



# MESSENGER

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## Message from MCTWF's Executive Director

Dear Teamster Families,

This will be my last Message to you. After twenty challenging but gratifying years, the time has come for me to retire as executive director of this fine organization with its important social mission, with its great family of dedicated people governing and staffing it, and with its long list of accomplishments of which to be proud and upon which to continue to build. For those whose burdens we have helped to ease, I am deeply pleased. For the many who have been so gracious as to express their appreciation for our efforts, I am very thankful. For those whom we have frustrated or failed, I sincerely apologize and assure you that we not only regret not having done better, but that we have worked hard at learning from our mistakes.

Among those who have been most devoted to the accomplishment of our mission is my colleague since 2013 and successor effective January 1st, Kyle Stallman. We have completed our comprehensive, yearlong succession plan and Kyle has earned the confidence and high expectations of our Board of Trustees and of our staff. I congratulate him and wish him many years of success at MCTWF.

For the final time, I wish to publicly acknowledge the dedication of MCTWF's Trustees to serving the interests of our participants and their families and for the unwavering support and guidance that I have received from them over the years. My respect and fondness remain strong for those who have died or retired during my tenure – Bob Lawlor, Bill Bernard, Bob Rayes, Howard McDougall, Denny Hands, Ron Holzgen, Bud Hillard, and Jose Rosario – and for those who continue to serve – Ellis Wood, Co-Chairman Greg Nowak, Paul Kozicki, Kevin Moore, Bob Jones, Earl Ishbia, and, working at it with unsurpassed diligence since 1996, Co-Chairman Ray Buratto.

For the final time, I wish to publicly acknowledge the efforts of the many officers and agents of the 52 Teamster local unions who, in the best interests of their members, seek to bargain them into MCTWF plan participation and I also thank them for

working with us to overcome obstacles, resolve issues, and otherwise help us to help you. Thanks as well to the several joint councils that have demonstrated support for MCTWF, but particularly to Michigan Teamsters Joint Council No. 43, which has been so instrumental in building and sustaining MCTWF since 1949.

My thoughts are with you as you strive to navigate the COVID-19 catastrophe. For many, the anxiety and despair are overwhelming and professional help should be considered. Please take advantage of MCTWF's free telehealth benefits for mental health services. And rest assured that MCTWF will continue to fully cover the cost of all eligible testing, treatment, and when finally available to you, the COVID-19 vaccine. In the meanwhile, please don't be complacent; don't allow yourselves to underestimate the ease with which the virus spreads and its ability to kill or cause long-term, serious impairment. Please be considerate of others by wearing a mask and keeping your distance. If you somehow believe yourself to be invulnerable to the serious effects of COVID-19 infection, or you wish to take the risk, or you're intent on making a political statement, you're thinking too much about yourself and not enough about the rest of us – your family, your friends, your community. The suffering and deaths are real, the devastation to families and businesses is real. Your ability to make a difference is real.

We welcome our most recently enrolled participants and their family members, including the following groups: Under Canton, OH Local 92 – Hutch Ready Mix & Supply; under Detroit Local 214 – Ogema County EMS, and SOCRRA (Royal Oak); under Detroit Local 247 – Allied Power, LLC, Protocon RM, and Sabiston Builders Supply, Inc.; under Columbus, OH Local 284 – Logan Elm School District; under Independence, OH Local 293 – The Ohio Desk Company; under Detroit Local 337 – Aramark Uniform Services, Michels Corporation, Royal Banana Company, and Theoretical Pictures, Inc./Kill Switch; under South Bend, IN Local 364 – Alpha Baking; under Grand

Rapids Local 406 – BHI Energy Specialty Services, Casper Construction, Inc., Day & Zimmerman, Ellingson Trenchless, LLC, Minnesota Limited, LLC, Row Con, LLC, Southeast Directional Drilling, and Snelson Companies; under Zanesville, OH Local 637 – Washington County Sheriff; under Springfield, IL Local 916 – Canteen Vending Services; under Mobile, AL Local 991 – Blue Linx Corporation; and under Detroit Local 1038 – Albion College.

On behalf of the Trustees and staff, I wish you the very best.

Richard Burkner



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## COVID-19 Related Communications During 2020

The following notification was mailed to members on April 6, 2020:

### **MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND'S COVID-19 RESPONSE AS OF 04/06/20**

MCTWF's Trustees and staff send you best wishes in the midst of this healthcare crisis and assure you that we remain fully engaged in meeting our responsibilities to you. 90% of our staff are working fully remotely and the balance of us are dividing our time between work that can be done remotely and that which must be handled on premises. I am gratified by the effort and professionalism exhibited by our staff in transitioning to an almost fully remote, highly functioning operation, almost seamlessly, and almost overnight.

We understand well the feelings of anxiety, depression, isolation, frustration, and lack of control that so many are experiencing during this pandemic. We hope to demonstrate to you our sincere desire to lighten your load and be of excellent service to you.

In response to the perceived needs of our members and to federal mandates, MCTWF's Trustees, as of this date, have authorized implementation of the following:

#### **Telehealth Benefits**

During this period of self-isolation, limited availability of primary care physician appointments and greater concern about contagion in the doctor's office, it makes a great deal of sense to make greater use of your free MDLIVE telehealth benefit for virtual consultations and treatment. MDLIVE physicians are available around the clock and behavioral health therapists are available by appointment. Use the MDLIVE mobile app or call 800-400-MDLIVE.

Also, retroactive to March 11, 2020 MCTWF's telehealth benefit is expanded to eligible providers outside of the MDLIVE network (see *Messenger*, Winter 2019-2020 issue). This expanded benefit is provided with no member cost-share (i.e., no deductible, copay, or coinsurance charge; there may be balance billing to members using out-of-network providers) for the duration of the public health emergency declared by the Secretary of Health and Human Services on January 31, 2020.

Also available, the BCBSM 24-hour Nurse Line at 1-800-775-2583.

#### **Prescription Drug Benefits**

In the interest of ensuring that you have adequate supplies of your maintenance drugs and of minimizing your needed number of visits to your retail pharmacy during the pandemic, network pharmacies will now, upon request, convert your 30-day fills to up to 90-day fills (**update:** this program ceased 06/14/20) and, if you use a CVS pharmacy, it will arrange for free home deliveries at your request (**update:** this program ceased 08/31/20).

#### **Covid-19 Testing and Treatment**

• Effective February 4, 2020, medically necessary COVID-19 lab tests are provided with no member cost-share. Please note that such testing must be conducted in accordance with Centers for Disease Control and Prevention (CDC) guidelines.

• Effective March 18, 2020, medically necessary services to evaluate the need for and to administer the COVID-19 test are provided with no member cost-share.

• Effective March 18, 2020, the treatment of COVID-19 is provided with no member cost-share for the duration of the federal public health emergency declared on January 31, 2020.

#### **Weekly Accident & Sickness Benefits**

For those participants whose MCTWF benefit package includes Weekly Accident & Sickness Benefits, these benefits are provided when the participant is unable to work due to a non-occupational illness or injury and the employer meets its contribution and status change notification obligations. Accordingly, any eligible participant diagnosed with COVID-19 meets the requirements for Weekly Accident & Sickness Benefits, to the extent it is provided by the participant's MCTWF benefit package, commencing on the 8th day of the disability. The participant and treating physician must complete MCTWF's COVID-19 Weekly Accident & Sickness Benefits Claim Form and submit it to MCTWF.

Effective March 18, 2020, any eligible participant who is directed by a qualified health care professional or public health agency to self-quarantine in connection with COVID-19 will be deemed eligible for Weekly Accident & Sickness Benefits, commencing on the 8th day of the self-quarantine period and continuing for the balance of the self-quarantine period. The participant and treating physician must complete MCTWF's COVID-19 Weekly Accident & Sickness Benefits Claim Form and submit it to MCTWF. Please note, however, that no disability income benefits will be paid for any week in which the participant receives paid leave or other employer compensation.

Please refer to our website at [www.mctwf.org](http://www.mctwf.org) for our COVID-19 Update page for current information concerning related MCTWF benefit and rule changes and links to the Centers for Disease Control and Prevention, the U.S. Department of Labor, and other important sources of information. Best wishes.

*The following notification was mailed to members, as applicable:*

### **IMPORTANT NOTICE REGARDING COBRA CONTINUATION COVERAGE**

(1) Please take note that pursuant to the federal Joint Notice of Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak (Federal Register page 26351), group health plans, such as the MCTWF Actives Plan, must disregard the "Outbreak Period" running from March 1, 2020 until sixty (60) days after the announced end of the current National Emergency Concerning the Novel Coronavirus (COVID-19) Outbreak for all plan participants, beneficiaries, qualified beneficiaries, or claimants wherever located in determining the following COBRA continuation coverage periods and dates:

- The 60-day election period for COBRA continuation coverage under ERISA section 605 and Internal Revenue Code section 4980B(f)(5);
- The date for making COBRA premium payments under ERISA section 602(2)(C) and (3) and Internal Revenue Code section 4980B(f)(2)(B)(iii) and (C); and
- The date to notify the plan of a qualifying event or determination of disability under ERISA section 606(a)(3) and Internal Revenue Code section 4980B(f)(6)(C).

(2) Please also take note that effective May 31, 2020, MCTWF is implementing

an administrative rule change under which COBRA continuation coverage eligibility is not established until timely premium payment is received (previously, coverage was provided during the premium payment grace period but retroactively terminated for untimely payment of the premium). Accordingly, for each new coverage period, eligibility will be suspended until receipt of timely payment. Therefore, effective on May 31st, eligibility will be suspended unless premium payment for the period 5/31/20 - 6/27/20 already has been received. Once timely premium payment is received, eligibility will be retroactively reinstated back to May 31st and any eligible claims incurred during the period paid for will be processed. The same process will be followed for each month thereafter. Since, as noted under item (1) above, timely payment is extended until following the "Outbreak Period," the window for making timely payment may not close until well into the future, but during that period, eligibility will remain suspended unless payment is received. As always, payments received will be credited to the oldest unpaid period. This notice will be included with all COBRA Notices and Invoices until such time as the "Outbreak Period" has ended.

### **EXTENSION OF CERTAIN TIME FRAMES**

Please take note that pursuant to the federal Joint Notice of Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak (Federal Register page 26351), group health plans, such as the MCTWF Actives Plan and MCTWF Retirees Plan, must disregard the "Outbreak Period" running from March 1, 2020 until sixty (60) days after the announced end of the current National Emergency Concerning the Novel Coronavirus (COVID-19) Outbreak for all plan participants, beneficiaries, qualified beneficiaries, or claimants wherever located in determining the following coverage periods and dates:

- The 60-day period to request special enrollment under ERISA section 701(f) and Code section 9801(f);
- The 60-day election period for COBRA continuation coverage under ERISA section 605 and Internal Revenue Code section 4980B(f)(5);
- The date for making COBRA premium payments under ERISA section 602(2)(C) and (3) and Internal Revenue Code section 4980B(f)(2)(B)(iii) and (C);
- The date to notify the plan of a qualifying event or determination of disability under ERISA section 606(a)(3) and Internal Revenue Code section 4980B(f)(6)(C);
- The date within which individuals may file a benefit claim under the plan's claims procedure pursuant to 29CFR 2560.503-1(h);
- The date within which individuals may file an appeal of an adverse benefit determination under the plan's claims procedure pursuant to 29CFR 2560.503-1(h);
- The date within which claimants may file a request for an external review after receipt of an adverse benefit determination pursuant to 29CFR 2590.715-2719(d)(2)(ii), and
- The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete pursuant to 29CFR 2590.715-2719(d)(2)(ii) and 26CFR 54.9815-2719(d)(2)(ii).

## Flu Shot and Affordable Care Act (ACA) Vaccines Now Available Under Prescription Drug Benefit At Network Pharmacies

On September 16, 2020, MCTWF mailed to you the following notification:

It is particularly important that we avoid becoming infected with influenza during the COVID-19 pandemic. The Trustees of the Michigan Conference of Teamsters Welfare Fund (MCTWF) have determined that, effective September 30, 2020, seasonal flu vaccination administered by your network pharmacy (nationwide, there are over 68,000 retail pharmacies in the network that perform vaccinations) will be covered at no cost to you under your MCTWF prescription drug benefit. This will expand your access to the seasonal flu vaccine and eliminate any concern about your pharmacy's unwillingness or inability to bill the vaccination as a medical claim. Coverage under your MCTWF medical benefits remains available as well.

This expansion of your prescription drug coverage also applies to all preventive care vaccines as provided for under the Affordable Care Act (ACA). Please see the list of covered vaccines below:

### Seasonal Vaccines:

Injectable Seasonal Influenza Vaccine (Quadrivalent) • Intranasal Seasonal Influenza Vaccine (FluMist) • Injectable Seasonal Influenza Vaccine High-Dose • Intradermal Influenza Vaccine Quadrivalent (Short Needle) and Flublok.

### ACA Preventive Care Vaccines – Adults:

Zoster (Shingles) • Tetanus, Diphtheria Toxoids • Hepatitis A & B.

### ACA Preventive Care Vaccines – Children:

Haemophilus B • Haemophilus B, Hepatitis B • Inactivated Poliovirus • Rotavirus • Meningococcal, Haemophilus B, Tetanus • Measles, Mumps, Rubella, Varicella • Diphtheria, Tetanus • Diphtheria, Tetanus, Pertussis • Diphtheria, Tetanus, Pertussis, Haemophilus B • Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus • Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Haemophilus B • Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Hepatitis B.

### ACA Preventive Care Vaccines – Adults and Children:

Pneumonia • Hepatitis A • Hepatitis B • Human Papillomavirus • Varicella • Measles, Mumps, Rubella • Meningococcal • Tetanus • Tetanus, Diphtheria, Pertussis.

Seasonal flu and other preventive care vaccines may not always be available at the network pharmacy of your choice, so consider calling for availability (you also can search [www.caremark.com](http://www.caremark.com) to find a network "vaccine pharmacy") and to make an appointment. Please remember to present your white MCTWF Networks Card at the pharmacy.



## COVID-19 Vaccine Coverage

As with the seasonal flu vaccine, eligible MCTWF members will be covered in full for the cost of the COVID-19 vaccination under both their medical and prescription drug benefits, thereby expanding access to COVID-19 vaccine administered by local in-network retail pharmacies, when available.

## Immunization Schedules for Children and Adults

MCTWF's medical policy for covered immunizations follows the recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. These immunization schedules can be viewed on-line at [cdc.gov/vaccines/schedules](http://cdc.gov/vaccines/schedules). For more information about child and adult vaccines, visit [www.cdc.gov](http://www.cdc.gov) or call (800) 232-4636.

## Benefit Bank Weeks Renewal Effective April 1, 2021

We are pleased to announce that the Trustees have renewed the MCTWF Benefit Bank Week allotment program for another 36 months, to commence following the March 31, 2021 expiration of the current 36-month period, for MCTWF benefit packages that include the SOA, Key 1, Key 1a, Key 1b, Key 2, Key 2a, Key 2b, Key 2c, Key 2d, Key 3, or Key 3a medical benefits as follows:

- Eligible participants who are actively employed on or after April 1, 2021, will be allotted six benefit bank weeks for use during the period April 1, 2021 through March 31, 2024 during periods in which they are not actively employed. However, no benefit bank week coverage is available in the event that the participant quits his employment.
- Benefit bank week coverage includes the medical benefits, and any prescription drug, dental and vision benefits provided for in the participant's active benefit package. No Weekly Accident and Sickness, Total and Permanent Disability, or Death (or Accidental Death & Dismemberment) benefits will be available when incurred during the period covered by benefit bank weeks.
- Participants who are not actively employed on March 31, 2021 and who are receiving coverage due to their remaining benefit bank week allotment for the 2018 through 2021 period will continue to be covered until their remaining benefit bank weeks are exhausted, or, if earlier, upon their return to active employment. Once contributions are received with regard to the participant's resumption of active employment, the participant will receive a new allotment of six benefit bank weeks for use through March 31, 2024.

## CVS/caremark Select Medical Devices Exclusion

Effective January 1, 2021, certain "medical devices" for which alternatives exist over-the-counter or by prescription are excluded from MCTWF coverage due to their unjustifiable and unacceptable spike in retail price. These are not traditional medical devices such as syringes, insulin products, alcohol swabs, etc., but rather, dermatological products (such as creams, emulsions, and gels), wound dressings and artificial saliva products utilized by a tiny number of members, each of whom has been notified of this exclusion by CVS/caremark.

Most of these products do not address an otherwise unmet clinical need, but are slightly different versions of readily available over the counter or prescription products. A list of these select medical devices can be found on MCTWF's website on the Info Link tab.

# COVID-19: How to Protect Yourself and Others

Please note that the following was excerpted from a Centers for Disease Control and Prevention (CDC) article and is available in its entirety online at [www.cdc.gov](http://www.cdc.gov).

## Know How it Spreads

- COVID-19 spreads easily from person to person, mainly by the following routes:
  - Between people who are in close contact with one another (within 6 feet).
  - Through respiratory droplets produced when an infected person coughs, sneezes, breathes, sings, or talks.
- Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth.
- People who are infected but do not have symptoms can also spread the virus to others.

## Less Common Ways COVID-19 Can Spread

- Under certain circumstances (for example, when people are in enclosed spaces with poor ventilation), COVID-19 can sometimes be spread by airborne transmission.
- COVID-19 spreads less commonly through contact with contaminated surfaces.

## Everyone Should:

### Wash Your Hands Often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

### Avoid Close Contact

- Inside your home: Avoid close contact with people who are sick.

## Meeting Friends? Protect Yourself and Others from COVID-19

### Wear a mask



### Stay 6 feet from others



### Meet outdoors if possible



Protect yourself and your friends the most by doing all three

- If possible, maintain 6 feet between the person who is sick and other household members.
- Outside your home: Put 6 feet of distance between yourself and people who don't live in your household.
  - Remember that people without symptoms may be able to spread the virus.
  - Stay at least 6 feet (about 2 arms' length) from other people.
  - Keeping distance from others is especially important for people who are at higher risk of getting very sick.

### Cover Your Mouth and Nose with a Mask When Around Others

- Masks help prevent you from getting or spreading the virus.
- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a mask in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain.
  - Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
  - Do NOT use a mask meant for a healthcare worker. Currently, surgical

masks and N95 respirators are critical supplies that should be reserved for healthcare workers and other first responders.

- Continue to keep about 6 feet between yourself and others. The mask is not a substitute for social distancing.

### Monitor Your Health Daily

- Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
  - Especially important if you are running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 6 feet.
- Take your temperature if symptoms develop.
  - Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
- Follow CDC guidance if symptoms develop. Visit [www.cdc.gov](http://www.cdc.gov) for more information.

*Note: Older adults and people who have certain underlying conditions like heart or lung disease or diabetes are at increased risk of severe illness from COVID-19 illness.*

## PrudentRx Copay Program for Specialty Medications

If you're taking specialty medications for a chronic or complex condition, you may be aware of how costly those medications can be – not only to you in payment of copay or coinsurance charges, but to MCTWF as well.

Effective January 1, 2021, the MCTWF Actives Plan and the MCTWF Retirees Plan are offering to their specialty drug utilizers the opportunity to be relieved of all covered specialty drug out-of-pocket costs through automatic enrollment, subject to the member's right to opt out, in the PrudentRx Copay Program and then, with PrudentRx's assistance, by signing up for specialty drug manufacturer copay assistance, which MCTWF then uses to reduce its cost for the medication and to eliminate the utilizer's entire out-of-pocket expense for that medication. MCTWF's pharmacy benefit manager, CVS/caremark, has partnered with PrudentRx to make this Program available to its clients.

In order to meet the goals of the PrudentRx Copay Program, MCTWF must set a coinsurance rate of 30% of the cost of the specialty medication, to be charged to utilizers who opt out of the Program or fail to sign up for the specialty drug manufacturer's copay assistance when requested by PrudentRx. If there is no manufacturer copay assistance program

for your medication, your cost still will be \$0 if you are enrolled in the PrudentRx Copay Program. Specialty medications will continue to be filled exclusively by the CVS Specialty pharmacy and all specialty medications continue to require prior authorization. For medications not covered under the PrudentRx Copay Program, your out-of-pocket cost will continue to be in accordance with the standard prescription drug copay or coinsurance charges required by your MCTWF benefit package.

If you are currently taking one or more medications included in the MCTWF Exclusive Specialty Drug List, you will receive a welcome letter and follow up phone call from PrudentRx approximately one week later providing specific information about the Program as it pertains to your medication(s). A PrudentRx patient advocate will help you sign up for the necessary specialty drug manufacturer copay cards. It is important to reiterate that if you choose to opt out of the Program, or fail to sign up for the specialty drug manufacturer's copay assistance, when requested by PrudentRx, you will be responsible for the full 30% specialty medication coinsurance charge.

If you or a covered family member are not currently taking, but will be starting use of a new specialty medication, you can reach

out to PrudentRx patient advocate for guidance at 800-578-4403 or await their outreach following CVS Specialty pharmacy approval of your prior authorization request.

Because certain specialty medications do not qualify as "essential health benefits" under the Affordable Care Act, member cost share payments for these non-qualifying medications, whether made by you or a manufacturer copayment assistance program, do not count towards MCTWF's Affordable Care Act annual out-of-pocket maximums. A list of specialty medications that are not considered to be "essential health benefits" is available. An exception process is available on appeal for determining whether a medication that is not an essential health benefit is medically necessary for a particular individual.

The MCTWF Member Services Call Center is available Monday through Friday from 8:30 a.m. to 5:45 p.m. (eastern time) at (313) 964-2400 or (800) 572-7687 for inquiries.

## Recovery of Erroneous Benefit Payments

As stated in MCTWF's Summary Plan Description booklet, ERISA requires plan fiduciaries to use all reasonable means to recover benefits payments made to or on behalf of participants and beneficiaries who were not eligible for such benefits. MCTWF has the right and obligation to recover such erroneous payments from:

- any person to whom the payments were made;
- any person for whom the payments were made,
- any insurance company or organization to which the payments were made, and
- directly from the participant or beneficiaries.

The participant and/or beneficiaries are required to provide the Fund with any instructions and papers that may be necessary to recover erroneous benefit payments (also referred to as "overpayments.") MCTWF also has the right to recover overpayments by deducting the overpayment amount from any future benefits.

Upon discovery of an erroneous benefit payment, an offset will be made to any

MCTWF Actives Plan (including COBRA Continuation Coverage) or MCTWF Retirees Plan benefits to which the participant or beneficiary is otherwise entitled (including, but not limited to, weekly accident and sickness, total and permanent disability, death, and accidental death and dismemberment benefits) to satisfy the outstanding overpayment. Furthermore, eligibility to participate in any Fund self-contributory program, including retirees medical or retiree death benefits, will be immediately suspended.

If in the process of pursuing an overpayment, following issuance of a final demand letter by MCTWF, repayment of the full amount owed must be made within 21 days or a written repayment agreement must be entered into with MCTWF or all remaining benefit entitlement, including but not limited to medical, extended disability, prescription drug, dental, and vision, will be immediately suspended until such time as the overpayment is fully repaid. Once the overpayment is fully repaid, coverage will be retroactively reinstated.



## Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act (Women's Health Act) was signed into law October 21, 1998. This law amended the Employee Retirement Income Security Act of 1974 (ERISA) and provides important protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy. Under the Women's Health Act, group health plans offering mastectomy coverage (such as MCTWF) must also provide for reconstructive surgery in a manner determined in consultation between the attending physician and the patient. Coverage must include:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- and • prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedema.

## CVS/caremark Standard Formulary Exclusions and Additions

The following list reflects those prescription medications that, effective January 1, 2021, either are newly excluded from CVS/caremark's Standard Formulary (and therefore require prior authorization to establish medical necessity) or have been added to the Standard Formulary. Please note that listed generic drugs are in lowercase font and brand drugs are in UPPERCASE font. CVS/caremark will be notifying current utilizers and their prescribing physician of the newly excluded drugs and is providing them with a list of covered alternative drugs that are therapeutically equivalent. To obtain prior authorization, your physician must contact CVS/caremark at 800-626-3046.

Since the full list of drugs excluded from or added to the Standard Formulary in prior years has become too lengthy for publication here, the list is published on our website at [www.mctwf.org](http://www.mctwf.org) (click on the Info Links page and view the list under CVS/caremark). See this table continued on Page 7.

Common Condition/ Therapeutic Class	Drug Newly Excluded from Standard Formulary Effective 1/1/21 (Subject to Prior Authorization)	Recommended Alternative Generic or Brand Drugs in Therapeutic Class (note: the below listed generics are not the direct generic equivalent of the brand drug that is subject to Prior Authorization)	Drug Added Back to Standard Formulary Effective 1/1/21 (No Longer Subject to Prior Authorization)
Acromegaly	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR, SOMAVERT	SOMATULINE DEPOT	
Anticonvulsants	APTIOM, BRIVIACT, FYCOMPA	carbamazepine, carbamazepine ex-trel, divalproex sodium, divalproex sodium ex-trel, gabapentin, lamotrigine, lamotrigine ex-trel, levetiracetam, levetiracetam ex-trel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	LAMICTAL (non-preferred)
Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRI)	PAXIL/ PAXIL CR, PEVEVA, VIIBRYD	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX	
Anti-infectives, Antimalarial	DARAPRIM	pyrimethamine	
Attention Deficit Hyperactivity Disorder	ADZENYS ER/ XR-ODT, APTENSIO XR DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE	
Cancer, Multiple Myeloma Proteasome Inhibitors	BORTEZOMIB, KYPROLIS	NINLARO, VELCADE	
Cardiovascular, Nitrates	isosorbide dinitrate 40MG	isosorbide dinitrate (except isosorbide dinitrate 40mg), isosorbide mononitrate	
Cardiovascular, Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	TRACLEER	ambrisentan, bosentan, OPSUMIT	
Chronic Obstructive Pulmonary Disease (COPD), Anticholinergics	INCRUSE ELLIPTA	SPIRIVA, YUPELRI	
Chronic Obstructive Pulmonary Disease (COPD), Anticholinergic/ Beta Agonist Combinations, Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMA	
Contraceptives, Vaginal	NUVARING	ethinyl estradiol- etonogestrel, ANNOVERA	
Depression and/or Schizophrenia, Antipsychotics, Atypicals	INVEGA SUSTENNA	ABILIFY MAINTENA, PERSERIS	
Dermatology, Acne	AZELEX, DIFFERIN LOTION, FABIOR, TAZORAC	adapalene, benzoyl peroxide, clindamycin gel (except NDC <sup>6</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	
Dermatology, Antipsoriatics	calcipotriene/betamethasone	calcipotriene ointment, calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI	
Dermatology, Rosacea	doxycycline monohydrate delayed-rel capsule, MIRVASO	ORACEA azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA	
Diabetes Long Acting Insulins			TOUJEO (preferred)

## CVS Formulary Exclusions and Additions table (Continued from page 6)

Common Condition/ Therapeutic Class	Drug Newly Excluded from Standard Formulary Effective 1/1/21 (Subject to Prior Authorization)	Recommended Alternative Generic or Brand Drugs in Therapeutic Class (note: the below listed generics are not the direct generic equivalent of the brand drug that is subject to Prior Authorization)	Drug Added Back to Standard Formulary Effective 1/1/21 (No Longer Subject to Prior Authorization)
Diabetes Test Strips and Kits	ACCU-CHEK AVIVA PLUS*, ACCU-CHEK COMPACT PLUS*, ACCU-CHEK GUIDE*, ACCU-CHEK SMARTVIEW*	ONETOUGH ULTRA, ONETOUGH VERIO	ONETOUGH ULTRA, ONETOUGH VERIO (preferred)
Gastrointestinal, Irritable Bowel Syndrome	AMITIZA, TRULANCE*	LINZESS, MOVANTIK, SYMPROIC, LINZESS	
Gastrointestinal, Laxatives	GOLYTELY, SUPREP	peg 3350-electrolytes, CLENPIQ	
Growth Hormones	HUMATROPE	GENOTROPIN, NORDITROPIN	NORDITROPIN (preferred)
Hematologic, Neutropenia Colony Stimulating Factors	NEULASTA/NEULASTA ONPRO, UDENYCA	ZIEXTENZO	
Menopausal Symptom Agents	ESTRING, FEMRING, INTRAROSA, PREMARIN CREAM, MENHEST, OSPHENA, PREMARIN	estradiol, IMVEXXY estradiol	
Multiple Sclerosis	TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	
Musculoskeletal	metaxalone 400mg	cyclobenzaprine (except cyclobenzaprine 7.5mg)	
Ophthalmic, Allergies	BEPREVE	azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO	
Ophthalmic, Anti-inflammatories, Nonsteroidal	PROLENSA	bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC	
Ophthalmic, Anti-inflammatory, Steroidal			FLAREX (non-preferred)
Ophthalmic, Antivirals	ZIRGAN	trifluridine	
Ophthalmic, Dry Eye Disease	LACRISERT	RESTASIS, XIIDRA	
Osteoarthritis, Viscosupplements	GEL-ONE, VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	EUFLEXXA (preferred)
Otic, Anti-infective/Anti-inflammatory	CIPRO HC, CIPRODEX	ciprofloxacin- dexamethasone, ofloxacin otic	
Pain, Opioid Analgesics	oxymorphone ext-rel	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER	
Parkinson's Disease	APOKYN	INBRIJA	
Respiratory, Alpha-1 Antitrypsin Deficiency Agents	ARALAST NP, GLASSIA	PROLASTIN-C	

\*Current utilizers as of 12/31/20 will continue to be able to fill these prescriptions until advised otherwise, in writing by CVS/caremark. New utilizers as of 01/01/21 must use the Alternative Brand products in the Therapeutic Class listed.

Visit [www.mctwf.org](http://www.mctwf.org) for all your plan information

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# 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](http://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](http://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, 2020**

**Michigan Conference of Teamsters Welfare Fund**

## Omada® Prediabetes Program

MCTWF provides 100% coverage of Omada Health's charges in connection with its digital health program; an innovative program that could help reduce your risk of prediabetes, type 2 diabetes, and heart disease. The Omada Prediabetes Program, offered since March 2020, is designed to aid in making the changes that matter most — whether that's around eating, engaging in physical activity, sleeping, or managing stress.

Omada's Prediabetes Program inspires healthy habits to maintain over the long term. It combines the science of behavior change with unwavering personal support, thereby helping you reduce key risk factors for certain chronic diseases.

The Program is available to all MCTWF Actives Plan and MCTWF Retirees Plan members, age 18 and older, who are eligible for MCTWF medical benefits and who are approved for enrollment based on an assessment of risk factors by Omada. A simple assessment is all that is needed to be approved.

The Program provides:

- A professional health coach to keep you on track
- A wireless scale to monitor your progress
- An interactive program that adapts to you
- Weekly online lessons to educate and inspire and
- A small support group of Program participants for real-time advice and encouragement.

Learn more and apply to see if you are eligible at [omadahealth.com/mctwf](https://omadahealth.com/mctwf).

Your participation and progress in Omada's Prediabetes Program are strictly confidential.



## Livongo® Diabetes Management Program

MCTWF provides 100% coverage of charges in connection with the Livongo for Diabetes Program, a highly effective, comprehensive diabetes management program first introduced in March of 2020.

If you are diabetic with diabetes-related claim history and medical coverage through the MCTWF Actives Plan or MCTWF Retirees Plan, you are eligible for the following benefits under the Livongo for Diabetes Program:

- Livongo's free, easy-to-use, smart blood glucose meter uploads your readings to a private account—no more logbooks. The meter provides personalized tips after each reading to support you with diabetes management.
- Free and unlimited strips and lancets at no cost to you shipped directly to your home. You can order additional strips and lancets from your Livongo meter.
- While you are enrolled in the Program, you can stress less, knowing supplies are unlimited and always available at no cost to you.
- Access to Certified Diabetes Educators for guidance about anything from nutrition to lifestyle changes.

To sign up or to learn more about the Program, visit [join.livongo.com/MCTWF/greetings](https://join.livongo.com/MCTWF/greetings) or call Livongo Member Support at 1-800-945-4355 and have your registration code, "MCTWF" ready.

Your medical records will be provided to Livongo by Blue Cross Blue Shield of Michigan only for this sole and express purpose. All protected health information is kept strictly confidential and maintained in accordance with HIPAA privacy and security requirements.

## Actives Survivor Health Benefits

If a participant dies while actively working and covered for medical and prescription drug benefits under the MCTWF Actives Plan, his eligible spouse and dependent children will be provided with up to 36 months of ongoing medical and prescription drug coverage that his group was entitled to at the time of his death, as described in detail in the MCTWF Summary Plan Description booklet. Prior to October 1, 2020, MCTWF's rule was that if the deceased participant's Employer was to withdraw from MCTWF participation, Actives Survivor Health Benefits entitlement by the surviving spouse and dependent children would cease at the same time as the Employer's withdrawal.

**The Trustees have amended the rule so that for any death that occurs(ed) while actively working on or after July 1, 2019, the Employer's withdrawal from MCTWF participation will not affect the right of the surviving spouse and children to continued Actives Survivor Health Benefits. Those who were affected by this rule change have been notified and their coverage has been retroactively reinstated.**

## Keeping Required Enrollment Information Current

Certain information concerning participants and their beneficiaries (i.e., their spouse and eligible children) is essential to MCTWF's proper and accurate administration of the Plan. All MCTWF participants must provide it with all required information concerning themselves and their beneficiaries to permit initial enrollment.

It is necessary for participants to keep MCTWF informed of any change to their required information, including marriage, divorce, birth of child, child adoption, change of address, change of email address, change of phone number, other insurance information (COB), change in death benefit beneficiary designation, etc. Notification must occur immediately when such change occurs.

## Retiree Medical Benefit Package Rates for Plan Year April 2021 - March 2022

The standard and expanded eligibility monthly self-contribution rates listed below apply to all those participating in the MCTWF Retirees Plan basic medical and prescription drug Benefit Package 145. For those purchasing Benefit Package 475 (which adds to the basic medical and prescription drug benefits the Retiree Supplemental Benefits Rider — Hearing, Vision, and Dental Plan 2 benefits), add \$105.30 to Benefit Package 145 monthly rates.

<b>April 2021 Retiree Medical Benefit Package 145 Standard Eligibility Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*</b>						
	<i>Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component</i>					
Age at MCTWF Retirement Date	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
<b>50 – 54</b>	\$740	\$670	\$610	\$550	\$470	\$415
<b>55 – 59</b>	\$575	\$535	\$495	\$455	\$420	\$390
<b>60 – 64</b>	\$415	\$405	\$390	\$365	\$360	\$350
For eligible retirees whose active employment ceased prior to January 1, 2002: \$350						

<b>April 2021 Retiree Medical Benefit Package 145 Expanded Eligibility Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*</b>						
	<i>Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component</i>					
Age at MCTWF Retirement Date	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
<b>57 – 59</b>	\$635	\$590	\$545	\$500	\$460	\$430
<b>60 – 64</b>	\$455	\$445	\$430	\$400	\$395	\$385

<b>April 2021 Retiree Medical Benefit Package 145 Extended Retiree Spouse* Monthly Self-Contribution Rates (For Benefit Package 475, add \$105.30)</b>		
Age at Start of Each Plan Year	Female	Male
<b>50 – 52</b>	\$580.65	\$472.70
<b>53 – 55</b>	\$633.55	\$598.80
<b>56 – 58</b>	\$657.60	\$732.85
<b>59 – 61</b>	\$680.90	\$861.65
<b>62 – 64</b>	\$719.60	\$959.10

\*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.

## Taking a Look at Obesity

Just as the COVID-19 pandemic has forced us to reconsider so many facets of life, it also has shone a light on the obesity epidemic in light of the serious implications that obesity has for those diagnosed with COVID-19. Since obesity increases the risk of severe illness from COVID-19 and may triple the risk of hospitalization, it is time for us to rethink it.

Obesity is a disease, multifaceted and uncontrolled without the correct tools. When we start to look at obesity as a medical condition, not just a lifestyle choice, we can start to dissect the individual problems and treat them accordingly. Obesity is defined as a BMI (Body Mass Index) of 30 or higher and is the result of a complex interplay between many factors including: environment, diet and portion size, emotional and psychological factors, inactive lifestyle and genetics. It increases the risk of certain co-morbidities including Type 2 Diabetes, Hypertension, and Coronary Artery Disease.

The good news is that even a 5% weight loss can have a positive impact on health and there's more than one treatment option. Keep in mind that it's normal to try many approaches on the path to long-term weight management.

### Treatment Options Include:

#### - Healthy eating and portion control

Healthy meal planning provides you with necessary nutrients and smaller portions result in lower caloric intake.

#### - Environmental changes

You can make small changes to your surroundings, such as clearing out high-calorie snacks in your kitchen, or keeping your activity gear near the front door, that may help you stay on track with your weight-management goals.

#### - Behavioral approaches

Working with an expert in behavior modification, such as a counselor or a nutritionist, may help you find ways to build new habits that fit your lifestyle. Small changes, like reducing sugary drinks or making time to be active a few times a week, can really help.

#### - Physical activity

Physical activity helps you burn calories. The more active your lifestyle, the more calories you'll burn.

#### - Medicine

The FDA has approved several prescription medicines for weight loss and weight management. You can discuss the possible benefits and risks with a health care provider.

#### - Surgical procedures

Bariatric surgery may be an option for

individuals who have been unsuccessful in trying to lose weight through exercise and diet and with a body mass index (BMI) of 40 or higher, or 35 or higher coupled with a serious weight-related health condition. To qualify, you will need to meet certain medical guidelines. You can discuss the possible benefits and risks with your health care provider.

#### - Managing other health conditions

Talk to a health care provider about how to stay on top of other conditions you may have. Some health conditions may have an impact on your weight.

It's never too early to focus on weight and health. Everyone deserves access to safe and effective medical treatment that can improve health, quality of life, and life

span. We are proud to offer wellness, pharmacotherapy and bariatric treatment options to our members.

- The MCTWF Actives Plan and MCTWF Retirees Plan pays for unlimited dietary counseling by a certified dietitian for certain diagnostic categories. Visit: <https://www.bcbsm.com/index/members/health-wellness.html>

- The MCTWF Actives Plan and MCTWF Retirees Plan pays for anti-obesity medications with prior authorization. <http://www.caremark.com/wps/portal>

- MCTWF Actives Plan and MCTWF Retirees Plan pays for bariatric surgery (gastric surgery for morbid obesity) for those between the ages of 18 and 60. Visit: <https://www.bcbs.com/about-us/capabilities-initiatives/blue-distinction/blue-distinction-specialty-care>

## Coordination of Benefits (COB) – MCTWF Actives Plan and Medicare

An individual who is eligible for coverage under the MCTWF Actives Plan or MCTWF Retirees Plan benefits may also be eligible for coverage under another group health plan ("other coverage"). The process by which the plans determine between themselves primary and secondary responsibility for coverage is known as coordination of benefits (or COB). This article addresses the MCTWF Actives Plan COB rules when that other coverage is Medicare.

It is very important that MCTWF be immediately notified when you or a family member becomes eligible for Medicare by sending to MCTWF a copy of the Medicare card or letter from the Social Security Administration stating the effective date of the Medicare coverage.

### MCTWF Actives Plan – COB with Medicare For Active Participants

• If you are employed by a contributing employer and you or your spouse or child are eligible for Medicare Part A due to age (65 or older) or disability, the MCTWF Actives Plan is primary to Medicare.

• If you or your spouse or eligible child is covered by Medicare due to ESRD (end-stage renal disease), the MCTWF Actives Plan is the primary plan for up to 30 months from the Medicare eligibility date. After the 30-month period, Medicare becomes the primary plan and, as the secondary plan, the MCTWF Actives Plan is responsible, up to its benefit package limits, for claims expense not covered by Medicare Part A and Medicare Part B benefits. If, in such case, you or your eligible beneficiary are not enrolled in Medicare Part B, under MCTWF Actives Plan COB rules, the MCTWF Actives Plan will determine its benefit responsibility as if you or your eligible beneficiary were enrolled in Medicare Part B.\*

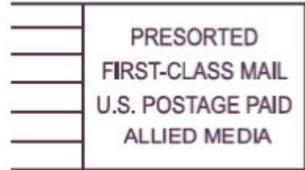
### For COBRA Beneficiaries

• If you or your eligible beneficiary are enrolled in Medicare and are age 65 or more, or are enrolled in Medicare based on disability, and elect COBRA continuation coverage, Medicare is the primary plan and, as the secondary plan, the MCTWF Actives Plan is responsible, up to its benefit package limits, for claims expense not covered by Medicare Part A and Medicare Part B benefits. If, in such case, you or your eligible beneficiary are not enrolled in Medicare Part B, under MCTWF Actives Plan COB rules, the MCTWF Actives Plan will determine its benefit responsibility as if you or your eligible beneficiary were enrolled in Medicare Part B.\*

• If you or your spouse or eligible child is covered by Medicare due to ESRD (end-stage renal disease) and elect COBRA continuation coverage, COBRA continuation coverage is primary for up to 30 months (less the period of time during which you received coverage for the disease under the MCTWF Actives Plan) from the Medicare eligibility date. After the 30-month period, Medicare becomes the primary plan, and, as the secondary plan, the MCTWF Actives Plan is responsible, up to its benefit package limits, for claims expense not covered by Medicare Part A and Medicare Part B benefits. If, in such case, you or your eligible beneficiary are not enrolled in Medicare Part B, under MCTWF Actives Plan COB rules, the MCTWF Actives Plan will determine its benefit responsibility as if you or your eligible beneficiary were enrolled in Medicare Part B.\*

*\*If the member only enrolled in Medicare Part A, and did not enroll in Part B, Part B claims will be considered as having been paid by Medicare, as primary, at 80% of the allowable amount.*

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](http://www.mctwf.org) for more benefit information!

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**MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND**



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**DO choose masks that**

**Have two or more layers of washable, breathable fabric**

**Completely cover your nose and mouth**

**Fit snugly against the sides of your face and don't have gaps**

If, in reviewing an Explanation of Benefits from MCTWF, or from one of its business associates, you identify what you believe to be fraudulent information, 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

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."

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