Health New England

FULLY FUNDED PLANS ONLY

April 15, 2026

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, 2026.

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 02-2026

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).

Health New England

AMENDMENT 02-2026

This is an Amendment to your Health New England, Inc. (HNE) 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, 2026, unless noted below.

The EOC is amended as shown below.

Benefit, Program, or Requirement	Description
Long Term Acute Care (LTAC)	**Section 3 – Covered Benefits – Long Term Acute Care** HNE has updated the way we describe LTAC to make it easier to understand. The text below is removed from the EOC: LTAC hospitals are designed for extended stay members with chronic conditions that no longer need intensive diagnostic care. **Clarification**
Kidney Transplant Locations	**Section 3 – Covered Benefits – Human Organ Transplants and Bone Marrow Transplants** Kidney Transplants do not need to take place at a transplant Center of Excellence (COE). The text below is added to the EOC: Kidney Transplants do not need to take place at a COE. **Clarification**

Benefit, Program, or Requirement	Description
Hair Removal for Gender Affirming Care	**Section 3 – Covered Benefits – Gender Affirming Care** HNE covers electrolysis for hair removal when it is Medically Necessary for Gender Affirming Care. This needs Prior Approval. The text below is added to the EOC: • Coverage for Electrolysis (excess hair removal) when Medically Necessary **Section 4 – Exclusions and Limitations – Cosmetic Services.** The text below is added to the list of cosmetic care HNE does not cover: • The removal of excessive skin (except when Medically Necessary as part of Gender Affirming Care) **Clarification**
Trigger Point Injections	**Section 4 – Exclusions and Limitations - Exclusions** HNE covers trigger point injections. Dry needling is not covered. The text below is removed from the EOC: • Dry needling (trigger point acupuncture) It is replaced with: • Dry needling **Clarification**
Private Healthcare System (PHCS) Available in Worcester County (PPO Plans Only)	**Section 1- How the Plan Works – Levels of Coverage** Members in PPO plans may get care from PHCS providers in Worcester County through our Extended Network. This care is considered In-Plan. The heading below is removed from the EOC: • ***With providers from the Extended Network outside the Service Area*** It is replaced with: • ***With providers from the Extended Network outside Berkshire, Franklin, Hampden and Hampshire, Counties*** **Effective January 1, 2026**

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

Step Therapy Drug changes effective July 1, 2026:

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 180 or 365 days (depending on the first line drug), 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.

You must try:	**First Line Drugs:**	• Sevelamer carbonate 800mg
Before HNE will cover:	**Step Therapy Drug(s):**	• Sevelamer carbonate packet 0.8gm
You must try:	**First Line Drugs:**	• Sevelamer carbonate 800mg
Before HNE will cover:	**Step Therapy Drug(s):**	• Sevelamer carbonate packet 2.4gm
You must try:	**First Line Drugs:**	• Sevelamer carbonate 800mg
Before HNE will cover:	**Step Therapy Drug(s):**	• Sevelamer HCL 800mg tablet
You must try:	**First Line Drugs:**	• Sevelamer carbonate 800mg
Before HNE will cover:	**Step Therapy Drug(s):**	• Sevelamer HCL 400mg tablet

Tier Changes Effective July 1, 2026

Drug Name	Tier before 7/1/26	Tier on or after 07/1/26
Tezspire	**Medical Tier**	**Tier 2**
Xolair	**Tier 3**	**Tier 2**
Nucala	**Tier 3**	**Tier 2**
Dupixent	**Tier 3**	**Tier 2**

Effective July 1, 2026, The Following Medication will have quantity limit change

Drug Name	Quantity limit before 7/1/26	Quantity limit after 07/1/26
Escitalopram 20mg tablet	**1.5 tablets per day**	**2 tablets per day**

Effective July 1, 2026 The Following Medications Require Prior Authorization Thru Optum

- **Methitest 10mg tablets**
- **Methyltestosterone 10mg capsules**

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, 2026 The Following Medications will be Not Covered
• **Doxercalciferol** • **Paricalcitol**
Effective July 1, 2026 The Following Medications will be Covered
• **Oxybutynin chloride solution 5mg/5ml with a quantity limit of 30ml per day**
Effective July 1, 2026, The Following Medications Are Not Covered. **See Below for Covered Formulary Alternatives**
• **Stelara - Formulary Alternatives: ustekinumab biosimilars**