

Michigan Conference of Teamsters Welfare Fund

Messenger



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SUMMER 2002

Message from the Fund's Executive Director, Richard Burker

September 11, 2001 – In Memory.

A year has passed; a bleak year; a year never to be forgotten; a year of unfathomable collective anguish. But a year where goodness, dignity and self-sacrifice were triumphantly and abundantly revealed in the face of such evil and cynicism. The bar has been raised for each of us as human beings. Hopefully, we will never lose sight of what we have witnessed. A September 10th *Detroit Free Press* editorial poignantly concluded, "But most important, on 9/11/02, let us pause simply to pay our respects. For the victims, for the heroes, for all the people who never saw 9/12/01, let us pause long enough to tell them they are not forgotten." We offer for your further reflection, Remember..., a poem by a Fund staffer, on the back page of this edition.

Included in this Summer *Messenger* is a brief introduction to **HIPAA** and its far reaching Privacy Rules, of which you will be thoroughly informed over the next six months. The Fund has been devoting significant resources over the past year to ensure that all phases of HIPAA compliance will be timely met. You will note on page 2 that we have begun **Prescription Drug Co-payment Reimbursement** for those fills prior to March 6th that erroneously required brand rather than generic co-pays. Also on page 2, we announce the availability of on-line access to your **Summary Plan Description and Schedule of Benefits** on the Fund's website. On page 3, we have attempted to address the confusion that some participants and providers experience in **Using Your Identification Card for Services**. Please be sure to carefully review pages 2 and 4 for Fund rule changes regarding the availability of benefit bank weeks in the case of **Grieved Terminations**, deferrals under the **Retiree Medical Program** and coverage in the case of **Work Related Injuries** and **Student Eligibility**. Finally, the Fund's Medical Director, Elliotte Moss, provides us with commentary on the ever growing problem of **Obesity**.

Best wishes to you and your loved ones.

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What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 or, HIPAA, is a federal law that ultimately will have a dramatic impact on everyone involved in the health care system; i.e. providers, payers (insurers and benefit plans) and patients. The initial phase of HIPAA facilitated enhanced portability of coverage when moving from one employer to another by reducing or eliminating the new benefit plan's pre-existing condition waiting period. The latest phase provides for, among other things, comprehensive national health privacy rules which impose strict conditions on the use and disclosure of health information relating to the patient's past, present or future health condition, the provision of care, or payment for that care. These Privacy Rules will become effective April 14, 2003. We will be addressing these Rules in depth in the Fall and Winter editions of the *Messenger*.

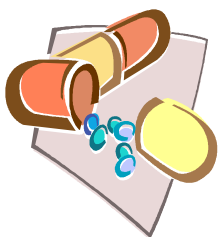
We are pleased to announce the addition of our Summary Plan Descriptions and Schedules of Benefits to the Fund's website.

You may access your Plan benefits and rules with the click of a mouse. Simply log on to www.mctwf.org, click on the Summary Plan Description button on the navigation bar and locate your benefit plan. If you are not sure of the name of your plan, contact the Fund office. From the Summary Plan Description home page you can access your Schedule of Benefits for detailed information on co-payments, deductibles and benefit limits.

These documents were published in July 2001. Please refer to subsequent issues of the *Messenger* for all plan modifications. You will find recent and back issues on our website by clicking on the Newsletter button on the navigation bar.

Prescription Drug Co-Payment Reimbursement

In the Winter 2002 issue of the *Messenger*, we advised that we would reimburse participants who were erroneously charged brand co-payments for certain drugs, due to a programming error in Blue Cross Blue Shield of Michigan's DRAMS system. While the error was corrected prospectively for all prescription drug fills after March 6, 2002, we have only recently been provided the required file identifying earlier affected fills, and we have now commenced reimbursement to participants of the difference between the brand and generic co-payment rates. If you have not yet received your reimbursement, you will be receiving it soon.



Grieved Terminations - Revised Benefit Bank Week Rule

For those benefit plans that provide for them, benefit bank weeks are used to avoid interruptions in benefit coverage, such as during layoffs. Benefit bank weeks are forfeited however, in the event of voluntary or involuntary termination of employment.

The Trustees of the Fund have created an exception to that forfeiture rule in the event that a termination is being formally grieved. Upon receipt of written verification of the grievance from the local union, together with a copy of the grievance, the Fund will apply any remaining benefit bank weeks retroactively to the last coverage date.

Getting Ready to Retire?

In order to determine your eligibility for participation in the Fund's Retiree Medical Program, our Retiree Department requests that you notify us as soon as you decide to retire, or at least six months in advance of your retirement date.






As you know, effective January 1, 2002, the amount of your monthly self-contribution rate became contingent on your age and years of Fund participation as of your Retirement Date. By notifying the Fund's Retiree Department at least six months in advance, our staff will have the necessary time to check your records for years of Fund participation and to otherwise provide for your smooth transition into Retiree Medical Program coverage.

Please be aware that your notification to a Teamster Pension office, Retiree Club or your Local Union office of your potential retirement will not result in, nor be deemed, notification to this Fund office. Please advise the Fund by calling our Member Services Department or by sending written notification to the attention of our Retiree Department.


Using Your Identification Card for Services

When you become a Fund participant, you receive a Blue Cross Blue Shield of Michigan (BCBSM) identification card to use for obtaining some, but not all, of your healthcare services. Since the Fund contracts with various other provider networks, such as PPOM and Delta Dental, it may be confusing to know when to use your identification card and whom the provider is to bill for payment. The chart below will help you in determining when to use your card, how your provider should bill for services and how payment is made to the provider for hospital, prescription drug, physician, dental, vision, mental health or substance abuse services.




Hospital & Prescription Drug Services

Services	Michigan	Outside of Michigan
Hospital There are two types of services charged for by a hospital; facility and staff physician. 	Present your BCBSM card for all hospital service charges, for inpatient, outpatient and emergency room services. The hospital will bill BCBSM accordingly.	Present your BCBSM card for facility charges for inpatient, outpatient and emergency room services, and direct the physician to the back of the card for billing instructions. The facility charges are billed directly to BCBSM, while the staff physician charges are billed directly to PPOM (if PPOM provider) or the Fund (if not).
Physician All independent physician services other than surgical and inpatient visits 	Present your BCBSM card for all independent physician charges for inpatient, outpatient and emergency room services other than for surgery or inpatient visits. The physician will bill BCBSM accordingly.	Present your BCBSM card for physician services and direct the physician to the back of the card for PPOM billing instructions. The physician should not bill BCBSM. The staff physician charges are billed directly to PPOM (if PPOM provider) or the Fund (if not).
Prescription Drugs 	Present your BCBSM card to a BCBSM participating pharmacy. The pharmacist will process your claim through BCBSM DRAMS and request the applicable co-payment from you.	Present your BCBSM card to a Paid Prescriptions participating pharmacy. The pharmacist will process your claim through Merck-Medco using BCBSMLG as your group number (per the instructions on the back of your card) and request the applicable co-payment from you.

Non-Hospital Staff Physician Services

Service	In-Network (PPOM)	Out-of-Network
Physician All Physician services rendered in an office setting and all surgical & hospital visit services rendered in a hospital setting. 	Present your BCBSM card for physician services and direct the physician to the back of the card for PPOM billing instructions. The physician should not bill BCBSM. This will cause the claim to be denied and delay processing.	It is not necessary to present the provider with your card. Non-PPOM physicians bill the Fund directly. The allowable benefit will be sent to the provider by the Fund and you will be billed for the balance, if any. If payment was made at the time of the service, reimbursement will be sent directly to you for the allowable benefit.

Miscellaneous Services - NO CARD NEEDED

Service	In-Network	Out-of-Network
Dental 	The dental office calls the Fund to verify eligibility using your social security number. An explanation of benefits, noting the services performed, is sent to you and payment is sent directly from Delta to the provider.	The dental office calls the Fund to verify eligibility. All services are paid based on the Fund's fee schedule. Delta Dental sends the payment and explanation of benefits directly to you. It is your responsibility to pay the provider the full amount for services provided.
Vision 	The Fund does not contract with a network for vision services. An itemized bill should be sent directly to the Fund office for reimbursement. However, some providers will call the Fund for eligibility and submit the bill directly to the Fund. The Fund will pay the allowable benefit amount to the provider and you will be responsible for any balance due to the provider. If you paid the provider at the time of service, the allowable benefit will be paid directly to you.	
Mental Health and Substance Abuse 	You must call 1-800-457-8540 for authorization prior to the service date. The provider bills the Fund directly. The Fund will pay the allowable benefit to a network provider and you will be responsible to pay the provider a co-pay and/or deductible. If you use a non-network provider, you will also be responsible for any balance due. You will receive an explanation of benefits.	

Retiree Medical Program - Revised Deferral Rule

The Trustees have modified the rule that allows participants who are otherwise eligible for Retiree Medical Program coverage, to defer election of that coverage in the event that the participant has other medical coverage, for example, through a working spouse. The rule allowed only one such deferral at the time of election for coverage when the participant retired. The Trustees have expanded that rule to allow a retiree to defer coverage any number of times after he/she has commenced participation in the program, upon presentation of proof of other medical coverage, subject to the conditions that the retiree must defer coverage for no less than 12 months and upon re-election, provide proof of loss of medical coverage.

Work Related Injury - Revised Fund Coverage Rule

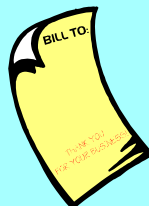
Coverage for work related illness or injury is excluded under all Fund benefit plans except when the employer or worker's compensation carrier initially disputes that the illness or injury is work-related and denies worker's compensation benefits.

The Trustees have revised this policy. The Fund now will provide coverage in any case where the employer or worker's compensation carrier reverses its initial determination (that the worker is eligible for worker's compensation benefits) and denies further benefits.

The participant is still required to pursue his claim with the Bureau of Worker's Disability Compensation and agree, pursuant to the execution of a Trust and Assignment, to reimbursement of Fund benefit payments upon receipt of a settlement from the employer or worker's compensation carrier.

New Invoices

The Fund is in the final stage of implementing a new billing system. Those who are participating in any of the Retiree Benefit Programs (Medical, Death and Affinity Rx) or in a COBRA plan, will notice a significant difference in the design and content of their self-payment notice/bill. We trust that the new invoice will be found to be easier to understand and more informative.



Dependent Students - Revised Eligibility Rule

Under Fund rules, a full-time student, claimed as a dependent of the participant on the participant's most recent federal income tax return, is eligible for Fund benefits if he/she has not attained age 19 or; has not attained age 24 and is a full-time student (as demonstrated by a Student Verification Form for each school grading period); provided that for post-high school studies, the student is enrolled full-time in a degree or certification program offered by an accredited academic institution or vocational school. The Trustees have expanded that rule to provide coverage prior to submission of a Student Verification Form for an over age 19 dependent who was covered as a full-time student on the date he or she graduated from high school, who demonstrates his or her intent to enroll for the subsequent school term as a full-time student in a degree or certification program offered by an accredited academic institution or vocational school.



If you have not done so already, please have your dependent's Student Verification Form filled out completely including the school's stamp or seal, and return it to the Fund office. You may obtain a form from the Fund office by calling (313) 964-2400.

Obesity: A Modern Problem

Why revisit this endlessly addressed topic? Certainly there is very little from a therapeutic standpoint that is new. The answer relates to the rapidly increasing frequency and severity of this medical problem. Yes, it certainly is much more than a cosmetic issue. After tobacco use, there is no single condition which leads to a higher rate of morbidity and mortality. For years it was politically incorrect to identify the obese individual as a problem issue in our families, in the workplace and in the social arena. Yet the frequency of obesity among Americans is approaching 50% in adult females and 60% in adult males.

Dividing your weight in pounds by your height in inches offers an index known as the body mass index. The following numbers, although statistically crude and certainly subject to body type, offer us prognostic information. Individuals with an index under 2.8 are considered non-obese. Those between 2.8 and 3.0 are obese with those between 3.0 and 4.0 approaching morbid obesity. We have used the index as evidence that an individual is an appropriate candidate for surgical correction of unsuccessfully managed obesity when the index exceeds 4.0. Another approach, not quite as simple but offering similar prognostic information, is to do a horizontal circumference measurement of the waist at the level of the umbilicus. Women who measure 35 inches or greater have a future associated with significant medical complications and men with a 40 inch or greater measurement have the same issues. Why make these measurements anyway? The answer to that is our increasing frequency of obesity as we become more sedentary while eating a diet which has not been modified since the days we worked in the fields. In fact, our diet is probably higher in saturated fat than it was 100 years ago. Unless we focus on the consumption of total calories, percentage of fat and daily physical activity, most of us, except a very few with an unusual propensity to metabolize food at an uncommonly high rate, will end up as obese.

There is certainly much to be said about prevention when it comes to avoiding that 40 inch middle. We obviously do not enter this world with dimensions like that. The single most significant parental strategy is to identify overeating juveniles before they become obese and alter their eating habits before they are well ingrained. That simple strategy would prevent thousands of newly diagnosed type II diabetes in teenagers, a disease rarely seen prior to the 1970s. Additionally, there is a tremendous amount of evidence that indicates reversing middle-aged obesity, which often is no more than 20 or 30 pounds, is the most effective method found to avoid the onset of diabetes in the ensuing ten year period.

With regard to patients whom I have observed after obesity surgery, every hypertensive, diabetic individual, male or female, on multiple drugs for these two diagnoses, within a period of six months after a weight loss in the range of 40 to 60 pounds, required no further diabetic medication and almost always required reduced numbers and doses of blood pressure pharmaceuticals. This, to my way of thinking, clearly demonstrates that the reversal of a portion of one's morbid obesity after surgical correction also corrects the symptoms and the consequences of diabetes and hypertension.

The newest of disorders associated with stroke, heart attack and general disability is entitled the "metabolic syndrome". This is defined as an inability to metabolize glucose in a normal fashion combined with obesity, hypertension and abnormal blood fat. Typically this is in the triglycerides and high density lipoprotein area as we have discussed in a previous article. So why bring up the metabolic syndrome? It is diagnosed in over half of those patients already mentioned at various stages of obesity and has an extremely high rate, as mentioned above, of vascular complications. It too, by simple exercise and weight loss, is almost totally reversible.

There is no free lunch! The only proven approach to weight loss is calorie restriction and exercise. The positive effects of various dietary substances, unusual concoctions and combinations of, or lack of, proteins, fats and carbohydrates are not likely to be sustained in the long term. Simply counting the calories you eat and counting the calories you burn, with some modifications for individual variation, are the only long-term lifestyle modifications with a reasonable chance of success.

The next article will contain a discussion of a number of different specific dietary approaches along with a discussion of the important benefits of exercise .

Thanks again. To your good health.

Fund Medical Director, Elliotte Moss, M.D.

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www.mctwf.org

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REMEMBER...

Reflect on the past
Before the blast and buildings crashed
Before flames of hatred turned lives to ash
Before the smoke and screams
Multiple fireman teams
Before the pictures of disaster
Remember their dreams
Remember the things you loved
Things you did together
Remember the way you touched
Let it last forever
Remember the plans you made
Feel their presence better
Never let their presence die
Remember whatever

Remember the time you fell
Life was just too much
Remember they were right there
And they held you up
Remember you were too scared
And you tried to give up
Remember how they never left you
Huh, no matter what

Remember how you thought they were mad
But they held you close
That feeling right there
Never let that go
Never forget the love that you all made grow
As long as you can remember, it'll always be so
Remember...

Remember...rainy nights
Momma held you tight
Remember how Daddy's smile seemed so bright
Remember the view, the skyline, the buildings, the lights!
Remember everything; it's part of your life
Extension of prayer put in the air
For those enveloped in pain
Please let these words bring you out of the rain
It's gotta be strange
The change
The loss
The pain
But I reiterate this word once again
Remember...
God blesses you.

By Fund Employee: Aaron Casey Toney