

TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

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Dear Participant:

This document is a Summary of Material Modifications intended to notify you of changes made to Plan Benefits of the Teamsters Local 170 Health & Welfare Fund (the "Plan"). The changes will become effective January 1, 2015. Since this document contains important changes to the Summary Plan Description (the Blue 3-Ring Binder) you received previously from the Plan, you should review it carefully (and share it with your family), and keep it with your copy of the Summary Plan Description. This document is divided into two parts depending upon which health plan the modification applies to.

- Part I - Blue Cross and Blue Shield of MA (BCBSMA) and Fallon members
- Part II - BCBSMA members only

Part I-BCBSMA AND FALLON MEMBERS

1. Additional Preventive Services at \$0 copayment:

The United States Preventive Services Task Force (USPSTF) is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. The USPSTF is responsible for identifying those preventive services with the highest level of evidence of effectiveness. The services with the highest level of evidence of effectiveness are required to be provided by health plans at no cost to health plan members. Fund members enrolled in both the BCBSMA and Fallon plans currently have a \$0 copay for all of the required services.

THE USPSTF updates the list on a regular basis. Generally, the list will be updated each plan year and you will be notified of the changes prior to implementation. However, these services may be added to your plan without advance written notification to the extent permitted by law. The following is a list of services that will be included in all Fund medical plans as of January 1, 2015.

a. Bowel Preparation for Screening for Colorectal Cancer

Teamsters Local 170 Health & Welfare Fund recognizes that bowel preparation may be considered an integral part of a screening colonoscopy or a sigmoidoscopy as recommended by the USPSTF. Therefore, Teamsters Local 170 Health & Welfare Fund will be covering prescriptions for bowel preparations as part of this preventive service at \$0 copay for members effective January 1, 2015. The requirements for this \$0 copay coverage are as follows:

- Adults beginning at age 50 years and continuing until age 75 years
- Written prescription for use as bowel preparation as part of a screening colonoscopy or sigmoidoscopy procedure
- Generic medications or brand medications without an equivalent generic medication only

All members who meet the requirements in both BCBSMA and Fallon will have access to these services at \$0 copay effective January 1, 2015.

b. Breast Cancer Preventative Medications

Teamsters Local 170 Health & Welfare Fund recognizes that, as recommended by the USPSTF, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene, for women who are at increased risk for breast cancer and at low risk for adverse medication effects. Therefore, Teamsters Local 170 Health & Welfare Fund will cover prescriptions for these breast cancer risk-reducing medications at \$0 copay for members effective January 1, 2015. The requirements for this \$0 copay coverage are as follows:

- Asymptomatic women aged ≥ 35 years without a prior diagnosis of breast cancer who are at increased risk for the disease

All members who meet the requirements in both BCBSMA and Fallon will have access to these services at \$0 copay effective January 1, 2015.

c. Tobacco Cessation Interventions

The USPSTF recommends screening for tobacco use; and for those who use tobacco products, at least two tobacco cessation attempts per year. For this purpose, covering a single cessation attempt includes coverage for:

- Four tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and
- All Food and Drug Administration (FDA)-approved, generic or brand when generic not available, tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization

All members in both BCBSMA and Fallon will have access to these services at \$0 copay effective January 1, 2015.

d. BRCA Risk Assessment and Genetic Counseling/Screening

The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.

All members in both BCBSMA and Fallon will have access to these services at \$0 copay effective January 1, 2015.

e. Lung Cancer Screening for Those with 30 Pack Year History

The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults, ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

All members in both Fallon and BCBSMA will have access to these services at \$0 copay effective January 1, 2015.

2. Additional Services Covered or Changes in Benefits Effective January 1, 2015

a. Hearing Aids for Plan Members Age 21 or Younger

This benefit has been changed for those 21 years of age or younger to cover the full cost of one hearing aid *per impaired ear*, up to \$2,000 for each hearing aid once every 36 months. Previous coverage was up to \$2,000 for one hearing aid every 36 months.

b. Cleft Lip and Palate

This benefit has been expanded to include benefits for medical, dental, oral and facial surgery, surgical management and follow up, care by oral and plastic surgeons, orthodontic treatment and management, preventive and restorative dentistry to ensure good health and adequate dental structure for the treatment of prosthetic management therapy, speech therapy, audiology, and nutrition for those with cleft lip and palate. Previous coverage under the medical plan did not include expanded dental and orthodontic services.

c. Speech Language and Hearing Disorder Services

This benefit has been changed to eliminate all calendar year dollar maximums for speech, language and hearing disorder services. The benefit continues to include medically necessary diagnoses and treatment of speech, hearing and language disorders by licensed speech pathologists or audiologists. Benefits may be subject to prior authorization or other limits as outlined by the medical plan.

d. Gender Identity or Gender Dysphoria Related Treatment

In order to satisfy the concerns of the Massachusetts Division of Insurance, the Trustees have expanded coverage to include medical treatment related to gender identity/gender dysphoria. Coverage may be subject to prior authorization and/or other limits as required/outlined by BCBSMA or Fallon.

3. Dental and Vision Benefits are now “Excepted”

As of January 1, 2015, dental and vision benefits will be “excepted” or considered as separate from the medical plan. The dental and vision benefits and/or coverage will not change this year and the plans will continue to be provided to you at no additional premium. The purpose of this change is to assist the Fund in avoiding certain taxes in the future. The only change that you will see is that you will have the opportunity to “opt out” of dental and /or vision coverage during annual enrollment. The ability to “elect not to receive coverage” (opt out) is part of an ACA requirement and opting out will not provide you with any cash or other refund. If you choose to keep these important benefits, there is no need for you to do anything during annual enrollment.

4. Dependent Coverage Rules

Coverage for dependents will extend through the last day of the month in which the dependent turns 26. Current eligibility rules generally require that coverage terminate on the dependents 26th birthday.

5. Increase in Retiree Contributions

Each year the Board of Trustees evaluates the cost of providing health benefits to our Early Retirees (Plan B – under age 65) which includes medical and prescription drug coverage and tries to minimize any necessary increase in rates.

Commencing on January 1, 2015, the monthly contribution rate for the Early Retiree Plan shall be increased from \$960 per member/family to \$1,000 per member/family.

Part II-BCBSMA MEMBERS ONLY

1. New Pharmacy Benefit Manager for those on the Blue Cross Blue Shield of Massachusetts Plans (BCBSMA)

Effective January 1, 2015, the Fund will replace our current pharmacy benefits manager vendor, EnvisionRx, and combine the medical and pharmacy programs under BCBSMA. The new pharmacy program will be administered through BCBSMA and their pharmacy benefits manager vendor Express Scripts.

The Board of Trustees voted to make this change based on a favorable financial proposal by BCBSMA and because it allows for integration of the medical and pharmacy benefits, which may lead to better management of chronic diseases.

What does this mean to Fund members who currently have BCBSMA and EnvisionRx?

- Combined Medical and Pharmacy Benefit Coverage Identification Cards: Before January 1, 2015, you will be sent a new BCBSMA I.D. card. There will be a single card for both your BCBSMA medical and pharmacy benefits. You will not receive a separate prescription I.D. card from Express Scripts. Contact information for the pharmacy program will be on the BCBSMA I.D. card.
- First Prescription fills or refills in 2015: When you get your first prescription filled or refilled in 2015 at your retail pharmacy, **please remember to present your new BCBSMA I.D. card to your pharmacist**. The pharmacy will need to update your pharmacy coverage information in their computer system. If you do not present the new BCBSMA I.D. card, the pharmacy will not be able to process your prescriptions under the BCBSMA pharmacy program and the EnvisionRx program will no longer be active.
- Mail Service Pharmacy Prescriptions: Effective January 1, 2015, the mail service pharmacy will change from Drug Source to Express Scripts Mail Service pharmacy. While every effort is being made to transfer non-expired, non-controlled substance prescriptions with open refills from Drug Source to Express Scripts Mail Service pharmacy, there may be some prescriptions that cannot be transferred. Examples of controlled substance medications that will not be transferred include medications used for ADHD (i.e. Ritalin), medications used for pain (i.e. Vicodin), medications used for sleep (i.e. Ambien) and medications used for anxiety (i.e. Valium). Some Fund members may need to obtain a new prescription from their physician. Before January 1, 2015, BCBSMA and Express Scripts Mail Service pharmacy will mail a “Welcome Packet” to Fund members describing the process to establish your member profile, submit mail order prescriptions, and request refills. Note that BCBSMA does not allow Express Scripts Mail Service pharmacy to process prescriptions for narcotic medications at mail (i.e. Oxycontin, Percocet, Vicodin, etc.).
- Prescriptions for Specialty Drugs: Under the EnvisionRx program, Fund members using specialty drugs were required to use Costco Specialty Pharmacy to obtain specialty drugs. At this point in time, the BCBSMA specialty pharmacy network does not include Costco Specialty Pharmacy, but does include several other specialty pharmacies that Fund members can select from. Before January 1, 2015, BCBSMA and Express Scripts will mail a “Welcome Packet” to Fund members describing the process to select your preferred specialty

pharmacy, establish your member profile and submit specialty prescriptions. Open refills will not be automatically transferred from Costco Specialty Pharmacy to the new specialty pharmacy. To have the specialty prescription transferred, Fund members should contact one of the specialty pharmacies in the BCBSMA network and the specialty pharmacy will contact the member's current specialty pharmacy on the member's behalf.

- Prescriptions for Fertility Drugs: The EnvisionRx program did not have a preferred network of fertility pharmacies, but BCBSMA does. Before January 1, 2015, BCBSMA and Express Scripts will mail a "Welcome Packet" to Fund members describing the process to select your preferred fertility pharmacy, establish your member profile and submit fertility prescriptions. If you are currently using a fertility medication and your pharmacy is not part of the BCBSMA fertility network, open refills will not be automatically transferred to the new fertility pharmacy. To have the fertility prescription transferred, Fund members should contact one of the fertility pharmacies in the BCBSMA network and the fertility pharmacy will contact the current fertility pharmacy on the member's behalf.

Enclosed with this letter is an updated Pharmacy Program Handbook that summarizes the pharmacy benefit program and the specialty and fertility pharmacy networks for BCBSMA members effective January 1, 2015.

If you have questions regarding the BCBSMA pharmacy program or the upcoming changes, you can contact BCBSMA Member Services by phone at 1-800-217-7878 or information is available online at www.bluecrossma.com.

Sincerely,

Trustees of 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 or 1-800-447-7730. 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.