



TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

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

October 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, dental, and prescription drug benefits offered to members enrolled in the BCBSMA plans. These changes are described in detail below.

Updates to BCBSMA Dental Blue Freedom Plan

The Trustees have approved a generous enhancement to the Dental Blue Freedom plan. For all active members enrolled in the Dental Blue Freedom plan (non-retiree dental plan), regardless of age, the lifetime maximum for Orthodontics will increase to \$6,000 per member per lifetime, covered at 75%, effective January 1, 2027. Please refer to the attached Q&A if you have specific questions regarding orthodontic coverage.

All Members in BCBSMA Plans:

The Trustees have decided to make additional enhancements to both the active and early retiree medical plans. Below are the benefit enhancements to become effective January 1, 2027:

COVID-19

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 worrying about 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, 2024. Unfortunately, COVID-19 continues to persist. The Trustees have decided to extend the COVID protections and services as set for below until December 31, 2027. The Trustees will continue to monitor the virus and adjust coverage if and/or when it is appropriate to do so.

- ✚ The Fund will continue to cover over-the-counter COVID-19 Test Kits through December 31, 2027. 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.
- ✚ The Fund will continue to waive eligible in-network co-pays and other cost-sharing through December 31, 2027, for members obtaining services related to COVID-19 testing, diagnosis, and treatment. Cost share shall continue to be waived for services including Inpatient, Outpatient, Emergency, Cognitive Rehabilitation Services, Paxlovid, and COVID-19 vaccines when administered by an in-network provider or clinician/pharmacy. 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.
- ✚ The Fund will continue to Waive Cost Share for all Telehealth Services. The Fund will waive eligible in-network co-pays and other cost-sharing for members obtaining in-network telehealth services until December 31, 2027. This waiver shall not apply to out-of-network services.

Benefit Enhancements

A. Removal of frequency limits

Effective January 1, 2027, there will no longer be frequency limits for the following services: Inpatient Rehabilitation, Chiropractic, Skilled Nursing, Short Term Rehabilitation, and Acupuncture.

B. Travel-Related Vaccinations

Blue Cross Blue Shield will be eliminating coverage for travel-related vaccines; however, Teamsters Local 170 members will still have coverage for travel-related vaccines.

C. At-Home HPV Testing

Effective January 1, 2027, coverage will be provided for at-home HPV tests, without cost sharing such as deductibles and copayments, and for any follow-up tests needed to complete screening for cervical cancer.

Updates to Pharmacy and BCBSMA Formulary Program

As a reminder, Blue Cross Blue Shield of Massachusetts excluded GLP-1s for weight loss effective 1/1/26. The Trustees of Teamsters Local 170 decided to continue to cover GLP-1 weight loss drugs for Teamsters Local 170 members who meet the medical criteria. GLP-1 drugs for weight loss require prior authorization.

The following changes will be effective 1/1/27:

1. Medications that are currently covered at a Tier 1, Tier 2, or Tier 3 copay level that will be non-covered on standard BCBSMA Plans effective January 1, 2027, 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 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, 2027.

Medication Class	Medication Name
Oncology Agents	Afinitor Disperz, Sprycel, Phraygo, Sutent, Tasigna, Pomalyst
Agents to treat constipation	Amitiza
Agents to treat bone conditions	Conexxence, Jubbonti, Wyost, Bomynta, Xgeva
Agents to treat pain	Dolobid 250 mg, Pregablin CR
Agents to treat hepatitis C	Epclusa 400 mg-100 mg, Harvoni 90 mg-400 mg
Agents to treat diabetes	Farxiga
Agents to treat pain	Nalocet, Oxycodone-Acetaminophen 7.5mg-300mg, 10 mg-300mg, 5mg-500mg, 2.5mg-300mg, Oxycodone-Acetaminophen 10mg/300mg solution, Prolate
Ophthalmic agents	Lumigan, Travatan Z, Xalatan
Weight Loss Agents	Saxenda*
Agents to treat pulmonary disease	Tracleer 32 mg
Prenatal Vitamins	Trinate, Prenatal 19 Chew, CompleteNate, Natal Chew, Se-Natal 19
Autoimmune and oncology agents	Trixuma, Rituxan
Autoimmune Agents	Xeljanz IR/XR, Xeljanz oral solution
Agents to treat genetic disorders	Zavesca,

****Step therapy required***

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
Medications moving to higher cost share		
Anti Convulsant	Aptiom	Tier 3
Anti Convulsant	Banzel	Tier 3
Agents to treat Pain	Butrans 7.5 mcg patch	Tier 3
Antipsychotic	Risperdal Injection	Tier 3
Medications moving to lower cost share		
Automimmune Agents	Nemludio	Tier 2
Automimmune Agents	Litfulo	Tier 2
Automimmune Agents	Leqselvi	Tier 2
Automimmune Agents	Olumiant	Tier 2
Ophthalmic Agents	Vevye	Tier 2
Weight Loss Agents	Liraglutide	Tier 1
Agents to treat bone conditions	Bildyos	Tier 2
Agents to treat bone conditions	Enoby	Tier 2
Agents to treat bone conditions	Bilprevda	Tier 2
Agents to treat bone conditions	Xtrenbo	Tier 2

3. Medications subject to new quality care dosing limits. Quality care dosing limits ensure the quantity and dose of a medication meet FDA, manufacturer, and clinical recommendations.

Medication Class	Medication Name	QCD Limit
Agents to treat respiratory conditions	Asmanex 50 mcg	2 inhalers per month
Antibiotics	Nuzyra	30 tablets per 14 days
Agents to treat diabetes	Qtern 5mg-5mg	1 tablet per day

4. Medications covered under the medical benefit requiring prior authorization.

These medications will require authorization for new and existing prescriptions before we will cover them.

Medication Class	Medication
Agents to treat bleeding disorders	Fibryga
Agents to treat high cholesterol	Leqvio
Autoimmune agents	Skyrizi

5. Medications requiring prior authorization.

These medications will require authorization for new and existing prescriptions before we will cover them

Medication Class	Medication
Antibiotics	Nuzrya for quantities >30 tablets for 14 days
Agents to treat genetic disorders	Sucraid

6. Medication no longer requiring a prior authorization

Medication Class	Medication
Asthma and chronic obstructive pulmonary disease medication management	Dulera

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.