

April 1, 2020

NOVEL CORONAVIRUS (COVID-19) QUESTIONS AND ANSWERS AND OTHER IMPORTANT BENEFIT INFORMATION

Dear Teamsters Local 170 Health and Welfare Fund Member:

The Board of Trustees of the Teamsters Local 170 Health and Welfare Fund (HWF) have been closely monitoring the global outbreak of the novel coronavirus 2019 (COVID-19). With COVID-19 beginning to have a significant impact on our communities, we feel it is important to answer questions and share the steps the Teamsters Local 170 HWF is taking to help keep our members safe and healthy.

We are making every effort to assess the situation (which changes rapidly) and communicate all changes that may impact the benefits you receive through Teamsters Local 170 HWF. We are working closely with Blue Cross Blue Shield of Massachusetts and Fallon to best protect the health of members. As we learn of new recommendations relating to benefits from the federal, state, and local governments, health care providers, and public health agencies, we may make additional coverage changes. We will make every effort to notify you of these changes in a timely manner.

COVID-19 QUESTIONS AND BENEFIT CHANGES FOR ALL BCBSMA AND FALLON ACTIVE AND RETIREE PLANS

What if I feel sick?

Teamsters Local 170 HWF will ensure that members receive the health care coverage that you and your family may need. According to the CDC, if you have a fever of any kind or respiratory difficulty such as coughing or shortness of breath, you should seek treatment immediately. If you are having a true emergency, please call 911.

If you are having any symptoms and have a primary care physician, you should try and reach their office to receive guidance on what to do next. According to the CDC, you should call the office in advance and explain your symptoms over the phone before going to the doctor's office. This helps further reduce the spread of illness.

If you don't have a primary care provider and/or are having other non-emergency medical or mental health problems or symptoms, you may call Customer Service at BCBSMA or Fallon for assistance in finding a PCP and/or to provide guidance in accessing the 24/7 Nurse Care Line for BCBSMA or Nurse Connect for Fallon. These nurses can direct you to the best site of care for your issue during this difficult time. Customer service at BCBSMA and Fallon can also provide instructions on how to register and utilize the telehealth services.

BCBSMA Customer Service: 800-241-0803

BCBSMA Nurse Care Line: 1-888-247-BLUE (2583)

Fallon Customer Service: 800-868-5200

Fallon Nurse Connect: 1-800-609-6175 (TDD/TTY: 1-800-848-0160)

If I don't want to go to the doctor's office for either a COVID-19 or other medical issue, can I utilize telehealth services?

Effective immediately and for the duration of Governor Baker's emergency order, the Board of Trustees has voted to **add telehealth and telephonic benefits at no cost to the member through both Blue Cross and Fallon.**

Telehealth offers convenience (within the United States) as well as the opportunity to avoid potential exposure to COVID-19 virus while going to a doctor's office. Telehealth services through BCBSMA are available 24 hours a day/ 7 days a week through Well- Connection and network providers. Well-Connection doctors do not replace your primary care provider. Under the Fallon plans, telehealth services are currently only available if a network provider has telehealth capabilities. If your primary care provider or other network provider can conduct appointments by phone or through telehealth, virtual visits/calls will also be available at no copayment. In addition to primary care providers, many behavioral health/substance use providers are available through telehealth. We encourage anyone who may be experiencing stress, depression, or anxiety, during this very difficult time to access care through this avenue. There will be no copays, co-insurance, or deductibles for the screening, evaluation, and/or suggested treatment of COVID-19 or for other telehealth or telephonic medically necessary services for the duration of Governor Bakers emergency order. To learn more about telehealth services and how to use them, call customer service or go to:

BCBSMA:

Customer Service: 1-800-262-BLUE (2583)

Download the free Wellconnection app or visit wellconnection.com

Online: <https://myblue.bluecrossma.com/health-plan/well-connection>

Fallon:

Customer Service 1- 800-868-5200

If COVID-19 testing is recommended, does Teamsters Local 170 HWF cover testing?

Yes. Teamsters Local 170 HWF will cover medically necessary diagnostic tests that are consistent with CDC guidance related to the COVID-19 virus. This coverage will be at **no cost to the member for in-network services.**

Effective immediately, Blue Cross and Fallon will:

- Remove co-pay, co-insurance, or deductibles for testing, counseling, vaccination (once available), and other COVID-19 care provided at doctors' offices, emergency rooms, and urgent care centers for all members provided the member is treated in-network.

If I have been diagnosed with COVID-19, does Teamsters Local 170 HWF cover treatment for the virus?

Yes. As with any illness, Teamsters Local 170 HWF will cover all medically necessary care and treatment under the benefit levels of your Plan. For treatment of COVID-19, all medically necessary treatment will be at **no cost to the member for in-network services.**

Effective immediately, Blue Cross and Fallon will:

- Remove co-pay for COVID-19 treatment provided at doctors' offices, emergency rooms, and urgent care centers for all members under a member's health plan provided the member is treated in-network.

Do I need any prior-authorizations for COVID-19 related medical services?

No. Effective immediately, Blue Cross and Fallon will:

- Remove administrative barriers, such as prior authorizations and referrals, for medically appropriate care for COVID-19.

Can I refill my prescriptions early to have a supply in place in case I need to self-quarantine and/or can't leave my house?

Yes. Early refill limits will be waived on prescription maintenance medications.

Effective immediately, Blue Cross and Fallon will:

- Provide access to prescription medications for members. Members will have access to early refills for all prescribed maintenance medications up to a 90-day supply. In addition, both BCBSMA and Fallon will ensure formulary flexibility if there are shortages or access issues. Members should reach out to Blue Cross and Fallon directly for more information.

If I am off-work due to COVID-19, do I qualify for short-term disability benefits from Teamsters Local 170 HWF?

Short-term disability benefits are intended to help a member while they are off work due to an illness or injury. On the 8th day after you are disabled, the benefit provides a weekly payment to partially replace lost wages and provides some credits towards continued medical coverage while receiving the benefit. Please refer to pages 51-53 of your Summary Plan Description (in your three-ring notebook or teamsters170hwf.com) to learn more about your short-term disability coverage. Short-term disability coverage is not payable if during the period of your illness you are receiving compensation (paid leave) from your employer. Short-term disability benefits are also not payable if a member is on a lay-off, leave of absence, or is terminated.

If I have been diagnosed with COVID-19, will Teamsters Local 170 HWF provide short-term disability benefits?

Yes. Members along with their physician must complete the COVID-19 STD Claim Form. If you are receiving compensation (paid leave) during the period from your employer, short term disability benefits will not be payable.

If I have been told to self-quarantine, will Teamsters Local 170 HWF provide short-term disability benefits?

The short-term disability benefits will be paid provided the member has a medical requirement to self-quarantine from either a telehealth doctor, a qualified health care professional, or a state or federal health agency. Affected members should complete the Corona-Virus Short-term Disability Claim Form and return by mail to the Teamsters Local 170 Health and Welfare Fund office. If you are receiving compensation (paid leave) during this period from your employer, short-term disability benefits will not be payable.

Other Benefit Changes

Benefit Changes for BCBSMA Active and Retiree Members in the BCBSMA POS Plan (Tier 1 Plan)

1. Updates to the methodology used by BCBSMA to reimburse out-of-network providers effective on July 1, 2020.

BCBSMA will be adjusting payments to out-of-network providers to reflect a provider reimbursement level equal to 150 % of the amount Medicare reimburses the provider for services. Because you pay the difference between what the out-of-network provider charges and what BCBSMA pays them, this change may increase your out-of-pocket costs for some providers. You will pay less for most services when you receive them from an in-network

provider. If you are having trouble finding an in-network provider, please call BCBSMA customer service at 1-800-241-0803.

Benefit Changes for All Active and Retiree BCBSMA Members

Updates to BCBSMA Formulary Program

- 2. Due to the current events surrounding COVID-19, the changes outlined in your January 2020 Summary of Material Modifications will not take effect on May 1, 2020 as scheduled. It is expected these changes will become effective on July1, 2020 although there may be an additional delay due to COVID-19.***

- 3. Medications currently covered at a Tier 1 or Tier 2 copay level will be covered at a Tier 3 copay level for Teamsters 170 HWF, but Excluded from Standard BCBSMA Plans effective July1, 2020. There may be a delay in the effective date due to COVID-19.***

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, but at a Tier 3 copay level through the Teamsters Local 170 HWF Plans.

If you are taking these drugs now or are prescribed one in the future and continue to take it, you will have an increase in your out-of-pocket costs on or after July1, 2020. 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 July1, 2020.

| Category | Medication Brand Name Moving from Tier 1 or Tier 2 to Tier 3 | Covered Lower Cost Alternatives |
|-------------------------------|---|---|
| Antidepressants/Nerve Pain | Savella | Pregabalin (Tier 1), Duloxetine (Tier 1) |
| Chemotherapy/Protective Agent | Fusilev | Levoleucovorin (Tier 1) |
| Oral Erectile Dysfunction | Tadalafil (Limit of 4 per monthly prescription) | Sildenafil (Tier 1) (increase limit to 6 per monthly prescription) |
| Oral Erectile Dysfunction | Vardenafil (Limit of 4 per monthly prescription) | |

1. Medications that will continue to be covered at a Tier 3 copay level for Teamsters Local 170 Health and Welfare Fund, but that will be excluded from Standard BCBSMA Plans effective July 1, 2020. There may be a delay in the effective date due to COVID-19.

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. In addition, there are currently quantity limits with many of the drugs on the list. In addition to a lower copay level with the alternative drugs listed, the quantity limits also increase making them a more cost-effective choice for you.

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 July 1, 2020.

| Category | Medication Brand Name Moving To Non-Covered for BCBSMA, Covered at Tier 3 for Teamsters Local 170 | Lower Cost Alternative |
|---------------------------|--|--|
| Anticonvulsants | Trileptal | Oxcarbazepine (Tier 1) |
| Anticonvulsants | Zonegran | Zonisamide (Tier 1) |
| Oral Erectile Dysfunction | Cialis (Limit of 4 per monthly prescription) | |
| Oral Erectile Dysfunction | Levitra (Limit of 4 per monthly prescription) | Sildenafil (Tier 1) |
| Oral Erectile Dysfunction | Staxyn (Limit of 4 per monthly prescription) | (increase limit to 6 per monthly prescription) |
| Oral Erectile Dysfunction | Stendra (Limit of 4 per monthly prescription) | |

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|---------------------------|--|--------------------------------|
| Oral Erectile Dysfunction | Viagra (Limit of 4 per monthly prescription) | |
| Blood Pressure | Nitro-Dur 0.1, 0.2, 0.3, 0.4, 0.6, 0.8mg/Hr patch | Nitroglycerin patch |
| Non-Narcotic Analgesic | Tramadol ER capsules-100mg and 300 mg currently Tier 1/150mg and 200mg | Tramadol ER tablets (Tier 1) |
| Smoking Cessation | Zyban 150mg | Bupropion SA 150mg (\$0 copay) |

2. Medications with a change to the dosing limits that can be prescribed /obtained effective July 1, 2020.

Quality Care dosing is a program utilized by BCBSMA to ensure that you receive the health care you need including getting the proper quantity and dosage for each prescription medication and that it is consistent with the recommendations of the Food and Drug Administration (FDA) and other standards. Prescriptions that do not meet recommendations may be modified in the following ways:

- **Removal of Dosing Limits**
- **Dose Consolidation**-You may be taking two or more pills a day of a medication that could be replaced with one pill that provides the same full day's dosage.
- **Monthly Dosing**-You may be taking a monthly quantity of medicine that exceeds the amount recommended by the FDA or other accepted clinical practice guidelines.

Your doctor may request an exception from the guidelines for medications that are subject to Quality Care Dosing (when medically necessary) through BCBSMA's Clinical Pharmacy department. The following is a list of drugs with changes to dosing limits:

| Category | Medication Brand Name and Current Dosing Limits | New Dosing Limits |
|------------------------|---|-------------------|
| SSRI (Antidepressants) | Zoloft 100mg, Sertraline 100mg | Remove limits |
| SSRI (Antidepressants) | Prozac 40mg, Fluoxetine 40mg | |
| Topical Antibiotic | Clindamycin Phosphate 2% cream | 80GM |
| Topical Antibiotic | Clindamycin Phosphate 1% gel | 150GM |

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|------------------------|--|--------------------------|
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| Topical Antibiotic | Clindamycin Phosphate 1% solution | 60mL |
| Topical Antibiotic | Clindamycin Phosphate 1% lotion | 120mL |
| Topical Antibiotic | Clindamycin Phosphate 1% foam | 100GM |
| Topical Antibiotic | Mupirocin 2% cream | 60GM |
| Topical Antibiotic | Mupirocin 2% ointment | 44GM |
| Topical Antifungal | Econazole Nitrate 1% cream | 170GM |
| Topical Antifungal | Ketoconazole 2% cream | 120GM |
| Topical Antifungal | Ketoconazole 2% shampoo | 240mL |
| Category | Medication Brand Name and Current Dosing Limits | New Dosing Limits |
| Inhaled Corticosteroid | Alvesco 80mcg inhaler | 6.1GM (1 inhaler) |
| Inhaled Corticosteroid | Asmanex Twisthaler 110mcg, 220mcg inhaler | 1 Inhaler |
| Inhaled Corticosteroid | Pulmicort Respule 0.25mg/2mL, 0.5mg/2mL | 60mL (30 ampules) |
| Inhaled Corticosteroid | Pulmicort Respule 1mg/2mL | 30mL (15 ampules) |

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|----------------------------------|--------------------------------------|----------------------|
| Inhaled Corticosteroid | Pulmicort Flexhaler 90mcg inhaler | 1 Inahler |
| Inhaled Corticosteroid | Pulmicort Flexhaler 180mcg inhaler | 2 Inhalers |
| Inhaled Corticosteroid | QVAR 40mcg inhaler | 10.6GM (1inhaler) |
| Inhaled Corticosteroid | Flovent Diskus 50mcg, 100mcg, 250mcg | 60 blisters |
| Inhaled Corticosteroid | Flovent HFA 44mcg, 110mcg, 220mcg | 1 Inhaler |
| Inhaled Long Acting Beta Agonist | Perforomist 20mcg/2ml solution | 60mL |
| Inhaled Long Acting Beta Agonist | Brovana 15mcg/2ml solution | 120mL |
| Inhaled Anticholinergic | Tudorza Pressair 400mcg inhaler | 2 Inhalers |

| Category | Medication Brand Name and Current Dosing Limits | New Dosing Limits |
|-------------------------|--|---------------------------------|
| Inhaled Anticholinergic | Yupelri 175mcg/3mL solution | 30 vials |
| Inhaled Antimuscarinic | Spiriva Handihaler 18mcg inhaler (pack of 30 capsules) | 30 capsules |
| Inhaled Combination | Stiolto RespiMat inhaler | 1 Inhalation Cartridge (4GM) |

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.