



**FULLY FUNDED PLANS ONLY**

October 15, 2024

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 via postcard. If you have any questions, please call us at (413) 233-3535.

Sincerely,

Lindsey Bubar  
Manager of Client Services

Encl: Amendment 01-2025

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 01-2025**

This is an Amendment to your Health New England (HNE), 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, 2025, unless noted below.

The EOC is amended as shown below.

<b>Benefit, Program, or Requirement</b>	<b>Description</b>
<p><b>Out-of-Plan Deductible for PPO Plans (Small Group and Connector PPO Plans Only)</b></p>	<p>HNE is adding a Deductible for care from Out-of-Plan Providers. This will be separate from the Deductible for In-Plan Providers.</p> <p><b>Effective upon plan renewal on or after January 1, 2025</b></p>
<p><b>Wellness Reimbursement Increase for Small Group and Connector Products</b></p>	<p><b>Section 3 – Covered Benefits – Special Programs and Discounts.</b></p> <p>HNE is increasing the Wellness Reimbursement amount. The new amount is \$300 for an individual plan and \$600 for a family plan, per Calendar Year. The \$600 payment for a family plan can be split among family members on the plan. The max for each member on the plan is \$300.</p>
<p><b>COVID-19 Related Services Covered Before Deductible (High Deductible Health Plans Only)</b></p>	<p><b>Section 3 – Covered Benefits – Other Services</b></p> <p>Care related to COVID-19 will apply to the Deductible for High Deductible Health Plans. Once a Member has reached their Deductible, the care will be covered at no cost.</p>
<p><b>Medical Drugs, Chemotherapy and Radiation Therapy</b></p>	<p><b>Section 3 – Covered Benefits – Outpatient Services</b></p> <p>Medical Drugs, Chemotherapy and Radiation Therapy care will apply to the Plan Deductible, if applicable. Medical Drugs are covered by your Medical benefit, not Pharmacy benefit. These drugs may not be self-administered.</p> <p>If you are enrolled in a Custom Large Group plan, please refer to your Sales Rep.</p> <p><b>Effective upon plan renewal on or after January 1, 2025</b></p>
<p><b>Removing Copay Limits for Diagnostic Imaging</b></p>	<p><b>Section 3 – Covered Benefits – Outpatient Services</b></p> <p>HNE is removing the limit of 3 copays per year for Diagnostic Imaging (CT Scans, MRAs, MRIs, PET Scans, etc.). You will pay a copay each time you have one of these scans.</p>

<b>Benefit, Program, or Requirement</b>	<b>Description</b>
<b>Updated Policy for Cosmetic and Reconstructive Services</b>	<p><b>Section 4 – Exclusions and Limitations – Cosmetic Services</b></p> <p>HNE has updated the policy for Cosmetic and Reconstructive care. The policy can be found at <a href="https://healthnewengland.org/providers/resources">https://healthnewengland.org/providers/resources</a> under Behavioral Health/Medical Policies.</p>
<b>Services and Procedures that Require Prior Approval</b>	<p><b>Section 5 - Claims and Utilization Management – Services and Procedures that Require Prior Approval</b></p> <p>The items below need Prior Approval.</p> <ul style="list-style-type: none"> <li>• Arthroplasty (joint replacement)</li> <li>• Heart Valve Replacement (Prior Approval needed for each valve)</li> </ul> <p>Sleep studies at home no longer need Prior Approval. Sleep studies in a lab still need Prior Approval.</p>
<b>New Office of Patient Protection Website and Email</b>	<p><b>Section 6 – Inquiries and Grievances – Massachusetts Office of Patient Protections (OPP)</b></p> <p>The OPP has a new website, email address and External Review Form.</p> <p>Website  <a href="https://masshpc.gov/opp">https://masshpc.gov/opp</a>  Email  <a href="mailto:hpc-opp@mass.gov">hpc-opp@mass.gov</a>  Form  <a href="https://masshpc.gov/opp/external-review-health-insurance#Forms">https://masshpc.gov/opp/external-review-health-insurance#Forms</a></p>

**Prescription Drug Coverage**

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

**Step Therapy Drug changes effective January 1, 2025**

For Health New England (HNE) to cover the Step Therapy drugs listed here, you first must try the corresponding First Line drugs. If HNE has paid a claim for the First Line drug within the previous 365 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 provider can contact HNE to request a medical review.

**All new Step therapy requirements apply only to new prescriptions.**

<b>You must try:</b>	<b>First Line Drug(s):</b>	<ul style="list-style-type: none"><li>• Naproxen immediate release</li></ul>
<b>Before HNE will cover:</b>	<b>Step Therapy Drug(s):</b>	<ul style="list-style-type: none"><li>• Naproxen delayed release 375mg and 500mg</li></ul>

**Quantity Limit Additions**

Starting January 1, 2025, Health New England will add Quantity Limits to the drugs below

<b>Drug Name</b>	<b>Quantity Limit per 30-Day Supply (unless otherwise specified)</b>
<b>First-Omeprazole</b>	<b>300mL</b>
<b>Mycophenolate solution</b>	<b>160mL</b>
<b>Guanfacine extended release</b>	<b>60 tablets</b>

**Effective January 1, 2025, The Following Medications Require Prior Authorization Thru Magellan/Prime Therapeutics**

- Supprelin LA

**Effective January 1, 2025 - The Following Medications Are Not Covered See Below for Covered Formulary Alternatives**

- Humira –formulary alternative: adalimumab biosimilar

**Effective January 1, 2025, The Following Medications Will Have Age Restriction of 13 Years Old or Less**

- Naproxen suspension 125mg/5mL
- First-Omeprazole
- Mycophenolate solution

**Prescription Drug Coverage**

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

**Effective January 1, 2025, The Following Medications Will No Longer Require Step Therapy**

- **Telmisartan**
- **Ciclopirox 8% solution**
- **Adapalene-Benzoyl Peroxide gel 0.1-2.5%**
- **Adapalene-Benzoyl Peroxide gel 0.3-5.2%**

**Effective January 1, 2025, The Following Medications Will No Longer Skip Deductible for High Deductible Health Plans**

- **Paxlovid**

**Effective January 1, 2025, The Following Medications Require Prior Authorization Thru OptumRx**

- **Aveed**
- **Envarsus XR**
- **Edex**
- **Caverject**
- **Astagraf XL**

**Effective January 1, 2025, The Following Medication Will be Covered For Treatment For Preeclampsia With a Maximum Age of 55**

- **Aspirin 81mg**

**Effective January 1, 2025, The Following Medications Will be Covered for Members 45-75 Years Old With No Copayment**

- **Bowel Prep Agents**

**Effective January 1, 2025, The Following Medications Are Limited to a 30-Day Supply**

- **Ozempic**
- **Trulicity**
- **Victoza**
- **Byetta**
- **Bydureon**
- **Mounjaro**