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Message from MCTWF's Executive Director



Dear Teamster Families,

Many of you are beginning a new school year with your kids. It is important to remember the steps we can take, as parents, to keep them healthy and happy throughout their school experience. Immunizations are an effective way of avoiding several diseases. Find out more on page 3, along with some tips to avoid catching those annoying

cold-weather bugs. MDLIVE can help provide answers on improving children's behavioral health as they return to school. Read more about MDLIVE behavioral health for children and teens on page 5.

Fund members with MCTWF medical benefits can take advantage of two included programs for prediabetes and diabetes. Omada for Prediabetes and Livongo for Diabetes are featured in this issue. These benefits are offered at no additional cost to MCTWF members.

In this issue, there is an article on emergency room services as well as an update to the Fund's air ambulance policy. Deciding between going to the emergency room or an urgent care facility can end up costing you, so there is an explanation of some of the differences on page 5. An important update to the Fund's air ambulance policy is also included on page 7.

There are several other important updates in this Messenger, and I encourage you to read all these in detail. The Fund's call center is open Monday through Friday, excluding holidays, from 8:30 am to 5:45 pm to answer any questions that you may have.

Enjoy these last days of summer. As your families make back-to-school preparations, we wish everyone a healthy and successful school year!

Kyle R. Stallman

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

> Local Union 284, Columbus, OH Amanda Clearcreek School District

Local Union 554, Omaha, NE Canteen Vending Services Nebraska Center for Workplace Development





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Notice of Creditable Coverage

All MCTWF Actives Plan and MCTWF Retirees Plan Prescription Drug Coverage

The following Notice is published in accordance with regulations enacted by the Centers for Medicare and Medicaid Services, pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003:

Important Notice from the Michigan Conference of Teamsters Welfare Fund (MCTWF) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with MCTWF and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage.

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2. MCTWF has determined that the prescription drug coverage offered by all MCTWF benefit packages with prescription drug coverage, on average for all plan members, is expected to pay out as much as standard Medicare prescription drug coverage pays and therefore is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, under MCTWF rules you nonetheless may not drop your MCTWF prescription drug coverage. If you have both MCTWF Actives Plan prescription drug coverage and Medicare prescription drug coverage, MCTWF Actives Plan prescription drug coverage will be primary and your Medicare prescription drug plan will be secondary. If you are a COBRA beneficiary you may drop your MCTWF coverage in full, including prescription drug coverage, and enroll in a Medicare prescription drug plan. However, you will not be able to get your MCTWF COBRA coverage back later. If you do elect COBRA continuation coverage, your COBRA prescription drug coverage will be secondary to your Medicare prescription drug plan coverage. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Your current prescription drug plan provides comprehensive coverage for eligible prescription drugs, subject to preauthorization requirements for certain brand name prescription drugs and for prescription drugs within the following drug classifications: compound drugs, proton pump inhibitors (longer than a 90 day generic supply during a 365 day period, or if a brand is requested), selective serotonin reuptake inhibitors (brand name only), FDA-approved products that are lidocaine or lidocaine-containing formulations (after the first month's fill), dosage, duration and other criteria based fills for opioids and buprenorphine mono products, anabolic steroids, anti-obesity, ADHD/narcolepsy (age 20 and above), acne, and oral anti-fungal drugs, subject to generic and brand copays, as detailed in your Summary Plan Description booklet. Your current coverage pays for other health expenses, in addition to prescription drugs, and you still will be eligible to receive all of your current MCTWF Actives Plan health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

You also should know that if you drop or lose your current coverage with MCTWF and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

Contact MCTWF's Member Services Call Center at (313) 964-2400 or (800) 572-7687. NOTE: You'll receive this notice each year. You also will get one before the next period you can join a Medicare drug plan or if this coverage through MCTWF changes. You may request a copy of this notice at any time.

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

Detailed information about Medicare plans offering prescription drug coverage is in the "Medicare & You" handbook. You should receive a copy of the handbook in the mail each year from Medicare. You also may be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- 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 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, 2023 Michigan Conference of Teamsters Welfare Fund

Immunizations Help Keep Kids Healthy

Late summer through early fall is a time when many families begin preparing to send their children back to school.

This is a crucial time for families to add routine childhood and COVID-19 vaccinations to their back-to-school checklist.

Vaccines are very safe. The United States' long-standing vaccine safety system ensures that vaccines are as safe as possible. Currently, the United States has the safest vaccine supply in its history. Millions of children safely receive vaccines each year. The most common side effects are very mild, such as pain or swelling at the injection site.

Vaccines can prevent infectious diseases that once killed or harmed many infants, children, and adults. Without vaccines, your child is at risk for getting seriously ill and suffering pain, disability, and even death from

diseases like measles and whooping cough. The main risks associated with getting vaccines are side effects, which are almost always mild (redness and swelling at the injection site) and go away within a few days. Serious side effects after vaccination, such as a severe allergic reaction, are very rare and medical staff are trained to deal with them. The disease-prevention benefits of getting vaccines are much greater than the possible side effects for almost all children. The only exceptions to this are cases in which a child has a serious chronic medical condition like cancer or a disease that weakens the immune system, or has had a severe allergic reaction to a previous vaccine dose.

Scientific studies and reviews continue to show no relationship between vaccines and autism.

Thanks to vaccines, children are protected from diseases like the

Avoid Back-to-School Illnesses

- following:
 - Chickenpox
 - Diphtheria
 - Flu
 - COVID-19
 - Hepatitis A
 - Hepatitis B
 - Hib
 - HPV
 - Measles
 - Meningococcal
 - Mumps
 - Polio
 - Pneumococcal
 - Rotavirus
 - Rubella
 - Tetanus
 - Whooping Cough

Please see the Centers for Disease Control and Prevention (CDC) vaccine safety website for the full immunization schedule at https://www.cdc.gov/vaccines/parents/schedules/index.html.

Information provided by the CDC.

Backpacks are jammed with school supplies, closets are stocked with new clothes and shoes, and lunchprep qualifies as a science at your house. Everybody's ready to go back to school, right? Not so fast. Are you prepared to protect your children from the bugs and crud they're likely to catch at school?

Here are five easy tips to help keep your children healthy and happy:

- Teach kids to wash their hands properly. They should use warm water and plenty of soap, lather up to their lower arms and under their nails for 20 seconds, (teach them a little song to sing for 20 seconds) rinse with clean, warm water and dry their hands thoroughly.
- 2. Teach kids not to cover their cough with their hands. Cough into the fabric of a sleeve or pull out the neck of the shirt and cough toward their chest.
- 3. Have them eat plenty of fresh fruits and vegetables, and drink lots of water.

- 4. Make sure they get enough sleep at night. The National Sleep Foundation offers these guidelines: Children between 6 and 13 should sleep 9 to 11 hours Teens up to 17 should sleep 8 to 10 hours, and no fewer than 7 hours.
- 5. Let them play. Children from the ages of 6 to 17 should get at least one hour of moderate to vigorous activity every day to improve their fitness and increase their resistance to illness. According to the Centers for Disease Control, they should include 180 minutes (one hour, three times a week) of these types of activities:
 - aerobic exercises to improve their cardiovascular system (heart and lungs)—jogging, playing soccer, swimming.
 - weight-bearing exercises to strengthen their bones—running, jumping rope, climbing stairs, dancing.
 - muscle-building exercises, which also strengthen connective tissues (ligaments and ten-



dons)—sit-ups, push-ups.

• use of elastic exercise bands, and plenty of stretching to reduce chance of injury.

Remember that you don't need to wait until the first day of class to ask for help. Many schools are open before the season starts to address any concerns a parent or child might have, including the specific health needs of a child. The best time to get help might be one to two weeks before school opens.

Tips provided by Livongo.

Somution Healthy is not one size fits all.

Omada® brings the human touch to virtual care. Get paired with an Omada health coach who will provide personalized support and guidance to help you manage weight and prevent chronic conditions between doctor visits and everyday life.

Best of all, Omada is available at no additional cost to MCTWF members, based on eligibility.

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.



Claim your welcome kit today 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.



Messenger Summer/Fall 2023

www.mctwf.org

MDLIVE Behavioral Health for Children and Teens

Heading back to school can trigger many different emotions like excitement, nervousness, or apprehension. More and more teens (and children) are struggling to process and cope effectively. If your child seems to be struggling, talk to them about it. If you decide on professional support, MDLIVE® licensed therapists and board-certified psychiatrists are here to help for children ages 10 and up — all from the convenience and privacy of home.

Signs that your Child or Teen May Need Support:

- Withdrawing from or avoiding people and activities they used to enjoy.
- Noticeable changes in their sleeping or eating patterns.
- Prolonged periods of sadness or hopelessness.
- Excessive worrying about their future.

- Out of control, self-destructive, or risky behaviors.
- Significant changes in their mood or personality.
- Difficulty concentrating.
- Use of drugs or alcohol.
- Speaking about or attempting to harm themselves.
- Talking about suicide.

Help your Child Thrive with MDLIVE Behavioral Health Virtual Visits

- Give your child the support they need from the safety and privacy of home.
- Skip the waiting room with completely confidential virtual visits.
- MDLIVE has an extensive national network of boardcertified psychiatrists and licensed therapists so selecting one who is a good match is simple and convenient.

- Pick the same provider for every appointment or choose a different one at any time.
- MDLIVE providers are specially trained in virtual behavioral health visits to provide the highest quality of compassionate healthcare.
- Schedule a session seven days a week — evenings and weekend appointments available.
- Access professional, reliable support that's included in your health plan.

MDLIVE licensed therapists offer talk therapy and coping strategies, and our board-certified psychiatrists can provide assessments and medication management. Make an appointment today and give your child the help and support they need.

Visit https://members.mdlive.com/ mctwf for your free consultation at MDLIVE.

Emergency Room or Urgent Care?

Your primary care doctor should be your first call in non-emergency situations. Your doctor knows you and your health history, including what medications you are taking and what chronic conditions might need to be considered in your treatment.

If you can't reach your doctor, or need care outside of regular office hours, urgent care centers are good options.

Urgent care centers have physicians on staff and can provide care for a greater range of conditions, including performing x-rays at some sites.

The out-of-pocket cost for visiting a clinic or urgent care center will cost less than a trip to the emergency room, but it's always a good idea to check to make sure the location you select is an in-network provider.

Blue Cross nurses are available — day or night — from the comfort of your home, or anywhere in the U.S., to help you decide where to go for care or provide you with recommended treatment options for minor illnesses. To speak to a registered nurse, call Blue Cross Health & Well-Being, toll free 24 hours a day, seven days a week at 1-800-775-BLUE (2583).

Emergency rooms are designed to treat acute, and life-threatening conditions and are not the appropriate place to seek routine care for minor ailments.

If you feel you are dealing with a real health emergency, call 911 or go to the emergency room right away.

Otherwise, one of the above options will save you time and money, and clear the way for patients in need of emergency treatment.

Specific language from the MCTWF Summary Plan Description for emergency Room Services includes, in part, the following (see the SPD for the full description):

In accordance with the Consolidated Appropriations Act (No Surprises Act), effective with dates of service on or after April 1, 2022, emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- 1. Placing the health of the individual (or, for a pregnant woman, the health of the women or her unborn child) in serious jeopardy.
- 2. Serious impairment to bodily functions.
- 3. Serious dysfunction of any bodily organ or part.

In general, emergency room treatment, for medical conditions that do not require immediate attention (to prevent death or serious bodily harm), including chronic medical problems, is not covered as a benefit under any MCTWF plans.

For conditions that require medical attention and cannot wait for an appointment with your physician, but are not "emergent," treatment should be sought from an urgent care center.

Should the use of the emergency room be determined to not have been medically necessary by the Fund's Medical Director, you will be responsible for payment.

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed by the Michigan Conference of Teamsters Welfare Fund (MCTWF) and how you can obtain access to this information. Please review it carefully. A complete copy of your privacy rights can be found on our website at www. mctwf.org. Select the *Information* tab and choose *HIPAA Privacy Rule*.

YOUR RIGHTS

You have the right to:

Obtain an electronic or paper copy of your medical record

- You can ask to see or obtain an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, costbased fee.

Request to correct your medical record

- You can ask us to correct health information about you which you believe is incorrect or incomplete. Ask us how to do this.
- We may deny your request, but we will provide you with an explanation in writing within 60 days.

Request confidential communications

 You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Request that we limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. The request may be denied if failure to provide the information may affect your care.
- You can ask us not to share information regarding your outof-pocket payment for service or healthcare with your health insurer. We will only share information for which we are legally obligated to

do so.

Request a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year free of charge, but will assess a reasonable, costbased fee for subsequent requests within the same 12-month period.

Obtain a copy of this privacy notice

• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information on your behalf.
- We will verify that the person, or entity named, has this authority to act on your behalf before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint if you believe that we have violated your rights by contacting us.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/ complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we

share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Whether to share information with your family, close friends, or others involved in your care.
- Whether to share information in a disaster relief situation.
- Whether to include your information in a hospital directory.

If you are unable to communicate your preference, we may share your information if we believe it is in the best interest of your healthcare treatment.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

Healthcare treatment

We can use your health information and share it with other professionals who are treating you.

Bill for your services

We can use and share your health information to bill and obtain payment from health plans or other entities.

Comply with the law

We will share information about you if required by federal, state, or local law, including agencies that monitor our compliance with privacy laws.

Respond to organ and tissue donation requests

Under limited circumstances, we can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

Under limited circumstances, we can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Continued on page 7

HIPAA Notice of Privacy Practices (continued from page 6)

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you request in writing that we release the information requested. You may cancel your authorization at any time by submitting a written termination notice.

For more information see: www.hhs. gov/ocr/privacy/hipaa/understanding/ consumers/noticepp.html. This Notice applies to all affiliates, employees, agents, and community partners of the Michigan Conference of Teamsters Welfare Fund.

CHANGES TO THE TERMS OF THIS NOTICE:

MCTWF may modify the terms of this notice at its discretion. The modifications will apply to all of the Protected Health Information we have on file for you, and the changes will apply to all information we have about you. The revised notice will be available on our web site, and we will also mail a copy to you at your address of record, unless otherwise directed.

> Privacy Officer: Gail Wilson (313) 964-2400 ext. 202 gwilson@mctwf.org

This notice was updated August 2023 and is valid until any additional updates are completed.



The Michigan Conference of Teamsters Welfare Fund (313) 964-2400 or toll-free (800) 572-7687 2700 Trumbull Avenue Detroit, Michigan 48216 www.mctwf.org

Update on Benefits: Air Ambulance Services

MCTWF pays eligible expenses for ground, air, or water licensed ambulance services for basic and advanced life support. Eligible expenses include basic charge for the trip, basic life-support services (BLS), limited advanced life-support services, advanced life-support services (ALS), specialty care transport (SCT), neonatal transportation services, mileage, oxygen (administration and supplies) and other non-reusable supplies, and waiting time. The service must be medically necessary and transport by any other means would endanger the patient's health or life.

Eligible services include transportation to a medical facility for treatment of a medical emergency, the injury(ies) require(s) immediate first aid to stabilize the patient before transport to a hospital, or to transfer the patient from a hospital to another treatment location, including treatment at another hospital, a skilled nursing facility, a medical clinic, or the patient's home.

It is the Fund's intent to hold harm-

less from balance billing exposure, participants and beneficiaries who, in seeking emergency ambulance services, receive services from a non-participating ambulance provider, when no other reasonable choice is available.

Beginning May 2023, air ambulance services are payable only when ALL of the following criteria are met:

- Use of an air ambulance is medically necessary;
- Ordered in writing by a physician (M.D. or D.O), or in the case of an accidental injury emergency, a written order is not required, and the first responder's professional judgment will be relied upon when there is a need to order an air ambulance;
- The physician or first responder must have a reasonable expectation of significant time savings from the use of air ambulance transport as compared to ground or water ambulance transport time and that such time savings will reduce the risk of loss



of life, limb or bodily function;

Patient is transported to the nearest medical facility capable of treating the patient's condition; and Provider is a licensed air ambulance service, not a commercial air carrier.

Ambulance services are payable without transport in the following situations:

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

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.



PRESORTED FIRST-CLASS MAIL U.S. POSTAGE PAID ALLIED UNION SERVICES

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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MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND

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Be Mindful of Benefit Changes When Not Actively Working

It is important to be mindful of your status as an employee with your employer.

MCTWF requires that all contributing employers timely report all active employment status changes (i.e., layoffs, terminations, resignations, retirements, personal leaves, military leaves, work-related and non-work-related illnesses and injuries, and oth-



er changes in status) so that the Fund can update its benefit eligibility records.

The employer's failure to do so may result erroneously in the provision of ongoing benefits for members who are no longer eligible.

If you are no longer eligible, please inform your healthcare providers, including your pharmacist, that you no longer are covered for Fund benefits. Pharmacists, in particular, will assume that you are still covered by MCTWF unless you inform them otherwise.

MCTWF will be obliged to pursue you to recover the cost of benefits coverage erroneously provided to you.

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:800-637-6907For Dental Claims:800-524-0147For 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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