



MESSENGER

Message from MCTWF's Executive Director

Dear Teamster Families,

Happy holidays to all our participants and your families. The holidays are a special time that allows us to connect with loved ones, while the New Year brings new goals and possibilities.

It's been a busy and productive year at the Fund. Our goal is to provide Teamsters and their families with the best possible benefit plans and to provide unparalleled service to you. To that end, our new billing and eligibility software has finally been implemented after months of testing and validation. If you haven't already, take a look at our refreshed website and updated participant portal. We continue to invest in our IT infrastructure to help defend against data breaches and keep your personal and health information safe.



Please read this issue of the Messenger very carefully. It contains many helpful articles and important benefit updates. There are important updates to your prescription drug benefits and formulary changes, beginning in January 2024. In addition, there are several updates to the Retirees Plan program eligibility, benefit bank weeks policy, and the death benefit policy.

The Fund continues to support additional health and wellness programs. **Omada** for prediabetes and weight management provides MCTWF members with a plan to lose weight in an effort to avoid health problems brought on by obesity. Find out more in this issue to see if you qualify. **MDLIVE** telehealth meets your urgent care needs anywhere you are during the cold and flu season. MDLIVE consultations continue with a \$0 copay through April 2024. Finally, **Livongo for Diabetes** is a helpful program for those MCTWF members with diabetes. It is currently undergoing a name change to Teladoc Health Diabetes Management. Find out more about the January 2024 transition and see what MCTWF members are saying about the program.

The No Surprises Act, enacted in 2022, aims to protect individuals from unexpectedly high medical bills. The Fund has rolled out a new online tool which provides an out-of-pocket cost estimator for certain medical services, and it is now available to members through the participant portal. Find out more details in this issue.

There are many more articles and updates in this edition, and I encourage everyone to read it thoroughly. If you have any questions, or you would like additional information on any of these topics, our friendly and knowledgeable call center staff members are only a phone call away.

May your holidays and New Year bring your families plenty of health and happiness.

Kyle R. Stallman

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

Local Union 89

Louisville, KY
RCS Transportation

Local Union 337

Detroit, MI
General Linen

Local Union 662

Mosinee, WI
New Dairy Select Milk

Local Union 90

Des Moines, IA
Compass/Eurest

Local Union 554

Omaha, NE
US Foods

Local Union 696

Topeka, KS
Kansas Holistic Defenders

CVS/Caremark 2024 Standard Formulary Exclusions and Additions

The following list reflects those prescription medications that, effective January 1, 2024, 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 has notified current utilizers and their prescribing physician of the newly excluded drugs and provided a list of covered alternative drugs that are therapeutically equivalent. In order to obtain prior authorization, your physician must contact CVS/Caremark at (800) 626-3046. Note: this list denotes changes for 2024 only and is not all inclusive of prior years.

For a consistently updated and all-inclusive list of drugs excluded from or included in the Standard Formulary visit the MCTWF website at www.mctwf.org (click on the Info Links page and scroll to CVS).

Common Condition/ Therapeutic Class	Drug Newly Excluded from Standard Formulary Effective 1/1/24	Recommended Alternative Generic or Brand Drugs in Therapeutic Class	Drugs Added or Added Back to Standard Formulary Effective 1/1/24 or New to Market Updates.
Anaphylaxis Agents	epinephrine auto-injector (NDCs 00093-XXXX-XX and 49502-XXXX-XX only), EPIPEN**, EPIPEN JR**	epinephrine (except NDCs 00093-XXXX-XX and 49502-XXXX-XX), AUVI-Q	
Antiarrhythmics			MULTAQ
Antidepressants	APLENZIN, WELLBUTRIN XL**	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)	
Antineoplastic Agents, Herceptin Biosimilars	KANJINTI, TRAZIMERA	HERZUMA, OGVIRI	HERZUMA, OGVIRI
Antineoplastic Agents, Kinase Inhibitors	RESSA	gefitinib	
	LORBRENA	ALECENSA, ALUNBRIG	
	NEXAVAR	sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA	
Antiretroviral Agents, Non-Nucleoside Reverse Transcriptase Inhibitors	EDURANT	efavirenz	
	INTELENCE	etravirine	
Antiretroviral Agents, Protease Inhibitors	KALETRA, PREZISTA, REYATAZ	atazanavir, darunavir	
	NORVIR	ritonavir	
Autoimmune Agents	AMJEVITA	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HUMIRA, HYRIMOZ, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR	AVSOLA
Botulinum Toxin	MYOBLOC	DYSPOUR, XEOMIN	
Central Precocious Puberty	TRIPTODUR	FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA	
Dermatology, Acne	ARAZLO, RETIN-A MICRO	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, ONEXTON, TWYNEO, WINLEVI	
	isotretinoin capsule 25mg, 35mg	isotretinoin capsule 20mg, 30mg, 40mg	
Diabetes, Insulin, Long-Acting	BASAGLAR, LEVEMIR	LANTUS	LANTUS
Fertility Regulators, Follicle Stimulating Hormones*	GONAL-F	FOLLISTIM AQ	FOLLISTIM AQ
Fertility Regulators, Gonadotropin-Releasing Hormone Antagonists	Fyremadel, ganirelix acetate, CETROTIDE	GANIRELIX ACETATE	
Human Growth Hormone	GENOTROPIN	HUMATROPE, NORDITROPIN	HUMATROPE
Immune Globulins	HYQVIA	CUTAQUIG	XEMBIFY (Non-Preferred)
	OCTAGAM	Consult with your physician	
Migraine, Calcitonin Gene-Related Peptide (CGRP) Inhibitors	AIMOVIG	AJOVY, EMGALITY, QULIPTA	
Multiple Sclerosis Agents	COPAXONE 20MG/ML	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	
Narcolepsy	XYREM	LUMRYZ, WAKIX, XYWAV	
Opioid-Induced Constipation	RELISTOR	lubiprostone, SYMPROIC	
Pain, Opioid Analgesics	XTAMPZA ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel	
Respiratory, Steroid/Beta-Agonist Combinations	ADVAIR DISKUS, ADVAIR HFA, SYMBICORT	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs)	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, DULERA (Non-Preferred)
Retinal Disorders	EYLEA, LUCENTIS	BYOOVIZ, CIMERLI	BYOOVIZ, CIMERLI
Urea Cycle Disorder	BUPHENYL, RAVICTI		sodium phenylbutyrate, PHEBURANE

Weight Management Medications Require Prior Authorization

MCTWF requires that doctors receive prior approval in order to fill some prescriptions.

This means that the physician needs to get approval from CVS/Caremark before a prescription can be covered.

Without receiving prior approval, the costs of your prescribed medications may not be covered.

Prior authorization of medications is required for many conditions, including weight management.

The following weight management products require prior authorization: Contrave®; Qsymia®; Saxenda®;

Wegovy®; Xenical®, and any other weight management agents.

Zepbound®, a newly FDA-approved weight loss medication, also requires prior authorization. Any subsequent FDA-approved weight loss medications will also require prior authorization.

Medical providers must call CVS/Caremark at (800) 626-3046 to request prior authorization.

The Utilization Management approach helps ensure clinically appropriate and cost-effect coverage.

Quantity limits ensure members



receive the appropriate amount of medication.

For the full list of prescription drugs requiring prior authorization, refer to the Summary Plan Description booklet or view the updated list provided quarterly by CVS/Caremark on the *Info Links* tab at www.mctwf.org.

Pharmacy Benefit Update: SUFLAVE

Saying nobody likes to prep for a colonoscopy is an understatement, but it just may have become easier.

Instead of purchasing a plethora of over-the-counter drinks and laxatives to prepare, SUFLAVE® is a new prep kit that can be prescribed and covered at \$0 copay for MCTWF members, when obtained from an in-network pharmacy.

“Patients frequently struggle with the taste and volume of traditional bowel preparations – and fear related to the preparation can also negatively impact patient willingness to undergo follow-up colonoscopy if it is indicated,” said Douglas K. Rex, M.D., Distinguished Professor Emeritus at Indiana University School of Medicine, and a full time practicing clinical gastroenterologist. “I believe the palatable lemon-lime flavor

of SUFLAVE will be a welcomed option for patients – reducing preparation hesitancy and giving more people the chance to feel comfortable during preparation and getting a successful and effective procedure.”

Your physician still retains the option of whether or not to prescribe this preparation or suggest retail products.

A colonoscopy is the most common detection method for colorectal cancer, a leading cause of cancer-related deaths that can be managed more effectively through screening and early detection.

Successful colonoscopy screening is dependent upon adequate cleansing of the colon. Despite this, available methods of liquid preparation are not widely accepted by patients due to

large volumes of poor-tasting solutions, resulting in low patient compliance and the need for repeat screenings.

MCTWF’s preventive and wellness benefits include no-cost coverage of colonoscopy screenings if the patient’s history reveals no risk factors for colorectal cancer, other than being age 45 or greater. If the screening results are normal and of reasonable quality, a preventive/wellness follow-up colonoscopy is covered once every five years thereafter.

Only about 72% of American adults are up to date with their screenings for colorectal cancer according to the Centers for Disease Control and Prevention (CDC).

SUFLAVE information provided by Sebelo Pharmaceuticals.

Enhanced Guidelines for PCSK9 Inhibitors and Rheumatoid Arthritis Injectables



Specialty medication costs are continuing to rise as a result of drug manufacturers increasing list prices, a robust pipeline of new specialty products approved by the U.S. Food and Drug Administration (FDA), and the expansion of indications for current specialty medications.

In order to help keep costs down, Specialty Utilization Management (UM) is becoming a major point of focus.

CVS/Caremark’s Enhanced Utilization Management Program now includes PCSK9 inhibitors and rheumatoid arthritis injectables.

PCSK9 inhibitors are a new class of drugs that lower low-density lipoprotein (LDL), or “bad,” cholesterol.

There are two FDA-approved medications: alirocumab (Praluent®) and evolocumab (Repatha®).

PCSK9 inhibitors can be taken on their own or in addition to a statin.

Injectables for rheumatoid arthritis help to calm the immune system and relieve some pain. There are several injectables that may be recommended for rheumatoid arthritis.

Effective January 1, 2024, prior authorization will be required for PCSK9 inhibitors and rheumatoid arthritis injectables.

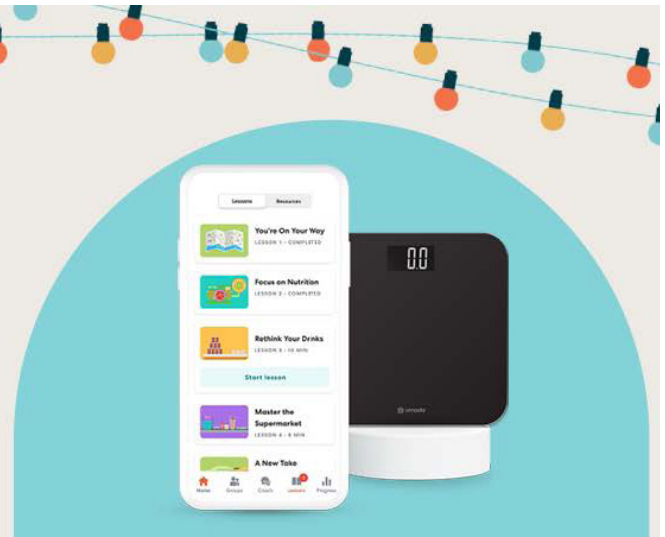
Patients should first be treated with in-formulary alternatives. Step therapy requires a trial of the effectiveness of less costly first-line therapies before approving drugs that will cost more.

Current utilizers will be considered “grandfathered” and prior authorization will not be required.

For complete listings of in-formulary and prior-authorization medications, visit the Info Links webpage at www.mctwf.org.

Unwrap better health this holiday

Omada® makes it easy to track weight and reach health goals with the help of a smart scale that members get to keep.



If you're looking to get healthier or manage weight, Omada is here just in time for the holidays. Omada® makes it easy to track weight and reach health goals with the help of a smart scale that members get to keep, which also includes a dedicated support team and flexible plan.

Monitor progress at every step.

- **Omada app** – Message your coach and track activities.
- **Smart scale** – Track weight daily or weekly and see progress.

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 the QR code to apply.

Cold and Flu Season: What to Expect with MDLIVE Telehealth

The most wonderful time of the year is almost here, but along with the holidays come cold, flu, and COVID-19.

Early care can be more effective when you feel symptoms such as fever, chills, congestion, fatigue, and body aches.

If you're having symptoms, MCTWF health plans include 24/7 access to convenient, hassle-free telehealth care provided by MDLIVE®.

For a \$0 copay, you and your covered family members can receive reliable, fast care from MDLIVE board-certified doctors via phone, tablet, or computer.

MDLIVE is your first line of defense in getting the care you need, in as little as 15 minutes, without exposing yourself to others who are sick:

- Care for more than 80 common, non-emergency conditions, includ-

ing the flu, sinusitis, bronchitis, and strep throat.

- Prescriptions ordered directly to your preferred pharmacy.
- Less costly than an urgent care clinic, walk-in clinic, or ER.
- Available 24/7, including holidays.
- Care for your whole family with board-certified pediatricians available.

We also understand the holidays can be a stressful time of year. If you start to feel down as the days get colder and darker, or if you're overwhelmed with holiday stress, MDLIVE licensed therapists and board-certified psychiatrists are ready to help.

Schedule an appointment at a time that works best for you, including evenings, weekends, and holidays, from the comfort of home.

Create your MDLIVE account today. It's fast, easy, and free.

Don't let cold and flu season ruin your holiday plans. Once your account is created, you and your MCTWF covered family members can access MDLIVE, anytime, anywhere.

Text MCTWF to 635483, visit www.MDLIVE.com/mctwf, call (888) 632-2738 or access via QR Code.



MDLIVE®

Benefit Update: Livongo for Diabetes Program

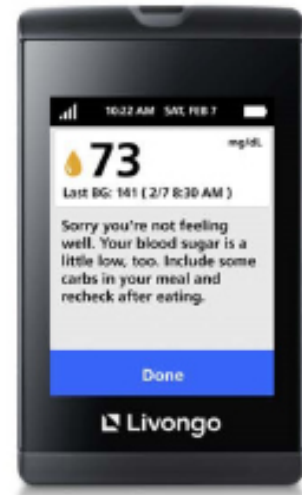
Livongo is going somewhere new!

Effective January 1, 2024, Livongo and Teladoc Health are becoming one brand, with one experience for all our members.

You can use your same devices and get expert support, just in a new way...using your Teladoc Health app!

There is nothing you need to do...

- You will receive an email when your new account is ready!
- Your device will be synced to the new account!
- Your data, coaching sessions, lessons, and chats will securely be migrated to your new account!
- After January 1st, if you log into your old Livongo account, you will be guided through the process of activating your new account!
- Have an issue? Contact member support at 800-835-2362 (TTY: 855-636-1578)



The same program you know and love

More About Diabetes Management

Livongo for Diabetes, soon to be renamed Teladoc Health Diabetes Management, is a MCTWF health benefit that makes living with diabetes easier by providing a free, connected blood glucose meter, unlimited strips and lancets, and free coaching.

If you are diabetic with diabetes-related claim history and have medical coverage through the MCTWF Actives Plan or the MCTWF Retirees Plan,

you are eligible for the following free benefits under the program:

- An easy-to-use, smart blood glucose meter: Your blood sugar readings are automatically saved to your secure account on the 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 learn more about the diabetes management program, visit www.mctwf.org and link to the program on the homepage or call (800) 835-2362.

What MCTWF Members Are Saying About Livongo for Diabetes

"Livongo reached out to me with an opportunity to join their program I receive free and unlimited test strips and lancets to go with it, as well as free coaching from experts. I have begun to love their app that offers activities and goals to follow. It is an amazing program and I am glad that I made the choice to join."

"When I go to my doctor for check-ups I have a better handle on what my numbers will tell them. The changes I have noticed since joining the Livongo team: 1) I make better food choices. 2) I closely monitor my blood sugars. 3) I lost a total of 10 lbs. Overall I have become more in tune with my health."

"I have had better control of my glucose numbers since I started using the Livongo meter. The meter gives you suggestions every time you test to help achieve better numbers, as well as when you have a high reading, a Livongo member contacts you and gives helpful steps towards lowering your glucose."

Notification to Members of Important Policy Updates

Updates, aimed at streamlining the process for the Retiree Medical Program, Benefit Bank Weeks, and Death Benefits, have been implemented recently. Please take a moment to review the notifications below.

Retiree Medical Program Eligibility

The Retiree Medical Benefit program is available under many of MCTWF's Benefit Packages for retirees who have reached the age of 57 and older and meet other requirements as described in your Summary Plan Description (SPD).

In 2014, the MCTWF Board of Trustees expanded the Retiree Medical Program eligibility requirements.

Approval in the Retiree Medical Benefit is defined as MCTWF's notification to the participant of the benefit approval AND receipt of required self-contributions.

Effective August 1, 2023, the Expanded Retiree Medical Benefit Program eligibility requirement has been approved to allow prior MCTWF participants to enroll in, or defer enrollment in, the Retiree Medical Program without being a MCTWF participant at the time of retirement or deferral.

If the retiree application is received 90 days beyond the participant's last date of MCTWF active coverage, the prospective retiree will be allowed to enroll and commence coverage for Retiree Medical Program benefits no earlier than the first day of the month that falls at least 90 days after MCTWF's receipt (and subsequent approval) of the prior participant's retiree application.

All other Retiree Medical Program requirements and Expanded Retiree Medical Benefit eligibility requirements apply to prior participants who qualify based on this updated eligibility requirement. Check the SPD for the full eligibility requirements.

Benefit Bank Weeks Retirement Status

In the past, MCTWF required that a participant who is reported by a contributing employer as "retired" meet certain criteria, as described in the Summary Plan Description (SPD), in order to be eligible for benefit bank week coverage.

Effective October 5, 2023, benefit bank week entitlement, based on retirement, will only be contingent upon the contributing employer reporting the retirement status change for the designated participant.

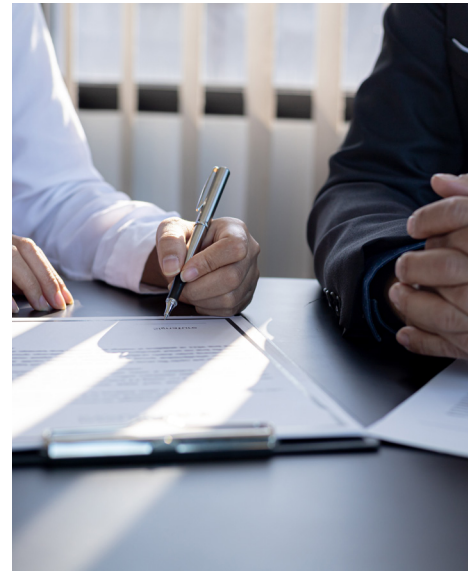
MCTWF will seek clarification from the participant and/or the contributing employer if there are any discrepancies regarding retirement status.

No further action is required by the retired participant.

MCTWF will base eligibility solely on the criteria set forth by the policy and the contributing employer report of the retirement status change for the designated participant.

Reminder: Participants are not eligible for benefit bank weeks when:

- A newly hired employee has not yet had contributions paid on his behalf for 8 consecutive weeks or 9 out of 13 weeks.
- An employee of a newly participating Employer has not yet had contributions paid on his behalf for 8 consecutive weeks or 9 out of 13 weeks.
- An employee quits.
- Employer discontinues participation in the Fund.
- Benefit package does not provide for such coverage.



Death Benefits

Death benefits are payable in the event of the death of an eligible employee, his/her spouse, and his/her children in the amounts shown in the employee's specific benefit package, subject to eligibility requirements. The death benefit for spouse or child will be paid to the employee.

All eligibility requirements, as listed in the Summary Plan Description (SPD) must be met.

A recent amendment to the eligibility requirements states that effective with participant or eligible dependent deaths that occur on or after August 1, 2023, the applicable death benefit will be payable if the death occurs within 31 calendar days (grace period) following the cessation of active coverage.

Active coverage is defined as the period following employer required contributions or full weekly accident and sickness benefit coverage only.

The death benefit would be payable if the 31-day grace period occurs while covered by benefit bank week eligibility.

The Accidental Death & Dismemberment benefit is not payable during the 31-calendar day grace period.

For any questions or concerns regarding any of the updates listed here, contact the Member Services Call Center, available Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

New Online Tool Provides Out-of-Pocket Cost Estimator for Certain Medical Services

A new online tool designed to help MCTWF members better understand their out-of-pocket costs is now available on the MCTWF Participant Portal.

The Out-of-Pocket Cost Estimator provides estimates of what medical costs may be involved with specific medical services.

The No Surprises Act of 2022 (NSA) protects individuals from unexpectedly high medical bills and MCTWF is taking the next step in providing this new online tool to members.

Under the NSA, individuals can receive a “good faith estimate” of charges that include medical services like procedures, medical testing, facility fees, durable medical equipment, and

more.

During this implementation stage, the cost estimator shows estimated pricing for the top 500 most frequently provided medical services and will undergo a full expansion of medical services in the Spring of 2024.

For example, if members search for knee replacement, they are able to see the in-network specialty providers in their area who perform the surgery.

Members can also use the billing code for knee replacement (which can be found within the cost estimator) to see the estimated out-of-pocket costs for the surgical procedure.

Please keep in mind that the amount calculated is an estimate only, and that your actual out-of-pocket cost may be

more or less depending on the care you receive.

The cost estimator is available on the dashboard of the MCTWF Participant Portal. Members need only to log into their account in the portal to use the new tool.

Those who have not already created accounts in the participant portal can do so by following the prompts. The portal is located at the top of the home page at www.mctwf.org.

If you need assistance with the Out-of-Pocket Cost Estimator, 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.

It's Not Too Late to Get Your COVID-19, Flu, and RSV Vaccines

For the first time ever, immunizations are available this winter in the United States that can help protect against three major respiratory diseases: COVID-19, flu, and RSV.

Seasonal virus vaccinations are

available at your in-network pharmacy and are covered at no cost under the MCTWF prescription drug benefit. Call your pharmacist for an appointment.

In addition, vaccinations from in-network physician's offices are covered

under MCTWF medical benefits.

Visit CVS/Caremark online at www.cvs.com/vaccine to locate nearby in-network participating pharmacies in order to avoid serious sickness and stay healthy this winter.

Disability Benefit Qualification Reminder

Many MCTWF benefit packages provide participants with various types of disability benefits if they become disabled and are unable to work. See your Summary Plan Description (SPD) and your Schedule of Benefits for any disability benefits available to you.

Under the Weekly Accident & Sickness Benefit, which applies to participants only, if you are disabled due to a non-occupational and non-auto related accidental injury, or sickness due to pregnancy while you are actively employed and are unable to perform the regular duties of your employment, you may qualify to receive a disability benefit. You will receive the weekly benefit amount and up to the maximum weeks available as indicated in your Schedule of Benefits.

Please keep these important policy provisions in mind when applying for any of the disability benefit plans:

- Every item on the application must be completed in full by yourself, your doctor, and your employer.

- Benefits cannot be considered unless the policy instructions are strictly complied with.
- Pay careful attention to details in completing the accidental injury portion of your claim.
- Benefits can only be paid if the disability is supported by medical evidence. The medical evidence has to be recorded by a licensed physician and it must show that you have been under his/her personal and regular care throughout the disability period. Physicians who are authorized to make such determinations under the MCTWF Actives Plan must be either a Doctor of Medicine (M.D.), a Doctor of Osteopathy (D.O.), a Doctor of Podiatric Medicine (D.P.M.), or an Oral and Maxillofacial Surgeon. Note: Chiropractors are not approved by MCTWF to provide such evidence for MCTWF disability benefits.
- Regular care is important to

the benefit plan because it is inconceivable that a person disabled, either as a result of sickness or accidental injury to the extent that he is unable to work, does not require reasonable medical attention from a physician. Do not jeopardize your claim for benefits. MCTWF may question or even deny benefits if you do not see your physician on a regular basis.

For the complete list of Weekly Accident & Sickness Benefit requirements, refer to your SPD and Schedule of Benefits. Both are available at www.mctwf.org. The SPD is located on the homepage and there is a *Schedule of Benefits* page as well.

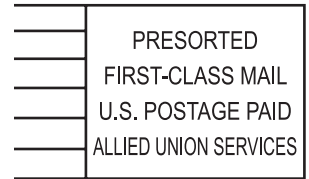
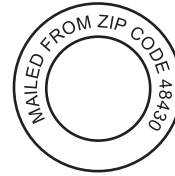
If you remain uncertain regarding your benefit entitlements, the MCTWF Member Services Call Center is available Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

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
Contact: (313) 964-2400
Toll Free: (800) 572-7687
In Case of Outage: (800) 482-2219**



MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND

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Women's Healthcare 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/healthplans/womens.

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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