

Michigan Conference of Teamsters Welfare Fund



MESSENGER

www.mctwf.org

Winter 2024 – 2025

VOLUME 41, ISSUE 4

Message from MCTWF's Executive Director

Dear Teamster Families,

As we welcome the new year, I want to take a moment to express my gratitude for your trust in MCTWF to support your health and wellness needs. At MCTWF, our mission has always been to provide you with the most comprehensive, affordable benefit packages available and to provide unparalleled service to our participants and beneficiaries. We are deeply committed to helping you achieve your personal health goals.

The start of a new year is a great time to reflect on your health journey and set new goals for the months ahead. Whether you are continuing on a path of wellness, managing a condition, or taking the first steps toward better health, we are here to support you every step of the way. From preventive care and wellness programs to easy access to healthcare professionals, we remain committed to ensuring you have the tools you need.

We encourage you to take full advantage of the following:

- **Annual Wellness Check-ups:** Make sure to schedule your routine check-ups and preventive screenings. Early detection is key to maintaining good health.
- **Telehealth Services:** Convenient, virtual appointments with healthcare providers are available from MDLIVE to help you manage your health from the comfort of your home.
- **Other Resources:** Omada is a prediabetes improvement program that helps members create healthier habits with one-on-one personal coaching, and it provides the tools needed to make long lasting health changes. Teladoc Health Diabetes Management program gives you personalized tools and support to track your blood sugar levels and develop healthier lifestyle habits. Both of these programs are available at no cost to you, if you are eligible to join.

Thank you for choosing MCTWF as your healthcare benefits and services provider. Wishing you a happy, healthy, and prosperous New Year!

Kyle R. Stallman

IRS Form 1095-B Information

The Paperwork Burden Reduction Act passed the House and Senate on December 11, 2024. The act allows health insurance providers to furnish Form 1095-B tax forms upon request. This provision modifies the Affordable Care Act so that health insurance providers are no longer required to send a copy of Form 1095-B to covered individuals showing proof of minimum essential coverage. The Paperwork Burden Reduction Act provides statutory authority for this flexibility. Any covered individuals may receive a copy of their 2024 Form 1095-B upon request, either by email at GF@mctwf.org, or by mail at 2700 Trumbull Avenue, Detroit, MI 48216 Attn: Member Services. Please include the participant's full name and contract number with your request. The 1095-B Forms for covered individuals are expected to be available by the end of January 2025. For any questions, please call the Fund's Member Services Call Center at (313) 964-2400, or toll free at (800) 572-7687, Monday through Friday, 8:30 a.m. to 5:45 p.m.



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

Local Union 41

Kansas City, MO

Traditional Logistics and Cartage -
TLC Driveaway

Local Union 406

Escanaba, MI

Delta Schoolcraft ISD

Local Union 214

Detroit, MI

Anchor Bay School District
Clintondale School District

Local Union 1199

Cincinnati, OH

Five Star Breaktime Solutions

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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, 2024

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, long-term disability and death benefits plan (Employer Identification Number 38-1328578, Plan Number 501), for the plan year 04/01/2023 through 03/31/2024. 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 \$576,461,238 as of the end of plan year, compared to \$495,505,783 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$80,955,455. 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 \$409,812,763 including employer contributions of \$344,765,318, employee contributions of \$705,761, earnings from investments of \$64,236,325, and other income of \$105,359. Plan expenses were \$328,857,308. These expenses included \$15,399,055 in administrative expenses, and \$313,458,253 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 \$5.00 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 04/01/2023 through 03/31/2024. 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 \$54,255,513 as of the end of plan year, compared to \$51,419,700 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$2,835,813. 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 \$12,873,870 including employer contributions of \$4,831,861, employee contributions of \$2,948,603, earnings from investments of \$5,089,568, and other income of \$3,838. Plan expenses were \$10,038,057. These expenses included \$744,544 in administrative expenses, and \$9,293,513 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 \$5.00 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.

CVS/Caremark 2025 Standard Formulary Exclusions and Additions

The following list reflects those prescription medications that, effective January 1, 2025, 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 January 2025 only and is not all inclusive of later in 2025 or prior years.

Common Condition/ Therapeutic Class	Drug Newly Excluded from Formulary Effective 1/1/25	Recommended Alternative Generic or Brand Drugs in Therapeutic Class	Products Added Back or Updated to Formulary Effective 1/1/25 and New to Market Updates.
Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors*	JANUMET, JANUMET XR	saxagliptin-metformin ext-rel, ZITUVIMET, ZITUVIMET XR	ZITUVIMET [^] , ZITUVIMET XR [^] , ZITUVIO [^]
	JANUVIA	saxagliptin, ZITUVIO	
Antidiabetics, Incretin Mimetic Agents*	VICTOZA**	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY	
Antineoplastic Agents, Herceptin Biosimilars*	HERZUMA, OGIVRI	KANJINTI, TRAZIMERA	KANJINTI, TRAZIMERA
Antineoplastic Agents, Kinase Inhibitors*			LORBRENA (non-preferred)
Autoimmune Agents, Self- Administered*			ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, SOTYKTU [^]
Central Nervous System, Antipsychotics*			ABILIFY ASIMTUFI [^]
Central Nervous System, Botulinum Toxins*	DYSPOET	DAXXIFY, XEOMIN	DAXXIFY [^]
Central Nervous System, Miscellaneous*			VYVGART [^] , VYVGART HYTRULO [^]
Central Nervous System, Multiple Sclerosis Agents*	VUMERITY	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, ZEPOSIA	BAFIERTAM [^]
Endocrine and Metabolic, Central Precocious Puberty			TRIPTODUR
Endocrine and Metabolic, Diabetic Supplies*	V-GO INSULIN INFUSION PUMP	OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP, TWIST INSULIN INFUSION PUMP	TWIST INSULIN PUMP AND SUPPLIES [^]
Endocrine and Metabolic, Enzyme Replacements	CHORIONIC GONADOTROPIN, NOVAREL, OVIDREL	PREGNOL	NEXVIAZYME [^]
Endocrine and Metabolic, Fertility Regulators*	OVIDREL	PREGNOL	PREGNOL
Endocrine and Metabolic, Insulin, Long-Acting*			INSULIN GLARGINE-YFGN [^]
Hematologic Agents, Paroxysmal Nocturnal Hemoglobinuria (PNH)	SOLIRIS, ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO (For Myasthenia Gravis Only)	
Hematologic, Hemophilia Agents*			ALTUVIIIIO [^] , BENEFIX
Hematologic, Thrombocytopenia Agents*	MULPLETA	DOPTOLET	
	PROMACTA, TAVALLISSE	ALVAIZ, DOPTOLET	
Respiratory, Steroid Inhalants*			ASMANEX HFA
Respiratory, Steroid/Beta-Agonist Combinations*	DULERA	budesonide-formoterol, fluticasone-salmeterol (generics for Advair Diskus by Hikma and Teva), Breyna, Wixela Inhub, BREO ELLIPTA (except the 14-inhalation pack)	Breyna [^] , budesonide-formoterol [^]
Topical, Dermatology, Rosacea*	RHOFADE	azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA	
Psoriasis	TALTZ changed from preferred to excluded.		BIMZELX updated as a preferred product

*Class has existing formulary exclusions **Multi-source Brand Product [^]Product under New to Market review since launch and added to formulary. This chart contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health and/or one of its affiliates. Information listed is current and subject to change.

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

Have You Tried Using MCTWF's Participant Web Portal?

MCTWF has upgraded a series of systems and software to provide more efficient service to our members.

The current *Participant Web Portal*, launched in 2023, and found on the home page of the MCTWF website at www.mctwf.org, is an upgrade the Fund encourages its members to use regularly.

This useful tool provides secure access to your protected health information maintained by MCTWF through a fully secured personal account.

The *Participant Web Portal* provides improved navigation, security, and appearance from the old portal that was provided for many years. Members

who wish to access the updated portal are required to create an account (even if you had one on the old portal).

By utilizing the portal, you can easily navigate the following information:

- Participant screen which displays the participant's contract number, date of birth, gender, current benefit plan, number of benefit bank weeks remaining, if applicable, current address, phone number, and marital status.
- Family screen that displays each covered family member's name, date of birth, and relation to participant.
- Short-Term Disability and the date through which coverage is

available.

- Eligibility History screen covers all periods of eligibility for each family member.
- Plan Limits screen displays your family and individual accruals for the current and prior calendar year towards calendar year dollar limits available and used for applicable medical and dental benefits.
- Claims screen gives you the ability to reprint any Explanation of Benefits (EOB) as well as update beneficiaries and account information.

The portal can be found on the top right side of the MCTWF home screen at www.mctwf.org.

Is It Flu, COVID-19, Allergies, or a Cold? Staying Healthy This Winter

Feeling sick can be especially concerning these days. Could your sniffles be caused by COVID-19? Or the flu? A cold? Or maybe allergies?

Determining the cause of an illness can be tricky because many share some symptoms. They can leave you sniffling, coughing, and feeling tired. But, there are important differences.

Figuring out what's making you sick can help you recover and prevent spreading sickness to others.

Flu vs COVID-19 – “Distinguishing COVID from flu can be difficult because the symptoms overlap so much,” explains Dr. Brooke Bozick, a National Institutes of Health (NIH) expert on respiratory diseases that affect the lungs.

Flu and COVID-19 are caused by different viruses that can be spread among people. Flu is caused by the influenza virus. COVID-19 is caused by SARS-CoV-2. Both can give you a fever, cough, headaches, and body aches.

Flu and COVID-19 also spread similarly. They're transmitted by small particles that come from your nose and mouth when you sneeze, cough, sing, or talk, raising the possibility of infecting people who are nearby. Infected people may not have symptoms, but can still pass along either virus.

“Both influenza and COVID can be spread to other people before

individuals develop symptoms,” notes Dr. Aubree Gordon, an infectious disease expert at the University of Michigan. COVID-19 symptoms can take longer than flu symptoms to develop, she explains. Someone with flu usually has symptoms one to four days after being infected. A person with COVID-19 typically shows symptoms about five days after infection, although this can range from two to 14 days.

One telling sign of COVID-19 in some cases is loss of smell or taste, but because of other similar symptoms, there's really only one way to be certain if you have COVID-19 or flu: Get tested.

Could It Be a Cold? Or Allergies?

Like flu and COVID-19, colds are also caused by viruses and can be passed to others.

Symptoms of a cold tend to be mild. You may have a runny nose, cough, congestion, and sore throat, but you won't usually have the aches and fever that are common with COVID-19 and flu. Often, you'll feel better in a couple of days.

There's no cure for the common cold. Typical treatments include rest, fluids, and over-the-counter medicines. Some complementary treatments may help with cold symptoms, too.

Allergies can cause a runny nose and sneezing. But they're not contagious. If your eyes, nose, or ears itch, that also could be an allergy. Exposure to things

like dust, pets, and tree or grass pollen can trigger allergies, which are caused by the immune system overreacting.

Allergy symptoms tend to stop when you're no longer exposed to the cause. Unless you have asthma, allergies typically do not cause breathing problems. Allergies can be treated with drugs like antihistamines, decongestants, and nasal steroids.

Winter Mix of Viruses – Winter is the prime cold and flu season. You're more likely to be indoors and closer to others when it's colder outside. Weather also plays a role in the spread of viruses.

Experts are concerned that flu and COVID-19 cases may increase and overlap in the winter. Flu cases usually start to increase around October and peak between December and February. Being infected with flu and SARS-CoV-2 at the same time is possible, as is showing symptoms of both. If you're sick with the flu, your doctor may prescribe antiviral drugs. Such drugs can make your flu milder and shorten the time you are sick. They work best if they're used early in your illness.

PAXLOVID may be prescribed for COVID-19, depending on the case.

The CDC recommends the flu and COVID-19 vaccines for everyone six months and older. It takes two weeks to build an immune response, so the earlier you get vaccinated, the better.

Retiree Medical Benefit Package Rates for Plan Year April 2025 - March 2026

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 2025 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	\$770	\$690	\$630	\$570	\$490	\$435
55 – 59	\$595	\$555	\$515	\$475	\$440	\$410
60 – 64	\$435	\$425	\$410	\$385	\$380	\$370
For eligible retirees whose active employment ceased prior to January 1, 2002: \$370						

April 2025 Retiree Medical Benefit Package 145 Expanded Eligibility Monthly Self-Contribution Rates (Covers Both the Retiree and the Eligible Spouse)*						
	Years Participating in MCTWF under an Active Benefit Package with Retiree Medical Component					
Age at MCTWF Retirement Date	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 +
57 – 59	\$655	\$610	\$565	\$525	\$485	\$450
60 – 64	\$480	\$470	\$450	\$420	\$415	\$405

April 2025 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	\$679.45	\$553.15
53 – 55	\$741.40	\$700.75
56 – 58	\$769.50	\$857.60
59 – 61	\$796.75	\$1,008.30
62 – 64	\$842.05	\$1,122.35

*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/her 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.**



A health program built just for you

MCTWF is offering Omada®, a prediabetes improvement program, to help members 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.

Omada helps members:

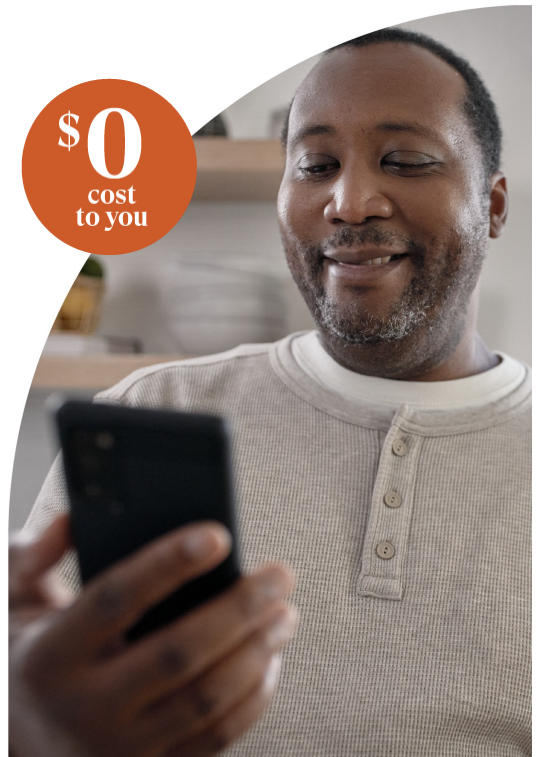
- See smart device readings in the Omada app after each use
- Eat healthier without counting calories or cutting out favorite foods
- Get up and move—yes, solo dance parties totally count

omadahealth.com/mctwf

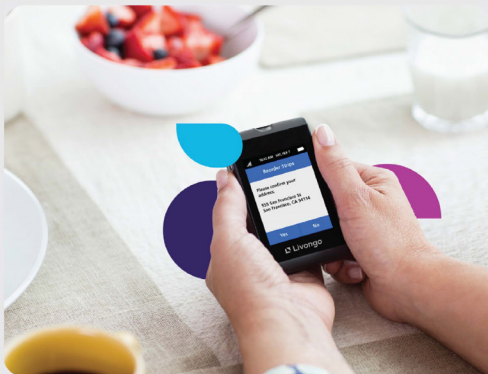
The Omada Prediabetes Health Program is available to all MCTWF members, age 18 and older, who are eligible for MCTWF medical benefits and who are approved for enrollment based on an assessment of risk factors by Omada.



Images, including apps, do not reflect real members or information about a specific person.



Diabetes Management: What to know about this benefit



Did you know people who have been diagnosed with diabetes spend about \$17,000 each year on medical expenses? Out of that \$17,000, over \$9,500 is for diabetes treatment.¹

The Diabetes Management program that is part of MCTWF medical benefits can help you save this money because you do not have to pay for anything. You get support for your diabetes with smart devices, expert coaches and easy-to-follow, personalized plans.

Diabetes is the eighth leading cause of death in the U.S.²

Through this benefit, you could qualify for help with diabetes at no cost to you. The Diabetes Management program gives you personalized tools and support to track your blood sugar levels and develop healthier lifestyle habits.

- What is the program? The Diabetes Management program supports people diagnosed with type 1 or type 2 diabetes and helps make living with diabetes easier. The program team works with you to provide personalized plans so you can live your healthiest life possible.
- What resources do you receive? The program gives you a connected meter and unlimited strips and lancets. If members of the program team see that your glucose levels go out of range, they'll reach out to you within 5 minutes to get you the support you need.* You also have the option to work with a certified health coach for more guidance. If you prefer to receive support in Spanish, this option is available to you.
- How can you get started? It's easy and takes only a few minutes! Once the benefit is live, there will be multiple ways to enroll.

Join by visiting the link on the homepage of the MCTWF website at www.mctwf.org,
or visit www.teladochealth.com/expert-care/condition-management/diabetes
or call 800-835-2362 and use registration code: MCTWF



¹<https://www.diabetes.org/about-us/statistics/cost-diabetes>

²<https://www.cdc.gov/diabetes/basics/diabetes.html>

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*95% of all calls occur within 5 minutes but per standard service-level agreements, all calls are completed within 15 minutes.



MDLIVE Virtual Behavioral Health Programs Include Digital Coaching

MDLIVE's virtual behavioral health services, provided to MCTWF members at \$0 copay through March 31, 2025, offer expanded mental health wellness opportunities.

Behavioral health teletherapy offers more than just quick texts or chats with a behavioral health professional and focuses on creating strong relationships between patients and their therapists and psychiatrists by providing an experience more like an in-office visit than other virtual therapy providers. The results are more meaningful interactions and improved outcomes.

Patients can choose their behavioral health professional, continue their care with that same professional, or switch to a different provider anytime, for any reason. MDLIVE's broad network of therapists and board-certified psychiatrists offers patients more choices and empowers them to find a provider that best meets their needs.

Some behavioral health conditions can be treated through talk therapy. Other conditions require medication assistance as well. With MDLIVE, patients have access to therapy and psychiatry providers, and if they need both, their providers can collaborate to provide the patient with the best possible

care. MDLIVE behavioral health professionals can also coordinate with a patient's primary care physician, if requested.

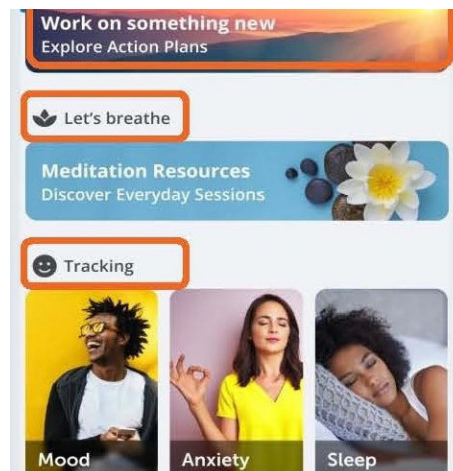
MDLIVE supports the whole family, offering individual, family, teen-focused, and couples counseling sessions. Behavioral health issues often impact the entire family, and frequently, joint counseling sessions are needed.

MDLIVE also has expanded services with digital tools, which has helped MDLIVE support patients beyond what is typically offered, even in traditional behavioral health in-person visits.

Well-Being Tools are offered through the MDLIVE Health Coaching app to help patients remain engaged in their care and feel supported in their behavioral health journey between visits. These digital tools help patients manage stress and anxiety, stay mindful, and track their progress – all in one app, which offers:

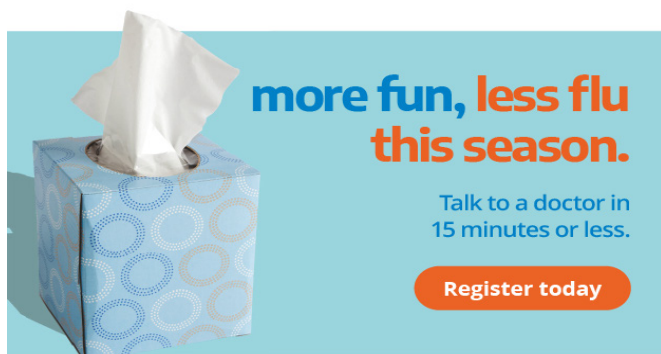
- Cognitive behavioral therapy (CBT) action plans
- Guided meditations
- Journaling
- Mood trackers
- Anxiety trackers
- Sleep trackers

By utilizing the Well-Being Tools,



patients can gain skills to self-manage issues without waiting for their next session, which helps boost progress and improve outcomes. MDLIVE therapists and psychiatrists can assign Well-Being Tools to patients once they complete their initial visit. Mood, anxiety, and sleep tracking data entered into the app by the patient is securely stored and shared with a patient's provider. Journaling and open-ended written prompts remain confidential. Providers can then use data from the tools to identify treatment needs earlier, track progress, and personalize interventions for their patients.

Cold and Flu Season: What to Expect with MDLIVE Virtual Health Services



MDLIVE
now. that's better.

400-4008-21

Create your MDLIVE account today - it's fast, easy, and free. Don't let cold and flu season ruin your daily plans. Once your account is created, you and your covered family members can access MDLIVE.

To better understand and access all of MDLIVE's telehealth services, provided to MCTWF at \$0 copay through March 31, 2025, text MCTWF to 635483, visit www.MDLIVE.com/mctwf, use the QR code printed here, or call (888) 632-2738.

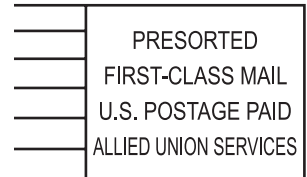
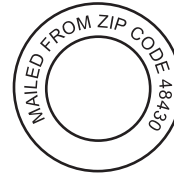


The *Messenger* notifies you of changes to your plan of benefits. Please retain all issues of the *Messenger*, along with your SPD Booklet and other plan materials, for future reference.

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 Health and Cancer Rights Act of 1998



The Women's Health and Cancer Rights Act (Women's Health Act) was signed into law October 21, 1998. This law amended the Employee Retirement Income Security Act of 1974 (ERISA) and provides important protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy.

Under the Women's Health Act, group health plans offering mastectomy coverage (such as MCTWF Actives and Retirees Plans) must also provide for reconstructive surgery in a manner determined in consultation between the attending physician and the patient.

Coverage must include:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedema.

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

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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