

Messenger



Message from the Fund’s Executive Director, Richard Burker

Greetings to all of you and your families from the staff of the Fund and our Board of Trustees. We hope this *Messenger* finds you and yours in good health to enjoy the dawning Spring and, if you’ve had occasion to make use of your Fund benefits, we hope that you’ve found your access to physicians improved, your coverage to be good and our interactions with you to be professional and courteous. We work on quality issues every day and nothing short of excellence will ever be acceptable to us.

We have led off this issue with a brief reminder about the Fund’s “Wellness Program.” We are making a focused effort to encourage you to make use of this free program, which can prove so crucial to your family’s well being. All PPOM primary care physicians have been alerted about this program and we will be sending a clear and comprehensive brochure to you in the near future.

On page 2 of this issue you’ll find a review of new benefit additions for midwifery, dietary counseling and orthotics. On page 3, the Fund’s Medical Director continues his series on the effects of fats in our diet with an article on “Treatment of Cholesterol Abnormalities” for the reduction of heart attacks and strokes. You will also find reference on the back page of this issue to an excellent article published by the Economic Alliance of Michigan and available through our website, regarding the positive correlation between high volume heart surgery programs and survival rates.

Of final note is the *Messenger’s* “Spotlight on Bill Bernard”, the Fund’s current longest serving Trustee and principal officer of Truck Drivers and Helpers Local Union 164. We trust that you’ll find this brief personal perspective on Mr. Bernard compelling. We plan to interview each of our Trustees for articles in future issues.

Once again, we encourage your questions and comments and we will print those that we feel to be of substantial value and interest. Please send them to the *Messenger’s* Managing Editor, Corrine Buchanan. The Trustees and staff wish you and your family the best of health, good fortune and a great spring season.

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Wellness Program

Working with your health care provider to keep you well is as important as getting treatment when you are ill. Yet many people die prematurely from diseases that could have been prevented or avoided.

That is why the Michigan Conference of Teamsters Welfare Fund developed its Wellness Program. This cost free Program was developed two years ago to promote a proactive rather than reactive approach to maintaining your well being through preventative care.

Some of the program features include:

Women’s Health Benefit

- Mammograms
- Cervical cancer screening (Pap smear)
- Periodic physical examination including family and personal history, health habits, height/weight, blood pressure, blood sugars (diabetes screening), cholesterol, triglycerides (lipid panel), skin cancer screens, breast cancer screens, and pelvic examination.
- Stool occult blood test
- Flexible sigmoidoscopy screening

Men’s Health Benefit

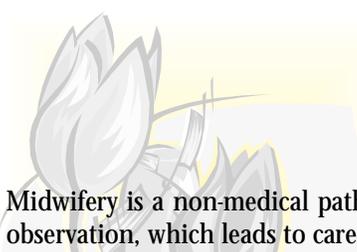
- PSA tests
- Stool occult blood tests
- Periodic physical examination including family and personal history, health habits, height/weight, blood pressure, blood sugars (diabetes screening), cholesterol, triglycerides (lipid panel), skin cancer screens, testicular cancer screening, and digital rectal examination
- Flexible sigmoidoscopy screening

Children’s Health Benefit

- Well baby and child physical examinations
- Immunizations as designated by the American Academy of Pediatrics

All co-payments and deductibles will be waived for these services, so please make your appointment today and get on the road to staying healthy.

In support of the Fund’s effort to encourage the full use of this Program, a more detailed brochure explaining these services and why they are of such value, will be sent to you in the very near future.



New Benefit Additions

Midwife Benefit

Midwifery is a non-medical pathway in the care of pregnant women. It's philosophy and practice are based on experience and observation, which leads to care that considers pregnancy a natural process, rather than one based on a disease model. There are two types of midwife practitioners. The first is a formally trained registered nurse, Certified Nurse Midwife (CNM), educated in both nursing and midwifery. All fifty states certify CNM's, with most having a Masters Degree level in training. CNM's provide primary health care for women and newborns, with an emphasis on normal pregnancy, labor and delivery, healthy newborn care, and well-woman gynecology, as well as family planning. The second type of practitioner is referred to as a Direct-Entry Midwife. Not all states license these practitioners, as they have acquired their knowledge by practical experience in the assistance of other direct entry midwives and occasionally CNMs.

The Fund is pleased to announce that effective January 1, 2001 CNM services are now considered a payable benefit. However, the Fund will not allow benefits for both a midwife and a physician, unless there are complications that require the intervention of a physician. CNMs may practice as prescribed by their Michigan licensing with or without a hospital affiliation. If you have any questions or concerns regarding this benefit, please contact the Member Services Department at (313) 964-2400.

Dietary Counseling Benefit

The Fund is pleased to announce that effective October 1, 2000, unlimited dietary counseling by a Certified Dietician is a covered benefit for eligible active participants and pre-65 retirees, subject to applicable benefit plan co-pays and/or deductibles, for the diagnostic categories listed below:

- 1) Diabetes mellitus (insulin and non-insulin dependent)
- 2) Obesity of any category (starting at twenty lbs. over ideal body weight)
- 3) Arterial hypertension with sodium dependency and/or obesity
- 4) Renal insufficiency requiring a sodium or protein limited diet
- 5) Cardiac failure with the need for salt restriction
- 6) Hyperlipidemias of all types with or without simultaneous use of lipid lowering medications

Contact the Member Services Department for any additional questions or information you may need on this new added benefit.

Orthotics Benefit

Orthotics are custom molded in-shoe rigid devices made from a plaster mold of a patient's foot and are used to help stabilize or limit abnormal motion of the feet. These devices are most commonly used to treat flat feet and heel spurs, however have not been included in any of the Fund's benefit plans as a covered benefit, until now.

The Fund is pleased to announce that effective January 1, 2001 orthotic devices are covered under the medical benefit plans, once prior authorization from the Fund has been received.

In order to obtain prior authorization for the orthotics benefit, your physician must contact the Fund office by calling our Member Services department at (313) 964-2400 .

Flexible Dependent Coverage Program

Under the Fund's Flexible Dependent Coverage Program a medical spending account of \$45 per calendar month is established for participants to use to cover medical, dental and optical co-payments. In November, 2000, participants enrolled in active plans that provide flexible dependent coverage were mailed comprehensive information about the Program, including a new election form which provides for perpetual enrollment effective beginning with the calendar year 2001. Thus, a participant who elects to enroll in the Flexible Dependent Program will remain enrolled thereafter until such a time as the Fund receives written notification that he/she no longer wishes to participate. Previously participants were required to enroll annually. However, as before, you may newly enroll or reenroll in December of each year for the following year if you satisfy the eligibility criteria.

Any inquiries you may have concerning this benefit should be directed to the Member Services department at (313) 964-2400. We will repeat this message in future issues of the *Messenger*.

Treatment of Cholesterol Abnormalities

From the Fund's Medical Director, **Elliotte Moss, M.D.**

In the last issue of the *Messenger* we discussed the fatty particles in our bodies (lipids) and the roles they play. The article also explained how your physician calculates your cholesterol, LDL, HDL and triglyceride levels. In part two of this series I will explain what these levels mean and what you can do to control them once they have been determined by your physician.

The two tables below represent the recommendations of the National Cholesterol Education Project Expert Panel on the evaluation and treatment of high blood cholesterol. Recommendations on the treatment of adults were re-printed in the Journal of the American Medical Association in 1993. At your next wellness examination, I suggest that you match up your post-fasting blood LDL and HDL levels with these charted guideposts, adjusting for your risk factors (shown in Table 2 below) to determine your cholesterol health. With the assistance of your primary care physician, you may determine your requirements for dietary therapy with or without the addition of a medication.

As can be seen, all four categories of risk with their corresponding LDL treatment points have dietary therapy as the initial recommendation. The diet they recommend is the American Heart Association's low-fat (less than 30% of your total calories), low total calories, and low total cholesterol (less than 500 mg per day). This is a variety of the so-called Mediterranean diet and can be obtained by requesting it from your local chapter of the American Heart Association. All LDL's too high to be treated by diet alone are treated with "statins" (the most important therapeutic advancement of the 1990's). Except for the most elevated LDL's (those exceeding 250 mg/dl), almost all patients can be brought to target (LDL Goal in Table 1 below). The following drugs (listed by their order of potency) are utilized when statin therapy is required: Lipitor, Zocor, Baycol (in a high dose), Pravachol, and Lescol. These drugs are all appropriate when matched to the degree of LDL reduction required, with a certain degree of controversy as to what those targets may be, yet all enjoy a significant proportion of the market. The differences between these drugs in terms of their power, price and effectiveness are too complex to discuss in detail, but it is my suggestion that if your primary care physician prescribes one of them, he or she should discuss these factors with you in detail.

HDL as a risk factor and as an individual treatment goal has recently been described as the next great goal of therapy. As yet, we have relatively low power treatments in the attempt to increase HDL levels. Currently recommended are two drugs: Tricor and Lipid, along with niacin preparations are occasionally of some value. Smoking cessation, estrogen replacement therapy, regular aerobic exercise and weight reduction are very helpful additional lifestyle modifications that have significant impact on HDL levels. Clearly, the higher the HDL level the more significant long-term improvement in cardiovascular outcomes.

It is clear that by altering our personal habits, evaluating our lipids at routine wellness examinations, and availing ourselves of effective, safe medical therapies, that important reduction in heart attack rate and stroke occurrence are possible.

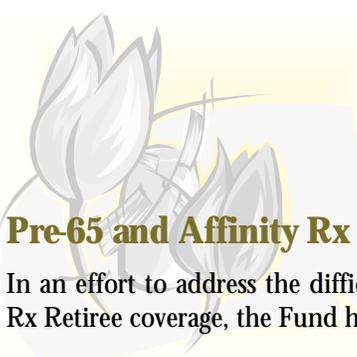
Treatment Decisions Based on LDL Cholesterol Level			
Patient Category	Initiate Dietary Therapy	Initiate Drug Therapy	LDL Goal
With CHD or other arteriosclerosis	greater than 100 mg/dL	greater than 130 mg/dL	less than 100mg/dL
Without CHD and with 2 risk factors	greater than 130 mg/dL	greater than 160 mg/dL	less than 130mg/dL
Without CHD and less than 2 risk factors	greater than 160 mg/dL	greater than 190 mg/dL	less than 160 mg/dL
Selected low-risk individuals	greater than 160 mg/dL	greater than 220 mg/dL	less than 160 mg/dL

Table 1

Positive Risk Factors (Add Risk)
<ul style="list-style-type: none"> • Male over age 45 • Female over age 55 or premature menopause without estrogen replacement therapy • Family history of premature CHD (definite myocardial infarction or sudden death before 55 years age in male first-degree relative or before 65 years of age in female first-degree relative) • Current Cigarette smoking • Hypertension • Diabetes mellitus • Low HDL cholesterol (less than 35 mg/dL)
Negative Risk Factors (Reduce Risk)
<ul style="list-style-type: none"> • High HDL cholesterol (greater than 60 mg/dL) • If the HDL cholesterol is greater than 60 mg/dL,

Table 2

CHD= Coronary Heart Disease



Retiree Benefit Information

Pre-65 and Affinity Rx Retiree Programs—Filing of Election

In an effort to address the difficulty that some participants have had in meeting the deadline for electing Pre-65 or Affinity Rx Retiree coverage, the Fund has extended that window of opportunity.

The time for electing coverage is triggered by the participant's "Retirement Date," which is defined as the date an individual ceases to be covered by the Fund as an active employee as a result of retirement. Under the previous rules, a participant had to notify the Fund within 30 days following his/her Retirement Date. **That deadline is now extended to 90 days following the participants Retirement Date.**

Even with the extended deadline, some participants may, for acceptable reasons, be unable to comply under certain circumstances. In such case, the participant should consult with the Fund's Retiree Department during the 90-day window.

Affinity Rx Program Renewal

The Fund is pleased to announce the renewal of the Affinity Rx Program for calendar year 2001 (January 2001 through December 2001).

Entitlement was re-established on January 1, 2001 for all program participants who paid their monthly contributions through December 2000. Under this program all retired Medicare eligible participants are entitled to an annual maximum of \$1,000 of prescription drugs subject only to a co-payment of \$5 (generic drugs) or \$10 (brand name drugs) for each filled prescription. Once the annual maximum is reached the participant is entitled to purchase prescription drugs at the deeply discounted rate at which the Fund is charged.

Please be aware that open enrollment for previously retired Medicare eligible participants closed on December 31, 2000.

Enrollment into the Affinity Rx Program must occur within 90 days following the date a participant becomes eligible for Medicare. Once enrollment has been approved and payment is received, coverage will begin on the first of the month following the month in which payment was received. For example, a participant who sends their election form along with payment, received on January 10, 2001 will be covered effective February 1, 2001.

Remember, payments must continue to be paid to the Fund for the entire year regardless of whether the \$1,000 maximum has been reached, or coverage will be cancelled and cannot be reinstated.

Extended Retiree Spouse (formerly known as Retiree Surviving Spouse) Self-Contribution Rates

The Fund has adopted new monthly self-contribution rates for extended retiree spouses, whose coverage would otherwise terminate. These rates are effective April 1, 2001 through March 31, 2002 and are as follows:

Plan SOA or TIF	\$ 431.33
Plan I&S	\$ 385.28

Extended Retiree Spouse coverage was implemented in 1990 to accommodate pre-Medicare eligible spouses who lose entitlement to coverage under the Pre-65 Retiree Plan, upon the later of five years of Pre-65 Retiree Plan coverage, the retiree's 65th birthday, or if earlier, the retiree's death.

Extended Retiree Spouse coverage may continue until the earlier of the spouse's re-marriage, attainment of age 65, or eligibility for Medicare.

Spotlight on Fund Trustee, Bill Bernard

We drove right past that unpretentious building on Ann Arbor Road in Jackson. It bore on its wall in simple lettering, “Truck Local 164”, apparently trimmed down to its essence from its full name by some young artists/vandals, but nonetheless a terrific visual metaphor for the proud and humble patriarch who fills every square foot of that thriving hub of communication and communion with the energy of his fierce dedication to the well-being of his members. They in turn have decided to spruce up that building, crown it with a dazzling new sign and on May 5th dedicate it to that man who for 30 years has cared so well for them and their loved ones.

For those of you who have not had the pleasure, this is to introduce you to Bill Bernard. Those of us at the Fund who have had the opportunity to work with Mr. Bernard in his role as Trustee have observed the quality and vigor of his work and have been treated by him with graciousness and humor. So, while this piece is admittedly plagued with admiring flourishes, they are heart felt.

We had an appointment to interview him but, not surprisingly, he left us standing out in the hallway (Brenda kindly kept us company), with the sawdust flying and a power saw screaming while he rushed around tending to his obvious priority, his members. But then, with warmth and pride, he took us around, introduced us to Cathy, Kyle Foster, Al Sprague and the dog, and to every nook and cranny in that fine building, which was built when Mr. Bernard, recently arrived in Jackson, irked that the local union hall on Cooper Street was permeated by the noise, rats and smell of the bar below and that members had to fight their way through the rowdy town barflies, decided to do something about it. So, having enlisted Marty Hans, Business Agent and Local Officer, they successfully lobbied the principal officer, Jay McCann, to seek the support of the membership for a home they could be proud of.

We finally pried him loose for some lunch and some stories. We learned of his brush with death in 1949 when he was side swiped off the Sandusky Bay Bridge by a car hauler, helplessly watching the horror of six victims dragged with him before losing consciousness in the water below; everyone survived and the hit and run car hauler driver finally got some religion after being busted by the police a couple of towns down the road. He told us of the heartbreaking strike at Jacobson’s where 170 Teamsters, after having endured 6 months without satisfactory resolution and having witnessed their jobs taken by replacement workers, were so caught up in the emotion and tragedy of their situation that they failed to heed Mr. Bernard’s urging to comply with the deadline to return to work. It took eight years of replacement worker attrition before the last of them got their jobs back.

As he spoke further of events of his life, it became clear that the pragmatic and thoughtful perspective which Mr. Bernard demonstrates to us at the Fund is wrapped around a core of uncompromising principle, a source of pride but also a source of occasional political turmoil and distress for him and his family.

Following lunch, Mr. Bernard took us back to the beginning, his first truck driving job, the freedom of tramping around the country following high school, his first taste of mass human despair mixed with the excitement of exploring France as a volunteer GI at the tail end of World War II, the corporal who thereafter convinced him to enlist in the Army Reserves, on the road again as a Teamster and steward for Roadway Transit in Detroit and Associated Truck Lines in Grand Rapids, the unexpected call up of his Reserve Unit, the jump training at Ranger school in Fort Benning, Georgia, chemical, biological and radiological warfare training in Gifu, Japan, and then Christmas Eve 1950 “Operation Snowflake”, the black bitter cold anxiety aboard ship, the Korean coast landing at Enchon, the incomprehensible slaughter of so many troops and friends along side of him, then four more years of harrowing devastation – defenseless villagers, more soldiers, more friends – the story is so tragic, that we would not relate it here were it not so revealing about him as a man of compassion and loyalty, a man driven to survive and to lead a life of value.

Next, a return to the States, trying to put the war behind him, back to Associated Truck Lines as chief steward, the beginning of his relationships with Jimmy Hoffa, Bert Brennan and Bobby Holmes (first in particular admiration of their vision, organizational and strategic brilliance and dedication to the members, then with other stewards forming the backbone of the Teamster national movement, then ultimately in friendship with Hoffa, Brennan, Holmes and their families), the critical victory over Associated which was trying to circumvent the local freight haulers (ironically resulting in the closing by Associated of Mr. Bernard’s terminal), his relocation to Coldwater and then to Jackson with his ever supporting wife Bev, his progression from business agent to officer to principal officer of Local 164, election to the Joint Council 43 Executive Board, appointment as a Trustee of the Fund, numerous chairmanships, decades of organizing campaigns, victories and defeats, strikes, layoffs, good and bad economies, new industries, politics, union upheavals, negotiations, benefit improvements and... a lot of miles.

By all accounts, though, he has never lost his perspective or his passion or his effectiveness; always organizing, always working deep into the night for his members and appreciative of the opportunity to do so. One of Mr. Bernard’s staff, who asked not to be identified, said that “he is the most dedicated, personable individual that I’ve been blessed to know,” and that he is “just there for everyone, it awes me.”

Wrapping up, Mr. Bernard stated how thrilling it still is to have someone come up and thank him for his efforts. He talked of how his members are his family and what pleasure he gets in looking out for them. Then, with a grin and with satisfied finality, he declared, “I’m a Teamster.” A special one, we believe.

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

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Notifying The Fund

Family Status Changes

When you have a change in your family status, it is important that you inform the Fund of such a change to enable the Fund to cover all of your eligible dependents. Family status changes include, but are not limited to, marriage, divorce, death, birth, adoption, change in your spouse's employment. **Remember,** you must provide written notification to the Fund office when such a change occurs. Along with written notification you must provide legal documentation, such as a copy of your marriage certificate, divorce decree, death certificate, etc.

Enrollment Card Mailing

In order to determine eligibility for you and your family to receive benefits under the Fund, it is crucial that the information we have on file is complete and accurate. In January, 2001 you received a new enrollment card to complete, sign and return to the Fund office by February, 5, 2001. We have received many responses, yet there are still those that remain outstanding. As indicated in our letter to you, if you fail to complete and sign the enrollment card within 30 days from our initial request, you will be notified that continued failure shall result in suspension of processing of benefits for you and your eligible dependents. So please do not delay; complete the entire form, sign it and return it to us today!

A Health Care Consumer Tip from Michigan's Business-Labor Coalition:

BE CAREFUL WHERE YOU GO FOR OPEN HEART SURGERY!

Medical research shows that your chances are better with high volume surgeons and hospitals

The odds of a lower mortality rate due to open heart surgery are better at hospitals doing more of these specialized operations. That's the message of the most recent annual report on open heart surgery programs in Michigan.

The Economic Alliance for Michigan, the statewide business-labor coalition, reports that published research studies "show that open heart surgery patients tend to have better survival rates at hospitals doing more of these operations. Low-volume programs (typically including new ones) often have lower survival rates, although some low volume hospitals have good results, and some high-volume hospitals have poor results." Fourteen of the 26 open heart surgery programs open to all Michigan residents throughout the last three years (1997 to 1999) did more than 500 cases per year. "There is good distribution of these higher volume programs around the state so that all Michigan residents have access to a quality program if they need open heart surgery," commented Mark Gaffney, President of the Michigan State AFL-CIO and a labor co-chair of the Alliance.

You can gain access to the Alliance report through the Fund's website at www.mctwf.org and clicking on the Provider Database icon.