



MESSENGER

www.mctwf.org

Winter 2025 – 2026

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Message from MCTWF's Executive Director

Dear Teamster Families,

As we begin a new year, it's a great time to pause, reset, and focus on what matters most – your health and well-being. Small choices can make a meaningful difference, and your Fund benefits are here to support you every step of the way. We are committed to helping you achieve your personal health goals through several different programs that are offered as part of your benefits.

February is American Heart Month, a reminder of the importance of heart health at every age and stage of life. Heart disease remains one of the leading causes of illness, but the good news is that many risk factors can be managed through preventive care, healthy habits, and early action.

Your MCTWF Plan offers resources designed to help you care for your heart and overall health, including preventive screenings, wellness programs, and tools to support healthy nutrition, physical activity, and stress management. Taking advantage of these benefits can help you stay informed, proactive, and empowered about your health.

As you move through the new year, we encourage you to schedule recommended preventive care visits, review your available benefits, and consider one or two heart healthy goals you can realistically maintain – whether that's moving a little more each day, choosing healthier foods, or managing stress more intentionally.

Thank you for choosing MCTWF as your healthcare benefits and services provider. We look forward to making 2026 a year of healthy living.

Warm regards,

Kyle R. Stallman



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

Local Union 371

Rock Island, IL
Alltown Bus

Local Union 554

Ohama, NE
Kemps Dairy Farmers of America
Duet

Local Union 637

Zanesville, OH
Jackson County Sheriff's Office

Local Union 1199

Cincinnati, OH
Sysco Cincinnati, LLC

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 2025 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 mid-February 2026. 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.

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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, 2025

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 04/01/2024 through 03/31/2025. 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 \$611,710,175 as of the end of plan year, compared to \$576,461,238 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$35,248,937. 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 \$373,147,792 including employer contributions of \$345,098,387, employee contributions of \$702,182, earnings from investments of \$27,306,478, and other income of \$40,745. Plan expenses were \$337,898,855. These expenses included \$15,912,065 in administrative expenses, and \$321,986,790 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 04/01/2024 through 03/31/2025. 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 \$53,923,834 as of the end of plan year, compared to \$54,255,513 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of -\$331,679. 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 \$8,879,788 including employer contributions of \$4,062,833, employee contributions of \$2,705,358, earnings from investments of \$2,110,437, and other income of \$1,160. Plan expenses were \$9,211,467. These expenses included \$734,829 in administrative expenses, and \$8,476,638 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 2026 Standard Formulary Exclusions and Additions

The following list reflects those prescription medications that, effective January 1, 2026, 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 2026 only and is not all inclusive of later in 2026 or prior years.

Common Condition/ Therapeutic Class	Drug Newly Excluded from Formulary Effective 1/1/26	Recommended Alternative Generic or Brand Drugs in Therapeutic Class	Products Added Back or Updated to Formulary Effective 1/1/26 or New to Market Updates.
Analgesics, Gout*	MITIGARE**	colchicine capsules 0.6mg	colchicine capsules 0.6mg
Analgesics, Viscosupplements*	SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC	ORTHOVISC
Anti-Infectives, Hepatitis B*	VEMLIDY	entecavir, lamivudine, tenofovir disoproxil fumarate	
Antineoplastic Agents, Biologic Response Modifiers*	REVLIMID	lenalidomide	
Antineoplastic Agents, Kinase Inhibitors*	COPIKTRA, ZYDELIG	BRUKINSA, CALQUENCE	JAKAFI
Antineoplastic Agents, Monoclonal Antibodies*	PERJETA	PHESGO	
Autoimmune Agents, Physician-Administered			ENTYVIO IV (Non-preferred for Crohn's Disease)
Autoimmune Agents, Self-Administered			ENTYVIO PEN
Cardiovascular, Pulmonary Arterial Hypertension			YUTREPIA^
Central Nervous System, Botulinum Toxins			DYSPORE
Central Nervous System, Migraine*	ONZETRA XSAIL	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH	TOSYMRA^
Central Nervous System, Movement Disorders*	AUSTEDO XR	tetrabenazine, AUSTEDO, INGREZZA	
Endocrine and Metabolic, Calcium Regulators*	XGEVA	OSENVELT	OSENVELT^
Genitourinary, Miscellaneous			FILSPARI^, VANRAFIA^
Hematologic, Hematopoietic Growth Factors*	FYLNETRA	FULPHILA, NYVEPRIA	FULPHILA
Hematologic, Hemophilia B Agents*	ALPROLIX	BENEFIX, REBINYN	
Immunologic Agents, Alopecia Areata			OLUMIANT^
Ophthalmic, Dry Eye Disease*	XIIDRA	RESTASIS, VEVYE	VEVYE^

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

How Winter Weather Impacts Your Eyes and What You Can Do About It

When winter approaches, you may notice colder temperatures, and windy weather can have an impact on your eyes. From dryness and irritation to more serious concerns like snow blindness, winter weather presents unique challenges for eye health.

Don't let that stop you from enjoying the change in season. Below are some common issues you might face during the colder months, along with simple tips to help keep your vision protected all season long:

The problem: Dry eyes

As temperatures drop during the winter months, so does the humidity leading to drier air and, in turn, drier eyes.⁽¹⁾ Cold winds can further aggravate this issue, often leaving your eyes feeling irritated and uncomfortable.

While it's only natural to retreat indoors to snuggle up in front of the TV or with your mobile device, increased screen time and the use of indoor heating can actually make dry eye symptoms worse. Additionally, and counterintuitively, when your eyes become too dry, they may overcompensate by producing excess tears, resulting in watery eyes despite the dryness.⁽¹⁾

The symptoms:⁽²⁾

- Blurry vision or fluctuating clarity
- Burning
- Sensitivity to light
- Eye Discharge
- Watery eyes or excess tears running down your cheeks

What to do about it:

- Stay hydrated - It's easy to overlook your water intake when you're not feeling the heat, but H₂O is always important. To stay on track, use a reusable water bottle with time markers to encourage consistent hydration throughout the day.
- Use a humidifier - Counteract the dry climate indoors by adding a humidifier to your space to keep air, your skin, and eyes hydrated.

- Scale back screen time - if you think you're spending too much time staring at your phone or have had too many movie marathons (who can blame you?), implement the 20-20-20 rule: every 20 minutes, look at something 20 feet away for 20 seconds to reduce strain.⁽³⁾

The problem: Snow blindness and light sensitivity

Even though the summer months are notoriously bright and sunny, the UV light in the winter months still poses a threat to your eyes. Snow blindness, formally known as photokeratitis (fo-to-ker-e-ti-tis), can be caused by the sun's reflection from a variety of surfaces, including snow and ice.⁽⁴⁾



Snow blindness doesn't just refer to light sensitivity caused by sun's glare; it can also involve freezing or extreme dryness of the cornea's surface due to cold, dry air. Activities like skiing, snowmobiling, and mountain climbing can increase your risk as they expose your eyes to intense environmental conditions.⁽³⁾

The symptoms:⁽⁵⁾

- Eye pain - particularly when seeing bright lights
- Watery eyes
- Headache
- A gritty feeling in your eyes
- Eye swelling
- Seeing halos around bright lights
- Red eyes or eyelids
- Eyelid twitching

What to do about it:

- Apply a cold compress - Remove contact lenses, if applicable,

and apply a cold washcloth to help soothe irritation and reduce inflammation caused by snow blindness. This can provide immediate relief, while also supporting the healing process.⁽⁴⁾

- Wear protective eyewear -- Sunglasses aren't just for summer. Choose lenses with 100% UV protection to shield your eyes from harmful rays, especially in snowy conditions where sunlight reflects off surfaces and increases exposure. Polarized lenses help reduce glare, improving comfort and visibility whether you're driving or spending time outdoors. Not all sunglasses are polarized, so be sure to check the label. If you wear corrective lenses, consider prescription sunglasses for clear vision or opt for snow goggles with UV protection and glare reduction when hitting the slopes.
- Artificial tears - if you're experiencing the symptoms of snow blindness, reach out to your eye doctor to talk with them about options.

No matter the season, give your eyes the attention they deserve. If your Benefit Package includes vision coverage, schedule your annual eye exam with any in-network provider, using EyeMed's provider locator (<https://eyedoclocator.eyemedvisioncare.com/member/en-us>).

CITATIONS

1. Mason, K.; "How Cold Winter Weather Affects the Eyes"; University of Colorado Anschutz; (<http://news.cuanschutz.edu/>); January 9, 2024
2. Cleveland Clinic; "Dry Eyes"; my.clevelandclinic.org; June 20, 2025
3. Cleveland Clinic; "Computer Vision Syndrome"; my.clevelandclinic.org; February 19, 2023
4. Huffman, J.; "What is Photokeratitis - Including Snow Blindness"; American Academy of Ophthalmology; (<http://aao.org/>); September 26, 2024
5. Seltman, W.; "What is Snow Blindness"; WebMD; webmd.com; July 10, 2023

Retiree Medical Benefit Package Rates for Plan Year April 2026 - March 2027

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 2026 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	\$780	\$695	\$635	\$575	\$495	\$440
55 – 59	\$600	\$560	\$520	\$480	\$445	\$415
60 – 64	\$440	\$430	\$415	\$390	\$385	\$375

April 2026 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	\$660	\$615	\$570	\$530	\$490	\$455
60 – 64	\$485	\$475	\$455	\$425	\$420	\$410

April 2026 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	\$728.00	\$592.65
53 – 55	\$794.30	\$750.75
56 – 58	\$824.45	\$918.85
59 – 61	\$853.65	\$1,080.30
62 – 64	\$902.20	\$1,202.50

*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 eligible eligibility date.**



Live healthier at no cost to you

With the Diabetes Management program, get tools and support to track blood sugar levels, prioritize your mental health and develop a healthier lifestyle.

The Diabetes Management program includes:

- A blood glucose meter that seamlessly connects to your mobile device
- Unlimited strips and lancets
- One-on-one coaching to manage nutrition activity and health goals
- Real-time support for out-of-range readings
- Digital tools that support your mental health

You may also be eligible for additional tools and devices to help you live healthier, including:

- Connected blood pressure monitor to help track your numbers
- Smart scale to help achieve your weight goals and track progress over time

Get started



Join by visiting TeladocHealth.com/Happy/MCTWF or call **800-835-2362** and use registration code: **MCTWF**

To enroll in Teladoc Health you must opt in to at least one program that Michigan Conference of Teamsters Welfare Fund (MCTWF) offers as a health benefit. You must also meet the health criteria for each program you wish to enroll in. If a Teladoc Health program is not offered by Michigan Conference of Teamsters Welfare Fund (MCTWF), or if you do not meet the specific health criteria of that program, you will not be able to enroll.

MCTWF is offering the Teladoc Health program to MCTWF members who are diabetic with diabetes-related claim history and medical coverage through the MCTWF Actives Plan or MCTWF Retirees Plan. Medical records will be provided by Blue Cross Blue Shield of Michigan only for this sole and express purpose. All protected health information is kept strictly confidential and maintained in accordance with HIPAA privacy and security requirements.



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.



Seasonal Immunizations - Children and Adults

The Center for Disease Control states that vaccination is one of the best things you can do to help protect yourself and your family from serious disease.

Reminder - Seasonal flu and other preventive care vaccines, such as Respiratory Syncytial Virus (RSV) and COVID, may be available at your primary care physician office and at the network pharmacy of your choice, so consider calling for availability (you also can search www.caremark.com to find a network “vaccine pharmacy”) and to make an appointment.



Seasonal flu vaccines include - Injectable Seasonal Influenza Vaccine (Quadrivalent) • Intranasal Seasonal Influenza Vaccine (FluMist) • Injectable Seasonal Influenza Vaccine High-Dose • Intradermal Influenza Vaccine Quadrivalent (Short Needle) and Flublok.

MCTWF wants to keep its families safe and the medical policy for covered immunizations follows the recommendations of the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices. The recommended immunization schedules can be viewed on-line at cdc.gov/vaccines/schedules.

For more information about child and adult vaccines, visit www.cdc.gov or call (800) 232-4636.

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

The new year is here but along with winter comes cold and flu. Earlier care can be more effective when you feel symptoms such as fever, chills, congestion, fatigue, and body aches.



MDLIVE
now. that's better.

400-4008-21

If you’re having symptoms, your MCTWF health plan benefits include 24/7 access to convenient, hassle-free health care powered by MDLIVE. For a \$0 copay, you and your covered family members can receive reliable, fast care from MDLIVE board-certified doctors.

Winter can also 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 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 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, text MCTWF to 635483, visit www.MDLIVE.com/mctwf, use the QR code printed here, or call (888) 632-2738.



HIPAA Notice of Privacy Practices

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

YOUR RIGHTS

You have the right to:

Obtain an electronic or paper copy of your medical record

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

Request to correct your medical record

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

Request confidential communications

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

Request that we limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. The request may be denied if failure to provide the information may affect your care.
- You can ask us not to share information regarding your out-of-pocket payment for service

or healthcare with your health insurer. We will only share information for which we are legally obligated to do so.

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

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

Obtain a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

- You can file a complaint if you believe that we have violated your rights by contacting us.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

- We will not retaliate against you for filing a complaint.

YOUR CHOICES

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

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

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

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

OUR USES AND DISCLOSURES

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: 42 CFR part 2 relating to the use and disclosure of substance use disorder, biometric information, child or adult or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. The Plan will follow the more stringent law, where applicable.

How do we typically use or share your health information?

Healthcare treatment

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

Bill for your services

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

Comply with the law

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

Respond to organ and tissue donation requests

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

Work with a medical examiner or funeral director

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

OTHER USES AND DISCLOSURES

The Plan will not (1) supply confidential information to another entity for its marketing purposes in violation of the privacy regulations, or (2) sell your confidential information in violation of the privacy regulations. The Plan generally will require an authorization form for use and disclosure of your PHI for sales or marketing purposes if the Plan receives direct or indirect payment from the entity whose product or service is being marketed or sold. You have a right to revoke an authorization at any time.

PROTECTIONS FOR SENSITIVE INFORMATION

In addition to the standard protections provided by HIPAA, federal law (42 CFR Part 2) provides enhanced confidentiality protections for records related to substance use disorder treatment. These records are subject to stricter privacy rules than other types of protected health information (PHI) and, in most cases, cannot be disclosed without your specific written authorization. To the extent that the Plan receives substance use disorder treatment records from programs subject



to 42 CFR Part 2, or testimony relating the content of such records, the Plan will not use or disclose such records in civil, criminal, administrative, or legislative proceedings against the individual who is the subject of the records, unless the use or disclosure is based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you request in writing that we release the information requested. You may cancel your authorization at any time by submitting a written termination notice. The information used or disclosed pursuant to your written authorization may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations, except as prohibited by law.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

This Notice applies to all affiliates, employees, agents, and community partners of the Michigan Conference of Teamsters Welfare Fund.

CHANGES TO THE TERMS OF THIS NOTICE:

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

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

This notice was updated February 2026 and is valid until any additional updates are completed.

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

ACA Out-of-Pocket vs MCTWF Benefit Package Out-of-Pocket Maximums

In accordance with the Affordable Care Act (ACA), effective January 1, 2017, all MCTWF Actives Plan medical and prescription drug covered benefits combined in-network out-of-pocket costs are subject to calendar year limits. Out-of-pocket costs refer to deductibles, copays, and coinsurance amounts (but not contribution payments, non-covered services, out-of-network cost-sharing, or balance bill payments). Calendar year limits are adjusted each year by the ACA. Once a calendar year limit is reached, coverage is provided for the balance of the year without further out-of-pocket costs for covered in-network medical and prescription drug benefits. The ACA out-of-pocket limits for 2026 are maximums in the amount of \$10,600 per individual and \$21,200 per family. Accumulations toward these statutory out-of-pocket cost limits are tracked on each MCTWF Explanation of Benefits (EOB) form and in each MCTWF Participant Portal account.

All MCTWF Actives and MCTWF Retirees Plans benefits packages have calendar year out-of-pocket maximum amounts for medical covered benefits. Out-of-pocket costs refer to deductibles, copay, and coinsurance amounts (but not contribution payments, non-covered services, or balance bill payments). Covered out-of-pocket costs include all covered medical benefits, except out-of-pocket costs related to prescription drugs, non-emergent emergency room claims, or chiropractic benefits. The calendar year out-of-pocket maximums for both in-network and out-of-network benefits for each MCTWF benefit package is listed on the Schedule of Benefits for each Benefit Package and accumulations toward the Plans out-of-pocket annual cost limits are tracked on each MCTWF Explanation of Benefits (EOB) form and in each MCTWF Participant Portal account.

When applicable, medical out-of-pocket expenses accumulate towards both the ACA and MCTWF benefit package accumulators.

If you have 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.

Prescription Update



Rhapsido® (remibrutinib) is newly approved (new-to-market) treatment for chronic spontaneous urticaria (CSU) in adults who are still symptomatic despite antihistamine therapy.

CSU is a condition that causes ongoing itchy welts or hives that come and go without a clear cause. The first treatment for CSU is often antihistamines, but many people still have symptoms. Rhapsido®, an oral tablet, is FDA approved for adults who have tried the highest recommended doses of antihistamines and still have symptoms.

In order to ensure appropriate use of this new medication, there will be a quantity limit of the FDA-approved dosing of 60 tablets/25 days or 180 tablets/75 days, effective 4/1/26. The continuation criteria require documentation that the patient has had a positive clinical response.

All new-to-market medications require prior authorization until such time as the medication is added to the formulary. The prior authorization requirement will remain in effect even after the medication is added to the formulary.

To obtain approval to have this medication covered, the prescribing physician must contact CVS/Caremark at (800) 626-3046.

Designating and Updating Your Death Benefit Beneficiaries

MCTWF’s Summary Plan Description Booklet states that death benefits will be paid to the named beneficiary most recently listed on your *Enrollment Card* or *Change of Beneficiary Form* (or for Retiree death benefits, the *Death Benefit Program Election Form*). **If your benefit plan includes the death benefit, it is important to name a beneficiary, or you can name multiple beneficiaries on your Enrollment Card and keep your death benefit beneficiary designation up to date.**

Bear in mind that regardless of a subsequent change in your marital status, if your last-named beneficiary was your spouse at the time of designation, your death benefits will be paid to that person if he or she claims the benefit, even if you are no longer married. This is true no matter what is ordered in your judgment of divorce or provided for under state law. Also, before payment of a death benefit can be made to a designated beneficiary who is a minor, an order issued by the probate court appointing a guardian or conservator with full authority to access, receive, and dispose of the named minor’s assets must be provided to MCTWF. If no beneficiary is named, the death benefit will be made payable to the Participant’s Estate. As an employee welfare benefit plan, MCTWF is governed by ERISA, a federal law that preempts state law in this regard and so the Summary Plan Description Booklet rules prevail.

It’s easy to add or change beneficiaries - go to the Forms page of MCTWF’s website at www.mctwf.org, download the *Change of Beneficiary Form*, fill it out, and return it to MCTWF.

If you have 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.

Change of Beneficiary Form



Michigan Conference of Teamsters Welfare Fund
2700 Trumbull Ave.
Detroit, Michigan 48216
313-964-2400

Participant Contract No.
(You will find this number on your MCTWF and DCBS identification cards)

Please complete and sign (including notarization) and return to MCTWF at the above address, if you wish to change your beneficiary(ies) currently indicated on your enrollment form. Send by fax to (313) 748-4330 or email to Documents@mctwf.org

ONLY FOR PARTICIPANTS WITH DEATH BENEFIT COVERAGE OR UNPAID TOTAL AND PERMANENT DISABILITY BENEFITS AT THE TIME OF DEATH

IF YOU DO NOT INDICATE OTHERWISE, THE BENEFICIARIES WILL RECEIVE EQUAL SHARES OF YOUR DEATH BENEFIT.

NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	FULL ADDRESS OF BENEFICIARY (City, State, Zip Code)	% OF BENEFIT	RELATIONSHIP	SOC. SEC. NO. OF BENEFICIARY

If “100% of benefit” is listed for more than one beneficiary, the first beneficiary listed will receive 100% of the benefit and each succeeding beneficiary will be entitled to nothing unless the first beneficiary dies before the participant. Before payment of a death benefit can be made to a designated beneficiary who is a minor, an order issued by the probate court appointing a guardian or conservator with full authority to access, receive and dispose of the named minor’s assets, must be provided to MCTWF.

By signing this form I certify that the information provided is complete and accurate as of the date of my signature.

Participant Name (please print) _____ Participant Signature _____ Date _____

The foregoing was signed before me this _____ day of _____, 20____.

Notary Public _____

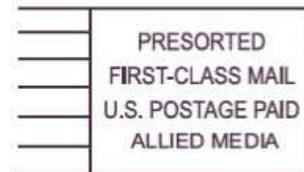
My Commission Expires: _____

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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