

*** IMPORTANT BENEFIT ENHANCEMENT INFORMATION ***
For ACTIVE and RETIREE BCBSMA and Fallon Health Plan Members,
ACTIVE Dental Plan Members, and ACTIVE and RETIREE Davis Vision
Members

September 30, 2015

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of coverage enhancements **effective January 1, 2016** for the fitness benefits offered to all Active and Retiree members through the BCBSMA and Fallon health plans, the dental benefits offered to all Active members through Blue Cross Blue Shield of Massachusetts (BCBSMA) and the vision benefits offered to all Active and Retiree members through Davis Vision.

ACTIVE and RETIREE BCBSMA and Fallon Health Plan Members

1. **The annual fitness allowance will increase to \$200 per individual/\$400 per family.**

BCBSMA

Effective January 1, 2016 the fitness center reimbursement allowance will increase from \$150 per individual/ family membership to \$200 per member/\$400 per family. Eligible members will be reimbursed when they join and attend any qualified health club. A qualified health club is a full-service health club with a variety of exercise equipment, including: cardiovascular equipment like treadmills and bikes and strength-training equipment like free weights and weight machines.

Fallon

Effective January 1, 2016, the “*It Fits!*” benefit will increase from \$150 per member /\$300 per family to \$200 per member/\$400 per family. “*It Fits!*” is a fitness reimbursement program which reimburses you for gym memberships, Pilates and yoga classes, school and town sports programs, ski passes, road race fees and a variety of other healthy activities.

What does this mean for you?

When you have qualified fitness expenses, Teamsters Local 170 Health and Welfare Fund will provide you with increased reimbursement towards those expenses.

Programs have specific requirements and require you to complete a fitness reimbursement form for payment. For more information on the programs, requirements and reimbursement please go to:

BCBSMA members

<https://www.bluecrossma.com/wps/portal/members/healthier-living/get-educated/fitness-weight-loss>

Fallon members

<http://www.fchp.org/members/health-wellness/It-Fits-fitness-reimbursement.aspx>

ACTIVE Dental Benefit

- 1. The annual calendar year maximum for dental benefits for adults age 19 and over will increase from \$1,500 to \$1,750.**

Effective January 1, 2016, the limit on the amount Teamsters Local 170 Health and Welfare Fund will pay per calendar year for adults age 19+ will increase from \$1,500 to \$1,750. Each individual adult member covered under the plan has a separate annual maximum. This maximum applies to all covered preventive, diagnostic, restorative, periodontal and oral surgery services covered under the plan.

The annual calendar year maximum for children under age 19 will remain unlimited for all services including *medically necessary* orthodontic services.

The annual maximum for standard orthodontic services will also remain unchanged. The orthodontic benefit has a separate *lifetime* (rather than annual) maximum of \$1,250.

All benefits will continue to be subject to clinical guidelines/requirements and all age, frequency, and time limitations outlined in the plan documents.

What does this mean for you?

If you, your spouse and/or your dependents use the BCBSMA dental benefit, Teamsters Local 170 Health and Welfare Fund will pay more annually toward each individual member's covered services (other than orthodontics, which will remain the same) than it has paid in the past.

2. **The coinsurance amount or the percentage the plan will pay for Type II (Basic Services) will increase from 80% to 100%.**

Coinsurance is a percentage amount the dental plan pays toward the total amount the dentist has agreed to accept as payment for covered services. The remaining amount is the member responsibility. Your plan currently pays 100% of covered preventive and diagnostic services such as cleanings, fluoride treatments, sealants and x-ray, 80% of basic restorative services such as fillings, root canals, periodontal surgery and extractions and 50% of major restorative services such as crowns and dentures. As of January 1, 2016, Teamsters Local 170 Health and Welfare Fund will continue to cover 100% of preventive and diagnostic services, while the plan pay percentage for Type II services will increase from 80% to 100%. The percentage payment for Type III services will remain at 50%.

What does this mean for you?

If you, your spouse or family members use the BCBSMA dental benefit for Type II services, Teamsters Local 170 Health and Welfare Fund will pay a higher percentage towards the cost of the service/s and you will pay less out of your own pocket.

ACTIVE and RETIREE Vision Benefit

1. **The allowed frequency for exams, lenses and frames will change from once every two calendar years to once every calendar year.**

Effective January 1, 2016, members will be allowed to receive an *annual* (rather than biennial) exam, lenses and frames. If the member goes to an in-network provider, chooses lenses with no additional copayment required and chooses frames from the Davis collection, there will be no copayment required.

What does this mean for you?

Teamsters Local 170 health and Welfare Fund will now cover some services more often than in the past. If you have annual rather than biennial vision services, you will no longer be paying the full cost of these services.

2. **The plan will now cover standard, premium and ultra anti-reflective coating for your annual lenses at no copayment. The current benefit requires a copayment.**

Effective January 1, 2016, there will no longer be a copayment for anti-reflective coating. Anti-reflective coating is a lens treatment that may improve vision by reducing the light in front and back of the eyeglass lens. Currently, members pay between \$35 and \$60 for these services.

What does this mean for you?

If you include anti-reflective coating as part of your vision services, you will no longer be paying a copayment and will have reduced out-of-pocket costs.

3. Teamsters Local 170 Health and Welfare Fund will now cover transition lenses at no copayment. The current benefit requires a copayment.

Effective January 1, 2016, there will no longer be a copayment for transition lenses. Transition lenses get darker when the wearer goes outdoors. Currently, members pay an average of \$65 for these lenses.

What does this mean for you?

If you select transition lenses as part of your vision services, you will no longer be paying a copayment and will have reduced out-of-pocket costs.

Should you have questions regarding any of the changes described in this letter, please contact:

Fallon (fitness benefit): 1-800-868-5200

BCBSMA (fitness benefit): 1-800-217-7878

BCBSMA (dental benefits for all Active members): 1-800-217-7878

Davis Vision (vision benefit) at 1-800-999-5431

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.

