TEAMSTERS LOCAL 170
HEALTH & WELFARE FUND

Administrative Offices
330 Southwest Cutoff, Suite 202
Worcester, MA 01604

Tel: 508-791-3416
Fax: 508-792-0936
Toll Free: 800-447-7730
www.teamsters170hwf.com

* IMPORTANT BENEFIT INFORMATION *
For ACTIVE and RETIREE PLANS

April 28, 2023

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of updates, clarifications, and/or changes in the medical and prescription drug benefits offered to members enrolled in the BCBSMA plans. These changes are described in detail below.

In addition, there will be changes to the requirements/deadlines for members making status or qualifying event changes to their medical, dental, and or vision benefits due to the end of the national emergency. These events/changes include enrolling and paying for COBRA, filing claims, and/or requesting an external review.

All Members in BCBSMA Plans:

Diagnosis, Prevention, Testing, and Treatment of COVID-19

In 2020, the federal government declared a national emergency (NE) and a public health emergency (PHE) due to COVID-19. During this time, the federal and state governments outlined several requirements and recommendations regarding coverage for certain services related to COVID-19. At that time, the Fund adopted the required services as well as additional services to assist members in getting the care that they needed without the worry of any financial or other barriers.

The NE ended on April 10, 2023, and the PHE is scheduled to end on May 11, 2023. On May 11, 2023, coverage for most services will no longer be required. However, the Trustees of Teamsters Local 170 HWF have decided that since the virus continues, the Fund will continue to provide coverage for services even without the government requirement. Below is an outline of the services that were covered during the emergency and how they will be covered moving forward. These services will be covered through December 31, 2023. The Trustees will continue to monitor the virus and adjust coverage if and/or when it is appropriate to do so.

1. ***Continue to Cover Over the Counter COVID 19 Test Kits and Tests Ordered by a Clinician at No Charge to the Member***

   As stated above and in line with guidance issued as part of the federal government's declaration of a public health emergency, BCBSMA expanded coverage for COVID-19 tests, vaccines, and treatment. The national emergency formally expired on April 10, 2023, one month earlier than expected. As of May 11, 2023, BCBSMA will no longer cover over-the-counter (OTC) COVID-19 tests.

   However, the Trustees of Teamsters Local 170 Health and Welfare Fund have decided to continue to cover over-the-counter Covid test kits through December 31, 2023. Coverage will continue to be capped at $12 per test with a limit of 8 per member per month.

   COVID-19 tests ordered by a clinician will continue to be covered at no cost to members and without prior authorization or other medical management requirements.

2. ***Continue to Waive Cost Share for COVID-19 Related Services (Vaccines, Paxlovid, Inpatient, Outpatient, and Cognitive Rehabilitation Services)***

   The Trustees of the Teamsters Local 170 Health and Welfare Fund have decided to continue to waive eligible in-network and out-of-network copays and other cost-sharing through December 31, 2023, for members obtaining services related to COVID-19 testing, diagnosis and treatment. Cost share will continue to be waived for services including Inpatient, Outpatient, Emergency and Cognitive Rehabilitation, Paxlovid and Covid-19 vaccines when administered by an in-network or out-of-network clinician/pharmacy. This will save money for members who need services related to COVID-19 and its effects. Regular plan rules and applicable cost share will apply if a member receives in-network or out-of-network services for non-related (non-COVID-19) care.

3. ***Continue to Waive Cost Share for all Telehealth Services***

   The Trustees of the Teamsters Local 170 Health and Welfare Fund have decided to continue to waive eligible in-network copays and other cost-sharing for members obtaining in-network telehealth services through December 31, 2023. This waiver does not apply to out-of-network services. This will save money for members who need and utilize in-network telehealth services.

4. ***Continue to Allow Early Refills for Prescription Drugs Covered under the Pharmacy Plan***

   Some of the time limits for certain maintenance medications were loosened during the emergencies to provide easier access to prescription medications for members. These rules will revert to the previous rules that also allow you to refill a prescription maintenance medication early but not as early as during the emergency. Refills are allowed when you should have utilized 85% of your prescription medications.

Administrative Changes for Members Enrolled in Medical, Dental and Vision Plans

President Biden signed legislation Monday, April 10, 2023, to end the national emergency (NE) for Covid-19. This means plan administration-specifically HIPAA special enrollment; COBRA elections, notices, and premium payments; and claim processes-can revert to pre-pandemic rules effective on July 10, 2023. These deadlines can also be found in your Summary Plan Description.

As a reminder, the national public health emergency disregarded the following deadlines until the earlier of 1 year from the date an individual was first eligible for relief or until 60 days after the end of the national emergency. In this case, these deadlines will revert to the deadlines listed below on July 10, 2023, rather than June 9, 2023, due to the earlier-than-anticipated end to the NE.

- 30 days (or 60 days, if applicable) to request a special enrollment for a qualifying event such as after-birth adoption or placement of adoption of a child, loss of other health coverage; or eligibility for a state premium assistance subsidy
- 60 days to elect COBRA continuation coverage;
- 30-day grace period for making COBRA premium payments before termination of plan benefits through COBRA
- 60 days to notify the plan of a qualifying event or determination of disability;

In addition, the deadlines for filing appeals for adverse benefit determinations and external reviews will revert to those outlined in your Summary Plan Description. These include:

- The deadline within which employees can file a benefit claim, or a claimant can appeal an adverse benefit determination, under a group health plan's or disability plan's claims procedures;
- The deadline for claimants to file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination; and
- The deadline for a claimant to file information to perfect a request for external review upon finding that the request was not complete.

The federal government issued FAQs which clarify that with regard to the end of the national emergency, the relief above expires at the end of the outbreak period which is July 10, 2023. Thus, all extensions that are still effective for any plans or participants will expire and the applicable clock will begin ticking on July 10, 2023.

Other Reminders Due to the End of COVID-19 National and Public Health Emergencies

During the COVID-19 emergencies, eligibility for both Medicaid and CHIP coverage was expanded in states. This coverage/eligibility is expected to revert to its previous scope. If you or a family member were enrolled in any of these programs, we encourage you to contact your state program to determine if your eligibility may be impacted and if/when you can expect to see a change. This is important to know since you will be required to notify the Fund of this change within the required timeframe of 60 days that you have lost coverage and would like to enroll in the plan.

To be sure that you/they do not miss any communication from the state you reside in, we also encourage you to update your contact information and to also respond promptly to any information from the state.

Other Medical Changes

1. *Mental Health Prior Authorization Changes*

BCBSMA has removed prior authorization requirements for Intensive Community-Based Treatment (ICBAT), Community-Based Acute Treatment (CBAT), and inpatient psychiatric treatment, consistent with the Massachusetts Chapter 177 of the Acts of 2022, an act aimed at addressing barriers to care for mental health. Moving forward, prior authorization from any provider (both in and out-of-network) is not required to determine the medical necessity for these mental health services.

However, this does not change the level of out-of-network benefits or associated cost-sharing detailed in the member's plan benefits. This mandate also applies to out-of-state, inpatient psychiatric treatment.

2. ***New Prior Authorization Requirements for Certain Musculoskeletal Services***

BCBSMA is updating prior authorization requirements for certain musculoskeletal (MSK) services for all HMO and PPO plan members. BCBSMA will review requests according to evidence-based medical necessity criteria to help ensure that members are receiving safe, effective, and medically necessary MSK services. Throughout MSK treatment, some members will be offered support from a BCBSMA Care Manager.
In- and out-of-network providers will need to submit prior authorization requests for members receiving ongoing treatments for specified joint, spine, and pain management.

3. *Coverage of Preventive Services Identified by the U.S. Preventive Services Task Force (USPSTF) as having Sufficient Evidence to Show Effectiveness*

The ACA requires that most health plans provide coverage of certain preventive services recommended by the USPSTF without any cost share for the member. These services may include certain evidence-based screenings and counseling, routine immunizations, preventive services for women and preventive services for children and youth and other services recommended by the USPSTF. Recently, in the case of *Braidwood Management Inc. vs. Becerra*, a federal judge struck down this ACA requirement for preventive services and stated that the federal government cannot require health plans to cover services recommended by the USPSTF after March 23, 2010. The federal government has appealed this decision to the Court of Appeals. It is not yet known whether the district court's ruling will be blocked while the litigation continues. Regardless, the Trustees of Local 170 Health and Welfare Fund have determined that coverage for these preventive services will continue at no cost share to the member since these preventive services are known to help people avoid acute illness, identify and treat chronic conditions, reduce the risk of cancer or facilitate early detection and improve health.

Updates to Pharmacy and BCBSMA Formulary Program

1. *90 Day Supply of Maintenance Medications Available at CVS Pharmacies*

The Trustees of Teamsters Local 170 Health and Welfare Fund have opted into a program that will provide a 90-day supply of maintenance drugs at CVS retail pharmacies. Maintenance Choice Voluntary saves you on the cost of your maintenance medications, also known as long-term medications, when you switch to a 90-day supply and fill your prescriptions at a CVS Pharmacy® retail location. Talk to your doctor about switching to a 90-day prescription. This will save you money as you will pay 2 copayments for a 90-day supply instead of 3.

2. *Medications that are currently covered at Tier 2 or Tier 3 copay level will be covered at a Tier 3 copay level for Teamsters Local 170 but excluded from standard BCBSMA Plans effective July 1, 2023.*

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 may have an increase in your out-of-pocket costs on or after July 1, 2023. All drugs listed have alternatives that are covered under the plan at various copays levels. Ask your doctor if a therapeutically equivalent drug is available to you at a lower copay tier.

Medication Class
BRAND PRE NATAL-VITAMINS
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSPENSION

3. ***Medications that will apply a new Quality Care Dosing Limit effective July 1, 2023.***

BCBSMA's Quality Care Dosing program helps to ensure that the quantity and dosage of the medications you receive meet the FDA's regulations, clinical standards, and manufacturer's guidelines. When you fill a prescription for one of the following medications, it's checked electronically in two ways: (1) Dose Consolidation-Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage (2) Recommended Monthly Dosing Level: Checks to see that your monthly dosage is consistent with the FDA's and manufacturer's monthly dosing recommendations and clinical information. For a clinical exception to these limits, your doctor will need to request prior authorization.

Medication Name
NUZYRA 150 MG TABLET

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

Respectfully yours,

The Board of Trustees
Teamsters Local 170 Health & Welfare Fund

****

****

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 provided 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.