



FULLY FUNDED PLANS ONLY

October 18, 2017

RE: Semi-Annual Notice of Changes

Dear Employers and Brokers:

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 subscribers and their employers, our brokers, and our contracted providers of these changes.

We have attached a copy of an amendment to the Health New England Explanation of Coverage. We will notify our subscribers of this amendment with the next edition of our member newsletter. If you have any questions, please call us at (413) 233-3535.

Sincerely,

A handwritten signature in cursive script that reads "Liane Comeau".

Liane Comeau
Sales Manager

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0 (TTY: 711). Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0 (TTY: 711). Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0 (TTY: 711).



AMENDMENT 01-2018

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 on January 1, 2018, unless noted below.

The EOC is amended as shown below.

Benefit, Program, or Requirement	Description
<p>Coverage for PHCS providers in Worcester County</p> <p>Please note: This applies only if you are covered by a PPO plan with In-Plan benefits for PHCS (Private Healthcare Systems) providers.</p>	<p>Section 1 – How the Plan Works</p> <p>The Health New England Service Area consists of these Massachusetts counties:</p> <ul style="list-style-type: none"> • Berkshire • Franklin • Hampden • Hampshire • Worcester <p>Services by PHCS providers in Worcester County who are not contracted with Health New England are covered at the PHCS/In-Plan level of coverage. Services by PHCS providers who are in the Health New England Service Area but outside of Worcester County are covered at the Out-of-Plan level of coverage.</p> <p>Clarification</p>
<p>Foot orthotics covered only for diabetic foot care</p>	<p>Section 3 – Covered Benefits</p> <p>Health New England covers foot orthotics only for diabetic foot care.</p> <p>Section 4 – Exclusions and Limitations</p> <p>The following is added to the list of services that Health New England does not cover.</p> <ul style="list-style-type: none"> • Foot orthotics (excluded except for diabetics) <p>Section 5 – Claims and Utilization Management Procedures</p> <p>The following is added to the list of services and procedure that require Prior Approval from Health New England.</p> <ul style="list-style-type: none"> • Foot orthotics (foot orthotics will only be covered if you are diabetic) <p>Clarification</p>

Benefit, Program, or Requirement	Description
<p>3D mammography</p>	<p>Section 4 – Exclusions and Limitations</p> <p>The following is removed from the list of services that Health New England does not cover.</p> <ul style="list-style-type: none"> • Digital tomosynthesis (3D mammography) <p>Effective January 1, 2018</p>
<p>Coordination of benefits with auto insurance</p>	<p>Section 12 – Coordination of Benefits and Subrogation</p> <p>Text under the heading “What happens if I have benefits under a “medical payment” benefit?” is replaced with the text below.</p> <p>In some cases, Members who are injured have benefits under the “medical payment” clause of an insurance policy. Examples of these are homeowner’s or auto insurance policies. In the case of a homeowner’s policy, “med pay” coverage will be primary for coverage under this EOC. HNE will work with the other carrier. If you are in a motor vehicle accident, you must use \$2,000 of your auto insurance carrier’s Personal Injury Protection (PIP) coverage before we will pay for any of your expenses. You must send to us any explanation of payment or denial letters from an auto insurance carrier in order for us to pay a claim that is related to a motor vehicle accident. Claims paid by HNE will be subject to any copay, deductible or coinsurance required by your plan.</p> <p>Effective January 1, 2018</p>
<p>Change to the embedded deductible for certain High Deductible Health Plans (HDHP)</p> <p>Please note: This change applies only to HDHPs with a deductible of \$2,000 per person and \$4,000 per family.</p>	<p>Appendix A – A Summary of Your Payment Responsibilities</p> <p>Each year, the U. S. Internal Revenue Service (IRS) decides the minimum deductible level for qualified High Deductible Health Plans. Based on this, Health New England will increase the embedded Deductible for some plans to \$2,700. This will ensure that your plan remains qualified.</p> <p>The embedded Deductible is the most any one family member on a family plan must pay before the Plan will pay benefits for that member. The family Deductible will remain at \$4,000. The Deductible for a person on a plan that covers only that person will remain at \$2,000. This change will take effect when your plan renews on or after January 1, 2018.</p> <p>Effective upon plan renewal on or after January 1, 2018</p>

Prescription Drug Coverage

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

Tier Changes Effective January 1, 2018

Drug Name	Tier before 1/1/18	Tier on or after 1/1/18
<ul style="list-style-type: none">• Azopt• Alphagan P• Epipen and Epipen JR	Tier 2	Tier 3

Quantity Limit Additions

Starting January 1, 2018, Health New England will add Quantity Limits to the drugs listed below

Drug Name	Quantity Limit per 30 day supply (unless otherwise specified)
Rectiv	<i>30 grams</i>
Apokyn	<i>30 per 10 days</i>

New Prior Authorizations (PA) Required Effective January 1, 2018

Contrave	<i>Prior Auth thru OptumRX</i>
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**Effective January 1, 2018, The Following Medications Are Not Covered
See Below for Covered Formulary Alternatives**

- **Cercade emulsion**
- **Epaned. Alternative is Enalapril tablets**
- **Migergot suppositories. Alternative is sumatriptan nasal spray**
- **Oxytrol patch. Alternative is Oxytrol OTC patch**

