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TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

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

April 1, 2019

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of changes in the programs and benefits offered to all members enrolled in Blue Cross BlueShield of Massachusetts (BCBSMA), Fallon Health, and Davis Vision Plans effective July 1, 2019.

All BCBSMA and Fallon Plans

1. Enhanced Benefit for Hearing Aids effective 07/01/2019:

Currently, hearing aids are covered for both children and adults through BCBSMA and Fallon at the level listed below. As of 07/01/2019, the benefit for both children and adults will be enhanced. Specifically, the maximum reimbursed for the hearing aid will be increased. This enhancement will require less out-of-pocket spending for hearing aids for all members utilizing the benefit.

Current Benefit <i>BCBSMA</i>	Coverage	Teamsters Enhancement as of 7/01/19:
<p>For members 21 and under:</p> <ul style="list-style-type: none"> One hearing aid for each hearing-impaired ear every 36 months and the following related services: initial hearing aid evaluation; fitting and adjustments of the hearing aid; hearing aid batteries; repair of broken hearing aids and supplies such as (but not limited to) ear molds. Your benefits for the hearing aid device itself are limited to \$2,000 for each covered hearing aid. If you choose a hearing aid device that costs more than this benefit limit, you will have to pay the balance of the cost of the device that is in excess of the benefit limit. This benefit limit does not apply to services related to a covered hearing aid. 	<p>Cost share waived</p>	<p>Increase the benefit maximum for children from \$2,000 per ear to \$3,000 per ear</p>
<p>For a member age 22 and older:</p> <ul style="list-style-type: none"> One hearing aid or one set of binaural hearing aids per member every 36 months and the following related services: initial hearing aid evaluation; fitting and adjustments of the hearing aid; hearing aid batteries; repair of broken hearing aids and supplies such as (but not limited to) ear molds. Your benefits for the hearing aid device and related covered services are limited to a total of \$2,000 per member every 36 months. You will have to pay the balance of the cost that is in excess of the benefit limit. 	<p>Cost Share Waived</p>	<p>Increase the adult benefit maximum from \$2,000 to \$5,000</p>

Current Benefit Fallon	Coverage	Teamsters Enhancement as of 7/01/19:
For members 21 and under: Up to \$2,000 per ear for hearing aid device only, every 36 months <ul style="list-style-type: none"> Related services and supplies for hearing aids are not subject to the \$2,000 limit 	30% coinsurance	Increase the benefit maximum for children from \$2,000 per ear to \$3,000 per ear
Adults over 21: Hearing aids and supplies, when prescribed by a plan physician and obtained from a network provider Up to \$2,000, every 36 months	Covered in full	Increase the adult benefit maximum from \$2,000 to \$5,000

2. Enhanced Benefit for Osteoporosis Screening:

The United States Preventive Services Task Force has revised its recommendations for screening for osteoporosis. The original coverage allowed routine screening for osteoporosis in women age 65 and older at \$0 cost share. The revised task force recommendation expands coverage to include screening for women under age 65 who are at increased risk of osteoporosis. As such, all plans through BCBSMA and Fallon will have this expanded coverage no later than July 1, 2019.

Davis Vision Plans

1. Enhanced Benefit for Lasik effective 07/01/2019:

Lasik is a surgical procedure intended to improve a person's vision. The current Davis Vision plan offers a free consultation and a discount for Lasik through the Davis Vision Lasik network, Quallsight, which has 900+ locations nationwide.

Effective 07/01/2019, the Fund will offer reimbursement towards Lasik services offered through and covered by Davis Vision. These services must be provided by an in-network Davis Vision Lasik provider (Quallsight) provider

Benefit Enhancement Effective 07/01/2019
Add \$1,000 per eye coverage for Lasik (\$2,000 in total). <i>This is a once in a lifetime benefit.</i>

If you have questions regarding this benefit or the network providers, please contact Davis Vision at 800-999-5431.

2. Enhanced Benefit for Non-Plan Frames through Davis Vision in-network (participating providers) effective 07/01/2019:

Davis Vision has a plan frame collection that offers significant value to the Fund membership. When members choose frames in the collection, they have a \$0 copayment. Currently, when members choose a non-plan frame, Davis vision will pay \$14.00 toward the non-plan frame and the members pays the remainder up to the total cost of the frames. The higher the cost of the non-plan frame, the higher the out-of-pocket cost for the member.

Effective 07/01/2019, the member may choose a non-plan frame priced at \$150.00 or less and pay a \$0 copayment for those frames. **This benefit applies only to in-network (participating) providers with Davis Vision.** If a member selects a non-plan frame priced above \$150, they member will be responsible for the difference between the selected frame cost and \$150.

The effect of this change is that members choosing non-plan frames will pay significantly less out-of-pocket for their frames.

Product/Service	Current Benefit	Enhancement Effective 07/01/2019
Non-Plan Frame Allowance	\$14 paid by Davis Vision towards non-plan frame and member pays remainder up to the total cost of the frames	Member may choose non-plan frames priced at \$150 or less and pay no copayment for the frames

Fallon Plans Only

1. Administrative/benefit changes will become effective for those requiring the following services through Fallon Health:

Benefit/Administrative Change Effective 07/01/2019
Require a Prior Authorization for Home Health,
Remove Prior Authorization for Pulmonary Rehabilitation

BCBSMA Only

Updates to BCBSMA Formulary Program

1. Medications covered at a Tier 2 copay level that will be moving to a Tier 3 copay level effective July 1, 2019

The medications in the chart below will continue to be covered on the BCBSMA formulary but will move from a Tier 2 to a Tier 3 copay level. As always, you may want to ask your doctor if there is a therapeutically equivalent drug available to you at a lower copay tier.

Medication Name/ Drug Class	Coverage Tier as of 7/1/19
Androgel/Topical Testosterone	3
Neulasta/Granulocyte Stimulant Factor	3

2. Medications Covered at Tier 3 for Teamsters Local 170, but Excluded by Standard BCBSMA Plans effective July 1, 2019

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 plan, but only with prior authorization. If you are taking these drugs now or are prescribed one in the future, you will need to get a prior authorization in order to continue to have coverage for the drug at a Tier 3 copay level. As always, you may want to ask your doctor if there is a therapeutically equivalent drug available to you at a lower copay tier.

Medication Name/ Drug Class	Coverage Tier Teamsters Local 170 as of 7/1/19
Provigil	3
Lidoderm	3
Advair	3
Procrit*	3

* Members currently filling prescriptions for Procrit may continue to do so under their existing prior authorization but may want to check with their doctor since Retacrit, an alternative, is available at a Tier 2 copay level.

3. Medications available over the counter (OTC) and excluded from BCBSMA's standard formulary effective July 1, 2019.

BCBSMA will be excluding the drugs below from their standard formulary because they are now available over-the-counter (OTC).

Medication Name	Coverage Tier as of 7/1/19
Differin 0.1% (all topical forms)	Available Over the Counter
Adapalene 0.1% (all topical forms)	Available Over the Counter

4. Medications requiring prior-authorization for coverage. This change will be effective on July 1, 2019.

The medications listed below will require prior authorization before coverage by BCBSMA. Members currently filling prescriptions for these medications may continue to do so and won't require prior authorization*.

Medication Name	Effective July1, 2019
Axiron	*Neulasta-New PA Required
Androgel	Haegarda
Iressa	*Berinert-New PA Required
Gilotrif	Tarceva
Tagrisso	Neupogen,
Firazyr	Kalbitor
Ruconest	

5. *Medications requiring prior-authorization for coverage when administered in a clinician's or physicians' office, by a home care health provider, by a home infusion therapy provider or in an outpatient hospital and dialysis settings. This change will be effective on July 1, 2019.*

The medications listed below will require prior authorization before coverage by BCBSMA in the above settings. This change does not affect these medications when administered in inpatient care, surgical day care, urgent care centers, and emergency room settings.

Medication Name	Effective July1, 2019
Cinqair	Haegarda
Fasenra	Berinert
Nucala	Firazyr
Neupogen	Kalbitor
Neulasta	Ruconest

6. *Proton Pump Inhibitors when included as a part of a compound medication will require a prior authorization. This change will be effective on July 1, 2019.*

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.