



**Teamsters Local 170 Health & Welfare Fund**

**Pharmacy Benefit Handbook**

**for the**

**Blue Cross Blue Shield of Massachusetts**

**Pharmacy Benefit**

**Effective January 1, 2016**

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The Teamsters Local 170 Health & Welfare Fund (The Fund) has its combined medical and pharmacy programs provided by Blue Cross Blue Shield of Massachusetts (BCBSMA). The pharmacy program is administered through BCBSMA and their pharmacy benefits manager vendor Express Scripts.

## Identification Card

There is a single BCBSMA Identification card (I.D.) 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 is on the BCBSMA I.D. card. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription.

## Formulary (also known as a Preferred Drug List)

The Fund uses the BCBSMA Standard three tier, open formulary. The formulary is available online on the Fund's website as well as the BCBSMA website. Go to the website at [www.bluecrossma.com](http://www.bluecrossma.com) and select the "Member" option, and sign in to your account to see the BCBSMA formulary with your copayment requirements. You can also view a general version of the formulary without signing in to your account by first selecting the "Member" option, followed by "Using my Plan", then "Pharmacy Coverage", and then select the "Medication Look Up" option. In the general version of the formulary, drugs listed by BCBSMA as "non-covered" will fall in Tier 3 for Fund members unless otherwise excluded under the plan benefits.

## Member Copayments

Tier: Medication Type	Retail Pharmacy Copayments Up to a 30 Day Supply	Mail Service Copayments Up to a 90 Day Supply	Fertility and Specialty Pharmacy Copayments Up to a 30 Day Supply
Tier 1: Generic	\$10	\$10	\$10
Tier 2: Preferred Brand	\$15	\$15	\$15
Tier 3: Non-preferred Brand	\$35	\$35	\$35

Some medications are formulated or packaged to deliver greater than a 30 day supply in a single dosage/dispensing unit. For some of these medications, members will be charged more than one 30 day copayment per fill depending on the medication and dosage/dispensing unit. For example, Estring is a formulated as a 90 day dosage unit and members will be charged three 30 day copayments.

## Medications with Copayment Waived

Member copayments are waived only for FDA approved contraceptive methods for women of child bearing age and "preventive medications" prescribed by a physician and listed as a Grade A or B recommendation for "preventive medications" per the United States Preventive Services Task Force (USPSTF). Pharmacy utilization management controls may still apply to the USPSTF Grade A or B recommended medications (such as but not limited to dosing, step therapy, generic coverage only when generic equivalents are available, quantity limits, etc.).

Medication with Copayment Waived	Medical Condition Notes	Gender/Age Requirements	Comment
Tobacco / smoking cessation products	To assist with tobacco / smoking cessation. Members are encouraged to also participate in the tobacco cessation counseling program		Member \$0 copay applies for two 90 day supplies of tobacco cessation / smoking deterrent medications per year. Generic medications or brand

Medication with Copayment Waived	Medical Condition Notes	Gender/Age Requirements	Comment
	available through the BCBSMA medical benefit		medications without a generic equivalent. Includes over the counter (OTC) products with doctor's prescription
Generic aspirin (81 mg)	To prevent cardiovascular disease	Females any age Males age 45 to 79	Generic OTC products with doctor's prescription
Fluoride supplements	Limited to those who reside in areas in which the primary source of water is fluoride deficient	Children age 6 months to 5 years	
Generic folic acid	For women planning or capable of pregnancy	Females up to age 54	Generic OTC products with doctor's prescription
Generic iron	For infants at risk of anemia	Infants up to 12 months	Generic OTC products with doctor's prescription
Generic vitamin D (up to 800 IU per day)	To prevent falls in community dwelling adults at increased risk of falls	Females age 65 and older Males age 65 and older	Generic OTC products with doctor's prescription
Women's contraceptives	Contraception	Females age 12 to 54	Generic medications or brand medications without a generic equivalent. Includes OTC products with doctor's prescription. Abortifacient drugs not included.
Breast cancer preventative medications (Tamoxifen and Raloxifene)	For women without a prior diagnosis of breast cancer but at increased risk of breast cancer	Females age 35 and older	Generic Tamoxifen and Raloxifene medication forms only
Erythromycin eye ointment	To prevent gonorrhea eye infections in newborns	Infants up to 12 months	
Bowel preparations	Prior to colorectal cancer screening exams	Females age 50 to 75 years Males age 50 to 75 years	Generic medications or brand medications without a generic equivalent. Includes OTC products with doctor's prescription
Vaccines: <ul style="list-style-type: none"> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Herpes zoster</li> <li>• Human papillomavirus</li> <li>• Influenza</li> <li>• Measles, mumps,</li> </ul>		Varies by vaccine type	Some listed vaccine types only available for administration at your doctor's office or medical clinic and not via a retail pharmacy. Contact BCBSMA for additional information

Medication with Copayment Waived	Medical Condition Notes	Gender/Age Requirements	Comment
rubella <ul style="list-style-type: none"> <li>• Meningococcal</li> <li>• Pneumococcal</li> <li>• Tetanus, diphtheria, pertussis</li> <li>• Varicella</li> <li>• Rabies</li> <li>• Travel immunizations</li> </ul>			

For additional information regarding your copayment for a particular medication, contact BCBSMA Member Services at 1-800-217-7878. Or, go to the website at [www.bluecrossma.com](http://www.bluecrossma.com) and select the “Member” option, and sign in to your account to see the BCBSMA formulary with your copayment requirements.

### Generic Incentive Program

If you or your physician requests that a branded prescription be dispensed when there is an equivalent generic product available, you will pay the brand copayment plus the difference in the cost between the brand and generic medication (the difference in the cost between the brand and generic medication is also referred to as an “ancillary fee”). The request for a branded medication to be dispensed when there is a generic equivalent available is frequently called a “Dispense as Written” medication order. Ancillary fees will be waived for brand versions of select narrow therapeutic window generic medications for treatment of seizures (Carbamazepine and Phenytoin), heart rhythm disorders (Digoxin, Flecainide, and Quinidine), blood thinners (Warfarin), asthma (Theophylline), transplant immunosuppressants (Cyclosporine, Sirolimus, and Tacrolimus), manic depression (Lithium), and thyroid supplementation (Levothyroxine Sodium).

### Covered Drugs

The following medications are covered under the pharmacy benefit plan unless otherwise listed as an exclusion below. Limitations may also apply to these medications.

- Federal Legend drugs, (unless specified otherwise), labeled with
  - “Caution: Federal law prohibits dispensing without prescription” or
  - “Rx Only”
- State restricted drugs
- Emergency allergy kits (such as EpiPen, EpiPen Jr.)
- Select generic over the counter (OTC) medications (or brand OTC product when a generic is not commercially available) upon prescription order from a physician
  - H-2 blockers (heartburn medications such as Ranitidine and others)
  - Proton-Pump Inhibitors (PPI) (heartburn medications such as Nexium, Omeprazole, Prevacid and others)
  - Non-sedating antihistamine products
  - Nasal steroids Flonase and fluticasone
- Compounded medications of which at least one ingredient is a Federal legend drug
- Insulin
- Insulin needles and syringes
- Over the counter diabetic supplies including lancet blades, blood glucose monitoring strips, urine glucose strips, and ketone strips (except blood glucose monitors / meters, alcohol swabs, and lancet blade holders)
- Oral contraceptives
- Drugs used to treat impotency for males only, age 18 and older

## Exclusions

The following are excluded from coverage under the pharmacy benefit unless specifically listed as a benefit under "Covered Drugs".

- Drugs that are not Federal Legend
- Bulk powders in compounded medications
- Select Federal Legend Brand name drugs with equivalent doses available Over the Counter (OTC) such as
  - Anti-allergy eye drops
  - Cough/cold products
  - Non-sedating antihistamine products with OTC equivalents
  - Proton Pump Inhibitors (PPI) with OTC equivalents such as Nexium 20 mg and Prevacid 15 mg
    - Ask your pharmacist to submit the OTC product NDC for pharmacy benefit coverage
  - Topical benzoyl peroxide products of 10% strength or less (single entity and combination products)
- Allergens / allergy injections
- Homeopathic medications
- Cosmetic drugs – drugs whose sole purpose is to promote or stimulate hair growth or used for any other cosmetic-type purposes
- Blood glucose monitors / meters, alcohol swabs and lancet blade holders and the test strips branded as Accu-Check
- Blood or blood plasma products
- Hemophilia factors (these products are covered under the medical benefit)
- Medical marijuana
- Weight loss / anti-obesity medications
- Medical foods
- Drugs on the Less Than Effective (LTE) Drug List or on the Drug Efficacy Study Implementation List (DESI Drugs) as published by the US Department of Health & Human Services on a periodic basis
- Drugs labeled "Caution-limited by Federal Law to investigational use" or experimental drugs (even if a fee is charged to the member for the investigational or experimental drug)
- Medications for which the cost is recoverable under any Workers' Compensation or Occupational Disease Law or any State or Governmental Agency, or medication furnished by any other Drug or Medical Service for which no charge is made to the member
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, skilled nursing facility, convalescent hospital, nursing home or similar institution which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals
- Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order
- Medical supplies (durable medical equipment, therapeutic devices or appliances)
- Ostomy supplies

## Prior Authorization

Your doctor must obtain prior authorization from BCBSMA before coverage is granted under the pharmacy benefit plan for some medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

The prior authorization list is updated on a periodic basis as new medications become available. Contact BCBSMA Member Services at 1-800-217-7878 for additional information and updates to the list. Or, visit the BCBSMA website, [www.bluecrossma.com](http://www.bluecrossma.com) select the "Member" option, followed by "Using my Plan", then "Pharmacy Coverage", and then select the "Pharmacy Management Program" option for a current list.

Your doctor may call the BCBSMA Pharmacy Operations Department at 1-800-366-7778 to request a review for prior authorization or fax the "Physician Request for Prior Authorization" form available on the BCBSMA website to 1-800-583-6289.

Some of the more frequently requested medications that require prior authorization are listed below.

- Acne medications – prior authorization required for members over 29 years of age
- ADD / ADHD medications
- Amphetamines / dextroamphetamines
- Cialis prescribed for benign-prostatic hyperplasia (BPH)
- Compounded medications
- Fentanyl medications
- Long acting opioids (narcotic pain medications)
- All brand and select generic Proton Pump Inhibitors "PPI" medications (medications to treat "heartburn" such as Aciphex®, Nexium®, and others)
- Provigil® and other sleep-cycle/wakefulness-promoting medications
- Suboxone®, Subutex®, Zubsolv®
- Specialty medications under the pharmacy benefit including but not limited to the following categories
  - Growth hormones
  - Hepatitis C
  - Joint fluid replacement
  - Multiple sclerosis
  - Pulmonary arterial hypertension
  - Red blood cell promotion / formation
  - Rheumatoid arthritis / Psoriatic arthritis
- All medications administered in a clinic office or outpatient setting covered under the medical or pharmacy benefit
- Other medications as identified by the Fund and BCBSMA

## Step Therapy

To encourage the use of generic and/or lower cost brand medications before more expensive branded medications, a Step Therapy Program is required for some medications.

In Step Therapy, medications are grouped into categories:

- 1st Step – generic medications and lower cost brand medications, all of which are safe, effective, and affordable
- 2nd Step – mostly higher cost brand name medications

Step Therapy is a process to ensure you are receiving a medication to meet your need, while providing cost effective therapy. You will be asked to first try a recognized Step 1 medication before more costly therapy is covered under the pharmacy benefit plan (Step 2). If the Step 1 therapy does not provide you with the therapeutic benefit desired, your physician may write a prescription for a Step 2 medication. Generally, Step 2 medications require the usage of a Step 1 medication before coverage under the pharmacy benefit plan.

### *What does this mean for you?*

If your physician writes a new prescription for a medication that is part of the Step Therapy program, your physician will need to write you a prescription for a Step 1 prescription medication first.

If your doctor writes a prescription for a Step 2 medication in the Step Therapy program, you may request that your pharmacist call the doctor for you and ask him to change to a Step 1 medication; or have your

physician submit a prior authorization request for your current prescription before you can receive coverage for the medication. A prior authorization is a request to the physician to document why you cannot take a Step 1 medication and must use a Step 2 medication. Your physician can begin the Step Therapy prior authorization process by contacting the BCBSMA Pharmacy Operations Department at 1-800-366-7778 to request a review for Step Therapy or fax the "Physician Request for Prior Authorization" form available on the BCBSMA website to 1-800-583-6289.

*What if I am new to the BCBSMA plan and have been taking Step 2 medication already?*

Members who are new to BCBSMA are allowed to bypass Step Therapy edits within the first 90 days of signing up for the BCBSMA plan. If you fill a prescription requiring Step Therapy, the claim will pay and will continue to pay as long as there is no more than 130 days between refills.

Some of the more frequently requested medications that are part of the Step Therapy program are listed below:

- All brand cholesterol lowering "Statin" medications (such as Crestor® and others)
- Select asthma management medications (such as Advair®, Dulera®, Montelukast, Symbicort®, Zafirlukast)
- Atypical antipsychotic medications
- Select brand diabetes management medications
- Select brand glaucoma eye drops
- Select brand heart treatment / blood pressure medications
- Select oral treatments to treat osteoporosis
- Select overactive bladder treatment medications
- Cox II pain relievers (Celebrex®)
- Select Parkinson's Disease treatment medications
- Prostate cancer treatment medication (Zytiga®)
- Select prostate treatment medications (Avodart®, Jalyn®, Proscar®)
- Topical testosterone (such as Fortesta®, Testim®, Vogelxo®, Testosterone pump)
- Other medications as identified by the Fund and BCBSMA

The step therapy list is updated on a periodic basis as new medications become available. Contact BCBSMA Member Services at 1-800-217-7878 for additional information and updates to the list. Or, visit the BCBSMA website, [www.bluecrossma.com](http://www.bluecrossma.com) select the "Member" option, followed by "Using my Plan", then "Pharmacy Coverage", and then select the "Pharmacy Management Program" option for a current list.

## **Quality Care Dosing: Dispensing Limitations and Quantity Limits**

The Quality Care Dosing program is to ensure that the quantity and dosage of your prescription medication is consistent with the recommendations of the Food and Drug Administration (FDA), manufacturer labeling, or other accepted clinical information.

The Quality Care Dosing program checks your prescription in two ways:

- Dose Consolidation – checks to see whether you are taking two or more pills a day that can be replaced with one pill providing the same daily dosage
- Recommended Monthly Dosing Level – checks to see that your monthly dosage is consistent with the recommendations of the FDA, manufacturer's labeling, or other accepted clinical information

Some other medications have a quantity limit per 15 day, 30 day or 90 day fill. Short acting opioids have a combined fill limit within a 60 day time frame as follows:

- Short acting opioids (common examples include codeine, hydrocodone, oxycodone)
  - Members can get up to two 15 day supplies of a short acting opioid within a 60 day period. Additional prescriptions within that 60 day period require prior authorization.
  - Prescriptions for greater than 15 day supplies also require prior authorization.



For additional information regarding the Quality Care Dosing program for a particular medication, contact BCBSMA Member Services at 1-800-217-7878. Or, visit the BCBSMA website, [www.bluecrossma.com](http://www.bluecrossma.com) select the “Member” option, followed by “Using my Plan”, then “Pharmacy Coverage”, and then select the “Pharmacy Management Program”.

## Refill Frequency

Generally, retail, fertility and specialty pharmacy prescriptions are limited to a 30 day supply per fill. Mail order prescriptions are limited to a 90 day supply per fill. Over 75% of the days’ supply from the previous fill must have passed before the next fill will be covered under the pharmacy benefit. Request for refills before the 75% threshold passes are called “refill too soon” requests.

- Each member is permitted to receive no more than two 30 day early refills per year to accommodate vacation needs.

## Military Duty Extended Fill Requests

Requests for extended fills for members on military duty are limited to 180 day supply at a time per fill and prior authorization is required.

## Lost or Stolen Medications

A refill too soon request over-ride for lost or stolen medications will be limited to one approval per year. In the case of a lost or stolen medication, the member will be required to pay the copayment for the replacement medication.

## Retail Pharmacy Access – Traditional Network

The BCBSMA retail pharmacy network is managed by Express Scripts. The Fund uses the Express Scripts Traditional retail pharmacy network which includes most chain and many independent pharmacies. The retail pharmacy network is updated on a regular basis.

To access the Express Scripts online pharmacy locator tool, please visit the BCBSMA website, [www.bluecrossma.com](http://www.bluecrossma.com) select the “Member” option, followed by “Using my Plan”, then “Pharmacy Coverage”, and then select “Pharmacy Networks”. On the Pharmacy Networks page you will find a link to the Express Scripts pharmacy locator tool. You may also call BCBSMA Member Services at 1-800-217-7878 to identify pharmacies within the network.

## Mail Order Program

The mail order program is designed for participants and their dependents who take maintenance medications used for chronic conditions such as high blood pressure, heart conditions, diabetes, etc. If you have a chronic condition which requires taking medication for a long period of time, a three month/90day supply can be delivered to your house for the 90 day copayment inclusive of standard postage. If you request overnight delivery, you may be required to pay the expedited delivery fees.

Your mail order service is provided by **Express Scripts Home Delivery Service**.

Online enrollment in the mail order program is available at [www.starthomedelivery.com](http://www.starthomedelivery.com). *Click on REGISTER NOW and fill in the requested information to create your new profile.* Make sure you include the member identification number on your BCBSMA I.D. card. Or you can call Express Scripts at 1-800-892-5119 to speak to a representative.

To submit your prescription to Express Scripts Home Delivery Service, call the BCBSMA member service number on your I.D. card and request an Express Scripts Home Delivery Service order form (includes a

postage paid envelope). Complete the order form for each member submitting a prescription. Be sure to answer all of the questions. Mail the form(s) in the postage paid envelope you received along with your prescription(s) for a 90 day supply plus refills, and your method of paying the applicable copayment.

Please note that BCBSMA does not allow Express Scripts Home Delivery Service pharmacy to process prescriptions for narcotic medications at mail (i.e. Oxycontin, Percocet, Vicodin, etc.).

## Specialty Pharmacy Network

Specialty medications are typically high cost medications that may be self-injected or taken by mouth. The medications require special handling and close monitoring by your health care providers. Most specialty medications require prior authorization before benefit coverage. This includes specialty medications covered under the pharmacy and medical benefits. Examples of medical conditions which may require the use of specialty medications include cancer, Hepatitis, Multiple Sclerosis, Rheumatoid Arthritis, among other medical conditions. These medications are shipped directly to your house or location of choice and the specialty pharmacy will call you when it is time for a refill.

A list of specialty medications can be found on the BCBSMA website. Visit the BCBSMA website, [www.bluecrossma.com](http://www.bluecrossma.com) select the "Member" option, followed by "Using my Plan", then "Pharmacy Coverage", and then select the "Specialty Pharmacy Networks" option for a current list. Or, contact BCBSMA Member Services at 1-800-217-7878 for additional information.

If you are taking a specialty medication, the BCBSMA pharmacy benefit plan requires that your specialty medication must be filled through one of the specialty pharmacies in the BCBSMA Specialty Pharmacy Network. Contact one of the specialty pharmacies listed in the table below to arrange for dispensing of your specialty medication and patient education/counseling services.

Specialty Pharmacy Name And Website	Customer Service Phone Number	*Customer Service Hours of Operation
AcariaHealth <a href="http://www.acariahealth.com">www.acariahealth.com</a>	1-866-892-1202	Monday through Friday 8:00 am to 8:00 pm EST Saturday 8:00 am to 3:00 pm EST Sunday 8:00 am to noon EST
Accredo <a href="http://www.accredo.com">www.accredo.com</a>	1-877-988-0058	Monday through Friday 9:00 am to 7:00 pm EST
CVS Caremark, Specialty Pharmacy <a href="http://www.cvscaremarkspecialtyrx.com">www.cvscaremarkspecialtyrx.com</a>	1-866-846-3096	Monday through Friday 7:30 am to 9:00 pm EST
Onco360, Oncology Pharmacy Solutions <a href="http://www.onco360.com">www.onco360.com</a>	1-877-662-6633	Monday through Friday 8:30 am to 6:30 pm EST
Walgreens Specialty Pharmacy <a href="http://www.walgreens.com/specialty">www.walgreens.com/specialty</a>	1-800-649-2872	Monday through Friday 8:00 am to 7:00 pm EST Saturday 10:00 am to 5:00 pm EST

\*On-call, after-hours service may also be available by calling the specialty pharmacy customer service toll free number.

Please note that some manufacturers of select specialty medications will only permit certain specialty pharmacies to dispense their specialty products. This is called a "limited distribution drug" (also referred to as "LDD"). If your specialty medication is a limited distribution drug, your doctor should be able to assist you in identifying the specialty pharmacy which can dispense your limited distribution drug. Otherwise, make sure to ask your selected specialty pharmacy if they can dispense your limited distribution drug.

BCBSMA no longer covers the specialty medications listed below when purchased by the doctor's office or outpatient hospital clinic. Instead, members must obtain these medications through the BCBSMA Specialty Pharmacy Network or a home infusion therapy provider in the BCBSMA home infusion therapy provider network. Prior authorization will still be required for these medications. Contact BCBSMA Member Services at 1-800-217-7878 for additional information.

Medication Name	Medication Class
IVIG	Immune Serum
Remicade	TNF inhibitor
Botulinum toxin	Neuromuscular blocker

## Fertility Pharmacy Network

A list of fertility medications can be found on the BCBSMA website. Visit the BCBSMA website, [www.bluecrossma.com](http://www.bluecrossma.com) select the "Member" option, followed by "Using my Plan", then "Pharmacy Coverage", and then select the "Specialty Pharmacy Networks" option for a current list. Or, contact BCBSMA Member Services at 1-800-217-7878 for additional information.

If you are taking a fertility medication, the BCBSMA pharmacy benefit plan requires that your fertility medication be filled through one of the pharmacies in the BCBSMA Fertility Pharmacy Network. Contact one of the fertility pharmacies listed in the table below to arrange for dispensing of your fertility medication and patient education/counseling services:

Fertility Pharmacy Name And Website	Customer Service Phone Number	*Customer Service Hours of Operation
BriovaRx <a href="http://www.briovarx.com">www.briovarx.com</a>	1-800-850-9122	Monday through Friday 8:30 am to 10:00 pm EST (Fertility specialist available until 5 pm) Saturday 9:00 am to 2:00 pm EST
Freedom Fertility Pharmacy <a href="http://www.freedomfertility.com">www.freedomfertility.com</a>	1-866-297-9452	Monday through Friday 9:00 am to 9:00 pm EST Saturday 10:00 am to 6:00 pm EST
Metro Drugs <a href="http://www.metrodrugs.com">www.metrodrugs.com</a>	1-888-258-0106	Monday through Friday 9:00 am to 6:30 pm EST
Village Fertility Pharmacy <a href="http://www.villagefertilitypharmacy.com">www.villagefertilitypharmacy.com</a>	1-877-334-1610	Monday through Friday 8:00 am to 8:00 pm EST Saturday 8:30 am to 5:00 pm EST
Walgreens <a href="http://www.walgreens.com/specialty">www.walgreens.com/specialty</a>	1-800-424-9002	Monday through Friday 8:00 am to 8:00 pm EST Saturday 10:00 am to 4:00 pm EST

\*On-call, after-hours service may also be available by calling the fertility pharmacy customer service toll free number.

## Complaints and Appeals

Both the BCBSMA pharmacy and medical benefit use the BCBSMA complaints and appeals process as set forth in the Summary Plan Description. Please refer to the Fund Summary Plan Description document for a description of the complaints and appeals process.

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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 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.