



# MESSENGER



## Winter 2017 - 2018

### In This Issue:

Message from MCTWF's Executive Director	1-2
Coordination of Benefits for Medical Services - Rule Modification	2
SUMMARY ANNUAL REPORTS - Plan Year Ended March 31, 2017	3
CVS/caremark Standard Formulary Prescription Drug Updates	4-5
Women's Health and Cancer Rights Act of 1998	5
Medical Coverage for Dental Services	5
Notice of Creditable Coverage - Prescription Drug Coverage	6
Opioid Utilization Management Strategy	7
MCTWF Requests for Medical Records	7
Coverage for Ambulance Services When No Transport Occurs	8
Digital Breast Tomosynthesis (3D Mammography) Coverage	8
Private Duty Nursing	8
Maternity Benefit - Ultrasound Limit	8
Disposal of Unused Medications: What You Should Know	9
Benefit Bank Weeks Renewal	9
Retiree Medical Benefit Package Rates: April 2018 - March 2019	10
Survivor Health Benefits - SPD Clarification	11
Continuation of Coverage Beyond Age 26 for Disabled Dependent	11
MDLIVE Drawing Prize Winners	12

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 spouses and eligible children, the Messenger commonly uses the word "beneficiaries." Michigan Conference of Teamsters Welfare Fund is referred herein as "Fund" or "MCTWF."

## Message from MCTWF's Executive Director

Dear Teamster Families,

Purveyors of prescription opioids (including drug manufacturers, pharmacy benefit managers, pharmacies, and physicians) are getting a taste of what it's like to be a societal pariah as they are being righteously hounded from every direction by a nation that disdains them for their greed, corruption, or indefensible negligence. America has awoken in horror to the tens of thousands of opioid related, self-inflicted deaths and the millions who are tyrannized by opioid addiction. This "epidemic" will end someday, the purveyors will be brought to heel (the IBT has demonstrated its devotion to this cause), but where do the victims find the help they need to overcome their life-destroying addiction?

Among the several options for certified professional support and guidance are drug and alcohol addiction counselors, one of whom I was introduced to recently. Dr. David Sklar has been a practicing psychotherapist for over 40 years and a recovering alcoholic for even longer. Dr. Sklar's practice focuses on alcohol and narcotics abuse. His extraordinary passion, empathy, and insight were so evident that I sought and obtained his permission to share with you in this limited space excerpts from his follow-up written comments. He began with his own slide into alcoholism as a young man...

*I became hyper-attuned to my inner mood. When I felt it dipping, another drink. Problem is that alcohol is a fast-moving train. You are only at the stop you want a very short time. Every shot becomes a futile attempt to get to where you want to be, and every shot takes you ultimately farther from your desired destination.*

*Blackouts and guilt. There were evenings that I could not remember. Trying to piece together what happened. Talking to my young children about movies I could not remember. Scaring them more times than I probably realize. Tremendous guilt, even for things that might never have occurred. Guilt just for being a general screw-up, losing control of myself. Everybody in the throes of addiction knows what I am speaking about.*

*I worked in a methadone clinic during the mid- eighties. Opioid addiction was primarily heroin, and a few other heavy pain killers, such as Codeine, Vicodin. The clinic was in Dearborn Heights and the population was generally lower middle class to poor. This was before the mass development of Oxycodone, Lyrica, Fentanyl, and a variety of very effective but addictive painkillers were distributed to rich and poor alike. The current "opioid epidemic" was created in the doctor's or dentist's office and for the most part involves prescription pharmaceutical medication. While old time heroin was easy to get off, three to five days of hell, pharmaceutical medication is generally much stronger, obviously more consistent in terms of dosage, and seems to seep more deeply into the body than heroin, and detox seems to be longer and harder.*

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*Like alcohol, there is a point of no return. Opioids are powerful stuff. They kill the pain of the mind as well as that of the body; they soothe so much of us, both body and soul. They allow us to float in time and not feel bored. We tend to build up tolerance to this type of medication. One becomes two becomes six to ten daily just to feel straight. I can always buy another pint. Can't always get another thirty Vicodin. That's when things begin to break down and people do things illegally that they never ever thought they would do. Full blown addiction is a prison of its own.*

*The biggest impediment to treatment is fear. Fear mixed with guilt over your life getting to this point, and fear of sensing that things will have to change. What to do? Obviously, there are several ways to go. Perhaps the easiest first step is to find a therapist to speak with. It is important that whoever you see has a sense of your experience. If they don't, leave and leave quickly. The last thing you need is to get discouraged. I am amazed at how many people feel condemned to stay with whoever they were referred to because of their own self-doubt. The founder of Alcoholics Anonymous thought it best to have recovering alcoholics treat other alcoholics.*

*AA groups are everywhere and can differ, depending on the group members. It may take several groups until you find the right one for you. If you don't find AA to be to your liking, do not dismay. The key to not drinking is not drinking, whether you attend or do not attend meetings. I do find that those who get and stay involved in AA have fuller experiences, make new friends, learn more about themselves, help others, and are involved in a caring, compassionate, community.*

*I think treatment for the new opioid addict is more difficult to obtain. The current opioid epidemic involves pharmaceutical medication, which is generally more powerful and more consistent than street heroin. Medication is more difficult to kick. It seems to take longer to feel normal. In addition, there are fewer therapists with personal experience in opioid addiction and withdrawal. Even though it may be difficult to find such a therapist, he or she can be very important in helping manage recovery. Physicians may be needed, medication suggested and perhaps necessary in support, but the therapist, as a trusted consultant or advisor, can serve an invaluable role. We are here to get off Oxycodone, not talk about your mother.*

*Narcotics Anonymous serves those addicted to opioids and any other substance that isn't alcohol. The composition of NA groups now tends to include a broader cross-section of the community, as does the current epidemic. There are plenty of good NA groups around, and if you can find the right fit, it makes recovery easier.*

*There are synthetic opioids that eliminate the physical cravings without creating the high. I have had several clients on Suboxone recently with mixed success. I think the major benefit of Methadone and Suboxone is that they can provide stability through regularity and consistency of dosage. On the other hand, they are highly addictive. The other way to go is, like alcoholism, to totally abstain from the addictive substance. I think this is the best and ultimately the easiest way, because you are finally free.*

Dr. Sklar's office is located in West Bloomfield, MI. He can be contacted for an appointment at sklartherapy@att.net, or at (248) 808-0283.

We welcome all of our new participants and family members enrolled since our last Messenger publication, including the following groups: under **Indianapolis Local 135** - Wick's Pies, under **Detroit Local 214** – City of Pinconning, Houghton Lake Community Schools and Village of Fowlerville (Police and Administration), under **Detroit Local 247** – Messina Trucking (Management and Accounting) and W.H.M. Construction, under **Wyandotte Local 283** – Savage Refinery Services and U.S. Ecology – Detroit South, under **Detroit Local 299** – Applied Industrial Technologies, under **Detroit Local 337** – Cranetown Media, Old Man Productions, and Sherwood Food Distributors (Orlando), under **Grand Rapids Local 406** – City of Gladstone (Dispatchers and Supervisory), Gwinn Area Schools (Administration), Model Coverall Service, (Inside Unit) and T.G. Mercer, under **Omaha Local 554** – La La Branded Products, under **Pontiac Local 614** - Henkels & McCoy, under **Madison Local 695** – Madison Crushing & Excavating Co. and Sun Prairie Concrete, under **LaSalle Local 722** – Utica Terminal, under **Springfield Local 916** – M.J. Kellner Co., and under **Cincinnati Local 1199** – Ohio Eagle Distributing.

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

Richard Burkner

## Coordination of Benefits for Medical Services – Rule Modification

**Effective July 1, 2018**, Part 17 of MCTWF's SPD booklet is amended, in part, as follows: If the Fund is the Secondary Plan it will subtract the Primary Plan's payment from the Primary Plan's Allowed Amount (resulting in a "net allowed amount") and, subject to the MCTWF Actives Plan or MCTWF Retirees Plan benefit package's Deductible, Copayment and Coinsurance amounts, will pay the net allowed amount in a sum not to exceed the MCTWF Actives Plan's or MCTWF Retirees Plan's Allowed Amount.

# Summary Annual Reports for - MCTWF Actives Plan and MCTWF Retirees Plan Participants Michigan Conference of Teamsters Welfare Fund Plan Year Ended March 31, 2017

## For MCTWF Actives Plan

This is a summary of the annual report of the MCTWF ACTIVES PLAN, EIN 38-1328578, Plan No. 501, for period April 01, 2016 through March 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, 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 \$388,320,365 as of March 31, 2017, compared to \$349,161,811 as of April 01, 2016. During the plan year the plan experienced an increase in its net assets of \$39,158,554. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$269,242,851, including employer contributions of \$237,082,690, employee contributions of \$628,302, earnings from investments of \$31,521,908, and other income of \$9,951.

Plan expenses were \$230,084,297. These expenses included \$12,479,852 in administrative expenses, and \$217,604,445 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 office of TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND in care of RICHARD BURKER, the Plan Administrator's delegee, at 2700 TRUMBULL AVENUE, DETROIT, MI 48216, or by telephone at (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 (TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND, 2700 TRUMBULL AVENUE, DETROIT, MI 48216) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## For MCTWF Retirees Plan

This is a summary of the annual report of the MCTWF RETIREES PLAN, EIN 38-1328578, Plan No. 502, for period April 01, 2016 through March 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, 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 \$33,637,512 as of March 31, 2017, compared to \$26,331,402 as of April 01, 2016. During the plan year the plan experienced an increase in its net assets of \$7,306,110. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$17,974,855, including employer contributions of \$11,356,086, employee contributions of \$4,296,432, earnings from investments of \$2,318,660, and other income of \$3,677.

Plan expenses were \$10,668,745. These expenses included \$844,738 in administrative expenses, and \$9,824,007 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 office of TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND in care of RICHARD BURKER, the Plan Administrator's delegee, at 2700 TRUMBULL AVENUE, DETROIT, MI 48216, or by telephone at (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 (TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND, 2700 TRUMBULL AVENUE DETROIT, MI 48216) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

# CVS/caremark Standard Formulary Prescription Drug Updates

As was first announced in the winter 2011-2012 Messenger, MCTWF's pharmacy benefit manager, CVS/caremark, made prior authorization for medical necessity of prescription drugs that are excluded from its Standard Formulary list a condition of coverage. The following list reflects those drugs (listed in **bold**), that **effective January 1, 2018** are newly excluded from the Standard Formulary (and therefore require prior authorization), or have been returned to it (and therefore no longer require prior authorization). CVS/caremark has notified affected utilizers and their prescribing physician of the newly excluded drugs, and has provided them with a list of covered alternative drugs that are therapeutically equivalent. Please note that generic drugs are in lowercase italics font and brand drugs are in UPPERCASE roman font. To obtain prior authorization, your physician must contact CVS/caremark at 800-626-3046. Since the full list of drugs excluded from the Standard Formulary (and therefore requiring prior authorization) is 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).

Category/ Therapeutic Class	Drug 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)
Anti-infectives, Antivirals/ Hepatitis C	<b>MAVYRET</b>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
Anti-infectives, Antibacterials/ Tetracyclines	<b>MINOCIN</b>	<i>minocycline</i>
	<b>DORYX/DORYX MPC MONODOX</b>	<i>doxycycline hyclate</i>
Asthma or Chronic Obstructive Pulmonary Disease (COPD)/ Steroid / Beta Agonist Combinations	<b>DULERA</b>	ADVAIR, BREO ELLIPTA, SYMBICORT
Cancer Prostate/ Hormonal Agents, Antiandrogens	NILANDRON	<i>bicalutamide</i> , XTANDI, ZYTIGA
Cardiovascular Antilipemics/ Cholesterol Absorption Inhibitors	<b>ZETIA</b>	<i>ezetimibel</i>
Chronic Obstructive Pulmonary disease (COPD)/ Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
Depression/ Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> <b>VENLAFAXINE EXT-REL TABLET (except 225 mg)</b> CYMBALTA <b>EFFEXOR XR</b>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
Depression and/or Schizophrenia/ Antipsychotics, Atypicals	ABILIFY FANAPT <b>SEROQUEL XR</b>	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
Diabetes/ Injectable Incretin Mimetics	BYDUREON BYETTA <b>TANZEUM</b>	TRULICITY, VICTOZA
Diabetes/ Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	<b>JARDIANCE</b>	FARXIGA, INVOKANA
Diabetes/ Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	<b>SYNJARDY SYNJARDY XR</b>	INVOKAMET, INVOKAMET XR, XIGDUO XR
Erectile Dysfunction/ Hormonal Agents, Antiandrogens	STENDRA VIAGRA	CIALIS
Gauche Disease	<b>ELELYSO</b>	CERDELGA, CEREZYME
Pain/ Headache	<i>butalbital-acetaminophen-caffeine capsule</i> <b>CAFERGOT</b> <b>FIORICET CAPSULE</b>	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>

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Category/ Therapeutic Class	Drug 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)
High Blood Pressure/ Angiotensin II Receptor Antagonists	ATACAND <b>BENICAR</b> DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan</i>
High Blood Pressure/ Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>tcandesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
Multiple Sclerosis Agents	EXTAVIA	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA</i>
Narcolepsy/ Wakefulness Promoters	<b>NUVIGIL</b>	<i>ardafinil</i>
Overactive Bladder/Incontinence/ Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
Osteoarthritis/ Viscosupplements	<i>EUFLEXXA</i> <b>HYALGAN</b> <i>MONOVISC</i> <i>ORTHOVISC™</i> <b>SYNVISC</b> <b>SYNVISC ONE</b>	GEL-ONE, SUPARTZ FX
Post-Herpetic Neuralgia	<b>HORIZANT</b>	<i>gabapentin, GRALISE</i>



## 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.

## Medical Coverage for Dental Services

MCTWF provides medical coverage (at out-of-network benefit levels) for dental services rendered to repair accidental injuries (other than those that are work-related or auto-related injuries) to natural teeth, as well as coverage for the correction of congenital and genetic dental abnormalities.

**Effective 5/4/17**, coverage has been expanded to include the repair of natural teeth when catastrophic compromise of natural teeth occurs as the result of disease, or treatment of a disease.

Payment of allowed charges first will be applied against available dental limits before being covered as a medical benefit.

# Notice of Creditable Coverage

## All MCTWF Benefit Packages with Prescription Drug Coverage

The following Notice is published in accordance with regulations promulgated 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 (after a 90 day generic supply during a 365 day period, or if a brand is requested), selective serotonin reuptake inhibitors (brand name only), 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 should also 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 (a 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 (a 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 get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through MCTWF changes. You also may request a copy of this notice at any time.

#### For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- ▶ Visit [www.medicare.gov](http://www.medicare.gov) 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" handbook 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, 2017

Michigan Conference of Teamsters Welfare Fund

# Opioid Utilization Management Strategy

**Effective February 1, 2018**, MCTWF's Pharmacy Benefits Manager, CVS/caremark, is administering on MCTWF's behalf its Opioid Utilization Management Strategy. This clinical program, which is based upon the Centers for Disease Control and Prevention's opioid prescribing benchmarks, is designed to strike a balance between legitimate and at-risk opioid use. Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have

access to safer, more effective chronic pain treatment while reducing the likelihood of misuse, abuse, or overdose from these drugs. The program entails monitoring (prospective and retrospective reviews) of opioid medication utilization, prescriber management, network pharmacy evaluation and outreach, and utilization management of opioid medications as follows:

Utilization Management of Opioids	
Morphine Milligram Equivalent (MME) Based Quantity Limits	<ul style="list-style-type: none"> <li>New initial limits for obtaining opioids without prior authorization up to 90 MME/day.</li> <li>Quantities higher than initial limits require post-limit prior authorization; limited to a maximum of 200 MME/day.</li> </ul>
Prior Authorization Post-Quantity Limit Coverage Duration	<ul style="list-style-type: none"> <li>Post-limit prior authorization approvals: 1 month for acute pain; 12 months for chronic pain.</li> <li>Prescriber to reassess patient response at least every three months.</li> <li>Duration not limited for patients fighting cancer.</li> </ul>
Step Therapy for Extended Release/Long Acting Opioid Analgesics for Chronic Pain	<ul style="list-style-type: none"> <li>For extended release opioid, trial and failure of immediate release opioid is first required.</li> <li>Requires prior authorization if claim history has no prior use of an immediate release opioid, or if not already stable on an extended release opioid.</li> </ul>
10-Day Supply Duration Limit For Treatment of Acute Pain	<ul style="list-style-type: none"> <li>Immediate release opioids for acute pain limited to 10-day supply.</li> <li>Beyond 10 days, additional supply provided when coverage conditions are met through prior authorization.</li> </ul>
Increase Access to Treat Opioid Addiction	<ul style="list-style-type: none"> <li>Remove prior authorization (retain quantity limits) for buprenorphine combo products (buprenorphine-naloxone).</li> <li>Prior authorization with quantity limits in place for buprenorphine mono products. Emergency supply is permitted while prior authorization is processed.</li> </ul>



## MCTWF Requests for Medical Records

On occasion, MCTWF requires the review of medical records to determine your benefit entitlement. All requests for medical records are directed to the patient and a copy of the request is sent to the patient's service provider. Please be aware, however, that if the service provider requires a fee to produce your medical records, MCTWF is not responsible for reimbursing you or paying the provider directly. Medical records include, but are not limited to, hospital records, emergency room reports, ambulance run reports, and office notes from your physician or other medical professional.

## Coverage for Ambulance Services When No Transport Occurs

For those who are covered under a medical benefits package, eligible expenses are payable for licensed ground, air, or water ambulance services for basic and advanced life support for treatment of a medical emergency. Eligible expenses include transportation to a medical facility, or other treatment location, when transport by any other means would endanger the patient's health, or when the injury requires immediate first aid to stabilize the patient before transport.

Ambulance services are payable without transport in the following situations:

- The ambulance arrives at the scene, the patient is stabilized, and transport either is not needed or is refused.
- The ambulance arrives at the scene but the patient has expired.

## Digital Breast Tomosynthesis (3D Mammography) Coverage

Effective December 7, 2017, MCTWF's annual mammography under the preventative/wellness screening service, where the applicable deductible and/or coinsurance is waived, has been expanded to include the 3D mammography screening service and can be covered in lieu of the standard annual mammography, based on the physician orders and provided that the service is billed as a screening, subject to your benefit package applicable deductible and/or coinsurance amounts. Otherwise, the service will be covered under the medical benefit and the applicable deductible and/or coinsurance will apply.

## Private Duty Nursing

MCTWF pays for private duty nursing in the patient's home by a registered nurse or licensed practical nurse, for so long as the service is medically necessary and has received prior authorization by MCTWF, subject to renewal authorizations every 30 days after the initial approval.

Private duty nursing is provided to individuals who need skilled care and whose condition requires individual and continuous 24-hour nursing care that is more intense than what is available under MCTWF's home health care benefit. The purpose of private duty nursing is to assist the patient with medical care and to train caregivers to provide such medical care in the nurse's absence, enabling the patient to remain in his home.

**Effective December 7, 2017** the lifetime maximums for private duty nursing have been removed. Private duty nursing that is deemed medically necessary is covered for up to 16 hours of care per day for the transition period from inpatient hospital to home care. Following the transition period, up to 10 hours of care per day will be covered for as long as medical necessity continues.



## Maternity Benefit - Ultrasound Limit

MCTWF's maternity benefits cover pre-natal care, post-natal care and obstetrical services. Benefits for pre-natal care include up to three ultrasound imaging services per pregnancy. Coverage of any additional ultrasound claims is contingent upon a determination by MCTWF of medical necessity.

## Disposal of Unused Medications: What You Should Know

The following is excerpted from the U.S Food & Drug Administration's website:

### Transfer Unused Medicine to Authorized Collectors for Disposal

Consumers and caregivers should remove expired, unwanted, or unused medicines from their home as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine.

Medicine take-back programs are a good way to safely dispose of most types of unneeded medicines. The U.S. Drug Enforcement Administration (DEA) periodically hosts National Prescription Drug Take-Back events where collection sites are set up in communities nationwide for safe disposal of prescription drugs. Local law enforcement agencies may also sponsor medicine take-back programs in your community. [Note: For example, in Michigan, all 29 Michigan State Police posts now serve as locations to discard expired or unused medications. No appointment is necessary. This service is available Monday through Friday from 8 a.m. to 4 p.m. (excluding holidays). Be aware that medical liquids, inhalers, patches or syringes are not accepted.] Likewise, consumers can contact their local waste management authorities to learn about medication disposal options and guidelines for their area.

Another option for consumers is to transfer unused medicines to collectors registered with the DEA. Your community, authorized collection sites may be retail pharmacies, hospital or clinic pharmacies, and law enforcement locations. Some authorized collection sites may also offer mail-back programs or collection receptacles, sometimes called "drop-boxes," to assist consumers in safely disposing of their unused medicines. Consumers can visit the DEA's website for more information about drug disposal, National Prescription Drug Take-Back Day events and to locate a DEA-authorized collector in their area. Consumers may also call the DEA Office of Diversion Control's Registration Call Center at 1-800-882-9539 to find an authorized collector in their community.

### Disposal in Household Trash

If no medicine take-back programs or DEA-authorized collectors are available in your area, and there are no specific disposal instructions on the label, such as flushing, you can also follow these simple steps to dispose of most medicines in the household trash: mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter, or used coffee grounds; place the mixture in a container such as a sealed plastic bag; throw the container in your household trash; scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable; and then dispose of the container.

## Benefit Bank Weeks Renewal



We are pleased to announce that the Trustees have renewed MCTWF's standard benefit bank week program for SOA, Key 1, Key 1a, Key 1b, Key 2, Key 2a, Key 2b, Key 2c, Key 2d, Key 3, and Key 3a medical benefit packages for the 36 month period commencing April 1, 2018 as follows:

- Eligible participants who are actively employed on or after April 1, 2018, will be allotted six benefit bank weeks for use during the period April 1, 2018 through March 31, 2021 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, 2018 and who are receiving coverage due to their remaining benefit bank week allotment for the 2015 through 2018 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 their resumption of active employment, they will receive a new allotment of six benefit bank weeks for use through March 31, 2021.

## Retiree Medical Benefit Package Rates for Plan Year: April 2018 – March 2019

**Effective April 2018**, the standard and expanded monthly self-contribution rates listed below apply to all those participating in the MCTWF Retirees Plan basic medical Benefit Package **145**. For those purchasing Benefit Package **475** (which includes the Retiree Supplemental Benefits Rider - Hearing, Vision, and Dental Plan 2 benefits), **add \$100.10** to Benefit Package **145** monthly rates.

Please note: To drop the Retiree Supplemental

Benefits Rider included in Benefit Package **475**, you must have been covered by it for a minimum of 12 months and you must notify MCTWF in writing at least 45 days prior to the end of the last calendar month for which you wish to be covered. For example, to drop coverage as of January 1st, MCTWF must receive written notification by November 15th. Once the Retiree Supplemental Benefits Rider is dropped, it will not be available to you again.

April 2018 Retiree Medical Benefit Package 145 <b>Standard Eligibility</b> Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*						
<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>	\$705	\$640	\$580	\$520	\$445	\$390
<b>55 – 59</b>	\$545	\$505	\$470	\$430	\$395	\$365
<b>60 – 64</b>	\$390	\$380	\$365	\$345	\$340	\$330
For eligible retirees whose active employment ceased prior to January 1, 2002: \$330						

April 2018 Retiree Medical Benefit Package 145 <b>Expanded Eligibility</b> Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*						
<i>Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component</i>						
Age at MCTWF Retirement Date	7 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
<b>57 – 59</b>	\$600	\$555	\$515	\$475	\$435	\$400
<b>60 – 64</b>	\$430	\$420	\$400	\$380	\$375	\$360

April 2018 Retiree Medical Benefit Package 145 <b>Extended Retiree Spouse*</b> Monthly Self-Contribution Rates (For Benefit Package 475, add \$100.10)		
Age at Start of Each Plan Year	Female	Male
<b>50 – 52</b>	\$526.70	\$428.80
<b>53 – 55</b>	\$574.70	\$543.20
<b>56 – 58</b>	\$596.50	\$664.75
<b>59 – 61</b>	\$617.65	\$781.60
<b>62 – 64</b>	\$652.75	\$870.00

\* 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.

## Survivor Health Benefits – SPD Clarification

The following rewrite of the “Eligibility – Initial and Ongoing” subsection of the “Actives Survivor Health Benefits” section of the MCTWF SPD booklet (Sec. 2.1(m)) adds language (as bolded below) that was inadvertently omitted from the published SPD booklet:

### Eligibility - Initial and Ongoing

- Upon receipt of notification of the death of a participant who had Active Coverage on the date of his death, the Fund will notify the participant’s Survivors of their automatic eligibility for Survivor Health Benefits following the exhaustion of any remaining benefit bank coverage, for a maximum period (including the benefit bank coverage period) of 36 months following the coverage week in which the participant died. (\*However, if at the time of death the deceased participant’s employer has ceased to maintain Fund benefits for the deceased participant’s MCTWF Actives Plan participating group, his survivors will not be eligible for Survivor Health Benefits.) Each Survivor, in the alternative, may elect COBRA continuation coverage.
- For each Survivor who does not elect COBRA continuation coverage, Survivor Health Benefits eligibility will continue as follows:
  - o **For the surviving spouse, for the earlier of 36 months or –**
    - remarriage; or
    - enrollment in the MCTWF Retirees Plan (Note: the spouse may defer enrollment until timely expiration of her Survivor Health Benefits coverage, but must comply with the Fund’s rules for timely application for MCTWF Retirees Plan coverage); or
    - Medicare eligibility.
  - o For each surviving child, for the earlier of 36 months or –
    - the end of the month in which the child turns age 26; or
    - the date of the child’s adoption by anyone other than the surviving spouse.
- If the deceased participant’s MCTWF’s Actives Plan participating group’s medical and prescription drug benefits are suspended or terminated for any reason, the Survivor Health Benefits also will be suspended or terminated. MCTWF will require periodic status statements to ensure that each Survivor remains eligible.

### Continuation of Coverage Beyond Age 26 for Disabled Dependent

A covered dependent is a MCTWF Actives Plan participant’s natural or step child or a child who has been placed with a participant for adoption, or who has been adopted, and is eligible for MCTWF Actives Plan benefits. Dependent eligibility ceases at the end of the child’s 26th birthday month, except if the child is unmarried and, prior to age 26, was determined by a physician, psychologist or psychiatrist to be totally and permanently disabled. Total and permanent disability means that the person has a physical or mental condition that is expected to continue for the remainder of his life and that causes him to be unable to engage in any regular employment or occupation for compensation, profit or gain for which he may be suited in regard to education, training, or experience. If the disabled child is age 26 or greater and the total and permanent disability began before the child was covered under the MCTWF Actives Plan, the child’s eligibility as a covered dependent is contingent upon documentation evidencing that he was covered as the participant’s dependent under the participant’s health plan on the day immediately preceding participant’s establishment of eligibility under the MCTWF Actives Plan.

To continue coverage, a Request for Continuation of Coverage beyond Age 26 for Totally & Permanently Disabled Dependent form must be fully filled out and sent to MCTWF along with medical records supporting the dependent’s total and permanent disability. This form is available on the Forms page of MCTWF’s website at [www.mctwf.org](http://www.mctwf.org) or by contacting MCTWF’s Member Services Call Center.

We're on the Web!  
[www.mctwf.org](http://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  
IN CASE OF OUTAGE: 800-482-2219



## MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND

If in reviewing any Explanation of Benefits provided to you from MCTWF, or any of its vendors, you identify possible fraud, please contact the appropriate toll free Anti-fraud Hotline as follows:

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

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## MDLIVE Drawing Prize Winners

The Spring 2017 Messenger announced that MDLIVE was conducting a drawing from the names of all those MCTWF participants and beneficiaries who registered with MCTWF's telehealth partner, MDLIVE, between June 19th and July 31st, 2017, or who had previously registered and emailed their entry into the drawing by July 31st.

Two winners were chosen. Each received a \$100 dollar Visa gift card and an MDLIVE aluminum sport water bottle.

The winners (pictured below) are Local 337 member Melissa Diotte from ConAgra Foods Packaged Foods and Local 135 member Jason Weaks from US Foods.



Above photo, taken at the ConAgra Foods Packaged Foods office in Quincy, MI. From left to right are Local 337 Business Agent Jeff Lee, winner - Local 337 member Melissa Diotte, and MCTWF Field Services Representative Sherry Hall.



Above photo, taken at the US Foods office in Fishers, IN. From left to right are, MCTWF Field Services Manager Eric Lindemier, winner - Local 135 member Jason Weaks, and Local 135 Business Agent Jeff Sperring.