



TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

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

September 28, 2018

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of changes in the programs and benefits offered to all members enrolled in Blue Cross BlueShield of Massachusetts (BCBSMA) plans.

All BCBSMA Plans

1. New Voluntary Diabetes Management Program effective January 1, 2019:

Diabetes Care Value (DCV) is a convenient and voluntary diabetes management program available at no cost to members. The program is intended to help members with diabetes take control of their condition by providing them with tools to monitor their blood sugar, adhere to medications and develop healthier habits. These tools include a One Touch Verio Flex Glucometer that pairs with an app that stores readings and sends test results to a diabetes support team for analysis and if necessary, intervention. Finally, members are provided with a Mango Health app that will reward them for healthy habits such as a \$15 Amazon gift card just for downloading the app.

To be eligible for the program, a member must be 18 years or older and meet 1 of 3 clinical criteria based on claims within the last 6 months. The three clinical criteria include:

1. Prescription drug claims for metformin plus other diabetic medicines
2. Any diabetic test strip claim plus a diabetic medicine
3. Any diabetic medicine excluding metformin alone
- 4.

If a member is eligible for the program, they will be contacted by Express Scripts (ESI), BCBSMA's pharmacy partner, by mail. The mailing will contain instructions for opting into the program.

For questions about the program or if you are new to BCBSMA and have not yet been contacted by ESI, you can call BCBSMA at 800-241-0803.

2. *New Prior Authorization Requirements for Certain Genetic Tests*

Current Benefit:

Currently, genetic testing does not require your physician to obtain prior authorization to be reimbursed for the services.

New benefit effective January 1, 2019:

Effective January 1, 2019, BCBSMA will require your doctor to obtain an authorization from BCBSMA before certain genetic tests will be covered. As new genetic tests are introduced, it is important that only those tests that are medically necessary and clinically appropriate are covered. Doing so helps to keep health care as affordable as it can be. This new requirement also ensures the tests recommended to you are covered under the plan, helping you to avoid being financially responsible for services that are not covered.

Genetic tests can help determine if you are at risk for developing a disease or if a specific treatment will be effective for an existing condition. Not all categories of genetic tests will require prior authorization by your physician. The following categories of tests will require prior authorization for coverage:

Prenatal screening and diagnosis of specific conditions
Genetic/DNA testing of hereditary cancer risks
Testing to detect DNA changes associated with specific diseases or conditions
DNA sequencing
Pharmaceutical testing to identify medicine and dosing requirements
Genetic/DNA testing of hereditary heart disease risks
Genetic/DNA testing of tumor cells

For more information or for more specific restrictions and requirements, please contact BCBSMA at 800-241-0803.

Updates to BCBSMA Formulary Program

1. Medications currently covered at a Tier 3 copay level that will be covered at Tier 2 copay level effective January 1, 2019

The medications in the chart below are currently not covered under the BCBSMA formulary but are covered under the Local 170 pharmacy plan at a Tier 3 level of coverage. Beginning on January 1, 2019 these drugs will be moved to a Tier 2 copay level.

Medication Name/ Drug Class	Coverage Tier as of 1/1/19
Basaglar	Tier 2
Plegridy	Tier 2

Abilify Maintena	Tier 2
Glyxambi	Tier 2

2. Medications Covered at Tier 3 for Teamsters Local 170, but Excluded by Standard BCBSMA Plans effective January 1, 2019

The medications in the chart below will be covered at the Tier 3 pharmacy copay level. BCBSMA will be excluding these drugs from their standard formulary, but because the Fund has an Open Formulary, these drugs will continue to be covered at a Tier 3 copay level. As always, you may want to ask your doctor if there is a therapeutically equivalent drug available to you at a lower copay tier.

Medication Name/ Drug Class	Coverage Tier Teamsters Local 170 as of 1/1/19
Proton Pump Inhibitors	Tier 3
Victoza	Tier 3
Pradaxa (BCBSMA is moving from Tier 2 to non-covered)	Tier 3
Colchichine Products	Tier 3
FML Liquifilm	Tier 3
Flarex	Tier 3
FML SOP	Tier 3
Pred Mild (BCBSMA is moving from Tier 2 to non-covered)	Tier 3
Maxidex (BCBSMA is moving from Tier 2 to non-covered)	Tier 3
Miraprex	Tier 3
Neupogen	Tier 3

3. Medications Covered at Tier 2 and moving to Tier 3 effective January 1, 2019. BCBSMA will be moving the drugs in the chart below from Tier 2 coverage to Tier 3 coverage.

Medication Name	Coverage Tier as of 1/1/19
Aubagio	Tier 3

**4. Medications Covered at Tier 2 and moving to Tier 3 effective January 1, 2019.
These medications will also require step therapy as of January 1, 2019.**

BCBSMA will be moving the drugs in the chart below from Tier 2 coverage to Tier 3 coverage. All of the drugs below will continue to require prior-authorization and will also require step-therapy. Inflectra, a biosimilar drug, will be required before Renflexis and/or Remicade.

Medication Name	Coverage Tier as of 1/1/19
Remicade	Tier 3
Renflexis	Tier 3

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 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.