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Compilation of *Messenger* Notifications
Summer 2022 through Summer 2026

The *Messenger* is a publication that is used to notify you of changes to your benefit package. Such notifications, in combination with your Summary Plan Description (SPD) booklet and Schedule of Benefits, form your complete SPD. The most recent SPD was issued in April of 2022 and then published and mailed to participants. Attached you will find a compilation of *Messenger* notifications from Summer 2022 through Summer 2026, arranged chronologically by topic. It is vital that you read all notifications within a topic to ensure that you are aware of the latest changes.

August 2026

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INTRODUCTION – MCTWF ACTIVES PLAN & MCTWF RETIREES PLAN

The most recent revision of the Summary Plan Description (SPD) booklet, dated April 2022, was mailed to all MCTWF Actives Plan and MCTWF Retirees Plan participant households. If the SPD booklet (and/or the subsequently mailed Schedule of Benefits) was not received, the Fund will mail it to you at your request. You also may access the SPD booklet and your Schedule of Benefits on the Fund's website at www.mctwf.org from the Summary Plan Description page. The SPD is scheduled for its next updated printing in the Fall of 2027. For all the pandemic-related information published before July 2022, please refer to the 2022 edition of your SPD booklet.

PART 2: ELIGIBILITY - MCTWF ACTIVES PLAN & MCTWF RETIREES PLAN

Show Your Cards! (Fall 2022)
When MCTWF members receive healthcare services, it is imperative that they present their MCTWF ID cards to avoid any confusion regarding MCTWF benefits.

When receiving medical services, please show both the gold BCBSM ID card and the white MCTWF Networks card. When receiving vision, prescription drugs or dental services, members should show the white MCTWF Networks card.

For any questions, or replacement cards, contact Member Services Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

The Importance of Opening MCTWF Mail and Cashing Checks on Time (Fall 2022)
Kudos go to the people who open every single piece of "snail mail" that comes to their door. However, not everyone is that dedicated. In these times where we receive so many marketing schemes and political ads in the mail, it may be hard to keep up.

The important thing to remember is that when MCTWF mail arrives, it's imperative to open it as soon as possible, especially when expecting a reimbursement.

At MCTWF, benefit payments are mailed out in check form and must be cashed within 60 days.

If a member attempts to cash a check from MCTWF that is already voided, he/she runs the risk of being charged a return deposit fee from his/her bank. MCTWF members can request a new check, but to save time, and avoid extra fees, please be sure to cash the check before the 60-day deadline.

Even if MCTWF mail does not contain a check, it is important to review the correspondence, and if appropriate, respond in a timely manner.

Reminder: Retiree Benefit Eligibility Ceases Upon Medicare Eligibility (Fall 2022)

In addition to the other causal events stated in your Summary Plan Description, MCTWF Retirees Plan eligibility ceases for a retiree or spouse as of the earlier of the first of the month in which the retiree's or spouse's 65th birthday falls or when he/she becomes eligible for Medicare Part A coverage. If you are a retiree or a retiree's spouse who is becoming (or has become) eligible for Medicare Part A coverage prior to your 65th birthday, it is imperative that you immediately inform MCTWF of your early Medicare eligibility date and that you cease the use of MCTWF Retirees Plan benefits. MCTWF will ask you for a copy of your Medicare card or letter from the Social Security Administration stating your effective eligibility date. MCTWF will pursue recovery from you for any benefits paid for services incurred on or after your Medicare eligibility date

Family Status Updates and SPD Clarification (Winter 2022 – 2023)

Certain information concerning participants and their beneficiaries (i.e., spouse and eligible children) is essential to MCTWF's proper and accurate administration of the plan.

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

Notification must occur immediately when such changes occur by submitting a Change in Family Status Form or a Contact Update Form. Both forms are available on the *Forms* page of the Fund's website.

Clarification

As stated in the Summary Plan Description (SPD): If the status change involves a new spouse or dependent child and your employer contributes under a "tiered" contribution rate structure, your Employer will be responsible for payment of any additional contributions required to provide your new Spouse or Dependent child coverage, retrospectively and prospectively.

If, in such case, you fail to notify the Fund of a new spouse or dependent child within 90 days of that event, eligibility for retroactive coverage will begin on the date 90 days prior to the Fund's receipt of such notification.

For any questions, contact Member Services Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

IRS 1095-B Forms Are Mailed in February (Winter 2022 – 2023)

The required Internal Revenue Service (IRS) 1095-B forms are being mailed to eligible participants during the month of February.

IRS Form 1095-B Information (Winter 2024 – 2025)

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.

Retiree Medical Benefit Package Rates for Plan Year April 2023 - March 2024 (Winter 2022 – 2023)

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.

April 2023 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	$750	$680	$620	$560	$480	$425
55 – 59	$585	$545	$505	$465	$430	$400
60 – 64	$425	$415	$400	$375	$370	$360
For eligible retirees whose active employment ceased prior to January 1, 2002: $360						

April 2023 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	$645	$600	$555	$510	$475	$440
60 – 64	$465	$455	$440	$410	$405	$395

April 2023 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	$593.65	$483.30
53 – 55	$647.70	$612.20
56 – 58	$672.30	$749.25
59 – 61	$696.10	$880.90
62 – 64	$735.70	$980.60

Increase in MCTWF Retirees Plan Calendar Year Benefit Limit

The MCTWF Retirees Plan health (medical and prescription drug) benefits calendar annual benefit limit, exclusive of Phase III Specified Organ Transplants, per covered individual, has been increased from $250,000 to $300,000, effective retroactively to January 1, 2022.

*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.

Retiree Enrollment and Deferral: WHAT YOU NEED TO KNOW (Spring 2023)

It is imperative that you follow the required time frames and do not jeopardize or delay your enrollment in the MCTWF Retirees Plan.

To enroll in the MCTWF Retirees Plan, the retired individual must complete and submit to the Fund an MCTWF Retirees Plan Enrollment Application within 90 Days immediately following the retirement date and, if approved, make timely payments as billed. The retirement date is defined as the date an employee ceases to be covered by MCTWF as an active employee as a result of retirement, after application of all remaining benefit bank weeks (if applicable). MCTWF Retirees Plan benefit coverage will commence effective the day following the retirement date.

If the completed application is received beyond the 90-day window period, but within one year of the MCTWF Retirees Plan retirement date, and, if approved, and timely payment as billed is made, benefit coverage will commence as of the first day of the month that falls at least 90 days after the Fund's receipt of the application.

Pre-Enrollment Voluntary Deferrals

Retired individuals whose application for enrollment in the MCTWF Retirees Plan has been approved, may defer enrollment upon written request. The retired individual must notify the Fund at such time as he wishes to commence participation. The self-contribution rate will be calculated, in part, based upon the age of the retired individual at the commencement of participation. The retired individual must notify the Fund at such time as he wishes to commence participation.

If at the time of commencement of participation, the retired individual can newly satisfy MCTWF's Retirees Plan initial eligibility rules, the self-contribution rate will be recalculated to reflect the additional year(s) of service.

Pre-Enrollment Automatic Deferrals

Those "30-and-Out" pensioners who are under age 50 whose application for enrollment in the MCTWF Retirees Plan has been approved, subject to attaining age 50, will be automatically deferred until age 50 or later. The retired individual must notify the Fund at such time as he wishes to commence participation. The self-contribution rate will be calculated based upon the age of the retired individual at the commencement of participation.

Retired individuals who are age 50 to 56, and who are not "30-and-Out" pensioners, whose application for enrollment in the MCTWF Retirees Plan has been approved, subject to attaining age 57, will be automatically deferred until age 57 or later. The retired individual must notify the Fund at such time as he wishes to commence participation.

The self-contribution rate will be calculated based upon the age of the retired individual at the commencement of participation.

Post Enrollment Voluntary Deferrals

Retired individuals may defer participation any number of times after enrollment in a MCTWF Retirees Plan benefit package, upon written request to the Fund during the open enrollment period each year from November 1st through December 10th, which will permit resumption of participation as of January 1st. However, the deferral period must be at least six months. At such time as the retired individual seeks to resume participation in a MCTWF Retirees Plan benefit package, the self-contribution rate will be calculated based on the retired individual's age and years of service at the time of the initial commencement of participation in the MCTWF Retirees Plan. If the deferral is for the purpose of resuming employment, there may be a period of time before eligibility is established for the new employment-based coverage.

Therefore, the retired individual may continue the MCTWF Retirees Plan participation by paying his monthly self-contribution until eligibility for the new coverage is established. If by virtue of MCTWF Actives Plan participation during the deferral period, the deferring individual can newly satisfy MCTWF's Retirees Plan initial eligibility rule, the self-contribution rate will be recalculated to reflect the additional year(s) of service earned and the age of the retired individual at the commencement of resumed coverage under MCTWF's Retirees Plan participation. The same right of post-enrollment, voluntary deferrals to which the retired individual is entitled applies to the retiree spouse who is participating in the MCTWF Retirees Plan separately to which the retired individual is entitled. In the event that the retiree spouse elects COBRA continuation coverage, her right to coverage under a MCTWF Retirees Plan benefit package will be deemed deferred for the duration of her COBRA continuation coverage.

Post Enrollment Automatic Deferrals
If either a retired individual or retiree spouse fails to pay self-contributions when due, he or she will be placed in an automatic deferred status and may re-enroll in the MCTWF Retirees Plan by notifying the Fund, in writing, of his/her intent to re-enroll. Application for re-enrollment must occur during the annual open enrollment period from November 1st through December 10th, which will permit resumption of participation as of January 1st, contingent upon timely payment of self- contributions.

However, the deferral period must be at least six months except in the following circumstances:

- If the deferral is for the purpose of resuming employment as a bargaining unit member with an employer that contributes for an MCTWF Actives Plan benefit package benefits, the minimum deferral period will be waived.
- If the retired individual asserts to the Fund that he is seeking to defer because he has coverage under another group health plan, he may resume MCTWF Retirees Plan participation any time thereafter, upon the Fund's acknowledgment
- of receipt of written notification from the other group health plan that adequately evidences the retired individual's loss of coverage.
- When MCTWF Retirees Plan Coverage Begins

Generally, coverage begins when eligibility has been confirmed, and self-contributions have been made. Once initial self-contributions are received, the retiree and eligible spouse will be issued a new MCTWF Networks identification card and a Blue Cross ID Card, both of which will be in the name of the retiree. These cards should be presented to all service providers to ensure appropriate coverage and to provide billing instructions.

A MCTWF Retirees Plan Summary Plan Description Booklet, plus updated notifications, Summary of Benefits and Coverage and a full Schedule of Benefits also will be issued.

For more MCTWF Retirees Plan information, see Section 2.3 of the MCTWF Summary Plan Description Booklet, available on the homepage at www.mctwf.org.

Be Mindful of Benefit Changes When Not Actively Working (Summer/Fall 2023)

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

MCTWF requires that all contributing employers timely report all active employment status changes (i.e., layoffs, terminations, resignations, retirements, personal leaves, military leaves, work-related and non-work-related illnesses and injuries, and other changes in status) so that the Fund can update its benefit eligibility records.

The employer's failure to do so may result erroneously in the provision of ongoing benefits for members who are no longer eligible. If you are no longer eligible, please inform your healthcare providers, including your pharmacist, that you no longer are covered for Fund benefits. Pharmacists, in particular, will assume that you are still covered by MCTWF unless you inform them otherwise.

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

Notification to Members of Important Policy Updates (Winter 2023-2024)

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

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

In 2014, the MCTWF Board of Trustees expanded the Retiree Medical Program eligibility requirements.
Approval in the Retiree Medical Benefit is defined as MCTWF's notification to the participant of the benefit approval AND receipt of required self-contributions.

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

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

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

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

Effective October 5, 2023, benefit bank week entitlement, based on retirement, will only be contingent upon the contributing employer reporting the retirement status change for the designated participant.
MCTWF will seek clarification from the participant and/or the contributing employer if there are any discrepancies regarding retirement status. No further action is required by the retired participant.

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

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

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

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

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

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

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

The death benefit would be payable if the 31-day grace period occurs while covered by benefit bank week eligibility.
The Accidental Death & Dismemberment benefit is not payable during the 31-calendar day grace period.

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

Disability Benefit Qualification Reminder (Winter 2023 - 2024)

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

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

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

- Every item on the application must be completed in full by yourself, your doctor, and your employer.
- Benefits cannot be considered unless the policy instructions are strictly complied with.
- Pay careful attention to details in completing the accidental injury portion of your claim.
- Benefits can only be paid if the disability is supported by medical evidence. The medical evidence has to be recorded by a licensed physician and it must show that you have been under his/ her personal and regular care throughout the disability period. Physicians who are authorized to make such determinations under the MCTWF Actives Plan must be either a Doctor of Medicine (M.D.), a Doctor of Osteopathy (D.O.), a Doctor of Podiatric Medicine (D.P.M.), or an Oral and Maxillofacial Surgeon. Note: Chiropractors are not approved by MCTWF to provide such evidence for MCTWF disability benefits.
- Regular care is important to the benefit plan because it is inconceivable that a person disabled, either as a result of sickness or accidental injury to the extent that he is unable to work, does not require reasonable medical attention from a physician. Do not jeopardize your claim for benefits. MCTWF may question or even deny benefits if you do not see your physician on a regular basis.

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

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

Retiree Medical Benefit Package Rates for Plan Year April 2024 - March 2025 (Winter- Spring 2024)

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 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	$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 (Winter-Spring 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.

Family Status Changes Must be Reported to MCTWF in a Timely Manner (Winter-Spring 2024)

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.

MCTWF Retirees Plan ACH Transfers Provide Timely Self-Contributions (Summer 2024)

For those MCTWF participants who participate in the Retirees Medical Plan, timely receipt of monthly self-contributions is essential to preserve benefits. Coverage will terminate if your self-contributions are not received when due.

Self-contributions are due on or before the 20th day of the month preceding the month of coverage.

Coverage is terminated for participants who have not made payment by the last day of the month for which a payment is due. You will be sent a late notice for contributions due, in addition to a $50 late fee. If the required payments (monthly contribution plus $50 late fee) are not received by the 15th of the month following the due date, you will be placed in an automatic deferral status and may re-enroll prospectively in the MCTWF Retirees Plan during the annual open enrollment period.

MCTWF encourages retiree plan participants to take advantage of Automated Clearing House (ACH) electronic funds transfers in which, with your authorization, monthly self-contributions are automatically withdrawn from a checking or savings account on the date the payment is due, thereby ensuring timely monthly payment.

To begin ACH transfers, complete the authorization form, which can be downloaded from the Forms webpage at www.mctwf.org. For checking account deductions, be sure to include a voided check from your account to ensure accuracy with bank routing and account numbers. For savings account deductions, you will need your routing number and account number.

Questions can be directed to MCTWF Member Services, available Monday–Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

Keeping your Dependent Information Current is Important! (Summer 2024)

All MCTWF participants must provide all required documentation concerning themselves and all of their eligible dependents (spouse and children) to permit initial enrollment.

Even after that, it is necessary for participants to keep MCTWF informed of any changes to their family status, including marriage, divorce, birth of child, adoption of a minor, change of address, change of email address, change of phone number, or other insurance information (COB), etc.

Notification must occur immediately when such changes occur by submitting a Change in Family Status Form or a Contact Update Form. Both forms are available on the *Forms* page of the Fund's website.

If you fail to notify the Fund of a family status change and a dependent becomes ineligible for benefits, any benefits paid while ineligible will be considered overpaid and you will be responsible for reimbursing the Fund for the bills paid by MCTWF during ineligibility.

If reimbursement is not made for the overpaid claims, your coverage for benefits and those of your eligible family members will be suspended until such time as the benefits are repaid.

Contact Member Services Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll free at (800) 572-7687 for any questions.

Remember to Open Mail from MCTWF! (Fall 2024)

When you receive mail from MCTWF, it is important to open and read it. If a response is needed, it is very important to respond in a timely manner. In addition to the regular explanation of benefits (EOBs), you may also receive important notices, reimbursement checks, payment adjustments, other notifications, and more. We will never send you unnecessary mail! Please take the time to read all the material sent to you from MCTWF.

Retiree Medical Benefit Package Rates for Plan Year April 2025 - March 2026 (Winter 2024 – 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 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.

IRS Form 1095-B Information (Winter 2025 – 2026)

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.

Retiree Medical Benefit Package Rates for Plan Year April 2026 - March 2027 (Winter 2025 – 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 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.

The Importance of Accurately Reporting Beneficiaries and Dependents – (Spring 2026)

As stated in your Summary Plan Description (SPD), all MCTWF participants must provide all required documentation, not just pertaining to themselves but also all eligible dependents (spouse and child(ren) in a timely manner.

Participants are required 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 (new dependents or dependents who are no longer eligible for coverage) by submitting a *Change in Family Status Form*, along with the appropriate documentation (see Sec. 2.1 (a) of the SPD, for the list of required documentation), 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 MCTWF's website at www.mctwf.org or in the Document Center of your dashboard in the secure Participant Portal.

If you fail to notify the Fund of a family status change (divorce, death, or cessation of dependent child's eligibility), any benefits paid while not eligible for MCTWF benefits will be considered overpaid, and you will be responsible for reimbursing the Fund for the bills paid by MCTWF during any ineligibility period. If reimbursement is not made for the overpaid claims, your coverage for benefits and those of your eligible family members will be suspended until such time as the benefits are repaid.

If you fail to notify MCTWF of a new spouse or dependent child(ren) within 90 days of the event, eligibility for retroactive coverage will begin on the date 90 days prior to the Fund's receipt of the spouse/dependent notification. If your employer contributes under a "tiered" contribution rate structure, your employer and you (if you have contribution cost share) will be responsible for payment of any additional contributions required to provide your new spouse or dependent child(ren) coverage, retroactively and prospectively.

Contact MCTWF's Member Services Cell Center Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll free at (800) 572-7687 for any questions.

PART 3: MEDICAL BENEFITS – MCTWF ACTIVES PLAN & MCTWF RETIREES PLAN

Important Update: Emergent Conditions Definition (Summer 2022)

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

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

In general, emergency room treatment for medical conditions that do not require immediate attention (to prevent death or serious bodily harm), including chronic medical problems, is not covered as a benefit. However, the Fund has made arrangements with

Blue Cross Blue Shield of Michigan (BCBSM) that will avail members of Blue Cross Blue Shield (BCBS) discounts. The Fund will "approve" emergency room facility claims and emergency room physician claims for treatment of non-emergent conditions, thereby triggering the BCBS discounts.

The Fund will continue not to pay any portion of the non-emergent emergency room facility claims, but will make payment toward the non-emergent emergency room physician claims in an amount approximately equivalent to what the Fund would be payable by the patient based on discounted charges rather than the full charges and, in addition, the physician bills will be reduced by the Fund's payment at the urgent care rate for those services. For conditions that require medical attention and cannot wait for an appointment with your physician, but are not "emergent," treatment should be sought from an urgent care center.

All emergency room claims incurred by individuals that are billed with a non-emergent condition diagnosis are reviewed for medical necessity based on the above criteria. Should the use of the emergency room be determined to not have been medically necessary, you will be responsible for payment.

Chiropractic Services Benefit Update (Summer 2022)

The MCTWF Actives Plan and MCTWF Retirees Plan pays for 24 spinal manipulations (once per day per person annually), one new patient office visit every 36 months and one established patient office visit annually, per chiropractor. The chiropractic services for those diagnoses deemed by Blue Cross Blue Shield of Michigan (BCBSM) as treatable with chiropractic services are as follows:

- Nonallopathic lesions –
    - cervical region;
    - head region;
    - lumbar region;
    - sacral region; and
    - thoracic region;

Other, multiple, and ill-defined dislocations-

- first through the seventh cervical vertebra;
- multiple cervical vertebrae; and
- thoracic, lumbar, coccyx and sacrum vertebra, closed (i.e., non-exposed).

Effective 5/5/22, the "Per Day" limit for spinal manipulations has been removed, but the annual limit does not change.

Colonoscopy Wellness Benefit Changed to Age 45 (Summer 2022)

Colonoscopy or flexible sigmoidoscopy screening is provided once every five years to those age 45 years and older (reduced from 50 in prior years).

On a one-time only basis, if the colonoscopy follows a sigmoidoscopy, the five-year limitation does not apply.

The MCTWF Actives Plan and MCTWF Retirees Plan pays for periodic health examinations and services. Applicable deductible, copayment, and coinsurance amounts for services rendered by network providers will be waived. Services rendered by out-of-network providers will be subject to out-of-network deductible, copayment, and coinsurance amounts. In-network providers can be found by visiting www.mctwf.org on the "*Provider Networks*" tab.

MCTWF provides an array of wellness benefits for members. For all the details, refer to your Summary Plan Description.

MDLIVE Offers Behavioral Health Options (Summer 2022)

Since every May marks Mental Health Awareness month, it's important to note that MDLIVE, one of MCTWF's telehealth providers, has expanded its behavioral health services.

MDLIVE offers the following reasons for MCTWF members to explore their behavior therapy services:

- Have your first therapy appointment in less time compared to the weeks or months it takes to schedule an in-person appointment.
- Easy to find a match – With thousands of licensed therapists in the MDLIVE network, it's easy to find a therapist that's the right fit for you.
- Flexibility – Choose the same provider for every visit or switch at any time. Convenient times are available, including weekends and evenings.
- Experience – MDLIVE licensed therapists have an average of over ten years of experience. MDLIVE licensed therapists and board-certified psychiatrists can get you back to feeling your best if you're feeling overwhelmed, stuck, or not like yourself. Common reasons to seek care include:
    - Addictions
    - Bipolar Disorders
    - Child and Adolescent Issues
    - Depression
    - Eating Disorders
    - Gay/Lesbian/Bisexual/Transgender Issues
    - Grief and Loss
    - Life Changes
    - Men's Issues
    - Panic Disorders
    - Parenting Issues
    - Postpartum Depression
    - Relationship and Marriage Issues
    - Stress
    - Trauma and PTSD
    - Women's Issues
    - General Support

All MDLIVE mental health professionals hold current licenses and have experience providing mental health support. They also have experience in telehealth, which can make for a smoother transition when getting started with online therapy. Available professionals may depend on your location, but you can choose from distinct types of mental health professionals, such as licensed clinical social workers, licensed professional counselors, licensed mental health counselors, licensed family therapists, psychologists, and psychiatrists.

MDLIVE members can review a therapist's profile and credentials before booking an appointment.

MDLIVE Offers Medical Visits and Behavioral Healthcare through MCTWF (Fall 2022)

Seven years ago, long before access to Telehealth (remote healthcare) was considered a necessity, MCTWF introduced a convenient service for the treatment of many non-acute medical conditions through the use of remote consultations provided by MDLIVE®. This telehealth service 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 are sent immediately to the pharmacy of choice. At home or on the road, treatment can begin right away. Behavioral health consultations are available by appointment only, and secure video is considered the best mode for this type of consultation.

Medical visits and behavioral health consultations are available with a $0 copay through March 31, 2023. Below is a partial list of services available to MCTWF members after creating an MDLIVE account:

Urgent Care		Behavioral Health Therapy and Psychiatry	
Allergies	Medication Refills (Temporary, no Opioids)	Addictions	Obsessive Compulsive Disorder (OCD)
Birth Control	Pink Eye	Aging and Caregiver Support	Panic Disorders
Cold	Rash	Anxiety	Parenting Support
COVID-19 (no antivirals)	Sinus Problems	Bipolar	Phobias
Flu	Sore Throat	Depression	Relationship issues
Ear pain	UTI (18 and older)	Grief and Loss	Stress Management
Headache	Yeast Infections	LGBTQ+ Support	Trauma and PTSD
Insect Bites	And More	Life Changes	And More

For the full list of services, visit www.mdlnext.mdlive.com/what-we-treat. Download the MDLIVE mobile from the App Store, get it on Google Play, or link to it at the MCTWF website at www.mctwf.org, under the Info Links tab. For more information, call (800) 400-MDLIVE.

Board of Trustees Extends $0 Copay Policy for MDLIVE Telehealth Visits (Winter 2022 – 2023)

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

This telehealth service 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 are sent immediately to the pharmacy of choice. At home or on the road, treatment can begin right away.

Behavioral health consultations are available by appointment only and secure video is considered the best mode for this type of consultation.

MCTWF's Trustees are extending the $0 copay policy for another year, through March 31, 2024.

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, please call (800) 400-MDLIVE.

Women's Health and Cancer Rights Act of 1998 (Winter 2022 – 2023)

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

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

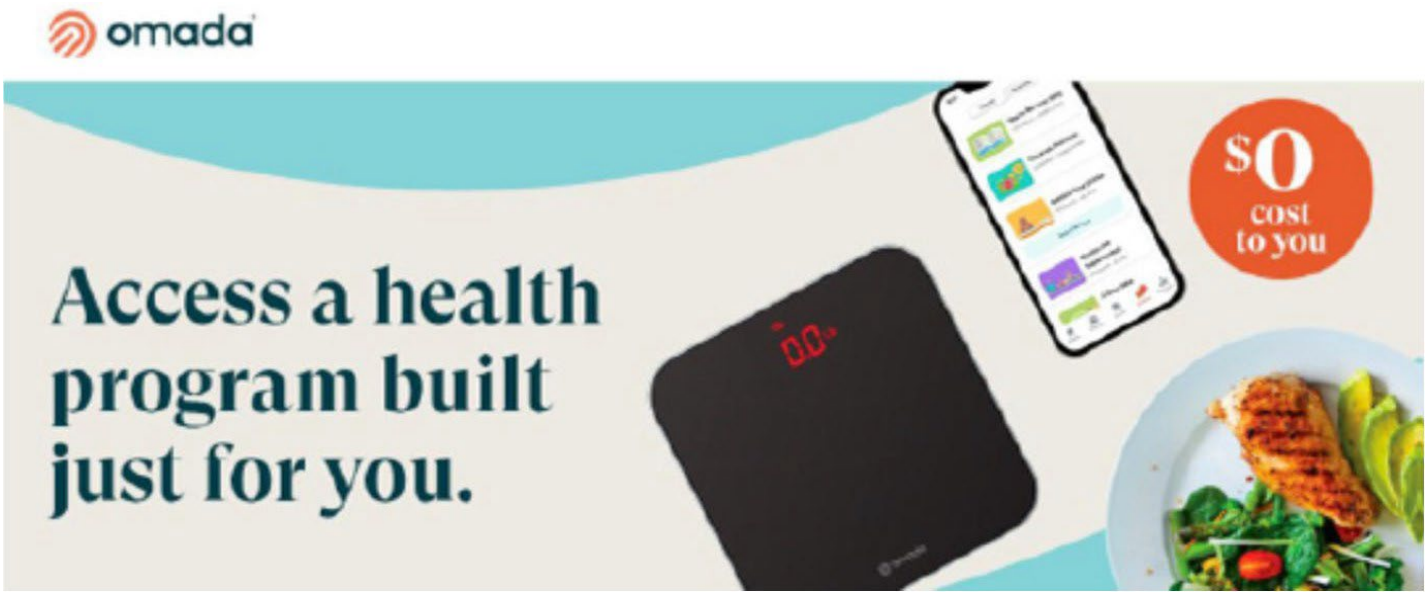
- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedema.

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

Increase in MCTWF Retirees Plan Calendar Year Benefit Limit (Winter 2022 – 2023)

The MCTWF Retirees Plan health (medical and prescription drug) benefits calendar annual benefit limit, exclusive of Phase III Specified Organ Transplants, per covered individual, has been increased from $250,000 to $300,000, effective retroactively to January 1, 2022.

Omada for Prediabetes (Winter 2022 - 2023)



Attention MCTWF Members,

The Fund offers Omada® as a covered benefit for all eligible employees. Omada is a personalized health program that helps members create healthier lifestyles through one-on-one personal coaching and the tools they need to make long-lasting changes.

The best part: the program — up to a $700 value — is offered at no cost to you, if you're eligible to join.

All members age 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.

Members can get started by visiting www.omadahealth.com/mctwf, find the link at www.mctwf.org under the Info Links tab, or use this QR code to apply.

Livongo for Diabetes (Winter 2022 - 2023)

Mental Health Awareness - Five Things You May Not Know About Talk Therapy (Spring 2023)

May is Mental Health Awareness Month, and it's a good time to reflect on how you're feeling. If times are tough or you need help working through an issue, talk therapy is one of the best things you can do for yourself. Understandably, many people don't know how, or if, therapy will help. To clear up some confusion, here are five things you may not know about talk therapy from MDLIVE.

1. **Therapy is proven to be effective.**
   Studies consistently prove that therapy is effective in producing long-term health improvements. In fact, over 75% of patients who seek help with an MDLIVE mental health professional report feeling better after just three visits.

2. **Therapy helps with the day-to-day challenges.**
   You don't need to have severe mental health issues or suffer from a crisis to benefit from therapy. Everyone can feel better by talking to a caring professional, whether it's to overcome trauma or just make better life decisions.
   A therapist can help you work through daily challenges, make more productive choices, learn valuable life skills, and achieve dreams and goals. Because therapy can increase problem-solving skills and confidence, it can also help you feel stronger when facing challenges.

3. **Therapy improves overall health and wellbeing.**
   Being proactive about your mental health is essential for your long-term physical health, too. The American Heart Association recently noted that people who report positive mental health were more likely to have lower blood pressure, better blood sugar levels, and fewer physical symptoms of stress, including migraines, digestive troubles, and insomnia.

4. **More people use therapy than you may think.**
The COVID-19 pandemic brought mental health to the forefront and increased the number of people reaching out for help. It is estimated that 52.9 million American adults in 2020 experienced some mental health issues and almost half of those people (24.3 million) received mental health support. It is clear that more people are recognizing the value of talk therapy as a proactive way to feel better and stay healthy.

5. **Virtual therapy is much more accessible.**
Making an appointment for therapy can be a difficult first step for many people. Often, it can take weeks to get an appointment, and it may be hard to find the right therapist. With MDLIVE, have your first appointment in less than a week, and you can choose from MDLIVE's network of hundreds of licensed therapists. See the same therapist for every session, or switch at any time to find a better fit. Technology gives you easier, faster access to therapy from the comfort of home. Because it's secure, easy to use, and private, virtual therapy is becoming the new normal.

MDLIVE talk therapy is part of your MCTWF health benefits. To create a new account with MDLIVE, visit the *Info Links* page at www.mctwf.org.

If you're feeling anxious, overwhelmed, stressed, or depressed, or you simply need someone to talk to, schedule an appointment with an MDLIVE licensed therapist today.

Applied Behavior Analysis (ABA) Services Benefit Improvement (Spring 2023)

Effective with dates of services January 1, 2022, and after, the age limit of 18 has been removed allowing coverage for ABA services for any individual who has been diagnosed with an autism spectrum disorder. For additional information regarding benefits for ABA services, the MCTWF Summary Plan Description Booklet is available on the MCTWF website by visiting www.mctwf.org, or you can contact Member Services Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll free at (800) 572-7687 with any questions.

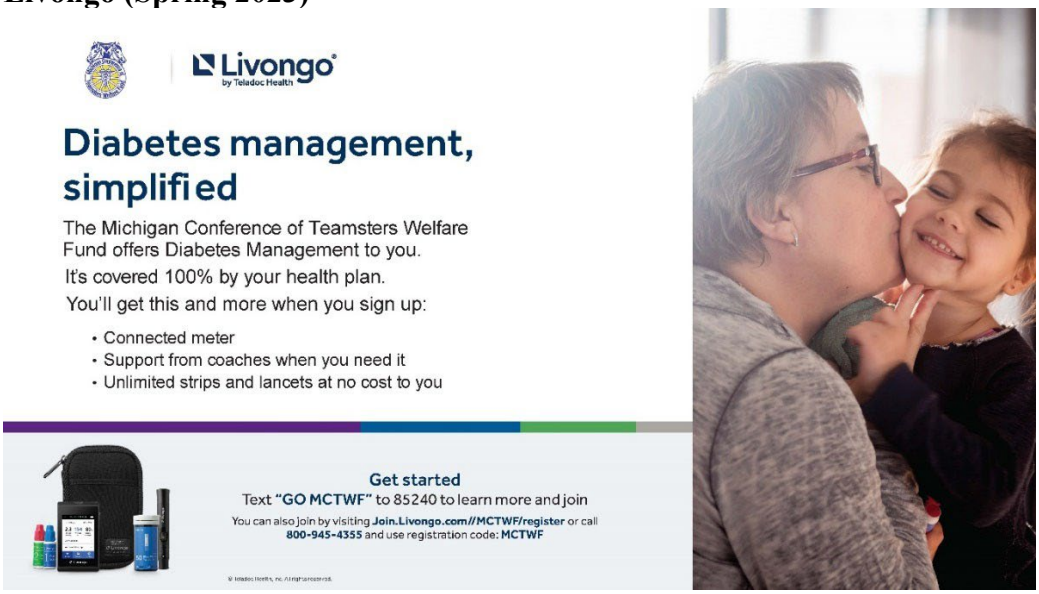
Omada – An Easier Way to Improve your Health (Spring 2023)

Omada® will help you see the weight loss results you want without cutting out the foods you love or counting calories. You'll learn to eat better, improve sleep, and lower stress with tips and support from your own Omada health coach.
Best of all, Omada is available at no additional cost to you if you're eligible.

All members aged 18 and older (with MCTWF medical benefits) are invited to submit an online application that will be reviewed by Omada. Those members who are determined to be at elevated risk for prediabetes pursuant to the Centers for Disease Control and Prevention (CDC) guidelines will be deemed eligible and invited to enroll in the program.

Members can get started by visiting www.omadahealth.com/mctwf, find the link at www.mctwf.org under the *Info Links* tab, or use this QR code to apply.

Livongo (Spring 2023)



Reduce Allergy Symptoms in No Time with MDLIVE (Spring 2023)

If you feel like your allergies are kicked in early this year, you're not alone. Doctors are predicting a bad spring/summer allergy season. MDLIVE board-certified physicians can assess your symptoms and develop an effective allergy treatment plan for you. As a member of MCTWF, your telehealth appointment cost is $0.

With MDLIVE, you receive fast, reliable allergy care:

- Get a fast, accurate diagnosis and treatment at home.
- Talk to a doctor within minutes, 24/7, or schedule a time that's best for you.
- New prescriptions and refills sent to your nearest pharmacy, if medically necessary.
- Avoid long waits and rooms full of sick people.
- Accurate allergy diagnoses are made using:
- Advanced clinical guidelines for virtual care.
- Temperature check or the use of photos.
- Thorough description of symptoms and current medications.

Visit www.MDLIVE.com/MCTWF today to access your MDLIVE telehealth services. A link to account information is also available on the *Info Links* page at www.mctwf.org.

Emergency Room or Urgent Care? (Summer/Fall 2023)

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

If you can't reach your doctor, or need care outside of regular office hours, urgent care centers are good options.
Urgent care centers have physicians on staff and can provide care for a greater range of conditions, including performing x- rays at some sites.

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

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

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

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

Otherwise, one of the above options will save you time and money, and clear the way for patients in need of emergency treatment. Specific language from the MCTWF Summary Plan Description for emergency Room Services includes, in part, the following (see the SPD for the full description):

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

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

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

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

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

Update on Benefits: Air Ambulance Services (Summer/Fall 2023)

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

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

It is the Fund's intent to hold harmless from balance billing exposure, participants, and beneficiaries who, in seeking emergency ambulance services, receive services from a non-participating ambulance provider, when no other reasonable choice is available.

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

- Use of an air ambulance is medically necessary;

- Ordered in writing by a physician (M.D. or D.O), or in the case of an accidental injury emergency, a written order is not required, and the first responder's professional judgment will be relied upon when there is a need to order an air ambulance;
- The physician or first responder must have a reasonable expectation of significant time savings from the use of air ambulance transport as compared to ground or water ambulance transport time and that such time savings will reduce the risk of loss of life, limb, or bodily function;
- Patient is transported to the nearest medical facility capable of treating the patient's condition; and
- Provider is a licensed air ambulance service, not a commercial air carrier.

Ambulance services are payable without transport in the following situations:

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

Immunizations Help Keep Kids Healthy (Summer/Fall 2023)

Late summer through early fall is a time when many families begin preparing to send their children back to school.
This is a crucial time for families to add routine childhood and COVID-19 vaccinations to their back-to-school checklist. Vaccines are very safe. The United States' long-standing vaccine safety system ensures that vaccines are as safe as possible. Currently, the United States has the safest vaccine supply in its history. Millions of children safely receive vaccines each year. The most common side effects are very mild, such as pain or swelling at the injection site.

Vaccines can prevent infectious diseases that once killed or harmed many infants, children, and adults. Without vaccines, your child is at risk for getting seriously ill and suffering pain, disability, and even death from diseases like measles and whooping cough. The main risks associated with getting vaccines are side effects, which are almost always mild (redness and swelling at the injection site) and go away within a few days. Serious side effects after vaccination, such as a severe allergic reaction, are very rare and medical staff are trained to deal with them. The disease-prevention benefits of getting vaccines are much greater than the possible side effects for almost all children. The only exceptions to this are cases in which a child has a serious chronic medical condition like cancer or a disease that weakens the immune system or has had a severe allergic reaction to a previous vaccine dose. Scientific studies and reviews continue to show no relationship between vaccines and autism.

Thanks to vaccines, children are protected from diseases like the following:

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

Please see the Centers for Disease Control and Prevention (CDC) vaccine safety website for the full immunization schedule at Vaccines & Immunizations | Vaccines & Immunizations | CDC

Information provided by the CDC.

Avoid Back-to-School Illnesses (Summer/Fall 2023)

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

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

1. Teach kids to wash their hands properly. They should use warm water and plenty of soap, lather up to their lower arms and under their nails for 20 seconds, (teach them a little song to sing for 20 seconds) rinse with clean, warm water and dry their hands thoroughly.

2. Teach kids not to cover their cough with their hands. Cough into the fabric of a sleeve or pull out the neck of the shirt and cough toward their chest.

3. Have them eat plenty of fresh fruits and vegetables, and drink lots of water.

4. Make sure they get enough sleep at night. The National Sleep Foundation offers these guidelines: Children between 6 and 13 should sleep 9 to 11 hours Teens up to 17 should sleep 8 to 10 hours, and no fewer than 7 hours.

5. Let them play. Children from the ages of 6 to 17 should get at least one hour of moderate to vigorous activity every day to improve their fitness and increase their resistance to illness. According to the Centers for Disease Control, they should include 180 minutes (one hour, three times a week) of these types of activities.
   - aerobic exercises to improve their cardiovascular system (heart and lungs)—jogging, playing soccer, swimming.
   - weight-bearing exercises to strengthen their bones—running, jumping rope, climbing stairs, dancing.
   - muscle-building exercises, which also strengthen connective tissues (ligaments and tendons)—sit-ups, push-ups.
   - use of elastic exercise bands, and plenty of stretching to reduce chance of injury.

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

Tips provided by Livongo.

Omada Pre-Diabetes Program (Summer/Fall 2023)

Healthy is not one size fits all.

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

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

All members aged 18 and older (with MCTWF medical benefits) are invited to submit an online application that will be reviewed by Omada. Those members who are determined to be at elevated risk for prediabetes pursuant to the Centers for Disease Control and Prevention (CDC) guidelines will be deemed eligible and invited to enroll in the program.

Claim your welcome kit today by visiting www.omadahealth.com/mctwf, find the link at www.mctwf.org under the *Info Links* tab, or use this QR code to apply.

Livongo Diabetes Management (Summer/Fall 2023)

MDLIVE Behavioral Health for Children and Teens (Summer/Fall 2023)

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

Signs that your Child or Teen May Need Support:

- Withdrawing from or avoiding people and activities they used to enjoy.
- Noticeable changes in their sleeping or eating patterns.
- Prolonged periods of sadness or hopelessness.
- Excessive worrying about their future.
- Out of control, self-destructive, or risky behaviors.
- Significant changes in their mood or personality.
- Difficulty concentrating.
- Use of drugs or alcohol.
- Speaking about or attempting to harm themselves.
- Talking about suicide.

Help your Child Thrive with MDLIVE Behavioral Health Virtual Visits

- Give your child the support they need from the safety and privacy of home.
- Skip the waiting room with completely confidential virtual visits.
- MDLIVE has an extensive national network of board-certified psychiatrists and licensed therapists so selecting one who is a good match is simple and convenient.
- Pick the same provider for every appointment or choose a different one at any time.
- MDLIVE providers are specially trained in virtual behavioral health visits to provide the highest quality of compassionate healthcare.

- Schedule a session seven days a week — evenings and weekend appointments available.
- Access professional, reliable support that's included in your health plan.

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

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

Emergency Room, Urgent Care or Telehealth? Make the Right Choice! (Winter-Spring 2024)

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:

- Placing the health of the individual (or, for a pregnant woman, the health of the women or her unborn child) in serious jeopardy.
- Serious impairment to bodily functions.
- 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 (Winter-Spring 2024)

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.

Omada Prediabetes Program (Winter-Spring 2024)

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.

Teladoc Health Diabetes Management Program (formerly Livongo) (Winter-Spring 2024)

What is Type 2 Diabetes? (Winter-Spring 2024)

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.

Mental Health Awareness (Winter-Spring 2024)

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

Understanding the Costs of Using In-Network and Out-of-Network Providers (Summer 2024)

The BCBS PPO Network is designed to meet all your medical healthcare needs, including care by specialists. However, in the event a particular service or specialty is not available in the BCBS PPO Network, your BCBS PPO Network physician may decide to refer you outside the BCBS PPO Network.

The non-BCBS PPO Network provider must submit the referral form with the claim to ensure coverage at in-network benefit levels. If the referred provider does not participate in the BCBS Network, you will be subject to balance billing for any charges greater than the Fund's maximum allowable benefit.

All medical claims for services rendered by non-Blue Cross Blue Shield participating providers are referred by the Fund to Zelis®. MCTWF formerly used Consilium for this professional service.

Zelis is an expert bill negotiation vendor, with the goal of eliminating balance billing to you by the out-of-network provider through Zelis's negotiation of a settlement amount.

If Zelis is unsuccessful, it determines whether the provider belongs to one or more of 150 other provider networks and therefore subject to contractual limits on the charges. Eliminating or lowering your out-of-pocket cost is the goal.

If either approach is successful, your financial responsibility will only be for the payment of your required deductible and/or coinsurance charge.

However, since Zelis's negotiation is likely to result in lower payment to the provider (and therefore a lower coinsurance charge to you) than would a network contractually based amount, and since Zelis negotiates a bill that you have already paid, the Fund urges you to resist the provider's request that you pay the bill at the time the services are provided.

If you choose to use hospitals or health care providers that are not in the network, or out-of-network providers, and because MCTWF does not have a fee arrangement with out-of-network hospitals and health care providers, these out-of-network healthcare providers are free to charge whatever they want and may expect to receive total payments equal to their charge.

However, before services are rendered, you can insist that the provider submit the claim for payment to the local Blue Cross plan first.

Zelis will work to negotiate the cost of the claim on your behalf to achieve the deepest discount available. If you paid for services rendered prior to receiving them, pay close attention to your Explanation of Benefits provided by the Fund. MCTWF may have obtained a discounted rate under the negotiation service.

If the allowable benefit on the Explanation of Benefits is less than what you paid for services provided, contact your provider to discuss any monies that you have paid above the allowable rate.

Zelis has an excellent reputation for:

- Staying ahead of evolving surprise billing and cost transparency regulations.
- Leveraging a dynamic optimization engine with customizable rules to automatically routing claims to the best savings channel.
- Utilizing clinical, technical, and regulatory insights to balance savings with provider acceptance.

MDLIVE E-Treatment Provides a New Way to Access Quality Urgent Care (Summer 2024)

All MCTWF members seeking care through MDLIVE urgent care can now initiate care on-demand through a dynamic, digital interview within the MDLIVE patient portal for more than 100 common, low-acuity conditions. E-Treatment offers another way to quickly access quality care when you don't think a phone or video interaction is necessary. This asynchronous treatment option has the following benefits:

- Avoid care delays – another way to quickly access quality care when patients don't think a phone or video interaction is necessary.
- Convenient care options – Alternative option to video/phone for those who prefer asynchronous interactions.
- Quality Patient Care – Quality care supported through personalized clinical interviews vetted by top clinical leaders.

More than 100 common, everyday conditions are appropriate for E-Treatment, including cold, flu, sinusitis, sore throat, ear pain, and pink eye.

E-Treatment gives you the option to provide information about your medical history and current condition through an online questionnaire. An MDLIVE doctor will review the information and get back to you within one hour with a diagnosis and treatment plan, including providing prescriptions when appropriate. E-Treatment visits are available from 8 a.m. to 7 p.m. EST seven days a week.

This new capability was made available to Michigan Conference of Teamsters Welfare Fund members at $0 copay as of May 1, 2024.

How it Works

- The patient answers health history questions online or in the MDLIVE app.
- If a patient has a preferred pharmacy on file with MDLIVE, it will be included. If not, or the patient wants a different pharmacy, the patient can review other options near them.
- The patient verifies or updates the phone number on file to be contacted at for questions.
- The patient reviews payment screen and finishes interview.
- The patient completes E-Treatment and reviews next steps.
- The patient can view the status of their E-Treatment on the MDLIVE homepage.
- The patient receives a communication when the after-visit summary is ready. A task is also visible on the MDLIVE home page.
- Post login, the patient views the after-visit summary.

Visit www.MDLIVE.com/MCTWF to access your MDLIVE telehealth services or call customer service at (800) 400-6354.
A link to MDLIVE account information is also available on the *Info Links* page at www.mctwf.org.

Source: MDLIVE

MDLIVE's Talk Therapy for Mental Wellness (Summer 2024)

MDLIVE provides telehealth consultations with board-certified doctors and licensed therapists by phone, or secure video. This service is available to all eligible medical benefit participants and their covered beneficiaries.

Five Things You May Not Know About Talk Therapy

Therapy is proven to be effective.
Studies consistently prove that therapy is effective in producing long-term health improvements. In fact, over 75% of patients who seek help with an MDLIVE mental health professional report feeling better after just three visits.

Therapy helps with day-to-day challenges.
You don't need to have severe mental health issues or suffer from a crisis to benefit from therapy. If you're feeling anxious, overwhelmed, stressed, or depressed, or you simply need someone to talk to, schedule an appointment with an MDLIVE licensed therapist today.

Therapy improves overall health and well-being.
The American Heart Association recently noted that people who report positive mental health were more likely to have lower blood pressure, better blood sugar levels, and fewer physical symptoms of stress, including migraines, digestive troubles, and insomnia.

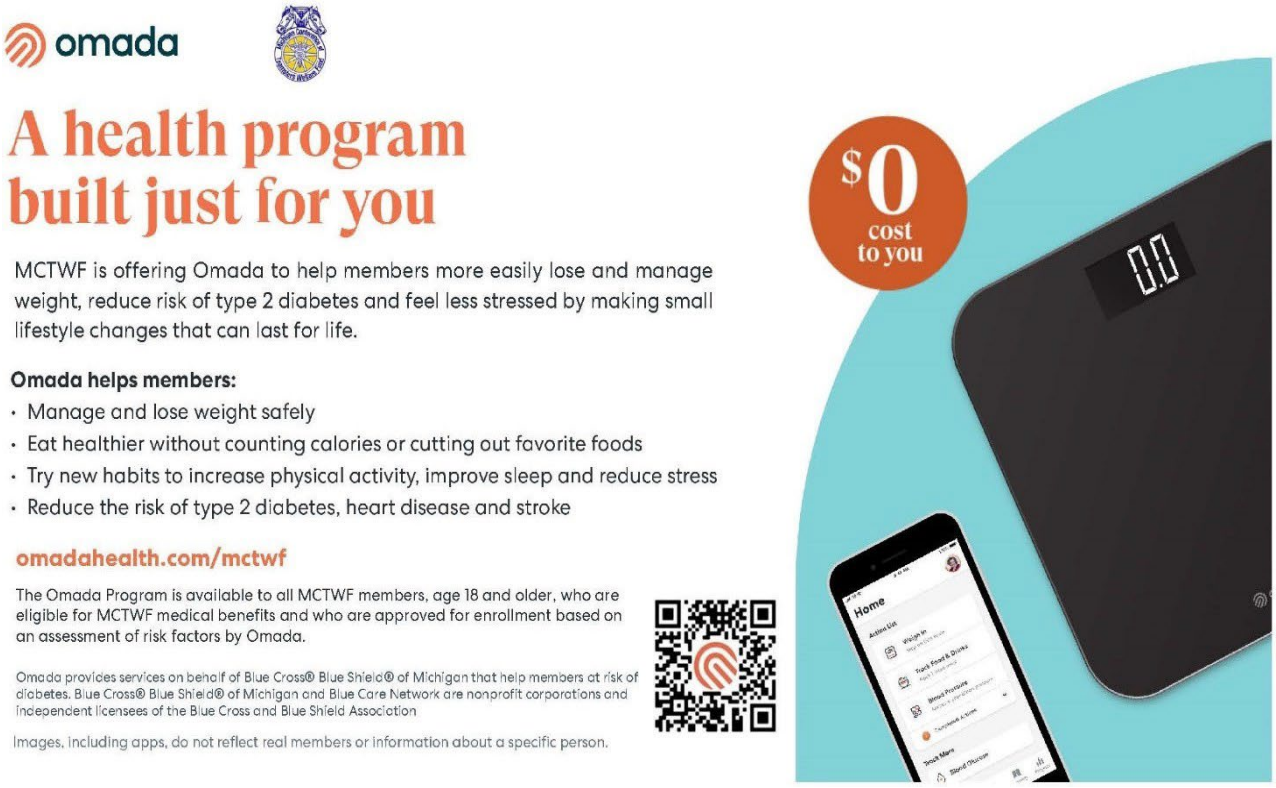
More people use therapy than you may think.
It is estimated that 52.9 million American adults in 2020 experienced some mental health issues and almost half of those people received mental health support.

Virtual therapy is much more accessible.
With MDLIVE, you can have your first appointment in less than a week. See the same therapist for every session, or switch at any time to find a better fit. Technology gives you easier, faster access to therapy from the comfort of home.

MDLIVE talk therapy is part of your MCTWF health benefits. Text mctwf to 635483, visit www.MDLIVE.com/mctwf, or call (888) 632-2738.

Source: MDLIVE

Omada Prediabetes Program (Summer 2024)



Take Advantage of Important Wellness Benefits (Summer 2024)

Take Advantage of Important Wellness Benefits

The MCTWF Actives and MCTWF Retirees Plans pay for periodic health examinations and services under the medical benefits. Applicable deductible, copayment, and coinsurance amounts for services rendered by network providers will be waived. Services provided by out-of-network providers will be subject to out-of-network deductible, copayment, and coinsurance amounts, as well as balance billing (as described on page 4). If the service is not billed as a screening, and has a medical diagnosis, services will be covered under the medical benefit and applicable, deductible and/or co-insurance amounts will apply.

Getting recommended screenings is one of the most important things you can do for your health. Depending on your age, sex, and medical history, you may need to be screened (tested) for things like high blood pressure or high cholesterol. Now that the weather is warmer, take advantage of these wellness benefits to keep your health in check.

For women, MCTWF Wellness Benefits cover the following:

Screening:
- mammography screening (one baseline screening between the ages of 35 and 40 years and one screening annually age 40 years and older);
- cervical cancer screening (pap smear once annually);
- blood pressure;
- cholesterol;
- colon cancer;
- depression;
- diabetes; and
- lung cancer.

Other services:
- contraception;
- obesity screening and counseling;
- tobacco cessation;
- physical examination (once annually);
- gynecologic pelvic examination (once annually);
- electrocardiogram (EKG) once annually;
- colonoscopy or flexible sigmoidoscopy screening - once every five years age 45 years and older;
- bone density testing - once for menopausal women, with follow-up testing once every two years;
- Human Papillomavirus (HPV) immunization (one series between the ages of 18 and 45, if it was not received between ages 9 and 18);
- Human Papillomavirus (HPV) Annual DNA testing for women age 30 or older;
- Influenza vaccinations and immunizations as recommended by the Centers for Disease Control (CDC); and
- for the full list see the Summary Plan Description.

For pregnant women, MCTWF Wellness Benefits cover the following:

Screening:
- bacteria in urine;
- gestational diabetes;
- Hepatitis B;
- iron deficiency anemia; and
- postpartum depression.

Other Services:
- breastfeeding support;
- folic acid supplementation; and
- for the full list see the Summary Plan Description.

For men, MCTWF Wellness Benefits cover the following:

Screening:
- abdominal aortic aneurysm;
- blood pressure;
- cholesterol;
- colon cancer;
- depression;
- diabetes; and
- lung cancer.

Other Services:
- obesity screening and counseling;
- tobacco cessation;
- sexually transmitted infection (STI) counseling;
- Prostate Specific Antigen (PSA) tests (once annually age 40 years and older);
- physical examination - once annually;
- colonoscopy or flexible sigmoidoscopy screening - once every five years age 45 years and older;
- electrocardiogram (EKG), once annually ages 12 and older;
- Influenza vaccination and immunizations, the type and frequency recommended by the CDC;
- (HPV) immunization - one series between the ages of 18 and 45, if it was not received between ages 9 and 18; and
- for the full list see the Summary Plan Description.

For infants, children, and teens, MCTWF Wellness Benefits cover the following:

Screening:
- newborn and infant screenings;
- hearing/vision test;
- oral health check;
- lead exposure test;
- depression screening; and
- sexually transmitted infections (STI) screening and counseling.

Other Services:
- well baby/child physical examinations (one examination in conjunction with each of the age recommended immunizations; teen physical examination - no more than once annually;
- Electrocardiogram (EKG) - once annually ages 12-18 years and older as part of a physical exam;
- immunizations as recommended by the CDC;
- tobacco and alcohol use counseling; and
- for the full list see the Summary Plan Description.

Teladoc Health Diabetes Management Program (Summer 2024)

According to the American Diabetes Association, 1.5 million Americans are diagnosed with diabetes every year.

It's not fun to learn you're one of them, but there's good news: MCTWF offers the Teladoc Diabetes Management Program to members at no cost.

Diabetes means your body has trouble making or using the hormone insulin. Your body needs insulin to help turn the food you eat into energy. If that doesn't happen, sugar (glucose) builds up in your blood. And that may lead to serious health problems.

Type 1 diabetes occurs when the body's immune system attacks the cells in the pancreas that make insulin. People with type 1 aren't able to make any insulin.

Type 2 diabetes occurs when the body isn't using insulin well. So over time, it becomes harder and harder to keep blood sugar levels in a healthy range.

Sources: *Centers for Disease Control and Prevention; National Institute of Diabetes and Digestive and Kidney Diseases.*

MDLIVE Allergies Alleviated (Summer 2024)

Chiropractic Care Benefit Updates (Fall 2024)

MCTWF pays for the following Chiropractic Services, excluding copays:

Twenty-four spinal manipulations per person annually, one mechanical traction per day (only with spinal manipulation), one new patient office visit every 36 months, and one established patient office visit annually, per chiropractor. Covered chiropractic services are payable in accordance with the participant's benefit package.

Effective June 15, 2022, the Trustees approved paying for 24 spinal manipulations per person annually, with no daily limit.

The chiropractic care benefits listed below are effective for dates of services April 1, 2023 and thereafter, in accordance with your benefits package. Applicable deductibles and co-insurances apply:

Twenty-four spinal manipulations per person annually are covered with no daily limit.

Physical therapy procedures are payable under the medical physical therapy (PT) benefit.

New patient visits are payable once every 36 months per chiropractor. Established patient visits are payable once every 12 months per chiropractor.

Diagnostic radiology services performed by a chiropractor are covered under the medical benefit.

Out-of-state participating provider claims are processed according to the BCBS host plan rules when in-network chiropractic care services are rendered outside of Michigan.

Safeguarding Your Family's Health with Regular Vaccinations (Fall 2024)

When fall arrives, many of us know it's time to get the annual flu, or influenza, shot. It's also a good time to consider what other vaccines or boosters will protect your family's health.

Vaccines have led to large reductions in illness and death—for both kids and adults—compared with the "pre-vaccine era," says Dr. David M. Koelle, a vaccine expert at the University of Washington in Seattle.

Vaccines harness your immune system's natural ability to detect and destroy disease-causing germs and then "remember" the best way to fight these germs in the future.

Experts recommend that healthy children and teens get shots against 16 diseases. With this growing list, many disabling or life-threatening illnesses have significantly declined in the U.S., including measles, rubella, and whooping cough.

When enough people are vaccinated, the entire community gains protection from the disease. This is called community immunity. It helps to stop the spread of disease and protects the most vulnerable: newborns, the elderly, and people fighting serious illnesses like cancer. During these times, the immune system is often too weak to fend off disease and may not be strong enough for vaccinations.

Most experts agree that it is best to get the flu vaccine by the end of October, so you'll be protected when flu season starts. However, it's not too late to get the shot even through February.

Studies show that COVID-19 vaccines make it less likely to get seriously ill or need to go to the hospital if infected with the virus. They also reduce the risk of getting the disease. Booster shots for COVID-19 are available.

Expectant moms can also be vaccinated. Immune protection can pass through the placenta to the fetus. Doctors recommend that moms-to-be get both flu and Tdap (tetanus, diphtheria, and whooping cough) shots, so her body will make antibodies against these diseases. A mother's antibodies can help protect the newborn until they can receive their own vaccinations.

Vaccines are also important to older adults, including COVID-19, pneumonia, shingles, and TDP (tetanus, diphtheria, and pertussis).

Researchers are also working to improve existing vaccines. Some vaccines require a series of shots to trigger a strong immune response. The protection of other vaccines can fade over time, so booster shots may be needed.

Source: NIH News in Health.

Immunizations, as required by the Affordable Care Act and COVID-19 vaccines, are fully covered under MCTWF medical and/or pharmacy benefits at participating primary care physician offices and participating pharmacies.

MCTWF wants to keep our families safe and our medical policy for covered immunizations follows the recommendations of the CDC's Advisory Committee on Immunization Practices. These immunization schedules can be viewed on the *Info Links* tab at www.mctwf. org.

To schedule vaccine appointments through a participating pharmacy, visit the *Provider Networks* tab at www.mctwf.org (CVS/Caremark link) or contact your participating primary care physician.

COVID-19 UPDATE: Boosters are Recommended for Fall 2024 (Fall 2024)

COVID-19 activity tends to fluctuate with the seasons, meaning it has some seasonal patterns including summer and winter peaks.

Understanding when COVID-19 tends to peak helps to better tailor public health prevention strategies and recommendations, prepare our healthcare system, and allocate resources. That's especially important because the winter peak tends to overlap with those for flu, RSV, and many other viruses. Getting an updated COVID-19 vaccine in the fall can help better protect you through the winter peak.

People who might benefit from additional doses of COVID-19 vaccine this winter include those who are:
65 years of age and older;

- Moderately or severely immuno-compromised or with underlying medical conditions;
- Living in long-term care facilities;
- Of any age and have never received COVID-19 vaccine; and
- Pregnant, especially in late pregnancy.

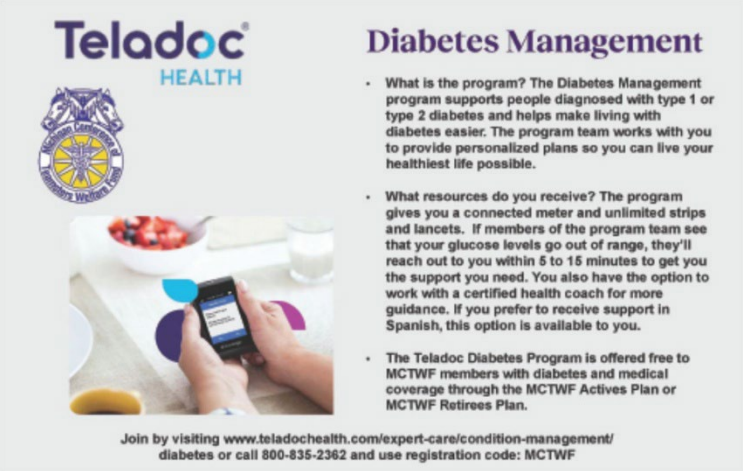
The CDC's Advisory Committee on Immunization Practices (ACIP) met on June 27, 2024, and recommended that persons six months of age and older receive the 2024–2025 COVID-19 vaccines this fall (now available). Earlier this year, the U.S. Food and Drug Administration selected strains for the vaccine based on currently circulating variants.

New variants affect patterns of COVID-19 activity, and the emergence of new SARS-CoV-2 variants has been associated with COVID-19 surges, including an increase in the magnitude of winter peaks and additional peaks at other times of the year.

To stay informed of all COVID-19 updates for the United States, visit www.cdc.gov/covid.

Source: CDC.

Important Programs Free to MCTWF Members (Fall 2024)



MDLIVE Virtual Doctor Visits (Fall 2024)

Omada Prediabetes Program (Winter 2024 – 2025)

Teladoc Health Diabetes Management (Winter 2024 – 2025)

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

*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 (Winter 2024 – 2025)

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 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 (Winter 2024 – 2025)

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.

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 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.

Women's Health and Cancer Rights Act of 1998 (Winter 2024 – 2025)

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 Your Rights After A Mastectomy...Women's Health & Cancer Rights Act of 1998 | U.S. Department of Labor.

Board of Trustees Extends $0 Copayment for MDLIVE Telehealth Visits (Spring 2025)

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

This telehealth service 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 are sent immediately to the pharmacy of choice.

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

Behavioral health consultations are available by appointment only, and secure video is considered the best mode for this type of consultation.

MCTWF's Trustees are extending the $0 copay for medical and behavioral telehealth visits for another year, through March 31, 2026.

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, please call (800) 400-MDLIVE.

Specified Organ Transplant Program Reminders (Spring 2025)

Effective with transplants performed April 1, 2011 and after, for all active and retiree medical benefit plans, the Fund adopted Blue Cross Blue Shield of Michigan's (BCBSM) Specified Organ Transplant Program (SOTP) and the Blue Cross Blue Shield Association (BCBSA) national network of centers of excellence, the Blue Distinction Centers and Blue Distinction Centers for Transplants (BDCT).

Transplants covered by the SOTP include bone marrow/stem cell, heart, liver, partial liver, lung or lobar lung, combination heart/lung, multivisceral, simultaneous pancreas/kidney (SPK), pancreas, combination liver/kidney, combination small intestine/liver, and small intestine/small bowel.

BDCT provides a range of services for heart, lung, liver, combination liver/kidney, pancreas, simultaneous pancreas/kidney, small intestine, small intestine/liver, and bone marrow/stem cell transplants. By using these centers of excellence, the likelihood of a successful outcome (with fewer complications, shorter lengths of stay and less intensive follow-up care) is increased, resulting in an easier and shorter disability period.

Kidney, cornea, and skin transplants are not included in the SOTP; these transplants are covered as medical/surgical services.

Program Benefits Include:

- Transplant services are paid in full (no cost sharing, regardless of the plan's coinsurance or copayment requirements) for transplant-related care during the first 12 months following the transplant procedure. This includes any cost sharing requirements for prescription drugs related to the transplant. Since pharmacy benefits are covered through the Fund's pharmacy benefit manager, CVS/Caremark, the transplant recipient would submit the coinsurance or copayment receipts to the SOTP for reimbursement. SOTP benefits provided to participants under the Retiree Plan are not included in the Retiree Medical annual benefit maximum.
- Transportation and lodging are covered up to a maximum of $10,000.
- Transplant recipients are automatically placed in case management for one year following transplant.

How the Program Works:

- In order to be covered for transplant benefits, **recipients must use in-network facilities.** Exceptions can be made only in emergency situations with BCBSM medical consultant review. Furthermore, non-BDCT approved bone marrow facilities must be approved by a BCBSM Medical Director. In such circumstances, the program must have CMS approval.
- Prior authorization is required for all transplants through a dedicated Human Organ Transplant area within BCBSM by calling (800) 242-3504.
- After one year, the transplant is considered successful, and all claim benefit payments accrue according to the medical benefits.

Reimbursement:

- The SOTP covers all facility, professional and organ search and procurement services provided to the recipient during an episode of care.
- The bundled price assumes a predetermined length of stay for each transplant type. Outlier days are paid at a per diem rate.

For more information, call MCTWF Member Services Call Center Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll-free at (800) 572-7687.

Immunizations (Vaccines) are Important for Healthy Communities (Spring 2025)

Immunizations received in accordance with the Fund's approved schedules are covered, as appropriate, if received from an in-network provider or pharmacy. Please reference the Summary Plan Description (SPD) under the MCTWF Actives Plan and MCTWF Retirees Plan medical benefits, as well as the applicable schedules of benefits for more coverage specifics.

Covered vaccines follow the recommendations of the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices. Vaccines are the best way to protect yourself and your loved ones from preventable diseases. The vaccines you receive are safe. Vaccines may be required at work, school, for travel, or other activities.

Vaccines have greatly reduced diseases that once routinely harmed or killed babies, children, and adults.

By getting vaccinated, you can protect yourself and also avoid spreading preventable diseases to other people in your community. Some people cannot get certain vaccines because they are too young or too old or due to having other serious health conditions.

Some vaccine-preventable diseases can have serious complications or even lead to later illnesses. For them, vaccination provides protection not only against the disease itself but also against the dangerous complications or consequences that it can bring.

Vaccine safety is a high priority. The CDC and other experts carefully review safety data before recommending any vaccine, then continually monitor vaccine safety after approval. Vaccines can have side effects, but most people experience only mild symptoms, if any, after vaccination.

To view the recommendations for 2025 immunizations for adults and children visit the *Info Links* page at www.mctwf.org listed under "BCBSM Immunizations Schedules".

Applied Behavior Analysis (ABA) Services Benefit Improvement (Spring 2025)

Effective with dates of services January 1, 2025, and after, the member cost share for autism applied behavioral analysis (ABA) services (other than physical, speech, and occupational therapy) will be equivalent to a physician office visit copay.

If more than one service is performed on the same day by the same provider, only one (1) physician office visit copay will be charged. Member cost share for physical, speech, and occupational therapy services will continue to be in accordance with the member's medical benefit package.

For additional information regarding benefits for ABA services, the MCTWF Summary Plan Description Booklet is available on the MCTWF website by visiting www.mctwf.org.

You can also contact the MCTWF Member Services Call Center Monday through Friday, 8:30 a.m. to 5:45 p.m. by calling (313) 964-2400 or toll free at (800) 572-7687 with any questions.

May is Mental Health Awareness Month – A Good Time for Self-Care (Spring 2025)

Self-care means taking the time to do the things that help you live well and improve both your physical and mental health. This can help you manage stress, lower your risk of illness, and increase your energy. Even small acts of self-care in your daily life can have a significant impact.

Recognizing the importance of Mental Health Awareness Month, here are some self-care tips:

- Get regular exercise. Just 30 minutes of walking every day can boost your mood and improve your health. Small amounts of exercise add up, so don't be discouraged if you can't do 30 minutes at one time.
- Eat healthy, regular meals and stay hydrated. A balanced diet and plenty of water can improve your energy and focus throughout the day. For many, decreasing caffeine and alcohol consumption can be helpful. Pay attention to your intake of caffeine and alcohol and how they affect your mood and well-being.
- Make sleep a priority. Stick to a schedule, and make sure you're getting enough sleep. Blue light from devices and screens can make it harder to fall asleep, so reduce blue light exposure from your phone or computer before bedtime.
- Try a relaxing activity. Explore relaxation or wellness programs or apps, which may incorporate meditation, muscle relaxation, or breathing exercises. Schedule regular times for these and other healthy activities you enjoy, such as listening to music, reading, spending time in nature, and engaging in low-stress hobbies.
- Set goals and priorities. Decide what must get done now and what can wait. Learn to say no to new tasks if you start to feel like you're taking on too much. Try to appreciate what you have accomplished at the end of the day.
- Practice gratitude. Remind yourself daily of those things for which you can be grateful.
- Focus on positivity. Identify and challenge your negative and unhelpful thoughts.
- Stay connected. Reach out to friends or family members who can provide emotional support and practical help.

When should I seek professional help?

Seek professional help if you are experiencing severe or distressing symptoms that have lasted two weeks or more, such as:

- Difficulty sleeping.
- Changes in appetite or unplanned weight changes.
- Difficulty getting out of bed in the morning because of mood.

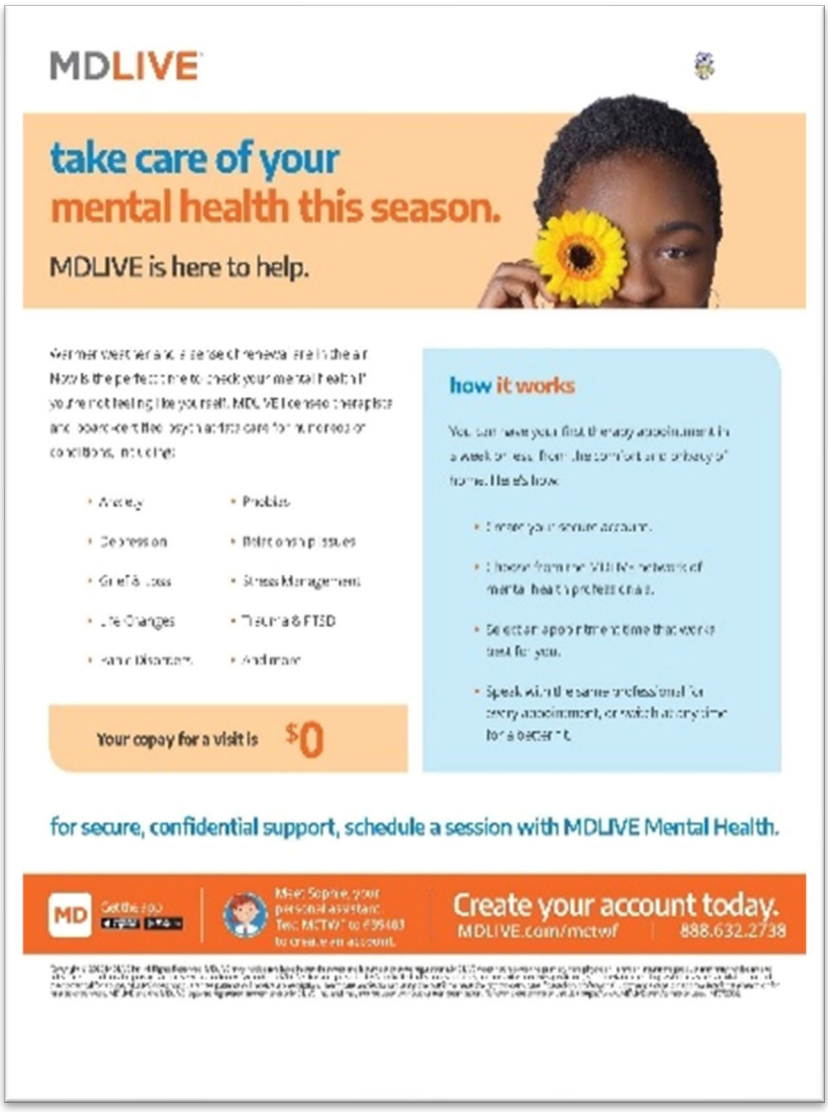
How can I find help?

If you have concerns about your mental health, talk to your primary care provider. They can refer you to a qualified mental health professional, such as a psychologist, psychiatrist, or clinical social worker, who can help you figure out the next steps. Be sure to check your benefits plan and find a provider covered by your plan. If you need assistance finding a provider, call MCTWF Member Services Call Center Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll-free at (800) 572-7687.

Also, MCTWF members with medical benefits can take advantage of MDLIVE® virtual behavioral health therapy with $0 visit copay.

If you, or someone you know, are struggling emotionally or having thoughts of suicide, call (or text) the Suicide & Crisis Lifeline at 988 or chat online at 988lifeline.org. This service is confidential, free, and available 24 hours a day, 7 days a week. In life-threatening situations, call 911.

Source: National Institute of Mental Health (NIMH).



Omada Virtual Health Program (Spring 2025)

You have access to Omada®, a **no-cost-to-you virtual health program**, as part of your MCTWF benefits. Omada helps MCTWF members lose weight and feel better with help from a health coach, smart scale and more. **This program is very successful in fighting prediabetes and helping numbers return to normal.**

All members aged 18 and older (with MCTWF medical benefits) are invited to submit an online application that will be reviewed by Omada. Those members who are determined to be at elevated risk for prediabetes pursuant to the Centers for Disease Control and Prevention (CDC) guidelines will be deemed eligible and invited to enroll in the program.

Members can get started by visiting www.omadahealth.com/mctwf, find the link at www.mctwf.org under the *Info Links* tab, or use this QR code to apply.

Teladoc Diabetes Management Program (Spring 2025)

Teladoc® HEALTH

Real people, real results

Join 700,000+ members who worry less about managing diabetes.

"You've allowed me to take control of my life. If I can do it, everybody can do it."

- Diabetes Management program member

With Teladoc Health, you'll get:

A smart blood glucose meter
to guide your journey

A connected app
that tracks your numbers so you don't have to

Access to expert coaches
for advice on diet, lifestyle and more

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.

Know When to Go to the Emergency Room or It Could Cost You (Fall 2025)

The MCTWF Actives Plan (with medical benefits) and the MCTWF Retirees Plan pay for emergency room treatment for emergent accidental injuries and emergent injuries and illnesses.
Read below to understand when to use (or not use) an emergency room (ER) for treatment. Options for MCTWF members with medical benefits include:

Emergency Room

An emergency means the person not feeling well could die if they don't receive care quickly, or could be permanently hurt or disabled.

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

MCTWF members with medical benefits, who are dealing with a real health emergency, should call 911 or go to the emergency room right away.

Otherwise, the additional options available to MCTWF members will save time and money, and they will clear the way for patients in need of emergency treatment. It is important to remember not to misuse a trip to the ER, because it could cost you a lot of money if it is not deemed a true emergency.

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

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

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

In general, emergency room treatment for medical conditions that do not require immediate attention (to prevent death or serious bodily harm), including chronic medical problems, is not covered as a benefit under any MCTWF plans.
For conditions that require medical attention, and cannot wait for an appointment with your physician, but are not "emergent," treatment should be sought from an urgent care center or through MDLIVE virtual telehealth.
Should the use of the emergency room be determined not to have been medically necessary, you will be responsible for payment of the ER charges.

Primary Care Physician Visit

Your primary care physician (PCP) should be the first call in non-emergency situations. A doctor knows his/her patient's health history, including what medications the person is taking and what chronic conditions might need to be considered in treatment. Scheduling a PCP visit is recommended in non-emergency situations.

Urgent Care

If you can't reach your doctor, or need care outside of regular office hours, urgent care centers are good options.
Urgent care is best for non-life-threatening issues that need immediate attention. Urgent care clinics often have evening and weekend hours when a primary care provider may not be available. Most urgent care facilities accept walk-ins, making them a convenient option for timely care.

Urgent care centers have physicians on staff and can provide care for a greater range of conditions, including performing x-rays (at some sites). The out-of-pocket cost for visiting a clinic or urgent care center will cost less than a trip to the emergency room, but it's always a good idea to check to make sure the location you select is an in-network provider.
Remember, urgent care should not replace your PCP. If you visit urgent care for a condition that requires ongoing monitoring or referral to a specialist, it's important to follow up with your PCP.
To find a primary network physician, visit the BCBSM website, click on "Find a Doctor or Hospital" under "Find a Participating Provider," and complete your search criteria. You can find a link on the Providers page of the MCTWF website at www.mctwf.org.

MDLIVE Virtual Telehealth
When your PCP is not available and getting to an urgent care center is difficult, MCTWF members with medical benefits are encouraged to utilize MDLIVE virtual telehealth options.

MDLIVE provides virtual telehealth consultations with board-certified doctors and licensed mental health therapists by phone, or secure video. This service is available to all eligible medical benefit participants and their covered beneficiaries at $0 copay though March 31, 2026.

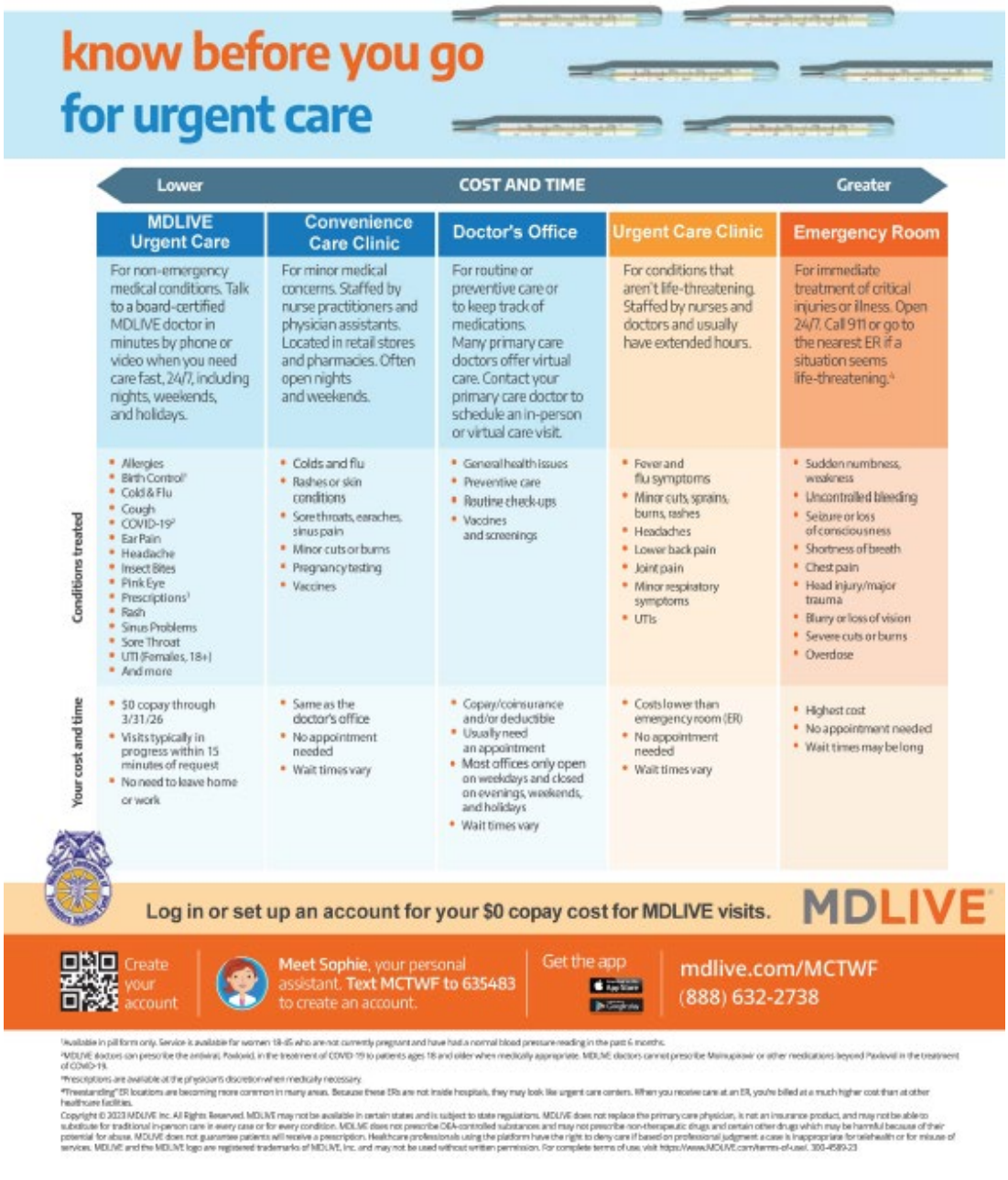
MDLIVE is a general-purpose platform for online medical help. For medical issues, you can typically speak with a doctor in minutes.

The medical division provides telehealth visits for a variety of conditions and the behavioral health service provides mental health counseling.

When requesting psychiatric care, you may have to wait a few days for your first appointment.

24-Hour Nurse Line
If you are unsure about where to go with all the choices listed above, the BCBSM Nurse Line is a great resource in determining the proper site of care for you and your family. Talk to a registered nurse at no cost, anytime day or night, from the comfort of your home, or anywhere else in the U.S. He or she will recommend treatment options to help you decide where to go for additional care. The nurse can also answer questions about minor medical conditions. MCTWF members can call (844) 811-8460 for this free service.

MDLIVE Provides Additional Tips on Knowing Where to Get Treatment (Fall 2025)



[1]Available in pill form only. Service is available for women 18-45 who are not currently pregnant and have had a normal blood pressure reading in the past 6 months.

[2]MDLIVE doctors can prescribe the antiviral, Paxlovid, in the treatment of COVID-19 to patients ages 18 and older when medically appropriate. MDLIVE doctors cannot prescribe Molnupiravir or other medications beyond Paxlovid in the treatment of COVID-19.

[3]Prescriptions are available at the physician's discretion when medically necessary.

[4]"Freestanding" ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other healthcare facilities.

Omada Prediabetes Program (Fall 2025)

omada

$0 cost to you

Enhance Your Health with Omada - A $700 Value, Yours for Free!

With fall here, it's the perfect time to hit the refresh button on your routine. The Fund is offering Omada to help members manage weight and build healthier habits with personalized coaching and essential tools for long-lasting change. The best part? If you're eligible, **there's no cost to you!**

Program Highlights:

- **Personal Coaching:** Benefit from one-on-one guidance from health experts.
- **Smart Tools:** Utilize an easy-to-use smart scale to track your progress (smart scale included with *free* welcome kit).
- **Continued Support:** Access interactive lessons, meal tracking, and mental health resources.

See How Omada Can Work for You:

Take advantage of this covered benefit today - **claim your FREE welcome kit** by visiting **omadahealth.com/mctwf**, find the link at www.mctwf.org under the Info Links tab, or scan the QR code to apply. It only takes a few minutes to get started!

All members aged 18 and older (with MCTWF medical benefits) are invited to submit an online application that will be reviewed by Omada. Those members who are determined to be at elevated risk for prediabetes pursuant to the Centers for Disease Control and Prevention (CDC) guidelines will be deemed eligible and invited to enroll in the program.

Teladoc Diabetes Management (Fall 2025)

Teladoc HEALTH

Smarter diabetes management at no cost to you

Now there's a personalized way to help manage diabetes. Get the tools and support to track blood sugar levels and develop healthier lifestyle habits. This program is free to MCTWF members with medical benefits.

Program includes:

- One-on-one coaching, action plans and tips when you need them
- A connected blood glucose meter ($200 value)
- Unlimited strips and lancets at no cost to you
- 24/7 real-time support for out-of-range readings

Get started

You can join by visiting **TeladocHealth.com/Register/MCTWF** or call **800-835-2362** and use registration code: **MCTWF**

Teladoc Diabetes Management (Winter 2025 – 2026)

Omada Prediabetes Program (Winter 2025 – 2026)

Seasonal Immunizations - Children and Adults (Winter 2025 - 2026)

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 (Winter 2025 - 2026)

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. 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

ACA Out-of-Pocket vs MCTWF Benefit Package Out-of-Pocket Maximums (Winter 2025 - 2026)

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.

Women's Health and Cancer Rights Act of 1998 (Winter 2025 – 2026)

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/healthplans/womens

Teladoc Diabetes Management – Frequently asked questions (Spring 2026)

Teladoc HEALTH

DIABETES MANAGEMENT

Frequently asked questions

What is Diabetes Management?
The Diabetes Management program helps make living with diabetes easier by providing you with a connected meter, unlimited strips and lancets and coaching.

My doctor says I have prediabetes or am at risk of developing diabetes. Is Diabetes Management a good fit for me?
No, Diabetes Management is designed to support individuals diagnosed with type 1 or type 2 diabetes.

Will I really receive all the strips and lancets I need?
Yes! No matter if you check once a week or multiple times a day, with Teladoc Health you receive Unlimited strips and lancets at no cost to you.

Is this really no additional cost for me? How can that be?
Yes! Teladoc Health is being offered at no cost to you. Shipping is included, too. You are not billed anything for joining.

How do I join?
It's easy and takes only a few minutes!
Visit TeladocHealth.com/Register/MCTWF and answer a few easy questions about you and your health to register. Next, download the app and log in. You may also enroll by calling Teladoc Health Member Support at 800-835-2362.

What happens after I join?
After you enroll, you'll be shipped the Welcome Kit that includes the meter and all the strips and lancets you need to check your blood sugar. You'll receive access to the member website, member.teladoc.com, where you can personalize the program and access your readings.

Can I cancel my membership?
Yes, you can cancel at any time for any reason. Just call Teladoc Health at 800-835-2362 or email membersupport@teladochealth.com.

Is my information confidential?
Teladoc Health takes your privacy seriously. Your health information is protected by federal and state laws, including HIPAA. Please see our Notice of Privacy Practices for more information on how Teladoc Health uses your health information www.teladoc.com/notice-of-privacy-practices/.

How do I reorder strips and lancets?
You can reorder strips and lancets in four ways:
1. Through your member website at member.teladoc.com
2. Through your meter
3. Through the mobile app
4. By calling Member Support anytime at **800-835-2362**.

What kind of credentials does my coach carry?
Coaches hold a variety of nationally recognized credentials and certifications to support members.

How often will I receive communications from Teladoc Health, and how can I adjust the frequency or opt out?
Frequency varies depending on the preferences you've set for your account. You can customize what out-of-range readings a coach should contact you about by logging in to your account at **member.teladoc.com** and visiting the "Support" tab on the left panel of your dashboard. You can opt out of communications by logging in to your account and visiting "Notifications" in the drop-down menu located at the top right of the screen.

Visit TeladocHealth.com/Register/MCTWF or call 800-835-2362 and use registration code MCTWF to get started.

Las comunicaciones del programa Teladoc Health están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes de mi médico y del programa. Para inscribirse en español, llame al 800-835-2362 o visite TeladocHealth.com/Bienvenido/MCTWF

The Teladoc Health program is offered at no cost to members with diabetes and medical coverage through the MCTWF Actives Plan or MCTWF Retirees Plan.
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.

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In-Lab Sleep Studies – Change in Prior Authorization Process – (Spring 2026)

Currently, the required prior authorization process for in-lab sleep studies is handled by both the Fund and Blue Cross Blue Shield of Michigan (BCBSM), depending on the provider who is conducting the sleep study testing. **Effective May 1, 2026**, prior authorization for all in-lab sleep studies will be handled by BCBSM in accordance with BCBSM medical policy. All providers must obtain prior authorization for in-lab sleep testing by calling BCBSM at 800-392-2512. If services are provided, and not prior authorized, the member will be responsible for full payment of the charges. All MCTWF medical benefit packages cover members for sleep studies for the following diagnoses:

- Transient difficulty in initiating or maintaining sleep.
- Somnambulism or night terrors.
- Other dysfunctions of sleep stages or arousal from sleep.
- Cataplexy and narcolepsy.

May is Mental Health Awareness Month - Understanding and Managing Stress How MDLIVE Can Help You – (Spring 2026)

Everyone experiences stress. Sometimes it can help you focus and get the task at hand done. But when stress is frequent and intense, it can strain your body and make it impossible to function. Finding effective ways to deal with it is crucial to living well.

How Stress Affects You

Stress affects your entire body, mentally as well as physically. Some common symptoms include:

- Headaches
- Trouble sleeping
- Jaw pain
- Changes in appetite
- Frequent mood swings
- Difficulty concentrating
- Feeling overwhelmed

When experiencing long-term stress, your brain is exposed to increased levels of a hormone called cortisol. This exposure weakens your immune system, making it easier for you to get sick. Stress can contribute to worsening symptoms of your mental health. Knowing what situations cause it is the first step in coping with this very common experience.

When You Are Most Vulnerable to Stress

People are most susceptible to stress when they are:

- Not getting enough sleep.
- Not having a network of support.
- Experiencing a major life change such as moving, the death of a loved one, starting a new job, having a child, or getting married.
- Experiencing poor physical health.
- Not eating well.

Ways to Reduce Stress

Developing a personalized approach to reducing stress can help you manage your mental health condition and improve your quality of life. Once you've learned what your triggers are, experiment with coping strategies. Some common ones include:

- Accept your needs. Recognize what your triggers are. What situations make you feel physically and mentally agitated? Once you know this, you can avoid them when it's reasonable to, and to cope when you can't.
- Manage your time. Prioritizing your activities can help you use your time well. Making a day-to-day schedule helps ensure you don't feel overwhelmed by everyday tasks and deadlines.
- Practice relaxation. Deep breathing, meditation, and progressive muscle relaxation are good ways to calm yourself.
- Exercise daily. Schedule time to walk outside, bike, or join a dance class. Whatever you do, make sure it's fun. Daily exercise naturally produces stress-relieving hormones in your body and improves your overall physical health.
- Set aside time for yourself. Schedule something that makes you feel good.
- Eat well. Eating unprocessed foods, like whole grains, vegetables, and fresh fruit, is the foundation for a healthy body and mind. Eating well can also help stabilize your mood.
- Get enough sleep. Symptoms of some mental health conditions can be triggered by getting too little sleep.
- Avoid alcohol and drugs. They don't actually reduce stress: in fact, they often worsen it.

Getting Help

If the steps you've taken are not working, it may be time to reach out to a mental health professional. He or she can help you pinpoint specific events that trigger you and help you create an action plan to change them.

Source: National Alliance on Mental Illness

When to Use MDLIVE Mental Health Services

- You want the flexibility of an appointment seven days a week, even during evenings and weekends.
- You want your appointment to be from the comfort and privacy of home.
- You don't want to wait months to talk to someone. You can see a doctor or therapist in days, not weeks.
- You want a caring and trusted professional specially trained in virtual care.
- You want someone who can help you or your family, including your children, ages 10-17.

To better understand and access all of MDLIVE's telehealth services provided to MCTWF, text MCTWF to 635483, visit www.MDLIVE.com/mctwf, or call (888) 632-2738.

What type of care is best for you?	
Care options	When to use
PSYCHIARTRY	• Diagnose mental health conditions • Evaluation and medication management • Typically, 15–30 minute sessions • $0 copay for initial and follow-up visits with a psychiatrist
THERAPY	• Talk directly with a therapist • Treat a variety of mental health conditions using talk therapy • Typically, 45–60 minute sessions • $0 copay for initial and follow-up visits with a therapist
WELL-BEING TOOLS	Your MDLIVE therapist or psychiatrist may provide you with Well-Being Tools through the MDLIVE Health Coaching app. These digital health tools support your mental health journey by helping you track your moods and sleep, journal, and follow guided mediation and action plans.

Messenger Memo: Using MDLIVE – (Spring 2026)

Using MDLIVE is as easy as one, two, three.

Step 1: Create your account on www.mdlive.com, through the mobile app, call (888) 632-2738 or text MCTWF to 635483

Step 2: Request your visit

Step 3: Talk to a doctor

Spring is in the Air – How MDLIVE Can Help with Allergies this Season – (Spring 2026)

Spring brings blooming trees, warmer winds, and loads of pollen. Seasonal allergy symptoms (allergic rhinitis) often peak during spring, summer, and fall when pollen counts are high. If you suffer from allergies, you are not alone. It is the sixth leading cause of chronic illness in the U.S.*

With seasonal allergies, the most common trigger is tiny pollen grains released into the air from grasses and trees. When pollen enters your nose, your immune system produces antibodies to attack the allergens, which leads to histamines being released into your bloodstream. Those histamines trigger allergy symptoms, like sneezing, a runny nose, itchy, water eyes, and even hives. An MDLIVE doctor can help determine which treatment is best for you, all from the comfort of home.

Some allergy remedies may work better for you than others, from over-the-counter medications including antihistamines, nasal sprays, and decongestants to prescriptions.

The following tips can also help ease allergy symptoms:

- Shower at night to remove pollens.
- Saline nasal rinses and sprays help wash away pollen and other allergens.
- Vitamin C helps reduce nasal secretions and inflammation.
- Drink plenty of water.
- Exercise to enhance your natural immune system.

- Avoid foods that can increase congestion, such as cow's milk and glutens.
- Cayenne, chili pepper, ginger, herbal teas, and spicy foods can help open nasal passages and decrease mucus production.
- Raw honey from your local area can help boost your immune system.

*Source: aafa.org/allergy-facts/

What You Receive in the Omada Pre-Diabetes Program – (Spring 2026)

Omada is a digital lifestyle change program. We combine the latest technology with ongoing support so you can make the changes that matter most—whether that's around eating, activity, sleep, or stress. It's an approach shown to help you lose weight and reduce the risks of type 2 diabetes and heart disease.

- **Eat healthier**
  Learn the fundamentals of making smart food choices.
- **Increase activity**
  Discover easy ways to move more and boost your energy.
- **Overcome challenges**
  Gain skills that allow you to break barriers to change.
- **Strengthen habits**
  Zero in on what works for you, and find lasting motivation.
- **Stay healthy for life**
  Continue to set and reach your goals with strategies and support.

MORE GREAT NEWS:
You'll receive the program at no additional cost if you or your adult dependents are enrolled in the MCTWF medical plan and are at risk for type 2 diabetes or heart disease.

PARTICIPATE WITH PEACE OF MIND: Your participation and progress in Omada is confidential and we do not share any personal health information with your employer

Learn more and apply to see if you're eligible:
omadahealth.com/MCTWF

Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Did You Know?

34% of American adults have prediabetes

90% of people don't know they have it

YOU'LL GET YOUR OWN:

- Interactive program
- Wireless smart scale
- Weekly online lessons
- Professional health coach
- Small group of participants

If you are clinically eligible, you receive a Welcome Kit from Omada once you have been placed in a group.
The Welcome Kit, which contains your wireless scale, is shipped before your start date. You will receive an email with tracking information once your Welcome Kit is on the way. Members should receive their Welcome Kit a few days before their Sunday start date. Please contact Omada if you are unable to track your package, or if you are missing your package.
You will have access to the Omada program, including lessons, progress, tracking, your digital health coach, and group board, on the web and by using the Omada mobile app for Android and iPhone. You may use the Omada app to track your steps automatically or you may choose to connect your own activity device to Omada.
Please note, members with a BMI in the normal or "healthy" range may not receive a Welcome Kit containing the scale. These members will have the ability to manually enter their weights if they choose via mobile app or via web browser.

Blue Cross Blue Shield Global Core® Program – (Spring 2026)

The Blue Cross Blue Shield Global Core® program gives our members access to medical care outside the United States. For non-emergency inpatient medical care, call the Service Center for Blue Cross Blue Shield Global Core at 1-800-810-2583, or collect at 1-804-673-1177, 24 hours a day, seven days a week. By making arrangements through the service center, medical services (inpatient or outpatient and doctor care) will be covered at in-network benefit levels.
If emergency medical care is needed, or services were not arranged through the Service Center, you may seek reimbursement by completing a *Blue Cross Blue Shield Global Core International Claim Form*, available on the Forms page of MCTWF's website at www.mctwf.org, in the Document Center of your dashboard in the Participant Portal or by contacting MCTWF's Member Services Call Center at 800-572-7687. The form should be sent to the address listed at the top of the form.
Reimbursement will be subject to the cost-share requirements of your MCTWF benefit package Schedule of Benefits.

Messenger Memo: Finding International Claim Forms – (Spring 2026)

International Claim Forms can be found in the Document Center of your dashboard in the secure Participant Portal or at www.mctwf.org/forms

Board of Trustees Extends $0 Copay for MDLIVE Telehealth Visits – (Spring 2026)

MCTWF members with medical plans have free access to a convenient service for the treatment of many non-acute medial conditions through the use of remote consultations provided by MDLIVE. At home or on the road, treatment can begin right away. This telehealth service 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 are sent immediately to the pharmacy of choice.
Behavioral health consultations are available by appointment only, and secure video is considered the best mode for this type of consultation.
MCTWF's Trustees are extending the $0 copay for medical and behavioral telehealth visits through March 31, 2027.
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, please call (800) 400-MDLIVE.

Omada – A Health Program Built Just for You – (Summer 2026)

omada

Access a health program built just for you

MCTWF offers Omada® to help members lose weight with one-on-one personal coaching and the tools needed to make long-lasting health changes.

The best part: the program—up to a $700 value—is no cost to you if you're eligible to join.

Omada helps members

- See smart scale 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

Join Omada for access to

- One-on-one support from a health coach
- Easy monitoring with a smart scale and tools

All Omada members receive a welcome kit

With easy-to-use devices, shipped to your door and yours to keep. All at no cost to you.

- Smart scale readings sync automatically
- See how habit changes can impact weight over time
- Get a personalized plan based on progress

Claim my welcome kit:
omadahealth.com/mctwf

The Omada 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.

Omada, an independent company, provides services on behalf of Blue Cross® Blue Shield® of Michigan that help members at risk of diabetes.

Blue Cross® Blue Shield® of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association®

Blue Cross Blue Shield's Blue365 Program – (Summer 2026)

Blue365 is a free program that offers exclusive discounts for members that have Blue Cross Blue Shield coverage to save on health and wellness products and services. This program strives to find the exclusive, best in-class discounts with the lowest available prices not found in the public market, all without any fees, dues, or need to earn points to redeem rewards. Blue365 members have access to deals across multiple health and wellness categories such as:

- Fitness: including gym memberships, home exercise equipment, and wearable devices.
- Nutrition: including meal kits, snacks, and dieting programs.
- Apparel & Footwear: including athletic wear and shoes.
- Hearing & Vision: including hearing aids and eyewear.
- Home & Family: including discounted admission tickets to select parks and pet items.
- Personal Care: including toothbrushes, teeth whitening, grooming, and skincare.
- Travel: including rental cars, hotels, theme parks, and travel insurance.

To register, go to www.bcbs.com/member-services, scroll down to the BCBS Member Discounts, and click on "Learn More". If you do not already have an account registered with Blue Cross Blue Shield you will need to enter your 3-digit prefix, the first three characters "KMT" in your Subscriber ID found on your insurance card, a valid email address, create a password, and answer a few quick questions to personalize your experience. If you already have an account registered, you will be ready to browse deals and redeem offers.

To browse deals you can click on the "All Deals" link at the top of the page to see all of the currently available deals, or you can filter your search by clicking on one category and then selecting sub-categories on the sidebar. There is also a search bar that you can search for an offer directly by partner (i.e. Anytime Fitness) or more broadly (i.e. Gym). Most offers are able to be redeemed online but some will require you to print a coupon to bring to a store. In a limited number of cases, you may be required to call a vendor's toll-free number to redeem your offer.

Make it a Healthy Summer with MDLIVE – Virtual Care in Minutes – (Summer 2026)

MDLIVE
now. that's better.

sun's out. doctor's in.

virtual care in minutes – anywhere.

From sunburn and rashes to poison ivy or quick prescription refills, MDLIVE doctors can provide virtual care for 80+ conditions this summer, day or night. Get virtual care in minutes so you can go back to having fun as soon as possible.

now. that's better.

instant care on the go.

FASTER, SAFER CARE, ANYWHERE IN THE U.S.
No more searching for a nearby Urgent Care Clinic or long waits in the ER.

24/7/365 AVAILABILITY
All you need is a phone or an internet connection.

DEPENDABLE & TRUSTED CARE
Experienced, caring doctors are waiting.

PRESCRIPTIONS
Sent right to your nearest pharmacy, including refills.

AFFORDABLE
Easier on the budget with a $0 copay than a trip to the ER or Urgent Care Clinic.

free, fast, no hassle virtual doctor visits.

get the care you need for some of the most common summer conditions, including:

- Colds & Flu
- Diarrhea
- Ear Pain
- Insect Bites
- Pink Eye
- Poison Ivy
- Prescription Refills
- Rash
- UTI (females, 18+)
- Yeast Infections

conveniently use MDLIVE wherever you are:

- On the go. At the park, playground, or pool.
- On vacation. In all 50 states.
- After hours. Around the clock care 24/7/365.

get the app and join for free.

mdlive.com/mctwf
888-632-2738

MD Get the app

Meet Sophie, your personal assistant
Text MCTWF to 635483

Your copay for a medical visit is $0

Whether you're at home or on the go this summer, MDLIVE is your go-to resource. MDLIVE doctors can help with many common skin conditions that flare up during the summer including, but not limited to, the ones listed below.

Heat Rash

Symptoms include; small, stinging red lumps or clear, liquid-filled bumps that are intensely itchy. Call a MDLIVE doctor if your rash worsens, looks infected, or lasts longer than a few days.

Sunburn

Symptoms include; reddened, painful, itchy skin. Can include swelling, blistering, and flu-like symptoms. Call a MDLIVE doctor if you develop a fever, chills, severe pain, or dehydration.

Poison Ivy

Symptoms include; intensely itchy, red, blistering rash. Call a MDLIVE doctor for a prescription to relieve symptoms.

Bug Bites

Symptoms include; redness, heat on or around the bite, swelling, numbness, pain in affected area. Call a MDLIVE doctor if you have a wide area of redness, a fever, or if the bite becomes infected. If you have trouble breathing or symptoms of anaphylaxis, seek emergency medical attention.

MDLIVE is available in all 50 states, so all you need is a phone or internet service. There's no need to search for the nearest Urgent Care Clinic or check if it's open. Without paying anything extra, prescriptions can be sent right to the nearest pharmacy so you can go back to having fun as soon as possible this summer.

Teladoc Health – Fall Finess Challenge – (Summer 2026)

Teladoc HEALTH

Fall Fitness Challenge

The start of a new season is always a good time to take stock and reevaluate. No matter how old you are, the end of summer/start of fall feels like a new beginning, like it did when you were school-aged.

Run with this feeling and use this time to relaunch your fitness activities. The timing feels good—daylight is still long and there's not yet a chill in the air. Challenge yourself to establish a good habit or reignite a dormant one before closing out the year.

Escape into the wild

Spending time outdoors is good for your body and mind. Knowing that the temperate weather is in its waning months should drive you to grasp those last great days outside. Incorporate your physical activity into your time outside. Consider:

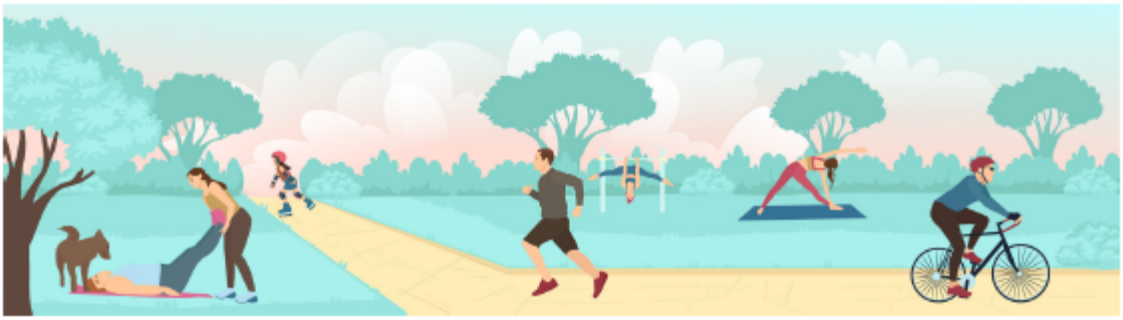
Daily jogs through local parks or on nature trails. Switch it up to see the sunrise a couple days each week.

Walking lunch breaks. Grab a friend or two and take a tour of the area.

Get your wheels rolling by biking, skating or scooting a loop through your neighborhood.

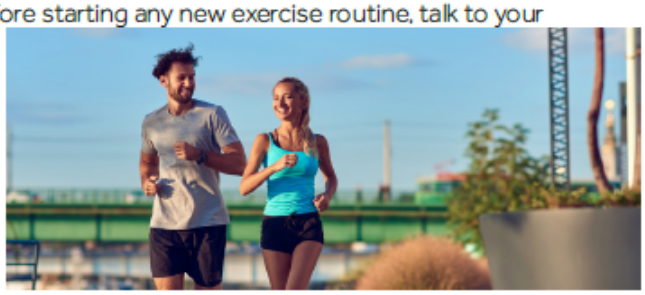
Pick up a paddle and learn pickleball. Play on outdoor courts until the weather changes. Then find an indoor court.

Try classes that meet in local parks. They can range from yoga and tai chi to bootcamps and dance classes.



What's your number?

There are always new combinations of fitness activities being developed by athletic and personal trainers and shared online. While not every combination will work for everyone, something could work well for you. Pick one and commit. Challenge yourself to try it for a week, and if it's not for you, try another one. See which one of these trending fitness routines is your lucky number. Before starting any new exercise routine, talk to your healthcare provider to make sure it's safe.



3-3-3

Each week, aim for three moderate-intensity days and three lower-intensity (active recovery) days. Mix and match activities to include three sessions each of strength (resistance) and cardio. With this plan, the goals are clear, and you'll rarely get bored.

5-5-5-30

Dive into this workout as soon as you wake up, before the day (and your mind) gets cluttered. It's five push-ups, five squats, five lunges (per leg) and a 30-second plank. Start by doing one cycle. When you feel strong enough, add another set of reps. Before you know it, you'll see and feel the difference.

6-6-6

This workout is a version of interval training we can all embrace. Start with an easy walk for a six-minute warm-up, follow it with a brisk walk for six minutes and then take an easy six-minute cool-down stroll. Do this series six times each week and you'll have accomplished more than 100 minutes of activity.

12-3-30

It's a high-intensity treadmill workout. After a warm-up, the goal is to walk at a 12% incline at 3 miles per hour for 30 minutes. Work up to five days each week to help hit your fitness goals, burn calories, improve your cardiovascular health and tone lower-body muscles.

15-15-15

This is a cross-training series loved by celebrities (or at least that's what they say). Spin (or cycle) for 15 minutes (including warm-up), switch to an elliptical machine for 15 minutes and run (or walk briskly) on a treadmill for 15 minutes (including cool-down). Done back to back, 45 minutes of cardio work is efficient activity.

Challenge yourself to get moving every day for better mental and physical health.

Teladoc Health Diabetes Management Program and How to Register – (Summer 2026)

The Teladoc Health Diabetes Management Program, that is a part of MCTWF's medical benefits, can be joined for free by members looking for help with diabetes management by giving you access to a connected health-monitoring device and certified health coaches.

Once eligibility is confirmed and you register for the diabetes management program, you will receive at no cost a blood glucose meter, along with unlimited test strips and lancets so you can begin your readings immediately. After downloading the mobile app, you will have expert health coaching and support available to you from the day that you register along with health monitoring and feedback to develop customized tips and guidance to help you be your best.

Don't miss out—you're only 3 steps away

Step 1:
See if you qualify
by selecting the "Check my eligibility" button.

Step 2:
Claim your kit.
It's on the way.

Step 3:
Activate your device
to start tracking your progress.

Enhance Your Vision Benefits with EyeMed Eye 360 – (Summer 2026)

EyeMed Eye360 is an enhanced insurance benefit that MCTWF members, with vision benefits in their benefit package, can use. There are no codes, coupons, or claims to file if the member visits one of the over 6,500 PLUS Providers nationwide, including independent, retail, and online options. With EyeMed Eye360, members who visit a PLUS Provider receive $50 added to the frame and contact lens allowance and $100 allowance for a second pair of glasses, on top of their base insurance benefits. EyeMed Eye360 not only saves members money, but it also encourages them to be proactive in their vision and overall health care. Regular eye exams can do more than identify vision correction needs, they can also detect early signs of over 270 serious health conditions, such as high blood pressure, diabetes, and some cancers.

Schedule your annual eye appointment today!

PART 4: WEEKLY ACCIDENT AND SICKNESS BENEFITS – MCTWF ACTIVES PLAN

Short-Term Disability – (Summer 2022)

Weekly Accident and Sickness (A&S) benefits provide short-term disability income and eligibility for other benefit package components, if applicable, during the covered period of a disability. MCTWF Actives Plan participants who are eligible under a benefit package that provides weekly A&S benefits, will receive such benefits only if the participant ceased work as the result of a non-occupational disability due to illness, non-auto-related injury (however, if auto-related, participants do remain eligible for disability income benefits), or pregnancy.

Beneficiaries (i.e., spouse and dependent children) are not eligible to receive this benefit. Full benefit details are described in your Summary Plan Description.

To qualify for A&S benefits, all five of the below requirements must be met. The participant must:

- have established eligibility; and
- be reported as an actively working employee of a contributing employer at the time the disability commenced; and
- have contributions paid on his behalf from the participating employer to cover the commencement of the disability (i.e., the date established) which means the date established by the medical provider upon which the participant first became disabled; and,
- be losing time from work due to the disability, i.e., A&S benefits are not payable if the disability occurs while laid-off, on personal leave, on sanctioned strike or lockout, temporary work stoppage (strike or lockout) etc.; under the regular care of a licensed physician who confirms the disability and submits a Participant Report of Disability form completed by the physician, participant, and employer when requested.

Once the participant establishes eligibility, weekly accident and sickness benefits may begin on –

- the first day following medical attention after the last day worked in the event of an accidental injury, providing that the participant is eligible for benefits on the date that the medical attention was received. Thus a) if medical attention is received on the last day worked, benefits would commence effective the following day or b) if medical attention is first received on a subsequent day, benefits would commence effective the day the medical attention is received; or
- the eighth day following medical attention after the last day worked in the event of a sickness, providing that the participant is eligible for benefits on the date that the medical attention was received. Thus a) if medical attention is received on the last day worked, the first of the eight day elimination period would be the following day and therefore benefits would commence effective the same day of the week in the following week or b) if medical attention is first received on a day subsequent to the last day worked, the first day of the eight day elimination period would be the day the medical attention is received and therefore benefits would commence effective the same day of the week in the following week.

The participant will receive an established amount each week up to an established maximum number of weeks for each period of disability provided he is –

- unable to perform his duties of the job; and
- under the regular care of a licensed physician who confirms the participant's disability by submitting a monthly Participant Report of Disability form completed by the physician, the participant, and his employer. Physicians who are authorized to make such determination under an MCTWF Actives Plan of benefits must be either a Doctor of Medicine (M.D.), a Doctor of Osteopathy (D.O.), a Doctor of Podiatric Medicine (D.P.M), or an Oral Surgeon.

During partial weeks of disability, the participant will receive a daily benefit equal to one-seventh of the weekly amount.

Note: Once the participant retires, he/she is no longer eligible for A&S benefits. If any A&S benefits are paid beyond the retirement date, or the date the participant is no longer eligible for the benefit, the participant will be pursued for the A&S benefit overpayment.

PART 6: PRESCRIPTION DRUG BENEFITS – MCTWF ACTIVES PLAN & MCTWF RETIREES PLAN

Drug Category – Vision Enhancement Agents (Summer 2022)

CVS/Caremark has established a new drug category called Vision Enhancement Agents. This category currently contains the following prescription ophthalmic products used to improve field of vision: Vuity (pilocarpine, AbbVie), Upneeq (oxymetazoline, RVL Pharmaceuticals), and Acuvue Theravision (etafilcon).

These three prescription medications are considered cosmetic and therefore are not covered under your MCTWF benefit package effective August 1, 2022.

This excluded category of ophthalmic prescription medications will be updated as additional products become U.S. Food and Drug Administration approved.

KERENDIA® (finerenone) Medication (Summer 2022)

Kerendia (finerenone) oral tablets were approved by the FDA on July 9, 2021, to reduce the risk of kidney function decline, kidney failure, cardiovascular death, non-fatal heart attacks, and hospitalization for heart failure in adults with chronic kidney disease associated with type 2 diabetes. Kerendia is a non-specialty brand medication.

To ensure appropriate use of this new therapy, prior authorization will be required effective July 15, 2022. To obtain approval to have this medication covered, the prescribing physician must contact CVS/Caremark at
(800) 626-3046.

New Pharmacy Benefit: Disposable Insulin Pumps for Type 1 Diabetics (Fall 2022)

Effective November 15, 2022, MCTWF is providing a new CVS/Caremark pharmacy benefit that will cover specific disposable insulin pumps, including the Omnipod 5. After discussing the availability of a disposable insulin pump with the patient's physician, if the patient is eligible for this method of insulin delivery, the physician will submit a prescription to the pharmacy. The patient will be charged the applicable Brand copayment for each prescription fill. Omnipod 5 is an automated insulin delivery system which integrates with the Dexcom Continuous Glucose Monitoring (CGM) System, and is cleared for people with type 1 diabetes, aged 6 years and older.

Omnipod 5 products can help to simplify life with diabetes:

- No multiple daily injections, tubes, or fingersticks* necessary.
- Helps keep users in range day and night. Monitors glucose levels and insulin dosing all with
- the option for full control right from your compatible
- smartphone.
- Each Pod still lets you trade multiple daily injections for up to 3 days (72 hours) of continuous insulin delivery.

For a complete description of the Omnipod products please visit www.omnipod.com.
*Fingersticks are required for diabetes treatment decisions if symptoms or expectations do not match readings.

New Pharmacy Benefit: Access to COVID-19 Antiviral Medication (Fall 2022)

PAXLOVID® is a COVID-19 antiviral medication used to treat mild-to-moderate COVID-19 in adults and children (12 years of age and older weighing at least 88 pounds) with positive results of direct SARS-CoV-2 viral testing, and who are at elevated risk for progression to severe COVID-19, including hospitalization or death.

Recently, the Federal Drug Administration (FDA) revised its emergency use authorization to allow state-licensed pharmacists to prescribe the oral antiviral medication, Paxlovid.

Effective October 15, 2022, MCTWF members will be able to request and fill a prescription for Paxlovid through participating pharmacies.

Participating CVS® pharmacy pharmacists can prescribe and fill Paxlovid, for those that are eligible for treatment. Participation by other network pharmacies will be based upon the availability of the service at their individual locations. Members must contact the network pharmacy within 3 days of symptoms to determine eligibility for Paxlovid.
Pharmacists will:

- Determine your eligibility for Paxlovid.
- Prescribe Paxlovid if you're eligible.
- Refer you for additional evaluation if you're deemed not eligible.

Visit Caremark.com/findapharmacy to find a participating network pharmacy near you and contact them to see if they offer treatment for COVID-19.

The cost of the participating pharmacist assessment is covered under your prescription drug benefit in full and there is currently no cost to members for Paxlovid.

If you test positive for COVID-19, ask your physician if Paxlovid can help you with a fast recovery.

Notice of Creditable Coverage (Fall 2022)
All MCTWF Actives Plan and MCTWF Retirees Plan Prescription Drug Coverage

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

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

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

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

MCTWF has determined that the prescription drug coverage offered by all MCTWF benefit packages with prescription drug coverage, on average for all plan members, is expected to pay out as much as standard Medicare prescription drug coverage pays and therefore is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
When can you join a Medicare drug plan?

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

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

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

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

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

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help visit Social Security on the web at www.socialsecurity.gov or call them at 1-800- 772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

September 1, 2022
Michigan Conference of Teamsters Welfare Fund

CVS/Caremark Standard Formulary Exclusions and Additions (Winter 2022 – 2023)

The following list reflects those prescription medications that, effective January 1, 2023, 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.

Since the full list of drugs excluded from or added to the Standard Formulary in prior years has become too lengthy for publication here, the all-inclusive list is published on our website at www.mctwf.org (click on the *Info Links* page).

Common Condition/ Therapeutic Class	Drug Newly Excluded from Standard Formulary Effective 1/1/23 (Subject to Prior Authorization)	Recommended Alternative Generic or Brand Drugs in Therapeutic Class (note: the below listed generics are not the direct generic equivalent of the brand drug that is subject to Prior Authorization)	Drugs Added or Added Back to Standard Formulary Effective 1/1/23 (No Longer Subject to Prior Authorization)
Antiarrhythmics	MULTAQ, NEXTERONE	amiodarone	
Anti-Inflammatory, Cryopyrin-Associated Periodic Syndromes (CAPS)	ARCALYST	ILARIS	
Asthma, Severe	NUCALA LYOPHILIZED	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	
Asthma, Steroid Inhalants	ARNUITY ELLIPTA, FLOVENT DISKUS, QVAR REDIHALER	FLOVENT HFA, PULMICORT FLEXHALER	
Attention Deficit Hyperactivity Disorder	ADDERALL XR		amphetamine-dextroamphetamine ext-rel
	CONCERTA		methylphenidate ext-rel
Autoimmune Agents			ILUMYA
Atopic Dermatitis			ADBRY, CIBINQO
Cancer, Antimetabolites	ALIMTA	pemetrexed	
Cancer, Follicular Lymphoma Phosphatidylinositol-3-kinase (PI3K) Inhibitors			ZYDELIG
Cancer, Poly-ADP Ribose Polymerase (PARP) Inhibitors	RUBRACA	LYNPARZA, ZEJULA	
Cancer, Rearranged During Transfection (RET) Inhibitors			GAVRETO, RETEVMO
Cancer, Renal Cell Carcinoma	SUTENT, VOTRIENT	sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR	
Dermatology, Acne Products			WINLEVI
Endocrine, Metabolic Modifiers	NITYR	ORFADIN	
Hematologic, Hemophilia B	BENEFIX, IXINITY, RIXUBIS	ALPROLIX, REBINYN	ALPROLIX
Hematologic, Thrombocytopenia Agents			MULPLETA (non-preferred)
Hereditary Angioedema	FIRAZYR	icatibant, RUCONEST	
Migraine, Calcitonin Gene-Related Peptide Inhibitors (CGRP) Inhibitors*			AIMOVIG
Overactive Bladder, Incontinence Urinary Antispasmodics	TOVIAZ	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA	
Pain & Inflammation, Non-steroidal Anti-Inflammatory Drugs (NSAIDs)*	diclofenac capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	
	diclofenac solution 2%	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	
Pain, Opioid Analgesics	NUCYNTA	hydromorphone, morphine, oxycodone	
	NUCYNTA ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER	
Parkinson's Disease			RYTARY
Pulmonary Fibrosis Agents	ESBRIET	pirfenidone, OFEV	
Sleep Disorders	EDLUAR	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO	DAYVIGO
Ulcerative Colitis	ASACOL HD		mesalamine delayed-rel tablet 800 mg

Generic Drugs: A Safe and Cost-Effective Choice (Spring 2023)

Generic drugs are medications with the exact same active ingredient as brand-name drugs, taken the same way and offer the same effect. They do not need to contain the same inactive ingredients (flavoring or preservatives) as the name-brand product and they can only be sold after the brand-name drug's patent expires.

Generic drugs offer the same quality as brand-name medications. They work just like their brand-name equivalents in dosage, strength, performance, and use. Generic drugs are required to meet the same quality and safety standards set by the U.S. Food and Drug Administration (FDA).

There are only two main differences between generic and brand-name drugs:

- The inactive ingredients, such as flavoring or preservatives, may change; and
- Generics generally cost less than brand-name versions.

The U.S. Food and Drug Administration sets standards for generic drugs to ensure they work the same way and have the same benefits and risks as their brand-name counterparts.

Generic drugs must match the brand-name versions in the following ways:

- They must have the same active ingredients;
- The dosage and strength must be identical; and
- The overall quality, stability and safety must be the same.

A generic drug must be "bioequivalent" to the brand-name product, meaning they have to be chemically similar. A recent study that compared generics to brand-name drugs found, on average, only a 3.5% difference in absorption into the body.
Generic drugs are just as effective, and they offer an average of 30%-80% savings over their brand-name counterparts. (Based on CVS/Caremark retail cash prices.)

Cost-saving generic medications are available for many prescription medications. Always talk to your doctor about the best course of your treatment. Some medicines don't have a generic version but your doctor or pharmacist can see if there are alternatives you can try. You may find the savings are well worth the change. information provided by CVS/Caremark.

For the full CVS/Caremark Performance Drug list, including generics, visit the *Info Links* page at www.mctwf.com.

Antidiabetic GLP-1 and GIP/GLP-1 Agonists Utilization Management Program for Diabetic Patients (Spring 2023)

Effective July 1, 2023, a new CVS/Caremark utilization management program for Antidiabetic GLP-1 and GIP/GLP-1 Agonist medications will require members who are newly prescribed these medications, to obtain prior authorization before the medication will be covered.

Glucagon-like peptide (GLP-1) and gastric inhibitory polypeptide (GIP) are classes of drugs used with a proper diet and exercise program to control high blood sugar in people with Type 2 diabetes mellitus. Because this medication is being used by patients who have not been diagnosed with Type 2 diabetes mellitus, and thereby creating shortages of the medications, prior authorization will be required.

Current MCTWF members who have filled a prescription for at least a 30-day supply of any antidiabetic medication in the past two years, will not be subject to the prior authorization process. Written communication is being sent to any members (and physicians who prescribed the medication) who have had an antidiabetic medication filled that does not meet the utilization criteria to bypass the prior authorization process. Physicians can obtain prior authorization for the antidiabetic medication for Fund members by calling CVS/Caremark at (800) 294-5979. If you have any questions, the MCTWF Member Services Call Center is available Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

Notice of Creditable Coverage (Summer/Fall 2023)

All MCTWF Actives Plan and MCTWF Retirees Plan Prescription Drug Coverage

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

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

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

Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage.

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

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

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

Your current coverage pays for other health expenses, in addition to prescription drugs, and you still will be eligible to receive all of your current MCTWF Actives Plan health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

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

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

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

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

September 1, 2023
Michigan Conference of Teamsters Welfare Fund

MCTWF Prescription Coverage Includes REZDIFFRA® and VOQUEZNA® (Fall 2024)

In March 2024, the U.S. Food and Drug Administration (FDA) approved a medication sold under the brand name Rezdiffra.

Rezdiffra is a prescribed oral tablet medication along with diet and exercise, to treat adults with nonalcoholic steatohepatitis (NASH) with moderate to advanced liver scarring (fibrosis), but not with cirrhosis of the liver.

In November 2023, the FDA ap- proved a medication sold under the brand name Voquezna.

Voquezna is a prescribed oral tablet medication, the first potassium-competitive acid blocker drug for treating erosive and non-erosive gastroesophageal reflux.

Effective January 1, 2025, through CVS/Caremark prescription drug benefits, coverage for Rezdiffra and Voquezna will require prior authorization. The Rezdiffra prior authorization will have strict requirements, including asking the prescriber to answer drug-specific criteria and submitting supporting chart documentation.

The Voquezna prior authorization will require that the member have an FDA-approved indication and require members to have tried a Proton Pump Inhibitor (PPI) or have a contra- indication/intolerance to a PPI prohibiting them from trying a PPI before approved for Voquezna. In addition, if Voquezna is prior authorized, there will be a quantity limit based on the member's diagnosis.

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

CVS/Caremark Cost Saver Program Helps MCTWF Members Save Money (Fall 2024)

MCTWF is working with CVS/Care- mark® to help bring the costs of some prescriptions down for members.

Effective September 1, 2024 MCTWF implemented the CVS/Caremark Cost Saver Program for members, available at any in-network participating pharmacy.

Cost Saver helps you get lower costs, when available, on many generic medications. All you have to do is present your MCTWF Networks ID card when you pick up your prescriptions at a participating pharmacy.

The program price comparison will occur automatically – no other action is required. The MCTWF CVS/Caremark Cost Saver, powered by GoodRx, benefits include:

- Providing you with lower prices (when available) for many non-specialty generic drugs.
- Automatically applying the lowest out-of-pocket costs to eligible medications.
- Delivering you a seamless experience that avoids wasted time shopping around.

Your MCTWF Networks ID card is all you need for Cost Saver to work. Just show it to your pharmacist, and the savings will be applied, if available, for the prescriptions purchased.

To find participating providers, visit the *Provider Networks* tab at www. mctwf.org.

Michigan Conference of Teamsters Welfare Fund

Notice of Creditable Coverage (Fall 2024)

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1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

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When can you join a Medicare drug plan?
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September 1, 2024
Michigan Conference of Teamsters Welfare Fund

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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 ASIMTUFII^
Central Nervous System, Botulinum Toxins*	DYSPORT	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, TWIIST INSULIN INFUSION PUMP	TWIIST INSULIN PUMP AND SUPPLIES^
Endocrine and Metabolic, Enzyme Replacements	CHORIONIC GONADOTROPIN, NOVAREL, OVIDREL	PREGNYL	NEXVIAZYME^
Endocrine and Metabolic, Fertility Regulators*	OVIDREL	PREGNYL	PREGNYL
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*			ALTUVIIIO^, BENEFIX
Hematologic, Thrombocytopenia Agents*	MULPLETA	DOPTELET	
	PROMACTA, TAVALISSE	ALVAIZ, DOPTELET	
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).

Women's Health and Cancer Rights Act of 1998 (Winter 2024 – 2025)

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/healthplans/womens.

CVS/Caremark Standard Formulary Exclusions Effective July 1, 2025 (Spring 2025)

The following list reflects prescription medications/supplies that, effective July 1, 2025, are newly excluded from CVS/Caremark's Standard Formulary. CVS/Caremark has notified current utilizers and their prescribing physician of the newly excluded drugs/supplies and provided a list of covered alternative drugs/supplies that are therapeutically equivalent.

Drug Newly Excluded from Formulary Effective 7/1/25	**Recommended Alternative Generic or Brand Drugs in Therapeutic Class**
ZEPBOUND (4) Pen	Orlistat, QSYMIA, SAXENDA, WEGOVY
One-Touch test strips and kits	Accu-Check strips and kits, Tru Metrix strips, and kits

If you have a current prior authorization for ZEPBOUND, the remaining authorization period following July 1, 2025, will be transitioned to the recommended therapeutic equivalent medication your physician prescribes. Your physician will need to provide you with a new prescription for the recommended alternative medication before July 1, 2025.

In order to obtain prior authorization for an excluded formulary medication effective July 1, 2025, your prescribing physician must contact CVS/Caremark at (800) 626-3046. If you refill the listed medication/supplies on or after July 1, 2025, without an approved prior authorization, you will be responsible for the full cost of the medication/supplies.

Questions can be directed to the MCTWF Member Services Call Center Monday through Friday from 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll-free at (800) 572-7687.

Prescription Update (Fall 2025)

JOURNAVX™ (suzetrigine) is a newly approved, first in class non-opioid analgesic designed for moderate to severe pain management. In order to ensure appropriate use of this new medication, there will be a quantity limit of the FDA-approved dosing of 29 tablets per month, effective 1/1/26.

If additional medication is needed during the month, a physician can request prior authorization for additional quantities, if medically necessary, up to a maximum quantity of 58 tablets per month.

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

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

Take Advantage of CVS/Caremark Mail Order Pharmacy Services (Fall 2025)

Many MCTWF members find delivery from the CVS/Caremark mail order pharmacy convenient and reassuring, particularly when they're taking longer-term medications like those for high blood pressure or diabetes.

The mail order service is merely one of the methods through which CVS/Caremark simplifies and enhances access to healthcare, and in certain instances, it may reduce costs. Active members will benefit from a financial savings, due to lower active member cost share, and will appreciate the ease of home delivery. Retirees will find comfort in having their medications delivered directly to their residence.

Members who take long-term maintenance medications for chronic conditions can choose the convenient way to receive a 90-day supply through home delivery.

To set up automatic refills and renewals, fill out the mail service order form available on the *Forms* page of the MCTWF website at www.mctwf.org, listed under "Claim Forms." Also, you can create or sign in to your Caremark.com account and select Manage Automatic Refills under the prescriptions menu. You'll need to choose which medications you'd like automatically refilled, set up a payment method, and choose how you'd like to receive messages about refills (text, automated phone call, or email).

If you do not currently have 90-day prescriptions for maintenance medications, talk to your primary care physician. Your doctor can send your refills directly to CVS/Caremark's mail order pharmacy to save time.

CVS/Caremark delivers up to 90-day supplies by mail to your home, office, or wherever you choose. The prescriptions are filled by a licensed pharmacist and checked for quality. The packages are discreet, secure, and they hold up in any weather. CVS/Caremark will send you a text message 10 days before every refill to confirm your order. You can make changes or cancel at any time. Their mobile app allows you to manage and track your prescriptions on your own time.

CVS/Caremark will charge your payment method on file for the copayment/coinsurance after the prescription order has shipped. There is no fee for regular shipping, but overnight and two-day shipping requires additional fees.

If CVS/Caremark Mail Service Pharmacy is unable to reach your doctor for renewals, it will contact you via your preferred communication method, alert you to the problem, and ask you to contact your doctor.

You can cancel automatic prescription mail order refills at any time through your Caremark.com account or by calling CVS/Caremark at (800) 746-7287.

Michigan Conference of Teamsters Welfare Fund

2025 Notice of Creditable Coverage (Fall 2025)

All MCTWF Actives Plan and MCTWF Retirees Plan Prescription Drug Coverage

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

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

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

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

When can you join a Medicare drug plan?

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

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

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

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

You also should know that if you drop or lose your current coverage with MCTWF and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (penalty) to join a Medicare drug plan later. If

you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that
you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

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

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

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

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher premium (a penalty).

September 1, 2025
Michigan Conference of Teamsters Welfare Fund

CVS/Caremark 2026 Standard Formulary Exclusions and Additions (Winter 2025 – 2026)

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			DYSPORT
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).

Prescription Update (Winter 2025 – 2026)

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 eff ect 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.

PART 7: DENTAL PROVIDERS – MCTWF ACTIVES PLAN AND MCTWF RETIREES PLAN

Predeterminations are Recommended for Dental Work Over $200 (Winter 2022 – 2023)

A predetermination can prevent costly surprises by providing estimates regarding how much certain dental services will cost you under your MCTWF dental plan.

A predetermination is an estimate provided prior to dental treatment informing you:

- If the treatment is covered.
- The allowed amount that can be paid by MCTWF.
- The amount for which you will be responsible.

This is a free, optional service provided to members to help you make an informed decision about your dental treatment and associated costs.

A predetermination is not a guarantee of payment – it is an estimate of what you can expect to owe.

You may want to ask your dentist to submit a predetermination to MCTWF for more expensive procedures or extensive treatment. Typically, this would include procedures such as crowns, bridges, root canals, removal of wisdom teeth, periodontal treatment, and other high-cost treatments.

A predetermination estimate allows you to find out in advance what is covered and what your share of the costs will be before you receive the service. Some dental services may be limited or not covered by your plan. Any deductible or maximums applied are included.

Once you receive the predetermination, you can make an informed decision about whether you want to proceed with the treatment, or discuss alternative options with your dentist.

Dental Benefit for Occlusal Guards (Spring 2023)

An occlusal guard is a removable dental appliance that is designed to minimize the effects of bruxism (grinding of the teeth) and other occlusal factors. An occlusal guard from a dental office is custom made for a specific patient’s requirements.

The occlusal guard, adjustments, and relines to the appliance are covered benefits under the MCTWF Actives Plan and MCTWF

Retirees Plan Supplemental Benefits Rider dental benefit as Class II basic restorative services.

These benefits apply toward the annual dental benefit maximum and, if applicable, toward the dental benefit deductible (for Dental Plans 2 and 3).

Effective with dates of services **February 2, 2023** and after, MCTWF dental benefit limitation for the occlusal guard will be payable once in a five-year period. Previously, the occlusal guard was payable once per lifetime.

The dental benefit limitation for adjustments and relines will remain as follows:

- Occlusal guard complete adjustment is payable once per sixty-month period.
- Occlusal guard limited adjustment is payable not more than three times in a sixty-month period.
- Occlusal guard reline is payable once per thirty-six-month period.

Be Smile Smart with Delta Dental (Summer 2024)

A smile is the first thing others notice about you, so when it comes to your mouth, the choices you make as a child, teenager, and adult, are more important than you think.

To access more information on oral healthcare or register for Delta Dental's Member Portal, visit the *Info Links* webpage on the MCTWF website at www.mctwf.org

The Delta Dental Member Portal gives you easy, secure access to your MCTWF benefit information 24/7, a provider database and discount savings, and is available as an app.

Taking care of your mouth now will ensure a beautiful smile today and in the future.

Cavities aren't just for kids, and as we age into adulthood, it's important to maintain good oral health to ward off preventable dental problems.

Untreated dental disease can lead to serious health problems such as infection, damage to a bone or nerve, and tooth loss. In order to keep smiles healthy and happy, adults should continue with the same routine as when they grew up.

Brush twice a day for two minutes, floss daily, and rinse with mouthwash.

Routine dental checks can catch hidden oral emergencies early and reduce the risk for tooth decay. If you wait to see a dentist until pain has already started, it's likely too late to treat decay.

Here are some tips to bring your oral health A-game. Think twice when it comes to:

- Drink choices. Drinks like soda pop, sports drinks, energy drinks, and juice are all loaded with sugar. Unless you want a mouth full of cavities, load up on water when you're thirsty.
- Oral piercings. They may seem cool, but piercings in and around the mouth can make it hard to talk, chew and swallow. A piercing can even cause loss of sense of taste and excessive drooling. Plus, infections are common and can even be life threatening.
- Eating habits. We all know candy is bad for our teeth, but other foods like bread and breakfast cereals stick to our teeth and can damage them. Also, remember that eating disorders like anorexia, bulimia and binge eating can damage teeth. If you are battling an eating disorder, reach out and seek help—maybe start with talking to someone that is trusted.
- Drugs. Most illegal drugs can destroy not only the mind and body but also the teeth.
- Tobacco. Almost 90 percent of people who have oral cancer have used tobacco. All products put you at risk, including cigarettes, pipe tobacco, vape, smokeless tobacco, and cigars. Source: Delta Dental

The Importance of Dental Benefits (Fall 2025)

MCTWF dental plans, available to members with dental benefits, are easy to use and provide the confidence to keep a healthy smile.

Class I benefits cover diagnostic and preventative services, emergency palliative services, and radiographs (x-ray) at 100% with in-network dentists. Additional charges may apply with out-of-network dentists.

Class I and Class II benefits, as well as various other MCTWF dental benefits, are outlined in the Summary Plan Description (SPD) booklet. Specific degrees of coverages with percentages can be found in your Schedule of Benefits for your specific benefit package number.

MCTWF has contracted with Delta Dental of Michigan's Premier and PPO networks, which are available nationwide. Delta suggests that when verifying whether a dentist is in the network, always ask, "Are you a Delta Dental Premier or PPO dentist?"

Preventative dental care is a combination of the daily care at home by brushing and flossing teeth coupled with regular dental checkups.

A regular dental checkup will often include a teeth cleaning by a licensed dental hygienist, a dental exam by a dentist, as well as x-rays, if needed.

In general, MCTWF will pay your dentist according to the maximum allowable benefit (MAB) schedule amount, or your dentist's charge, whichever is less. Out-of-Network dentists could charge more than network contractual rates. If your dentist's charges are over the MAB amount, you will be responsible for the balance from a non-network provider. In other words, you will be responsible for any difference between what the dentist charges and what MCTWF pays if you are using a non-network provider.
Visit your dentist regularly or find one included in your dental plan today. In between checkups, remember these tips to keep your mouth healthy:

- Drink water with fluoride, if possible, and use fluoride toothpaste. Fluoride protects against dental decay.
- Floss and brush teeth twice daily (if you're a caregiver for someone who can't brush or floss his/her own teeth, you'll need to help).
- Visit your dentist regularly, even if you have no natural teeth and have dentures.
- Avoid tobacco and alcohol. They can raise the risk for oral and throat cancers.
- If medicines lead to a dry mouth, ask your doctor if other drugs might be used instead. If dry mouth continues, drink plenty of water, chew sugarless gum, and avoid tobacco and alcohol.

Delta Dental is the dental network that has been contracted by MCTWF. However, any questions related to dental claims should be directed to MCTWF by contacting our Member Services Call Center Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll-free at (800) 572-7687. Do not call Delta Dental regarding claim information for your MCTWF dental plan.

PART 8: VISION BENEFITS - MCTWF ACTIVES PLAN & MCTWF RETIREES PLAN

A Look at Your Overall Health Through EyeMed (Summer 2024)

Clear vision isn't the only benefit of getting an annual eye exam. Through an eye exam, your eye doctor can identify early warning signs and manifestations of many systemic and chronic diseases including:

- Diabetes
- Heart disease
- High blood pressure
- Autoimmune diseases including multiple sclerosis, lupus, Sjögren's syndrome, and rheumatoid arthritis
- Lyme disease
- Brain tumor
- Cancers of blood, tissue, or skin

When you're ready to schedule your exam, visit the EyeMed™ Provider Locator at www.eyedoclocator.eyemedvisioncare.com to browse thousands of in-network providers to access state of the art exam technology, virtual lens tools and simulators, and a large selection of optical and sun frames.

Before you head to your eye exam, be sure to log in or create an account on EyeMed Member Web at www.member.eyemedvisioncare.com/member to view your vision benefits, special offers, and more. Or download the EyeMed app at your app store. Registered members are rewarded for taking care of their vision and learning about healthy behaviors.

Members can earn rewards for getting an eye exam, and pick up wellness tips – all while learning healthy behaviors. Rewards include:

- Savings at specified retailers
- LASIK discounts
- Eyeglass discount
- Contact lens discounts

As you're working on your annual health and wellness to-do list, you can keep your eye (and overall) health on the right track by incorporating the following simple habits into your lifestyle:

- Eat a healthy diet, including leafy greens like spinach and kale. Eating fish high in omega-3 fatty acids – like salmon, tuna, and halibut – is good for your eyes, too.
- Wear sunglasses that block out harmful UVA and UVB radiation from the sun.
- Quit smoking. Smoking increases your risk of diseases like macular degeneration and cataracts – and it can harm the optic nerve.
- Get active. Being physically active helps lower your risk of health conditions that can cause eye health or vision problems – like diabetes, high blood pressure, and high cholesterol.
- Follow the 20-20-20 rule if you spend a lot of time focusing on a screen – every 20 minutes, look about 20 feet in front of you for 20 seconds.

Source: EyeMed,

MCTWF Members Receive Additional Vision Discounts With EyeMed Eye360 (Fall 2024)

Effective January 1, 2025, the EyeMed Eye360® Program will be available to MCTWF members with vision coverage. It includes enhanced insurance benefits for members who visit EyeMed PLUS participating providers.
Eye360 PLUS Providers* are a select group of vision service providers in the EyeMed network that offer enhanced benefits. The Eye360 benefits include:

Members get an additional $50 frame allowance when visiting PLUS Providers. That is in addition to the frame allowance your MCTWF benefit package provides. The additional benefit applies to all frames carried at PLUS Provider locations, not just certain brands.

Members receive an extra $50 allowance toward the purchase of contact lenses. That is in addition to the contact lens allowance your MCTWF benefit package provides.

The extra perks of Eye360 are built right into the members' vision benefit which means it is automatic. There are no promo codes to remember, no coupons to clip, and no claims to file.

Members need only to visit a PLUS Provider and show their MCTWF Networks ID card to save.

To find a PLUS Provider, visit www. eyemed.com or download the convenient app. The mobile app can be found at the App Store or Google Play. App users can:

- Log in using their fingerprint or facial recognition (for iPhones and many other smartphones).
- Search thousands of in-network eye doctors and PLUS Providers.
- Schedule an eye exam straight from the app.
- Check out exclusive member deals and discounts.
- Save prescription information.
- Learn about additional benefits and discounts.

For more information, you can link to EyeMed services from the *Info Links* tab at www.mctwf.org.
*Not available in all states.

PART 9: DEATH BENEFITS - MCTWF ACTIVES PLAN

Designating and Updating your Death Benefit Beneficiaries (Spring 2023)
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).

Regardless of a subsequent divorce, 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. 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.

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. Therefore, please keep your death benefit beneficiary designation up to date. To add or change beneficiaries from those on your enrollment card, go to the *Forms* page of MCTWF's website at www.mctwf.org and fill out the Change of Beneficiary Form and return it to MCTWF.

Designating and Updating Your Death Benefit Beneficiaries (Winter 2025 – 2026)

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

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

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

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

ONLY FOR PARTICIPANTS WITH DEATH BENEFIT COVERAGE OR UNPAID TOTAL AND PERMANEN... BILITY BENEFITS AT THE TIME OF DEATH

IF YOU DO NOT INDICATE OTHERWISE, THE BENEFICIARIES WILL RECEIVE EQUAL SHARES O... OUR DEATH BENE...

NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	FULL ADDRESS OF BENEFICIARY (City, State, ...	% O... EFIT	RELATIONSH...	SEC. NO. OF BENEFICIARY
NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	FULL ADDRESS OF BENEFICIARY (Cit... Zip Code)	% OF B... T	RELA... HIP	SOC. SEC. NO. OF BENEFICIARY
NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	FULL ADDRESS OF BENE... (City, State, ...	% OF BENEFIT	RELATIONSHIP	SOC. SEC. NO. OF BENEFICIARY
NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	FU... S OF BENE... ARY ... State, Zip C...	% OF BENEFIT	RELATIONSHIP	SOC. SEC. NO. OF BENEFICIARY

If "100% of benefit" is listed ... than one b... iciary, the first bene... ary listed will receive 100% of the benefit and each succeeding beneficiary will be entitled to ... nly if the p... beneficiary dies before the participant. Before payment of a death benefit can be made to a designated beneficiary who is ... inor, ... rder issue... the probate court appointing a guardian or conservator with full authority to access, receive ap... f the nam... minor's ... must ... rovided to MCTWF.

By si... ng this form I certify ... at the information provided is complete and accurate as of the date of my signature.

Participant Name (please p... t) _____ Participant Signature _____ Date _____

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

_____
Notary Public

My Commission Expires: _____

SAMPLE

PART 13: HOW TO FILE A CLAIM – MCTWF ACTIVES PLAN & MCTWF RETIREES PLAN

Important Notice: Federal No Surprises Act Now in Effect (Summer 2022)
The Federal No Surprises Act (NSA) became effective April 1, 2022. The law aims to help patients understand health care costs in advance of care and to minimize unforeseen or "surprise" medical bills.

Unforeseen medical bills can happen when a patient receives emergency or scheduled clinical care or services from a provider or facility that is considered out-of-network or non-participating by that patient's insurance plan. Sometimes a patient is unaware they are receiving out-of-network services. These surprise bills are often called "balance billing" or "out-of-network billing." Providers and facilities are required to provide you with the following information regarding the NSA.

An exception to federal surprise billing protections is allowed if patients give prior written consent to waive their rights under the NSA and be billed more by out-of-network providers. Providers are never allowed to ask patients to waive their rights for emergency services or for certain other non-emergency services or situations addressed in the NSA.

Your Rights and Protections Against Surprise Medical Bills
When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?
When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a healthcare facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care — like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services
If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition unless you give written consent and give up your protections not to be balanced billed for these post- stabilization services.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of- network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

*The information contained in this notice, and additional details, can be found by visiting: https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:
You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

Generally, your health plan must:

- Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact Centers for Medicare & Medicaid Services (CMS) No Surprises Help Desk at (800) 985-3059 from 8 a.m. to 8 p.m. EST, seven days a week, for questions/complaints or visit https://www.cms.gov/nosurprises for additional information about your rights under federal law.

MCTWF medical benefits are in compliance with the No Surprises Act.

How to File a Claim with MCTWF and the Time Limits Involved – Reminder (Spring 2025)

All claims for benefits must be received within 15 months after the date the eligible expense is incurred (i.e., date the services were rendered) except as noted below.

If the Fund requests additional information from you or your provider with regard to your claim, the Fund must receive the response within 45 days from the date of the request. If no response is received, the claim will be denied.

The following is a list of claim types and current corresponding time limits for receipt:

- Claims for medical, dental, and vision benefits must be received by MCTWF within 15 months following the date that the eligible expense is incurred (i.e., the date the services were rendered).
- For pharmacy claims, the date of service is the date the pharmacy fills the prescription. If you pay out of pocket for the prescription and are requesting reimbursement, you must do so within 15 months from the date the prescription is filled by the pharmacy.
- Claims for weekly accident and sickness benefits and total and permanent disability benefits must be received within 15 months following the date that the disability began (which, for this purpose, is the date of the first medical service to treat the disability after the last day worked).
- If a timely claim is incomplete, or additional information is required to adjudicate the claim, you will be given 45 days from the date of MCTWF's request to provide the necessary additional information.
- If you fail to provide the requested information within the 45-day period, the claim will be denied.

- Claims for participant death benefits and accidental death and dismemberment benefits must be received within three years following the date of death or dismemberment. If the named beneficiary is under 18 years of age at the time the death occurs, the beneficiary's claim must be received before the later of one year following his/her 18th birthday, or three years from the date of death.
- Claims for spouse and dependent child death benefits must be received within three years after the date of death.

MCTWF receives numerous requests from members for benefit reimbursement without a completed claim form. The Summary Plan Description states that to receive a reimbursement for covered services, you are obligated to submit the paid receipt to MCTWF along with a completed claim form within the required claim filing limits.

Claim forms are available at www.mctwf.org on the *Forms* page, the MCTWF Participant Web Portal's Document Center, or by contacting MCTWF Member Services Call Center Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll-free at (800) 572-7687.

PART 17: COORDINATION OF BENEFITS – MCTWF ACTIVES PLAN & MCTWF RETIREES PLAN

Coordination of Benefits Update (Winter-Spring 2024)

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:

- The plan covering the parent whose birthdate is earlier in the year,
- The plan covering spouse of the parent who is primary,
- The plan covering parent with the later birthdate.
- The plan covering spouse of parent with later birthdate.
- For additional details and other rules, refer to section 17.1 in your SPD.

Understanding How MCTWF Medical Benefits Work with Medicare (Fall 2025)

When you become eligible for Medicare, it can be confusing to figure out how your MCTWF benefits coordinate with it. Here's a quick guide to help.

In the case of MCTWF Actives Plan participation, if you are enrolled in Medicare and are age 65 or more, or are enrolled in Medicare based on disability, the MCTWF Actives Plan is the Primary Plan for coordination of benefit purposes while you are actively employed, except as noted below.

If you are covered by Medicare due to End Stage Renal Disease, the MCTWF Actives Plan is the Primary Plan for up to 30 months from the Medicare eligibility date. After the 30-month period, Medicare is primary for coordination of benefit purposes.

When Medicare is primary, MCTWF Actives Plan benefits will be limited to those in excess of Medicare Part A and Medicare Part B benefits, up to your MCTWF Actives Plan benefit package limits, regardless of whether the beneficiary has enrolled in Medicare Part B.

In the case of COBRA continuation coverage plan participation: If you are enrolled in Medicare and are age 65 or more, or are enrolled in Medicare based on disability, and elect COBRA continuation coverage, Medicare is the Primary Plan for coordination of benefit purposes. Your continuation MCTWF coverage plan benefits will be limited to those in excess of Medicare Part A and Medicare Part B benefits, up to your continuation coverage plan limits, regardless of whether enrolled in Medicare Part B.

If you are not enrolled in Part B, you will be held responsible for large portions of the bills for those services normally covered by Part B, beyond the MCTWF plan limits of 20% coverage.

For more information about Medicare benefits, contact your local Social Security Administration office, visit www.medicare.gov or call 1-800-MEDICARE.

For more information about your MCTWF benefits, call the Member Services Call Center Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll-free at (800) 572-7687.

Messenger Memo: Married MCTWF Eligible Dependents Covered Under their Spouse's and their Parent's Insurance – (Spring 2026)

In addition to the Coordination of Benefits Section 17 in the SPD, for married MCTWF eligible dependents who are covered under their spouse's insurance and their parent's insurance, the order of benefits for the dependent child are as follows:

- The plan that has been in place the longest.
- If both plans have the same effective date, the primary position is determined by the policyholder whose birthday falls earlier in the calendar year.

PART 19: YOUR RIGHTS UNDER ERISA – MCTWF ACTIVES PLAN & MCTWF RETIREES PLAN

MCTWF's New Summary Plan Description is Available and On the Way! (Summer 2022)

A new Summary Plan Description (SPD) booklet is on the way to participants. The SPD provides general information about the MCTWF Actives Plan and MCTWF Retirees Plan effective as of April 2022. Along with the SPD, you will receive the MCTWF Schedule of Benefits specific to your benefit package that describes what benefits are covered and your cost sharing requirements.

The Summary Plan Description is required by The Employee Retirement Income Security Act (ERISA) of 1974. The purpose of this Summary Plan Description is to acquaint participants with the provisions of the MCTWF plans, the way in which they are administered, and participants' rights under the federal law which applies to employee benefit plans.

Every effort has been made to make this Summary Plan Description as accurate as possible. All updates to the plan are mailed to participants in the form of the *Messenger* newsletter and other direct mailings. The new SPD is also available on the website at www.mctwf.org. A new *Messenger* Compilation will also be available on the website. An archive of past *Messengers* is located on the website at www.mctwf.org.

New MCTWF Participant Web Portal Coming Soon (Summer 2022)

MCTWF is in the process of upgrading the Participant Portal. This useful tool provides access to your protected health information maintained by MCTWF through a fully secured personal account and is accessible from our website home page at www.mctwf.org. Expected to launch soon, the new "Participant Web Portal" will provide improved navigation and appearance.

Everyone who wishes to access the new portal will be required to create an account – even if you have an account on the current portal. By creating a new Participant Web Portal account when it becomes available, you will continue to have access to:

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.

If you find that your address or phone number information is not correct, you can go to the *Account Maintenance* screen to update and submit the corrected information.

- 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.

MCTWF's New Participant Web Portal is Live! (Winter 2022 – 2023)

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

Included in the upgrades is the new "Participant Web Portal" found on the home page of the Fund website at www.mctwf.org. This useful tool provides secure access to your protected health information maintained by MCTWF through a fully secured personal account.

The new Participant Web Portal provides improved navigation, security, and appearance. Members who wish to access the new portal will have to create a new private account – even if you had an account on the old portal, which is no longer available.

By creating a new Participant Web Portal account, you will have access to:

- Participant Dashboard which provides easy access to all services.

- Health Claim screen which provides dates, amounts of claims paid, Explanation Of Benefits (EOBs), and the member's claim history. EOBs can be printed from there.
- Deductibles page displays deductible amounts met for the current year based on claims processed.
- Beneficiaries screen provides the list of those dependents eligible for coverage.
- Document Center has all MCTWF forms for easy access.
- Disability Payments screen keeps a record of any disability claims, if applicable to the member's benefit package.
- Demographics screen displays contact information for covered individuals.

For any questions about the new member portal, contact Member Services Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

Summary Annual Reports for MCTWF Actives Plan and MCTWF Retirees Plan Participants (Winter 2022 – 2023)

Summary Annual Reports for MCTWF Actives Plan and MCTWF Retirees Plan Participants Michigan Conference of Teamsters Welfare Fund Plan Year Ended March 31, 2022

For MCTWF Actives Plan

This is a summary of the annual report of the MCTWF ACTIVES PLAN, EIN 38-1328578, Plan No. 501, for the period April 1, 2021, through March 31, 2022. 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 $539,536,125 as of March 31, 2022, compared to $547,179,453 as of April 1, 2021. During the plan year the plan experienced a decrease in its net assets of $7,643,328. This decrease 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 $300,905,587, including employer contributions of $298,279,615, employee contributions of $1,009,745, earnings from investments of $1,614,334, and other income of $1,893.

Plan expenses were $308,548,915. These expenses included $14,386,848 in administrative expenses, and $294,162,067 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:

- an accountant's report;
- financial information;
- assets held for investment;
- 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 TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND in care of KYLE STALLMAN who is Plan Administrator at 2700 TRUMBULL AVENUE, DETROIT, MI 48216, or by telephone at (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 legally protected right to examine the annual report at the main office of the plan (TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND, 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 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, EIN 38-1328578, Plan No. 502, for the period April 1, 2021 through March 31, 2022. 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 $55,352,283 as of March 31, 2022, compared to $55,654,420 as of April 1, 2021. During the plan year the plan experienced a decrease in its net assets of $302,137. This decrease 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 $8,976,973, including employer contributions of $5,915,334, employee contributions of $3,236,895, earnings from investments of ($175,288), and other income of $32.

Plan expenses were $9,279,110. These expenses included $675,211 in administrative expenses, and $8,603,899 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:

- an accountant's report;
- financial information;
- assets held for investment;
- 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 TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND in care of KYLE STALLMAN who is Plan Administrator at 2700 TRUMBULL AVENUE, DETROIT, MI 48216, or by telephone at (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 legally protected right to examine the annual report at the main office of the plan (TRUSTEES OF MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND, 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Visit www.mctwf.org to stay informed.

Summary Annual Reports for MCTWF Actives Plan and MCTWF Retirees Plan Participants (Winter-Spring 2024)

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 $5,697,562, employee contributions of $3,153,925, earnings from investments of ($3,219,926), 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.

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.

Important Safety Tips for Keeping Your Online Information Secure (Fall 2024)

It seems every day one can read about a new data breach.

MCTWF is committed to doing all it can to ensure the information you share with us is safe and secure. In fact, we supplement our own in-house security experts and tools with reputable third-party cybersecurity organizations to help monitor and protect our computing network around the clock. We also provide our staff with persistent cybersecurity training and testing to improve our ability to detect and properly handle suspicious communications and requests. We also provide our members with the ability to send us encrypted e-mail from our website.

It's important to understand that keeping information safe and secure is a shared responsibility, as the sender and receiver both need to ensure they are following best practices to keep the information they share with each other secure. To that end, here are some tips you can use to defend your information from being compromised:

Use Strong, Unique Passwords: It's a good practice to make sure passwords are complex and hard to guess, and to not use the same password on multiple sites. No one likes having to remember passwords, so if you have a lot of online accounts, you may wish to install a reputable password manager to generate and save complex passwords for you. Also, you should change your passwords at least every 3-4 months.

Multifactor Authentication: If the online site you access offers multifactor authentication, we encourage you to enroll in it. Multifactor authentication simply means that in addition to a username and password, you may need to also provide a pin code from a text message sent to your phone; or click on a link sent to your personal e-mail before obtaining access to the site. This makes it harder for malicious hackers to access your information.

Install Software Updates Promptly: When your computer or mobile device offers an update, you should install these as soon as reasonably possible. These updates often include added protections, as well as bug fixes and feature enhancements.

Attacks to E-Mail (Phishing) and Voicemail/Phone (Vishing): Treat your e-mail's, calls, voicemails, and text messages with caution and suspicion. Signs of a potentially malicious message include, grammar and spelling errors, unusual greeting or tone to the message, messages that tell you to respond urgently that may also contain threats, unusual requests, suspicious attachments or web or e-mail links or addresses that don't match the sender's website addresses, etc. If you have doubts about the legitimacy of an e-mail or text message, do not click on a link or open an attachment.

Anti-Virus/Anti-Malware Internet Security Software: Ensure your computers and mobile devices are running reputable security software. Make sure that the software updates are set to install automatically.

Secure Your Home Wi-Fi: Upgrade and update your router and software regularly, including any routing devices. Be sure to disconnect devices when connections are not needed, and limit administration of the device to your internal network. If you are unsure about how to do this, you can contact your Internet Service Provider's customer service for assistance.

You can also reference the Department of Labor's Online Security Tips from the MCTWF website or directly at online-security-tips.pdf.

Another good resource is the Federal Trade Commission's website on cybersecurity:
https://consumer.ftc.gov/identity-theft-online-security

Have You Tried Using MCTWF's Participant Web Portal? (Winter 2024 – 2025)

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.

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.

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The Participant Web Portal Has Important Benefit Information for Eligible Members (Spring 2025)

The current Participant Web Portal, launched in 2023, and found on the home page of the MCTWF website at www.mctwf.org, is a self-service tool 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.
- Eligibility History screen covers all periods of eligibility for each family member.
- Short-Term Disability screen keeps a record of any disability claims, if applicable to the member's benefit package.
- 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).

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

If a member becomes ineligible, access to the portal will automatically terminate after 24 months of non-eligibility. If eligibility resumes, members can regain access by creating a new account.

Any questions regarding the Participant Web Portal can be directed to the MCTWF Member Services Call Center Monday through Friday from 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or toll-free at (800) 572-7687.

Summary Annual Reports for MCTWF Actives Plan and MCTWF Retirees Plan Participants (Winter 2025 - 2026)

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.

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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.

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PART 21: COVID-19 RESPONSE - MCTWF ACTIVES PLAN & MCTWF RETIREES PLAN

The Official End to the Pandemic Means Changes for MCTWF Benefit Plans (Spring 2023)

The United States Congress has passed a declaration to end the COVID-19 National Emergency (NE) on April 10, 2023, and end the Public Health Emergency (PHE) on May 11, 2023. This means all benefits and Fund time-period requirements that were mandated because of COVID-19 due to the emergencies declared over the course of the last three years, will end 60 days following May 11, 2023.

All MCTWF benefits and time period requirements will be restored back to the original benefit/requirements on July 11, 2023.

What does this mean?

COVID-19 Testing and Treatment

- Since February 4, 2020, COVID-19 testing has been covered with no member cost share by presenting your BCBS ID card at the hospital or doctor's office or your MCTWF Networks card at the pharmacy. Since January 15, 2022, at-home COVID-19 tests have been covered with no member cost share by presenting your MCTWF Networks ID card at the pharmacy as well as reimbursement of the personal purchases of at-home tests up to the maximum number of at-home testing kits allowed per month. **Effective July 11, 2023**, members will be billed applicable deductible and/or coinsurance cost share in accordance with their MCTWF benefits no longer be covered under the pharmacy benefit and will no longer be reimbursed if you purchase the COVID-19 at-home test kits. fit plan for covered COVID-19 testing that is done at the hospital, doctor's office, or pharmacy. Also**, effective July 11, 2023**, at-home COVID-19 tests will continue to be covered in full with no member cost share if the vaccine is obtained at an in-network provider or pharmacy for all members that have MCTWF medical and pharmacy benefits.
- Since March 4, 2020, medically necessary services to evaluate the need for and administer the tests were provided at no member cost share. **Effective July 11, 2023**, MCTWF members will be responsible for any deductibles, coinsurances, copayments, or charges, as required by their MCTWF benefit plan, for dates of services July 11, 2023 and after.
- Since March 18, 2020, MCTWF has paid the entire cost for treatment of COVID-19 with no member cost share. **Effective July 11, 2023**, members will be responsible for any deductibles, coinsurances, copayments, or charges as required by your MCTWF benefit plan, for dates of services July 11, 2023, and after.

COVID-19 Vaccine Coverage

As compared with the seasonal flu vaccine, eligible MCTWF members are covered in full for the cost of the COVID-19 vaccination under either their medical or prescription drug benefits, thereby expanding access to COVID-19 vaccine administered by local in-network retail pharmacies, when available. COVID-19 vaccines, and boosters as recommended by the Centers for Disease Control and Prevention (CDC), will continue to be covered in full with no member cost share if the vaccine is obtained at an in-network provider or pharmacy for all members that have MCTWF medical and pharmacy benefits.

Telehealth Benefits

During the pandemic, limited availability of primary care physician appointments, and greater concern about contagion in the doctor's office, made it necessary to encourage telehealth visits to healthcare providers.

MCTWF members receive telehealth benefits in two ways:

- The MDLIVE service, which provides telehealth consultations with $0 copay. Even with the pandemic ending, MCTWF will continue the $0 copay through March of 2024.
- MCTWF's telehealth benefit was expanded in 2020 to include eligible providers outside of the MDLIVE network. This expanded benefit was provided with no member cost-share (i.e., no deductible, copay, or coinsurance charge) for the duration of the health emergencies. Now that the emergencies have ended, MCTWF members will be responsible for applicable copays, deductibles, or other charges, as required by their MCTWF benefit plans, for dates of services **July 11, 2023, and after.**

Weekly Accident and Sickness Benefits

Since March 18, 2020, MCTWF members, whose MCTWF benefit plan included Weekly Accident and Sickness Benefits, and who were diagnosed with COVID-19, were automatically eligible for short-term disability commencing on the 8th day of the disability, after completing proper paperwork.

Also, effective March 18, 2020, any eligible participant who was directed by a qualified health care professional or public health agency to self-quarantine in connection with COVID-19 was deemed eligible for Weekly Accident & Sickness Benefits, commencing on the 8th day of the self-quarantine period, and continuing for the balance of the self-quarantine period, upon completing proper paperwork.

Effective July 11, 2023, and after, a COVID-19 diagnosis does not automatically mean a participant will qualify for short term disability. A range of health factors will be reviewed before Weekly Accident and Sickness Benefits can be approved.

COBRA Continuation Coverage

In April 2020, the U.S. Department of Labor, Internal Revenue Service and Department of Treasury delayed certain ERISA and COBRA-specific timeframes for employee benefit plans, participants and beneficiaries impacted by the COVID-19 pandemic.

The Final Rule established a new time convention beginning with the start of the COVID-19 National Emergency (March 1, 2020) and ending 60 days after the end of the National Emergency calling this date the "Outbreak Period." Employee benefit plans subject to ERISA and/or the Internal Revenue Code were required to disregard notice and payment deadlines occurring during the Outbreak Period, including:

- The 60-day election period for COBRA continuation coverage under ERISA section 605 and Internal Revenue Code section 4980B(f)(5);
- The date for making COBRA premium payments under ERISA section 602(2)(C) and (3) and Internal Revenue Code section 4980B(f)(2)(B)(iii) and (C); and
- The date to notify the plan of a qualifying event or determination of disability under ERISA section 606(a)(3) and Internal Revenue Code section 4980B(f)(6)(C).
- The "pause" on COBRA payments and timeframes, along with the time period for HIPAA special enrollments, ends with the declaration of the end to the pandemic. For MCTWF members, all COBRA elections, payments, and other extended timeframes will revert back to pre-pandemic deadlines on July 11, 2023.
- Extension of Certain Timeframes
- Pursuant to the federal Joint Notice of Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID–19 Outbreak (Federal Register page 26351), group health plans, such as the MCTWF Actives Plan and MCTWF Retirees Plan, were ordered to disregard "certain timeframes" during the "Outbreak Period" running from March 1, 2020 until sixty (60) days after the announced end of the National Emergency. Affected time frames included the following coverage periods and dates:
- The 60-day period to request special enrollment under ERISA section 701(f) and Code section 9801(f);
- The 60-day period to request special enrollment under ERISA section 701(f) and Code section 9801(f);
- The 60-day election period for COBRA continuation coverage under ERISA section 605 and Internal Revenue Code section 4980B(f)(5);
- The date for making COBRA premium payments under ERISA section 602(2)(C) and (3) and Internal Revenue Code section 4980B(f)(2)(B)(iii) and (C);
- The date to notify the plan of a qualifying event or determination of disability under ERISA section 606(a)(3) and Internal Revenue Code section 4980B(f)(6)(C);
- The date within which individuals may file a benefit claim under the plan's claims procedure pursuant to 29CFR 2560.503-1(h);
- The date within which individuals may file an appeal of an adverse benefit determination under the plan's claims procedure pursuant to 29CFR2560.503-1(h);
- The date within which claimants may file a request for an external review after receipt of an adverse benefit determination pursuant to 29CFR2590.715-2719(d)(2)(ii), and

- The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete pursuant to 29CFR2590.715.

Effective July 11, 2023, all timeframes will revert back to their original deadlines prior to the pandemic.

Details for all pre-pandemic required time frames can be found in the MCTWF Summary Plan Description Booklet mailed to all MCTWF members in June of 2022. It can also be viewed on the homepage of the MCTWF public website at www.mctwf.org.

Questions regarding benefit changes can be directed to MCTWF Member Services, available Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

PART 22: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT MCTWF ACTIVES PLAN AND MCTWF RETIREES PLAN

HIPAA Notice of Privacy Practices (Summer/Fall 2023)

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

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.

OUR RESPONSIBILITIES
- We are required by law to maintain the privacy and security of your protected health information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you request in writing that we release the information

requested. You may cancel your authorization at any time by submitting a written termination notice.
For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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

CHANGES TO THE TERMS OF THIS NOTICE:
MCTWF may modify the terms of this notice at its discretion. The modifications will apply to all of the Protected Health Information we have on file for you, and the changes will apply to all information we have about you. The revised notice will be available on our web site, and we will also mail a copy to you at your address of record, unless otherwise directed.
Privacy Officer: Gail Wilson
(313) 964-2400 ext. 202
gwilson@mctwf.org

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

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

HIPAA Notice of Privacy Practices (Winter 2025 – 2026)

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 relaying 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 redisclosure 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

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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.

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PART 23: IMPORTANT DEFINITIONS

Date of Service Definition (Winter-Spring 2024)
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.