



Large Group Underwriting Guidelines for RI Renewals

The proposal reflects rates and benefits that are in compliance with the Affordable Care Act (ACA).

The renewal rates are valid for the effective date listed in the quote and assumes and/or is contingent upon the following:

The ability of Tufts Health Plan to issue a proposal is subject to a complete and accurate submission in the form requested by Tufts Health Plan.

If Tufts Health Plan determines that any of the information has been omitted, concealed, or misrepresented any fact which Tufts Health Plan determines to have had an effect on Tufts Health Plan's assessment of the risk, Tufts Health Plan reserves the right to re-underwrite the proposal including resetting premium rates.

If any of these contingencies are not satisfied, rates may be adjusted or to the extent legally permissible, coverage may be terminated.

General

The rates are based on the description of the group and its benefits plan at the time of this proposal, and are subject to review and possible revision if there are significant changes in the group or plan prior to or on the proposed effective date, or subscriber enrollment changes by +/- 10% during the renewal period.

A minimum of one employee must remain enrolled in the Plan.

The rates may change due to a change in commissions or change in effective date.

The employer must have a Rhode Island worksite and at least 50% of eligible subscribers must live, reside, or physically work in Rhode Island.

Differential co-payments for primary care providers and specialists are not available on CareLink or MultiPlan Network PPO plans.

Eligibility

Large groups are defined as businesses that have more than 50 eligible employees or do not meet the Rhode Island definition of Small Group.

An eligible employee is an employee who is entitled under the group's written eligibility policies (or as otherwise required by law) to participate in the group's health benefits program, is a bona fide employee of the group and regularly employed on a permanent, full-time basis working at least 20 hours per week (or as few as 17.5 hours a week at the employer's discretion, provided this lesser requirement is applied consistently to all employees in the group).

The employer must clearly define all eligible classes in a non-discriminatory manner.

Temporary, seasonal, part-time or retired employees age 65 or older are not eligible unless Tufts Health Plan waives this contingency in writing.

The group must have a minimum participation of 75% of full-time net eligibles.

The group must have an employer contribution of at least 50% toward Individual coverage and 33% toward Family coverage.

Service Area

All employees who enroll in the Tufts Health Plan HMO must live, reside, or physically work within the Tufts Health Plan service area.

Any eligible members, who do not live, reside, or physically work within Tufts Health Plan's service area will only be enrolled on our PPO Plan.

If **CareLink**: Covered services received in Massachusetts and Rhode Island are covered at the in-network level by the Tufts Health Plan CareLink network. Covered services received outside Massachusetts and Rhode Island is covered at the in-network level by the CIGNA CareLink network. (Note: The CIGNA CareLink network is the United States (the 50 states)).

If **PPO (non CareLink)**: All employees who live, reside, or physically works in the Tufts Health Plan Service area are covered at the in-network level by the Tufts Health Plan network. Employees, who live, reside, or physically works outside the Tufts Health Plan Service Area are covered at the in-network level by the MultiPlan Network.

If **PPO OOA Only**: Only those employees who live, reside, or physically work outside the Tufts Health Plan service area may join the OOA PPO and must access the MultiPlan Network.

Funding of the Deductible

Rates assume no more than 50% funding of the employee/family deductible costs in an HRA or HSA.

For deductible plans without an HRA or HSA, the employee will be financially responsible for the funding of the entire deductible amount.

Plan Combinations

All dual or multi option plan pairings are subject to possible selection adjustments.

Regulatory Contingencies

Most Massachusetts residents must have coverage meeting Massachusetts Minimum Creditable Coverage ("MCC") requirements to avoid paying a tax penalty. For any plan in which the deductible exceeds \$2000 for IND coverage and \$4000 for FAM coverage, Tufts Health Plan requires an HRA fund of a sufficient amount to offset the deductible. The plan must have this HRA funding mechanism in order to meet MA MCC requirements. For example, if a plan has a deductible of \$3000 for IND coverage and \$6000 for FAM coverage, there must be an HRA fund of at least \$1000 for IND coverage and \$2000 for FAM coverage.

The rates may be changed due to changes in state mandated benefits or regulatory requirements that increases Tufts Health Plan's risk or financial obligations under the coverage.

The rates may change if there is a change in the interpretation of state or federal law that increases Tufts Health Plan's risk or financial obligations under the coverage.

The rates include the following ACA Fees for 2015*:

- 1.) Health Insurance Industry Fee: Estimated at .9-2% of premium
- 2.) PCORI Fee (formerly Comparative Effectiveness Research Fee): \$.18 per member per month
- 3.) Reinsurance Assessment Fee: \$3.67 per member per month

*- The fees may be subject to change.

