

Tufts Health Plan  
1 Wellness Way  
Canton, MA 02021  
tuftshealthplan.com



Name  
Address 1  
Address 2  
City, State Zip

February 2023

**RE: Medical Loss Ratio (MLR)—No Action Required**

Dear Subscriber:

At Tufts Health Plan, our top priority is to provide you with high-quality, affordable health care coverage. To achieve this, we continuously monitor and manage ways to reduce costs.

In 2020, Tufts Associated Health Maintenance Organization, Inc. (Tufts Health Plan) rebated a portion of your health insurance premium through your employer. This rebate is issued in accordance with the Medical Loss Ratio (MLR) requirements of the Affordable Care Act. The Affordable Care Act requires that all health insurers spend a certain percentage of premiums on claims and expenses that improve health care quality. This percentage is known as the minimum MLR. If a health insurer does not meet the minimum MLR requirement, the insurer must issue rebates to all employers within the affected line of business.

We recently determined that the amount rebated in 2020 for the 2019 calendar year was incorrect and Tufts Health Plan owes an additional portion of your health insurance premium through your employer. A required Notice of Health Insurance Premium Rebate is included with this mailing. This Notice provides information on how MLR rebates are calculated. Please note that the calculations in the attached Notice have been updated to reflect the correction made. Employees who were active Tufts Health Plan members as of December 31, 2019 (or, if applicable, as of the date your group plan terminated coverage) are receiving this letter.

Employers or group policyholders must follow certain rules for distributing the rebate. If you have specific questions about how the rebate issued to your employer will be used or redistributed, please contact your benefits representative or Human Resources department.

For more information about MLR please see the Frequently Asked Questions for members at <https://tuftshealthplan.com/mlr>.

Sincerely,

Tufts Health Plan

## Notice of Health Insurance Premium Rebate

February 2023

Name

Address 1

Address 2

City, State Zip

Re: Health Insurance Premium Rebate for Year 2019; Policy #<Group Number>

Dear Subscriber:

This letter is to inform you that Tufts Associated Health Maintenance Organization, Inc. (Tufts Health Plan) will be rebating a portion of your health insurance premiums through your employer or group policy holder. This rebate is required by the Affordable Care Act – the health reform law.

The Affordable Care Act requires Tufts Health Plan to rebate part of the premiums it received if it does not spend at least 85 percent of the premiums Tufts Health Plan receives on health care services, such as doctors and hospital bills, and activities to improve health care quality, such as efforts to improve patient safety. No more than 15 percent of premiums may be spent on administrative costs such as salaries, sales, and advertising. This is referred to as the “Medical Loss Ratio” standard or the 85/15 rule. The 85/15 rule in the Affordable Care Act is intended to ensure that consumers get value for their health care dollars. You can learn more about the 85/15 rule and other provisions of the health reform law at: <https://www.healthcare.gov/health-care-law-protections/rate-review/>.

### What the Medical Loss Ratio Rule Means to You

The Medical Loss Ratio rule is calculated on a State by State basis. In Massachusetts, Tufts Health Plan did not meet the 85/15 standard. In 2019, Tufts Health Plan spent only 84.4% of a total of \$ 623,579,772 in premium dollars on health care and activities to improve health care quality. Since it missed the 85 percent target in Massachusetts by 0.6% of premium it receives, Tufts Health Plan must rebate 0.6% of the total health insurance premiums paid by the employer and employees in your group health plan. We will send this rebate to your employer or group policyholder by February 28, 2023 or apply this rebate to the health insurance premium that is due on or after February 28, 2023. Employers or group policyholders must follow certain rules for distributing the rebate to you.

### Ways in Which an Employer Can Distribute the Rebate

If your group health plan is a non-Federal governmental plan, the employer or group policyholder must distribute the rebate in one of two ways:

- Reducing premium for the upcoming year; or
- Providing a cash rebate to employees or subscribers that were covered by the health insurance on which the rebate is based.

(Please turn over)

If your group health plan is a church plan, the employer or group policyholder has agreed to distribute the portion of the rebate that is based on the total amount all of the employees contributed to the health insurance premium in one of the ways discussed in the prior paragraph.

If your group health plan is not a governmental plan or a church plan, it likely is subject to the Federal Employee Retirement Income Security Act of 1974 (ERISA). Under ERISA, the employer or the administrator of the group health plan may have fiduciary responsibilities regarding use of the Medical Loss Ratio rebates. Some or all of the rebate may be an asset of the plan, which must be used for the benefit of the employees covered by the policy. Employees or subscribers should contact the employer or group policyholder directly for information on how the rebate will be used. For general information about your rights regarding the rebate, you may contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or review the Department's technical guidance on this issue on its web site at <https://www.dol.gov/agencies/ebsa/employers-and-advisers/guidance/technical-releases/11-04>.

**Need more information?**

If you have any questions about the Medical Loss Ratio and your health insurance coverage, please contact Tufts Health Plan toll-free at 1-800-462-0224 or [www.tuftshealthplan.com](http://www.tuftshealthplan.com).

Contact your employer or Administrator directly for information on how the rebate will be distributed. For general information about your rights regarding the rebate if your group health plan is subject to ERISA, you may contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or review the Department's technical guidance on this issue on its web site at <https://www.dol.gov/agencies/ebsa/employers-and-advisers/guidance/technical-releases/11-04>.

Sincerely,

Cain Hayes  
Chief Executive Officer  
Tufts Health Plan

## 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, sex, sexual orientation, or gender identity. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

### Tufts Health Plan:

- Provides full and equal access to covered services under the federal *Americans with Disabilities Act of 1990* and Section 504 of the federal *Rehabilitation Act of 1973*. This includes 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 any of the above services, have questions regarding any provider directory information, or would like to report an inaccuracy or network access issue, please contact Tufts Health Plan Member Services at 800.462.0224. To report provider directory inaccuracies electronically, please visit <https://tuftshealthplan.com/find-a-doctor> and select your plan. Search or select the Provider whose information you believe needs updating and click “Tell us if something needs to change”.

Please note that if you have complaints regarding provider directory inaccuracies or provider network access issues, you also have the right at any time to contact the Commonwealth of Massachusetts Division of Insurance at (877) 563-4467, Option 2 or [www.mass.gov/doi](http://www.mass.gov/doi).

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.

1 Wellness Way Canton, MA 02021-1166 Phone: 888.880.8699 ext. 48000, [TTY number — 800.439.2370 or 711]

Fax: 617.972.9048

Email: [OCRCoordinator@point32health.org](mailto:OCRCoordinator@point32health.org)

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>.

tuftshealthplan.com | 800.462.0224

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

**Arabic** للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك .

**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 κάρτα σας.

**Haitian Creole** Pou jwenn tradiksyon gratis nan lang kreyòl ayisyen, rele nimewo ki sou kat ID ou a.

**Italian** Per richiedere la traduzione in italiano senza costi aggiuntivi, chiamare il numero indicato sulla carta di identità.

**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)** សូមទាក់ទងមកក្នុងការប្រើប្រាស់សេវាបំប្លែងភាសាឥតគិតថ្លៃ តាមលេខស្តីពីការបំប្លែងភាសាដែលមាននៅលើកាត់សមាជិករបស់អ្នក។

**Korean** 한국어로 무료 통번역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

**Laotian** ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໃບໜ້າເປີດສູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo bágáí ilíní da Diné k'etłíí álnééłgo, hodiłinih béésh bee hani'ée bee néé ho'dilzingo naatłínígíí bikáá'.

**Persian.** بزنید زنگ تان شناسائی کارت در مندرج تلفن شماره به فارسی رایگان ترجمه برای

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

**Portuguese** Para tradução grátis para o 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** Para servicios de traducción gratuitos en español, llame al número que aparece en 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.