

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

October 30, 2023

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of updates, clarifications, and/or changes in the medical and prescription drug benefits and the dental benefits offered to members enrolled in the BCBSMA plans and to the Vision Benefits Administered by Davis Vision. These changes are described in detail below.

All Members in BCBSMA Plans:

A. Diagnosis, Prevention, Testing, and Treatment of COVID-19

In 2020, the federal government declared a national emergency (NE) and a public health emergency (PHE) due to COVID-19. During this time, the federal and state governments outlined several requirements and recommendations regarding coverage for certain services related to COVID-19. At that time, the Fund adopted the required services as well as additional services to assist members in getting the care that they needed without worry of any financial or other barriers.

The NE ended on April 10, 2023, and the PHE ended on May 11, 2023. On May 11, 2023, coverage for most services was no longer required. However, the Trustees of Teamsters Local 170 HWF decided that since the virus continued, the Fund would continue to provide coverage for services even without the government requirements until December 31, 2023. Unfortunately, Covid 19 continues to persist and is escalating. The Trustees have decided to extend the Covid protections and services as set for below until December 31, 2024. The Trustees will continue to monitor the virus and adjust coverage if and/or when it is appropriate to do so.

1. Continue to Cover Over the Counter COVID 19 Test Kits and Tests Ordered by a Clinician at No Charge to the Member

As stated above and in line with guidance issued as part of the federal government's declaration of a public health emergency, BCBSMA expanded coverage for COVID-19 tests, vaccines, and treatment. The national emergency formally expired on April 10, 2023, one

month earlier than expected. As of May 11, 2023, BCBSMA no longer covered over the counter (OTC) COVID-19 tests.

However, the Trustees of Teamsters Local 170 Health and Welfare Fund have decided to continue to cover over the counter Covid test kits through December 31, 2024. Coverage will continue to be capped at \$12 per test with a limit of 8 per member per month.

COVID-19 tests ordered by a clinician will continue to be covered at no cost to members and without prior authorization or other medical management requirements.

2. Continue to Waive Cost Share for COVID-19 Related Services (Vaccines, Paxlovid, Inpatient, Outpatient, and Cognitive Rehabilitation Services)

The Trustees of the Teamsters Local 170 Health and Welfare Fund have decided to continue to waive eligible in-network copays and other cost-sharing through December 31, 2024, for members obtaining services related COVID-19 testing, diagnosis and treatment. Cost share will continue to be waived for services including Inpatient, Outpatient, Emergency and Cognitive Rehabilitation, Paxlovid and Covid-19 vaccines when administered by an in-network or clinician/pharmacy. This will save money for members who need services related to COVID-19 and its effects. Regular plan rules and applicable cost share will apply if a member receives out-of-network services related to COVID-19 and for in or out-of-network services for non-related(non-COVID-19) care.

3. Continue to Waive Cost Share for all Telehealth Services

The Trustees of the Teamsters Local 170 Health and Welfare Fund have decided to continue to waive eligible in-network copays and other cost-sharing for members obtaining in-network telehealth services until December 31, 2024. This waiver does not apply to out-of-network services. This will save money for members who need and utilize in-network telehealth services.

Other Medical Changes

B. Virtual Primary Care Option for members over the age of 18.

Commencing January 1, 2024, Teamsters Local 170 members will have an optional and new way to access primary care with a **Virtual Care Team**. Convenience, comfort and coordinated care will be provided virtually. Finding a primary care provider with appointment availability that works for your schedule isn't always easy. For this reason, Teamsters Local 170 members **over the age of 18** will have the **option to replace your current primary care physician with a virtual care team**. BCBSMA has partnered with Carbon Health and Firefly Health to offer virtual primary care led by a primary care provider that can address all of your physical and mental health needs while working around your schedule. Simply set up an account with either Carbon Health or Firefly Health and select a Virtual PCP to begin your integrated care. You will pay \$0 cost share for any

primary care or mental health visit. For any specialist visits you will still pay the applicable copayment. If you need care that can only be done in person, such as a specialist visit or blood work, you will have a Care Coordinator who will help you arrange any necessary follow-up appointments with the nearest provider.

Please note that **choosing a virtual PCP would replace your existing PCP**. If you decide Virtual Care Team is not the best choice for you, you can change back to a traditional PCP at any time. **Please be aware that your previous PCP may not be able to accept you back once you leave the panel.**

To learn more and get started selecting your virtual primary care provider, go to bluecrossma.org/vpcp

C. Updates to Pharmacy and BCBSMA Formulary Program

1. Medications that are currently covered at a Tier 1 or Tier 2 copay level will be covered at a Tier 3 copay level for Teamsters Local 170 but excluded from standard BCBSMA Plans effective January 1, 2024.

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, 2024.

Medication Class	Medication Name
CGM	Everlite, Eversense, Guardian
Steroid Inhalants	Flovent HFA, Flovent Diskus Inhalers
Iron Reducer	Ferriprox
Topical Antifungal	Tavaborole
Non-Steroidal Anti-Inflammatory	Diclofenac 25 mg
Non-Steroidal Anti-Inflammatory	Meloxicam submicronized
Non-Steroidal Anti-Inflammatory	Diclofenac 2% Topical Solution
Non-Steroidal Anti-Inflammatory	Keterolac 200 mg ER
Oral Corticosteroids	Prednisone tablets
Orfadin	Tyrosine Metabolism Inhibitor
Antibiotics	Doxycycline hyclate 75mg and 150mg

2. Medications that will no longer be covered by BCBSMA but will be covered at a Tier 3 copay for Teamsters Local 170 Health & Welfare Fund members effective January 1, 2024.

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.

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 medication that required step-therapy or prior-authorization and switch to the new drug, you WILL NOT need prior authorization or to start a new step-therapy process on January 1, 2024.

Medication Class	Medication Name
Iron Reducer	Exjade, Jadeneu
Topical Antimicrobial	Noritrate
Non-Steroidal Anti-Inflammatory	Indocin 25 mg oral solution
Urinary Retention Agent	Uroxatral

D. Updates to BCBSMA Dental Plans

1. Coverage for Mouthguards – Active Plan

The Trustees have decided to enhance the current active dental plan by now including coverage for Mouthguards. Mouthguards, repairs and adjustments are covered once every 12 months. As a reminder, your dental plan provides full coverage for services furnished by an in-network provider, up to an annual maximum of \$2,000. Dependents age 19 and under have no calendar year maximum. Please remember to use an in-network provider in order to avoid balance billing. You can check to see if your dentist is participating by calling the number on your BCBSMA ID card, MyBlue app or www.bluecross.org.

Updates to BCBSMA ACTIVE and EARLY RETIREE Dental Plans

2. Expanding Enhanced Dental Benefits

Your oral health is a big part of your overall well-being. Medical research shows that infection and inflammation of the mouth are associated with certain medical conditions. Enhanced Dental Benefits, which include additional preventative and periodontal services, help improve your overall health by offering additional, specific support. Commencing on January 1, 2024, members who have Intellectual and/or Developmental Disabilities and Mental Health Conditions (including: Down Syndrome, Autism, Depression, and Anxiety) will now be eligible for Enhanced Dental Benefits. Other conditions that are eligible for Enhanced Dental Benefits are: Diabetes, Coronary Artery Disease, Stroke, Pregnancy, Oral Cancer, and Sjogren's Syndrome. If you are eligible and not using Enhanced Dental Benefits currently, please tell your provider you qualify for Enhanced Dental Benefits. These added benefits are not included in your calendar year maximum. If you have any questions, please call the number on your BCBSMA ID Card.

E. Safety Glasses

Commencing on January 1, 2024 your Vision Benefits will be expanded to provide you the option of obtaining safety glasses as set forth on the attached plan description, subject to the limitations and exclusions set forth in your Summary Plan Description.

If you have questions regarding these benefit changes, please contact BCBSMA at 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 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.

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