



# 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](http://www.teamsters170hwf.com)

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

October 29, 2021

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of changes, effective January 1, 2022, in the medical and prescription drug benefits offered to members enrolled in the BCBSMA plans.

### **All Members in BCBSMA Plans:**

#### **Benefit Enhancements**

1. ***Waive Cost Share for Inpatient, Outpatient, Emergency and Cognitive Rehabilitation Services Related to COVID-19***

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 services related to a COVID-19 diagnosis. Currently, this benefit has no cost share for inpatient COVID 19 testing and treatment. The new benefit continues waiving cost share for these services and additionally removes cost share for other services including Inpatient, Outpatient, Emergency and Cognitive Rehabilitation for Covid-19 testing and treatment. Ultimately, this will save money for members who need services related to COVID-19 and its effects.

2. ***Enhance Fitness benefit to include qualified virtual fitness programs, home fitness equipment such as stationary bikes, weights, exercise bands, treadmills, and fitness machines***

The current BCBSMA fitness benefit of \$200 per individual or \$400 per family will be expanded to include virtual or at home-fitness benefits. For more information and to get reimbursed, members can go to <https://www.bluecrossma.org/myblue/learn-and-save/ways-to-save/fitness-and-weight-loss> and complete the Fitness Benefit Form or log into your MyBlue account using the MyBlue app and submit the form electronically.

- 3. Addition of Mind Body Program, which will reimburse up to \$300 per family per calendar year for the following expenses: Massage Therapy, Hypnosis, Qi Gong, Tai Chi, Meditation, Meditation Breathing Apps***

The Trustees of Teamsters Local 170 Health and Welfare Fund have opted into a program that will reimburse up to \$300 per family in a calendar year for qualified mind body services including: Massage therapy, Hypnosis therapy, Meditation therapy, Tai Chi, Qi (chi) gong, and Breathing and Meditation apps such as Calm and Headspace.

You can use any qualified provider, or you can get up to 30 percent off standard rates when you use an alternative health practitioner in the BCBSMA network. To search for a practitioner, go to [bluecrossma.org](http://bluecrossma.org).

Getting reimbursed is easy: (1) Select a qualified mind and body service or app (2) After you pay for the service or app, fill out the enclosed reimbursement form (3) Mail in the completed form to receive your reimbursement. We have enclosed for your convenience a Mind and Body Reimbursement form.

- 4. Telehealth modernization will include expanded access to services that are suitable for telehealth and will also include a change to the standard cost share application. Telehealth modernization includes:***

- (1) Telehealth services offered by network providers through telehealth will be subject to the same cost share as the in-person cost share for that service. For example, visits to primary care providers will be subject to the copay for services with a primary care provider and specialist visits will be subject to specialist copays. Preventive visits will continue to be at a \$0 copay.

- (2) There will be continued access to AmericanWell telehealth providers. The cost share will be the same cost-share as with an in-network PCP or mental health provider and will never be more than the cost of the in-person cost share.

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

- 1. Medications that are currently covered at a Tier 2 or Tier 3 copay level that will be covered at a Tier 3 copay level for Teamsters Local 170 but excluded from standard BCBSMA Plans effective July 1, 2021.***

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 January 1, 2022. 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 January 1, 2022.

Medication Class	Medication Name
Anti-Parasite Treatment	Alinia
Glaucoma Treatment	Timoptic Occudose
H. Pylori Treatment	Omeclamox
Multiple Sclerosis Treatment	Tecfidera*
Musculoskeletal Pain Treatment	Norgesic Forte Orphenadrine/aspirin/caffeine
Nerve Pain Treatment	Lyrica
Phenylketonuria Treatment	Kuvan
Short Acting Bronchodilators	ProAir HFA ProAir RespiClick
Topical Corticosteroids	triamcinolone 0.05% ointment Trianex 0.05% ointment Tritocin 0.05% ointment

\*This medication also has Prior Authorization and/or Step Therapy requirements.

## ***2. Medications that will be switching tiers effective January 1, 2022.***

When the cost of a medication changes, BCBSMA may move the medication to a different tier or copay level. The medications listed below are moving to a lower or higher tier, and what you pay for the following medications may increase or decrease. Most drugs listed have alternatives that are covered under the plan at various copays levels. If you are taking one of these drugs now or are prescribed one in the future, you may have an increase in your out-of-pocket costs on or after January 1, 2022. If you do,

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 January 1, 2022.

Medication Class	Medication Name	As of 1/1/22
Inflammatory Conditions	Avsola*	Tier 3 (currently Tier 2)
Diabetes – SGLT2/DPP4 Inhibitor Combinations	Trijardy XR*	Tier 2 (currently Tier 3)

\*This medication also has Prior Authorization and/or Step Therapy requirements.

**3. Medications with a New Quality Care Dosing Limit as of January 1, 2022**

BCBSMA is adding the following quality care dosing limits to make sure the quantity and dose of medication that a member receives meets FDA, manufacturer, and clinical recommendations. For a clinical exception to these limits, your doctor will need to request prior authorization.

Medication Class	Medication Name	Quality Care Dosing Limit per prescription
Anti-Parasite Treatment	Alinia 500 mg tablets Nitazoxanide 500 mg tablets	6 tablets
	Alinia 100 mg/5 mL suspension	180 mL
Antineoplastic Medications	Jakafi 5 mg, 10 mg, 15 mg, 20 mg, 25 mg tablets	60
	Pomalyst 1 mg, 2 mg, 3 mg, 4 mg capsules	21
	Cabometyx 20 mg, 40 mg, 60 mg tablets	30
	Tagrisso 40 mg, 80 mg tablets	30
	Verzenio 50 mg, 100 mg, 150 mg, 200 mg tablets	60
Tardive Dyskinesia Treatment	Ingrezza 40 mg-80 mg initiation pack	1 pack
	Ingrezza 40 mg, 60 mg, 80 mg capsules	30

If you have questions regarding these benefit change, 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 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.



MASSACHUSETTS

# MIND AND BODY REIMBURSEMENT

Great holistic health shouldn't be a stretch. Get reimbursed for qualified services and apps.

Save up to

# \$300

per family per calendar year.



### Qualified for Mind and Body Reimbursement:

- Massage therapy
- Hypnosis therapy
- Meditation therapy
- Tai chi
- Qi (chi) gong
- Breathing and meditation apps



### Not Qualified for Mind and Body Reimbursement:

- Visits to nutrition providers or other services included in the Fitness or Weight-Loss Reimbursement programs
- Apps not focused on breathing or meditation, such as those focused on sleep

### Find a Qualified Provider and Save

You can get up to 30 percent off standard rates when you use an alternative health practitioner in our network. You'll also have peace of mind knowing that your practitioner is accredited in their field and meets specific requirements for education, training, and facilities. To search for a practitioner, go to [bluecrossma.org](http://bluecrossma.org).

Be sure to check with your doctor before receiving alternative medicine services.

## GET REIMBURSED IN THREE EASY STEPS

1

### Choose

Start by selecting a qualified mind and body service or app.

2

### Complete

After you pay for the service or app, fill out the attached form.

3

### Mail

Send the completed form to the address listed.

## Questions?

To learn more about your alternative health care benefits, sign in to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call Member Service at the number on the front of your ID card.

\*Practitioners must be licensed, certified, or accredited for a service to qualify for reimbursement.

# MIND AND BODY REIMBURSEMENT REQUEST

Please print all information clearly. All reimbursement requests must be submitted by March 31 of the following year.

Complete this form and mail it to: Blue Cross Blue Shield of Massachusetts, Local Claims Department, PO Box 986030, Boston, MA 02298

## Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
---	------------------------	------------	----------------

Address — Number and Street	City	State	ZIP Code
-----------------------------	------	-------	----------

Employer's Name

## Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth ___/___/___
--------------------	------------	----------------	------------------------------

<p><b>Claim is for (choose one and color in the entire box):</b></p> <p><input type="checkbox"/> Subscriber (policyholder)</p> <p><input type="checkbox"/> Spouse (of policyholder)</p> <p><input type="checkbox"/> Ex-Spouse</p> <p><input type="checkbox"/> Dependent (up to age 26)</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p><b>Name, Address, and Phone Number for Qualified Expense (Service or App)</b></p> <p>Total dollars requested: \$ _____</p> <p>Calendar year: _____</p>
---	---

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so you should consult your tax advisor.

**Certification and Authorization** (This form must be signed and dated below.)  
 I certify that the information provided in support of this submission is completed and correct, and that I have not previously submitted for these services. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified mind and body program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature:	Date: ___/___/___
-------------------------------------	-------------------

- Important Information:**
- Keep copies of proof of payment in case we request them from you.
  - Mind and Body reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
  - Reimbursement requests must be submitted by March 31 of the following year.
  - Reimbursement may be considered taxable income, so you should consult a tax advisor.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).  
 ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).  
 ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).