



Message from MCTWF's Executive Director



Dear Teamster Families,

As we step into the spring season, I wanted to take a moment to extend my warmest greetings to you. I am excited to welcome fresh beginnings and opportunities that this season brings, and I am eager to share with you some updates and reminders.

Spring is a time of renewal, growth, and transformation. At MCTWF, we are committed to bringing you the highest quality benefits and exceptional service. Whether you are a long-term member or a new member, I want to express my gratitude for your continued support and trust in the Fund.

There are several important updates and reminders in this issue:

1. The Summary Annual Reports for the MCTWF Actives and MCTWF Retirees Plans are included on page 2.
2. Rates and essential information for retiree medical benefits packages are detailed on page 3.
3. The MCTWF Board of Trustees has renewed the Benefit Bank Week allotment program for an additional 36 months. See the article on page 4.
4. The decision to go to an emergency room instead of urgent care or telehealth could cost you some serious out-of-pocket expenses. Read more on page 5.
5. The MCTWF Board of Trustees has extended the \$0 copay for MDLIVE telehealth virtual visits (see page 5).
6. The importance of timely reporting family status changes is outlined on page 6. Failure to report these changes can result in financial responsibility for members.
7. The Fund continues to offer Omada, a program to help members lose weight and create healthier habits, and Teladoc Diabetes Management, a program to help diabetes management. These benefits are featured on pages 6 and 7.

On the last page of this Messenger, you will find an article that describes some of the mental health benefits available through MDLIVE. These benefits are available for all MCTWF Plans with medical coverage. Please take a moment to review this program. It is essential for all of us to prioritize our health, well-being, and personal life. Remember to take time for yourselves, disconnect when needed, and recharge your batteries so that you can live each day refreshed and energized.

Wishing you and your families good health and happiness.

Kyle R. Stallman

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

Local Union 957

Dayton, OH

Ohio Valley Wine Company/Dayton Heidelberg

If you have any questions or concerns about your Benefit Package, you can contact the MCTWF Member Services Call Center, Monday through Friday, 8:30 a.m. to 5:45 p.m.

Phones (313) 964-2400 Toll Free (800) 572-7687



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Summary Annual Reports for MCTWF Actives Plan and MCTWF Retirees Plan Participants Michigan Conference of Teamsters Welfare Fund Plan Year Ended March 31, 2023

For MCTWF Actives Plan

This is a summary of the annual report of the MCTWF Actives Plan, a health, life insurance, dental, vision, temporary disability, longterm disability and death benefits plan (Employer Identification Number 38-1328578, Plan Number 501), for the plan year 04/01/2022 through 03/31/2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$495,505,783 as of the end of plan year, compared to \$539,536,125 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of (\$44,030,342). This change includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$280,216,595 including employer contributions of \$319,506,709, employee contributions of \$793,076, earnings from investments of (\$40,169,213), and other income of \$86,023. Plan expenses were \$324,246,937. These expenses included \$15,036,094 in administrative expenses and \$309,210,843 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Kyle Stallman, who is a representative of the plan administrator, at 2700 Trumbull Avenue, Detroit, MI 48216, and phone number, 313-964-2400. The charge to cover copying costs will be \$2.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan: 2700 Trumbull Avenue, Detroit, MI 48216, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

For MCTWF Retirees Plan

This is a summary of the annual report of the MCTWF Retirees Plan, a health, dental, vision and death benefits plan (Employer Identification Number 38-1328578, Plan Number 502), for the plan year 04/01/2022 through 03/31/2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$51,419,700 as of the end of plan year, compared to \$55,352,283 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of (\$3,932,583). This change includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$5,634,542 including employer contributions of \$5,697,962, employee contributions of \$3,153,925, earnings from investments of (\$3,219,826), and other income of \$2,481. Plan expenses were \$9,567,125. These expenses included \$737,400 in administrative expenses and \$8,829,725 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Kyle Stallman, who is a representative of the plan administrator, at 2700 Trumbull Avenue, Detroit, MI 48216, and phone number, 313-964-2400. The charge to cover copying costs will be \$2.00 for the full annual report, or \$0.25 per page for any part thereof.

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Retiree Medical Benefit Package Rates for Plan Year April 2024 - March 2025

The standard and expanded eligibility monthly self-contribution rates listed below apply to all those participating in the MCTWF Retirees Plan basic medical and prescription drug Benefit Package 145. For those purchasing Benefit Package 475 (which adds to the basic medical and prescription drug benefits the Retiree Supplemental Benefits Rider – Hearing, Vision, and Dental Plan 2 benefits), add \$100.55 to Benefit Package 145 monthly rates. **Note: Participation in the MCTWF Retirees Plan is based on the eligibility rules as described in the MCTWF Summary Plan Description Booklet.**

April 2024 Retiree Medical Benefit Package 145 Standard Eligibility Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*						
	Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component					
Age at MCTWF Retirement Date	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
50 – 54	\$760	\$685	\$625	\$565	\$485	\$430
55 – 59	\$590	\$550	\$510	\$470	\$435	\$405
60 – 64	\$430	\$420	\$405	\$380	\$375	\$365
For eligible retirees whose active employment ceased prior to January 1, 2002: \$365						

April 2024 Retiree Medical Benefit Package 145 <u>Expanded Eligibility</u> Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*						
	Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component					
Age at MCTWF Retirement Date	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
57 – 59	\$650	\$605	\$560	\$515	\$480	\$445
60 – 64	\$470	\$460	\$445	\$415	\$410	\$400

April 2024 Retiree Medical Benefit Package 145 Extended Retiree Spouse* Monthly Self-Contribution Rates (For Benefit Package 475, add \$100.55)		
Age at Start of Each Plan Year	Female	Male
50 – 52	\$624.25	\$508.25
53 – 55	\$681.15	\$643.80
56 – 58	\$707.00	\$787.90
59 – 61	\$732.05	\$926.40
62 – 64	\$773.65	\$1,031.20

*Eligibility to participate in the MCTWF Retirees Plan (Benefit Package 145 or 475) ceases for the retiree or the spouse when he or she becomes eligible for Medicare Part A coverage or engages in prohibited employment (as defined by the Summary Plan Description Booklet). In the event that the retiree becomes eligible for Medicare Part A, the spouse may continue to participate at the retiree self-contribution rate that would have been applicable to the retiree until or unless non-deferred participation (i.e., eligibility for coverage) in the MCTWF Retirees Plan exceeds eight years. Spouse participation then requires self-contribution at the Extended Retiree Spouse rates for the applicable benefit package. If the retiree dies or becomes eligible for early age (disability) Medicare coverage, the otherwise eligible spouse may continue to participate at the retiree's self-contribution rate that would have been applicable to the retiree, unless or until the later of (a) eight years of non-deferred participation, or (b) until the date the retiree would have attained age 65, after which, for so long as she remains eligible, the spouse may continue to participate at the Extended Retiree Spouse rates for the applicable benefit package.

Reminder: In addition to the other causal events stated in your Summary Plan Description, entitlement to MCTWF Retirees Plan benefits ceases as of the earlier of a) the first of the month in which the retiree's or spouse's 65th birthday falls or b) the date that the individual becomes eligible for early Medicare Part A coverage. It is imperative that the individual immediately call to inform MCTWF of his early Medicare eligibility date and that the individual immediately cease the use of MCTWF Retiree benefits. MCTWF will ask the individual for a copy of the Medicare card or letter from the Social Security Administration stating the effective eligibility date. **MCTWF will pursue recovery for any Retiree benefits paid for services incurred on or after the individual's Medicare eligibility date.**

Benefit Bank Weeks Renewal Effective April 1, 2024

We are pleased to announce that the Board of Trustees have renewed the MCTWF Benefit Bank Week allotment program for another 36 months, to commence following the March 31, 2024 expiration of the current 36-month period, for MCTWF benefit packages that include the New SOA, New Key 1, New Key 1a, New Key 1b, New Key 2, New Key 2a, New Key 2b, New Key 2c, New Key 2d, New Key 3, or New Key 3a medical benefits as follows:

- Eligible participants who are actively employed on or after April 1, 2024, will be allotted six benefit bank weeks for use during the period April 1, 2024 through

March 31, 2027 during periods in which they are not actively employed. However, no benefit bank week coverage is available in the event that the participant quits his employment.

- Benefit bank week coverage includes the medical benefits and any prescription drug, dental, and vision benefits provided for in the participant's active benefit package. No Weekly Accident and Sickness, Total and Permanent Disability, or Death (or Accidental Death & Dismemberment) benefits will be available when incurred during the period covered by

benefit bank weeks.

- Participants who are not actively employed on March 31, 2024 and who are receiving coverage due to their remaining benefit bank week allotment for the 2021 through 2024 period will continue to be covered until their remaining benefit bank weeks are exhausted, or, if earlier, upon their return to active employment. Once contributions are received with regard to the participant's resumption of active employment, the participant will receive a new allotment of six benefit bank weeks for use through March 31, 2027.

Date of Service Definition

What happens when visiting the doctor, picking up a prescription, annual eye exam, etc.?

Each one of those activities has a recording of the event or date of service, and it's important to be mindful of those dates.

The date of service is the specific time, day, month, and year in which a patient has received medical treatment(s), healthcare services, medical equipment (each monthly charge or purchase), or a pharmacy

prescription fill or refill.

It is recorded for billing purposes as an item in the patient's medical record. MCTWF bases reimbursement or payment on the date of service, along with other billing factors.

For example, the date of service on a prescription is not when it is picked up, the date the prescription is written, or the date the prescription is electronically sent or presented to the pharmacist. The actual date of service is the date the prescription

was issued. In most cases, that is the day the pharmacy actually fills the prescription. If a patient fails to pick up a prescription, in a timely manner, the prescription item typically would be restocked, and the insurance claim would be cancelled.

Please be cognizant of the date of service on all prescriptions or services.

If a patient is not covered on the date of service, benefits will not be allowed and you will be responsible for full payment of the service.

Coordination of Benefits Update

Coordination of Benefits (COB) is a way to figure out who pays first when an employee has two or more health insurance plans.

For dependent children, the Summary Plan Description (SPD) explains the plan of the parent whose birth date falls earlier in the calendar year is the Primary Plan

when -

- the parents are married;
- the parents are living together (regardless of whether they ever have been married);
- a court decree states both parents are responsible for the dependent child's health care expenses or health care coverage; or
- a court decree awards joint custody but does not specify which parent

is responsible for the dependent child's health care expenses or health care coverage.

If both parents have the same birth date, the plan that has covered the parent the longest is the Primary Plan. If a court decree designates only one of the parents as responsible for the dependent child's health care expenses or health care coverage, then that parent's plan is the Primary Plan.

If that designated parent has no health care coverage, but his spouse does, then that parent's spouse's plan is the Primary Plan.

If no court decree allocates responsibility for the child's health care expenses or health care coverage, the order of coverage of plans is as follows:

First, the plan covering the custodial parent;

Second, the plan covering the custodial parent's spouse;

Third, the plan covering the non-custodial parent; and

Fourth, the plan covering the non-custodial parent's spouse.

For adult children over the age 18, the order of benefits for the adult child are as follows:

- (a) The plan covering the parent whose birthdate is earlier in the year,
- (b) The plan covering spouse of the parent who is primary,
- (c) The plan covering parent with the later birthdate.
- (d) The plan covering spouse of parent with later birthdate.

For additional details and other rules, refer to section 17.1 in your SPD.

Emergency Room, Urgent Care or Telehealth? Make the Right Choice!

It is important that MCTWF members are aware that trips to the Emergency Room (ER) must be considered life or limb-threatening to receive full coverage. If you have a condition that is serious but not life threatening, a trip to the ER could cost you.

When medical conditions arise, a phone call to your general practitioner should be considered the first move.

In addition, urgent care or telehealth are alternatives covered under the MCTWF Actives Medical and MCTWF Retirees Medical Plans.

If you have a minor illness or injury that can't wait until your doctor's appointment, Urgent Care (most have extended hours) or MDLIVE® telehealth (available 24/7) are your

best alternatives.

Find Urgent Care providers in your network at www.bcbsm.com or access your MDLIVE telehealth services.

In general, as stated in your Summary Description Plan booklet (SPD), 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.**

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 woman or her unborn child) in serious jeopardy.
2. Serious impairment to bodily functions.
3. Serious dysfunction of any bodily organ or part.

MCTWF members who seek treatment at an ER, in cases where the services are deemed as non-emergent, will be held responsible for large out-of-pocket ER fees.

For further information, refer to your SPD or view the SPD on MCTWF's *Home Page* at www.mctwf.org.

Board of Trustees Extends \$0 Copay Policy for MDLIVE Telehealth Visits

MCTWF members have **free** access to a convenient telehealth service for the treatment of many non-acute medical conditions through the use of remote consultations provided by MDLIVE.

This program provides on-demand access to U.S. Board-certified physicians 24 hours per day, seven days a week, by phone, secure video, or through MDLIVE's mobile app for smartphones and tablets.

Patients can discuss their symptoms with a doctor, and prescriptions, if applicable, are sent immediately to the pharmacy of choice.

At home, or on the road, treatment can begin right away.

In addition, behavioral health consultations are available by appointment only. Secure video, while not required, is considered the best experience for this type of telehealth consultation.

MCTWF's Trustees are extending the \$0 copay for another year, through March 31, 2025.

Download the MDLIVE mobile app from the App store, get it on Google Play, or link to it at www.mctwf.org under the *Info Links* tab. For more information, call (800) 400-MDLIVE or (888) 632-2738.

MDLIVE VIRTUAL DOCTOR VISITS



CARE FROM THE SAFETY AND COMFORT OF HOME
Avoid exposure to viruses and germs.



LESS TIME WAITING
Talk with a doctor in less than 15 minutes and feel better faster.



24/7 AVAILABILITY
MDLIVE doctors are available nights, weekends, and holidays in all 50 states.



TOP QUALITY PHYSICIANS
Our board-certified doctors have an average of 15 years of experience and are specially trained in telemedicine.



DEPENDABLE CARE
Our AI-powered evaluation process and proprietary telemedicine guidelines help us deliver care you can count on.



PRESCRIPTIONS
Your provider can send prescriptions to your preferred pharmacy and refill existing medications.



MCTWF health benefits include virtual visits with therapists and psychiatrists.

Have confidential virtual visits with MDLIVE licensed therapists and board-certified psychiatrists. Get the tools, strategies, and mental health expertise you need to feel better from the privacy and safety of home. You can choose the same provider for every visit or switch anytime.

Register now! Be ready when you or family members need quick, convenient access to quality medical care.

MDLIVE TREATS MORE THAN 80 ROUTINE MEDICAL CONDITIONS INCLUDING:

- Acne
- Allergies
- Back Pain
- Bronchitis
- Cold/Flu
- Constipation
- Cough
- COVID-19
- Diarrhea
- Ear Infections
- Headache
- Mild Injuries
- Nausea
- Pink Eye
- Rashes
- Respiratory Problems
- Sinus Infection
- Sore Throat
- Strep Throat
- UTI (females 18+)
- ...and more, including medication refills



Get the app



Text MCTWF to 635483 to create an account.

MDLIVE.com/MCTWF
(888) 632-2738

Family Status Changes Must be Reported to MCTWF in a Timely Manner

Family status changes, or certain information concerning participants and their beneficiaries (i.e., spouse and eligible children) is essential to MCTWF's accurate administration of the Plan.

As stated in your Summary Plan Description (SPD), MCTWF participants must provide all required documentation concerning themselves and all of their eligible beneficiaries to permit initial enrollment. It is absolutely necessary for participants to keep MCTWF informed of any change to their family status, including marriage, divorce, birth of child, adoption, change of address, change of email address, change of phone number, or other insurance information, etc.

You must notify the Fund immediately when you have a change in family status and complete

and return the form along with the appropriate documentation (see Sec. 2.1 (a) of the SPD, for the list of required documentation).

The following are examples of changes that must be reported in a timely manner:

- in the event of marriage, birth, placement for adoption, or adoption to ensure eligibility for coverage for your new spouse or dependent child as of the status change date, or
- in the case of divorce, death, or change of dependent child's status.

These family changes must be reported directly to MCTWF to avoid your responsibility for benefits paid by the Fund, for which it will pursue you (and in the case of divorce, your ex-spouse, jointly and severally) due to your failure to immediately inform

the Fund of the status change.

Notification must occur immediately when such changes occur by submitting a *Change in Family Status Form* in cases of dependent eligibility, or a *Contact Update Form* in cases of changes in address, telephone number, and email address information.

Both forms are available on the *Forms* page of the MCTWF public website at www.mctwf.org or in the Document Center of your dashboard in the secure Participant Portal.

Also, please remember that dependent children lose coverage at the end of the month of their 26th birthday, and the dependent is offered COBRA continuation coverage at such time.

The applicable self-contribution costs for COBRA continuation coverage will also be provided at that time.



Great news! The Fund offers Omada to help members lose weight and create healthier habits with one-on-one personal coaching and the tools needed to make long-lasting health changes. The best part: the program is no cost to you if you're eligible to join.

- **Apply today and you could get your welcome kit in just 10 days once enrolled.**
- **Your welcome kit includes an easy-to-use smart scale, shipped to your door and yours to keep.**
- **See how Omada can help you. It only takes a few minutes to get started.**



All MCTWF 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 benefit 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.





DIABETES MANAGEMENT PROGRAM

Healthier living made easier



Your health and the health of your family is important to Michigan Conference of Teamsters Welfare Fund. With that in mind, the Diabetes Management program by Teladoc Health (formerly Livongo) is offered at no cost to you so you can live your healthiest life and feel your best.

Tools and support, tailored to you:



Expert coaching

Coaches provide guidance and offer real-time support for out-of-range readings.



Unlimited strips

Get as many strips and lancets as you need, delivered right to your door.



A connected meter

The meter provides real-time tips and automatically uploads your blood sugar readings.



Get started today at no cost to you

Visit TeladocHealth.com/Register/MCTWF
or call Teladoc Health Member Support at 800-835-2362.

What is Type 2 Diabetes?

Type 2 diabetes is the most common form of diabetes mellitus, a group of health conditions linked to having high blood sugar, also known as hyperglycemia. When you have type 2 diabetes, your body can't effectively process the glucose (sugar) in your blood that provides energy to your body's cells. This causes you to have chronically high blood sugar levels.

The two other main conditions under the diabetes umbrella are type 1 diabetes and gestational diabetes, which affects a person during pregnancy.

Type 2 diabetes accounts for 90 to 95 percent of all diabetes cases in the United States. That's upwards of 35 million U.S. adults and children living with the disease today.

Type 2 diabetes disrupts the way your body uses blood sugar. This can lead to issues with the way your body stores and uses fat and other energy sources. The condition is caused by several factors, which may include:

- Insulin resistance
- Overweight/obesity and physical inactivity
- Genes and family history

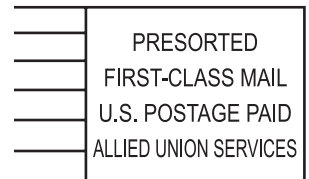
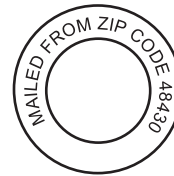
For more information, visit www.cdc.gov/diabetes/basics/type2.

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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Mental Health Awareness

In addition to traditional mental health benefits available under all MCTWF Plans with medical coverage, MDLIVE also offers virtual telehealth mental health treatment.

**take care of your
mental health this season.**

MDLIVE is here to help.



Warmer weather and a sense of renewal are in the air. Now is the perfect time to check your mental health if you're not feeling like yourself. MDLIVE licensed therapists and board-certified psychiatrists care for hundreds of conditions, including:

- Anxiety
- Depression
- Grief & Loss
- Life Changes
- Panic Disorders
- Phobias
- Relationship Issues
- Stress Management
- Trauma & PTSD
- And more

Your copay for a visit is **\$0**

how it works

You can have your first therapy appointment in a week or less, from the comfort and privacy of home. Here's how:

- Create your secure account.
- Choose from the MDLIVE network of mental health professionals.
- Select an appointment time that works best for you.
- Speak with the same professional for every appointment, or switch at any time for a better fit.

for secure, confidential support, schedule a session with MDLIVE Mental Health.

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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Get the app



Meet Sophie, your personal assistant. Text MCTWF to 635483 to create an account.

Create your account today.
MDLIVE.com/mctwf | 888.632.2738