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# TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

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## **\* IMPORTANT BENEFIT INFORMATION \*** **For ACTIVE and RETIREE PLANS**

January 24, 2020

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of changes in the benefits offered to members enrolled in Fallon Health Plans effective April 1, 2020 and in BCBSMA Plans effective May 1, 2020.

### **All Fallon Plan Members:**

***Enhanced Benefit for Outpatient Behavioral Health (Mental Health and Substance Abuse) on 4/1/2020:***

Currently, after 8 visits, plan payment for outpatient behavioral health (mental health and substance abuse) services under Fallon require prior authorization before plan payment. As of 04/01/2020, that requirement will be removed for some services delivered by Fallon in-network providers. As a reminder, Plan payment for all services is only allowed for providers who are participating in the Fallon network. If you are having trouble finding or accessing a behavioral health provider, you should call Customer Service directly at **1-888-421-8861**. The representative will be happy to assist you in that process.

### ***What does this change mean for you?***

This enhancement will eliminate an administrative step for members requiring these services with the goal of making access to behavioral health services more convenient/easier for plan members.

<b>Summary of Change</b>
<b><i>Current Requirement:</i></b> Prior Authorization is Required for Coverage after 8 Outpatient Behavioral Health visits
<b><i>Requirement as of 4/01/2020:</i></b> Prior-Authorization is no longer required for the following Outpatient Behavioral Health visits:

90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation with Medical Services
90832	Psychotherapy, 30 minutes
90833	Psychotherapy, 30 minutes, when performed with an evaluation and management service
90834	Psychotherapy, 45 minutes
90836	Psychotherapy, 45 minutes, when performed with an evaluation and management service
90837	Psychotherapy, 60 minutes
90838	Psychotherapy, 60 minutes, when performed with an evaluation and management service
90846	Family Psychotherapy without the patient present
90847	Family/Couple Therapy
90849	Multiple-Family Group Therapy
90853	Group psychotherapy (other than of a multiple-family group)
99201	Evaluation and Management for a new patient (10 min)
99202	Evaluation and Management for a new patient (20 min)
99203	Evaluation and Management for a new patient (30 minutes)
99204	Evaluation and Management for a new patient (45 minutes)
99205	Evaluation and Management for a new patient (60 min)
99211	Evaluation and Management for an established patient (5 min)
99212	Evaluation and Management for an established patient (10 min)
99213	Evaluation and Management for an established patient (15 min)
99214	Evaluation and Management for an established patient (25 min)
99215	Evaluation and Management for an established patient (40 min)

### **BCBSMA Plan Members Only**

#### **Updates to BCBSMA Formulary Program**

- 1. Medications currently covered at a Tier 1 and Tier 2 copay level that will be covered at a Tier 3 copay level for Teamsters Local 170, but Excluded from Standard BCBSMA Plans effective May 1, 2020***

BCBSMA will be excluding the drugs below from their standard formulary. Because the Fund has an Open Formulary, these drugs will continue to be covered at a Tier 3 copay level through the Teamsters Local 170 Plans.

If you are taking these drugs now or are prescribed one in the future and continue to take it, you will have an increase in your out-of-pocket costs on or after May 1, 2020. All drugs listed have alternatives that are covered under the plan at various copays levels. Ask your doctor if

there is a therapeutically equivalent drug available to you at a lower copay tier. Please be aware that some medications listed below may require prior-authorization and/or step-therapy. If you are currently taking a medication that required step-therapy or prior-authorization and switch to the new drug, you **will not** need a new prior authorization or to start a new step-therapy process on May 1, 2020.

<b>Medication Brand Name Moving to Tier 3 for Teamsters Local 170</b>	<b>Covered Alternative</b>
Invokana, Invokamet, Invokamet XR	Farxiga, Jardiance, Syndjardy, Synjardy XR, Xigduo XR (ST)
Imitrex 6mg/0.5mL vial, kit refill, pen injector	Sumatriptan 6mg/0.5mL vial, kit refill, pen injector
Fluoxetine 10mg, 20mg, 60mg <b>tablets</b>	Fluoxetine 10mg, 20mg, 40mg <b>capsules</b>
Venlafaxine HCL ER 37.5mg, 75mg, 150mg, 225mg <b>tablets</b>	Venlafaxine HCL ER 37.5mg, 75mg, 150mg <b>capsules</b>
Zylet 0.3% / 0.5% suspension drops, Tobradex 0.3% / 0.1% ointment	Neomycin/Polymyxin B/Dexamethasone, Neomycin/Bacitracin/Polymyxin B/Hydrocortisone, Neomycin/Polymyxin B/Hydrocortisone, Tobramycin/Dexamethasone, Sulfacetamide/Prednisolone
Gleevec 100mg, 400mg tablets	Imatinib tablets
Arimidex 1mg tablet	Anastrozole tablets
Aromasin 25mg tablet	Exemastane tablets

If you have questions regarding this benefit change, please contact BCBSMA at 800-241-0803.

**Respectfully yours,**

The Board of Trustees  
Teamsters Local 170 Health & Welfare Fund

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This document is intended to serve as a “Summary of Material Modifications” (SMM) pursuant to the requirements of Section 104 of the Employee Retirement Income

Security Act of 1974, as amended ("ERISA"). This SMM is provided to notify you of certain changes to the Teamsters Local 170 Health & Welfare Fund Benefit Plan. The effective dates of the changes are noted. Please keep this SMM with your Summary Plan Description for future reference. This document summarizes certain provisions of the Plan. If there is any conflict between the terms of the Plan document and this document, the terms of the Plan document will govern. The Teamsters Local 170 Health & Welfare Fund reserves the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan. If you have any questions after reviewing the SMM, you may call the Health & Welfare Fund at 1-508-791-3416. The Teamsters Local 170 Health & Welfare Fund reserves the right to change or terminate the health care benefits you currently receive, to change or terminate the eligibility of classes to be covered by the health plan, to change or terminate any health plan term or condition, and to terminate the entire health plan or any part of it at any time and for any reason. No consent of any employee/retiree is required to terminate, modify, amend or change the health care benefits provide by Teamsters Local 170 Health & Welfare Fund.

Teamsters Local 170 Health & Welfare Fund does not discriminate on the basis of race, color, national origin, age, disability or sex.