

RECENT UPDATES RHODE ISLAND 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 in 2018, Tufts Health Plan is making a number of benefit changes to Rhode Island 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 with you 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. Please note that on PPO plans, the unauthorized (out-of-network) out-of-pocket maximum will now be three times the authorized out-of-pocket maximum.

Prescription Drug

We are introducing a new Generic Low Cost Copay program for all of our plans in 2018. A subset of generic drugs will now only require a new lower copay of \$5. Other generic drugs not on this list will continue to require the higher Tier 1 copay. We have also made changes to pharmacy copays for some of our plans. We encourage you to review our full 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.

New Plans

We have created several new plans for 2018, including the *Essential Advantage*. 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.

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)

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 | tier 1 |

| | | |
|---|--|--------|
| | cefprozil | |
| cefpodoxime (tablets and suspension) | 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 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) | 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 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.

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 is 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. Physical 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 coverage limit.

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.

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 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 these services, contact Tufts Health Plan at 800.462.0224.

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.
705 Mount Auburn St. Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number — 800.439.2370 or 711]
Fax: 617.972.9048
Email: 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>.

GETTING HELP IN OTHER LANGUAGES

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

Arabic اكتب تصالخلا تيوهلا تقاطبى لىء نودملا مقرلا لىء لاصتلا لىء جريد ،تبيرعلا تغلابا تيجانجلا تىمجرنلا تىمدخ لىء لوصلا

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 κάρτας σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

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) សូមទាក់ទងការបកប្រែឥតគិតថ្លៃជាភាសាខ្មែរ សូមទាក់ទងលេខទូរស័ព្ទដែលមាននៅលើកាតសម្រាប់សមាជិករបស់អ្នក។
សុំមេរៀនឥតគិតថ្លៃសម្រាប់ភាសាខ្មែរ សូមទាក់ទងលេខទូរស័ព្ទដែលមាននៅលើកាតសម្រាប់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ອໍສາລັ ບການແປພາສາລາວ ນພາສາລາວ ວິທົບໄດ້ ເສຍຄ່າ າໃຊ້ ຈໍ າຍ, ໃຫ້ ໂທຫາວິທົບ ວິທຍູ ຈື ງຸ ດປະຈໍາຄົ ວຂອງທ່ ານ.

Navajo Doo báhá ilíní da Diné k'chjí álnéehgo, hodiilnih béesh bee haní'é bee nées ho'dilzingo nantinígíí bikáá'.

Persian دینزب گنز نات ی ناسانشه تراک رد جردنم نفلت درامشه به ی سراف انگیار به مجردت ی ارپ

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

Portuguese Para tradução grátis para 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 Por servicio de traducción gratuito en español, llame al número de 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.