

RECENT UPDATES RHODE ISLAND LARGE GROUP

Health Care Reform Updates

2018 Requirement on Cost Sharing

Health and Human Services (HHS) through the 2018 Notice of Benefit and Payment Parameters establishes out-of-pocket maximum amounts based on two-year estimated premium adjustment percentages. The out-of-pocket maximum for in-network services for plans other than High Deductible Health Plans (HDHPs) for 2018 is \$7,350 for self-only coverage and \$14,700 for other than self-only coverage.

The IRS sets out-of-pocket maximum limits on High Deductible Health Plans (HDHPs). The HDHP limits for Tufts Health Plan Saver plans for 2018 are \$6,650 for self-only coverage and \$13,300 for other than self-only coverage. ACA rules limit out-of-pocket maximums on individuals within a family. In 2018, no one individual within a family can have an out-of-pocket maximum greater than \$7,350.

Plan Benefit Changes

Effective upon renewal date on and after January 1, 2018

We've looked carefully at several different areas of our plan designs to create new opportunities for savings and added value for our employers. You'll be interested to know about the following benefit changes for all group plans, which are available upon renewal date beginning January 1, 2018.

1. Separate Cost-Share Tiering for Site of Service

We are offering a new option that allows Large Group employers to set a lower cost-share for members who receive the following types of service at a freestanding facility: high- and low-tech imaging, laboratory and diagnostic tests.

While we believe it is important for our members to use doctors' offices and affiliated hospitals for continuity of care, we also want our members to be empowered to choose the treatment setting that is best for their unique needs.

Again, this cost-share tiering is available as an option for all Large Group plans in MA, RI, and NH, with the exception of our CareLink and Out-of-Area plans.

2. Separate Cost-Share for Urgent Care Centers

We are now enabling Large Group employers to apply a separate cost-share for contracted, freestanding Urgent Care Centers. This change is designed to help reduce inappropriate use of emergency rooms and promote lower-cost alternative treatment settings. (Note: referrals are not required for freestanding Urgent Care Centers or Minute Clinics.)

Employers can select from the following types of cost-sharing:

- co-payment
- deductible
- deductible then co-payment
- deductible then co-insurance, or
- covered in full

This option applies to all Large Group plans in MA, RI, and NH, with the exception of our CareLink and Out-of-Area plans.

3. Stand-Alone Cost-Shares for Therapy (Physical, Occupational and Speech)

We are now able to apply a cost-share other than the current PCP or Specialist co-payment for PT/OT/ST services. Each of these services will take the same cost-share, but you now are able to choose one of the following options:

- co-payment
- deductible
- deductible then co-payment
- deductible then co-insurance
- covered in full

This applies to all Large Groups in MA, RI and NH -- all plans will have a separate cost-share for therapy services.

New Prescription Drug Coverage Changes

We regularly review our prescription medication coverage to offer members a pharmacy benefit that is clinically appropriate and cost-effective. Based on this review and marketplace trends, we need to make occasional adjustments to balance cost and access to prescription medications for members.

July 1 Prescription Drug Coverage Changes

These changes in prescription drug coverage are effective on July 1, 2018, and apply to members of both Tufts Health Plan and Tufts Health Freedom Plan. Affected members will be notified of the changes by mail.

- Due to the generic launch of Reyataz, Sustiva, and Viread, the tier for these brands will be moving to Tier 3 on our large group formularies

Covered Alternative on the Same or Lower Tier

| Drug Moving to Tier 3 | Covered generic alternative* | Tier of covered alternative |
|-----------------------------------|--------------------------------------|-----------------------------|
| Reyataz [®] capsules | atazanavir capsule | Tier 2 |
| Sustiva [®] capsules | efavirenz capsules | Tier 2 |
| Sustiva [®] tablets | efavirenz tablets | Tier 2 |
| Viread [®] 300mg tablets | tenofovir disoproxil fumarate tablet | Tier 2 |

*Covered lower tier alternative is the generic for the referenced brand

- We will no longer cover the following brands on our large group formularies:

| Brand drugs moving to not covered | Covered lower tier alternative drug* | Tier of covered alternative |
|-----------------------------------|--------------------------------------|-----------------------------|
| Dovonex [®] cream | calcipotriene cream | Tier 2 |
| Estrace [®] cream | estradiol cream | Tier 2 |
| Locoid [®] lotion | hydrocortisone butyrate 0.1% lotion | Tier 2 |
| Namenda [®] XR capsule | memantine ER capsule | Tier 2 |
| Syprine [®] capsule | trientine capsule | Tier 2 |
| Viagra [®] tablet | sildenafil citrate tablet | Tier 2 |

*Covered lower tier alternative may be the generic for the referenced brand or may be a therapeutic alternative
Note: This is not an all-inclusive list of potential alternatives; please refer to the formulary on the website.

- The following brand will no longer be covered on our small group formularies:

| Brand drug moving to not covered | Covered lower tier alternative drug* | Tier of covered alternative |
|----------------------------------|--------------------------------------|-----------------------------|
| Dovonex [®] cream | calcipotriene cream | Tier 2 |

*Covered lower tier alternative may be the generic for the referenced brand or may be a therapeutic alternative
Note: This is not an all-inclusive list of potential alternatives; please refer to the formulary on the website.

- All of the long-acting Central Nervous System (CNS) stimulant medications used for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) will have quantity limitations on our formularies. The quantity limitations are in line with recommended dosing. The quantity limits apply to all of the long acting formulations of the following medications:

- Amphetamine (e.g. Adzenys XR tablets)
- Amphetamine-dextroamphetamine (e.g. Adderall XR capsules)
- Dexmethylphenidate (e.g. Focalin XR capsules)
- Dextroamphetamine (e.g. Dexedrine capsules)
- Lisdexamfetamine (e.g. Vyvanse capsules)
- Methylphenidate (e.g. Ritalin LA capsules, Concerta tablets)

Oral/Enteral Formula – Effective on strike date of January 1, 2018

Effective January 1, 2018, members will no longer be able to obtain oral/enteral formulas at a pharmacy under their pharmacy benefit.

- These formulas will need to be ordered through a durable medical equipment (DME) supplier. They will be covered as a medical supply with the applicable member cost-share.

Affected members will be notified of this change on or around November 1. Members will be advised to contact their providers.

- This formulary coverage change applies to all Large Groups in MA, RI, and NH

January 1, 2018 Prescription Drug Coverage Changes

These changes in prescription drug coverage are effective on January 1, and apply to members of both Tufts Health Plan and Tufts Health Freedom Plan. Affected members will be notified of the changes by mail.

- The drugs listed on the table below will be moved to a higher tier on January 1.
A list of lower tier alternatives is provided in the table.

| Drug(s) Moving to Tier 3 | Lower Tier Alternative Drug(s) | Tier of Alternative Drug(s) |
|---|--|-----------------------------|
| adapalene (0.1%) cream | Differin 0.1% gel OTC | tier 1 |
| adapalene (0.1%, 0.3%) gel | | |
| benzoyl peroxide (5.3%, 6%) foam | benzoyl peroxide 10% liquid wash | OTC |
| benzoyl peroxide 2.5% liquid wash | | |
| benzoyl peroxide 9.8% foam | | |
| chlordiazepoxide/clidinium capsules | dicyclomine hyoscyamine | tier 1 |
| clindamycin 1% foam | clindamycin 1% solution and pad | tier 1 |
| clindamycin/benzoyl peroxide (1.2-5%, 1-5%) gel | erythromycin/benzoyl peroxide gel | tier 1 |
| diclofenac sodium 3% gel | topical diclofenac solution topical diclofenac 1% gel | tier 1 |
| doxycycline hyclate DR tablets | doxycycline capsules, tablets, suspension | tier 1 |
| esgic capsules | butalbital/acetaminophen butalbital/aspirin/caffeine | tier 1 |
| lidocaine 5% pad | lidocaine 3.6% patch | OTC |
| salicylic acid 6% foam | salicylic acid lotion, gel, cream | tier 1 |
| tetracycline capsules | minocycline capsules | tier 1 |
| tretinoin (0.04%, 0.1%) microsphere gel | tretinoin 0.01% gel tretinoin 0.025% gel | tier 1 |
| tretinoin 0.05% gel | | |
| clindamycin-tretinoin gel | tretinoin 0.01% and 0.025% gel clindamycin 1% solution, and pad | tier 1 |
| migergot suppository (ergotamine tartrate and caffeine) | butalbital/aspirin/caffeine ibuprofen | tier 1 |
| minocycline ER tablets | minocycline capsules | tier 1 |

| Drug(s) Moving to Tier 2 | Lower Tier Alternative Drug(s) | Tier of Alternative Drug(s) |
|---|---|------------------------------------|
| atovaquone suspension | sulfamethoxazole/trimethoprim tablets and suspension | tier 1 |
| benzoyl peroxide 7% liquid wash | benzoyl peroxide 10% liquid wash | OTC |
| brimonidine 0.15% ophthalmic solution | brimonidine 0.2% ophthalmic solution | tier 1 |
| bromfenac 0.09% ophthalmic solution | diclofenac sodium eye drops | tier 1 |
| calcipotriene 0.005% cream | calcipotriene 0.005% ointment | tier 1 |
| cefixime suspension | cefdinir | tier 1 |
| cefpodoxime (tablets and suspension) | cefprozil cefuroxime ceftibuten | |
| cevimeline 30mg capsules | pilocarpine | tier 1 |
| clindamycin 1% gel | clindamycin 1% solution, and pad | tier 1 |
| clindamycin 1% lotion | | |
| colchicine 0.6mg tablet | N/A | N/A |
| dantrolene capsules | carisoprodol | tier 1 |
| dronabinol capsules | promethazine meclizine | tier 1 |
| eplerenone tablets | spironolactone | tier 1 |
| fondaparinux injections | enoxaparin injection | tier 1 |
| griseofulvin (tablets and suspension) | fluconazole terbinafine | tier 1 |
| itraconazole capsules | | |
| lidocaine 5% ointment | lidocaine cream 3% lidocaine gel 2% | tier 1 |
| metaxalone tablets | carisoprodol cyclobenzaprine baclofen | tier 1 |
| metronidazole 0.75% vaginal gel | vandazole 0.75% vaginal gel clindamycin 2% vaginal cream tinidazole tablets | tier 1 |
| metronidazole 0.75% lotion | metronidazole 0.75% cream, gel | tier 1 |
| metronidazole 1% gel | | |
| minocycline tablets | minocycline capsules | tier 1 |
| mycophenolate 200 mg/ml suspension | mycophenolate capsules and tablets | tier 1 |
| naftifine hcl (1%, 2%) cream | terbinafine cream ketoconazole cream | tier 1 |
| neomycin/polymyxin b/hydrocortisone ophthalmic solution | neomycin/polymyxin/dexamethasone ophthalmic solution | tier 1 |
| oxiconazole nitrate cream | nystatin cream ketoconazole cream terbinafine cream | tier 1 |
| pacerone 100mg tablet | amiodarone tablets | tier 1 |

| | | |
|--|--|--------|
| | propafenone tablets | |
| potassium chloride (10%, 20%) solution | potassium chloride ER tablets | tier 1 |
| potassium chloride 20 mEq powder packet | potassium chloride micro ER tablets | |
| potassium citrate tablets | potassium chloride CR tablets potassium chloride micro CR tablets | |
| propafenone ER capsules | propafenone tablets | tier 1 |
| quinidine gluconate tablets | quinidine sulfate tablets | tier 1 |
| rivastigmine transdermal patch | rivastigmine capsules galantamine ER capsules | tier 1 |
| tobramycin/dexamethasone ophthalmic solution | bacitracin/polymyxin eye ointment neomycin/polymyxin/gramicidin eye drops | tier 1 |
| tretinoin (0.025%, 0.05%, 0.1%) cream | tretinoin 0.01% gel tretinoin 0.025% gel | tier 1 |
| trifluridine 1% ophthalmic solution | N/A | N/A |
| tropium chloride ER capsules | tropium chloride tablets | tier 1 |
| vancomycin capsules | metronidazole tablets | tier 1 |
| voriconazole tablets | fluconazole ketoconazole terbinafine | tier 1 |

N/A: No lower-tiered alternatives available

OTC: drugs available over the counter

* Please note, Tufts Health Plan does not provide coverage for over the counter drugs unless it is noted with a Tier

- The brand drugs listed below will no longer be covered on our formularies effective January 1.

Note: *This is not an all-inclusive list of potential alternatives. Please refer to the formulary on our website.*

| Brand drugs moving to not covered | Covered lower tier alternative drug* | Tier of covered alternative |
|-----------------------------------|--------------------------------------|-----------------------------|
| Androderm | Testosterone gel | Tier 2 |
| Androgel | | |
| Testim | | |
| Vogelxo | | |
| Striant | | |
| Valtrex | valacyclovir | Tier 1 |
| Benicar | valsartan | Tier 1 |
| Benicar HCT | valsartan/hydrochlorothiazide | Tier 1 |
| Azor | amlodipine/olmesartan | Tier 2 |
| Atralin | tretinoin gel or cream | Tier 1 or Tier 2 |
| Retin-A | | |
| Benzaclin | erythromycin/benzoyl peroxide | Tier 1 |
| Duac | | |
| Differin (Rx) | Differin OTC | Tier 1 |
| Doryx | doxycycline hyclate capsules | Tier 1 |

| | | |
|----------|------------------------------|----------|
| Evoclin | erythromycin gel or solution | Tier 1 |
| Lidoderm | lidocaine ointment 5% | Tier 1 ^ |
| Solaraze | diclofenac solution 1.5% | Tier 1 |

*Covered lower tier alternative may be the generic for the referenced brand or may be a therapeutic alternative

^Moving to Tier 2 as of 1/1/18

- **Granix**[®] (tbo-filgratim) and **Neupogen**[®] (filgrastim) will require prior authorization effective January 1. This prior authorization requirement applies to all Commercial formularies. The alternative **Zarxio**[®] (filgrastim-sndz) does not require prior authorization.

Unapproved prescription drugs

Under the Federal Food, Drug, and Cosmetic Act, drug manufacturers may legally market certain drugs even without FDA approval. Until now, lack of public information has made it difficult for health plans and prescription benefit managers to effectively manage these unapproved drugs.

Recently, the Centers for Medicare & Medicaid Services (CMS) began publishing information about recently unapproved drugs and sharing it with health plans and pharmacy benefit managers. The information identifies which drugs are currently not FDA-approved while ensuring coverage of clinically appropriate alternative drugs that are FDA-approved.

Formulary changes are being made to exclude coverage for prescription drugs that lack FDA approval. A letter was sent to your impacted employees in March informing them that their medication(s) will no longer be covered effective June 1, 2017 and will list an appropriate alternative drug(s).

Additional Information

Telehealth

On May 1, 2018 all fully insured clients will have telehealth benefits available to their members. Members will be notified through Well! Magazine in May that they'll be able to connect with a doctor through phone, video or mobile app visits 24/7. They can learn more and register at tuftshealthplan.com/telehealth. Please reach out to your Account Manager for details or if you want assistance promoting telehealth to your employees.

MyWire

Members new ID cards came with a sticker and phone number to sign up for MyWire—a new way to connect with their benefits. If members are interested in learning about Tufts Health Plan's wellness programs, ways to save with member discounts, access to care 24/7 and more, they can visit tuftshealthplan.com/mywire. Please reach out to your Account Manager for details or if you want assistance promoting MyWire to your employees.

Joint Surgery Management Program – effective January 1, 2018

To help improve clinical outcomes and manage the increasing cost of joint surgery, Tufts Health Plan, working in conjunction with an industry leader in medical specialty solution management, will provide utilization management for these services. We are providing this enhancement to our existing joint surgery program to help better manage utilization of elective surgeries and quality of care for our members.

Methadone Maintenance – Elimination of Member Cost-Share – effective upon renewal on and after January 1, 2018

Recognizing the impact of the opioid crisis in the diverse communities we serve, we are taking steps to reduce barriers to the essential care our members need. The post-deductible co-pay and cost – shares for methadone maintenance for all commercial plans are being eliminated.

Telemedicine Coverage Act - January 1, 2018

Effective upon renewal or new sale on or after January 1, 2018, for all fully insured Rhode Island-based plans, health insurers shall provide coverage for the cost of health care services provided through telemedicine*, so long as the health care services would be covered when provided in person and are medically appropriate to be provided through telemedicine. Applicable deductible, copayment, or coinsurance will apply for a health care service provided through telemedicine.

*Telemedicine is the delivery of clinical health care services by means of real time two-way electronic audiovisual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, treatment, and care management of a patient's health care while such patient is at an originating site and the health care provider is at a distant site, consistent with applicable federal laws and regulations.

Telemedicine does not include an audio-only telephone conversation, email message or facsimile transmission between the provider and patient, or an automated computer program used to diagnose and/or treat ocular or refractive conditions

Non-Opioid Pain Treatment

In order to comply with recent changes to state law, effective January 1, 2018, all fully insured Rhode Island plans will include coverage for medically necessary evidence-based non-opioid treatments for pain for members with substance abuse disorders, including chiropractic care and osteopathic manipulative treatments. Applicable member cost-share will continue to apply

Infertility Coverage

In accordance with state law, effective August 1, 2017, all fully insured Rhode Island-based plans will provide coverage for standard fertility preservation services when medically necessary treatment may directly or indirectly cause iatrogenic infertility*. In addition, the requirement that a member be married to receive infertility services has been removed. Applicable member cost-share will continue to apply.

*iatrogenic infertility - an impairment of fertility by surgery, radiation, chemotherapy or other medical treatment affecting reproductive organs or processes.

Provider Directories

Provider directories are available to members online and through mobile devices at tuftshealthplan.com. Hard copies are available upon request.

PCP Designation

Rhode Island law requires that health plans attribute members to primary care providers (PCPs). We record PCP designations for all HMO plan members and encourage PPO members to designate a PCP for which we'll also keep record. (This designation does not change the administration of our PPO plans.)

Women's Health and Cancer Rights Act

Under the Women's Health and Cancer Rights Act of 1998, Tufts Health Plan covers the following procedures in connection with mastectomy for medically necessary conditions including, but not limited to, breast cancer for men and women:

- Reconstruction of the breast affected by a mastectomy.
- Surgery and reconstruction of the other breast with the goal of producing a symmetrical appearance.
- Prosthesis and treatment of physical complications of all stages of mastectomy. (There is no annual dollar limit for breast prostheses coverage.)

Mandatory Medicare Reporting Requirements

Mandatory reporting requirements respecting Medicare beneficiaries have been created by the passage of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007. By mandating electronic exchange of health insurance benefit entitlement information by responsible reporting entities (including Tufts Health Plan), these requirements will enable the Centers for Medicare and Medicaid Services (CMS) to correctly pay for the health insurance benefits of Medicare beneficiaries by determining primary versus secondary payer responsibility. To comply with this mandate, Tufts Health Plan will require employers to provide additional information to us, including member social security numbers and employer tax identification numbers. Our plan is to gather this information from our existing database wherever possible and contact employers directly to supply us with necessary information to fill any gaps in our reporting requirements to CMS. For more information on this mandate, please visit <http://www.cms.hhs.gov/MandatoryInsRep/>, or contact your Account Manager.