

TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND



Administrative Offices
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*** IMPORTANT BENEFIT INFORMATION *** **For ACTIVE and RETIREE BCBSMA PLAN MEMBERS**

October 30, 2017

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of changes in the benefits offered to Active and Retiree members through Blue Cross BlueShield of Massachusetts (BCBSMA) plans.

All BCBSMA Plans

Updates to BCBSMA Formulary Program

1. Medications Covered at Tier 3, but Excluded By Standard BCBSMA Plans effective January 1, 2018

After carefully reviewing each drug's cost and covered alternatives, 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 and 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 Class	Covered at Tier 3 Fund Members but Excluded from BCBSMA Formulary	Covered Alternative
Biguanides for Diabetes	Generic Metformin Film Coated ER version of Fortamet	Metformin 500 mg, 850, 1000 mg (Generic version of Glucophage) Metformin XR 500 mg, 750mg (Generic version of Glucophage XR)

Estrogen and Estrogen Modifiers	Femring	Estrace Estring Premarin
Glucagon-Like Peptide-1 Agents	Tanzeum	Bydureon Byetta Trulicity
Novel Psychotropics	Abilify Geodon Seroquel Zyprexa Zyprexa Zidis	Aripiprazole Ziprasidone Quetiapine Olanzapine Olanzapine ODT

2. Medication with New Quality Care Dosing Limit Effective January 1, 2018

To make sure that the quantity and dose of a medication meets the Federal Drug Administration, manufacturer, and clinical recommendations, BCBSMA is adding a Quality Care Dosing Limit to the following medication:

Medication Name	Quality Care Dosing Limit
Humira Pediatric Crohn’s Starter Pack	1 Pack (2 Syringes)

This impacts new starts only.

3. Pharmacy Benefit Update for Statin Medications

Member copayments are waived for “preventative medications” prescribed by a physician and listed as a Grade A or B recommendation for “preventative medications” per the United States Preventative Services Task Force (see pages 3-5 in the BCBSMA Pharmacy Benefit Handbook updated April 23, 2015). To comply with new United States Preventative Services Task Force (USPSTF) recommendations BCBSMA is updating its statin medications benefit beginning December 1, 2017. The following statin medications will be covered at no cost to eligible members:

- Atorvastatin 10-20 mg
- Fluvastatin IR and XL 20-80 mg
- Lovastatin 10-40 mg
- Pravastatin 10-80 mg
- Rosuvastatin 5-10 mg
- Simvastatin 5-40 mg

In order to be eligible, members must meet the conditions below:

- No history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke)
- Meet the age requirement (40 to 75)
- Have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking) and

- Have a calculated 10-year risk of a cardiovascular event of 10% or greater

For more information about your prescription coverage, visit bcbsma.com/bluelinks.

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 Pharmaceutical 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.