FULLY FUNDED PLANS ONLY

May 15, 2014

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 July 1, 2014.

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,

John Florek
Member Services Manager

AMENDMENT 03-2014

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 upon group renewal on or after July 1, 2014, unless noted below.

The EOC is amended as follows:

Benefit, Program, or Requirement	Description
HNE Service Area	The HNE Service Area has expanded to include all of Worcester County. The HNE Service Area consists of these Massachusetts counties: • Berkshire • Franklin • Hampden • Hampshire • Worcester
Services and Procedures that require Prior Approval	HNE covers Photochemotherapy and Phototherapy only for the diagnoses specified in HNE's Clinical Review Criteria for these services. You can find Clinical Review Criteria on hne.com, under Medical Policies. You can also request a paper copy from Member Services. HNE will allow up to an initial 36 visits without Prior Approval. For continued treatment you must have Prior Approval every three months. Prior Approval will only be given if your doctor has recorded that your condition has improved.
Clarification: Screening Colonoscopy or Sigmoidoscopy	HNE covers one screening colonoscopy ***or*** one screening sigmoidoscopy every five Calendar Years. This benefit is for only one procedure or the other (not one of each) every five Calendar Years.
Applied Behavioral Analysis (ABA) (Note: Applies to PPO and POS plans only.)	HNE requires Prior Approval for all ABA services. If you obtain ABA services from an In-Plan PHCS provider or an Out of-Plan provider when you do not have Prior Approval, you will be responsible for all charges.

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

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.

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.

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.

You must try:	**First Line Drugs(s):**	acyclovir ointment
Before HNE will cover:	**Step Therapy Drug(s):**	Zovirax® Cream Note: Applies to new prescriptions only

Tier Assignments
The following Prescription Drugs are changing Copay Tier Assignment

raloxifene	Tier 1	Added to HNE's list of preventive drugs. You will not have a copay for this drug
Seroquel XR®	Tier 2	Tier 3
Zovirax® Cream	Tier 2	Tier 3

Prior Authorization Requirement
The Prior Authorization requirement is changing for the following drug

Drug Name	On or before 6/30/2014	On or after 7/1/2014
losartan	Prior authorization required	No prior authorization required

Drugs Not Covered
Starting 7/1/2014, the following drugs will not be covered by HNE

- fluoxetine 40mg capsules
- fluoxetine 20mg tablets
- Vicodin® 5/300mg

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

Quantity Limit Additions

Starting 7/1/2014, HNE will add Quantity Limits to the drugs show below

Drug Name	Quantity Limit per 30 day supply
acyclovir ointment	15 grams / 30 days
Zovirax® Cream	5 gram tube / 30 days