



**FULLY FUNDED PLANS ONLY**

October 15, 2022

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 black ink, appearing to read "Michael Gauvin".

Michael Gauvin  
Existing Business Sales Manager

Encl: Amendment 01-2023

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).



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 January 1, 2023, unless noted below.

The EOC is amended as shown below.

<b>Benefit, Program, or Requirement</b>	<b>Description</b>
<b>Health New England Service Area (applies to ConnectorCare plans only)</b>	<p><b>Section 1 – Introduction – About Health New England</b></p> <p>The following is removed from the HNE Service Area list.</p> <ul style="list-style-type: none"> <li>• Worcester County</li> </ul> <p><b>Effective January 1, 2023</b></p>
<b>Shingles Vaccine</b>	<p><b>Section 3 – Covered Benefits – Preventive Care – Routine Child and Adult Immunizations</b></p> <p>The following text is removed from the EOC.</p> <ul style="list-style-type: none"> <li>• Vaccine for the prevention of shingles (herpes zoster) for Members 60 years of age and older</li> </ul> <p>It is replaced with the following.</p> <ul style="list-style-type: none"> <li>• Vaccine for the prevention of shingles (herpes zoster) for Members 50 years of age and older</li> </ul> <p><b>Clarification</b></p>
<b>Abortion</b>	<p><b>Section 3 – Covered Benefits – Family Planning Services and Infertility Treatment</b></p> <p>The following is removed from the list of covered services.</p> <ul style="list-style-type: none"> <li>• Voluntary termination of pregnancy when allowed by Massachusetts law</li> </ul> <p>It is replaced with the following section.</p> <p><b>Abortion</b></p> <p>HNE covers abortion as allowed by Massachusetts Law (Chapter 127 of the Act of 2022). There is no member cost share for abortion and related services per Massachusetts law except cost share will apply if your health plan is governed by the federal internal revenue code and would lose tax-exempt status.</p> <p><b>Effective January 1, 2023</b></p>

<b>Benefit, Program, or Requirement</b>	<b>Description</b>
<b>Reproductive Health – Travel and Lodging Reimbursement (Large Group only)</b>	<p><b>Section 3 – Covered Benefits – Family Planning Services and Infertility Treatment</b></p> <p>The following text is added to EOC:</p> <p><b>Reproductive Health – Travel and Lodging Reimbursement</b></p> <p>You may be eligible for reimbursement of travel and lodging costs related to voluntary termination of pregnancy (abortion). You must meet the below conditions to be eligible.</p> <ul style="list-style-type: none"> <li>• Your employer must have elected coverage.</li> <li>• You live in a state where access to covered services is not available because of state law.</li> <li>• You must live more than 100 miles from your home to the nearest covered location.</li> </ul> <p>HNE will reimburse up to \$2,500 per member per Calendar Year.</p> <p>Some costs are not able to be reimbursed per IRS rules. For more information on what is and is not eligible, please refer to the Reproductive Health Travel &amp; Lodging Reimbursement Form or contact HNE Member Services.</p> <p><b>Effective August 1, 2022</b></p>

<b>Benefit, Program, or Requirement</b>	<b>Description</b>
<b>Gender Affirming Care</b>	<p><b>Section 3 – Covered Benefits – Other Services</b></p> <p>The text for Transgender Health Services is replaced with the following.</p> <p><b>Gender Affirming Care</b></p> <p>The Plan covers gender affirming health care per HNE’s clinical guidelines. To get a copy of HNE’s guidelines for gender affirming surgery, please call HNE Member Services at (800) 310-2835. You can also find the guidelines on our website. Coverage includes the following.</p> <ul style="list-style-type: none"> <li>• Behavioral health benefits</li> <li>• Pharmaceutical coverage (e.g., for hormone replacement therapies)</li> <li>• Coverage for medical visits or laboratory services</li> <li>• Coverage for reconstructive surgical procedures related to sex reassignment</li> <li>• Coverage of routine, chronic or urgent non-transition services</li> </ul> <p>These benefits are on top of other benefits covered under the Plan. HNE does not consider gender affirming surgery to be reconstructive to correct a physical functional impairment or cosmetic services.</p> <p><b>Section 5 – Claims and Utilization Management Procedures – Services and Procedures that Require Prior Approval</b></p> <p>The following is removed from the list of services and procedures that require Prior Approval.</p> <ul style="list-style-type: none"> <li>• Gender reassignment operations and treatments</li> </ul> <p>It is replaced with the following.</p> <ul style="list-style-type: none"> <li>• Gender affirming surgery</li> </ul> <p><b>Clarification</b></p>
<b>Behavioral Health</b>	<p><b>Section 3 – Covered Benefits – Behavioral Health and Substance Use Disorder Services</b></p> <p>The following text is added to the EOC.</p> <p>HNE will cover one behavioral health screening per year as allowed by Massachusetts law (Chapter 177 of the Acts of 2022).</p> <p>There is no member cost share for the annual behavioral health screening per Massachusetts law except cost share will apply if your health plan is governed by the federal internal revenue code and would lose tax-exempt status.</p> <p><b>Effective January 1, 2023</b></p>

<b>Benefit, Program, or Requirement</b>	<b>Description</b>
<b>Services Requiring Prior Approval</b>	<p><b>Section 5 – Claims and Utilization Management Procedures – Services and Procedures that Require Prior Approval</b></p> <p>The following are added to the list of services and procedures that require Prior Approval.</p> <ul style="list-style-type: none"> <li>• Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance</li> <li>• Insertion of Wireless Pulmonary Artery Pressure Sensor (Cardiomems), a device for monitoring advanced heart failure</li> </ul> <p><b>Effective September 1, 2022</b></p>
<b>Services Requiring Prior Approval</b>	<p><b>Section 5 – Claims and Utilization Management Procedures – Services and Procedures that Require Prior Approval</b></p> <p>The following is added to the list of services and procedures that require Prior Approval.</p> <ul style="list-style-type: none"> <li>• Pluvicto (lutetiumLu 177 vipivotide tetraxetan) a radiopharmaceutical that targets certain types of advanced prostate cancer resistant to other treatments</li> </ul> <p><b>Effective July 1, 2022</b></p>
<b>Medical Necessity</b>	<p><b>Section 15 – Definitions</b></p> <p>The text for Medically Necessary is replaced with the following.</p> <p><b>Medically Necessary</b></p> <p>Health New England defines certain services which are reasonably calculated by a provider to prevent, diagnose, evaluate, and treat conditions (illness, injury, disease) as Medically Necessary or as a Medical Necessity. The service must meet all the following in order to be Medically Necessary.</p> <ul style="list-style-type: none"> <li>• Service is clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury, or disease</li> <li>• Service is based on the following <ul style="list-style-type: none"> <li>○ Credible scientific evidence published in peer reviewed medical literature recognized by the relevant medical community</li> <li>○ Specialty Society recommendations</li> <li>○ Views of physician experts practicing in relevant clinical area</li> <li>○ Per scientific evidence, service, or intervention is not in widespread use</li> </ul> </li> <li>• Service is not more costly than an alternative service or sequence of services, which is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease</li> <li>• Service is not primarily for the convenience of the patient, physician, or other health care provider</li> <li>• Service is substantiated by submitted clinical records</li> </ul> <p>Health New England uses clinical criteria to decide if some services or procedures are Medically Necessary. You may call HNE’s Health Services Department if you want a copy of the criteria HNE uses to make such decisions.</p> <p><b>Effective January 1, 2023</b></p>

**Prescription Drug Coverage**

**Tier Changes Effective January 1, 2023 (applies to 3 Tier and 5 Tier Formularies)**

<b>Drug Name</b>	<b>Tier before 1/1/23</b>	<b>Tier on or after 1/1/23</b>
<b>Toujeo</b>	<b>Tier 3</b>	<b>Tier 2</b>

**Effective January 1, 2023, The Following Medications Require Prior Authorization Thru Optum**

- **Adlyxin**
- **Bydureon/Bydureon Bcise**
- **Byetta**
- **Ozempic**
- **Trulicity**
- **Victoza**

**Effective January 1, 2023, The Following Medications Are Not Covered.  
See Below for Covered Formulary Alternatives**

- **Tirosint: *Alternative is levothyroxine***

**Effective January 1, 2023, The Following Medications Are Plan Exclusions**

- **Golytely**
- **Moviprep**
- **Nulytely**
- **Osmoprep**
- **Plenvu**