



**FULLY FUNDED PLANS ONLY**

April 15, 2025

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. Unless otherwise noted, these changes are effective July 1, 2025.

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, Client Services

Encl: Amendment 02-2025

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 02-2025**

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 July 1, 2025, unless noted below.

The EOC is amended as shown below.

<b>Benefit, Program, or Requirement</b>	<b>Description</b>
<b>Increased Limit for Compound Drugs</b>	<p><b>Prescription Drug Rider</b></p> <p>HNE has increased coverage for compound drugs from \$40 to \$100. Prior Approval is needed if the ingredients in the drug add up to cost more than \$100.</p> <p><b>Effective 8/1/2024</b></p>
<b>Connector Phone Number Change (Connector Plans Only)</b>	<p><b>Massachusetts Requirement to Purchase Health Insurance</b>  <b>Section 8 – How to Enroll and How Coverage Begins</b>  <b>Section 10 – Continuation of Coverage</b></p> <p>The Massachusetts Health Connector has changed their TTY phone number to 711. Please dial 711 to call the Connector TTY line.</p> <p><b>Clarification</b></p>
<b>Fertility Preservation Services</b>	<p><b>Section 3 – Covered Benefits – Family Planning and Infertility Treatment</b></p> <p>HNE covers standard fertility preservation services, including, but not limited to, coverage for procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue, when the enrollee has a diagnosed medical or genetic condition that may directly or indirectly cause impairment of fertility by affecting reproductive organs or processes.</p>
<b>Postpartum Maternal Health Benefits</b>	<p><b>Section 3 – Covered Benefits – Maternity Care</b></p> <p>HNE covers postpartum maternal health care. This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Screenings for postpartum depression and major depressive disorders</li> <li>• Donor human milk and donor human milk-derived products</li> <li>• Universal postpartum home visiting services</li> </ul>

Benefit, Program, or Requirement	Description
<b>Coverage for Opioid Alternatives</b>	<p><b>Section 3 – Covered Benefits – Pain Management Alternatives to Opioid Pain Products</b></p> <p>HNE covers alternatives for opioid products including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Recovery coaches and peer specialists if part of a licensed behavioral health treatment program, such as a licensed mental health clinic or outpatient hospital clinic and under the supervision of a licensed clinician, such as a licensed social worker, registered nurse, or clinical psychologist</li> <li>• Opioid antagonists</li> <li>• Broad spectrum of pain management services, including, but not limited to, non-medication, nonsurgical treatment modalities and non-opioid medication treatment options that serve as alternatives to opioid prescribing, in accordance with guidelines developed by the Division of Insurance</li> </ul> <p><b>Clarification</b></p>
<b>Prior Approval for Transfers Between Inpatient Facilities</b>	<p><b>Section 5 – Claims and Utilization Management Procedures</b></p> <p>Prior Approval is needed to move from a hospital to another inpatient care location. HNE will decide within one business day of getting all facts.</p>
<b>Services Requiring Prior Approval</b>	<p><b>Section 5 – Claims and Utilization Management Procedures</b></p> <p>The care below needs Prior Approval.</p> <ul style="list-style-type: none"> <li>• Fertility preservation services</li> <li>• Transcatheter Pulmonary Valve Implantation</li> <li>• Peripheral Nerve Stimulation (PNS) and Peripheral Subcutaneous Field Stimulation (PSFS)</li> </ul>

***Prescription Drug Coverage- Commercial***

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

*For 5-tier formulary- Tier 4-lowest specialty tier; Tier 5-highest specialty tier*

**Effective July 1, 2025, The Following Medications Require Prior Authorization Thru Optum**

- **Humatin**

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

- **Amcinonide cream, ointment and lotion**-Formulary Alternatives: Generic topical steroids such as mometasone, triamcinolone and clobetasol
- **Chlorzoxazone 250mg tablet**-Formulary Alternatives: Chlorzoxazone 500mg tablets
- **Clemastine syrup, suspension and chewable**-Formulary Alternatives: Clemastine 2.68mg tablets
- **Clindamycin-tretinoin gel 1.2-0.025%**-Formulary Alternatives: Topical clindamycin and tretinoin as separate agents
- **Humira** - formulary alternative: adalimumab biosimilar

**Effective July 1, 2025, The Following Medication no longer requires Step Therapy**

- **Fesoterodine**