Michigan Conference of Teamsters Welfare Fund

MESSENGER

www.mctwf.org | Winter 2019 — 2020 | VOLUME 36, ISSUE 1

Inside This Issue

Editor's Note: For simplicity, the *Messenger* uses masculine pronouns to refer to a participant (i.e., employee) or child and female pronouns to refer to spouses. When referring individually or collectively to participants and beneficiaries(i.e., spouses and eligible children), the *Messenger* uses the term "members." Michigan Conference of Teamsters Welfare Fund is referred to as "Fund" or "MCTWF."

Message from MCTWF's Executive Director

Dear Teamster Families,

2020 marks my 20th and final year as executive director of the Michigan Conference of Teamsters Welfare Fund. I began my relationship with MCTWF with apprehension and passion and am ending it with confidence and tranquil pride.

It's terrifically gratifying to depart at a time when our institution is stronger than ever — financially healthy, well performing, well reputed — and facing the future with a smart, collaborative, and devoted staff (including the person chosen by our Trustees to succeed me and whom I will introduce to you later this year), greatly enhanced technological resources, broad healthcare provider networks, excellent legal, actuarial, and investment advisors, and an absolute commitment to continuous improvement.

Of course, none of this would have occurred without these two decades of leadership and support by MCTWF's Trustees, who with much wisdom and heart, gave generously of their time for the betterment of participants and beneficiaries – the late Bill Bernard, the late Bob Lawlor, the late Howard McDougall, the late Bob Rayes, Ray Buratto, Bud Hillard, the late Dennis Hands, Earl Ishbia, Bob Jones, José Rosario, the late Ron Holzgen, Kevin Moore, Paul Kozicki, Greg Nowak, and Ellis Wood.

Also, I'll take this opportunity to publicly thank José Rosario, who recently resigned his trusteeship, for his four years of outstanding contribution to MCTWF and for his support and counsel to me. Like our mutual friend, Ron Holzgen, José lifted everyone around him to a higher level of engagement through his intellect, compassion, empathy, morality, and humor. We wish him well.

(Message continued on Page 2)

Message from MCTWF's Executive Director (continued)

We urge you to review this *Messenger* issue thoroughly. It contains important information, including several rule changes and benefit improvements, two of which are new, best-in-class, Blue Cross Blue Shield of Michigan selected programs, free for members with MCTWF medical coverage, focused on diabetes prevention (Omada®) and diabetes management (Livongo®) commencing in March. Roughly, one out of every three Americans is at risk for developing type 2 diabetes, but that largely can be prevented by committing to Omada's program of common sense and accomplishable life style changes, supported with professional coaching. All Teamster families with MCTWF medical coverage will shortly be mailed Omada program information. If, unfortunately, you are a type 1 or type 2 diabetic, the key, as you know, is blood glucose management. Through Livongo for Diabetes, those of you over age 13 with MCTWF medical coverage and claims history reflecting a diabetic condition will receive a number of mailers informing you about the program which, in addition to monitoring, coaching, and group support (if you wish it), provides you with a free, high-tech glucometer and free, unlimited test strips and lancets. Please read more about these programs inside this issue.

We welcome our most recently enrolled participants and their family members, including the following groups: Under South Charleston, WV **Local 175** – Spriggs Distributing, LLC; under Detroit **Local 214** – Airport Community Schools, Bay Metro Transportation Authority, Cass County Road Commission, City of Muskegon Heights, and Melvindale – Northern Allen Park Schools; under Detroit **Local 337** – CBS Studios – Dodge & Miles; under Grand Rapids **Local 406** – InterCon Construction, Inc., Price Gregory International, Inc., and Tri-County Refuse, dba Republic Services; under Denver, CO **Local 455** – Transervice Logistics, Inc.; under Pontiac **Local 614** – Lou's Transport, Inc. and MOBA; under Dayton, OH **Local 957** – Heidelberg Distributing Company; under Anchorage, AK **Local 959** Facilities Services Management; under Cleveland, OH **Local 964** – Medical Center Company; and under Cincinnati, OH **District Council 3** - Watkins Printing Company.

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

Richard Burker

MDLIVE® Puts a Doctor Where You Are!

Five years ago, MCTWF introduced a convenient service for the treatment of many non-acute medical conditions through the use of remote consultations provided by MDLIVE®. This telehealth service provides on-demand access to U.S. Board-certified physicians 24 hours per day, seven days a week, by phone, secure video, or through MDLIVE's mobile app for smartphones and tablets. Patients can discuss their symptoms with a doctor and prescriptions are sent immediately to the pharmacy of choice. At home or on the road, treatment can begin right away. Behavioral health consultations are available by appointment only and secure video is considered the best mode for this type of consultation.

Good news! **MCTWF's Trustees are extending the $0 copay policy for another year**, through March 31, 2021. Download the MDLIVE mobile app now from the App Store, get it on Google Play or link to it at our website at www.mctwf.org, under the Info Links tab. For more information, call 800-400-MDLIVE.

Telehealth Benefit Expansion

Effective with dates of service April 1, 2020 and after, MCTWF medical benefits have been expanded by MCTWF's Trustees to include telehealth encounters with eligible providers outside of the MDLIVE network, including MDs, DOs, certified nurses, midwives, clinical nurse practitioners, clinical psychologists, clinical social workers, and physician assistants who are authorized to practice in the state in which the patient is located at the time of service and whose telehealth service is within the scope of their practice. For these telehealth encounters not obtained through MDLIVE, the patient will be responsible for the appropriate cost-share (i.e., deductible, copay or coinsurance payment) and possible balance billing from non Blue Cross Blue Shield providers, as is the case with all MCTWF covered medical services. Covered telehealth services (please note that Blue Cross Blue Shield providers refer to them as "telemedicine" services) do not include the following: telemonitoring, text, fax, or email communications, medication refill requests, reporting test results, provision of educational materials, scheduling of appointments, registration or updating billing information, reminders for healthcare related issues, referrals to other providers, telemedicine encounters resulting in a face-to-face visit on the same day for the same condition, and telemedicine visits during a post-operative period.

Revocation of Waiver of COBRA Continuation Coverage

Qualified COBRA Beneficiaries (participant, spouse, and children) have 60 days to elect COBRA continuation coverage from the later of (1) the date MCTWF Actives Plan medical coverage is lost as a result of a COBRA qualifying event, or (2) the date of MCTWF's COBRA election notice is provided to the qualified COBRA beneficiaries.

If a COBRA Beneficiary chooses to waive COBRA continuation coverage, he nonetheless has the right to revoke that waiver and elect coverage, if done within the above described 60 days. However, just as if the COBRA continuation coverage had not first been waived, the effective date of the COBRA continuation coverage commencement is the date immediately following the loss of active coverage. COBRA self-contributions are due starting from that date.

Vision Benefit Improvement

The eyes have it! The MCTWF Actives Plan and MCTWF Retirees Plan Supplemental Benefits Rider frame allowance, when utilizing an EyeMed® network provider has been increased by MCTWF's Trustees to $150 plus a 20% discount off the balance over $150. MCTWF's frame allowance for out-of-network purchases is unchanged at $75.

EyeMed's Enhanced Provider Search has more than 100,000 network providers to choose from. You can filter a search to find providers nearby that have the frame brands, hours and services you want most. Browse on your PC or download the EyeMed Members App through the Apple App Store or Google Play. For more information on EyeMed Services, visit www.eyemed.com or link to it through our website at www.mctwf.org, under the *Info Links* tab.

Dental Occlusal Guard Benefit Limitations

Sometimes the nightly grind can be worse than the daily variety. An occlusal guard is a removable dental appliance that is designed to minimize the effects of bruxism (grinding) and other occlusal factors. Occlusal guards, adjustments and relines are covered under the MCTWF Actives Plan and MCTWF Retirees Plan Supplemental Benefits Rider dental benefit as Class II basic restorative services, and apply toward your annual dental benefit maximum and, if applicable, toward your dental benefit deductible (see your benefit package's Schedule of Benefits).

Dental occlusal guard benefit limitations under any dental benefit option are as follows:

- Occlusal Guard: Payable once per lifetime.
- Occlusal Guard Complete Adjustment: Payable once per sixty-month period.
- Occlusal Guard Limited Adjustment: Payable not more than three times in a sixty-month period.
- Occlusal Guard Reline: Payable once per thirty-six-month period.

Reminder: In-Lab Sleep Studies Require Prior Authorization

Trouble sleeping? MCTWF Actives Plan and MCTWF Retirees Plan members can rest assured that all MCTWF medical benefit packages cover sleep studies for members with any of the following diagnoses:

- transient difficulty in initiating or maintaining sleep;
- somnambulism or night terrors;
- other dysfunctions of sleep stages or arousal from sleep; and
- cataplexy and narcolepsy.

In light of the significantly higher cost of in-lab rather than home sleep studies, and consistent with Blue Cross Blue Shield of Michigan medical policy, MCTWF requires that all Michigan providers obtain prior authorization for in-lab sleep studies for MCTWF members by contacting AIM Specialty Health at (800) 728-8008. All non-Michigan providers must obtain prior authorization for in-lab sleep studies by contacting MCTWF's Utilization Review Department at (800) 572-7687, extension 428. To obtain prior authorization, the provider must justify why an in-lab sleep study is more clinically appropriate for the patient than a home sleep study. If an in-lab sleep study is performed without having been prior authorized, the member may be responsible for full payment of charges.

Coverage for Intra-Articular Cartilage Injections

For those who are covered under a MCTWF medical benefits package and age 40 and older, limited coverage is available for intra-articular cartilage injections to members with the following conditions:

- Osteoarthritis, localized, primary, lower leg;
- Osteoarthritis, localized, secondary, lower leg; and
- Osteoarthritis, localized, not specified whether generalized or localized, lower leg.

Individuals with osteoarthritis of the knee who have not obtained sufficient pain relief from conservative non-pharmacological therapy (such as physical therapy) and from simple analgesics and who have failed conservative therapy with a non-steroidal anti-inflammatory drug (NSAID), or who have contraindications to NSAID therapy, are eligible for a course of treatment with intra-articular cartilage injections of from one to five weekly injections, once per three-month period.

Recognition of Common Law Marriage

In determining eligibility for the spouse of a MCTWF Actives Plan or MCTWF Retirees Plan participant, MCTWF recognizes common law marriage only if the state that the spouse resides in is a state that legally recognizes common law marriage. MCTWF requires a copy of an appropriately completed affidavit attesting to the validity of the marriage and attesting to compliance with the law of the spouse's state of residence.

Notice of Creditable Coverage

All MCTWF Actives Plan and MCTWF Retirees Plan Prescription Drug Coverage

The following Notice is published in accordance with regulations enacted by the Centers for Medicare and Medicaid Services, pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003:

Important Notice from the Michigan Conference of Teamsters Welfare Fund (MCTWF) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with MCTWF and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. MCTWF has determined that the prescription drug coverage offered by all MCTWF benefit packages with prescription drug coverage, on average for all plan members, is expected to pay out as much as standard Medicare prescription drug coverage pays and therefore is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, under MCTWF rules you nonetheless may not drop your MCTWF prescription drug coverage. If you have both MCTWF prescription drug coverage and Medicare prescription drug coverage, MCTWF prescription drug coverage will be primary and your Medicare prescription drug plan will be secondary. If you are a COBRA beneficiary you may drop your MCTWF coverage in full, including prescription drug coverage, and enroll in a Medicare prescription drug plan. However, you will not be able to get your MCTWF COBRA coverage back later. If you do elect COBRA continuation coverage, your COBRA prescription drug coverage will be secondary to your Medicare prescription drug plan coverage. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Your current prescription drug plan provides comprehensive coverage for eligible prescription drugs, subject to preauthorization requirements for certain brand name prescription drugs and for prescription drugs within the following drug classifications: compound drugs, proton pump inhibitors (longer than a 90 day generic supply during a 365 day period, or if a brand is requested), selective serotonin reuptake inhibitors (brand name only), FDA-approved products that are lidocaine or lidocaine-containing formulations (after the first month's fill), dosage, duration and other criteria based fills for opioids and buprenorphine mono products, anabolic steroids, anti-obesity, ADHD/narcolepsy (age 20 and above), acne, and oral anti-fungal drugs, subject to generic and brand copays, as detailed in your Summary Plan Description booklet. Your current coverage pays for other health expenses, in addition to prescription drugs, and you still will be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

You also should know that if you drop or lose your current coverage with MCTWF and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage…

Contact MCTWF's Member Services Call Center at (313) 964-2400 or (800) 572-7687. NOTE: You'll receive this notice each year. You also will get one before the next period you can join a Medicare drug plan or if this coverage through MCTWF changes. You may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage…

Detailed information about Medicare plans offering prescription drug coverage is in the "Medicare & You" handbook. You should receive a copy of the handbook in the mail each year from Medicare. You also may be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" hand book for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

September 1, 2019
Michigan Conference of Teamsters Welfare Fund

Summary Annual Report for MCTWF Actives Plan and MCTWF Retirees Plan Participants Michigan Conference of Teamsters Welfare Fund Plan Year Ended March 31, 2019

FOR MCTWF ACTIVES PLAN

This is a summary of the annual report of the MCTWF ACTIVES PLAN, EIN 38-1328578, Plan No. 501, for period April 01, 2018 through March 31, 2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $452,045,885 as of March 31, 2019, compared to $440,021,377 as of April 01, 2018. During the plan year the plan experienced an increase in its net assets of $12,024,508. This increase includes unrealized appreciation and 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 $273,038,198, including employer contributions of $261,132,126, employee contributions of $899,223, earnings from investments of $10,995,630, and other income of $11,219.

Plan expenses were $261,013,690. These expenses included $13,352,358 in administrative expenses, and $247,661,332 in benefits paid to participants and beneficiaries.

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 listed below are included in that report:

- an accountant's report;
- financial information; & information on payments to service providers;
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND in care of Plan Administrator's Delegee at 2700 TRUMBULL AVENUE, DETROIT, MI 48216, or by telephone at (313) 964-2400. The charge to cover copying costs will be $5.00 for the full annual report, or $0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND, 2700 TRUMBULL AVENUE, DETROIT, MI 48216) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

FOR MCTWF RETIREES PLAN

This is a summary of the annual report of the MCTWF RETIREES PLAN, EIN 38-1328578, Plan No. 502, for period April 01, 2018 through March 31, 2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $41,883,605 as of March 31, 2019, compared to $38,479,245 as of April 01, 2018. During the plan year the plan experienced an increase in its net assets of $3,404,360. This increase includes unrealized appreciation and 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 $14,365,913, including employer contributions of $10,011,760, employee contributions of $3,613,599, earnings from investments of $739,996, and other income of $558.

Plan expenses were $10,961,553. These expenses included $723,737 in administrative expenses, and $10,237,816 in benefits paid to participants and beneficiaries.

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 listed below are included in that report:

- an accountant's report;
- financial information; & information on payments to service providers;
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND in care of Plan Administrator's Delegee at 2700 TRUMBULL AVENUE, DETROIT, MI 48216, or by telephone at (313) 964-2400. The charge to cover copying costs will be $5.00 for the full annual report, or $0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND, 2700 TRUMBULL AVENUE, DETROIT, MI 48216) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Helping Your Child Maintain A Healthy Weight

As a parent or other caregiver, you can do much to help your child reach and maintain a healthy weight. Staying active and consuming healthy foods and beverages are important for your child's well-being. You can take an active role in helping your child, and your whole family, learn habits that may improve health.

How can I tell if my child is overweight?

Being able to discern whether a child is overweight is not always easy. Children grow at different rates and at different times. One reliable way to tell if your child is overweight is by having your child's pediatrician calculate his body mass index (BMI), a measure of body weight relative to height, and review the results with you.

Why should I be concerned?

You should be concerned if your child is not at a healthy weight because of his increased risk of developing health problems now or later in life.

For example, an overweight child may have breathing problems or joint pain. Some children may develop type 2 diabetes, high blood pressure, or high cholesterol levels. They also may experience teasing, bullying, depression, or low self-esteem.

Children who are overweight are at higher risk of entering adulthood with too much weight. The chances of developing health problems such as heart disease and certain types of cancer are higher among adults who are overweight.

If you're concerned about your child's weight, talk with his doctor who can chart his overall health and growth over time and tell you if weight management is desirable.

How can I help my child develop healthy habits?

You can play an important role in helping your child build healthy eating, drinking, physical activity, and sleeping habits. For instance, teach your child about trying to balance the amount of food and beverages he eats and drinks with his amount of daily physical activity. Take your child grocery shopping and let him help choose healthy foods and drinks and help plan and prepare healthy meals and snacks. Current U.S. Dietary Guidelines explain the types of foods and beverages to include in a healthy eating plan.

Help your child develop healthy habits.

Involve the whole family in building healthy eating, drinking, and physical activity habits. Everyone benefits and your child who is overweight won't feel singled out.

Children are great learners, and they often copy what they see. Help them learn good habits early. The family can support each other in reaching goals.

Talk with your child about what it means to be healthy and how to make healthy decisions.

Explain how physical activities and certain foods and drinks may help their bodies get strong and stay healthy.

Children should get at least an hour of physical activity daily and should limit their screen time (computers, television, and mobile devices) for other than school work to no more than two hours each day.

Discuss how to make healthy choices about food, drinks, and activities at school, at friends' houses, and at other places outside your home.

Make sure your child gets enough sleep. While research about the relationship between sleep and weight is ongoing, some studies have found a link between excess weight and insufficient sleep in children and adults. The amount of sleep your child needs depends on his or her age.

What else can I do?

Besides helping him consume fewer foods, drinks, and snacks that are high in calories, fat, sugar, and salt, you can help your child eat healthier by offering these options more often: fruits, vegetables, whole grains, lean meats, poultry, seafood, beans and peas, soy products, and eggs. Limit meat high in fat.

Try fat-free or low-fat milk products or substitutes instead of whole milk or cream. Fruit and vegetable smoothies made with fat-free or low-fat yogurt, are healthier than milkshakes or ice cream. Serve water and fat-free or low-fat milk, instead of soda and other drinks with added sugars

Help your child eat better by avoiding serving extra-large portions. Start with smaller amounts of food and let him ask for more if he is still hungry. If he chooses food or drinks from a multi-serving container, match his portion to the single serving size to avoid extra calories. Put healthy foods and drinks where they are easy to find and keep high-calorie foods and drinks out of sight - or don't buy them at all.

Eat fast food less often and encourage your child to choose healthier options, such as sliced fruit instead of fries.

Sit down to family meals as often as possible and have fewer meals "on the run."

Make physical activity fun for your child. Children need about 60 minutes of physical activity a day, although the activity doesn't have to be all at once. Several10-minute or even 5-minute spurts of activity throughout the day work too. If your child is not used to being active, encourage him to start out slowly and build up to 60 minutes a day.

Note: This content is provided to MCTWF as a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health. The NIDDK translates and disseminates research findings to increase knowledge and understanding about health and disease among patients, health professionals, and the public.

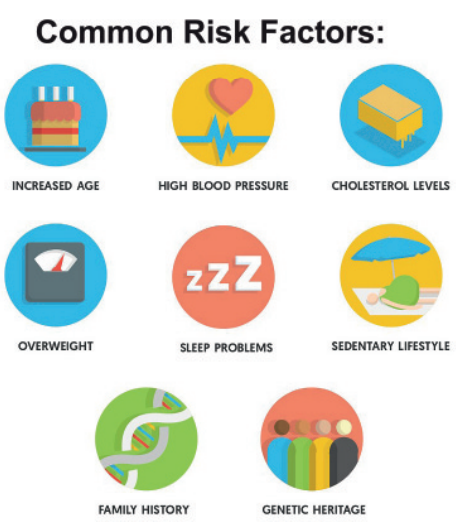
New Diabetes Programs

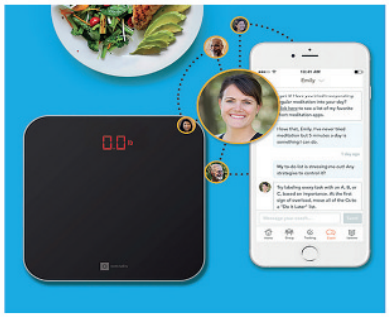
Two new programs, one for diabetes prevention and the other for diabetes management, are being implemented in March 2020, at no charge to MCTWF members who have MCTWF Actives Plan or MCTWF Retirees Plan medical benefits.

Omada® Diabetes Prevention Program

MCTWF has partnered with Blue Cross Blue Shield of Michigan and Omada® to provide a digital diabetes prevention program beginning in March 2020. The Omada Program reduces the risk of type 2 diabetes and heart disease by helping prediabetics make the changes that matter most — whether that involves eating less, more activity, more sleep or less stress.

Prediabetes can strike anyone — young or old, big or small. But in general, there are some clear risk factors that will make you more likely to develop the condition.





Omada combines the latest technology with the tools and ongoing support needed to reach important health goals, one small step at a time. The Omada Diabetes Prevention Program includes:

- A professional health coach for one-on-one guidance.
- A wireless scale to monitor progress.
- Weekly online lessons to educate and inspire.
- A small peer group for real-time support, if the enrollee wishes to participate in the group.

Omada's human-centered design, empathetic health coaches, and smart technology work together to ensure that Program enrollees stay committed over time.

During March, all members age 18 and older with MCTWF medical benefits will be mailed Program information and invited to submit an on-line application that will be reviewed by Omada pursuant to Centers for Disease Control and Prevention guidelines. Those members who are determined to be at high risk for being prediabetic and are deemed eligible to enroll in the Program will be invited to do so. Members also may proceed immediately to omadahealth.com/MCTWF or find the link at www.mctwf.org under the *Info Links* tab to apply.

Livongo® Diabetes Management Program

MCTWF has partnered with Blue Cross Blue Shield of Michigan and Livongo® to provide a new diabetes management program beginning in March 2020. MCTWF is offering the Livongo for Diabetes Program, through a series of flyers to be mailed shortly by Livongo, to MCTWF members over age 13 who are diabetic with diabetes-related claim history and medical coverage through the MCTWF Actives Plan or MCTWF Retirees Plan. Medical records will be provided by Blue Cross Blue Shield of Michigan for this sole and express purpose. All protected health information is kept strictly confidential and maintained in accordance with HIPAA privacy and security requirements.

All Program enrollees receive a free glucometer which, through Bluetooth technology, automatically sends blood glucose readings to a protected online record. The Program also includes:

- Unlimited free strips and lancets shipped directly to the enrollee's door. Enrollees can order refills of strips and lancets right from the Livongo glucometer.
- Better diabetes monitoring: Livongo's advanced glucometer uploads blood glucose readings to a private account. The meter also provides personalized tips after each reading to support diabetes management.
- Expert support available 24/7: Certified Diabetes Educators are available if needed. They can discuss anything from nutrition to lifestyle changes and will reach out to individuals when a blood glucose reading is out of range, to help when it's needed most.

Enroll by visiting the site at join.livongo.com/MCTWF or find the link at www.mctwf.org under the *Info Links* tab.

Reimbursement for Out-of-Network Claims

Get your reimbursement faster next time! MCTWF receives numerous requests from members for benefit reimbursement without a completed claim form. The Summary Plan Description states that to receive reimbursement for those services, you are obligated to submit the paid receipt to MCTWF **along with a completed claim form** within 15 months of the date of service. Claim forms are available at www.mctwf.org or by contacting MCTWF's Member Services Call Center at 800-572-7687.

Selecting a Lab for In-Network Benefits

Blue Cross Blue Shield (BCBS) Association rules generally required providers to submit their bills for services to their "local" BCBS plan (i.e., the plan with geographic jurisdiction over the provider's practice whether or not the provider participates in BCBS). It has come to MCTWF's attention that an exception to that rule exists that members should be aware of. That exception provides that Claims for lab services from an independent, freestanding lab are to be billed to the ordering physician's (not the lab's) local BCBS plan, regardless of where the lab service is rendered. So, although the lab that you choose may be affiliated with a certain BCBS local plan, it may not be affiliated with the local BCBS plan of the ordering physician — and, if not, the lab claim will be deemed as out-of-network, subjecting you to higher cost-share and possible balance billing. While the lab should check this out before rendering you the service, it may fail to do so, or do so incorrectly, leaving you exposed. Therefore, MCTWF urges you to be careful to select a lab that participates in your ordering physician's local plan. If you have any questions, please contact MCTWF's Member Services Call Center at 800-572-7687.

Weekly A&S Benefits Eligibility

Weekly Accident and Sickness (A&S) benefits provide disability income and eligibility for other benefit package components during the covered period of a disability. MCTWF Actives Plan members who are eligible under a benefit package that provides weekly A&S benefits, will receive such benefits only if the participant ceased work as the result of a non-occupational disability due to illness, non-auto related injury (however, if auto-related, members do remain eligible for disability income benefits), or pregnancy. Beneficiaries (i.e., spouse and dependent children) are not eligible to receive this benefit. To qualify for A&S benefits, all five of the below requirements must be met. The participant must:

- have established eligibility; and
- be reported as an actively working employee of a contributing employer at the time the disability commenced; and
- have contributions paid on his behalf from the participating employer to cover the commencement of the disability (i.e. the date established) which means the date established by the medical provider upon which the participant first became disabled; and
- be losing time from work due to the disability; i.e., A&S benefits are not payable if the disability occurs while laid-off, on personal leave, on sanctioned strike or lockout, temporary work stoppage (strike or lockout); and
- under the regular care of a licensed physician who confirms the disability and submits a Participant Report of Disability form completed by the physician, participant, and employer when requested.

What happens if my MCTWF benefit package changes while I'm collecting the Weekly A&S Benefit?

Previously, if your MCTWF benefit package included weekly accident and sickness coverage, the benefits you received throughout your disability were those in effect at the time your disability commenced, regardless of whether, during your disability, your unit's benefit package changed. Effective November 1, 2019, MCTWF's Trustees have provided that if during your disability your unit's benefit package changes to an increased disability income amount, your disability income benefit will increase to that amount as of the effective date of the new benefit package.

Dental Preventive Services

Members with high-risk medical conditions:

MCTWF dental benefits include expanded preventive services (four teeth cleanings and two fluoride applications per calendar year in part) for covered individuals with certain high-risk medical conditions. Please refer to the Summary Plan Description booklet (SPD) for the list of illnesses considered high risk medical conditions.

For those individuals, regardless of age, undergoing head and neck radiation treatment, this benefit includes all additional covered dental services deemed necessary to minimize the destructive impact of the radiation therapy, despite MCTWF's time or frequency limitations. This includes x-rays necessary to assess the patient's dental conditions. Supporting documentation must be submitted to MCTWF's Utilization Review Department for coverage of these services.

Members without high-risk medical conditions:

All members with MCTWF dental benefits who are not considered as a high-risk medical patient are limited to the standard two cleanings per year and fluoride applications are limited to twice per calendar year for dependent children up to 14 years of age. For information on periodontal cleanings, see page 9.

Immunization Schedules

Immunizations received in accordance with MCTWF's approved schedules are covered under MCTWF Actives Plan and MCTWF Retirees Plan medical benefits. These approved schedules, which can be viewed on-line at cdc.gov/vaccines/schedules, follow the recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Influenza Vaccine FluMist® Coverage

The Centers for Disease Control and Prevention and the American Academy of Pediatrics advise that FluMist® (an influenza vaccine administered by intranasal spray) has proven effective in protecting against influenza strains for individuals ages two to 49 years old, although a seasonal flu shot for individuals over six months of age remains the best protection. Accordingly, coverage for the FluMist nasal spray vaccine for the 2019-2020 flu season continues to be covered under MCTWF's medical benefits.

Flu and the common cold are both respiratory illnesses, but they are caused by different viruses. Because these two types of illnesses have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, flu symptoms are more intense than the common cold. Colds generally do not result in serious health problems such as pneumonia, bacterial infections or hospitalizations, but the flu often does.

The best way to prevent seasonal flu is to get vaccinated every year. Once vaccinated, wash hands often to help protect from germs. If soap and water are not available, use an alcohol-based hand rub.

HPV Vaccine Now Covered to Age 45

The Human Papillomavirus (HPV) vaccine helps prevent infection by the virus responsible for most cervical cancers and genital herpes. The HPV vaccine is now approved by the Food and Drug Administration for men and women from 26 to 45 years old. Previously, the vaccine was only approved for those people up to age 26. Coverage is provided by MCTWF subject to the cost-sharing requirements of the member's MCTWF medical benefit package.

Shingles Vaccine Coverage

Herpes zoster (shingles) is an acute viral infection caused by the reactivation of the varicella-zoster (chickenpox) virus acquired during childhood. In accordance with Affordable Care Act guidance, the MCTWF Actives Plan follows the recommendation of the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices to provide free coverage for shingles vaccinations as a preventive benefit when administered by a Blue Cross Blue Shield PPO participating provider.

Coverage under the MCTWF Actives Plan for the shingles vaccine has changed to reflect the CDC's updated shingles vaccine guidelines due to the availability of a new vaccine, Shingrix®, proven to provide a 97.25% reduction of shingles in vaccinated patients, much higher than the use of the alternative vaccine, Zostavax®. The guidelines recommend:

- Administration of two doses of recombinant zoster vaccine (Shingrix) 2 to 6 months apart to adults age 50 years or older regardless of past episode of herpes zoster or receipt of zoster vaccine live (Zostavax).
- Administration of two doses of Shingrix 2 to 6 months apart to adults who previously received Zostavax at least two months earlier.
- For adults age 60 or older, administration of either Shingrix or Zostavax, although Shingrix is preferred by the CDC.
- Zostavax should not be administered to pregnant women or adults with severe immunodeficiency.

Coverage under the MCTWF Retirees Plan also follows CDC guidelines in this regard, but coverage in all cases is provided as a medical benefit, rather than as a preventive benefit, and therefore subject to cost-sharing as prescribed by your Schedule of Benefits.

Periodontal Maintenance Coverage

Following a periodontal service, dental cleanings (prophylaxes) are extended to below the gums to clean into those deeper pockets under the gum line where there is bone loss. Such cleanings are referred to as periodontal maintenance and replace routine cleanings.

Effective January 1, 2020, the calendar year limit of two dental cleanings includes routine prophylaxis services and periodontal maintenance services. Whether alone or in combination, coverage is limited to two such services per calendar year.

Retiree Medical Benefit Package Rates for Plan Year April 2020-March 2021

The standard and expanded monthly self-contribution rates listed below apply to all those participating in the MCTWF Retirees Plan basic medical Benefit Package 145. For those purchasing Benefit Package 475 (which includes the Retiree Supplemental Benefits Rider — Hearing, Vision, and Dental Plan 2 benefits), add $104.90 to Benefit Package 145 monthly rates.

Please note: To drop the Retiree Supplemental Benefits Rider included in Benefit Package 475, you must have been covered by it for a minimum of 12 months and you must notify MCTWF in writing at least 45 days prior to the end of the last calendar month for which you wish to be covered. For example, to drop coverage as of January 1, MCTWF must receive written notification by November 15.

Once the Retiree Supplemental Benefits Rider is dropped, it will not be available to you again.

April 2020 — Retiree Medical Benefit Package 145 Standard Eligibility Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*

	Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component					
Age at MCTWF Retirement Date	**5 – 9**	**10 – 14**	**15 – 19**	**20 – 24**	**25 – 29**	**30 +**
50 – 54	$735	$665	$605	$545	$465	$410
55 – 59	$570	$530	$490	$450	$415	$385
60 – 64	$410	$400	$385	$360	$355	$345
For eligible retirees whose active employment ceased prior to January 1, 2002: $330						

April 2020 — Retiree Medical Benefit Package 145 Expanded Eligibility Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*

	Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component					
Age at MCTWF Retirement Date	**5 – 9**	**10 – 14**	**15 – 19**	**20 – 24**	**25 – 29**	**30 +**
57 – 59	$625	$585	$540	$495	$455	$425
60 – 64	$450	$440	$425	$395	$390	$380

April 2020 — Retiree Medical Benefit Package 145 Extended Retiree Spouse* Monthly Self-Contribution Rates (For Benefit Package 475, add $104.90)

Age at Start of Each Plan Year	Female	Male
50 – 52	$563.55	$458.80
53 – 55	$614.90	$581.20
56 – 58	$638.25	$711.20
59 – 61	$660.85	$836.30
62 – 64	$698.45	$930.90

*Eligibility to participate in the MCTWF Retirees Plan (Benefit Package 145 or 475) 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 at the retiree self-contribution rate that would have been applicable to the retiree until or unless non-deferred participation (i.e. eligibility for coverage) in the MCTWF Retirees Plan exceeds eight years. Spouse participation then requires self-contribution at the Extended Retiree Spouse rates for the applicable benefit package. If the retiree dies or becomes eligible for early age (disability) Medicare coverage, the otherwise eligible spouse may continue to participate at the retiree's self-contribution rate that would have been applicable to the retiree, unless or until the later of (a) eight years of non-deferred participation, 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 Extended Retiree Spouse rates for the applicable benefit package.

Reminder: In addition to the other causal events stated in your Summary Plan Description, entitlement to MCTWF Retirees Plan benefits ceases as of the earlier of a) the first of the month in which 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 MCTWF Retiree 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 for any Retiree benefits paid for services incurred on or after the individual's Medicare eligibility date.

MCTWF Retirees Plan Enrollment — Expanded Eligibility Rules

For participants who at the time of retirement are no longer covered under a qualifying benefit package (i.e., one that includes the Retiree Medical Program component) and therefore are not eligible to enroll in the MCTWF Retirees Plan Medical Program under standard historical service requirements, enrollment in a Retiree Medical Program benefit package will be permitted at self-contribution rates 10% higher than published rates if an active participant who is currently eligible under a MCTWF benefit package that includes a Base Medical component, but does not include the Retiree Medical Program component, meets one of the following expanded eligibility requirements:

a. retires at age 57 or greater and has participated in an eligible MCTWF benefit package (i.e., one that includes the retiree medical component) for a minimum of seven of the immediately prior 10 years preceding the Retirement Date, or a minimum of 10 of the immediately prior 15 years preceding the Retirement Date. Each year must have at least 40 weeks paid in each 52 week period to be counted as a year of participation. Once the eligibility requirements are met, the participant will not lose his right to enroll solely by delaying his retirement.
b. retires at age 57 or greater and has participated in an eligible MCTWF benefit package (i.e., one that includes the retiree medical component) for a total of 15 years at any time. Each year must have at least 40 weeks paid in each 52 week period to be counted as a year of participation.

All other Retiree Medical Program requirements apply to participants who qualify based on either expanded eligibility requirement.

Extended Disability Medical Benefits Eligibility

The Fund provides Extended Disability Medical Benefits for members who are totally disabled while covered under a MCTWF Actives Plan medical benefits package. Extended Disability Medical Benefits cover only medical services rendered solely in connection with the disabling disability.

To qualify for the Extended Disability Medical Benefit, the treatment or services received after active coverage ceases is limited to a period not to exceed the earlier of (a) 24 months, (b) the date the member becomes eligible for Medicare benefits or other group health coverage, or (c) the date the patient is no longer disabled.

ALL of the following conditions must be met:

- the member was totally disabled, as determined by MCTWF's Trustees, when coverage ended and remain continuously disabled until the date the medical expense is incurred; and
- documentation is provided by the physician validating the disability; the documentation must be filed with MCTWF within fifteen months from the date the active coverage ceases; and
- the treatment or services must result from the same injury or illness that existed on the date the coverage ended and caused the total disability; and
- the medical services and prescription drug benefits are covered by and limited to the last benefits package under which the member was covered while active.

For the first 90 days of the Extended Disability Medical Benefits coverage period, the level of benefits provided depends on whether the service provider is in-network. For the last 21 months, coverage is limited to out-of-network levels of coverage regardless of whether or not the patient uses a BCBS PPO network provider. The Affordable Care Act (ACA) maximum out-of-pocket expense is limited to cost-share for claims incurred with BCBS PPO Network providers only.

Blue Cross Blue Shield Global Core® Program

The Blue Cross Blue Shield Global Core® program (formerly known as BlueCard Worldwide®) gives our members access to medical care outside the United States. For non-emergency inpatient medical care, call the Service Center for Blue Cross Blue Shield Global Core at 1-800-810-2583, or collect at 1-804-673-1177, 24 hours a day, seven days a week. By making arrangements through the service center, medical services (inpatient or outpatient and doctor care) will be covered at in-network benefit levels. If emergency medical care is needed, or services were not arranged through the Service Center, you may seek reimbursement by completing a Blue Cross Blue Shield Global Core International Claim Form, available on the Forms page of MCTWF's website at www.mctwf.org, or by contacting MCTWF's Member Services Call Center at 800-572-7687. The form should be sent to the address listed at the top of the form. Reimbursement will be subject to the cost-share provisions of your MCTWF benefit package Schedule of Benefits.

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.

Visit us at www.mctwf.org for more benefit information!

MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND
2700 TRUMBULL AVE.
DETROIT, MICHIGAN 48216
313-964-2400
TOLL FREE 800-572-7687
IN CASE OF OUTAGE: 800-482-2219

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

Michigan Auto Insurance Reform Law

Currently, MCTWF members who reside in the State of Michigan are not eligible for medical or prescription drug benefits for motor vehicle accident related injuries or illnesses, under the base medical, prescription drug, or weekly accident and sickness benefit components of their MCTWF benefit package. This is due to Michigan's no-fault automobile insurance law, which requires Michigan drivers to carry unlimited medical coverage to pay for their expenses if they are injured in a motor vehicle accident within the United States, its territories and possessions or in Canada. Upon the submission of proof that (1) such payable benefits have been denied by the auto insurance carrier (for reasons other than non-payment of policy) and (2) all rights to appeal or otherwise dispute such denial to the auto insurance carrier has been exhausted, the Plan will provide scheduled benefits upon execution of and compliance with the MCTWF Assignment, Subrogation and Reimbursement (ASR) Agreement.

Michigan's May 30, 2019 No-Fault Auto Insurance Reform law goes into effect July 2, 2020. Under the Reform law, Michigan drivers will be able to choose lower levels of PIP (personal injury protection) coverage upon renewal of their policies. Accordingly, MCTWF's rules for auto related injury or illness benefits for members who reside outside of Michigan will apply to Michigan members as well. Eligibility for such benefits will be available only to the extent that claims resulting from the accident are in excess of the greater of (1) the required insurance coverage or other financial protection required under applicable state law, or (2) the benefit limits of any other insurance under which the individual is entitled to coverage. Upon the submission of proof that such responsibility has been met, or benefits have been paid or denied (and if denied, that all rights to appeal or otherwise dispute the denial have been exhausted), MCTWF will provide scheduled benefits in excess thereof (and only in excess thereof; MCTWF does not coordinate with any other plan or insurance carrier in this regard), upon execution of, and compliance with, the MCTWF Assignment, Subrogation and Reimbursement Agreement.

Enhanced Opioid Utilization Management Strategy

As part of MCTWF's effort to address opioid abuse or misuse, it has authorized CVS/caremark® to employ a new strategy designed to provide further protection for children and adolescents, age 19 and younger, by restricting those who are "opioid naïve" to a supply of three days or less of short-acting opioids. This strategy aligns with the Guideline for Prescribing Opioids for Chronic Pain from the Centers for Disease Control and Prevention (CDC).

CVS/caremark continues to seek improvements in the way opioids are prescribed through clinical practice guidelines that ensure patients have access, while balancing the need for these medications, with the risk of abuse or misuse.

For patients whose clinical diagnosis may require a longer duration for ongoing therapy, the prescribing physician must contact CVS/caremark at 800-626-3046 and obtain prior authorization.

The *Messenger* is published by the Michigan Conference of Teamsters Welfare Fund.