



# TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

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

## **\* IMPORTANT BENEFIT INFORMATION \*** **FOR FALLON SELECT SUPREME MEMBERS AND DEPENDENTS**

September 30, 2021

Dear Fallon Select Supreme Members and Dependents:

This letter is to inform you of changes, effective January 1, 2022, in your health plan offerings.

Fallon Health has announced that it is dropping out of the commercial health insurance market and effective January 1, 2022 Teamsters Local 170 Health and Welfare Fund members and dependents will no longer be eligible to enroll in Fallon Health Plans.

- The Board of Trustees, after careful consideration of its options, has decided to transition the members and dependents from Fallon Health to Blue Cross Blue Shield of Massachusetts (BCBSMA). As you know, the Fund has offered BCBSMA coverage as an option to Fund participants for many years.

For most members, this transition should be seamless, as the BCBSMA network includes almost all Primary Care Physicians who are in the Fallon Health network. In addition, the Fund and BCBSMA will work together to ensure that all members have continuity of care and any assistance they need as the transition is made from Fallon to BCBSMA. This includes open forums, group meetings, personal appointments with BCBSMA representatives, all designed to answer any questions that Fallon Health members may have that are not answered in the following transition guide.

Included in this mailing are answers that are frequently asked in health plan transitions, as well as specific details regarding your new plan and benefit offerings. Please review carefully and reach out to the Fund office at 508-791-3416 and/or to BCBSMA through the phone numbers or links found in these materials.

\* Tier 1

## All Members and Dependents in Fallon Select Supreme moving to BCBSMA Blue Choice New England (POS):

### Enrollment and ID cards

1. *You will not be required to complete a new enrollment form.*

*All Fallon members and dependents currently in the Fallon Select Supreme plan will automatically be enrolled in the BCBSMA Blue Choice New England plan and will receive new ID cards before January 1, 2022. This plan is a Point Of Service plan, which requires a primary care physician in order to pay the lowest out of pocket costs. You should notify all your current providers of your insurance change when you receive your new ID card so that they can bill any 2022 visits through BCBSMA and won't experience a delay in payment.*

### Primary Care Providers (PCPs)

1. *As of the date of this letter, BCBSMA's provider network includes all the current Fallon members and dependents PCPs. Therefore, members should have no disruption and will not be required to select a new PCP.*
  - You **will not** need to select a new PCP or notify BCBSMA of your current PCP in the transition to BCBSMA. Fallon will be sending a file to BCBSMA that indicates your current PCP selection.
  - To provide yourself with an extra level of comfort, you may want to confirm that your current providers are in the BCBSMA provider network by searching [www.bluecrossma.org](http://www.bluecrossma.org) and click on **Find a Doctor** or by calling BCBSMA Member Services at 1-800-241-0803.
  - If you do not have a current PCP or would like to change your PCP, you can Contact BCBSMA Member Services at 1-800-241-0803.

### Specialty Referrals

1. *If you have a standing specialist referral from your PCP (e.g. dermatology or other specialty) for your Fallon health plan, you will need to request a new referral from your PCP for visits in 2022 that would be billed through your new BCBSMA coverage.*
  - Contact your doctor and make the request for the new insurance referrals once you receive your BCBSMA ID card.

### Prior Authorizations for Surgery

1. *If you have prior-authorization for surgery from your Fallon health plan, you will not need to request a new authorization for surgery from BCBSMA. Fallon Health Plan will be sending a list of all prior-authorizations to BCBSMA prior to the January 1, 2022 effective date.*



## BCBSMA Medical Plan-Blue Choice New England (Point of Service)

1. *Please refer to the Schedule of Benefits and riders enclosed which outlines your out of pocket costs for covered medical and pharmacy benefits.*
2. *For any questions regarding your covered benefits or to find out if a benefit is covered under your medical plan, please contact BCBSMA at 1-800-241-0803*

## Pharmacy

1. *As with your Fallon plan, prescription drug coverage is available through your BCBSMA plan. The coverage you have is through ExpressScripts who has partnered with BCBSMA. Coverage is outlined in the Schedule of Benefits and riders included in this mailing. During the transition to Blue Cross Blue Shield of MA, you may need to take some action in advance of the effective date to ensure a smooth transition for you and your family.*
  - Please refer to the 2021 custom formulary guide which can be found by accessing the following link: [https://planinfo.bluecrossma.com/ekit/2022-teamsterslocal170healthandwelfarefund-en\\_US.pdf](https://planinfo.bluecrossma.com/ekit/2022-teamsterslocal170healthandwelfarefund-en_US.pdf)
  - Please note this list is not all inclusive and may change from time to time.
  - There are certain drug classifications such as Over The Counter (OTC) drugs that are excluded from the benefit without exception.
  - If a drug you are taking is not covered on the BCBSMA formulary ( with the exception of the above), you will be allowed a **one-time courtesy refill** if the drug is covered **in the first 3 months of membership**. This will be followed by a mailing alerting you that the drug is not covered and to speak with your physician about an alternative. Without an approved exception, the next fill will not be covered.
- **Mail order**-If you are currently using the mail order program under Fallon, your mail order prescription **will be transferred to BCBSMA/ESI.**
- When you review the covered drug list, you may notice that the drug/s you are taking are subject to step-therapy and/or prior authorization.
- **Step Therapy** is the process by which a physician is required to prescribe a first-line medication (often a more affordable generic medication) prior to prescribing a second-line, or brand-name medication.
- **If you're currently taking a medication that is subject to step therapy, you'll be able to continue taking that medication. You won't be required to complete the Step Therapy program for that medication as long as you don't have a break in your prescription.** Once you've been a member for three months, any new prescriptions you begin will be subject to step therapy, if applicable.

- **Prior-authorization** is the requirement that a physician must get approval by BCBSMA prior to coverage for a particular medication. If a member is on a drug that requires prior authorization with BCBS but not with Fallon, your provider will need to submit a prior authorization request to BCBSMA.
- **Specialty Medications:** Specialty medications are used to treat complex health conditions. Specialty medications are limited to a 30 day supply and may be subject to pharmacy management programs such as Step Therapy, Prior Authorization or Quality Care Dosing or have other coverage requirements. Members taking Specialty Medications are required to fill medications at one of the available in network specialty pharmacies. A list can be found under the Medication Lookup tool. If you are currently taking a specialty medication under your current Fallon plan, your prescription will be transferred to your new plan, however, **you may need to ask your doctor to submit a prior authorization to continue receiving your specialty medication.**

#### Transition of Care Assistance for Members under Treatment by an Out-of-Network Provider

*At this point in time, it appears that there are not any cases where a particular provider that a Fund participant has received care from is not part of the BCBSMA network. If by chance that is the case, BCBSMA's Transition Assistance Program offers eligible members temporary, continued coverage, when undergoing active treatment from a doctor who is no longer part of your plan's network. If coverage is approved, the program lets you complete your course of treatment or safely transfer to an in-network doctor or facility. (NOTE: This temporary continued coverage would be in effect for up to 90 days.)*

1. You may submit a request for temporary continued coverage if you:
  - Are in active course of treatment for an acute medical condition; a serious, chronic condition; cancer or chemotherapy; allergies; or a mental health condition.
  - Are pregnant, regardless of trimester
  - Have a terminal illness
  - Have a surgery or other procedure that has been authorized under your previous plan and is scheduled to occur within 90 days of your new plan's effective date
  - Are enrolled in a cardiac rehab program that's already in progress
  - Have established care with a specialist treating your acute or serious chronic condition

To obtain a form and submit a request please contact BCBSMA Member Services at 1-800-241-0803



## **Continuity of Care (Consolidated Appropriations Act)**

BCBSMA intends to comply with all requirements of the Consolidated Appropriations Act related to Continuity of Care which are effective for the first plan year beginning on or after January 1, 2022. The requirements include that if a health provider is removed from the plan's network following termination of the network contract between plan and provider, the plan will notify members receiving care from the provider that:

- The provider is no longer part of the plan's network
- The participant has the right to continue receiving transitional care from this provider
- The plan must cover the transitional care provided by that former plan network provider at the in network coverage level during the transitional care period

Plans are required to give the participant the opportunity to request a transitional care period. The period must extend for the remaining time that the participant is a patient at a continuing care facility or for up to 90 days after the plan participants receives notification from the plan that the provider is no longer in the network.

## **Wellness Programs**

- 1. BCBSMA also has reimbursement for wellness program including weight loss and fitness.*

### **Fitness Reimbursement**

You may be reimbursed up to **\$200 per participant and up to \$400 per family each calendar year** for costs you pay to participate in a qualified fitness program. A qualified fitness program is either: a full service health club where you use a variety of cardiovascular and strength-training equipment for fitness; or, a fitness studio where you take instructor-led group classes for cardiovascular and strength-training such as yoga, pilates, zumba, kickboxing, cross-fit, and indoor cycling/spinning; sports/gymnastics camps, teams, or leagues; instructional dance studios; social activity clubs (such as ski, tennis, hiking, running/racing); pool-only facilities; ski passes; martial arts schools; and new cardiovascular home fitness equipment. A qualified fitness program also includes virtual/online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform.

### **Weight Loss Reimbursement**

You may be reimbursed up to \$300 per calendar year for fees paid to qualified weight loss programs focused on eating, physical habits and lifestyle counseling (in-person, phone, online). This includes any combination of fees incurred by all enrolled members.

**STILL HAVE QUESTIONS??**

**If you have questions regarding these benefit changes, please contact BCBSMA at 800-241-0803 Monday-Friday between the hours of 8:30am-4:30pm.**

**BCBSMA will be providing a dedicated service team to answer questions for Fallon members on the following days: Monday 10/18, Wednesday 10/20, Friday 10/22 between the hours of 9:00 am-10:00 am and 3:00 pm-4:00pm. Please contact 1-888-258-7908.**

**More information about your medical and pharmacy benefits as well as additional helpful resources can be found at:**

[https://planinfo.bluecrossma.com/ekit/2022teamsterslocal170healthandwelfarefund-en\\_US.pdf](https://planinfo.bluecrossma.com/ekit/2022teamsterslocal170healthandwelfarefund-en_US.pdf)

OR <https://planinfo.bluecrossma.com/customblue/2022/teamsterslocal170healthandwelfarefund>

**Respectfully yours,**

The Board of Trustees  
Teamsters Local 170 Health & Welfare Fund

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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 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.







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**\* IMPORTANT BENEFIT INFORMATION \***  
**FOR FALLON SELECT PREMIUM VALUE & DIRECT PREMIUM VALUE**  
**MEMBERS AND DEPENDENTS**

September 30, 2021

Dear Fallon Select Premium Value and Direct Premium Value Members and Dependents:

This letter is to inform you of changes, effective January 1, 2022, in your health plan offerings.

Fallon Health has announced that it is dropping out of the commercial health insurance market and effective January 1, 2022 Teamsters Local 170 Health and Welfare Fund members and dependents will no longer be eligible to enroll in Fallon Health Plans.

The Board of Trustees, after careful consideration of its options, has decided to transition the members and dependents from Fallon Health to Blue Cross Blue Shield of Massachusetts (BCBSMA). As you know, the Fund has offered BCBSMA coverage as an option to Fund participants for many years.

For most members, this transition should be seamless, as the BCBSMA network includes almost all Primary Care Physicians who are in the Fallon Health network. In addition, the Fund and BCBSMA will work together to ensure that all members have continuity of care and any assistance they need as the transition is made from Fallon to BCBSMA. This includes open forums, group meetings, personal appointments with BCBSMA representatives all designed to answer any questions regarding the transition that Fallon Health members may have that are not answered in the following transition guide.

Included in this mailing are answers that are frequently asked in health plan transitions, as well as specific details regarding your new plan and benefit offerings. Please review carefully and reach out to the Fund office at 508-791-3416 and/or to BCBSMA through the phone numbers or links found in these materials.

\* Tier 2



**All Members and Dependents in Fallon Select Premium Value and Direct Premium Value Plans moving to BCBSMA Network Blue New England Options:**

**Enrollment and ID cards**

1. *You will not be required to complete a new enrollment form.*

*All Fallon members and dependents currently in the Select Premium Value and Direct Premium Value plan will automatically be automatically enrolled in the BCBSMA Network Blue New England plan and will receive new ID cards before January 1, 2022. This plan is tiered network managed care plan, which requires a primary care physician. You will pay the lowest out of pocket costs if you use a provider in the Enhanced benefits tier. You will pay more if you use a provider in the standard or basic benefits tier.*

- You should notify all your current providers of your insurance change when you receive your new ID card so that they can bill any 2022 visits through BCBSMA and won't experience a delay in payment.

**Primary Care Providers (PCPs)**

1. *As of the date of this letter, BCBSMA's provider network includes all the current Fallon members and dependents' PCPs. Therefore, members should have no disruption and will not be required to select a new PCP.*
  - You **will not** need to select a new PCP or notify BCBSMA of your current PCP in the transition to BCBSMA. Fallon will be sending a file to BCBSMA that indicates your current PCP selection.
  - To provide yourself with an extra level of comfort, you may want to confirm that your current providers are in the BCBSMA provider network by searching [www.bluecrossma.org](http://www.bluecrossma.org) and click on **Find a Doctor** or by calling BCBSMA Member Services at 1-800-241-0803.
  - If you do not have a current PCP or would like to change your PCP, you can Contact BCBSMA Member Services at 1-800-241-0803.

**Specialty Referrals**

1. *If you have a standing specialist referral from your PCP (e.g. dermatology or other specialty) for your Fallon health plan, you will need to request a new referral from your PCP for visits in 2022 that would be billed through your new BCBSMA coverage.*
  - Contact your doctor and make the request for the new insurance referrals once you receive your BCBSMA ID card.

## Prior Authorizations for Surgery

1. *If you have prior-authorization for surgery from your Fallon health plan, you will not need to request a new authorization for surgery from BCBSMA. Fallon Health Plan will be sending a list of all prior-authorizations to BCBSMA prior to the January 1, 2022 effective date.*

## BCBSMA Medical Plan-Network Blue New England Options

1. *Please refer to the Schedule of Benefits and riders enclosed which outlines your out-of-pocket costs for covered medical and pharmacy benefits.*
2. *For any questions regarding your covered benefits or to find out if a benefit is covered under your medical plan, please contact BCBSMA at 1-800-241-0803.*

## Pharmacy

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  - Please refer to the 2021 custom formulary guide which can be found by accessing the following link: [https://planinfo.bluecrossma.com/ekit/2022-teamsterslocal170healthandwelfarefund-en\\_US.pdf](https://planinfo.bluecrossma.com/ekit/2022-teamsterslocal170healthandwelfarefund-en_US.pdf)
  - Please note this list is not all inclusive and may change from time to time.
  - There are certain drug classifications such as Over The Counter (OTC) drugs that are excluded from the benefit without exception.
  - If a drug you are taking is not covered on the BCBSMA formulary (with the exception of the above), you will be allowed a **one-time courtesy refill** if the drug is covered **in the first 3 months of membership**. This will be followed by a mailing alerting you that the drug is not covered and to speak with your physician about an alternative. Without an approved exception, the next fill will not be covered.
  - **Mail order**-If you are currently using the mail order program under Fallon, your mail order prescription **will be transferred to BCBSMA/ESI.**
  - When you review the covered drug list, you may notice that the drug/s you are taking are subject to step-therapy and/or prior authorization.
  - **Step Therapy** is the process by which a physician is required to prescribe a first-line medication (often a more affordable generic medication) prior to prescribing a second-line, or brand-name medication.



- **If you're currently taking a medication that is subject to step therapy, you'll be able to continue taking that medication. You won't be required to complete the Step Therapy program for that medication as long as you don't have a break in your prescription.** Once you've been a member for three months, any new prescriptions you begin will be subject to step therapy, if applicable.
- **Prior-authorization** is the requirement that a physician must get approval by BCBSMA prior to coverage for a particular medication. If a member is on a drug that requires prior authorization with BCBS, your provider will need to submit a prior authorization request to BCBSMA.
- **Specialty Medications:** Specialty medications are used to treat complex health conditions. Specialty medications are limited to a 30-day supply and may be subject to pharmacy management programs such as Step Therapy, Prior Authorization or Quality Care Dosing or have other coverage requirements. Members taking Specialty Medications are required to fill medications at one of the available in network specialty pharmacies. A list of participating specialty pharmacies can be found under the BCBSMA Medication Lookup tool. If you are currently taking a specialty medication under your current Fallon plan, your prescription will be transferred to your new plan, however, **you may need to ask your doctor to submit a prior authorization to continue receiving your specialty medication.**

#### Transition of Care Assistance for Members under Treatment by an Out-of-Network Provider

*At this point in time, it appears that there are not any cases where a particular provider that a Fund participant has received care from is not part of the BCBSMA network. If by chance that is the case, BCBSMA's Transition Assistance Program offers eligible members temporary, continued coverage, when undergoing active treatment from a doctor who is no longer part of your plan's network. If coverage is approved, the program lets you complete your course of treatment or safely transfer to an in-network doctor or facility. (NOTE: This temporary continued coverage would be in effect for up to 90 days.)*

1. You may submit a request for temporary continued coverage if you:
  - Are in active course of treatment for an acute medical condition; a serious, chronic condition; cancer or chemotherapy; allergies; or a mental health condition.
  - Are pregnant, regardless of trimester
  - Have a terminal illness
  - Have a surgery or other procedure that has been authorized under your previous plan and is scheduled to occur within 90 days of your new plan's effective date
  - Are enrolled in a cardiac rehab program that's already in progress
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### **Continuity of Care (Consolidated Appropriations Act)**

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- The plan must cover the transitional care provided by that former plan network provider at the in network coverage level during the transitional care period

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### **Wellness Programs**

*BCBSMA also has reimbursement for wellness program including weight loss and fitness.*

#### **Fitness Reimbursement**

You may be reimbursed up to **\$200 per participant and up to \$400 per family each calendar year** for costs you pay to participate in a qualified fitness program. A qualified fitness program is either: a full service health club where you use a variety of cardiovascular and strength-training equipment for fitness; or, a fitness studio where you take instructor-led group classes for cardiovascular and strength-training such as yoga, pilates, zumba, kickboxing, cross-fit, and indoor cycling/spinning; sports/gymnastics camps, teams, or leagues; instructional dance studios; social activity clubs (such as ski, tennis, hiking, running/racing); pool-only facilities; ski passes; martial arts schools; and new cardiovascular home fitness equipment. A qualified fitness program also includes virtual/online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform.

#### **Weight Loss Reimbursement**

You may be reimbursed up to \$300 per calendar year for fees paid to qualified weight loss programs focused on eating, physical habits and lifestyle counseling (in-person, phone, online). This includes any combination of fees incurred by all enrolled members.



## STILL HAVE QUESTIONS??

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OR <https://planinfo.bluecrossma.com/customblue/2022/teamsterslocal170healthandwelfarefund>

**Respectfully yours,**

The Board of Trustees  
Teamsters Local 170 Health & Welfare Fund

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

