



TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

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IMPORTANT BENEFIT INFORMATION * For ACTIVE and RETIREE PLANS

April 29, 2026

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 offered to members enrolled in the Davis Vision and BCBSMA plans. These changes are described in detail below.

Updates to Pharmacy and BCBSMA Formulary Program

The following changes will be effective July 1, 2026, unless stated otherwise:

1. Medications that are currently covered at a Tier 1, Tier 2, or Tier 3 copay level that will be excluded from standard BCBSMA Plans effective July 1, 2026, but will continue to be covered at a Tier 3 copay level for Teamsters Local 170 members.

BCBSMA will be excluding the drugs below from its 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 copay 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 requires 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 July 1, 2026.

Medication Class	Medication Name
Agents for Chronic Kidney Disease	Jynarque
Agents for Multiple Sclerosis	Aubagio
Growth Hormones	Humatrope

Agents for Thrombocytopenia	Promacta
Duchenne Muscular Dystrophy (DMD) Agents	Emflaza
Hypnotics	Hetlioz
Testosterone Replacement Agents	AndroGel

2. Medications with cost share changes. Tier changes are made when it has been determined that a medication or supply offers more or less value, both clinically and financially, than alternatives in its therapeutic class. As a result, you will pay less for the medications below.

Medication Class	Medication Name	Tier Change
Gastrointestinal Agents	Xifaxan	Tier 3 to Tier 2

3. Medications that will require Step Therapy before they are covered. If you are currently taking the medication below, you are not subject to the Step Therapy requirement. This applies to new prescriptions only. Previous use of Nityr is required prior to obtaining coverage for Harliku.

Medication Class	Medication Name
Metabolic Disorders	Harliku

4. Duration Limits

Medications changing approval lengths. This applies to new prescriptions only.

Medication Name	New Duration Limit
Rinvoq 45mg	There is a duration limit of 16 weeks.

5. Reminders. Blue Cross Blue Shield of Massachusetts excluded GLP-1s for weight loss effective January 1, 2026. The Trustees of Teamsters Local 170 decided to continue to cover GLP-1 weight loss drugs for Teamsters Local 170 members who meet certain medical criteria. GLP-1 drugs for weight loss require prior authorization. Further, if more than 16 visits are needed for physical therapy, the physical therapy providers are required to request a medical necessity review.

Updates to Davis Vision Plans

Expanding the Network

Davis Vision has expanded its network, effective July 1, 2026, to include LensCrafters. You may use your vision benefits at any one of the LensCrafters' 1,000+ store locations across the United States, including the store located at 100 Commercial Road, Leominster, MA 01453. You will have access to

LensCrafters products and exams the same way you use your benefits at other in-network providers. To get started: Log in to the Davis Vision member portal (davisvision.com/members). Use the Provider Locator to search for a store near you. Once at the store, be prepared to confirm your name and date of birth.

Davis Vision has also expanded its network, effective July 1, 2026, to include Warby Parker. You may use your vision benefits at any one of the Warby Parker 250+ stores and online at WarbyParker.com/Insurance. Warby Parker products include frames, lens enhancements, contact lenses, and standard eye exams.

Further, you may use your vision benefits at Target Optical store locations, including the store located at 86 Orchard Hill Drive, Leominster, MA 10453, which was recently added to the Davis Vision network.

Benefit Enhancements

High Index Lenses

Effective July 1st, 2026, the current member out-of-pocket cost share of \$55/\$120 will be eliminated in its entirety regarding high index lenses, and member cost share will be \$0.

Polarized Lenses

Effective July 1st, 2026, the current member out-of-pocket cost share of \$75 will be eliminated in its entirety regarding polarized lenses, and member cost share will be \$0.

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.