



TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

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IMPORTANT BENEFIT INFORMATION **For BCBSMA ACTIVE and RETIREE PLANS**

July 1, 2021

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of changes effective September 1, 2021, for the infused or injectable medications under the medical benefits offered to members enrolled in the BCBSMA plans.

All Members in BCBSMA Plans:

Upcoming Coverage Changes for Infused or Injectable Medications Under the Medical Benefit

Effective September 1, 2021, BCBSMA is changing the covered sites of service where members can get infused or injectable medications administered. BCBSMA is also requiring prior authorization for these sites, as well as the medications listed below. These changes ensure that members are receiving care in clinically-appropriate, cost-effective settings.

Where to Get Infused or Injectable Medications

Starting September 1, 2021, infused or injectable medications will be covered at the following sites of service and require prior authorization:

- Doctor's office
- Ambulatory infusion site
- Home infusion therapy provider

Infused or Injectable Medications That Require Prior Authorization

The following medications will require prior authorization when they're administered in one of the sites of service listed above. These medications will require prior authorization in order to be covered. If prior authorization is already in place, the doctor won't need to submit a new request until the current authorization expires.

Medications That Currently Require Prior Authorization*		Additional Medications That Will Require Prior Authorization Starting September 1, 2021
Aralast	Lemtrada	Aldurazyme
Berinert	Onpattro	Benlysta
Cerezyme	Prolastin	Crysvita
Cinqair	Ruconest	Duopa
Cinryze	Soliris	Elaprase
Elelyso	Tysabri	Fabrazyme
Entyvio	Ultomoris	Krystexxa
Exondys 51	Uplinza	Lumizyme
Givlaari	Viltepso	Naglazyme
Glassia	VPRIV	Ocrevus
Haegarda	Vyepti	Radicava
Ilumya	Vyondys 53	Vimizim
Kalbitor	Xolair	
Kanuma	Zemaira	

*Additional clinical criteria must be met to receive coverage for these medications.

What This Means for Your Members Coverage

As a result of these changes, members may need to change where they will receive their infused or injectable medications to maintain coverage after September 1, 2021. If the prescribing doctor determines that treatment must be done in an outpatient hospital setting, they can contact us to request an exception.

Members Without Prior Authorization	Members With Prior Authorization
<ul style="list-style-type: none"> - Members who are receiving infused or injectable medications in an outpatient hospital setting and don't have an authorization on file must switch to a covered site listed above and their doctor must request prior authorization to maintain coverage. - Members currently receiving infused or injectable medications at a covered site listed above that don't have prior authorization on file must have their prescribing doctor request authorization to maintain coverage. <p>We'll contact these members in advance to help transition them to a covered site of service.</p>	<ul style="list-style-type: none"> - Members currently receiving infused or injectable medications with prior authorization on file may complete their approved course of treatment. However, a new authorization will be required for further treatment. <p>We'll reach out to these members to let them know that their doctor must request a new prior authorization to maintain coverage after their current approved course ends.</p>

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 you 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/reitree 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.