

May 1, 2011

RE: Semi-Annual Notice of Changes

Dear HNE Provider:

As part of our commitment to provide affordable access to high quality health care, we continually review the benefits and services offered to our members. As a result, from time to time we update the coverage we provide and change the way that coverage is administered. We then notify our members, their employers, our brokers, and our contracted providers of these changes.

We have attached a copy of an amendment to the HNE Explanation of Coverage. We will send this amendment to HNE subscribers with the next edition of our member newsletter, *Living Well*. If you have any questions, please call the Provider Relations Department at 413-787-4000 or 800-842-4464, ext 5000.

Best regards,

A handwritten signature in black ink that reads "Erik B. Johnson". The signature is written in a cursive, flowing style.

Erik B. Johnson  
Provider Relations Manager

## AMENDMENT 04-2011

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 is inconsistent with the terms of this Amendment no longer applies. This Amendment is effective as of July 1, 2011, unless noted below.

The EOC is amended as follows:

Benefit, Program or Requirement	Description
<b>Human Organ Transplants and Bone Marrow Transplants.</b>	<p>The sentence in italics is added to the description below.</p> <p>HNE covers:</p> <p>Human leukocyte antigen testing or histocompatibility locus antigen testing for a Member when necessary to establish such Member's bone marrow transplant donor suitability. HNE covers the costs of testing for A, B, or DR antigens, or any combination thereof. <i>Coverage is limited to one test per member per lifetime.</i></p> <p>This service requires Prior Approval.</p>
<b>Services and Procedures that Require Prior Approval</b>	<p>The following item is added to the Prior Approval List.</p> <ul style="list-style-type: none"><li>Gastric Stimulator. This item is medically necessary for the diagnosis of diabetic and idiopathic gastroparesis. .</li></ul>
<b>Behavioral Health Services (Mental Health and Substance Abuse)</b>	<p>HNE requires Prior Approval for the following services:</p> <ul style="list-style-type: none"><li>Psychological Testing</li><li>Repetitive Transcranial Magnetic Stimulation (rTMS)</li></ul>
<b>Termination</b>	<p>The bulleted item below (in italics) is added to the section of your EOC titled <b><i>Termination:</i></b></p> <hr/> <p><b>How This Agreement May End</b></p> <p>HNE may cancel your coverage or refuse to renew your coverage...</p> <ul style="list-style-type: none"><li><i>As allowed by state or federal law.</i></li></ul>

***Prescription Drug Coverage***

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

**Tier Assignments**

The following Prescription Items are changing Copay Tier Assignment

Item	Tier on or before 6/30/11	Tier on or after 7/1/11
FreeStyle® and Precision Xtra® test strips	Tier 3	Tier 2

HNE will provide new blood glucose meters – free of charge – to affected members before 7/1/11. This change brings our members the benefits of up-to-date technology provided by FreeStyle® and Precision Xtra® Blood Glucose Monitoring Systems.

On or after 7/1/11 all other brands of test strips will require Prior Approval. If approved, the member will pay a Tier 3 copayment. Other brands include Accucheck®, Breeze®, Nova Max®, and One-Touch® among others.

NOTE: This change does not apply to members who currently use an insulin pump.