



**APRIL 2022  
INTERMEDIARY  
PLAN CHANGES**

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## April 2022 Intermediary Plan Changes

Effective upon renewal in 2022, Tufts Health Plan is making a number of benefit changes to small group Massachusetts plans. We are making these changes to help maintain low premiums for members and to better manage increasing pharmacy costs associated with new-to-market and specialty drugs. These changes are explained below and illustrated in the enclosed plan 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 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.

### Telehealth (through Teladoc) on Saver Plans

Telehealth virtual health care services (powered by Teladoc) member cost-share (deductible then covered in full) will be reinstated upon renewal for all Saver/HSA compatible plans.

### Fitness Reimbursement

Members can get reimbursed for one of the following options, whichever has the greater value:

- The cost of one month of individual or family fitness center membership per benefit year, or
- Fitness center membership costs up to a maximum of \$200 per benefit year

This benefit applies to most Massachusetts (small group) and individual plans and is available upon renewal in 2022. You may confirm your fitness benefit by viewing your health plan coverage in your secure member account, visit [mytuftshealthplan.com](http://mytuftshealthplan.com).

### Q4 Deductible Carryover

Upon renewal in 2022 the Q4 Deductible Carryover will be eliminated on all non-saver/HSA Compatible plans.

### State Mandates

PANDAS/PANS - Effective 1/1/22 – Coverage for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndromes (PANS) treatment.

To better understand the benefit changes that go into effect at your scheduled renewal date in 2022, please review the following plan grid. If you have questions, please contact your Intermediary. This letter serves as your renewal notice as required by State and Federal law.

## **Important Information for MA Small Group Employers**

### **Renewal Notice**

In accordance with regulations set forth by Health and Human Services, we're notifying you through this newsletter that your health insurance policy will be renewed on your renewal effective date. We will issue our renewal proposals as rates become available. Your broker will forward this information to you once it is received from our Client Services team. If you're not working with a broker, your Intermediary will provide this information directly to you.

Beginning with renewals and new business with effective dates of January 1, 2022 and forward, we have made a number of benefit changes to our existing MA small group plans. You will want to refer to the plan changes in this brochure to learn more about your benefit updates.

### **Your health insurance policy will be renewed on your renewal effective date.**

At the end of your current policy year, we will automatically enroll you in the same policy group number, but please review the Summary of Benefits and Coverage for your upcoming plan year to check for any changes as we may have made some modifications to the coverage you had last year. You can also review the plan changes in this notification to understand updates made to your plan. If you wish to choose a different policy, you may choose to enroll in one of our other policies or any other coverage offered in the state for which you are eligible.

### **What do I need to do?**

There is nothing you are required to do. At the end of your current policy year, we will automatically enroll you in the 2022 version of your current policy. Please refer to the plan changes in this brochure to understand your benefit updates.

### **What if I want to choose a different policy?**

If you wish to choose a different policy, please let your Intermediary or broker know which plan you would like to select. To ensure that your enrollees do not have a break in coverage, you must enroll in a new policy on or before the effective date of your renewal.

### **You have options and rights for getting quality, affordable health insurance.**

Small businesses may shop in the Small Business Health Options Program (SHOP) Marketplace through the Massachusetts Commonwealth Connector in Massachusetts. Coverage sold through these Marketplaces meets certain standards. However, review your options as soon as possible as you may be required to buy your coverage within a limited time period.

The Marketplace allows you to choose a private plan that fits your budget and health care needs. You may also qualify for tax credits to help you afford health insurance coverage through the Marketplace. No one who is qualified to purchase coverage through the Marketplace can be turned away or charged more because of a pre-existing condition.

### **How can I learn more?**

If you have questions, please contact your Intermediary. To learn more about the Health Insurance Marketplaces and protections under the Affordable Care Act, visit [mahealthconnector.org](https://mahealthconnector.org).

Plan Name	Metallic Tier	Member Coins	Deductible (IND / FAM)	OOPM (IND / FAM) Combined Med / RX	PCP	Specialist	UCC **	PT/OT/ST	Chiro	Lab Testing	LTI	HTI	Outpatient Procedures	Inpatient Hospital	ER	LCG	RX Tier 1	RX Tier 2	RX Tier 3	RX Tier 4	RX Coins Max ***	Rx Deductible (IND / FAM)
HMO Copay Plans																						
HMO Basic - 2021	Platinum	0%	N/A	\$3,750 / \$7,500	\$30	\$30	\$40	\$30	\$30	CIF	\$30	\$100	\$500	\$500	\$200	\$5	\$25	\$60	\$90	\$160	N/A	N/A
HMO Basic - 2022 [only for existing groups on 2021 version]	Platinum	0%	N/A	\$3,750 / \$7,500	\$30	\$30	\$40	\$30	\$30	CIF	\$30	\$100	\$500	\$500	\$200	\$5	\$25	\$60	\$90	\$160	N/A	N/A
HMO Deductible Plans																						
Advantage HMO 500 - 2021	Gold	0%	\$500 / \$1,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	\$20	\$40	\$100	Ded then \$150	Ded then \$200	\$250	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO 500 - 2022 [only for existing groups on 2021 version]	Gold	0%	\$500 / \$1,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$45	Ded then \$45	Ded then \$100	Ded then \$300	Ded then \$200	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO 1000 - 2021	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	\$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Advantage HMO 1000 - 2022 [only for existing groups on 2021 version]	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$45	Ded then \$50	Ded then \$250	Ded then \$300	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
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 1500 - 2022 [only for existing groups on 2021 version]	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 2000 - 2021	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Advantage HMO 2000 - 2022	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Advantage Basic HMO 2000 - 2021	Silver	0%	\$2,000 / \$4,000	\$8,550 / \$17,100	\$50	\$100	\$100	\$50	\$50	Ded then \$80	Ded then \$80	Ded then \$500	Ded then \$1,000	Ded then \$1,000	Ded then \$1,000	\$5	\$50	Rx Ded then \$85	Rx Ded then \$150	Rx Ded then 10%	\$250	\$250 / \$500
Advantage Basic HMO 2000 - 2022	Silver	0%	\$2,000 / \$4,000	\$8,700 / \$17,400	\$50	\$100	\$50	\$50	\$50	Ded then \$80	Ded then \$80	Ded then \$500	Ded then \$1,000	Ded then \$1,000	Ded then \$1,000	\$5	\$50	Rx Ded then \$85	Rx Ded then \$150	Rx Ded then 10%	\$250	\$250 / \$500
Advantage HMO 3000 - 2021	Silver	0%	\$3,000 / \$6,000	\$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	\$35	\$85	\$110	10%	\$250	N/A
Advantage HMO 3000 - 2022	Silver	0%	\$3,000 / \$6,000	\$8,700 / \$17,400	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$35	\$85	\$110	10%	\$250	N/A
Advantage HMO 4000 - 2021	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
Advantage HMO 4000 - 2022	Silver	0%	\$4,000 / \$8,000	\$8,700 / \$17,400	\$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
HMO Coinsurance Plans																						
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
Advantage HMO 1500 (90%) - 2022	Gold	10%	\$1,500 / \$3,000	\$8,700 / \$17,400	\$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
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 2000 (80%) - 2022 [only for existing groups on 2021 version]	Gold	20%	\$2,000 / \$4,000	\$8,700 / \$17,400	\$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
HMO Saver Plans (HSA-Qualified)																						
Advantage HMO Saver 2500 - 2021	Silver	0%	\$2,500 / \$5,000 *	\$6,900 / \$13,800	Ded	Ded then \$35	Ded	Ded	Ded	Ded then \$35	Ded then \$35	Ded	Ded then \$200	Ded then \$300	Ded then \$200	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	N/A	Combined
Advantage HMO Saver 2500 - 2022	Silver	0%	\$2,500 / \$5,000 *	\$6,900 / \$13,800	Ded then \$25	Ded then \$45	Ded	Ded then \$25	Ded then \$25	Ded then \$35	Ded then \$35	Ded then \$75	Ded then \$250	Ded then \$300	Ded then \$250	Ded then \$5	Ded then \$30	Ded then \$70	Ded then \$100	Ded then \$125	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 Saver 3600 - 2022	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
HMO Select Network																						
Select Advantage HMO 1000 - 2021	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	\$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 1000 - 2022	Gold	0%	\$1,000 / \$2,000	\$7,000 / \$14,000	\$25	\$45	\$40	\$40	\$25	Ded then \$45	Ded then \$50	Ded then \$250	Ded then \$300	Ded then \$250	\$300	\$5	\$25	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 2000 - 2021	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 2000 - 2022	Gold	0%	\$2,000 / \$4,000	\$7,000 / \$14,000	\$25	\$50	\$40	\$40	\$25	Ded then \$25	Ded then \$50	Ded then \$125	Ded then \$150	Ded then \$250	\$300	\$5	\$30	\$60	\$90	\$160	N/A	N/A
Select Advantage HMO 3000 - 2021	Silver	0%	\$3,000 / \$6,000	\$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	\$35	\$85	\$110	10%	\$250	N/A
Select Advantage HMO 3000 - 2022	Silver	0%	\$3,000 / \$6,000	\$8,700 / \$17,400	\$40	\$60	\$40	\$45	\$40	Ded then \$75	Ded then \$75	Ded then \$300	Ded then \$350	Ded then \$500	Ded then \$350	\$5	\$35	\$85	\$110	10%	\$250	N/A

Deductible, Out-of-Pocket Maximum (OOPM), and visit limits are calculated on a calendar year for all plans (except Saver plans, which are calculated on a plan year from April 1 - March 31) regardless of the effective date of the group.

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 2022 small group plans meet Minimum Creditable Coverage (MCC) standards for MA employees.

All of these 2022 small 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 2022 small group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro.

\*Per IRS regulation, this Saver plan does not feature an embedded family deductible. An individual member of a family plan may need to meet the full family deductible.

\*\*\* 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)

OOPM: Out-of-Pocket Maximum

CIF: Covered-in-Full

PCP: Primary Care Physician

LGC: Low Cost Generic

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

ER: Emergency Room

UCC: Urgent Care Center

# 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 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@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

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)** សម្រាប់សេវាកម្មប្រដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

**Laotian** ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo bąąh ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'ée bee nées ho'díłzingo nantinígíí 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.



[tuftshealthplan.com](https://tuftshealthplan.com)