

RECENT UPDATES: Massachusetts (Small 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 Tufts Health Plan is making a number of benefit changes to Massachusetts plans for small group employers. We are making these changes to help lower premiums for members and to better manage increasing pharmacy costs associated with new-to-market and specialty drugs. These changes are explained below, and more detailed information will be shared in your renewal package that will include a plan comparison grid.

Deductible, Coinsurance & Out-of-Pocket Maximum

We have made changes to the deductible, coinsurance, and out-of-pocket maximum associated with some of our plans.

Prescription Drug

We have made changes to pharmacy copays for some of our plans. We encourage you to review our full Massachusetts drug formulary on our website to familiarize yourself with all tier and other prescription drug changes. This information is available on the Pharmacy page at www.tuftshealthplan.com.

Copayments

We have adjusted copays on some of our plans for primary care and specialist visits, urgent care, therapy services (physical, occupational and speech), testing (laboratory, diagnostic, and imaging), inpatient and outpatient procedures, and emergency services.

Durable Medical Equipment (DME)

Effective on a strike date of January 1, 2018, members will no longer be able to purchase oral enteral formulas at a retail pharmacy, and they will no longer be covered under the pharmacy benefit. Members will need to purchase these formulas from a contracted Durable Medical Equipment (DME) supplies provider. The cost share for medical supplies will apply, not the DME cost share.

Pediatric Dental

Effective on a strike date of January 1, 2018, your pediatric dental plan will be called *Delta Dental PPO*. This plan requires members to seek services from providers in the Delta Dental PPOSM network only. This plan does not cover dental services from Delta Dental providers who are outside of the PPO network or any out-of-network providers. For additional questions regarding this benefit or provider network, members should contact Customer Service at 1-844-260-6095, or by visiting <http://www.deltadentalma.com/ppo-find-a-dentist/> and selecting *Delta Dental PPO*.

Your Choice Provider Re-Tiering

Effective January 1, 2018, our Your Choice plans will have updated provider tiering. This provider re-tiering includes both hospital tiering improvements and erosion. Please refer to our Provider Directory at www.tuftshealthplan.com for more information.

New Plans

Balanced Advantage is a plan that enhances member value by aligning cost share with the cost of the service, reflective in lower member cost shares in many instances. These plans also introduce site-of-service tiering, which encourages the use of low-cost and high-quality free-standing facilities through a lower cost share.

Essential Advantage is a plan that offers a simplified design at a competitive premium. On these plans, medical services track to a manageable deductible while pharmacy requires only a copayment. These plans can be used as a way to ease the transition to HSA-qualified plans (Saver), where all services apply to the deductible.

Advantage HMO Saver 3450 Bronze – offered beginning April 1, 2018

This is a high deductible health plan as defined by the Internal Revenue Service, and may be paired with an HSA. This particular Saver plan requires some member cost sharing after the deductible in the form of copayments, which we have lowered for several services when compared to previous similar plan designs.

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 of Tufts Health Plan.

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.

January 2018 Prescription Drug Coverage Changes

These changes in prescription drug coverage are effective on January 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.

- The drugs listed on the tables 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
<u>migergot suppository</u> (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 cefprozil cefuroxime ceftibuten	tier 1
cefpodoxime (tablets and suspension)		
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	promethazin e 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/dexam ethasone ophthalmic solution	tier 1
oxiconazole nitrate cream	nystatin cream ketoconazole cream terbinafine cream	tier 1
pacerone 100mg tablet	amiodarone tablets propafenone tablets	tier 1
potassium chloride (10%,	potassium chloride ER	tier 1

20%) solution	tablets	
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.

Again, these 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

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 date 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 copayment and cost share for methadone maintenance for all commercial plans are being eliminated.

New Member ID Cards to Be Issued

We will be issuing new member ID cards from May through April 2018 as employers renew to reflect updated administrative processes for out-of-area care. When a member receives care outside the Tufts Health Plan service area, the provider will refer to the respective logo on the back of the new ID card for billing purposes. The new ID cards will be mailed to members of all Massachusetts and Rhode Island based plans except for CareLink and Medicare plans. Also, Tufts Health Freedom Plan members will not receive new ID cards as part of this process.

Provider Directories

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

Primary Care Provider (PCP) Designation

Massachusetts health plans are required by state law to attribute members to PCPs to the maximum extent possible. 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 contact your Account Manager.