and permanent disability, or death benefits will be available when incurred during benefit bank weeks.
- Participants who are not actively employed on March 31, 2012 and who are still covered by remaining benefit bank weeks will continue to be so covered (without dental and vision benefits) until their benefit bank weeks are exhausted. Upon their return to active employment and the payment of contributions on their behalf, participants will receive a new allotment of six benefit bank weeks (with dental and vision benefits) through March 31, 2015.
- Participants who are not actively employed and who have exhausted their current benefit bank week allotment by the March 31, 2012 expiration date, also will receive a new allotment of six benefit bank weeks (with dental and vision benefits) through March 31, 2015, upon their return to active employment and the payment of contributions on their behalf.

