

*** IMPORTANT BENEFIT INFORMATION ***
For ACTIVE and RETIREE BCBSMA Members

June 23, 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).

ACTIVE and RETIREE BCBSMA Members (except members enrolled in a PPO plan)

Changes to the Blue Cross Blue Shield Pharmacy Program

Beginning September 1, 2017, Blue Cross Blue Shield is making changes to covered medications list that will affect:

- Medications switching tiers
- Medications that are no longer covered under standard design (moved to Tier 3)
- One medication moving to benefit exclusion
- New Prior Authorization Requirements

1. Medications Changing Tier Status, effective September 1, 2017

When BCBSMA determines that a medication's clinical and financial value changes in comparison to alternative medications in its class, BCBSMA changes the medication's tier. Depending on the tier change employees may be required to pay more or less for these medications. Again, check with your doctor to determine if there is a drug that could be prescribed for you at a lower copay tier.

Medication Class	Medication Name	Covered Tier Level as of September 1, 2017 under a 3 Tier Formulary
Proton Pump Inhibitors (PPI)	Esomeprazole Lansoprazole	Tier 3 (the Fund also provides coverage for OTC)

	Omeprazole Omeprazole/BiCarb Pantoprazole Rabeprazole Prevacid SoluTab	PPIs which will also be covered at tier 3)
Syringes	Terumo Thinpro Ulticare	Tier 2

Note: Members using combination prescription medications to treat H. pylori will continue to pay their current cost.

2. Medications Covered at Tier 3, but Excluded by Standard BCBSMA plans, effective January 1, 2017

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 for Fund Members but Excluded from BCBSMA Formulary
Angiotensin II Receptor Blockers (for high blood pressure)	Azor, Benicar, Benicar HCT, and Tribenzor
Antipsychotic Medications	Seroquel XR
Asthma/Allergy Treatment	Singulair
Cholesterol-Lowering Medications	Zetia
Colonoscopy Preparation/ Laxatives	Osmoprep*
Dermatological Treatments	Alcortin-A, Anusol HC Suppository, Lidocaine-HC 2%-2.5% Kit, Relador Pak, Relador Pak Plus, Salicylic Acid 6% Lotion Kit

3. Medication Excluded from Pharmacy Coverage

The following medication will be excluded from pharmacy coverage because it's cosmetic. Formulary exception will not be accepted for this medication.

Medication Name
Avenova Lid-Lash Spray

**4. New Prior Authorization Requirements for HMO, Access Blue, and Blue Choice Plans
(not applicable to Blue Cross Blue Shield PPO plans)**

Beginning September 1, 2017, prior authorization is required for the medications listed below when administered:

- In doctor offices
- By home health care providers
- By home infusion therapy providers
- In outpatient hospital and dialysis settings

This change doesn't affect these medications when used in inpatient, surgical day care, urgent care centers, and ER settings. We encourage members taking these medications to discuss this change with their health care provider.

Medications that require prior authorization:

- Egrifta
- Exondys-51
- Gel-Syn
- Ixinity
- Kanuma
- Kovaltry
- Lemtrada
- NovoEight
- Obizur
- Spinraza
- Zomacton

Teamsters Local 170 Health and Welfare Fund does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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 provided by Teamsters Local 170 Health & Welfare Fund.