



The Michigan Conference of Teamsters Welfare Fund

Changes at the Fund

DENTAL PLAN UPDATE

The Board of Trustees have announced, effective January 1, 2000 the following limitations shall apply to participants who are enrolled in the dental program:

- Oral Examinations are payable twice per calendar year
- Prophylaxis are payable twice per calendar year
- Bitewing X-rays are payable twice per calendar year

Currently the dental program offers these services every six

months. With all of our busy schedules these days, we sometimes miscalculate the amount of time that has lapsed between these procedures, which result in rejected claims. At the Fund we believe by offering these procedures twice per year this problem will be alleviated.

This change will go into effect on January 1, 2000 regardless of the last time any of the listed procedures were performed, and will be replenished again the following January.

If you have any questions or concerns, please do not hesitate to contact our Member Services department at (313) 964-2400 extension 430.

covers children under the Children's Health Benefit with no copayments or deductibles.

As designated by the American Academy of Pediatrics, the types of immunizations that are covered include Hepatitis B, Diphtheria, Tetanus, H Influenzae, Polio, Measles, Mumps, Rhubella and Varicella (chicken pox).

Under this benefit you may take your child to the pediatrician of your choice and receive full coverage for immunizations, well baby and child examinations. If you are uncertain what vaccinations are payable contact the Fund office and we will advise you.

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CHILD IMMUNIZATIONS

In the March, 1999 Messenger the Children's Health Benefit was announced. This benefit provides full coverage for all physical examinations and immunizations regardless of your health plan choice at the Fund. Effective since April 1, 1999, this benefit



Plan Document Interpretation and Benefit Claim Decisions

Plan participants should be aware that the Trustees have full and absolute discretion, authority and power to interpret, control and implement the terms of the Trust and all other documents and instruments governing the Fund, including, but not limited to, the terms of the benefit plans, rules, regulations and policies adopted by the Trustees. The Trustees have full and absolute discretion, authority and power to determine all questions of coverage and eligibility, methods of providing and arrangement for benefits, and all matters concerning the operation of the Fund and all claims for benefits.”

REMINDER

Any bills you receive for laboratory services should be forwarded to the Welfare Fund for payment. Do not pay any laboratory bills you receive unless you have been directed to by the Fund office.



New Treatment for Rheumatoid Arthritis

Recently the FDA approved the drug Enbrel for the treatment of Rheumatoid Arthritis. Rheumatoid arthritis is a serious, chronic, incurable inflammatory disease that is characterized by inflammation of the joints. In recent years, research has suggested that a substance called tumor necrosis factor (TNF) may have an important role in the development of the disease. Enbrel is a genetically engineered copy of a cell “receptor” and when injected, soaks up the excess TNF in patients blood before the substance can make its way to joints to do damage.

According to the FDA “Enbrel can significantly reduce pain and swollen joints that have restricted their normal daily activities for years.” Enbrel does not cure rheumatoid arthritis but a study shows 59% of patients who took Enbrel for six months improved significantly. In this study, the most notable side effect was itching at the site of the injection, whereas other arthritis treatments include diarrhea and liver toxicity.

Enbrel, which is administered through injection twice weekly, has been approved for adults but is being researched for the treatment of juvenile rheumatoid arthritis.

Enbrel is covered under the Fund’s prescription drug program and is a big step forward for the treatment of rheumatoid arthritis. If you suffer from arthritis, you should confer with your physician to find out if Enbrel is right for you.

Additional Information Requests

One of our most often heard complaints at the Fund concerns the number of letters we send requesting additional documentation in order to complete the processing of claims submitted. In general, if additional information is required, a letter is sent to both the provider of the service and to our member. After 30 days, a follow-up letter is sent to both parties, and another letter thirty days after that.

These letters are computer generated and mailed automatically. We understand it can be very frustrating when a response has been sent back to the Fund, and additional letters continue to be

sent! We have now modified our system to send only an initial request and follow-up letter 21 days later. The claims involved will close 14 days after the follow-up letter if no response is received. If the response is received after the claim has closed, it's simply a matter of re-opening the claim to complete the processing.

Another thing to keep in mind is our annual request for "Other Insurance Information". With so many people in the workplace today, annual "sign-up" options, and the frequency that people switch jobs, their medical, dental, and optical insurance coverage change more often than ever before. We receive many complaints regard-

ing the number of times we ask for this information. However, please understand we need to update your records in order to make the correct payments as claims are received. The letter requesting "Other Insurance Information" has also been modified to cut down on the number of times that you will receive this request. We have also combined the medical, dental, and optical requests into one all-inclusive letter, so that one letter will address all three types of coverage.

We hope that these changes will enable us to process your claims more efficiently and timely, while cutting down on the paperwork required.

Retiree Supplemental Pharmacy Benefit

The computer programming of the Retiree Supplemental Pharmacy Benefit Plan is nearing completion and we anticipate that we will begin processing those claims the first of next year. The claims that we will be processing here at the Fund are those that you had to purchase because the Prescription Cards were not immediately available. These reimbursements will be sent directly to the participants of this plan.

Remember, this benefit renews on January 1, 2000 and contributions must continue to be submitted in order to continue participation in this program. If you have any questions or have yet to receive your card, please contact our Member Services department at (313) 964-2400 extension 430.

Letters to the Editor



The Fund Welcomes comments and suggestions from our membership. Your input is important to us. If you have an experience you would like to share with our members or would like to make a suggestion on how we could provide better services, please drop us a line and let us know. Address your suggestions or comments to:

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Happy Holidays



**From the Trustees and Staff
of the Michigan Conference of
Teamsters Welfare Fund**