



## **2021 MA NON-GROUP PLAN CHANGES**

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## 2021 MA Non-Group – Overview of Plan Changes

Tufts Health Plan is making a number of benefit changes to both new and renewing non-group plans for individuals and families, effective January 1, 2021. These changes described below are reflected in the 2020-21 plan comparison grid enclosed. 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. Please note that although we are making benefit changes/modifications to existing plans, your existing plan is not being discontinued.

### **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 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](http://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.

### **Enhanced Diabetic Coverage**

In order to provide cost relief for diabetic members, we will be moving insulin pumps (non-disposable only) from traditional Durable Medical Equipment (DME) cost share to a cost share determined by plan design (e.g. deductible then covered in full).

### **Low Protein Foods**

Low protein foods will now be covered in full for all plans, except Saver plans. Saver plan members must meet their deductible first.

### **Medical Injectables**

Medical injectables will now be covered and cost share will be determined by plan design (e.g. deductible then covered in full). The additional copay of \$50 has been eliminated.

### **Oral Chemotherapy**

Oral chemotherapy will now be covered in full for all plans, except Saver plans. Saver plan members must meet their deductible first.

### **Telehealth (through Teladoc) on Saver Plans**

Due to the Cares Act, Telehealth virtual health care services (powered by Teladoc) will continue to be covered in full on Saver plans.

### **State Mandates**

Behavioral Health Services for Children and Adolescents (Part A effective 7/1/19; Part B effective 1/1/2021)

Per MA DOI Bulletin 2018-07, insurers must include specific intermediate care and outpatient coverage on a non-discriminatory basis for the diagnosis and treatment of child-adolescent mental health disorders which substantially interfere with or substantially limit the functioning and social interactions of the child or adolescent. These services include in-home behavioral services, family support and training, in-home therapy, therapeutic mentoring services, mobile crisis intervention, intensive care coordination, community-based acute treatment for children and adolescents (CBAT), intensive community-based treatment for children and adolescents (ICBAT). Most of these services must be covered for new and renewing groups and individuals on or after 7/1/2019. Two of these services need to be covered for new and renewing groups and individuals on or after 1/1/2021. Those two services are: (1) Family Support and Training and (2) Therapeutic Mentoring Services.

### **New Plan**

We are offering one new plan in January 2021, the Advantage HMO 4000.

## Renewal Notice for the Individual Market

**Important:** It's time to review your health coverage. Take action by December 23, 2020, or you'll be automatically re-enrolled in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing Tufts Health Plan for your health care needs. We're here to help you prepare for Open Enrollment.

### Why am I getting this letter?

Your health coverage is still being offered in 2021, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Unless you take action by December 23, 2020, you'll be automatically enrolled in this plan for 2021.

**Important:** This isn't a Connector plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you remain enrolled in this plan. To see if you qualify for these savings and to enroll in a Connector plan, visit [www.mahealthconnector.org](http://www.mahealthconnector.org) by December 23, 2020. If you don't, any financial help you currently get will end in December 2020. If you don't enroll in a Connector plan by December 23, 2020, you may not be able to switch to one for 2021, even if your finances change.

### Changes you'll see to your plan in 2021

#### Your new premium

- Your 2020 monthly premium is [see attached letter from HSA Insurance].
- **Starting in January, your monthly premium will be [see attached letter from HSA Insurance].**
- **Important:** This is only an estimate based on current information we have. It doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly payment amount when you get your January bill.

#### Other changes

- Please review this full notice to review your plan changes.
- You can review more details about your plan at [www.hsainsurance.com](http://www.hsainsurance.com) and in your 2021 Summary of Benefits and Coverage.

### What you need to do

Decide if you want to enroll in this plan or choose another one.

#### **I want to enroll in this plan.**

Pay the new monthly premium by December 23, 2020 and you'll be automatically enrolled.

#### **I want to pick a different plan.**

You can choose a different plan between November 1, 2020 and January 23, 2021. Enroll by December 23, 2020 for coverage to start January 1, 2021.

Here are some ways to look at other plans and enroll:

- Check with Tufts Health Plan to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through The Connector.
- Visit [www.mahealthconnector.org](http://www.mahealthconnector.org) to see Connector plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

### We're here to help

- Call HSA Insurance at 1-781-228-2222 or visit [www.hsainsurance.com](http://www.hsainsurance.com).
- Visit [www.mahealthconnector.org](http://www.mahealthconnector.org) or call the Connector at 1-877-MA-ENROLL (1-877-623-6765) to learn more about the Connector and to see if you qualify for lower costs.
- Find in-person help from an assister, agent or broker in your community at [LocalHelp.HealthCare.gov](http://LocalHelp.HealthCare.gov).
- Contact an agent or broker you've worked with before.
- Call THP at 1-800-462-0224 to request a reasonable accommodation at no cost to you if you have a disability.

Plan Name	Metallic Tier	Member Coins	Deductible (IND / FAM)	OOPM (IND / FAM) Combined Med/Rx/PD	PCP	Spec-ialist	UCC *	PT/OT/ST	Chiro	Lab Testing	LTi	HTI	Outpatient	Inpatient	ER	LCG	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Tier 4	Rx Coins Max **	Rx Deductible (IND / FAM)
Advantage HMO 2000 (80%) - 2020	Gold	20%	\$2,000 / \$4,000	\$6,000 / \$12,000	\$35	\$50	\$40	\$35	\$35	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then \$250	\$5	\$30	\$80	\$100	10%	\$500	N/A
Advantage HMO 2000 (80%) - 2021	Gold	20%	\$2,000 / \$4,000	\$8,550 / \$17,100	\$35	\$60	\$40	\$45	\$35	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then \$250	\$5	\$35	Rx Ded then \$85	Rx Ded then \$100	Rx Ded then 10%	\$250	\$250 / \$500
Advantage HMO 1500 Low Option - 2020	Gold	10%	\$1,500 / \$3,000	\$6,000 / \$12,000	\$35	\$60	\$40	\$60	\$35	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Rx Ded then \$5	Rx Ded then \$35	Rx Ded then \$85	Rx Ded then \$100	Rx Ded then 10%	\$250	\$250 / \$500
Advantage HMO 1500 (90%) - 2021	Gold	10%	\$1,500 / \$3,000	\$8,550 / \$17,100	\$35	\$60	\$40	\$45	\$35	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	\$5	\$35	Rx Ded then \$85	Rx Ded then \$100	Rx Ded then 10%	\$250	\$250 / \$500
Select Advantage HMO 1500 - 2020	Gold	0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 1500 - 2021	Gold	0%	\$1,500 / \$3,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO Saver 3500 - 2020	Bronze	0%	\$3,500 / \$7,000	\$6,900 / \$13,800	Ded then \$45	Ded then \$75	Ded then \$75	Ded then \$75	Ded then \$45	Ded then \$80	Ded then \$80	Ded then \$300	Ded then \$500	Ded then \$750	Ded then \$300	Ded then \$5	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$200	N/A	Combined
Advantage HMO Saver 3600 - 2021	Bronze	0%	\$3,600 / \$7,200	\$7,000 / \$14,000	Ded then \$100	Ded then \$150	Ded	Ded then \$150	Ded then \$100	Ded then \$55	Ded then \$140	Ded then \$1,000	Ded then \$500	Ded then \$2,000	Ded then \$1,750	N/A	Ded then \$30	Ded then \$150	Ded then \$225	Ded then \$225	N/A	Combined
Advantage HMO 4000 - 2021 - New	Silver	0%	\$4,000 / \$8,000	\$8,550 / \$17,100	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$40	\$85	\$110	10%	\$250	N/A

These charts provide benefit highlights for general comparison purposes only. There are also services that the plans do not cover. Please refer to the Summary of Benefits and Coverage (SBC) or your Evidence of Coverage (EOC) for complete information.

All of these 2020 and 2021 non-group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro.

All of these 2020 and 2021 non-group plans meet Minimum Creditable Coverage (MCC) standards for MA employees.

All of these 2020 and 2021 non-group plans meet Medicare Part D Creditable Coverage when Medicare is the primary payer.

Select Network plans have a limited service area that excludes Berkshire, Dukes, and Nantucket counties.

All of these 2020 and 2021 non-group plans include pediatric dental coverage, and this does track towards the combined OOPM. There is no option to waive this Essential Health Benefit.

\* Urgent Care Center cost share applies to non-hospital affiliated centers.

\*\* Rx Coins Max is the maximum amount of coinsurance a member would pay per fill for drugs in any tier with coinsurance. The amounts on this grid represent the maximum coinsurance for a 30-day supply. The maximum Rx coinsurance for a 60-day or 90-day supply (if allowed) is 2x and 3x the 30-day amount, respectively.

LTi: Low-Tech Imaging (services such as X-rays)

HTI: High-Tech Imaging (services such as MRI, CT Scan, PET Scan)

PT/OT/ST: Physical, Occupational, & Speech Therapy

OOPM: Out-of-Pocket Maximum

CIF: Covered-in-Full

ER: Emergency Room

LCG: Low Cost Generic

UCC: Urgent Care Center

PD: Pediatric Dental

# 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](mailto: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>.

[tuftshealthplan.com](http://tuftshealthplan.com) | 800.462.0224

## Getting help in other languages

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 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)** សម្រាប់សេវាកម្មបកប្រែដោយឥតគិតថ្លៃ ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

**Laotian** ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo bááh ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee haní'é bee nées ho'dílzingo nantinígíí bikáá'.

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

**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.



705 Mt Auburn Street - Watertown, MA 02472  
[tuftshealthplan.com](http://tuftshealthplan.com) - 800.462.0224