

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.

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 were notified of this change on or around November 1, 2017. Members were advised to contact their providers.

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.

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.

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)

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
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 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	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	tier 1

	cyclobenzaprine	
	baclofen	
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 propafenone tablets	tier 1
potassium chloride (10%, 20%) solution	potassium chloride ER tablets potassium chloride micro ER tablets potassium chloride CR tablets potassium chloride micro CR tablets	tier 1
potassium chloride 20 mEq powder packet		
potassium citrate 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)		
Doryx	Differin OTC	Tier 1
Evoclin	doxycycline hyclate capsules	Tier 1
Lidoderm	erythromycin gel or solution	Tier 1
Solaraze	lidocaine ointment 5%	Tier 1 [^]
	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

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 – 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.

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 visit <http://www.cms.hhs.gov/MandatoryInsRep/>, or contact your Account Manager.

