

*** IMPORTANT BENEFIT INFORMATION ***
For ACTIVE and RETIREE BCBSMA and Fallon Health Plan Members

October 31, 2016

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) and Fallon health plans and the Davis Vision plan.

ACTIVE and RETIREE BCBSMA and Fallon Health Plan Members

Recently, the Commonwealth of Massachusetts passed a law requiring certain health plans to provide coverage for specific treatments for Lyme Disease and HIV associated Lipodystrophy. Although these laws/mandates are not applicable to the Teamsters Local 170 Health and Welfare Fund, the Trustees have voted to enhance coverage and expand your Plan's benefits to include the new state mandated benefits.

BCBSMA and Fallon

1. Coverage for long-term antibiotic therapy for a patient with Lyme Disease.

Effective January 1, 2017, coverage will be included for long-term antibiotic therapy for a patient with Lyme Disease, when determined to be medically necessary and ordered by a licensed physician after making a thorough evaluation of the patient's symptoms, diagnostic test results or response to treatment.

All benefits will continue to be subject to clinical guidelines/requirements and limitations outlined in the plan documents.

2. Coverage for treatment associated with HIV related lipodystrophy

Effective January 1, 2017, benefit coverage for medical or drug treatments to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome including, but not limited to, reconstructive surgery, such as suction assisted lipectomy, other restorative procedures and dermal injections or fillers for reversal of facial lipoatrophy syndrome.

All benefits will continue to be subject to clinical guidelines/requirements and limitations outlined in the plan documents.

3. 2016/2017 Wellness Challenge

In 2016, the Teamsters Local 170 Health and Welfare Fund implemented a voluntary Wellness Program. BCBSMA and Fallon plan members (including spouses and dependents over the age of 18) were challenged to: 1. complete a health risk assessment and receive a FitBit and 2. complete a walking challenge and receive a \$200.00 gift card. Participants who were disabled (unable to complete a challenge due to a medical condition) were provided a reasonable accommodation and an opportunity to do something else and receive these incentives.

The program was very successful as 437 participants completed a health risk assessment and 404 participants completed the walking challenge. The Fund is presently considering offering a similar program for 2017. Please feel free to contact the Fund Office at 508-791-3416 to share any ideas or input you may have concerning a future Wellness Program.

Davis Vision

4. Coverage for Digital Progressive Lenses with no copay

Effective January 1, 2017, coverage will be included for digital progressive lenses every 12 months with a \$0 copay. The current copay is \$50.00.

All benefits will continue to be subject to clinical guidelines/requirements and limitations outlined in the plan documents.

5. Coverage for a second pair of glasses for dependents on an annual basis with a \$25 copay

Effective January 1, 2017, coverage will be included for an additional pair of glasses (frames and lenses) for dependents every 12 months with a \$25 copay.

All benefits will continue to be subject to clinical guidelines/requirements and limitations outlined in the plan documents.

All BCBSMA Plans

Updates to BCBSMA Formulary Program

1. 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.

Drug Class	Covered at Tier 3 for Fund Members but Excluded from BCBSMA Formulary
Immune Modulating Drug	Cimzia, Entyvio, Ocrencia, Simponi, Simponi Aria
Inflammatory Bowel Agents	Asacol, Delzicol, Mesalamine HD
Hepatitis C	Sovaldi
Acne Combinations with Antibiotics	Duac gel kit, Benzaclin gel and pump
Vitamins-Single Ingredient	Nascobal
Angiotensin II Receptor Antagonists and Combinations	Avapro, Avalide, Diovan, Diovan HCT, Exforge, Exforge HCT
HMG CoA Reductase Inhibitors (cholesterol)	Crestor
Medications included as part of Compounded Medications	Duloxetine capsules, Irenka capsules, saltstable LO cream, saltstable LS cream
Oral Contraceptives	Ministrin FE Chewable

Generic Medications with approved Formulary Exception	Avita, DermaWerx Surgical Plus Pak, Eletone, HPR Plus, Lidocaine/Hydrocortisone Gel and Cream kits, Salicylic Acid/Ceramide 6% kit
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2. Medications Changing Tier Status, effective January 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.

The medications in the table below will change tier levels:

Drug Class	Medication Name	New Covered Tier Level
Topical Retinoic Acids	tretinoin, tretinoin microsphere, adapalene	Tier 2
Syringes	Ulticare, GNP Ultra	Tier 2

3. Medication with New Quality Care Dosing Limit, effective January 1, 2017

To make sure that the quantity and dose of a medication administered to a member meets Federal Drug Administration, manufacturer, and clinical recommendations, we are adding a Quality Care Dosing limit to the following medications:

Medication Name	Quality Care Dosing Limit
Diclofenac 1.5% solution	150ml
Diclofenac 1% gel	500GM
Diclofenac 3% gel	100GM
Lidocaine 5% 35GM ointment	35GM (1 tube)
Lidocaine 5% 50GM ointment	50GM (1 tube)
Voltaren 1% gel	500GM
Breo-Ellipta 200/25mcg 28 pack	28 blisters
Breo-Ellipta 100/25mcg 28 pack	28 blisters
Climara-Pro patch	4 patches
Nucynta 50, 100, 150, 200mg	60 tabs
Pennsaid 2% pump 112 gm	1 bottle

If you are prescribed one of these medications, you may have new limits on the amount of these medications that can be obtained from the pharmacy.

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.