January 2017

Dear SBSB Member,

The April 1, 2017 group health insurance annual renewal and open enrollment period for members of the Small Business Service Bureau, Inc. (SBSB) enrolled in Tufts Health Plan is rapidly approaching. We are taking this opportunity to provide you with important information about your upcoming group health insurance renewal. Please take time to carefully review this information about your benefits.

April 2017 Renewal Notice highlights Plan Changes
The brochure included with this mailing contains important information about benefit changes effective April 1, 2017.

Tufts Health Plan Update
The Tufts Health Plan Benefit Update included with this mailing contains information about Plan Updates, Wellness, Federal and State Regulations, and various other details regarding Tufts Health Plan.

Please read both these documents carefully and share this information with your employees.

Your Group Agreement – Important Information
Your Tufts Health Plan Employer Group Agreement, an agreement between your employer group and Tufts Health Plan, reflects the essential terms and conditions under which Tufts Health Plan provides services to you and your employees. Your next premium payment to SBSB will be deemed acceptance of this Agreement between your group and Tufts Health Plan.

Provider Directories
Members have access to more than 25,000 providers in the Tufts Health Plan network for standard network plans. To find a provider, go to www.tuftshealthplan.com, 24 hours a day, 7 days a week. You can also search for other types of participating providers such as hospitals, mental health, vision, fitness centers, and more. Hard copy provider directories are also available upon request. To request a copy of a provider directory, please contact SBSB.

Summary of Benefits and Coverage (SBC)
SBSB members can view Tufts Health Plan 2017 SBCs (which will be available late in February) by logging into their account at www.sbsbhealth.com. (Instructions for new member access are available on the homepage.) Once logged in, click on the Document Library link. Click on the 2017 SBC link, and then on your health insurance carrier name to find your existing plan.

~over~
We’re Here For You
If you have questions regarding your Tufts Health Plan renewal, please call an SBSB Member Service Representative Toll Free at 800-472-7199 or your SBSB credentialed broker. Our knowledgeable staff can assist in reviewing plan choices and answer any questions you may have regarding your coverage and open enrollment.

Thank you for relying on SBSB for your health plan needs. We look forward to serving you in the year ahead.

Sincerely,

Lisa M. Carroll, President
Small Business Service Bureau, Inc.

Enclosures
Important Information about Your Plan

Renewal Notice
In accordance with regulations set forth by U.S. Department of Health and Human Services, this constitutes your notice that your health insurance policy will change upon your renewal date in 2017. We will be implementing a number of benefit changes to your existing plan as explained in this brochure. These plan changes are designed to help keep the premiums as low as possible. Because these benefit changes resulted in variation in pricing value in excess of what is considered a modification of coverage under the Affordable Care Act, your plan is technically considered to have been discontinued. Thus, we are required to send you this notice to inform you that your plan has been discontinued and will be replaced with a different plan. Please rest assured that the general design of your plan is only being modified. It’s also possible the name of your plan will experience a change.

This notice sets forth the option you have for coverage for the upcoming year.

Your health plan will be mapped to the altered plan on your renewal effective date
You will have the option to renew on your plan that has had the benefit changes outlined in this notice. You also have the option to select another plan we have available for small employers in Massachusetts.

What do I need to do?
There is nothing you are required to do. We will automatically enroll you in the plan you have now with the benefit changes described in this notice.

What else should I look at before deciding?
Please call or visit our website at tuftshealthplan.com to check which doctors, other health care providers and prescription medications are covered under your plan. This is an important step when choosing a plan that meets the needs of your group members.

What if I want to choose a different policy?
If you wish to choose a different policy at this time or after you receive your rates, please let your broker know which plan you would like to select, and we will make that change effective for your renewal date. 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
Massachusetts small businesses may shop in the Small Business Health Options Program (SHOP) Marketplace through the Massachusetts Health Connector. Coverage sold through the Marketplace 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.
We are notifying your employees
Please note that Federal law also requires that we notify all group members if the plan is considered “discontinued”. Once again, we want to reassure you that your plan will have the same general benefit design as your current plan, except for the modifications outlined in this notice. Your employees are receiving a letter explaining that there are modifications being applied to their plan, and we will advise them to talk to you as their employer if they have any questions.

Questions?
- Call Small Business Service Bureau (SBSB) at (800) 472-7199.
- To learn more about the Health Insurance Marketplace in Massachusetts and protections under the Affordable Care Act, visit mahealthconnector.org.

April 2017 Massachusetts Small Group Changes
Tufts Health Plan is making a number of benefit changes to both new and renewing Massachusetts small group plans, effective on April 1, 2017. These changes are highlighted below and in the 2016/2017 plan comparison chart provided in this notice. We are making these changes to help lower premiums for employers and members and to better manage increasing pharmacy costs associated with new-to-market and specialty drugs.

New Out-of-Pocket Maximums (OOPM)
We have made changes to many of the out-of-pocket maximums associated with our plans.

Prescription Drug
We are introducing a new Generic Low Cost Copay program for all of our plans in 2017, except for Connector Premier plans. A subset of generic drugs will now switch to a new lower copay of $5. Other generic drugs not on this list will continue to require the higher Tier 1 copay. The 2017 formulary will be displayed on our public site as of November 1, 2016, with indicators if drugs fall under this program.

Drugs covered under our Medical benefit (certain injectable, infused or inhaled medications) will now require a $50 copay after the deductible has been met for deductible plans. Currently, for deductible plans, this benefit tracks to the deductible but does not have a copay. For copay plans, the Medical drug will require a $50 copay instead of being covered in full.

Oral chemotherapy drugs have been covered-in-full in the past, but will require a $50 copay per fill upon renewal. Please note that this class of drugs is sometimes used to treat conditions other than cancer; this change applies to all uses.
Beyond these drug program changes, we have also made changes to copays for some of our plans. We have also removed the Generic Preferred Program and Mandatory Mail Order requirement for maintenance medications that had previously been a part of some plans. We encourage you to recommend that your employees review the full Massachusetts small group drug formulary on our website to familiarize themselves with all tier and other pharmacy changes. This information is available in the Pharmacy section at www.tuftshealthplan.com.

**Copayments**

We have adjusted copays for PCP and Specialist visits for some of our plans, and introduced new copays for services that traditionally just featured a deductible. Many plans will require a copay after deductible for certain services like inpatient or outpatient care and High-Tech Imaging procedures (MRI, CatScan, PetScan and Nuclear Imaging). For Ambulance/ER transport services, we are applying a $50 copay after the deductible has been met for plans that have a deductible. Copay plans will simply require a $50 copay for these services. Please reference the enclosed chart to see if your plan is affected by these copay changes.

**Durable Medical Equipment (DME)**

Insulin pumps will now be tracked under our DME benefit. DME is subject to the plan deductible and then 30% coinsurance on deductible plans. If the plan does not have a deductible, DME is subject to 30% coinsurance. Currently, insulin pumps track to the plan’s deductible.

**Diagnostic Tests and Laboratory Tests**

Currently, Diagnostic tests (Low-Tech Imaging procedures like an X-ray) and Laboratory tests are tracked together as one benefit with the same cost share. In 2017, these services may have different cost shares under the same plan. For most plans, the Laboratory tests will now require members to pay less out of pocket than the Diagnostic tests.

**Coverage of Habilitative Services for PT, OT and ST**

Effective upon renewal on or after January 1, 2017, Tufts Health Plan will cover Habilitative Services for physical, occupational and speech therapies with separate limits from rehabilitative services. Habilitative Services are services that help members keep, learn, or improve skills and functioning for daily living. An example could be therapy for a child who isn’t walking or talking at the expected age. Benefit and frequency limitations may apply pursuant to the member’s plan benefit.

**Other Plan Changes**

Our pediatric-vision benefit has previously covered eyeglasses once every twenty-four months, and this will be changing to once every twelve months. There was also previously a twelve visit limit on chiropractic care, and this visit limit has been removed.
Pediatric-Dental Carrier Change
Effective upon a strike date of January 1, 2017, our pediatric-dental coverage will now be administered by Delta Dental of Massachusetts. Altus is our current administrator. All benefits will remain the same; however, you will need to make sure your current dental provider is contracting with Delta Dental.

Additional State and Federal Mandates
Effective on a strike date of November 8, 2016, Tufts Health Plan will cover medical or drug treatments to correct or repair disturbances of body composition caused by HIV-associated lipodystrophy syndrome. Effective immediately, Tufts Health Plan will also cover long-term antibiotic therapy of Lyme disease when determined to be medically necessary.

To better understand the benefit changes that go into effect at your scheduled renewal date in April 2017, please review the following comparison chart. You may contact SBSB if you have further questions. You will receive a reminder notification when you come up for your renewal. This letter serves as your renewal notice as required by State and Federal law.
## 2016 - 2017 Plan Comparison Grid

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Member Coins</th>
<th>Ded (Ind/Fam)</th>
<th>OOPM (Ind/Fam)</th>
<th>PCP</th>
<th>Specialist</th>
<th>Urgent Care</th>
<th>PT/OT ST</th>
<th>Lab Test</th>
<th>Low-Tech Imaging / Diagnostic Test</th>
<th>High-Tech Imaging</th>
<th>Outpatient Procedure</th>
<th>Inpatient Hospital</th>
<th>ER</th>
<th>Ambulance Transport</th>
<th>RX (4-Tier)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select AHMO 1000 Gold - 2016</td>
<td>0%</td>
<td>$1,000 / $2,000</td>
<td>$6,500 / $13,000</td>
<td>$25</td>
<td>$50</td>
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<td>Ded</td>
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<td>Ded</td>
<td>Ded</td>
<td>Ded</td>
<td>Ded</td>
<td>$250</td>
<td>Ded</td>
<td>$25/75/100/10% ($250 max per fill)</td>
</tr>
<tr>
<td>Select AHMO 1000 Gold - 2017</td>
<td>0%</td>
<td>$1,000 / $2,000</td>
<td>$6,800 / $13,600</td>
<td>$25</td>
<td>$55</td>
<td>$55</td>
<td>Ded then $50</td>
<td>Ded then $150</td>
<td>Ded then $150</td>
<td>Ded then $250</td>
<td>Ded then $250</td>
<td>LCG: $5* $25/60/80/150</td>
<td>$250</td>
<td>Ded then $50</td>
<td>LCG: $5* $25/60/80/150</td>
</tr>
</tbody>
</table>

**KEY**
- **Ded** Deductible
- **OOPM** Out-of-Pocket Maximum
- **Coins** Coinsurance
- **PCP** Primary Care Physician
- **PT/OT/ST** Physical Therapy / Occupational Therapy / Speech Therapy
- **ER** Emergency Room
- **CIF** Covered-In-Full
- **IN/OUT** In Network / Out of Network
- **LCG** Low Cost Generic

*We are introducing a new Low Cost Generic copay program for many of our plans in 2017. A subset of generic drugs will now only require a lower copay of $5. Other generic drugs not included in this program will continue to require the higher Tier 1 copay.*
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 ext. 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)


tuftshealthplan.com | 800.462.0224

THP-OCR-NOTICE-0716
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 若要免费的中文版本，请拨打ID卡上的电话号码。

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 nimew 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) សម្រាប់សសវាបកប្ម្របសោយឥតគិតថ្លៃជាភាសាខ្មែរ សូមទូរស័ព្ទសៅកាន់សេមប្ែេានសៅសេើប័ណ្ណសាាេ់សូមប្ែេានសៅសេើប័ណ្ណ។

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

Laotian ທ່ານ/ພໍ່າສາລັກການຟ້າການສົດສາມາດອະຕົດໄດ້ຊຶ່ງຊິ້ນຊູ່ນພາສາລາວ.

Navajo Doo báah ilíní da Diné kʼechʼí álnéchgo, hodíilnih béésh bee haniʼé bee néé ho’dílzingo nantíngíí bikáá’.

Persian برای ترجمه رایگان فارسی به شماره تلفن مندرج در کارت شناسانی 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.
The demographics of our region are changing at a rapid pace. As a health plan, we must respond appropriately to fulfill our mission, which is to improve the health and wellness of the diverse communities we serve.

In Suffolk County, Mass., for example, more than half of the residents (52%) now identify themselves as ethnically diverse. Similarly, Worcester County, Mass., and Providence County, R.I., are both growing as “majority minority” communities. Across the region, businesses large and small are employing an increasingly diverse workforce. Research also demonstrates that health disparities exist within these communities.

In response, we have established a company-wide Business Diversity program to strengthen and enhance the member experience for our diverse populations. Key areas of focus include the following:

- Supporting diverse communities through corporate giving and volunteerism, such as the Road to Wellness 5K and the Tufts Health Plan 10K for Women
- Recruiting and developing a diverse workforce through mentoring programs and cultural-competence training
- Providing opportunities for certified diverse suppliers to help us deliver innovative solutions
- Establishing culturally oriented clinical programs to address health disparities, such as diabetes
- Collaborating with providers who have expertise in serving diverse patients, such as Fenway Health for LGBT health
- Improving the member experience with multilingual offerings

Here’s a closer look at how our Business Diversity program is helping to improve the service we deliver:

- Over the past year, we’ve conducted training to advance our workforce’s understanding of cultural competency. The training includes concepts in cross-cultural interaction as well as specialized topics, such as transgender health and mental health. In fact, more than 300 of our clinical and behavioral health care managers have been trained by the Fenway Health Center on transgender health.

Continued on next page
MEMBER EXPERIENCE

Diverse Communities — continued from page 1

- Over the past three years, we’ve invested more than $15 million in diverse suppliers, and the figure is growing. Our new online registration process helps engage diverse suppliers from a variety of fields, including consulting, professional services, IT, hardware and software, printing, promotional materials, temporary staffing, building services, and translation services. (Please visit tuftshealthplan.com/supplierdiversity for the registration form and information about our supplier inclusion program.)

- We were named “Corporate Partner of the Year” by El Mundo Boston, recognizing our impact on the Latino community in 2016.

- We received the 2016 “Excellence in Diversity Award” from the Providence Business News for our efforts to promote diversity, and, in particular, to support diverse communities in Rhode Island.

PLAN UPDATES

Specialty Pharmacy and Infusion Services Consolidated with CVS Specialty™

As part of our ongoing efforts to control prescription drug costs, we have consolidated our specialty pharmacy and specialty infusion services with CVS Specialty. The change became effective with prescription fill dates on or after November 18, 2016.

The change also provides administrative simplicity and program enhancements for our members, such as “Specialty Connect,” which allows members to have specialty medications shipped to their home or to a local CVS retail pharmacy for pickup.

CVS Specialty replaces Accredo® Health Group for all commercial plans in Massachusetts and New Hampshire, including Tufts Health Freedom Plan. Members in Rhode Island are not affected by this change. They may use CVS Specialty Pharmacy mail order if they choose, but are not required to do so.

Members in Massachusetts and New Hampshire will need to fill their specialty pharmacy medications through CVS Specialty Pharmacy mail order exclusively. Please note that for infertility specialty medications, the change to CVS Specialty Pharmacy mail order will become effective on January 1, 2017. As of January 1, members will no longer be able to obtain infertility specialty medications through Village Pharmacy, Freedom Drug, or Walgreen’s Specialty Pharmacy.

Retirees Have Questions about Health Care. We Have Answers.

We understand that retirement can be a time of uncertainty for many employees, raising important questions about health care coverage for the future. To that end, we would like to offer support to our customers and their agents/brokers. There are a number of ways we can help Human Resources departments and employees who are approaching retirement.

Medicare 101: An Informative Discussion

For example, we are available to present a Medicare informational session at your workplace. Our speaker will present information and answer any questions that your employees may have about Medicare.

Topics include:

- How Medicare Works
- When and How to Enroll
- Medicare Parts A, B, C & D

HR Support

A Tufts Health Plan representative is available to meet with your Human Resources staff to discuss other custom solutions for providing Medicare information to retirees. In addition, we have educational materials about Medicare that can help upcoming retirees with their health care decisions.

If you are interested in finding out more about these options, or have other retiree health care questions, please contact Steve Hamerski by email at Steve_Hamerski@Tufts-Health.com, or contact your broker/agent.
Prescription Drug Coverage Changes
Effective January 1, 2017

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 make occasional adjustments to balance cost and access to prescription medications.

The changes in prescription drug coverage listed below are effective on January 1, 2017, and apply to members of both Tufts Health Plan and Tufts Health Freedom Plan. Impacted members were notified of the changes by mail in early November 2016.

- The brand-name Pyridium and its generic version will no longer be covered. This medication is not FDA-approved and is available over the counter.
- Antidepressants — The following brand names will no longer be covered for members of large-group employers: Cymbalta, Lexapro, Remeron, Remeron Solutab, and Venlafaxine OSM 24-hour ER tablets. (These medications are already not covered for members of small-group employers.) The generic versions of these medications will remain covered for large and small groups.
  - Fluoxetine tablets will have a new Prior Authorization (PA) program, and will move from Tier 1 to Tier 2. Fluoxetine capsules will remain covered at Tier 1.
- Oral isotretinoin (used to treat severe acne) – The following brand names will move to non-covered: Absorica, Amnesteem, Myorisan, and Zenatane. Claravis will remain covered at Tier 1.
- Oral antidiabetics – The generic metformin ER (brand names Fortamet and Glumetza) will have a new PA program and will move to Tier 3. The generic metformin ER (brand-name Glucophage XL) will remain covered at Tier 1.
- Brand anticoagulants – The brand-names Pradaxa and Savaysa are moving to non-covered. The brand-names Eliquis and Xarelto will remain covered at Tier 2.
- Respiratory inhalers (anticholinergics) – The brand-name Tudorza will move to non-covered. The brand-name Spiriva will remain covered at Tier 2. Current Quantity Limits (QLs) on these medications will remain.
- Oral erectile dysfunction – The following brand-names will move to non-covered: Cialis 2.5, 10 and 20 mg; Levitra; Staxyn; and Stendra. Viagra will move down to Tier 2; Cialis 5 mg will remain covered at Tier 3. Current QLs on all of these medications will remain.

- Immunobiologics – The following brand-names will become the preferred immunobiologics for inflammatory conditions covered under the pharmacy benefit: Enbrel, Humira, Simponi, and Stelara. The brand-names Remicade and Simponi Aria will become the preferred immunobiologics for inflammatory conditions covered under the medical benefit.
  - Non-preferred immunobiologics will remain covered, but Step Therapy guidelines through at least two preferred products, when indicated, will be applied. Non-preferred agents include Actemra, Cimzia, Cosentyx, Entyvio, Kineret, Orencia, Otezla, Taltz, and Xeljanz/Xeljanz XR. There is no change in current coverage for these agents — this is only a change in the Prior Authorization (PA) criteria. The new PA criteria will only apply to members who are starting on one of these medications for the first time.

Prescription Drug Coverage

In 2017, Tufts Health Plan is introducing a new generic low-cost copay program as a buy-up for all of our large-group plans. The program will also be standard with all our small-group plans except for Premier.

Under this program, a subset of generic drugs will switch to a new lower copay of $5. Generic drugs not on this list will continue to require the higher Tier 1 copay. The 2017 formulary was displayed on our public website as of November 1, 2016, with indicators if a drug falls under this low-cost generic program.

Drugs covered under our Medical benefit, including certain injectable, infused or inhaled medications, will require a $50 copay after the deductible has been met for deductible plans. For copay plans, the Medical drug will require a $50 copay instead of being covered in full.

Oral chemotherapy drugs will require a $50 copay per fill upon renewal. Please note that this class of drugs is sometimes used to treat conditions other than cancer. This change applies to all uses.

Tufts Health Plan has also made changes to prescription drug copays for some of our plans. We have removed the Generic Preferred Program and Mandatory Mail Order requirement for maintenance medications that had previously been a part of some plans. Employers are encouraged to recommend that their employees review the full Massachusetts large-group drug formulary to familiarize themselves with all tier and other pharmacy changes. This information is available in the “Pharmacy” section at tuftshealthplan.com.
MARKET EXPANSION

Expanding Our Provider Network in Rhode Island

Tufts Health Plan’s network of providers continues to expand in Rhode Island, allowing us to provide a wider range of services to our members at in-network level benefits. From 2015 to 2016, Tufts Health Plan increased its provider network by more than 15% in the state, jumping from 4,644 providers to 5,371. At the same time, our network of behavioral health providers grew by nearly 25%. In addition, Tufts Health Plan now contracts with every hospital in Rhode Island.

MEMBER AND EMPLOYER ENGAGEMENT

Register for the Tufts Health Plan Secure Member Portal

Tufts Health Plan encourages you to remind your employees to check out the MyTuftsHealthPlan member portal. The portal makes it fast and easy for members to manage their health care plan and get the answers they need when they need them. Through the portal, members can use the Doctor Search tool to find primary care physicians, specialists, hospitals and other health care providers. In addition, MyTuftsHealthPlan offers access to claims status and important health tools.

To register for access to the portal, members should go to MyTuftsHealthPlan.com, click on “Register here” and follow the easy steps.

Members can view a video demonstration on the portal to learn more about the tools and resources that are available. To better serve our population’s diverse needs, the video is offered in English, Spanish and closed-captioned versions.

MyTuftsHealthPlan is a one-stop destination for members to explore their benefits, track their costs and manage their plan.

The portal is tailored to each member’s specific plan and benefits, making it easy to find information quickly.
WELLNESS

New Online Guides Help You Create a “Culture of Health”

Employee wellness programs have been shown to increase productivity, decrease absenteeism, and improve the health and well-being of employees. To help employers develop or administer these programs and create their own “culture of health,” our staff of wellness professionals (including nurses, dieticians, and health coaches) has created guides with simple tips, which are now available at tuftshealthplan.com/cultureofhealth.

Building a “culture of health” starts at the top. Your company’s leaders and managers must be on board with efforts to help boost employee wellness and help workers find an appropriate work-life balance. Once your company has committed to a “culture of health,” you can offer healthy foods in your cafeteria, start a walking club, build an on-site gym, develop an incentive program to quit smoking, provide stress management resources — whatever it takes to keep your employees happy and healthy.

Our new online guides can help you to create a supportive environment for the following healthy lifestyle behaviors:

- Healthy Eating
- Physical Activity
- Stress Management
- Smoking Cessation
- Weight Management

You’ll also find a list of important employee wellness “do’s and don’ts,” along with a look at how Tufts Health Plan created a culture of health for its own employees.

You can find these helpful tools and resources by visiting tuftshealthplan.com/cultureofhealth or contacting your Account Manager for details.

Have Your Employees Received a Flu Shot?

Tufts Health Plan covers members for an annual flu shot, which everyone over six months of age should get, according to the Centers for Disease Control and Prevention. It’s not too late in the flu season for your employees to get vaccinated. Most of our plans cover the flu shot 100%, so members should not have to pay any out-of-pocket cost.

People at high risk for developing flu-related complications

- Children younger than age five — and especially those younger than age two
- Adults age 65 and older
- Pregnant women (and women up to two weeks postpartum)
- Residents of nursing homes and other long-term care facilities
- People who have medical conditions including but not limited to asthma, heart disease, diabetes, kidney disorders, and neurological disorders

Where your employees can get a flu shot

- Doctor’s office
- Town or school clinic*
- Participating CVS MinuteClinics® 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 CVS Caremark network® (for members who have pharmacy benefits through Tufts Health Plan)
- Any other self-pay clinic/vaccination site* (member reimbursement would apply)

Members should contact participating flu clinics ahead of time to confirm that the flu shot is available, and that they accept Tufts Health Plan insurance. If members pay for the flu shot at a location not listed above, they should submit a Member Reimbursement Medical Claim form to get reimbursed for the cost.

Important exception for children

Children between the ages of six months and eight years old, who have never had a flu shot, may need more than one dose of the vaccine in the first year they receive it. This may also apply to some children who previously have been vaccinated. Parents should check with their child’s pediatrician.

If your employees have questions about this information, they should call Member Services at the number on their ID card.

*Age restrictions may apply.
CARE MANAGEMENT PROGRAMS

Programs Help Deliver More Value for the Health Care Dollar

At Tufts Health Plan, we’re continually finding new ways to bring the most value to your employee health benefits plan. We have some of the most effective programs in the marketplace for care management and utilization management. Beginning January 1, 2017, our newest utilization management program focuses on cardiac services.

The Cardiac Management Program provides utilization management for therapeutic cardiac services and cardiac imaging services performed in an outpatient, non-emergent setting. The program aims to more effectively manage quality of care, patient safety and appropriate utilization for our members, while also improving medical trend.

Emergency Department Care Management

One of our other more recent initiatives is the Emergency Department (ED) Program. The purpose is to identify members who could most likely have sought care in a more appropriate care setting (such as an urgent care center or PCP’s office) and to provide support and education related to their follow-up care.

This program started as a pilot in 2015 by identifying members with diagnoses such as ankle sprains, cough, headache, and sore throat. In the pilot program, our nurse care managers reached more than 50% of the members who were identified. Of that group, 89% became engaged in the program. The nurses educated members on appropriate use of the emergency department versus urgent care centers, connected them with a PCP if needed, and provided resources and support.

Oncology Care Management

How can Tufts Health Plan and health care providers work together to deliver better care to cancer patients? That was the question when our own physicians met in 2015 with oncologists from area hospitals and health care systems. As just one example, our nurse care managers proactively reach out to members who have a cancer diagnosis to:

- Review their care plan.
- Answer questions they may have after talking with their doctor.
- Help prepare them for common side effects of chemotherapy.
- Supplement the care they receive from oncology providers.

Such education and support can encourage members to seek follow-up care at their oncologist’s office rather than going to an emergency room.

Aging Well

With the aging of the U.S. population, we recognized the need to create programs to address health care issues for our members over age 65. We have care management programs for heart disease, respiratory issues, diabetes, and cancer. Leveraging our in-house expertise of senior care professionals, our programs address issues such as muscle strength, fall prevention, and caregiver strain, just to name a few.

As an organization, we support healthy living with an emphasis on healthy aging through the Tufts Health Plan Foundation. Our foundation funds approximately $4 million annually in community investments for nonprofits that support senior citizens in Massachusetts and Rhode Island.
**FEDERAL AND STATE REGULATIONS**

**ACA Small Group Definition**  
The federal full-time equivalent (FTE) counting methodology is now being used to determine the number of employees for group size purposes. This methodology, which was adopted by the Massachusetts Division of Insurance on August 10, 2016, addresses full-time employees working, on average, 30 hours or more per week, and part-time employees.

**2017 Requirement on Cost Sharing**  
Through the 2017 Notice of Benefit and Payment Parameters, the U.S. Health and Human Services Department has established 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 2017 is $7,150 for self-only coverage and $14,300 for other than self-only coverage.

**Reminder: Annual Reporting for Minimum Essential Coverage**  
As was the case last year, health insurance issuers that provide 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, also referred to as minimum essential coverage (MEC). Under the Affordable Care Act, uninsured individuals may be subject to financial penalty.

By January 31, 2017, we will mail Form 1095-B to fully insured subscribers for federal income tax filing. Massachusetts residents will also receive in the same envelope a Form 1099-HC for state income tax filing.

Tufts Health Plan considers MEC reporting to be an employer responsibility for self-insured groups. Self-insured plan sponsors that are employers subject to the Employer Shared Responsibility provisions must report the coverage on Form 1095-C, and other plan sponsors (such as sponsors of multiemployer plans) must report the coverage on Form 1095-B.

For self-insured groups that request MEC information, we will be able to provide a standard file with the same reporting requirements that are used of our fully insured groups. Please note that report requests we receive after January 1, 2017, will show all active members from the 2016 calendar year.

**Collection of Subscribers’ Social Security Numbers**  
As part of the reporting requirement for MEC, we will again solicit missing Social Security Numbers (SSNs) or Tax Identification Numbers (TINs) for our fully insured subscribers. This process will take place in December 2016. The IRS will use the SSNs/TINs in 2017 to verify an individual’s health coverage for the previous year.

Please note: we are not soliciting SSNs/TINs from self-insured groups because we are not reporting MEC for these groups.

**Member Communications Now Include Nondiscrimination Notice**  
Reflecting our corporate commitment to diversity, and in compliance with a federal ruling, we now include a nondiscrimination notice as part of our member communications. The notice states: “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.”

The U.S. Department of Health and Human Services Office of Civil Rights issued a final rule on nondiscrimination in health programs and activities as part of the Affordable Care Act earlier this year. Under the ruling, health insurers are required to add the nondiscrimination notice and tagline.

Our nondiscrimination notice also explains that 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, and other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If members believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, our nondiscrimination notice explains how they can file a grievance with our Legal department and with the U.S. Department of Health and Human Services.

**Treatment of Lyme Disease**  
As of August 1, 2016, Tufts Health Plan covers long-term antibiotic therapy of Lyme disease for fully insured Massachusetts-based plans when the therapy is determined to be medically necessary.

**HIV-Associated Lipodystrophy Mandate**  
As of November 8, 2016, Tufts Health Plan covers medical or drug treatments to correct or repair disturbances of body composition caused by HIV-associated lipodystrophy syndrome for fully insured Massachusetts-based plans.
WHAT'S INSIDE ...

Enhancing Member Experience for Diverse Communities  ...  1
Plan Updates  ......................................................  2
Market Expansion  ................................................................  4
Member and Employer Engagement  ........................................  4
Wellness.  .............................................................................  5
Care Management Programs  .................................................  6
Federal and State Regulations  ..............................................  7
Dear SBSB Member,

The April 1, 2017 group health insurance annual renewal and open enrollment period for members of the Small Business Service Bureau, Inc. (SBSB) enrolled in Tufts Health Plan is rapidly approaching. We are taking this opportunity to provide you with important information about your upcoming group health insurance renewal. Please take time to carefully review this information about your benefits.

April 2017 Renewal Notice highlights Plan Changes
The brochure included with this mailing contains important information about benefit changes effective April 1, 2017.

Tufts Health Plan Update
The Tufts Health Plan Benefit Update included with this mailing contains information about Plan Updates, Wellness, Federal and State Regulations, and various other details regarding Tufts Health Plan.

Please read both these documents carefully and share this information with your employees.

Your Group Agreement – Important Information
Your Tufts Health Plan Employer Group Agreement, an agreement between your employer group and Tufts Health Plan, reflects the essential terms and conditions under which Tufts Health Plan provides services to you and your employees. Your next premium payment to SBSB will be deemed acceptance of this Agreement between your group and Tufts Health Plan.

Provider Directories
Members have access to more than 25,000 providers in the Tufts Health Plan network for standard network plans. To find a provider, go to www.tuftshealthplan.com, 24 hours a day, 7 days a week. You can also search for other types of participating providers such as hospitals, mental health, vision, fitness centers, and more. Hard copy provider directories are also available upon request. To request a copy of a provider directory, please contact SBSB.

Summary of Benefits and Coverage (SBC)
SBSB members can view Tufts Health Plan 2017 SBCs (which will be available late in February) by logging into their account at www.sbsbhealth.com. (Instructions for new member access are available on the homepage.) Once logged in, click on the Document Library link. Click on the 2017 SBC link, and then on your health insurance carrier name to find your existing plan.

~over~
**We’re Here For You**  
If you have questions regarding your Tufts Health Plan renewal, please call an SBSB Member Service Representative Toll Free at 800-472-7199 or your SBSB credentialed broker. Our knowledgeable staff can assist in reviewing plan choices and answer any questions you may have regarding your coverage and open enrollment.

Thank you for relying on SBSB for your health plan needs. We look forward to serving you in the year ahead.

Sincerely,

Lisa M. Carroll, President  
Small Business Service Bureau, Inc.

Enclosures