



MESSENGER

www.mctwf.org

Spring 2023

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Message from MCTWF's Executive Director



Dear Teamster Families,

Spring is a season of anticipation as everyone looks forward to taking advantage of the opportunity to be more active and enjoy the weather. It's a great way to build healthy habits.

In this issue of the Messenger, you will find an important notice about the changes to benefits and Fund required time periods occurring as a result of the official end to the COVID-19 Pandemic declared by the U.S. Congress and approved by the President. All of the adjustments to affected benefits and time period requirements are outlined on pages 2 and 3.

A new program that will be implemented for diabetic patients who are newly prescribed antidiabetic medications is featured on page 3, along with information that helps readers to better understand generic prescription medications (on page 5).

The Fund often receives questions on MCTWF Retirees Plan enrollment, deferral options, and death benefits. The rules for Retirees Plan enrollment and deferral options are detailed beginning on page 4 of this issue.

It is imperative to keep current with death benefit beneficiaries, and this process is explained on page 8.

Two MCTWF programs, Omada for Prediabetes and Livongo for Diabetes, are featured in this issue. If you have prediabetes or diabetes, please review the benefits of these available programs offered at no cost to MCTWF members.

May is Mental Health Awareness Month, and MDLIVE explains the benefits of talk therapy on page 7. MDLIVE is the Fund's telehealth provider providing on-demand care for certain illnesses and injuries. It also provides licensed therapists and board-certified psychiatrists from the privacy of home. MCTWF continues to provide these benefits with \$0 copay.

Wishing you and your families good health and happiness.

Kyle R. Stallman



Inside This Issue

Message from MCTWF's Executive Director	1
Welcome New Participants	1
The Official End to the Pandemic Means Changes for MCTWF Benefit Plans	2 - 3
Antidiabetic GLP-1 and GIP/GLP-1 Agonists Utilization Management Program for Diabetic Patients	3
Retiree Enrollment and Deferral:	
WHAT YOU NEED TO KNOW	4 - 5
Dental Benefit for Occlusal Guards	5
Generic Drugs: A Safe and Cost-Effective Choice	5
Omada for Prediabetes and Weight Management	6
Livongo for Diabetes Management	6
Mental Health Awareness - Five Things You May Not Know About Talk Therapy	7
Reduce Allergy Symptoms in No Time with MDLIVE Applied Behavior Analysis (ABA) Services	7
Benefit Improvement	7
Designating and Updating your Death Benefit Beneficiaries	8

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

Local Union 120, Blain, MN
Stampings of Minnesota

Local Union 377, Youngstown, OH
INEOS Pigments

The Official End to the Pandemic Means Changes for MCTWF Benefit Plans

The United States Congress has passed a declaration to end the COVID-19 National Emergency (NE) on April 10, 2023, and end the Public Health Emergency (PHE) on May 11, 2023. This means all benefits and Fund time-period requirements that were mandated because of COVID-19 due to the emergencies declared over the course of the last three years, will end 60 days following May 11, 2023.

All MCTWF benefits and time period requirements will be restored back to the original benefit/requirements on July 11, 2023.

What does this mean?

COVID-19 Testing and Treatment

- Since February 4, 2020, COVID-19 testing has been covered with no member cost share by presenting your BCBS ID card at the hospital or doctor's office or your MCTWF Networks card at the pharmacy. Since January 15, 2022, at-home COVID-19 tests have been covered with no member cost share by presenting your MCTWF Networks ID card at the pharmacy as well as reimbursement of the personal purchases of at-home tests up to the maximum number of at-home testing kits allowed per month. **Effective July 11, 2023**, members will be billed applicable deductible and/or coinsurance cost share in accordance with their MCTWF benefit plan for covered COVID-19 testing that is done at the hospital, doctors office or pharmacy. Also, **effective July 11, 2023**, at-home COVID-19 tests will no longer be covered under the pharmacy benefit and will no longer be reimbursed if you purchase the COVID-19 at-home test kits.
- Since March 4, 2020, medically necessary services to evaluate the need for and administer the tests were provided at no member cost share. **Effective July 11, 2023**, MCTWF members will be responsible for any deductibles, coinsurances, copayments, or charges, as required by their MCTWF benefit plan, for dates of

services July 11, 2023 and after.

- Since March 18, 2020, MCTWF has paid the entire cost for treatment of COVID-19 with no member cost share. **Effective July 11, 2023**, members will be responsible for any deductibles, coinsurances, copayments, or charges as required by your MCTWF benefit plan, for dates of services July 11, 2023, and after.

COVID-19 Vaccine Coverage

As compared with the seasonal flu vaccine, eligible MCTWF members are covered in full for the cost of the COVID-19 vaccination under either their medical or prescription drug benefits, thereby expanding access to COVID-19 vaccine administered by local in-network retail pharmacies, when available. COVID-19 vaccines, and boosters as recommended by the Centers for Disease Control and Prevention (CDC), will continue to be covered in full with no member cost share if the vaccine is obtained at an in-network provider or pharmacy for all members that have MCTWF medical and pharmacy benefits.

Telehealth Benefits

During the pandemic, limited availability of primary care physician appointments, and greater concern about contagion in the doctor's office, made it necessary to encourage telehealth visits to healthcare providers. MCTWF members receive telehealth benefits in two ways:

- The MDLIVE service, which provides telehealth consultations with \$0 copay. Even with the pandemic ending, MCTWF will continue the \$0 copay through March of 2024.
- MCTWF's telehealth benefit was expanded in 2020 to include eligible providers outside of the MDLIVE network. This expanded benefit was provided with no member cost-share (i.e., no deductible, copay, or coinsurance charge) for the duration of the health emergencies. Now that the emergencies have ended, MCTWF

members will be responsible for applicable copays, deductibles, or other charges, as required by their MCTWF benefit plans, for dates of services **July 11, 2023, and after.**

Weekly Accident and Sickness Benefits

Since March 18, 2020, MCTWF members, whose MCTWF benefit plan included Weekly Accident and Sickness Benefits, and who were diagnosed with COVID-19, were automatically eligible for short-term disability commencing on the 8th day of the disability, after completing proper paperwork.

Also, effective March 18, 2020, any eligible participant who was directed by a qualified health care professional or public health agency to self-quarantine in connection with COVID-19 was deemed eligible for Weekly Accident & Sickness Benefits, commencing on the 8th day of the self-quarantine period, and continuing for the balance of the self-quarantine period, upon completing proper paperwork.

Effective July 11, 2023, and after, a COVID-19 diagnosis does not automatically mean a participant will qualify for short term disability. A range of health factors will be reviewed before Weekly Accident and Sickness Benefits can be approved.

COBRA Continuation Coverage

In April 2020, the U.S. Department of Labor, Internal Revenue Service and Department of Treasury delayed certain ERISA and COBRA-specific timeframes for employee benefit plans, participants and beneficiaries impacted by the COVID-19 pandemic.

The Final Rule established a new time convention beginning with the start of the COVID-19 National Emergency (March 1, 2020) and ending 60 days after the end of the National Emergency calling this date the "Outbreak Period." Employee benefit plans subject to ERISA and/or the Internal Revenue Code were required to disregard notice and payment deadlines occurring

Continued on page 3

COVID-19 Pandemic Updates for MCTWF Medical Plans (continued from page 2)

during the Outbreak Period, including:

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

The “pause” on COBRA payments and timeframes, along with the time period for HIPAA special enrollments, ends with the declaration of the end to the pandemic. **For MCTWF members, all COBRA elections, payments, and other extended timeframes will revert back to pre-pandemic deadlines on July 11, 2023.**

Extension of Certain Timeframes

Pursuant to the federal Joint Notice of Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak (Federal Register page 26351), group health plans, such as the MCTWF Actives Plan and MCTWF Retirees Plan, were ordered to disregard “certain timeframes” during the “Outbreak Period” running

from March 1, 2020 until sixty (60) days after the announced end of the National Emergency. Affected time frames included the following coverage periods and dates:

- The 60-day period to request special enrollment under ERISA section 701(f) and Code section 9801(f);
- The 60-day period to request special enrollment under ERISA section 701(f) and Code section 9801(f);
- The 60-day election period for COBRA continuation coverage under ERISA section 605 and Internal Revenue Code section 4980B(f)(5);
- The date for making COBRA premium payments under ERISA section 602(2)(C) and (3) and Internal Revenue Code section 4980B(f)(2)(B)(iii) and (C);
- The date to notify the plan of a qualifying event or determination of disability under ERISA section 606(a)(3) and Internal Revenue Code section 4980B(f)(6)(C);
- The date within which individuals may file a benefit claim under the plan’s claims procedure pursuant to 29CFR 2560.503-1(h);
- The date within which individuals may file an appeal of an adverse benefit determination under the plan’s claims procedure pursuant to 29CFR 2560.503-1(h);
- The date within which claimants



may file a request for an external review after receipt of an adverse benefit determination pursuant to 29CFR 2590.715-2719(d)(2)(ii), and

- The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete pursuant to 29CFR 2590.715.

Effective July 11, 2023, all timeframes will revert back to their original deadlines prior to the pandemic.

Details for all pre-pandemic required time frames can be found in the MCTWF Summary Plan Description Booklet mailed to all MCTWF members in June of 2022. It can also be viewed on the homepage of the MCTWF public website at www.mctwf.org.

Questions regarding benefit changes can be directed to MCTWF Member Services, available Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

Antidiabetic GLP-1 and GIP/GLP-1 Agonists Utilization Management Program for Diabetic Patients

Effective July 1, 2023, a new CVS/Caremark utilization management program for Antidiabetic GLP-1 and GIP/GLP-1 Agonist medications will require members who are newly prescribed these medications, to obtain prior authorization before the medication will be covered.

Glucagon-like peptide (GLP-1) and gastric inhibitory polypeptide (GIP) are classes of drugs used with a proper diet and exercise program to control high blood sugar in people with Type 2 diabetes mellitus. Because this medi-

cation is being used by patients who have not been diagnosed with Type 2 diabetes mellitus, and thereby creating shortages of the medications, prior authorization will be required.

Current MCTWF members who have filled a prescription for at least a 30-day supply of any antidiabetic medication in the past two years, will not be subject to the prior authorization process. Written communication is being sent to any members (and physicians who prescribed the medication) who have had an antidiabetic medication

filled that does not meet the utilization criteria to bypass the prior authorization process.

Physicians can obtain prior authorization for the antidiabetic medication for Fund members by calling CVS/Caremark at (800) 294-5979.

If you have any questions, the MCTWF Member Services Call Center is available Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

Retiree Enrollment and Deferral: WHAT YOU NEED TO KNOW

It is imperative that you follow the required time frames and do not jeopardize or delay your enrollment in the MCTWF Retirees Plan.

To enroll in the MCTWF Retirees Plan, the retired individual must complete and submit to the Fund an *MCTWF Retirees Plan Enrollment Application* within 90 Days immediately following the retirement date and, if approved, make timely payments as billed. The retirement date is defined as the date an employee ceases to be covered by MCTWF as an active employee as a result of retirement, after application of all remaining benefit bank weeks (if applicable).

MCTWF Retirees Plan benefit coverage will commence effective the day following the retirement date.

If the completed application is received beyond the 90-day window period, but within one year of the MCTWF Retirees Plan retirement date, and, if approved, and timely payment as billed is made, benefit coverage will commence as of the first day of the month that falls at least 90 days after the Fund's receipt of the application.

Pre-Enrollment Voluntary Deferrals

Retired individuals whose application for enrollment in the MCTWF Retirees Plan has been approved, may defer enrollment upon written request. The retired individual must notify the Fund at such time as he wishes to commence participation. The self-contribution rate will be calculated, in part, based upon the age of the retired individual at the commencement of participation. The retired individual must notify the Fund at such time as he wishes to commence participation.

If at the time of commencement of participation, the retired individual can newly satisfy MCTWF's Retirees Plan initial eligibility rules, the self-contribution rate will be recalculated to reflect the additional year(s) of service.

Pre-Enrollment Automatic Deferrals

Those "30-and-Out" pensioners who are under age 50 whose application for enrollment in the MCTWF Retirees

Plan has been approved, subject to attaining age 50, will be automatically deferred until age 50 or later. The retired individual must notify the Fund at such time as he wishes to commence participation. The self-contribution rate will be calculated based upon the age of the retired individual at the commencement of participation.

Retired individuals who are age 50 to 56, and who are not "30-and-Out" pensioners, whose application for enrollment in the MCTWF Retirees Plan has been approved, subject to attaining age 57, will be automatically deferred until age 57 or later. The retired individual must notify the Fund at such time as he wishes to commence participation.

The self-contribution rate will be calculated based upon the age of the retired individual at the commencement of participation.

Post Enrollment Voluntary Deferrals

Retired individuals may defer participation any number of times after enrollment in a MCTWF Retirees Plan benefit package, upon written request to the Fund during the open enrollment period each year from November 1st through December 10th, which will permit resumption of participation as of January 1st. However, the deferral period must be at least six months. At such time as the retired individual seeks to resume participation in a MCTWF Retirees Plan benefit package, the self-contribution rate will be calculated based on the retired individual's age and years of service at the time of the initial commencement of participation in the MCTWF Retirees Plan. If the deferral is for the purpose of resuming employment, there may be a period of time before eligibility is established for the new employment-based coverage.

Therefore, the retired individual may continue the MCTWF Retirees Plan participation by paying his monthly self-contribution until eligibility for the new coverage is established. If by virtue of MCTWF Actives Plan participation during the deferral period, the deferring individual can newly satisfy MCTWF's Retirees Plan initial

eligibility rule, the self-contribution rate will be recalculated to reflect the additional year(s) of service earned and the age of the retired individual at the commencement of resumed coverage under MCTWF's Retirees Plan participation. The same right of post-enrollment, voluntary deferrals to which the retired individual is entitled applies to the retiree spouse who is participating in the MCTWF Retirees Plan separately to which the retired individual is entitled. In the event that the retiree spouse elects COBRA continuation coverage, her right to coverage under a MCTWF Retirees Plan benefit package will be deemed deferred for the duration of her COBRA continuation coverage.

Post Enrollment Automatic Deferrals

If either a retired individual or retiree spouse fails to pay self-contributions when due, he or she will be placed in an automatic deferred status and may re-enroll in the MCTWF Retirees Plan by notifying the Fund, in writing, of his/her intent to re-enroll. Application for re-enrollment must occur during the annual open enrollment period from November 1st through December 10th, which will permit resumption of participation as of January 1st, contingent upon timely payment of self-contributions.

However, the deferral period must be at least six months except in the following circumstances:

- If the deferral is for the purpose of resuming employment as a bargaining unit member with an employer that contributes for an MCTWF Actives Plan benefit package benefits, the minimum deferral period will be waived.
- If the retired individual asserts to the Fund that he is seeking to defer because he has coverage under another group health plan, he may resume MCTWF Retirees Plan participation any time thereafter, upon the Fund's acknowledgment of receipt of written notification from

Continued on page 5

Retiree Enrollment and Deferral: What You Need to Know (continued from page 4)

the other group health plan that adequately evidences the retired individual's loss of coverage.

When MCTWF Retirees Plan Coverage Begins

Generally, coverage begins when eligibility has been confirmed and self-contributions have been made. Once initial self-contributions are received,

the retiree and eligible spouse will be issued a new MCTWF Networks identification card and a Blue Cross ID Card, both of which will be in the name of the retiree. These cards should be presented to all service providers to ensure appropriate coverage and to provide billing instructions.

A MCTWF Retirees Plan Summary

Plan Description Booklet, plus updated notifications, Summary of Benefits and Coverage and a full Schedule of Benefits also will be issued.

For more MCTWF Retirees Plan information, see Section 2.3 of the MCTWF Summary Plan Description Booklet, available on the homepage at www.mctwf.org.

Dental Benefit for Occlusal Guards

An occlusal guard is a removable dental appliance that is designed to minimize the effects of bruxism (grinding of the teeth) and other occlusal factors. An occlusal guard from a dental office is custom made for a specific patient's requirements.

The occlusal guard, adjustments, and relines to the appliance are covered benefits under the MCTWF Actives Plan and MCTWF Retirees Plan Supplemental Benefits Rider dental

benefit as Class II basic restorative services. These benefits apply toward the annual dental benefit maximum and, if applicable, toward the dental benefit deductible (for Dental Plans 2 and 3).

Effective with dates of services **February 2, 2023** and after, MCTWF dental benefit limitation for the occlusal guard will be payable once in a five-year period. Previously, the occlusal guard was payable once per lifetime.

The dental benefit limitation for adjustments and relines will remain as follows:

- Occlusal guard complete adjustment is payable once per sixty-month period.
- Occlusal guard limited adjustment is payable not more than three times in a sixty-month period.
- Occlusal guard reline is payable once per thirty-six-month period.

Generic Drugs: A Safe and Cost-Effective Choice

Generic drugs are medications with the exact same active ingredient as brand-name drugs, taken the same way and offer the same effect. They do not need to contain the same inactive ingredients (flavoring or preservatives) as the name-brand product and they can only be sold after the brand-name drug's patent expires.

Generic drugs offer the same quality as brand-name medications. They work just like their brand-name equivalents in dosage, strength, performance, and use. Generic drugs are required to meet the same quality and safety standards set by the U.S. Food and Drug Administration (FDA).

There are only two main differences between generic and brand-name drugs:

- The inactive ingredients, such as flavoring or preservatives, may change; and
- Generics generally cost less than brand-name versions.

The U.S. Food and Drug Administration sets standards for generic drugs

to ensure they work the same way and have the same benefits and risks as their brand-name counterparts.

Generic drugs must match the brand-name versions in the following ways:

- They must have the same active ingredients;
- The dosage and strength must be identical; and
- The overall quality, stability and safety must be the same.

A generic drug must be "bioequivalent" to the brand-name product, meaning they have to be chemically similar. A recent study that compared generics to brand-name drugs found, on average, only a 3.5% difference in absorption into the body.

Generic drugs are just as effective, and they offer an average of 30%-80% savings over their brand-name counterparts. (Based on CVS/Caremark retail cash prices.)

Cost-saving generic medications are available for many prescription medications. Always talk to your doctor



about the best course of your treatment. Some medicines don't have a generic version but your doctor or pharmacist can see if there are alternatives you can try. You may find the savings are well worth the change.

Information provided by CVS/Caremark.

For the full CVS/Caremark Performance Drug list, including generics, visit the *Info Links* page at www.mctwf.com.



An easier way to improve your health



Omada® will help you see the weight loss results you want without cutting out the foods you love or counting calories. You'll learn to eat better, improve sleep, and lower stress with tips and support from your own Omada health coach.

Best of all, Omada is available at no additional cost to you if you're eligible.

All members aged 18 and older (with MCTWF medical benefits) are invited to submit an online application that will be reviewed by Omada. Those members who are determined to be at elevated risk for prediabetes pursuant to the Centers for Disease Control and Prevention (CDC) guidelines will be deemed eligible and invited to enroll in the program.



Members can get started by visiting www.omadahealth.com/mctwf, find the link at www.mctwf.org under the *Info Links* tab, or use this QR code to apply.



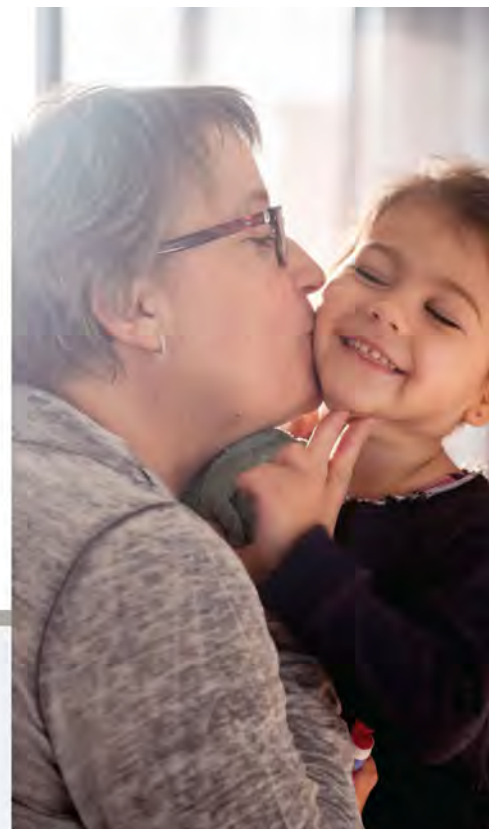
Diabetes management, simplified

The Michigan Conference of Teamsters Welfare Fund offers Diabetes Management to you.

It's covered 100% by your health plan.

You'll get this and more when you sign up:

- Connected meter
- Support from coaches when you need it
- Unlimited strips and lancets at no cost to you



Get started

Text "GO MCTWF" to 85240 to learn more and join

You can also join by visiting Join.Livongo.com//MCTWF/register or call 800-945-4355 and use registration code: MCTWF

Mental Health Awareness - Five Things You May Not Know About Talk Therapy

May is Mental Health Awareness Month, and it's a good time to reflect on how you're feeling. If times are tough or you need help working through an issue, talk therapy is one of the best things you can do for yourself. Understandably, many people don't know how, or if, therapy will help. To clear up some confusion, here are five things you may not know about talk therapy from MDLIVE.

1. Therapy is proven to be effective.

Studies consistently prove that therapy is effective in producing long-term health improvements. In fact, over 75% of patients who seek help with an MDLIVE mental health professional report feeling better after just three visits.

2. Therapy helps with the day-to-day challenges.

You don't need to have severe mental health issues or suffer from a crisis to benefit from therapy. Everyone can feel better by talking to a caring professional, whether it's to overcome trauma or just make better life decisions.

A therapist can help you work through daily challenges, make more

productive choices, learn valuable life skills, and achieve dreams and goals. Because therapy can increase problem-solving skills and confidence, it can also help you feel stronger when facing challenges.

3. Therapy improves overall health and wellbeing.

Being proactive about your mental health is essential for your long-term physical health, too. The American Heart Association recently noted that people who report positive mental health were more likely to have lower blood pressure, better blood sugar levels, and fewer physical symptoms of stress, including migraines, digestive troubles, and insomnia.

4. More people use therapy than you may think.

The COVID-19 pandemic brought mental health to the forefront and increased the number of people reaching out for help. It is estimated that 52.9 million American adults in 2020 experienced some mental health issues and almost half of those people (24.3 million) received mental health support. It is clear that more people are recognizing the value of talk therapy as

a proactive way to feel better and stay healthy.

5. Virtual therapy is much more accessible.

Making an appointment for therapy can be a difficult first step for many people. Often, it can take weeks to get an appointment, and it may be hard to find the right therapist. With MDLIVE, have your first appointment in less than a week, and you can choose from MDLIVE's network of hundreds of licensed therapists. See the same therapist for every session, or switch at any time to find a better fit. Technology gives you easier, faster access to therapy from the comfort of home. Because it's secure, easy to use, and private, virtual therapy is becoming the new normal.

MDLIVE talk therapy is part of your MCTWF health benefits. To create a new account with MDLIVE, visit the *Info Links* page at www.mctwf.org.

If you're feeling anxious, overwhelmed, stressed, or depressed, or you simply need someone to talk to, schedule an appointment with an MDLIVE licensed therapist today.

Information provided by MDLIVE.

Reduce Allergy Symptoms in No Time with MDLIVE

If you feel like your allergies are kicked in early this year, you're not alone. Doctors are predicting a bad spring/summer allergy season. MDLIVE board-certified physicians can assess your symptoms and develop an effective allergy treatment plan for you.

As a member of MCTWF, your telehealth appointment cost is \$0.

With MDLIVE, you receive fast, reliable allergy care:

- Get a fast, accurate diagnosis and treatment at home.
- Talk to a doctor within minutes, 24/7, or schedule a time that's best for you.
- New prescriptions and refills sent to your nearest pharmacy, if

medically necessary.

- Avoid long waits and rooms full of sick people.

Accurate allergy diagnoses are made using:

- Advanced clinical guidelines for virtual care.
- Temperature check or the use of photos.
- Thorough description of symptoms and current medications.

Visit www.MDLIVE.com/MCTWF today to access your MDLIVE telehealth services.

A link to account information is also available on the *Info Links* page at www.mctwf.org.

Applied Behavior Analysis (ABA) Services Benefit Improvement

Effective with dates of services January 1, 2022, and after, the age limit of 18 has been removed allowing coverage for ABA services for any individual who has been diagnosed with an autism spectrum disorder. For additional information regarding benefits for ABA services, the MCTWF Summary Plan Description Booklet is available on the MCTWF website by visiting www.mctwf.org, or you can contact Member Services Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll free at (800) 572-7687 with any questions.

allergies. alleviated. asap.
see a board-certified MDLIVE doctor
in minutes for allergies, colds, flu, and more.



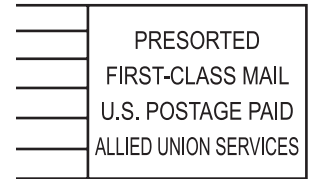
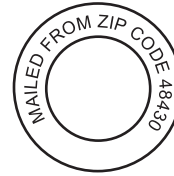
MDLIVE.com/MCTWF

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.

To contact MCTWF by mail, send letters or packages to the address below by using the United States Postal Service (USPS) or United Parcel Service (UPS). MCTWF does not accept deliveries from FedEx.

Note: Packages and/or letters sent to MCTWF via FedEx will be returned to the sender.

So that we may communicate with you efficiently, please remember to update your address with MCTWF anytime you have a change of address.



Visit us at www.mctwf.org for more benefit information or to send a secure email.

**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**



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Designating and Updating your Death Benefit Beneficiaries

MCTWF's Summary Plan Description Booklet states that death benefits will be paid to the named beneficiary most recently listed on your *Enrollment Card* or *Change of Beneficiary Form* (or for Retiree death benefits, the *Death Benefit Program Election Form*).

Regardless of a subsequent divorce, if your last-named beneficiary was your spouse at the time of designation, your death benefits will be paid to that person if he or she claims the benefit. This is true no matter what is ordered in your judgment of divorce or provided for under state law.

Also, before payment of a death benefit can be made to a designated beneficiary who is a minor, an order issued by the probate court appointing a guardian or conservator with full authority to access, receive, and dispose of the named minor's assets must be provided to MCTWF.

As an employee welfare benefit plan, MCTWF is governed by ERISA, a federal law that preempts state law in this regard and so the Summary Plan Description Booklet rules prevail. Therefore, please keep your death benefit beneficiary designation up to date. To add or change beneficiaries from those on your enrollment card, go to the *Forms* page of MCTWF's website at www.mctwf.org and fill out the *Change of Beneficiary Form* and return it to MCTWF.

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".

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