



May 1, 2012

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 contact HNE Provider Relations at 413-233-5000.

Sincerely,

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 02-2012

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, 2012, unless noted below.

The EOC is amended as follows:

Benefit, Program, or Requirement	Description
Out of Area Student Coverage	<p>FOR HMO PLANS (for non-HMO plans with an out of network benefit, these services are covered at the out of network benefit level):</p> <p>Dependents attending and residing at school outside of the HNE Service Area are covered for:</p> <ul style="list-style-type: none"> • Follow-up Visit After an ER or Urgent Care Visit • Non-routine Medical Office Visit <ul style="list-style-type: none"> ○ Includes Diagnostic Lab and X-Ray • Allergy Injections • Outpatient Behavioral Health Visits • Outpatient Short-term Rehabilitation Services <p>All services require Prior Approval by HNE.</p>
Services and Procedures that Require Prior Approval	<p>HNE is removing the following items or services from the Prior Approval list:</p> <ul style="list-style-type: none"> • Continuous Positive Airway Pressure (CPAP) device • Self Monitoring of Oral Anticoagulant Therapy • Psychological Testing • Pulmonary Rehab <p>HNE no longer requires Prior Approval for these items.</p>
Limitations and Partial Exclusions	<p>HNE provides reimbursement for eyeglasses and contact lenses following cataract surgery. Reimbursement is limited to one pair per calendar year in which cataract surgery is performed, up to a limit of \$250.</p>
Diagnostic Testing	<p>Reminder: Effective January 1, 2011, HNE covers sleep studies done in the home. The sleep study copay will be waived for studies done in the home setting. If a sleep study is needed, please discuss the home sleep study option with your provider.</p>
High Cost Imaging	<p>HNE requires providers who provide the technical component of certain high cost imaging services to be accredited by one of three independent organizations. Providers who are not accredited will be considered Out-of-Plan providers. For the most current list of In-Plan providers, go to hne.com or contact HNE Member Services.</p>

Benefit, Program, or Requirement	Description
Inpatient Care	Under the heading, <i>What Is Not Covered</i> , the bullet below is revised as follows: <ul style="list-style-type: none"> • Blood or blood products, this includes the cost of donating blood for use during surgery or medical procedures. <i>Blood products do not include Antihemophilic Factor (Recombinant), e.g., factors VII and VIII.</i> (sentence in italics added)
Behavioral Health (Mental Health and Substance Abuse)	HNE is removing the following service from the Prior Approval list: <ul style="list-style-type: none"> • Dialectical Behavior Therapy (DBT) Program HNE no longer requires Prior Approval for this service.

Prescription Drug Coverage Note: Tier 1 – lowest copay; Tier 2 – mid copay level; Tier 3 – highest copay level		
<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"> • risperidone • clozapine • olanzapine • ziprasidone (generic Geodon®) • quetiapine (generic Seroquel®)
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none"> • Seroquel XR® Note: Applies to new prescriptions only
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • risperidone
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none"> • Invega® Note: Applies to new prescriptions only
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • AndroGel®
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none"> • Androderm® • Testim® • Fortesta Gel® Note: Applies to new prescriptions only

Prescription Drug Coverage

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

Tier Assignments

The following Prescription Drugs are changing Copay Tier Assignment

Drug Name	Tier on or before 6/30/12	Tier on or after 7/1/12
AndroGel®	Tier 3	Tier 2
AndroDerm®	Tier 2	Tier 3
Suboxone® Tablets	Tier 3	Not covered-please see Suboxone Film
Suboxone® Film	New to Market (Not covered)	Tier 3 Prior Authorization Required

Quantity Limit Additions

Starting 7/1/2012, HNE will add the following Quantity Limits to the drugs in Columns 1 and 3 below.

Column 1	Column 2	Column 3	Column 4
Drug Name	Quantity Limit per 30 day supply	Drug Name	Quantity Limit per 30 day supply
Abilify® 2mg	30 tablets	Kombiglyze XR™	30 tablets
Actos®	30 tablets	Niaspan®	60 tablets
Actosplus met®	60 tablets	Plavix®	30 tablets
Actosplus met XR®	30 tablets	Pulmicort Flexhaler™	1 inhaler
Asmanex®	1 inhaler	Pulmicort Respules®	Quantity: 60
Atrovent HFA®	2 inhalers	QVAR®	1 inhaler
Avandamet	60 tablets	Serevent®	Qty 60
Avandaryl®	30 tablets	Singulair®	30 tablets
Avandia®	30 tablets	Spiriva®	Quantity:30
Combivent®	2 inhalers	TriCor® 48mg	60 tablets
Duetact®	30 tablets	TriCor® 145mg	30 tablets
Flovent HFA®	1 inhaler	Victoza®	1 box
Flovent Diskus®	Quantity: 60		