



October 25, 2012

RE: Semi-Annual Notice of Changes

Dear HNE Member:

Health New England (HNE) is making some changes to your Plan, most of which become effective January 1, 2013.

I have enclosed an amendment to your HNE Explanation of Coverage. This amendment outlines changes to certain benefits and programs that are part of the standard benefit plan. Please read the information carefully and keep it with your membership materials for future reference.

If you have any questions, please feel free to call Member Services at 413.787.4004 or 800.310.2835. Our staff is available Monday through Friday, 8:00 a.m. to 5:00 p.m. We will be happy to help you.

Sincerely,

A handwritten signature in black ink that reads "Peter P. Lore". The signature is written in a cursive style with a large initial "P".

Peter P. Lore
Member Services Manager



AMENDMENT 01-2013

This is an Amendment to your Health New England, Inc. Explanation of Coverage (EOC). Please keep this Amendment with your EOC as it changes the terms of that EOC. Any language in the EOC that does not follow the terms of this Amendment no longer applies. This Amendment is effective as of January 1, 2013, unless noted below.

The EOC is amended as follows:

Benefit, Program, or Requirement	Description
Services and procedures that require Prior Approval	<p>The following items are added to the Prior Approval list. These procedures were not covered before effective date indicated for each one.</p> <ul style="list-style-type: none"> • Proton Beam Therapy – effective September 1, 2012 • Spinal Muscular Atrophy (SMA) Testing – effective July 1, 2012 • Total Ankle Replacement (TAR) – effective September 1, 2012
Hearing aids	<p>HNE covers hearing aids for Members age 21 and under as required by new Massachusetts state law as follows:</p> <ul style="list-style-type: none"> • Coverage is effective January 1, 2013. • HNE covers the cost of one hearing aid per hearing impaired ear, every 36 months, up to a maximum of \$2,000 for each hearing aid. • Coverage for related services prescribed by a licensed audiologist or hearing instrument specialist includes: <ul style="list-style-type: none"> ○ Initial hearing aid evaluation ○ Fitting and adjustments ○ Supplies, including ear molds • You may choose a higher priced hearing aid and pay the difference in cost above the \$2,000 limit. If you choose to pay the difference in cost, the amount you pay will not apply to any Out-of-Pocket limit your plan may have. • Any payment responsibilities and other requirements that are a part of your plan apply to this coverage. • HNE requires a written statement from the Member’s treating physician that the hearing aid is Medically Necessary. • Prior Approval by HNE is required. <p>The benefits described here are subject to further guidance from the Massachusetts Division of Insurance.</p>

Benefit, Program, or Requirement	Description
Treatment of cleft lip and cleft palate	<p>HNE covers the treatment of cleft lip and cleft palate as required by new Massachusetts state law as follows:</p> <ul style="list-style-type: none"> • Coverage is effective January 1, 2013. • Coverage for Members age 18 and younger includes: <ul style="list-style-type: none"> ○ Medical, dental, oral and facial surgery ○ Surgical management and follow-up care by oral and plastic surgeons ○ Orthodontic treatment and management ○ Preventive and restorative dentistry to ensure good health and adequate dental structures for orthodontic treatment or prosthetic management therapy ○ Speech therapy ○ Audiology ○ Nutrition services • The services above are covered when prescribed by the treating physician or surgeon who certifies that the services are: <ul style="list-style-type: none"> ○ Medically Necessary ○ Related to the treatment of the cleft lip or the cleft palate • Dental or orthodontic treatment not related to the management of a cleft lip or cleft palate is not covered. • Any payment responsibilities and other requirements that are a part of your plan apply to this coverage. • Prior Approval is required. <p>The benefits described here are subject to further guidance from the Massachusetts Division of Insurance.</p>
Coverage for mental health services by licensed marriage and family therapists	<p>Effective January 9, 2013, “licensed marriage and family therapist” is added to the type of professionals who may provide covered mental health services. Services by licensed marriage and family therapists must be within the scope of practice allowed by law for these therapists. All services must be Medically Necessary.</p>
Clarification: Treatment of medical complications from preventive services or procedures	<p>Treatment of medical complications that are the result of preventive services or procedures are covered subject to member cost sharing.* This is the case even if the preventive service or procedure was not subject to member cost sharing. All services must be Medically Necessary.</p> <p>*For instance: deductibles, copays or coinsurance.</p>

Benefit, Program, or Requirement	Description
<p>Clarification: Fitness Promotion and Weight Watchers® Reimbursement Program</p>	<p>HNE will reimburse up to \$150 per family per Calendar Year for qualifying fitness memberships and fees and Weight Watchers® programs.</p> <p>Qualifying fitness memberships and fees include:</p> <ul style="list-style-type: none"> • Fitness club memberships To be eligible for reimbursement, the health club that you choose must include both cardiovascular and strength-training exercise equipment. • Aerobic and wellness classes and personal trainer fees Class instructors and personal trainers must be certified. They must work for a fitness or wellness facility. Classes may include: Pilates, yoga, spinning, aerobics, strength training, tai chi, kickboxing, and martial arts. • Children’s school and town sports registration fees <p>Qualifying Weight Watchers® expenses include:</p> <ul style="list-style-type: none"> • Weight Watchers® Traditional meetings • Weight Watchers at Work® meetings • Weight Watchers® On-line <p>Fees paid for food, books, videos or any other items or services are not eligible for reimbursement. This program does <i>not</i> include Weight Watchers at Home® or fees paid to any other weight loss program.</p> <p>Reimbursement for any of the above or any combination of the above will not exceed \$150 per family per Calendar Year.</p>
<p>Clarification: Member responsibility to advise HNE of Out-of-Plan and PHCS hospital admissions</p>	<p><i>This applies to Members with PPO plans only.</i></p> <p>You must notify HNE of admissions to Out-of-Plan hospitals and skilled nursing facilities. If your plan has In-Plan benefits for PHCS* providers, you must also notify HNE of these admissions. As soon as you know about a planned admission, call HNE Member Services at 800.310.2835. For emergency admissions, call us as soon as possible.</p> <p>If you do not notify HNE, you may have a Reduction of Benefits as shown in your Explanation of Coverage.</p> <p>*Private Healthcare Systems</p>
<p>Choosing your primary care physician (PCP)</p>	<p><i>This applies to HMO and Advantage Plus plans only.</i></p> <p>Effective November 6, 2012, a PCP may be:</p> <ul style="list-style-type: none"> • A doctor • A participating Pediatric, Adult, or Family Nurse Practitioner • A participating Physician Assistant (PA)

Prescription Drug Coverage

(Please disregard the following sections if your HNE plan does not include a prescription drug benefit.)

Note: Tier 1 – lowest copay; Tier 2 – mid copay level, Tier 3 – highest copay level

Change to the name of HNE's Pharmacy Benefit Manager	HNE's Pharmacy Benefit Manager is Catamaran™ , formerly known as MedMetrics Health Partners.	
Change to HNE's mail order prescription drug vendor	Effective January 1, 2013, HNE's mail order prescription drug vendor will change from WellDyneRx to Catamaran™ Home Delivery . For Members who currently use WellDyneRx, HNE is working to ensure a smooth transition. Please watch for further instructions by mail prior to the change date.	
Dispensing of certain medications may be limited by state law	Effective January 1, 2013, the maximum supply of certain medications available through retail and mail order may change. This conforms to Massachusetts state law which allows the dispensing of no more than a 60-day supply of certain medications.	
<p>Step Therapy: For HNE to cover the Step Therapy drugs listed here, you first must try one of the corresponding First Line drugs. If HNE has paid a claim for the First Line drug within the previous 180 days, then you are eligible for coverage of the Step Therapy drug.</p> <p><i>The use of samples does not satisfy the requirements of documented usage of a First Line drug or medical necessity for a Step Therapy drug.</i></p> <p>If it is Medically Necessary for you to use a Step Therapy drug before trying a First Line drug, then your doctor can contact HNE to request a medical review.</p>		
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • Rebif® <u>AND</u> Copaxone®
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none"> • Avonex® • Betaseron® <p>Note: Applies to new prescriptions only</p>
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • metformin or a metformin containing product
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none"> • Bydureon® <p>Note: Applies to new prescriptions only</p>
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • Januvia®, Janumet®, Janumet Xr®, Tradjenta®
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none"> • Onglyza® • Kombiglyze XR®

Tier Assignments The following Prescription Drugs are changing Copay Tier Assignment		
Drug Name	Tier on or before 1/1/2013	Tier on or after 1/1/2013
Ortho Tri-Cyclen Lo [®]	Tier 2	Tier 3
Onglyza [®]	Tier 2	Tier 3
Kombiglyze XR [®]	Tier 2	Tier 3
Vitreolis [®]	Tier 3	Tier 2
Bydureon [®]	New to Market	Tier 2
Provenge [®]	New to Market	Prior Approval required for coverage
Concerta [®]	Tier 2	Tier 3
Venlafaxine ER (Tablets only)	Tier 1	Not covered
Norditropin [®]	Tier 2	Tier 3
Omnitrope [®]	Tier 3	Tier 2
Pegasys [®]	Tier 2	Tier 3
PEG-Intron [®]	Tier 3	Tier 2
PNV-DHA [®]	Tier 1	Tier 3
Ultimatecare One [®]	Tier 2	Tier 3
Prefera OB [®]	\$0	Tier 3
Folivane-PRX DHA NF [®]	Tier 1	Tier 3
Folcaps Omega 3 [®]	Tier 2	Tier 3
Zatean-PN [®]	Tier 2	Tier 3
Virt-PN DHA [®]	\$0	Tier 3
OB-Natal One [®]	Tier 1	Tier 3
PNV-Select [®]	Tier 1	Tier 3
Other Prenatal Vitamins (For full listing, please see our online formulary at www.hne.com)	Various Tiers	\$0

Quantity Limit Additions

Starting 1/1/2013, HNE will add the following Quantity Limits to the following drugs:

Drug Name	Quantity Limit per 30 day supply
Simcor [®] 500/20mg Simcor [®] 500/40mg Simcor [®] 1000/40mg	30 tablets
Simcor [®] 1000/20mg Simcor [®] 750/20mg	60 tablets