



FULLY FUNDED PLANS ONLY

April 14, 2023

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 03-2023

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).

AMENDMENT 03-2023

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, 2023, unless noted below.

The EOC is amended as shown below.

Benefit, Program, or Requirement	Description
Colorectal Cancer Screening	<p>Section 3 – Covered Benefits – Colorectal Cancer Screening</p> <p>The text below is removed from the EOC.</p> <ul style="list-style-type: none"> • Cologuard® (Effective January 1, 2021 Prior Approval is not required and Member Cost Sharing does not apply. Cologuard® tests will be limited to 1 every 3 Calendar Years.) <p>It is replaced with the below text.</p> <ul style="list-style-type: none"> • Cologuard® (Cologuard® tests will be limited to 1 every 3 Calendar Years.) <p>Clarification</p>
Telehealth	<p>Section 3 – Covered Benefits – Services delivered via Telehealth</p> <p>The text below is removed from the EOC.</p> <ul style="list-style-type: none"> • Services must be provided in real-time. Services are not covered if medical information is stored and forwarded to be reviewed at a later time without the patient being present. <p>Clarification</p>

Benefit, Program, or Requirement	Description
Genetic Testing	<p>Section 3 – Covered Benefits – Genetic Testing</p> <p>The text below is removed from the EOC.</p> <p>HNE covers genetic testing that is not experimental or investigational. Examples of genetic testing are:</p> <ul style="list-style-type: none"> • Testing for the breast cancer gene (BRCA) • Cologuard® genetic test for colorectal cancer screening (Effective January 1, 2021, Prior Approval will not be required for this test.) • The Colaris test for hereditary colorectal, ovarian, and endometrial cancer <p>It is replaced with the text below.</p> <p>HNE covers medically necessary genetic testing per medical policy. Examples of genetic testing are:</p> <ul style="list-style-type: none"> • Testing for the breast cancer gene (BRCA) • Testing for Lynch syndrome • Testing for Huntington’s Chorera <p>Clarification</p>
Clinical Trials	<p>Section 3 – Covered Benefits – Clinical Trials</p> <p>The text below is removed from the EOC.</p> <p>HNE covers patient care items and services provided in a clinical trial for cancer or another life threatening disease, as long as:</p> <ul style="list-style-type: none"> • The trial you are in is a “Qualified Clinical Trial” as defined under Massachusetts law or federal law • The service or item: <ul style="list-style-type: none"> • is consistent with the usual and customary standard of care • is consistent with the study protocol for the clinical trial • would be covered if the Member did not participate in the clinical trial <p>It is replaced with the text below.</p> <p>HNE may cover patient care items and services provided in a clinical trial for cancer or another life threatening disease, as long as required by Massachusetts or federal law and per our medical policy. Please discuss with your provider if you are discussing entering a clinical trial. HNE Member Services can give you more information about what would be covered in a clinical trial.</p>

Benefit, Program, or Requirement	Description
Abortion	<p>Section 3 – Covered Benefits – Family Planning Services and Infertility Treatment</p> <p>The text below is added to the EOC.</p> <p>Abortion related services include the following.</p> <ul style="list-style-type: none"> • Pre-operative evaluation and examination • Pre-operative counseling • Laboratory services, including pregnancy testing, blood type, and Rh factor • Rh (D) immune globulin (human) • Anesthesia (general or local) • Post-operative care • Follow up • Advice on contraception or referral to family planning services <p>Clarification</p>
Experimental or Investigational Treatments	<p>Appendix B – Disclosures Required by Law - Summary Description of HNE’s Procedures in Making Decisions about the Experimental or Investigational Nature of Individual Drugs, Medical Devices, or Treatments in Clinical Trials</p> <p>All references to HNE’s Medical Technology Assessment Committee (MTAC) are replaced with Medical/Pharmacy Policy Committee (MPPC).</p>

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, 2023:

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.

You must try:	First Line Drugs:	<ul style="list-style-type: none"> Azelaic acid 15% gel
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none"> Finacea foam
You must try:	First Line Drugs:	<ul style="list-style-type: none"> Linzess
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none"> Trulance Motegrity
You must try:	First Line Drugs:	<ul style="list-style-type: none"> Creon and Zenpep
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none"> Pancreaze Pertzye Viokace

Tier Changes Effective July 1, 2023

Drug Name	Tier before 7/1/23	For 3-tier formulary: Tier on or after 7/1/23	For 5-tier formulary: Tier on or after 7/1/23
Enbrel	Tier 3/Tier 5	Tier 2	Tier 4
Entyvio	Medical	Tier 3	Tier 5
Zenpep	Tier 3	Tier 2	Tier 2
Linzess	Tier 3	Tier 2	Tier 2

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

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Quantity Limit Additions

Starting July 1, 2023, Health New England will add Quantity Limits to the drugs below.

Drug Name	Quantity Limit per 30-day supply (unless otherwise specified)
<ul style="list-style-type: none"> Calcipotriene cream 	60 grams/ML

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

<ul style="list-style-type: none">• Calcipotriene ointment• Calcipotriene solution	
<ul style="list-style-type: none">• Finacea Foam	50 grams
Effective July 1, 2023, The Following Medications Are Limited to a 30-day supply	
<ul style="list-style-type: none">• Imatinib	