



The Michigan Conference of Teamsters Welfare Fund

Increased Benefits Effective April 1, 1999

RETIREE BENEFIT PLAN

The Retiree Benefit Plan was originally designed to offer Health-care benefits to our members that were able to retire before they were eligible for Social Security and Medicare coverage. Once a Retiree Plan Participant becomes eligible for Medicare Benefits, their coverage at the Fund ends.

Over the years, we were able to increase those benefits until we reached our current level at a very affordable contribution. As we announced last month, the maximum payable amount for this Plan was increased to \$150,000.00 per person., per year.

The increased annual maximum of \$150,000.00 is available as of April

1, 1999 and your claims are being processed accordingly.

POST- 65 BENEFITS FOR RETIREES

Once eligible for Medicare, our retirees still incur uncovered expenses. In particular, the cost of medicine has continued to increase and is still not covered by Medicare.

This pharmacy benefit is available to all members and their spouses who have previously qualified for the Retiree Benefit Plan, and who are now eligible for Medicare. This benefit covers retail as well as mailorder prescriptions. Medicare eligibility can be for a disability or for those retirees who are aged 65 or over.

We are setting up the enrollment and reimbursement procedures, which will be completed by October 1, 1999. Until that's completed, please save any and all prescription drug receipts, copies, and documentation that you may acquire on or after April 1, 1999. If you are eligible, you must submit

those to the Fund for reimbursement by October 1, 1999.

The monthly Contribution rate per individual is based upon years of service with the Fund. They are:

<u>Yrs of Service</u>	<u>Rate Per Person</u>
05 - 10	\$18.00
11 - 15	\$16.00
16 - 20	\$14.00
21 Plus	\$10.00

A mailing of all those who may qualify was sent out in July, 1999 explaining the benefit and how to apply. If you know of anyone who may qualify and did not receive this mailing but would like to apply for this benefit, please have them contact the Fund's Retiree department at 313-964-2400 extension 261.

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Active Benefit Plan Increases

The following briefly recaps the benefit improvements for the participants of our Active Benefit Plans as of April 1, 1999.

Dental Plan Benefits

Restorations up to 55%
Crowns up to 114%
Dentures up to 89%
Bridges up to 340%
Annual Maximum paid is now \$2,500 per person. Lifetime

Orthodontic paid is now \$2,000 per calendar year (paid at 80% of billed charges)

Optical Plan Benefits

Exam \$50.00
Frames \$75.00
Single Vision Lenses \$50.00 pr.
Bifocal Lenses \$60.00
Trifocal Lenses \$70.00 pr.
Contact Lenses \$80.00 pr.

Chiropractic Plan Benefits

Increased to \$1,000 per person, per

Hearing Aid Plan Benefits

You may now obtain hearing aids from the provider of your choice! Increases are \$1,000 for one aid and \$2,000 for a pair of aids, every two years.



Women's, Men's and Children's Health Benefits

We are very pleased to implement these new health benefits. The recommendations of the Fund's Medical Director were outlined in the last issue of the Messenger. We cannot emphasize enough the importance of these treatments and diagnostic procedures. In fact, our Trustees have authorized us to waive any deductibles and co-payments that may be applicable under the various Benefit plans for these procedures.

The Physical Examinations (Health Evaluations) will be payable according to our Reason-

able and Customary level of benefits once every twelve (12) months.

The various tests, mammograms, pap smears, sigmoidoscopies, stool occult blood tests, etc. listed in the previous Messenger may be performed at the medical discretion of your primary care physician and again, paid according to your Plan specifications without co-pays or deductibles.

The Children's Health Benefits have also been approved for payment at the Fund's Reason-

able and Customary level, without any co-payments or deductibles normally associated with the various Benefit Plans. These new benefits are well baby exams, routine children's exams, and immunizations.

PRE-65 POTENTIAL RETIREES ELIGIBILITY

ATTENTION PRE-65 POTENTIAL RETIREES!!

Effective April 1, 1999, the eligibility rules for participants who retire prior to age 65 have slightly changed. In order to be eligible for retiree benefits you must: Be at least 57 years old and have worked 40 weeks a year in a 5 year period of time or have worked 40 weeks a year in 7 out of 10 years. Or, you must be at least 50 years old and have been employed for the past 20 years or more, for

40 weeks a year in a 5 year period of time or 40 weeks a year in 7 out of 10 years.

The participant may also not be engaged in Prohibitive Employment. Which means, you can not work for an employer that contributes to the Fund or who has a collective bargaining agreement with the International Brotherhood of Teamsters. You may also not be employed in the same industry as you were when you with the Fund. This includes self -

employment and excludes employment through a government agency. You cannot be eligible for Medicare in order to receive retiree benefits. All previous rules not listed above no longer apply.

If you have any questions on these eligibility rules, contact the Fund retiree department at 313-964-2400 extension 261.

"All previous rules not listed above no longer apply"

HEALTH TIP

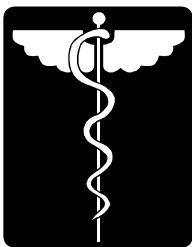
According to Joel Alpert, M.D. and President of the American Academy of Pediatrics (AAP), "the benefits of vaccines, including hepatitis B, far outweigh the potential, indeed minuscule risks. The best advice I can give to parents is Immunize your child." The AAP states a child needs three doses of the hepatitis B vaccine by the time

they are 18 months old: one given at birth, the second at 1-4 months and a third at 6-18 months. The first dose is delayed for premature babies or those with other illnesses during the first days of life.

Hepatitis can cause infections at any age. It may lead to chronic infection of the liver and serious disease ,if acquired dur-

ing infancy or childhood.

Since the Fund's April 1, 1999 announcement, you can immunize you children at reasonable and customary levels without any copayments or deductibles. So don't delay, immunize your children today!!



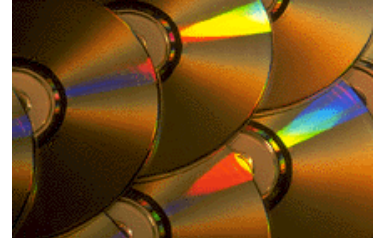
Service Improvements at the Fund

Here at the Fund we try to develop ways of improving the services we provide to our membership. Recently we have added phone lines to our current system. With these additions the Member Services area is able to place other necessary calls to answer membership questions without losing the member in the process. Other phone system enhancements are forthcoming and will be announced in future Messenger issues. We appreciate your patience during the implementation process.

We have also added, and are in the process of adding, new staff to our Member Services and Claims Processing departments. These additions will aid in processing membership claims quicker and will also help in answering membership questions over the phone, without being put on hold for a long period of time.

The Fund strives to keep up with the times, especially technology. We have implemented a new computer system that includes the ability to send and

receive E-mail. If you have any questions you would like addressed or any suggestions on improvements here at the Fund please feel free to use our E-mail system. Membership questions or suggestions can be directed to clintonld@mctwf.org and claims processing issues can be directed to andersontr@mctwf.org.



LETTERS TO THE FUND



On occasion we receive letters from our membership on a "job well done". We appreciate knowing that our efforts do not go unnoticed. Here is one we would like to share with you:

"Dear Lisa:

I am writing this letter to compliment you on your staff of very fine gals. In July of 1998 I had an unexpected heart operation out, Kathy McDonald. I talked

and will never be able to work again, this caught me off guard and my wife and I were worried how we could make our house payment and pay bills. I called Local 247 and that's when help arrived thru the efforts of your staff. I have called many times and talked to I think every gal in the office, and every one of them were polite and helpful you must be very proud of them. There is one person who stands

to her so many times. She is so kind, understanding, and patient, she makes one feel that you are the only one she is working with. So I am writing this to say a very special thank you Kathy McDonald, and all the other fine gals."

Thank You
God Bless,

Donald J. Sexton
Shirley E. Sexton

Referrals to Non-Participating Providers

At times there are instances where a plan A member must go to a physician outside of the provider network. In such cases, a referral from your physician is needed. Effective September 1, 1997, it was announced that all referrals need prior approval by the Fund, which is still in effect today. However, there are some procedures that ARE NOT considered payable, therefore referrals are

not accepted. Some examples are, but not limited to, infertility, marriage counseling, pregnancy for dependent daughters, and experimental procedures.

Some procedures require that you not only have your physician send a referral to the Fund but also medical documentation. The documentation is then reviewed by Fund Medical Consultants to determine medical ne-

cessity. These procedures are sleep studies, pain management and sclerotherapy.

If you have any questions or need further information regarding referrals, please contact the Fund's Provider Relations Department at 313-964-2400.

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*The Michigan Conference of Teamsters
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2700 Trumbull Ave.
Detroit, Michigan 48216

313-964-2400
Metro Detroit 1-800-572-7687
Upstate Members 1-800-824-3158
Out-of-State 1-800-334-9738



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FUND TIP

IMPORTANT NOTICE REGARDING LAB CHARGES

Fund participants are reminded that if you receive a bill for laboratory charges and have questions, please do not call the Fund office. In order to save yourself time and aggravation, please contact Lab Corp (formerly known as Universal Standard Medical Laboratories) at:

1-800-622-6858