



**From the
President & CEO,
Tom Croswell**

Dear Valued Client:

As the New Year begins, so too does my tenure as president and CEO of Tufts Health Plan. After having served as president and COO for eight years, I am honored to succeed former CEO Jim Roosevelt and build upon our solid foundation of providing access to more affordable and high quality health coverage that is simple to use.

Our commitment to quality and service excellence is uncompromising, reflected in our HMO and PPO plans' achievement of a '5' rating – the highest possible rating – from the National Committee for Quality Assurance.* Only four other companies across the country achieved this. Our Tufts Medicare Preferred HMO and Senior Care Options plans achieved a 5-star rating – again, the highest rating possible – from the Centers for Medicare and Medicaid Services. Only 12 plans across the country achieved this. These ratings are based on the high quality of our plans and our customer service. We take great pride in these accomplishments, knowing it's our members who benefit the most.

In this issue, you'll read about:

- ▶ New state and federal requirements and plan updates impacting employer groups
- ▶ Savings initiatives to help manage escalating health care costs
- ▶ Tufts Health Plan's refreshed brand identity
- ▶ Our ongoing commitment to the communities we serve

I look forward to working with you as we embark on this New Year together.

Sincerely,

Tom Croswell

* The National Committee for Quality Assurance
Private Health Insurance Plan Ratings, 2015-2016.

Prescription Drug Coverage Changes Effective January 1, 2016

Tufts Health Plan regularly reviews our prescription medication coverage in order to offer a pharmacy benefit that is clinically appropriate and cost-effective. In conducting this review and monitoring marketplace trends, occasional adjustments need to be made to balance cost and access to prescription medications. The following changes in prescription drug coverage are effective January 1, 2016.

These changes apply to all plans:

-Farxig and Xigduo will move to Non-Covered (NC)

The following alternatives are covered on Tier 2: Invokana®, Invokamet®.

-Byetta and Bydureon will move to Non-Covered (NC)

The following alternatives are covered on Tier 2: Victoza®, Trulicity™.

-Levemir will move to Non-Covered (NC)

The following alternatives are covered on Tier 2: Lantus®, Lantus Solostar®, Toujeo®.

-Actonel will move to Non-Covered (NC)

The generic for Actonel, risedronate, is covered with a Tier 2 copayment.

This change applies to plans utilizing the Small Group Formulary:

-Abilify will move to Non-Covered (NC)

The generic for Abilify, aripiprazole, is covered with a Tier 2 copayment.

Tufts Health Plan's Expansion Continues into New Hampshire

New Hampshire-Tufts Health Freedom Plan

In 2015, Tufts Health Plan and Granite Health recognized a unique opportunity to deliver health care for New Hampshire, and together created Tufts Health Freedom Plan. Designed with a shared vision of delivering the highest quality of care at a more affordable cost, Tufts Health Freedom Plan offers an idea that makes sense — groundbreaking collaboration between providers and a health plan that results in better care coordination and health outcomes.

Granite Health comprises five major health systems: Catholic Medical Center, Concord Hospital, LRGHealthcare, Southern New Hampshire Health, and Wentworth-Douglass Hospital.

The expansion into New Hampshire will significantly expand the Tufts Health Plan network north of Massachusetts.

- ▶ We have reached agreements with all 26 hospitals covering the state of New Hampshire
- ▶ We have added a comprehensive professional network including behavioral health providers
- ▶ The network also extends into Maine and Vermont

SAVINGS INITIATIVES

Out-of-Network Savings Program Update

In a continued effort to provide effective cost management programs and increase savings on out-of-network (OON) medical claims, Tufts Health Plan has expanded the OON savings program to include Cigna's PPO Network (effective January 1, 2016), which can offer better claims pricing for you and your employees when seeking services outside of the Tufts Health Plan provider service area. This program replaces the PHCS Healthy Directions program for Massachusetts and Rhode Island plans.

The Cigna PPO Network is available to HMO members for urgent and emergency care while they are traveling outside Massachusetts, Rhode Island, and New Hampshire.

PPO members may access the Cigna PPO Network using their unauthorized or out-of-network level of benefits. Tufts Health Plan's relationship with the Cigna PPO Network offers pricing that may save members money on their out-of-pocket expenses. Any urgent or emergency care POS and PPO members receive in this network would be covered at the authorized or in-network level of benefits.

Spinal Condition Management Program Update

To help improve clinical outcomes and manage the increasing cost of spine surgery and interventional pain management (IPM) procedures, Tufts Health Plan selected National Imaging Associates Inc. (NIA) to work in conjunction with Tufts Health Plan to provide utilization management for these services beginning August 1, 2015. This program is a significant enhancement to our existing utilization management program.

The cost of pain management exceeds the cost of heart disease, cancer, or diabetes. Spine-related care is a key driver of cost, with known variations in quality of care. Trends have indicated that more complex lumbar fusion surgeries are performed too often when a less invasive option would have been clinically appropriate. For example, these surgeries are 3-4X more expensive (over \$50,000) than less invasive and less risky decompression spine surgeries (\$13,000). NIA's management experience shows that approximately 1 in 5 common spine surgeries and at least 1 in 4 IPM procedures do not meet medical necessity criteria.

How will this program work?

For surgical requests, NIA's spine surgeon review team will use evidence-based criteria to evaluate the appropriateness of each surgery based upon the clinical information provided. When appropriate, NIA's surgeons will discuss alternate, less invasive surgeries or more conservative care with physicians requesting authorization. For IPM requests, NIA will require clinical record review to confirm assessment of pain levels, effectiveness of prior IPM, and that conservative therapy is also being used. With this new program, your employees may have quicker recovery times (which can translate to healthier and more productive employees) without surgery or with less invasive treatments.

Pre-payment Audit Vendor Program Update

To continuously manage the increasing cost of health care, Tufts Health Plan periodically conducts reviews of member medical records to confirm that submitted claims and billings accurately represent the services provided to Plan members and comply with industry standards, rules, laws, regulations, and contract requirements.

Tufts Health Plan engaged OrthoNet LLC in August 2015 to conduct select audits of claims for the following specialties:

- ▶ Orthopedic Surgery
- ▶ Neurosurgery
- ▶ Podiatry
- ▶ Otolaryngology
- ▶ General Surgery
- ▶ Dermatology
- ▶ Pediatric Orthopedics
- ▶ Physiatry
- ▶ Hand Surgery
- ▶ Plastic and Reconstructive Surgery
- ▶ Cardiology
- ▶ Urology

How does this program work?

When your employees' and their family members' specialty service claims meet a specific frequency, utilization and cost criteria based on OrthoNet's care management model, the claim will be paid pending a review (which does not impact members).

OrthoNet will then conduct a timely review that may include requests to the provider for supporting medical records. Our goal is to pay only for the services members received and to identify and correct inappropriate billing by the provider.

Pharmacy Claims Audit Program Update

To continuously manage the increasing cost of pharmacy claims otherwise payable under the medical benefit, Tufts Health Plan has selected Cotiviti to review medical pharmacy post-adjudication (paid) claims and confirm that submitted claims and billings accurately represent the services provided to Plan members and comply with industry standards, rules, laws, regulations, and contract requirements.

How does this program work?

Beginning in November, Cotiviti started reviewing all paid medical pharmacy claims through its proprietary recovery claim management and audit administration system to determine appropriate provider billing every month. Once Cotiviti identifies an overpayment, it will work with the provider and Tufts Health Plan to adjust the claim (in an average of 30 days).

Minimum Essential Coverage (MEC) Reporting (Federal and State Regulations)

Under IRS Section 6055 reporting requirements, health insurance issuers providing coverage through fully insured group health plans must report information to the IRS and to covered individuals on Form 1095-B so that the individuals may report on their income tax statements that they had qualifying health coverage (referred to as minimum essential coverage).

Beginning January 2016, for fully insured groups, Tufts Health Plan will furnish information to subscribers each year that may be used when they file income tax returns for themselves and their dependents.

Information will include:

- ▶ The name, address, and Taxpayer Identification Number (TIN) — typically the Social Security number (SSN) — of the primary insured,
- ▶ The name and TIN, or SSN, of each dependent covered, and
- ▶ The dates of coverage during the calendar year.

Minimum essential coverage is defined as any of the following:

- ▶ Coverage under government-sponsored programs, including Medicare, Medicaid, CHIP, TRICARE, Veteran's Health, and Peace Corps volunteer coverage,
- ▶ Coverage under an eligible employer-sponsored plan,
- ▶ Coverage under a health plan offered in the individual market within a state,
- ▶ Coverage under a grandfathered health plan, and
- ▶ Other health benefits coverage determined by the Secretary of HHS.

In order to support compliance with the Massachusetts individual mandate, Tufts Health Plan will continue to provide annually to each subscriber residing in the Commonwealth of Massachusetts and to the Department of Revenue, a Form 1099-HC documenting details about their coverage for the preceding year.

Plans for Retirees

Tufts Health Plan can meet the needs of your Medicare-eligible employees and/or their covered dependents with options for affordable, quality coverage.

Tufts Health Plan Medicare Preferred HMO—This is the largest local Medicare Advantage Plan in Massachusetts. The group plan includes unlimited prescription drug coverage and offers coverage for hearing aids and eyeglasses. There is also a fitness center reimbursement available.

New for January 2016- We are now offering Medicare Preferred HMO Basic, a lower priced option with a special pharmacy plan. Call HSA for more information.

Tufts Medicare Complement—This plan covers Medicare deductibles, coinsurance, and additional benefits. Members receive care in our broad commercial Tufts Health Plan network. This option can be purchased with or without unlimited prescription drug coverage.

Retiree products can be purchased with or without a financial contribution from the employer group. For more information, please contact Health Services Administrators at 877.777.4414.

Tufts Health Plan Medicare Preferred is offered through Tufts Associated Health Maintenance Organization, Inc. Tufts Medicare Preferred is a Medicare Advantage organization with a Medicare contract. The Medicare Advantage contract between Tufts Health Plan Medicare Preferred and the Centers for Medicare and Medicaid Services (CMS) is renewed annually. The benefits, premiums, copayments, and service area offered by Tufts Medicare Preferred HMO plans are subject to change on an annual basis. The availability of coverage beyond the current contract year is not guaranteed.

Tufts Medicare Complement is offered through Tufts Associated Health Maintenance Organization, Inc.

FEDERAL AND STATE REGULATIONS

Social Security Number (SSN) Requirement

In order for the IRS to verify that individuals have minimum essential coverage (MEC), insurers will be required to provide reporting (based on members' SSNs/TINs) on the health coverage they offer. Reporting will first be due early in 2016, based on coverage in 2015.

Effective in 2015, the Affordable Care Act (ACA) requires health plans to collect from their fully insured plan members SSNs or other Taxpayer Identification Numbers (TINs) for members without an SSN. The SSNs (or TINs) will be used by the Internal Revenue Service in 2016 to verify individuals' health coverage for the previous year. Under the ACA, the uninsured may be subject to financial penalty. Beginning January 2016, Tufts Health Plan will furnish information to subscribers of fully insured groups that may be used when they file income tax returns for themselves and their dependents.

In December 2015, Tufts Health Plan began soliciting fully insured members for missing SSNs/TINs in order to comply with IRS regulations.

Small Group Definition in 2016

Massachusetts has decided to maintain the current small group size of 50 employees. Massachusetts has a small group size of 1-50 full-time equivalents (FTEs); one-life groups in Massachusetts continue to be eligible for small business coverage.

The method for counting employees has changed in all three states. Beginning in January 2016, we will use the number of full-time employees working 30 or more hours per week and FTEs using the federal counting methodology to determine group size. Our Pre-Renewal forms have been updated to gather this new information along with our New Business Employer Applications.

New Federal Plan Document Requirement

There is a new federal requirement regarding plan documents applicable to fully insured large and small groups that was incorporated into the final Summary of Benefits and Coverage (SBC) rule published in June 2015. In order to comply with this regulation, we are asking that plan designs be finalized 30 days prior to open enrollment so that benefit documents can be created. The following contingency language has been added to the 2016 Terms and Conditions: "Group agrees to provide Tufts Health Plan confirmation of final benefits 30 business days in advance of Group's open enrollment period. The advance notice is required to provide Tufts Health Plan sufficient time to generate Group specific documents required to be available during open enrollment."

Reminder: Transgender Surgery Coverage for Massachusetts Fully Insured Plans

Our fully insured Massachusetts plans cover certain medically necessary transgender services. If a prior authorization request is submitted for transgender surgery services, it will be reviewed using our medical necessity guidelines and authorized if the criteria are met.

HDHP and HSA Annual Limits for 2016

The Internal Revenue Service (IRS), through Revenue Procedure 2015-30, released the annual contribution limits governing health savings accounts (HSAs) and high deductible health plans (HDHPs) for calendar year 2016.

The maximum HSA contribution for single plan HDHP coverage will remain the same as the 2015 limit of \$3,350. The maximum HSA contribution for family coverage will increase to \$6,750 from the current 2015 maximum of \$6,650. There is no change in the annual catch-up additional contribution of \$1,000 for individuals age 55 or older.

The maximum annual out-of-pocket (OOP) expense has been increased for calendar year 2016 to \$6,550 for self-only coverage (up from \$6,450 for 2015) and \$13,100 for family coverage (up from \$12,900 for 2015). These limits apply to all deductibles, copayments, coinsurance, and other out-of-pocket amounts on a combined basis, but they do not include premiums.

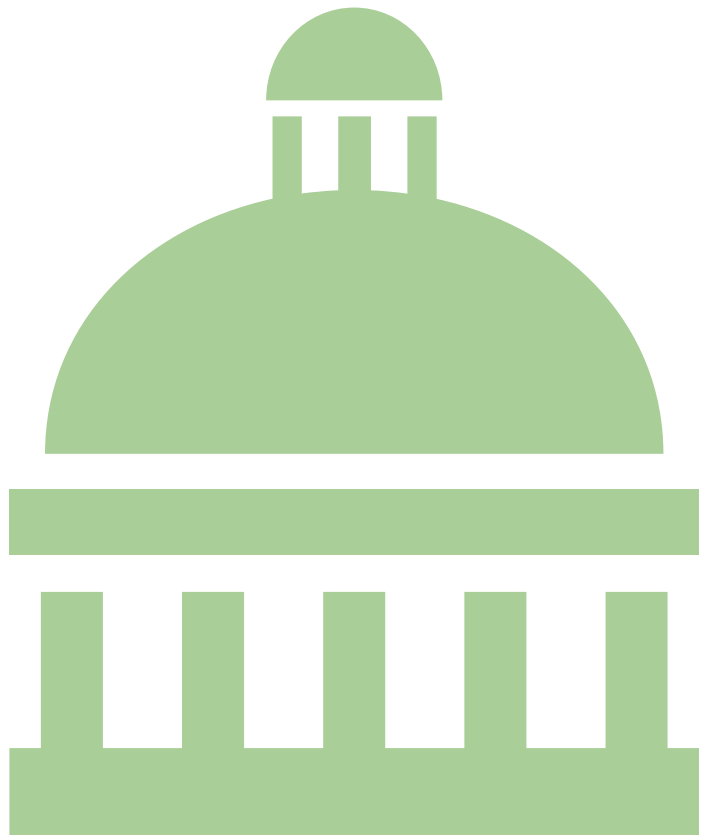
For family HDHP coverage, no one family member can incur more than the per individual Health and Human Services (HHS) maximum OOP of \$6,850, while the family aggregate amount cannot exceed the maximum HDHP OOP of \$13,100. Therefore, it will no longer be an option to have a Tufts Health Plan Saver plan that accumulates services for an individual toward a family maximum OOP on a family HDHP without also having an individual maximum OOP in place.

Our Ongoing Outreach to Confirm Coordination of Benefits

Tufts Health Plan must periodically reach out to employer groups to reconfirm the total number of employees (full-time, part-time, and seasonal).

If the count has gone up or down from the previous number on file, we will need further information about employees who have retired, gone on leave, or gone on long-term disability, including dates. Depending on the information received, we may then need to follow up directly with the affected member.

These factors help us coordinate benefits in the correct order, i.e., determine which insurance coverage — including Medicare, Medicaid, or a liability coverage — will process medical claims first (primary), before other coverage makes payment determinations.



MEMBER ENGAGEMENT

Tufts Health Plan's 2015 Rebranding

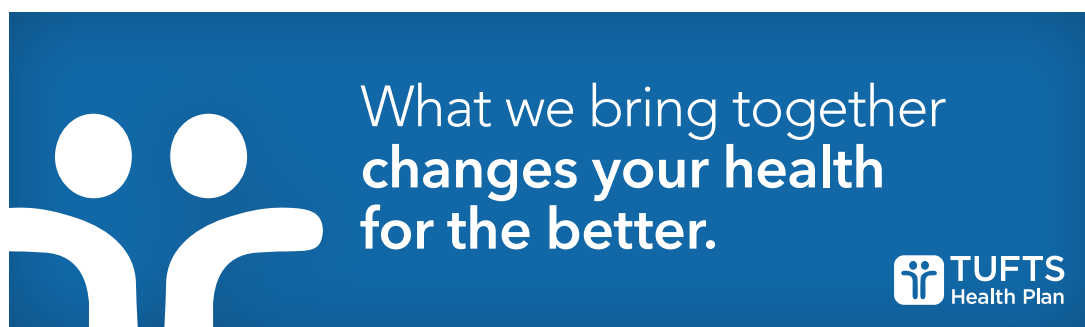
Tufts Health Plan successfully launched a new brand last fall unifying our three lines of business - Commercial, Senior Products (formerly Tufts Health Plan Medicare Preferred), and Public Plans (formerly Network Health).

The brand campaign, Innovation & Compassion, identifies tangible innovations that we bring to market. We identified innovations across three pillars - Population Health, Care Management, and Partnerships - to demonstrate how we at Tufts Health Plan are redefining what a health plan can do.

We produced six television commercials, available for viewing at youtube.com/user/tuftshealthplan, in addition to radio, digital, and print ads that focused on the following intangible innovations:

- ▶ Teaming up with the Alzheimer's Association
- ▶ Working with Local 26 to help mitigate rising costs of health care
- ▶ Covering both mind and body (behavioral and medical) care management programs
- ▶ Going into the communities to help those in need of health care coverage
- ▶ Aligning provider and care management programs for over 20 years
- ▶ Providing cancer screening options to get more members screened for colon cancer

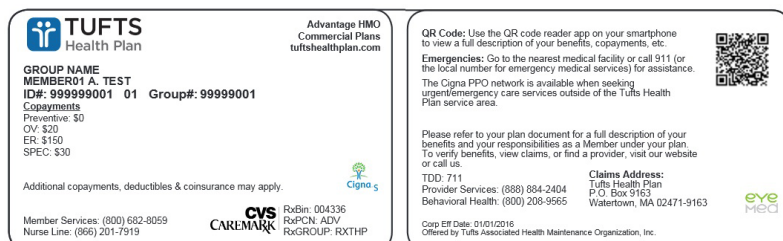
Our rebranding includes a contemporary new logo and website in addition to a campaign launch across media channels. We look forward to our continued work toward Innovation & Compassion in all we do, and our relationship with you to deliver quality health care coverage to your employees.



Tufts Health Plan's outdoor advertising billboard with new brand

New Member ID Cards Issued

Throughout December and January, new identification cards were issued to all members (regardless of renewal date) that reflect our new Tufts Health Plan branding, current vendor relationships, and administrative processes. When members see a provider outside the Tufts Health Plan service area, their provider will reference the respective logo for billing purposes. If members don't have their ID card handy, they can visit mytuftshealthplan.com and show their provider their member ID card electronically (once they're registered).



Example of new member ID card for Advantage HMO plan

New and Improved Member Portal

Great News! We are so excited to unveil our new member secure portal, which went live in mid-December. We've heard member feedback and have made enhancements to our secure member portal at mytuftshealthplan.com. Updates include a new look and improved navigation that makes it easier for members to find useful plan information. New features include:

- ▶ Visuals that show out-of-pocket expenses including copayments, coinsurance, and deductibles
- ▶ Updated claims, referrals, and authorizations pages and tools
- ▶ Referrals and prior authorizations that link directly to a member's active claims

Additionally, we are streamlining our login process to get members into the portal easier. This will require a minor change at the member registration using their unique email as their new username. Members will now be prompted to change their existing username to their email address. Each member needs to use separate email addresses to access their secure portal.

We encourage all your Tufts Health Plan—enrolled employees to visit mytuftshealthplan.com to log in and to take advantage of their personalized claim and plan information, health and wellness tips, and robust tools to help manage their health plan benefits better.

If members have any questions or need help with logging in, please have them call us at the number on their Tufts Health Plan member ID card and we'll be happy to help!

The screenshot displays the Tufts Health Plan member portal for member NIKKOLE SKOV. The header includes the Tufts Health Plan logo, navigation links (Home, My Coverage, Claims, Referrals, Doctor Search, Forms), and a user ID (ID # 888891284 01). The main content area is divided into several sections:

- Welcome NIKKOLE SKOV!**: A personalized greeting with the member's ID.
- My Account**: Displays a digital member ID card for NIKKOLE SKOV, showing plan details (Advantage HMO), primary care provider (SANTORO, ERIKA N., MD), and contact information. Below the card is a link to "Select a New PCP".
- What Would You Like To Do?**: A list of actionable links: View your Deductible, Change your Primary Care Provider (PCP), View/Update your Tax Information, Find a Referral or Authorization for your visit or service, Use our Treatment Cost Estimator, and Need information about a Medical Claim or Bill.
- Health & Wellness**: Features a "Personal Health Assessment (PHA)" section with a "Take Your PHA" button and an "Explore Health & Wellness Resources" section with links to healthy meals, games/quizzes, and a health library.
- Benefit Highlights**: A section titled "Search All Benefits & Coverage" showing various services and their associated copayment amounts:

Service	Copayment
PREVENTIVE SERVICES	No Copayment per Visit
DOCTOR'S OFFICE VISIT	\$25 Copay per Visit
DOCTOR'S OFFICE VISIT - SPECIALIST	\$35 Copay per Visit
MENTAL HEALTH/SUBSTANCE ABUSE - OUTPATIENT CARE	\$25 Copay per Visit
EMERGENCY SERVICES	\$100 Copay per Visit

Coverage for Seasonal Flu Vaccine

If members are thinking about getting a flu shot this year, they should know that the Centers for Disease Control and Prevention (CDC) says that everyone over 6 months of age should get one.

Of course, they'll want to talk to their doctor about getting a flu shot, but in the meantime, here are a few things they should know.

Tufts Health Plan covers flu shots, and members can get one at many convenient locations. For most plans, there is no cost to members and copayment/deductible does not apply. If members pay out of pocket for the flu vaccine, they can submit for reimbursement from Tufts Health Plan.

People at High Risk for Developing Flu-Related Complications

- ▶ Children younger than 5 years old, but especially children younger than 2 years old
- ▶ Adults 65 years of age and older
- ▶ Pregnant women (and women up to two weeks post-partum)
- ▶ Residents of nursing homes and other long-term care facilities
- ▶ American Indians and Alaskan Natives
- ▶ People who have medical conditions including but not limited to asthma, heart disease, diabetes, kidney disorders, neurological disorders

Where Members Can Get Immunized

- ▶ Their doctor's office
- ▶ Town or school clinics*
- ▶ Participating MinuteClinics within CVS/pharmacy locations in Massachusetts, New Hampshire, Rhode Island, Connecticut, and New York*
- ▶ Participating CVS/pharmacy locations in Massachusetts, Rhode Island, and New Hampshire*
- ▶ Participating pharmacies within the national Caremark network* (for members who receive their pharmacy benefit through Tufts Health Plan) and any other self-pay clinic/vaccination site* (member reimbursement would apply)

*Age restrictions may apply.

Members should contact participating flu clinics before attending to check on availability, and to confirm that they accept Tufts Health Plan. If members pay for the flu shot at a clinic that isn't listed above, they can ask to be reimbursed by submitting their Member Reimbursement Medical Claim form.

Important Exception for Children

Children 6 months through 8 years of age who have never received a flu vaccination, along with some children who have been previously vaccinated, may need more than one dose of flu vaccine in the first year they receive it. Parents should check with their child's pediatrician.

If your members have questions about this information, they should call member services at the number on their ID card.

Simple, Fun, and Free - Daily Endorphin Wellness Challenges

Tufts Health Plan has partnered with Daily Endorphin to help employers of all sizes and industries promote healthy behaviors at your workplace. Employee health and wellness challenges are a simple, fun, and FREE way to get your employees moving and track their progress.

You can easily set up either a team-based or individual-based health or fitness challenge for all employees (and their family members) in less than 10 minutes. You can then decide if participants earn points for themselves or for their team.

For more information, go to dailyendorphin.com/tuftshealthplan.



Tufts Health Plan 10K for Women Created New Blind and Visually Impaired Division

One of the Only 10K Races in the Northeast Open to Blind and Visually Impaired Runners

Tufts Health Plan was pleased to create a Blind and Visually Impaired division for the running of the 39th Annual Tufts Health Plan 10K for Women on Monday, October 12, 2015. The new division was made possible through a partnership with the Massachusetts Association for the Blind and Visually Impaired (MABVI).

“The addition of this division affirms our continued commitment to promoting wellness for women and men of all abilities,” said James Roosevelt Jr., chief executive officer, Tufts Health Plan. “We are pleased to welcome a new division of dedicated athletes and appreciate all of the good work from our friends at MABVI.”

The race was established in 1977 as the Bonne Belle Mini Marathon. In 1985, Tufts Health Plan became the lead sponsor of the race. Nearly 5,000 runners and walkers of all ages and abilities descended upon the Boston Common to experience the power, camaraderie, and triumph of this Columbus Day tradition.

Annually, the Tufts Health Plan 10K for Women brings together a top field of runners, including Molly Huddle, who captured her fourth title with a time of 31:21, setting a course record and the American 10K road record.

This year’s race was a success, thanks to all the runners, walkers, and volunteers — thank you!



Madelyn Wilson, a 6-year-old girl from Spencer, finished the 6.2 mile race in a pink push rim wheelchair 10/12/15
Photo by: Kevin Morris

Molly Huddle sets a course record and wins her fourth consecutive Tufts Health Plan 10K for Women race 10/12/15
Photo by: Kevin Morris

From right to left - Joan Benoit Samuelson, first-ever women's Olympic marathon champion, with Jen Butler of Tufts Health Plan, Diane Berberian, and Carmel Steger of Tufts Health Plan 10/12/15
Photo by: Kevin Morris

INSIDE TUFTS HEALTH PLAN

Tufts Health Plan Names Juan Lopera Vice President of Business Diversity

Tufts Health Plan has appointed Juan Lopera as vice president of Business Diversity. In this new role, Lopera will work in close collaboration with leadership across the organization to identify opportunities and develop strategies to increase Tufts Health Plan's presence in diverse communities.

Recent census data indicates that many gateway cities have become "majority-minority"; these include Boston, Chelsea, Lawrence, Springfield, and Brockton. Businesses large and small are employing an increasingly diverse workforce. In addition, research demonstrates that health status differences exist in the health care outcomes of diverse populations, and there is an opportunity to improve the delivery of care.

"With our mission to improve the health and wellness of the diverse communities we serve, we need to further increase awareness of Tufts Health Plan in these communities," said Thomas Croswell, president and COO of Tufts Health Plan. "Juan's role includes making important community and stakeholder connections to ensure our business is inclusive and supports all the diverse segments we serve."

One area of focus for Tufts Health Plan's business diversity efforts is in the small group market. Tufts Health Plan is uniquely positioned to provide comprehensive coverage for employees who may participate in employer-sponsored insurance and others who may be covered through our Medicare or Medicaid products.



Tufts Health Plan's Juan Lopera, vice president of Business Diversity, front, with Tom Croswell, President and CEO

Tufts Health Plan Business Diversity Reception, Roxbury 11/16/15

Photo by: © Don West

Introducing Our Corporate Citizenship Report

Tufts Health Plan is pleased to announce our first-ever Corporate Citizenship Report, highlighting the many ways Tufts Health Plan is committed to the communities where we live and work. We are proud of a work environment that is health-promoting, welcoming, respectful of differences, and environmentally conscious.

Our high, and sustained, level of corporate citizenship goes hand in hand with our commitment to providing innovative, high-quality health care coverage. Earlier this year, the *Boston Business Journal* named Tufts Health Plan the 15th Top Charitable Contributor in Massachusetts and *The Boston Globe* ranked us #9 in its list of Best Places to Work.

It's What We Do

Tufts Health Plan is all about promoting better health for the people we serve. That commitment extends to our employees. We have worked hard to create a company culture and first-rate infrastructure to support the physical, mental, and emotional well-being of our staff. Benefits include:

- ▶ A 12,000-square-foot on-site WorkingWell fitness facility with state-of-the-art facilities
- ▶ Lower-cost healthy food options at Tufts Health Plan cafés
- ▶ CookingWell demonstrations for creating healthy, delicious meals
- ▶ On-site primary care services at the BeWell Center, including allergy injections, lab draws, and free annual flu shots

It's How We Operate

By investing in cleaner, greener energy, we reduce our carbon footprint. That's good business. It's good for the air, water, and climate shared by everyone. One measure of our commitment: our Watertown office has been recognized for 10 years in a row as an ENERGY STAR building. This honor is given only to companies scoring in the top 25% among their peers.

A leader in energy management, Tufts Health Plan employs dozens of energy-savings programs, from motion detector lighting and hot water recirculation to carpooling assistance and charging stations for electric cars, earning the company a strong reputation. In the past two years, energy programs at Tufts Health Plan have saved:

- ✓ 1,488 trees
- ✓ 34,133 gallons of oil
- ✓ 350,080 kilowatt hours of energy
- ✓ 612,640 gallons of water
- ✓ 5,251 pounds of water-polluting waste
- ✓ 289 cubic yards of landfill space

It's Who We Represent

Tufts Health Plan embraces the value and assets inherent in a diverse workforce and client population. Our inclusive workplace culture attracts and retains employees from a wide range of racial and ethnic backgrounds, including

those typically underrepresented in the workplace. These include older adults, veterans, and those with disabilities. In 2014, nearly 40% of new hires at Tufts Health Plan represented diverse backgrounds; we have also significantly increased diverse leadership across the company.

It's How We Have Impact in Our Local Communities

Tufts Health Plan gives back to society in many ways. The single largest expression of this commitment is the creation and ongoing funding of the Tufts Health Plan Foundation. To date, the Foundation has invested more than \$18 million in grants to Massachusetts and Rhode Island nonprofits working to improve health with a focus on older adults.

Our executives also give back through their engagement on governing boards of nonprofit organizations, another value to the community. Last year alone, Tufts Health Plan executives donated nearly 700 hours to such boards.

Tufts Health Plan employees are also generous in their giving. In 2014, our employees donated more than \$76,000 to charitable organizations and volunteered more than 4,000 hours. This generosity is at the heart of Tufts Health Plan's philanthropy, and the company is committed to magnifying these efforts. By creating a matching gift program, Tufts Health Plan supports corporate citizenship through the Tufts Health Plan Foundation, which matches employees' donations. Qualified nonprofits receive dollar-for-dollar matches up to \$500 per employee based on direct financial support and volunteer service.

**CORPORATE CITIZENSHIP.
IT'S WHO WE ARE.**



**CORPORATE CITIZENSHIP
REPORT 2014-2015**

Inaugural Corporate Citizenship Report
cover 2014-2015



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Watertown, MA 02472
tuftshealthplan.com

MEMBER SERVICES

HMO/POS/EPO/PPO
800.462.0224

Tufts Health Plan Medicare Preferred
800.701.9000



For more information on how HSA can help you in choosing the right plan, please contact a sales representative today at:
877.777.4414
Health Services Administrators
135 Wood Road, Braintree, MA 02184
www.hsainsurance.com

IMPORTANT RENEWAL NOTICE
Please share the information in this document with all benefit-eligible employees. Rates will be available later in February.

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