



# MESSENGER

SPRING 2016

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## Message from MCTWF's Executive Director

Dear Teamster Families,

Bud Hillard has completed his final term as Fund Trustee. Bud served in that capacity for twenty years, first as an officer of Local 337 and then as a retiree; ever ethical, ever gentlemanly, but ever passionately focused on the welfare of Fund participants and beneficiaries. Bud and his fellow Trustees played a critical role in transforming the Fund into the well regarded organization that serves you today and he leaves with the respect and gratitude of the Trustees and the Fund's staff. My regard for Bud runs deep.

But like spring, new life bursts forth for the Fund in the person of Greg Nowak as successor Trustee. Greg is President and Principal Officer of Local 1038 and President of Michigan Teamsters Joint Council No. 43 and a solid and vocal supporter of the Fund. Greg brings much that will benefit the Fund, including his insights into local, state and national issues affecting Teamster members and the businesses that employ them, his acute awareness of the members' needs and perspectives, and his analytical and strategic planning skills. We are very pleased by his determination to play an active role in the governance of the Fund.

We welcome all of our new participants and family members enrolled since our last Messenger publication, including the following groups: under Indianapolis **Local 135** – Alexander Chemical Corporation and Circle Transport, Inc.; under Detroit **Local 214** – Ogemaw County Sheriff Command Unit; under Detroit **Local 247** – PCC Trucking, LLC; under Wyandotte **Local 283** – US Silica Company; under Columbus **Local 284** – Republic Waste and Columbus Distributing Co.; under Detroit **Local 337** – Variety Food Services, National Wine & Spirits of Michigan, Paramount Pictures and US Foods; under Grand Rapids **Local 406** – Columbian Distribution Services, Inc., Delta County Sheriff Corrections Division, Delta County Sheriff Road Patrol and 10 West Productions; under Fort Wayne **Local 414** – Pretzels, Inc.; under Atlanta **Local 528** – Sysco Foods; under Zanesville **Local 637** – City of Jackson and City of Wellston; under Oklahoma City **Local 886** – Sysco Oklahoma.

On behalf of the Trustees and staff, I wish you health, good luck, and the great pleasures of springtime.

Richard Burker

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Editor's Note: For simplicity, the Messenger uses the masculine form to refer to participants and children and the feminine form to refer to spouses. When referring individually or collectively to participants, eligible children and spouses, the Messenger commonly uses the term "members." Michigan Conference of Teamsters Welfare Fund is referred to herein as "Fund or "MCTWF."

# Summary Annual Report for MCTWF Actives Plan and MCTWF Retirees Plan Participants

## Michigan Conference of Teamsters Welfare Fund Plan Year Ended March 31, 2015

### MCTWF Actives Plan

This is a summary of the annual report of the MCTWF Actives Plan, a health, dental, vision, temporary disability, long-term disability, prescription drug and death benefits plan (Employer Identification Number 38-1328578, Plan Number 501), for the plan year 04/01/2014 through 03/31/2015. 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 \$342,249,722 as of the end of the plan year, compared to \$312,152,540 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$30,097,182. This change 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 \$230,590,794 including employer contributions of \$212,860,623, employee contributions of \$623,658, earnings from investments of \$17,097,063, and other income of \$9,450. Plan expenses were \$181,691,120. These expenses included \$11,317,418 in administrative expenses and \$170,373,702 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 and 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 plan administrator, at Board of Trustees of Michigan Conference of Teamsters Welfare Fund, 2700 Trumbull Avenue, Detroit, MI 48216-1269 and phone number, 313-964-2400.

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.

You also have the legally protected right to examine the annual report at the main office of the plan: Michigan Conference of Teamsters Welfare Fund, 2700 Trumbull Avenue, Detroit, MI 48216-1269, 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

### MCTWF Retirees Plan

This is a summary of the annual report of the MCTWF Retirees Plan, a health, dental, vision, prescription drug and death benefits plan (Employer Identification Number 38-1328578, Plan Number 502), for the plan year 04/01/2014 through 03/31/2015. 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 \$21,943,000 as of the end of the plan year, compared to \$0 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$21,943,000. This change 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 \$19,251,312 including employer contributions of \$12,502,684, employee contributions of \$5,711,316, earnings from investments of \$1,036,757, and other income of \$555. Plan expenses were \$16,110,804. These expenses included \$948,167 in administrative expenses, \$15,162,637 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 and 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.

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# 2016 Recommended Child, Adolescent and Adult Immunization Schedules

Immunizations received in accordance with the Fund's approved schedules below are covered, as noted, under MCTWF Actives Plan and MCTWF Retirees Plan medical benefits, as appropriate, if received from a network provider (please refer to your schedule of benefits for specifics). These schedules follow the recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

## Recommended 2016 Child and Adolescent Immunization Schedule for persons aged 0 through 18 years – United States, 2016

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose														
Rotavirus (RV) RV1 (2-dose series); RVS (3-dose series)			1 <sup>st</sup> dose													
Diphtheria, tetanus, & acellular pertussis (DTaP; <7 yrs)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose					4 <sup>th</sup> dose			5 <sup>th</sup> dose				
Haemophilus influenzae type b (Hib)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose						3 <sup>rd</sup> or 4 <sup>th</sup> dose							
Pneumococcal conjugate (PCV13)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose					4 <sup>th</sup> dose							
Inactivated poliovirus (IPV; <18 yrs)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose													
Influenza (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (LAIV or IIV) 1 or 2 doses			Annual vaccination (LAIV or IIV) 1 dose only		
Measles, mumps, rubella (MMR)							1 <sup>st</sup> dose					2 <sup>nd</sup> dose				
Varicella (VAR)							1 <sup>st</sup> dose					2 <sup>nd</sup> dose				
Hepatitis A (HepA)																
Meningococcal (Hib-MenCY > 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)															1 <sup>st</sup> dose	Booster
Tetanus, diphtheria, & acellular pertussis (Tdap; ≥ 7 yrs)																
Human papillomavirus (2vHPV: females only; 4vHPV, 9vHPV: males and females)																
Meningococcal B																
Pneumococcal polysaccharide (PPSV23)																

Range of recommended ages for all children
  Range of recommended ages for catch-up immunization
  Range of recommended ages for certain high-risk groups
  Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
  No recommendation

Please refer online to <http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

## Recommended Adult Immunization Schedule for adults aged 19 years or older, by vaccine and age group - United States - 2016

VACCINE	AGE GROUP	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap)		Substitute Tdap for Td once, then Td booster every 10 yrs					
Varicella		2 doses					
Human papillomavirus (HPV) Female		3 doses					
Human papillomavirus (HPV) Male		3 doses					
Zoster						1 dose	
Measles, mumps, rubella (MMR)		1 or 2 doses depending on indication					
Pneumococcal 13-valent conjugate (PCV13)							1 dose
Pneumococcal 23-valent polysaccharide (PPSV23)		1 or 2 doses depending on indication					1 dose
Hepatitis A		2 or 3 doses depending on vaccine					
Hepatitis B		3 doses					
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4)		1 or more doses depending on indication					
Meningococcal B (MenB)		2 or 3 doses depending on vaccine					
Haemophilus influenzae type b (Hib)		1 or 3 doses depending on indication					

Please refer online to <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf>

Recommended for all persons who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; zoster vaccine is recommended regardless of past episode of zoster
  Recommended for persons with a risk factor (medical, occupational, lifestyle, or other indication)
  No recommendation



## Other Group Health Insurance Coverage

Health insurance plans, including the MCTWF Actives Plan and the MCTWF Retirees Plan, follow “coordination of benefits” rules for determining primary and secondary responsibility for the payment of claims when two or more plans are responsible for payment of the same claim. Accordingly, every health insurance plan seeks to maintain current information, through periodic inquiries, to ascertain whether its participants (or insureds) are covered by other health insurance. Since Blue Cross Blue Shield of Michigan has ceased making such inquiries of you on the Fund’s behalf, we must do so.

The Fund has commenced annual issuance to participants of a Coordination of Benefits Information form asking whether participants, spouses, or children are covered under other group health insurance. The forms will be mailed out throughout this year and then every twelve months to you thereafter. Please supply the requested information and mail or fax the form back to the Fund as soon as possible so that your claims can be properly adjudicated.

## Third Party Liability Questionnaires

The Fund has subrogation rights that allow it to recover against third parties the value of benefits paid by it on behalf of participants and beneficiaries in connection with injuries or illnesses incurred on-the-job, or in connection with a motor vehicle, or caused in whole or in part by other third parties. Claims are reviewed post-payment to determine whether there may be third party liability and, if so, a questionnaire is sent to the individual, inquiring how the injury or illness was sustained. This data gathering process is

now handled for the Fund by Blue Cross Blue Shield of Michigan. If you receive such a questionnaire, it is important that you answer it completely and return it in the self-addressed, postage-paid envelope. Your failure to do so may result in the denial of future related claims and pursuit of recovery of those already paid.

## Untimely Reporting of Employee Status Changes

The Fund requires that all contributing employers timely report all active employment status changes (i.e., layoffs, terminations, resignations, personal leaves, military leaves, work related and non-work related illnesses and injuries, and other changes in status) so that the Fund can update its benefit eligibility records. The employer’s failure to do so may result erroneously in the provision of ongoing benefits for members who no longer are eligible. If you are no longer eligible, please inform your healthcare providers, including your pharmacist, that you no longer are covered for Fund benefits. Pharmacists, in particular, will assume that you are still covered by the Fund unless you inform them otherwise. The Fund will be obliged to pursue you to recover the cost of benefits erroneously provided to you.

## On-the Job Injury or Illness Benefit Exclusion Revision

**Effective May 5, 2016**, the Fund’s Summary Plan Description booklet, under *General Exclusions and Limitations*, has been revised in part to state: “The following are not covered under the MCTWF Actives Plan and MCTWF Retirees Plan: Accidental injury or illness arising in the course of employment.”

# MCTWF Retirees Plan Health Benefit Rates:

## April 2016 - March 2017

The standard and expanded monthly self-contribution rates listed below apply to all those participating in the Fund's basic Retirees Health Benefit Package 145, which have not increased from last year's rates. For those purchasing Retirees Health Benefit Package 475 (which includes the Retiree Supplemental Benefits Rider - hearing, vision, and Dental Plan 2 benefits), add \$100.75 (a decrease from last year's rate) to Retirees Health Benefit Package 145 monthly rates:

Retiree Health Benefit Package 145 <u>Standard Eligibility Rules</u> Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*						
Years Participating under an MCTWF Actives Plan Benefit Package with Retiree Health Component						
Age at MCTWF Retirement Date	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
50 – 54	\$785	\$710	\$645	\$575	\$495	\$435
55 – 59	\$605	\$560	\$520	\$475	\$440	\$405
60 – 64	\$435	\$420	\$405	\$385	\$375	\$365
For eligible retirees whose active employment ceased prior to January 1, 2002: <u>\$365</u>						

Retirees Health Benefit Package 145 <u>Expanded Eligibility Rules</u> Monthly Self-Contribution Rate (Covers Both the Retiree and the Eligible Spouse)*						
Years Participating under an MCTWF Actives Plan Benefit Package with Retiree Health Component						
Age at MCTWF Retirement Date	7 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
57 – 59	\$665	\$615	\$570	\$525	\$485	\$445
60 – 64	\$480	\$460	\$445	\$425	\$415	\$400

To drop the Retiree Supplemental Benefits Rider you must have been covered by it for a minimum of 12 months and you must notify the Fund 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 1st, the Fund must receive written notification by November 15th. Once the Retiree Supplemental Benefits Rider is dropped, it will not be available to you again.

\*Eligibility to participate in a Retiree Health Benefit Package (i.e., 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 in the Retiree Health Benefit Package at the retiree self-contribution rate until or unless such participation, from the date of commencement, exceeds eight years. Spouse participation then requires self-contribution at the Retiree Health Benefit Package's cost based rates. If the retiree dies or becomes eligible for early age (disability) Medicare coverage, the otherwise eligible spouse may continue to participate in the Retiree Health Benefit Package at the retiree's self-contribution rate, unless or until the later of (a) eight years from the date that the retiree's health benefit package coverage began 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 Retiree Health Benefit Package's cost based rate as an "Extended Retiree Spouse."

### Increase in MCTWF Retirees Plan Calendar Year Benefit Limit

The MCTWF Retirees Plan health (medical and prescription drug) benefits calendar annual benefit limit, exclusive of Phase III Specified Organ Transplants, per covered individual, has been increased from \$220,000 to \$250,000, effective April 1, 2016.

### New MCTWF Actives Plan and MCTWF Retirees Plan SPD Booklet

In early March, the newly revised Summary Plan Description (SPD) booklet, dated November 2015, was mailed to all MCTWF Actives Plan and MCTWF Retirees Plan participant households. If the SPD booklet (and/or the subsequently mailed Schedule of Benefits) was not received, the Fund will mail it to you at your request. You also may access the SPD booklet and your Schedule of Benefits on the Fund's website at [www.mctwf.org](http://www.mctwf.org), from the *Summary Plan Description* page. To search the SPD booklet for a specific topic, use your search option and enter a key word or phrase.

# Opioid Use and Abuse

The following text was excerpted, with permission, from a broader article entitled “Controlled Substance Strategies at CVS Health,” from its February 2016 issue of *Clinical Knowledge Management News for Clients*. Article footnotes were extensive and have been removed in the interest of space. The Fund is considering implementation of controlled substance management programs to better address this rampant problem.

## Opioid Medication Uses and Risks

Prescription opioid medications are used to treat severe acute pain, such as from surgery or injury, and chronic pain from active cancer or at the end of life. Guidelines from the American Pain Society (APS) and American Academy of Pain Medicine (AAPM) state that chronic opioid therapy can also be an effective therapy for carefully selected and monitored patients with chronic noncancer pain. Some medications in this class include hydrocodone, oxycodone, morphine, methadone, buprenorphine and codeine.

However, opioid medications are associated with dependence, tolerance, abuse and risk of accidental overdose. One study found that death rates for drug overdoses involving opioids were 7.8 per 100,000 adults aged 18 through 64 years in 2013, an increase from 4.5 per 100,000 in 2003. The same study, which looked at nonmedical prescription opioid use and use disorders, also found increases in the prevalence of opioid use disorders and frequency of use during the same period, although the prevalence of nonmedical

use of prescription opioids decreased. Opioids can also have side effects, such as sleepiness and constipation. They can worsen pain, impair driving, and affect the immune system, and they are associated with a number of drug interactions.

## Overprescribing of Controlled Substances

Overprescribing of controlled substances, such as opioids, is an area of concern. Health care providers wrote 258.9 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of these pills. While those in the United States constitute only 4.6 percent of the world’s population, they consume 80 percent of the global opioid supply and 99 percent of the global hydrocodone supply. According to the Centers for Disease Control and Prevention (CDC), overprescribing of opioids is associated with higher rates of drug overdose deaths and substance abuse treatment admissions.

In 2014, 6.5 million people aged 12 years or older reported nonmedical use of psychotherapeutic drugs—about two-thirds of those people were taking pain relievers non-medically. National Survey on Drug Use and Health data indicate that 53 percent of non-medical users of controlled prescription drugs (pain relievers, tranquilizers, stimulants and sedatives) aged 12 or older obtained the prescription drugs they most recently used “from a friend or relative for free,” and 21.2 percent reported obtaining them from “one doctor,” according to a recent report from the DEA. More than four in five of those

who obtained prescription drugs from a friend or relative for free reported that their friend or relative had obtained the drugs from a single doctor.

Strategies to address overprescribing are essential. For instance, the U.S. Department of Health and Human Services recommended looking at opioid prescribing practices to reduce opioid use disorders and overdose as one of the three priority areas they identified in an initiative to combat opioid abuse.

## Risk Factors for Adverse Outcomes in Opioid Abuse

A number of risk factors have been associated with adverse outcomes in opioid use, such as overdose and progression to substance abuse. We can pursue improved clinical outcomes through positively impacting the following measures of controlled substance use:

- Morphine equivalent dose (MED) greater than 120 mg/day, although risk also exists at lower doses. Determining MED is the process of converting from one opioid agent to an equivalent dose of another agent or changing the route of opioid administration using morphine as the reference standard. It is used for determining the dose when a patient is on one or more opioids;
- Use of opioids for greater than 90 days;
- Multiple prescribers and pharmacies; and
- Combinations of central nervous system depressants (such as benzodiazepines and other sedatives—hypnotics, antidepressants and sleep aids—along with an opioid).

## Herpes Zoster (Shingles) Vaccine – Expanded Coverage

Herpes Zoster (shingles) is an acute viral infection caused by the reactivation of the varicella-zoster (chickenpox) virus acquired during childhood. Currently, the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices, advises covering, as a preventive benefit under the Affordable Care Act, only one dose of the shingles vaccine and only at age 60 or older. This is despite significant evidence that the incidence of shingles sharply rises beginning at age 50, and that the vaccination’s effectiveness appears to last only for approximately 5 years.

The Fund’s Trustees have decided that **effective May 5, 2016**, for MCTWF Actives Plan participants and beneficiaries, subject to approval of physician prior authorization requests by the Fund’s Utilization Review office, coverage of shingles vaccinations is expanded to include individuals between the ages of 50 and 59 who have a history of recurring shingles infections, provided that the vaccination is administered no less than one year following the onset of the most recent shingles episode. Shingles vaccinations for such individuals will be provided as a medical benefit (subject to applicable deductibles and coinsurance charges). The Fund continues to provide, as a preventive benefit, free coverage for the first shingles vaccination administered on or after age sixty. However, coverage is expanded further to include revaccinations for all eligible participants, no more frequently than once every five years, as a medical benefit. The foregoing applies as well to MCTWF Retirees Plan participants and eligible spouses except that coverage in all cases is provided as a medical benefit.



## MDLIVE Telehealth Services

Extension of \$0 Copay through March 31, 2017

Feeling sick late at night?

**T**wo years ago, the Fund introduced a convenient service for treatment of many non-acute medical conditions through the use of telehealth consultations provided by MDLIVE. MDLIVE provides on-demand access to U.S. Board certified physician and licensed behavioral health therapist consultations, 24 hours a day, 7 days a week, by secure video, or by phone, for physician consultations and now, by secure video only for therapist consultations (through MDLIVE's new partnership with Breakthrough Behavioral Health). Members who have used MDLIVE services and have agreed to be surveyed, consistently have acknowledged its convenience and satisfaction with their consultation. Many have utilized MDLIVE repeatedly. **To further promote the appropriate use of this new service, no copay will be charged for another year, through March 31, 2017.**

## Register with MDLIVE for a Chance to Win a Prize!

**MDLIVE** once again will be conducting a drawing, this time to choose four members, each of whom will win a \$50 dollar VISA gift card and an MDLIVE sport water bottle. To be eligible to win, a member must be a Fund participant, spouse, or adult child, covered for medical benefits at the time of the drawing, and must have registered with MDLIVE between June 1, 2016 and July 15, 2016, or have previously registered and request to be part of the drawing, as addressed below.

Registration is easy and it will speed up the time it will take to arrange for your first consultation when you need it.

You can register on-line at [www.mdlive.com/mctwf](http://www.mdlive.com/mctwf) or via the *Info Links* page of the Fund's website, or by phone, with the help of an MDLIVE health services specialist at 888-632-2738.

If you previously registered, you will need to send an email by June 30, 2016 to [promotions@mdlive.com](mailto:promotions@mdlive.com) and include on the subject line - "MCTWF Promotion Certification." In the body, state your full name and that you would like to participate in the MDLIVE/MCTWF drawing. Good luck!

Note: Fund and Local Union staff and families are not eligible to participate.



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

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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.

MICHIGAN CONFERENCE OF  
TEAMSTERS WELFARE FUND

2700 TRUMBULL AVE.  
DETROIT, MICHIGAN 48216  
313-964-2400  
TOLL FREE 800-572-7687



## 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

**Union Trustees:**  
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## Walking the Walk - Wellness at the Fund Office

New scents have been wafting through the Fund office of late, as twice weekly, complimentary fresh fruit has been made available to the staff. Organic apples, bananas, tangerines, oranges, pears, berries, and other fresh fruits are being offered as part of the Fund's workplace wellness program. Over the past several years, the Fund has implemented several wellness initiatives including annual health screenings, wellness coaching and smoking cessation, worksite flu vaccinations, and reimbursement for Weight Watchers attendance. The Fund seeks to promote the health of its staff and to do so effectively by gain-

ing a better understanding of how well accepted and otherwise successful are its initiatives. The Fund would be happy to share its experience with any contributing employer group that wishes to consider implementing its own wellness program that, not only will improve the physical and mental well-being of employees, but will reduce sick days and improve work quality and productivity.

Providing enthusiastic and creative support to our effort is the Fund's new Wellness Committee of dedicated volunteers. The Committee's most recent initiative is the recently implemented Spring Into Motion program – a six week exercise program offered in conjunction with Ulliance, Inc. (the Fund's Wellness Program Administrator) designed to get the staff outside and moving after another long and far too sedentary Michigan winter. The program features an interactive website that highlights international springtime locations along the virtual trail travelled, awards "springer" points earned by thirty or more minutes of physical activity, and offers the option of joining a team for extra motivation and competition.

The Wellness Committee also has decided to take advantage of the staff's love for "potlucks" by planning monthly gatherings featuring a healthy theme. The staff has embraced this idea and donates personal time and resources to make the potluck a great success. The first potluck was in celebration of St. Patrick's Day and featured a "green" salad bar including homemade balsamic dressing, tuna fish salad with Greek yogurt instead of mayonnaise, and a wide assortment of vegetables toppings. A "Fruity Friday" theme is planned for June featuring healthy dishes that incorporate fresh fruit.