



2023 Rhode Island  
Small Group Plan Changes

## Important Information about Your Plan

### Renewal Notice

Upon your renewal date in 2023, we will be eliminating the following plans listed below in the grid. Your coverage will be automatically mapped over to the plan that we have determined to have the closest price point and plan design compared to your current plan. You will also have the option to pick any of our other plans that will be available in 2023.

Closed Plans in 2022	Mapped Plan for 2023
Advantage HMO 750	Advantage HMO 1000
Advantage HMO 2500	Advantage HMO 3000
Advantage HMO 4000	Advantage HMO 4000 (70%)
Advantage HMO Saver 4000	Advantage HMO Saver 6000
Lifespan Premier Choice HMO 750	Lifespan Premier Choice HMO 1000
Lifespan Premier Choice HMO 1500	Lifespan Premier Choice HMO 2000
Advantage PPO 750	Advantage PPO 1000
Advantage PPO 2500	Advantage PPO 3000
Advantage PPO 4000	Advantage PPO 4000 (70%)
Advantage PPO Saver 4000	Advantage PPO Saver 6000
Lifespan Premier Choice PPO 750	Lifespan Premier Choice PPO 1000
Lifespan Premier Choice PPO 1500	Lifespan Premier Choice PPO 2000

There are new federal notices that we must send out to small employers. Since your current plan is being discontinued upon renewal, we are sending you this specific notice to make you aware of your options for your upcoming renewal.

### What other options do I have?

- You may be able to choose a new health plan, or offer your employees a choice of plans, through different insurance companies, through the Small Business Health Options Program (SHOP) Marketplace through HealthSource RI in Rhode Island. If you have fewer than 25 full-time-equivalent employees, you might qualify for a small business health care tax credit if you buy insurance through the Small Business Health Options Program (SHOP) Marketplace.
- You can choose to buy a new health plan outside HealthSource RI, directly from an insurance company or with the help of an agent or broker. Remember: If you're eligible for a small business health care tax credit, you usually can get that credit only if you buy a plan through HealthSource RI.

### What else should I look at before deciding?

Call or visit the plan's website at [tuftshealthplan.com](http://tuftshealthplan.com) to check which doctors, other health care providers, and prescription medications are covered by the plan. This is an important step when choosing a plan that meets the needs of your group members.

### When do I need to make a decision?

You have until your renewal effective date with Tufts Health Plan to make a final decision.

### We are notifying your employees

Federal law requires that we notify all group subscribers if their plan is discontinued. Enclosed is a copy of the letter that we will be mailing to your employees on the plan. The notice will inform them of a plan change at renewal, and that more information will be available in approximately a month. We will advise them to discuss questions or concerns with their employer.

### Questions?

- Please contact your Tufts Health Plan Client Service Team at 617-668-5444.
- Visit [healthsourceri.com](http://healthsourceri.com) and Consumer Assistance Information/[HealthCare.gov](http://HealthCare.gov) or call 1-800-706-7893 (TTY: 1-800-706-7915) to learn more about Healthsource RI.

## 2023 RI Small Group – Overview of Plan Changes

Tufts Health Plan is making a number of benefit changes to small group plans, effective upon renewal on or after January 1, 2023. These changes described below are reflected in the plan comparison grid enclosed. More detailed information will be shared soon when you receive your renewal package.

### Copayment, Deductible, Coinsurance & Out-of-Pocket Maximum

We have made some changes to cost sharing, which includes copayments, deductibles, coinsurance, and out-of-pocket maximum, associated with some of our plans. We encourage you to review our plans by visiting [www.tuftshealthplan.com](http://www.tuftshealthplan.com) to learn more.

### Q4 Deductible Carry-Over

Upon renewal in 2023 the Q4 Deductible Carryover will be eliminated on all non-Saver HSA compatible plans.

### Side-by-Side Rules

Accounts may offer up to three plans side by side. Any plans offered side by side must have no more than a \$1,500 difference in deductible among them. For triple options, all plans must be allowable side by side. PPO plans cannot be offered side by side with an HMO plan with a lower deductible.

### State Mandates

**PANDAS/PANS Coverage** - Effective 1/1/23 - Mandates the coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute onset neuropsychiatric syndrome (PANS).

### Pregnancy Special Enrollment Period (SEP) -

Effective January 1, 2023, for plans issued or renewed thereafter, this mandate establishes a special enrollment period for a pregnant individual effective at any time after the date of the commencement of the pregnancy. The coverage shall be effective the first of the month in which the pregnant individual applies for coverage.

### Uterine Fibroid Coverage -

Effective January 1, 2023, services are covered for laparoscopic removal of uterine fibroids, including uterine artery embolization, intraoperative ultrasound guidance and monitoring, and radiofrequency ablation.

To better understand the benefit changes that go into effect at your scheduled renewal date in 2023, please review the following plan comparison grid. If you have questions, please contact your Account Manager at 617-668-5444. This letter serves as your renewal notice as required by State and Federal law.

## Important Information for RI Small Group Employers

### **Renewal Notice**

In accordance with regulations set forth by Health and Human Services, we're notifying you through this newsletter that your health insurance policy will be renewed on your renewal effective date. We will issue our renewal proposals as rates become available. Your broker will forward this information to you once it is received from our Client Services team. If you're not working with a broker, we'll provide this information directly to you.

Beginning with renewals and new business with effective dates of January 1, 2023, and forward, we have made a number of benefit changes to our existing RI small group plans. You will want to refer to the plan changes in this brochure to learn more about your benefit updates.

### **Your health insurance policy will be renewed on your renewal effective date.**

At the end of your current policy year, we will automatically enroll you in the same policy, but please review the Summary of Benefits and Coverage for your upcoming plan year to check for any changes as we may have made some modifications to the coverage you had last year. You can also review the plan changes in this notification to understand updates made to your plan. If you wish to choose a different policy, you may choose to enroll in one of our other policies or any other coverage offered in the state for which you are eligible.

### **What do I need to do?**

There is nothing you are required to do. At the end of your current policy year, we will automatically enroll you in the 2023 version of your current policy. Please refer to the plan changes in this brochure to understand your benefit updates.

### **What if I want to choose a different policy?**

If you wish to choose a different policy, please let Tufts Health Plan or your broker know which plan you would like to select and fill out the Renewal Confirmation form included in our renewal proposal package. To ensure that your enrollees do not have a break in coverage, you must enroll in a new policy on or before the effective date of your renewal.

### **You have options and rights for getting quality, affordable health insurance.**

Small businesses may shop in the Small Business Health Options Program (SHOP) Marketplace through the HealthSource RI in Rhode Island. Coverage sold through these Marketplaces meets certain standards. However, review your options as soon as possible as you may be required to buy your coverage within a limited time period.

The Marketplace allows you to choose a private plan that fits your budget and health care needs. You may also qualify for tax credits to help you afford health insurance coverage through the Marketplace. No one who is qualified to purchase coverage through the Marketplace can be turned away or charged more because of a pre-existing condition.

### **How can I learn more?**

If you have questions, please contact your Account Manager at 617-668-5444. To learn more about the Health Insurance Marketplaces and protections under the Affordable Care Act, visit [HealthCare.gov](https://www.HealthCare.gov) or [healthsourceri.com](https://www.healthsourceri.com).

# DISCRIMINATION IS AGAINST THE LAW



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## Tufts Health Plan:

- Provides full and equal access to covered services under the federal *Americans with Disabilities Act of 1990* and Section 504 of the federal *Rehabilitation Act of 1973*. This includes free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need any of the above services, have questions regarding any provider directory information, or would like to report an inaccuracy or network access issue, please contact Tufts Health Plan Member Services at 800.462.0224. To report provider directory inaccuracies electronically, please visit <https://tuftshealthplan.com/find-a-doctor> and select your plan. Search or select the Provider whose information you believe needs updating and click “Tell us if something needs to change”.

Please note that if you have complaints regarding provider directory inaccuracies or provider network access issues, you also have the right at any time to contact the Commonwealth of Massachusetts Division of Insurance at (877) 563-4467, Option 2 or [www.mass.gov/doi](http://www.mass.gov/doi).

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

## Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept  
1 Wellness Way, Canton, MA 02021

Phone: 888.880.8699 ext. 48000, [TTY number — 800.439.2370 or 711]

Fax: 617.972.9048

Email: [OCRCoordinator@tufts-health.com](mailto:OCRCoordinator@tufts-health.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

## U.S. Department of Health and Human Services:

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**For no cost translation in English, call the number on your ID card.**

**Arabic** . للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المردون على بطاقة الهوية الخاصة بك .

**Chinese** 若需免費的中文版本，請撥打ID卡上的電話號碼。

**French** Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

**German** Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

**Greek** Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.

**Haitian Creole** Pou jwenn tradiksyon gratis nan lang kreyòl ayisyen, rele nimewo ki sou kat ID ou a.

**Italian** Per richiedere la traduzione in italiano senza costi aggiuntivi, chiamare il numero indicato sulla carta di identità.

**Japanese** 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

**Khmer (Cambodian)** សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

**Korean** 한국어로 무료 통번역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

**Laotian** ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo báhah ilíni da Diné k'ehji álnéehgo, hodiilnih béesh bee hani'é bee nées ho'dilzingo nantinígíí bikáá'.

**Persian** بزود زنگ نان شناساى كارت در مودرج تلفن شما ره به فاريس رلگوان نرجم ه برى

**Polish** Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

**Portuguese** Para tradução grátis para o português, ligue para o número no seu cartão de identificação.

**Russian** Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

**Spanish** Para servicios de traducción gratuitos en español, llame al número que aparece en su tarjeta de miembro.

**Tagalog** Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

**Vietnamese** Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.