

TEAMSTERS LOCAL 170
HEALTH & WELFARE FUND



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

October 30, 2015

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of coverage enhancements and/or changes for the benefits offered to Active and Retiree members through Blue Cross Blue Shield of Massachusetts (BCBSMA) and Fallon health plans.

ACTIVE and RETIREE BCBSMA and Fallon Health Plan Members

1. **The copays for some Applied Behavioral Analysis Services will be eliminated.**

BCBSMA and Fallon

Effective January 1, 2016, the copays for some applied Behavioral Analysis Services will be eliminated.

In 2011, there were changes to the benefits available for members with autism spectrum disorders. In 2016, the cost-sharing for some specific services will be eliminated as follows:

- Mental health assessment, by non-physician, to be used for treatment and planning
- Mental health service plan development by non-physician, to be used for supervision of services
- Behavioral health day treatment, per hour, to be used for direct services, one hour increments, BCBA
- Therapeutic behavioral services, per 15 minutes, to be used for direct service, 15 minute increment, paraprofessional

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

What does this mean for you?

If you or your spouse and/or dependents have qualified expenses, Teamsters Local 170 Health and Welfare Fund will provide you with increased reimbursement towards those expenses and you will have less out-of-pocket cost.

2. Due to the recent opioid crisis both in Massachusetts and at the national level, the Fund has enhanced the benefit coverage for substance abuse benefits and services.

Effective January 1, 2016, benefit coverage for substance abuse benefits and services will include:

- Access to abuse deterrent opioid drugs on a basis that is not less favorable than non-abuse deterrent drugs. (This coverage is being finalized and plans are awaiting guidance from the Division of Insurance as to what drugs will be included.)
- Medically, necessary acute substance abuse treatment services and clinical stabilization services for up to 14 days, without prior-authorization for in-state BCBSMA/Fallon Network providers and additionally for BCBSMA PPO members non preferred MA providers certified or licensed by the Department of Public Health
- Substance abuse treatment, without requiring preauthorization, if the provider is certified or licensed by the Department of Public Health.
- Services provided by licensed drug and alcohol counselors

3. Low-dose aspirin for women.

Effective 10/1/15 BCBSMA will provide low dose aspirin at no cost to all women.

Fallon will continue, pursuant to the US Preventative Task Force recommendations, to provide low dose aspirin at no cost to all women age 45 and older and to women who are at high risk for preeclampsia.

BCBSMA Network Blue New England Options

4. The frequency limitation on chiropractic visits will be 20 visits per calendar year for members in the BCBSMA Network Blue New England Options v.5 plan.

Effective January 1, 2016, the frequency on the number of visits reimbursable by Teamsters Local 170 Health and Welfare Fund will increase from 12 visits per calendar year to 20 visits per calendar year for members in the Network Blue New England Options v.5 plan.

Chiropractic services are available for acute musculoskeletal conditions (either new or an acute exacerbation of a previous condition) and the actual number of visits provided is based on medical necessity as determined by your plan provider and BCBSMA and/or Fallon health plans.

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

What does this mean for you?

If you have more than 12 chiropractic visits per calendar year, you will now be reimbursed up to 20 visits and may pay less out-of-pocket for your chiropractic care.

For your convenience, enclosed please find a copy of the Blue Options v.5 Hospital Tiering effective January 1, 2016.

All BCBSMA Plans

5. Updates to BCBSMA Formulary Program

Medications That Will No Longer Be Covered

After carefully reviewing each drug's cost and covered alternatives, the medications in the chart below will no longer be covered. However, when medically necessary, a member's doctor, or the person who prescribed the drug, may request an exception to have these medications covered.

Drug Class	Non-Covered Medication or Supply
Blood Glucose Meters & Test Strips	Accu-Chek Test Strips
Bowel evacuant combinations	CoLyte GoLytely Moviprep NuLytely Prepopik Suprep
**Erythroid stimulants	Aranesp Epogen Mircera
**GnRH/Antagonists	Ganirelix
Phosphate binders	Auryxia
Topical actinic keratosis	Picato, Solaraze, and Fluoroplex
Compound Medications	<p>Several classes of compounded medications will not be covered. These include:</p> <ul style="list-style-type: none"> • Calcium Channel Blockers • Lidocaine topical and combinations • Gastrointestinal Chloride Channel Activators • Fibromyalgia Agent - SNRIs • Carnitine Replenisher - Agents • Antianxiety Agents - Misc.

	<ul style="list-style-type: none"> • Opioid Agonists • Antihistamines - Non-Sedating • 5-HT3 Receptor Antagonists • Nonsteroidal Anti-inflammatory Agents (NSAIDs) • Leukotriene Receptor Antagonists • Triazoles • Central Muscle Relaxants • Cyclooxygenase 2 (COX-2) Inhibitors • Hematorheologic Agents • Selective Serotonin Agonists 5-HT(1)
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**** Members currently taking these medications will be allowed to continue to fill them until 7/1/16.**

Medications Changing Tier Status

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.

The medications in the table below will change tier levels:

Drug Class	Medication Name	Covered Tier Level as of January 1, 2016 under a 3 Tier Formulary
Unspecified drug category	Eurax Kristalose Motofen Rectiv	Tier 3 Tier 3 Tier 3 Tier 2
Inhaled long acting muscarinic antagonists	Tudorza	Tier 2

Medication with New Quality Care Dosing Limit

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	Dosage	Quality Care Dosing Limit
Bydureon	2mg vial/pen	4 vials/pens
Byetta	5mcg 10mcg	1.2ml 2.4ml
Farydak	10mg 15mg 20mg	6 capsules
Farxiga	5mg 10mg	30 tablets
Invokana	100mg 300mg	30 tablets
Invokamet	50/500mg, 50/1,000mg, 150/500mg, 150/1,000mg	60 tablets
Jardiance	10mg 25mg	30 tablets
Tanzeum	30mg 50mg	4 pens
Trulicity	0.75mg/5ml, 1.5mg/5ml pen	2 ml
Victoza 2 pak Victoza 3 pak	18mg/3ml 18mg/3ml	6ml 9ml
Xifaxin	200mg 500mg	9 tablets 60 tablets

Updated Summary Material Modification

6. It has recently been discovered that some of the Summary Material Modifications dated September 30, 2015 were printed and distributed inadvertently without Page 2. Enclosed for your convenience is an updated Summary Material Modification which includes Page 2.

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.