



MESSENGER

www.mctwf.org

Winter 2021 – 2022

VOLUME 39, ISSUE 1

Message from MCTWF’s Executive Director



Dear Teamster Families,

As we ride out the final weeks of winter, while looking forward to the warmth of spring, this *Messenger* meets you with several updates.

I’d like to take this opportunity to welcome our newest Trustee, Thomas Ziembovic. He is currently the Principal Officer and Secretary-Treasurer at Teamsters Local Union No. 247. He has faithfully served the union for more than 30 years.

I encourage you to visit www.mctwf.org to browse our new website which launched the first week of January 2022. The new layout makes it easier for our members to find information and updates. We have many other projects in the works for 2022 that will serve to enhance the member experience.

New rules for at-home COVID-19 testing will make it easier to get quick results. Over-the-counter tests are available from your local participating pharmacy with no copay or cost share. Read more about this benefit on Page 5.

Please take time to review this issue of the *Messenger* carefully. Other significant updates include the Summary Annual Reports for the MCTWF Actives Plan and the MCTWF Retirees Plan, retiree medical benefit package rates, and the extension of the \$0 copay for MDLIVE telehealth visits.

February is American Heart Month, and we can all take an active role in reducing the chance of heart disease through healthy eating, exercise and regular blood pressure and cholesterol checks. Find out more at www.heart.org.

I wish you and your families good health and happiness.

Kyle Stallman



We welcome our most recently enrolled participants and their family members, including the following groups:

Local Union 247, Detroit, MI
R. L. Coolsaet Construction Company
Southeast Directional Drilling

Local Union 337, Detroit, MI
Schmid Pipeline Construction, Inc.

Local Union 957, Dayton, OH
Data Monitor Systems, Inc.

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Summary Annual Reports for MCTWF Actives Plan and MCTWF Retirees Plan Participants Michigan Conference of Teamsters Welfare Fund Plan Year Ended March 31, 2021

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, 2020, through March 31, 2021. 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 \$547,179,453 as of March 31, 2021, compared to \$404,600,515 as of April 01, 2020. During the plan year the plan experienced an increase in its net assets of \$142,578,938. 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 \$426,386,932, including employer contributions of \$288,787,158, employee contributions of \$1,078,633, earnings from investments of \$136,498,700, and other income of \$22,441.

Plan expenses were \$283,807,994. These expenses included \$14,261,555 in administrative expenses, and \$269,546,439 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;
- assets held for investment;
- 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 KYLE STALLMAN who is Plan Administrator at 2700 TRUMBULL AVENUE, DETROIT, MI 48216, or by telephone at (313) 964-2400. The charge to cover copying costs will be \$2.00 for the full annual report, or \$0.25 per page for any part thereof.

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 N-1513, 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, 2020, through March 31, 2021. 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 \$55,654,420 as of March 31, 2021, compared to \$42,387,022 as of April 01, 2020. During the plan year the plan experienced an increase in its net assets of \$13,267,398. 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 \$21,180,442, including employer contributions of \$7,433,045, employee contributions of \$3,231,609, earnings from investments of \$10,513,340, and other income of \$2,448.

Plan expenses were \$7,913,044. These expenses included \$790,278 in administrative expenses, and \$7,122,766 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;
- assets held for investment;
- 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 KYLE STALLMAN who is Plan Administrator at 2700 TRUMBULL AVENUE, DETROIT, MI 48216, or by telephone at (313) 964-2400. The charge to cover copying costs will be \$2.00 for the full annual report, or \$0.25 per page for any part thereof.

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Visit www.mctwf.org to stay informed.

Retiree Medical Benefit Package Rates for Plan Year April 2022 - March 2023

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 \$99.90 to Benefit Package 145 monthly rates.

April 2022 Retiree Medical Benefit Package 145 Standard Eligibility Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*						
Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component						
Age at MCTWF Retirement Date	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
50 – 54	\$745	\$675	\$615	\$555	\$475	\$420
55 – 59	\$580	\$540	\$500	\$460	\$425	\$395
60 – 64	\$420	\$410	\$395	\$370	\$365	\$355
For eligible retirees whose active employment ceased prior to January 1, 2002: \$355						

April 2022 Retiree Medical Benefit Package 145 Expanded Eligibility Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*						
Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component						
Age at MCTWF Retirement Date	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
57 – 59	\$640	\$595	\$550	\$505	\$470	\$435
60 – 64	\$460	\$450	\$435	\$405	\$400	\$390

April 2022 Retiree Medical Benefit Package 145 Extended Retiree Spouse* Monthly Self-Contribution Rates (For Benefit Package 475, add \$99.50)		
Age at Start of Each Plan Year	Female	Male
50 – 52	\$576.10	\$469.00
53 – 55	\$628.55	\$594.10
56 – 58	\$652.40	\$727.10
59 – 61	\$675.55	\$854.90
62 – 64	\$713.95	\$951.60

*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.

Omada Prediabetes Program

Make good health a habit! MCTWF offers an innovative program to members that could help reduce the risk of prediabetes, type 2 diabetes, and heart disease. The Omada® Prediabetes Program is designed to aid in making the changes that matter most, whether that involves eating, engaging in physical activity, sleeping, or managing stress.

Omada's Prediabetes Program inspires healthy habits to maintain for a lifetime. It combines the science of behavior change with unwavering personal support, thereby helping 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.
- 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. Your participation and progress in Omada are confidential, and it does not share any personal health information with your employer.



Livongo for Diabetes Management

Livongo for Diabetes® is a health benefit that makes living with diabetes easier by providing a free, connected blood glucose meter, unlimited strips and lancets, and coaching.

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 free benefits under the Livongo for Diabetes Program:

- Livongo's easy-to-use, smart blood glucose meter: Your blood sugar readings are automatically saved to your secure account on the Livongo app. Tracking your readings is easier than ever.
- Free and unlimited strips and lancets: Worry less about running out of strips. Plus, order more right from your meter with the touch of a button.
- Personalized support: Expert coaches can provide tailored guidance on nutrition, activity, and living a healthy lifestyle.

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



MCTWF Extends \$0 Copay Policy for MDLIVE Telehealth Visits

MCTWF members have free access to a convenient service for the treatment of many non-acute medical conditions through the use of remote consultations provided by MDLIVE®. This telehealth service provides on-demand access to U.S. Board-certified physicians 24 hours per day, seven days a week, by phone, secure video, or through MDLIVE's mobile app for smartphones and tablets. Patients can discuss their symptoms with a doctor



and prescriptions are sent immediately to the pharmacy of choice. At home or on the road, treatment can begin right

away. Behavioral health consultations are available by appointment only and secure video is considered the best mode for this type of consultation.

MCTWF's Trustees are extending the \$0 copay policy for another year, through March 31, 2023.

Download the MDLIVE mobile app from the App Store, get it on Google Play or link to it at www.mctwf.org, under the Info Links tab. For more information, call 800-400-MDLIVE.

Important Notice about At-Home COVID Testing

As part of its ongoing efforts to expand access to free testing, the federal government is requiring insurance companies and group health plans to cover the cost of over-the-counter (OTC), at-home rapid diagnostic COVID-19 tests without a prescription at a \$0 member cost share, effective January 15, 2022, through the end of the public health emergency.

The new coverage requirement means that MCTWF members can go to a pharmacy, buy a test, and either get it paid for up front, or get reimbursed for the cost (up to \$12 per test) by submitting a claim, with receipt, to CVS/Caremark.

The two coverage options are available to you and MCTWF eligible dependents to obtain the OTC at-home COVID-19 tests as described below.

Direct Coverage at the Pharmacy

MCTWF will cover the eligible OTC COVID-19 at-home tests with direct reimbursement to the pharmacy and no up-front cost to eligible members. Present your white MCTWF Networks Card at the pharmacy to obtain coverage through your CVS/Caremark pharmacy benefit. While the network is broad, not all pharmacies will have this option available. Check with your local pharmacy for details regarding which OTC COVID-19 at-home tests are covered through your pharmacy benefit.

Direct Member Reimbursement from CVS/Caremark

Members who purchase OTC COVID-19 at-home tests can receive reimbursement of up to \$12 per test (the lesser of the cost of the test or \$12) by submitting a claim online through caremark.com, or by filing a paper claim located on the “Forms” page at www.mctwf.org. A copy of the receipt showing proof of purchase must be uploaded when submitting an online claim for reimbursement or when submitting a paper claim. Details of how to file a claim for reimbursement are located at www.caremark.com/covid19-otc.

Please note the coverage details for both options:

- At-Home Testing coverage is for home use only and is not for employment purposes.
- Allows for the reimbursement of up to eight at-home rapid diagnostic COVID-19 tests per covered individual per 30-day period. (Note: This is the number of total tests covered. If a member purchases a kit with two tests in it, this counts as two tests against the 8 allowed tests.)
- To be covered, tests must be purchased on or after January 15, 2022.

If you have any questions or need assistance in determining what at-home tests are covered, please contact MCTWF's Member Services Call Center at 800-572-7687.

USING YOUR SELF-TEST | COVID-19

- 1** Follow instructions very carefully.
- 2** Use the QR code below for more information about self-testing and how-to videos.
- 3** If your results are positive, isolate yourself from others. As much as possible, stay in a specific room and away from other people and pets in your home. Tell your close contacts that they may have been exposed to COVID-19.
- 4** Call your health care provider with any questions, including if you have worsening COVID-19 symptoms.

www.cdc.gov/covidtesting

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.

For more information on this topic, visit the Department of Labor webpage at www.dol.gov/general/topic/health-plans/womens.



CVS/Caremark Standard Formulary Exclusions and Additions

The following list reflects those prescription medications that, effective January 1, 2022, are either 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 all-inclusive list is published on our website at www.mctwf.org (click on the Info Links page. View the list under CVS/Caremark). This list is continued on page 7.

Common Condition/ Therapeutic Class	Drug Newly Excluded from Standard Formulary Effective 1/1/22 (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 1/1/22 (No Longer Subject to Prior Authorization)
Allergies, Nasal Steroids/Combinations	DYMISTA*	azelastine-fluticasone, flunisolide, fluticasone, mometasone	
Anaphylaxis Agents	ADRENALIN, SYMJEPI	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR	
Anticoagulants, Oral	ELIQUIS	warfarin, XARELTO	
Antifungals	tavaborole solution 5%	terbinafine tablet	
Anti-infectives, Antibacterials, Tetracyclines	doxycycline hyclate delayed-rel tablet (75 mg, 80 mg, 150 mg)*	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	
Antiretroviral Combinations	ATRIPLA, COMPLERA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ	
	TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, CIMDUO, DESCOVY, TEMIXYS	
Asthma, Beta Agonists, Short-Acting	albuterol sulfate CFC-free aerosol (NDC 66993001968)*	albuterol sulfate CFC-free aerosol (except NDC 66993001968), levalbuterol tartrate CFC-free aerosol	
Botulinum Toxins	BOTOX (MEDICAL)	Consult doctor	
Cancer, Chronic Myelogenous Leukemia Kinase Inhibitors	ICLUSIG	imatinib mesylate, BOSULIF, SPRYCEL	
Cancer, mTOR Inhibitors	AFINITOR	everolimus, AFINITOR DISPERZ	
Cancer, Non-Small Cell Lung, Cancer, ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA	
Central Precocious Puberty			LUPRON DEPOT-PED (preferred)
Contraceptives	BALCOLTRA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA	NATAZIA (preferred)
Dermatology, Acne	adapalene pad*	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	
Dermatology, Rosacea	ivermectin cream 1%		SOOLANTRA CREAM
Dermatology, Skin Inflammation and Hives, Low Potency Corticosteroids	desonide gel, DesRx*	desonide (except desonide gel), hydrocortisone	

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

Common Condition/ Therapeutic Class	Drug Newly Excluded from Standard Formulary Effective 1/1/22 (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 1/1/22 (No Longer Subject to Prior Authorization)
Endocrine and Metabolic, Corticosteroids	prednisolone solution (10mg/5mL, 20mg/5mL)*	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone	
Gastrointestinal, Irritable Bowel Syndrome	budesonide ER tablets 9mg		UCERIS TABLET
Gastrointestinal, Laxatives	peg 3350-electrolytes (generics for MOVIPREP only)*	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ	
Hematologic, Erythropoiesis- Stimulating Agents	ARANESP	RETACRIT	
Hematologic, Miscellaneous Bleeding Disorders Agents	FEIBA	NOVOSEVEN RT, SEVENFACT	
Hematologic, Neutropenia Colony Stimulating Factor	LEUKINE	NIVESTYM	
Hematologic, Thrombocytopenia Agents	MULPLETA	Consult doctor	
	NPLATE	PROMACTA, TAVALISSE	
Hereditary Angioedema	CINRYZE, HAEGARDA	ORLADEYO, TAKHZYRO	
High Blood Pressure, ACE Inhibitors	EPANED*	enalapril, fosinopril, lisinopril, quinapril, ramipril	
Immunologic Agents			HAEGARDA (non-preferred)*
Multiple Sclerosis			AVONEX (preferred), PLEGRIDY (non-preferred)
Otic, Anti-infective/ Anti- inflammatory	ciprofloxacin-fluocinolone (otic)*	ciprofloxacin-dexamethasone, ofloxacin otic	
Overactive Bladder/ Incontinence, Urinary Antispasmodics	MYRBETRIQ*	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ	
Pain, Headache	butalbital-acetaminophen capsule, butalbital-acetaminophen tablet 25-325mg, Vtol LQ*	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)	
Pain, Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY	
Pain and Inflammation, Nonsteroidal Anti- inflammatory Drugs (NSAIDs) / Combinations	CapsFenac Pak, Capsinac, Diclofenac DC, DicloHeal-60, Iclofenac CP, Kapzin DC, Pennaicin, Sure Result DSS Premium Pack, Ziclopro*	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	
Pseudobulbar Affect	NUEDEXTA*	Consult Doctor	

* Changes effective 04/01/2022.

About Generic Prescriptions

Today, most drug classes offer several options. Some are higher-cost brand-name drugs and others are lower-cost generic options. Choosing a generic medicine can save you money each time you fill your prescription while still safely and effectively treating your condition.

A generic equivalent contains the same active ingredients, in the very same strength, as a specific brand-name drug. Many brands now have generic equivalents, which are just as safe and

effective as brand drugs. However, not all brands have a generic equivalent, in which case there may be a generic alternative medicine that is right for you. A generic alternative medicine is a generic equivalent of a different drug than the one you are taking that may also effectively treat your condition.

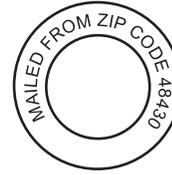
The FDA says that all drugs must work well and be safe. Generic medicines may look different in size or color, and their names are different (they are referred

to by their chemical names instead of brand names), but the FDA has the same standards for quality and effectiveness as their brand-name counterparts. Generic drug manufacturers have facilities that are FDA-inspected, just like brand-name facilities. The FDA conducts about 3,500 inspections a year to ensure standards are being met.

It is imperative to consult with your physician about which medications are right for you.

(Information provided by CVS/Caremark).

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.



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

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TOLL FREE 800-572-7687
IN CASE OF OUTAGE: 800-482-2219



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MCTWF has a New Website!

After several months of planning and hard work, MCTWF is pleased to officially announce the launch of our new website at www.mctwf.org.

Our goal with this new website is to provide our members with a fresh new look and easier navigation to learn about MCTWF's services and benefit plans.

We will continue to update our content with helpful information, news, and important announcements, so make sure to check in with us often.

We hope you find the new mobile-friendly website an efficient tool to access information and valuable resources.



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* may use masculine pronouns to refer to a participant (i.e., employee) or child and female pronouns to refer to dependents. 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".

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