



# TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

Administrative Offices  
330 Southwest Cutoff, Suite 202  
Worcester, MA 01604

Tel: 508-791-3416  
Fax: 508-792-0936  
Toll Free: 800-447-7730  
[www.teamsters170hwf.com](http://www.teamsters170hwf.com)

## **\* IMPORTANT BENEFIT ENHANCEMENT INFORMATION \*** **For BCBSMA Medical Members**

February 18, 2022

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of coverage enhancements **effective February 10, 2022** for all members enrolled in the Blue Cross Blue Shield of Massachusetts (BCBSMA) medical plan.

You can now get FDA-authorized, at-home COVID-19 tests at no cost when you purchase them at an in network pharmacy or order them through the Mail Order Pharmacy. You also have the option to get reimbursed for tests that you've paid for at another retailer or out of network pharmacy. You get a total of eight tests, per member, per month.

### **THREE WAYS TO GET TESTS**

#### **1. Visit an in-network pharmacy**

You can get the tests listed below at no cost when you show your member ID card when checking out at the pharmacy counter.

#### **FIND AN IN-NETWORK PHARMACY:**

<https://www.expressscripts.com/consumer/site/commpharmacysearch?invocationType=commercial&accessCode=NATPLSNAPRF14&source=redesign&from=oeinfo>

**OR visit** [www.bluecrossma.org/myblue/at-home-covid-test-coverage](http://www.bluecrossma.org/myblue/at-home-covid-test-coverage)

#### **2. Order through the mail order pharmacy**

Sign into your MyBlue account, register now if you don't have one, then go to **Express Scripts** under **My Medications**. Click **Order At-Home COVID Tests** from the home page to have tests mailed to you at no cost.

**SIGN IN TO MYBLUE:** [www.bluecrossma.org](http://www.bluecrossma.org)

**3. Submit a Reimbursement**

Get reimbursed for up to eight FDA-authorized tests each month, up to \$12 each, when you submit a reimbursement. Sign into your MyBlue account, or create a new one, then go to **Express Scripts** under **My Medications**. Click **Benefits**, then **Forms**, then complete and submit the reimbursement form.

**GO TO MYBLUE: [www.bluecrossma.org](http://www.bluecrossma.org)**

**Tests That Are Covered at No Cost When Purchased at In-Network Pharmacies:**

- InteliSwab™ COVID-19 Rapid Test
- BinaxNow™ COVID-19 Antigen Self Test
- QuickVue® At-Home OTC COVID-19 Test
- Ellume COVID-19 Home Test
- Flowflex™ COVID-19 Antigen Home Test
- iHealth® COVID-19 Antigen Rapid Test
- On/Go™ COVID-19 AG At Home Test
- COVID-19 At Home Test

**QUESTIONS? Visit [www.bluecrossma.org/myblue/at-home-covid-test-coverage](http://www.bluecrossma.org/myblue/at-home-covid-test-coverage) OR**

please contact BCBSMA Member Services at: 1-800-241-0803.

**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 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. 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.