

*** IMPORTANT BENEFIT INFORMATION ***
For ACTIVE and RETIREE PLANS

October 30, 2020

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of changes in the benefits offered to members enrolled in the BCBSMA and Fallon Health Plans effective January 1, 2021.

All Members in BCBSMA and Fallon Plans:

1. Enhanced Benefits for Adolescent Behavioral Health on 1/1/2021:

On January 1, 2020, the Fund implemented enhanced benefits for adolescent behavioral health including in home monitoring and behavioral health management therapy, in-home therapeutic intervention and ongoing therapeutic training and support, as well as intensive care coordination, mobile crisis intervention, and community based acute and intensive treatment for children and adolescents (CBAT and ICBAT).

As of 01/01/2021, the Fund will implement **additional enhanced benefits**. These enhancements may offer improved access and lower costs for some members that require these expanded services.

Behavioral Health (BH) Benefits for BCBSMA and Fallon will include all the following for members up to their 19th birthday as of 1/1/2021:
1. Family Support and Training (FS&T): medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs.
2. Therapeutic Mentoring (TM): medically necessary services provided to a child, designed to support age-appropriate social functioning, or ameliorate deficits in the child's age-appropriate social functioning resulting from a DSM diagnosis.

All Members in BCBSMA Plans:

1. Enhanced Fitness Benefit:

Virtual fitness classes will now be included in the annual fitness reimbursement benefit (Peloton, Yoga, Pilates, etc.). Please call 800-241-0803 or log in to your MyBlue account to get more information on the types of programs eligible for reimbursement and how to get your benefit.

The Fund's current benefit: \$200 per member/\$400 per family per calendar year.

Updates to BCBSMA Formulary Program

1. Medications that will be covered at a Tier 3 copay level for Teamsters Local 170, but Excluded from Standard BCBSMA Plans effective January 1, 2021

BCBSMA will be excluding the drugs below from their standard formulary. Because the Fund has an Open Formulary, these drugs will continue to be covered at a Tier 3 copay level through the Teamsters Local 170 Plans.

If you are taking these drugs now or are prescribed one in the future and continue to take it, you may have an increase in your out-of-pocket costs on or after January 1, 2021. All drugs listed have alternatives that are covered under the plan at various copays levels. Ask your doctor if there is a therapeutically equivalent drug available to you at a lower copay tier. Please be aware that some medications listed below may require prior-authorization and/or step-therapy. If you are currently taking a medication that required step-therapy or prior-authorization and switch to the new drug, you **will not** need a new prior authorization or to start a new step-therapy process on January 1, 2021.

In this therapeutic class or for this condition	This medication or supply will be Covered at a Tier 3 copay	Other alternatives on BCBSMA formulary
Antihistamines	Ryvent 6 mg	carbinoxamine 4 mg
Antihypertensive agents	Lotrel	amlodipine/benazepril
	Tarka	trandolapril/verapamil
Biologic agents	Cosentyx	Enbrel Humira Otezla Skyrizi Stelara Taltz Tremfya Xeljanz Xeljanz XR
Buprenorphine/Naloxone Sublingual products	Bunavail Suboxone Zubsolv	buprenorphine SL film buprenorphine SL tablets
Colchicine products	Colcrys	colchicine tablets Mitigare
Contraceptives	NuvaRing	etonogestrel/ethinyl estradiol vaginal ring ¹
Cough/Cold agents	benzonatate 150 mg	benzonatate 100 mg benzonatate 200 mg
Glaucoma treatments	Alphagen P Azopt Betimol Betoptic S Timoptic	betaxolol brimonidine dorzolamide dorzolamide/timolol timolol

1. Under the Affordable Care Act, this medication is available for a \$0 cost share with a prescription.

In this therapeutic class or for this condition	This medication or supply will be non-covered	Other alternatives on BCBSMA formulary
High triglyceride treatments	fenofibrate 40 mg fenofibrate 43 mg fenofibrate 50 mg fenofibrate 120 mg fenofibrate 130 mg fenofibrate 150 mg	fenofibrate 48 mg fenofibrate 54 mg fenofibrate 67 mg fenofibrate 134 mg fenofibrate 145 mg fenofibrate 160 mg fenofibrate 200 mg
Infertility treatments	Chorionic Gonadotropin Pregnyl	Novarel Ovidrel
Laxatives	Kristalose 10 gm packets	lactulose syrup
Muscle relaxants	cyclobenzaprine 7.5 mg	cyclobenzaprine 5 mg cyclobenzaprine 10 mg
	Lorzone 375 mg Lorzone 750 mg	chlorzoxazone 250 mg chlorzoxazone 500 mg
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Arthrotec 75 mg	diclofenac/misoprostol
	ketoprofen 25 mg	ketoprofen 50 mg ketoprofen 75 mg ketoprofen ER 200 mg
	Nalfon 400 mg Nalfon 600 mg	fenoprofen 600 mg tablets
	naproxen sodium CR 375 mg naproxen sodium CR 500 mg	naproxen 250 mg naproxen 375 mg naproxen 500 mg tablets naproxen sodium 275 mg tablets naproxen sodium 550 mg tablets

In this therapeutic class or for this condition	This medication or supply will be non-covered	Other alternatives on BCBSMA formulary
Ophthalmic anti-Inflammatory products	Lotemax Lotemax SM	fluormetholone loteprednol prednisolone
Oral antibiotics	doxycycline hyclate 50 mg tablets	doxycycline hyclate 20 mg tablets doxycycline hyclate 100 mg tablets/capsules doxycycline hyclate 50 mg capsules doxycycline hyclate 150 mg tablets
Oral diabetes treatments	ActoPlus MET ActoPlus MET XR	pioglitazone/metformin
Overactive bladder agents	Vesicare	darifenacin ER oxybutynin oxybutynin ER solifenacin tolterodine tolterodine ER trospium trospium XR
Parkinson's treatments	Stalevo	carbidopa/levodopa/entacapone
Prenatal vitamins	Azesco Trinaz	Generic prenatal vitamin options 2
Topical actinic keratosis treatments	Carac 0.50% Zyclara 2.50% Zyclara 3.75%	fluororacil cream fluororacil solution imiquimod cream
Ulcerative colitis treatments	Apriso 0.375 gm	mesalamine 0.375 gm

2. Under the Affordable Care Act, this medication is available for a \$0 cost share with a prescription.

2. Medications covered at a Tier 1 or Tier 2 copay level that will be moving to a Tier 1, Tier 2, or a Tier 3 copay level effective January 1, 2021

The medications in the chart below will continue to be covered on the BCBSMA formulary but will move from a Tier 1 or a Tier 2 copay level to a Tier 1, Tier 2, or 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 name	Current Coverage Tier	New Coverage Tier as of January 1, 2021
Bone Marrow Stimulants	Ziextenzo 3	Tier 2	Tier 3
High Cost General Agents	amlodipine/benazepril	Tier 1	Tier 2
	carbidopa/levodopa/entacapone	Tier 1	Tier 2
	diclofenac/misoprostol	Tier 1	Tier 2
	dutasteride/tamsulosin	Tier 1	Tier 2
	trandolapril/verapamil	Tier 1	Tier 2
Topical Antiviral Treatments	Acyclovir cream	Tier 1	Tier 2
Topical Antiviral Treatments	Acyclovir ointment	Tier 2	Tier 1

3. This medication requires step therapy.

3. Medications with a New Quality Care Dosing Limit as of January 1, 2021

BCBSMA is adding the following quality care dosing limits to make sure the quantity and dose of medication that a member receives meets FDA, manufacturer, and clinical recommendations. For a clinical exception to these limits, you will need to request prior authorization.

For this therapeutic class	This medication and dosage	Will have a quality care dosing limit per prescription of
Immunomodulators	Actemra 162 mg/0.9 ml syringe	4 syringes
	Actemra Actpen 162 mg/0.9 ml	4 pens
	Cimzia 2 X 200 mg/ml start kit	6 syringes
	Cimzia 2 X 200 mg/ml syringe kit	2 kits
	Cimzia 200 mg vial kit	6 vials
	Humira CF 10 mg/0.1 ml syringe Humira CF 20 mg/0.2 ml syringe Humira CF 40 mg/0.4 ml syringe Humira CF Pedi-Crohn's 80-40 mg kit Humira CF Pedi-Crohn's 80 mg/0.8 ml kit	2 syringes
	Olumiant 1 mg tablets	30 tablets

For this therapeutic class	This medication and dosage	Will have a quality care dosing limit per prescription of
Immunomodulators (continued)	Orencia 50 mg/0.4 ml syringe Orencia 87.5 mg/0.7 ml syringe	4 syringes
	Orencia 250 mg vial	4 vials
	Orencia ClickJet 125 mg/ml auto-injector	4 auto-injectors
	Otezla 28-day starter pack	55 tablets (1 pack)
	Rinvoq ER 15 mg tablets	30 tablets
	Stelara 45 mg/0.5 ml syringe Stelara 90 mg/ml syringe	1 syringe
	Stelara 45 mg/0.5 ml vial	1 vial
Topical antiviral treatments	acyclovir cream Zovirax cream	2 tubes
Topical corticosteroids	calcipotriene/betamethasone dipropionate ointment diflorasone 0.05% cream diflorasone 0.05% ointment	120 gm
	calcipotriene/betamethasone dipropionate scalp solution	120 ml

4. *Medications available over the counter (OTC) that will be excluded from BCBSMA's standard formulary effective January 1, 2021.*

BCBSMA will be excluding the drugs below from their standard formulary because they are now available over-the-counter (OTC). If you are taking these drugs now, you may want to ask your doctor if the over the counter drug is equivalent and check with your pharmacy for the cost of the OTC drug.

Medication Name	Notes
Diclofenac 1% gel	Voltaren 1% gel (or another alternative) is available over the counter without a prescription
Niacin 500mg IR	An alternative is available over the counter without a prescription
Niacor 500mg	
Voltaren 1% gel	

If you have questions regarding these benefit change, please contact BCBSMA at 800-241-0803 or Fallon at 1-800-868-5200.

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 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.