



November 1, 2009

Name  
Address1  
Address2  
City, State Zip

RE: Semi-Annual Notice of Changes

Dear HNE Employer:

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 members, their employers, our brokers, and our contracted providers of these changes.

We have attached a copy of an amendment to the HNE Explanation of Coverage. We will send this amendment to HNE subscribers with the next edition of our member newsletter, *My Health Matters*. If you have any questions, please call me at 413-233-3382.

Best regards,

A handwritten signature in black ink that reads "Ann Moriarty". The signature is fluid and cursive, with a large loop at the beginning.

Ann Moriarty  
Existing Business Manager

**AMENDMENT 01-2010**

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 is inconsistent with the terms of this Amendment no longer applies. This Amendment is effective as of January 1, 2010, unless noted below.

The EOC is amended as follows:

<b>Benefit, Program or Requirement</b>	<b>Description</b>
<p><b>HNE Fitness and Weight Watchers® Reimbursement Program</b></p>	<p>HNE is excited to announce our expanded fitness benefit. Starting January 1, 2010, members may be reimbursed for the following activities:</p> <ul style="list-style-type: none"> <li>● Fitness Club Memberships</li> <li>● Weight Watchers® (online, at work, and traditional)</li> <li>★ NEW! Aerobic and Wellness Classes and Personal Trainer Fees: Class instructors and personal trainers must be certified. They must work for a fitness or wellness facility. Classes may include: pilates, yoga, spinning, aerobics, strength training, tai chi, kickboxing, and martial arts.</li> <li>★ NEW! School and Town Sports Registration Fees</li> </ul> <p>HNE also has removed the four-month waiting period for reimbursement requests. Maximum reimbursement is \$150 per family per Calendar Year.</p>
<p><b>Diagnostic Testing</b></p>	<p>Sleep Studies do not require Prior Approval by HNE.</p> <p>There is a limit on the number of sleep studies HNE covers. The limit is two sleep studies per Calendar Year.</p>
<p><b>Durable Medical Equipment (DME)</b></p>	<p>The following DME items require Prior Approval:</p> <ul style="list-style-type: none"> <li>● Automatic CPAP (APAP) device</li> <li>● Bi-Level Positive Airways Pressure device</li> <li>● Continuous Positive Airway Pressure (CPAP) device</li> </ul> <p>Supplies for these devices do not require Prior Approval. Members can get supplies from an HNE contracted provider.</p>

If you have questions, please call HNE Member Services at 413-787-4004 or 800-310-2835, Monday – Friday, 8 a.m. – 5 p.m. or visit [hne.com](http://hne.com)

<b>Benefit, Program or Requirement</b>	<b>Description</b>
<b>Diabetic Related Items: Durable Medical Equipment</b>	<p>Insulin pumps. (You must receive Prior Approval for insulin pumps. If approved, insulin pumps and insulin pump supplies are not subject to the DME limit or Copay amounts.)</p> <p>Supplies for insulin pumps do <b>not</b> require Prior Approval if obtained from an HNE contracted provider.</p> <p>Therapeutic/molded shoes and shoe inserts. Coverage for footwear and inserts is limited to one of the following per Calendar Year:</p> <ul style="list-style-type: none"> <li>• One pair of custom-molded shoes (including inserts provided with those shoes) and two additional pairs of inserts</li> <li>• One pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with those shoes)</li> </ul>
<b>Services and Procedures that Require Prior Approval</b>	<p>The following service is removed from the Prior Approval List. Members may make an appointment with any In-Plan provider without telling HNE first.</p> <ul style="list-style-type: none"> <li>• Non-dental oral surgery procedures</li> </ul> <p>The following service is added to the Prior Approval List. The treating provider must request approval from HNE before providing the service.</p> <ul style="list-style-type: none"> <li>• Total Hip Resurfacing</li> </ul>
<b>Early Intervention Services</b>	<p>HNE covers early intervention (EI) services. These services must be delivered by certified EI specialists. These specialists work in EI programs and are certified by the Department of Public Health. Coverage is for Members from birth until age 3. HNE has removed the annual and lifetime dollar limits for these services.</p>

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<b>Benefit, Program or Requirement</b>	<b>Description</b>
<b>Mental Health and Substance Abuse Services</b>	<p><b>Inpatient Mental Health Services</b>            Inpatient admissions require Prior Approval from HNE. Please call HNE’s Behavioral Health Department at 413-787-4000, ext 5028, or 800-842-4464, ext 5028. Your doctor, a family member, or your provider may call for you. HNE removed the 60-day limit per Calendar Year for these services. There is no number of days per Calendar Year limit for Medically Necessary inpatient Mental Health services.</p> <p><b>Prior Approval</b>            The following outpatient mental health and substance abuse services require Prior Approval. (Note: This is not a change. These services require Prior Approval under your current plan.)</p> <ul style="list-style-type: none"> <li>• Neuropsychological Testing</li> <li>• Partial Hospitalization</li> <li>• Dialectical Behavioral Therapy</li> <li>• Family Stabilization Team</li> <li>• Mental health and substance abuse services after the 15th visit</li> </ul>
<b>Office of Patient Protection (OPP) address change</b>	<p>Massachusetts has set up an Office of Patient Protection (OPP) within the Department of Public Health. This office accepts consumer complaints and manages the external review process described in your EOC. The new address for the OPP is:</p> <p style="padding-left: 40px;">Office of Patient Protection            Department of Public Health            99 Chauncy Street            Boston, MA 02111            Phone: 800-436-7757            Fax: 617-624-5046</p>

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<b>Benefit, Program or Requirement</b>	<b>Description</b>
<b>Eligibility: Student Dependents</b>	<p><b>Michelle's Law</b> Michelle's Law applies to dependent college students. It protects them from losing coverage if a serious illness or injury causes them to leave school or stop going to school full-time.</p> <p>It requires all group health plans to continue coverage if:</p> <ol style="list-style-type: none"> <li>1. The child qualifies as a Dependent under the Plan</li> <li>2. The child is enrolled in the plan as a full-time student (college or like place of higher learning). Enrollment must take place before the first day that the medically necessary leave is needed.</li> </ol> <p>In addition, the child's leave of absence must:</p> <ul style="list-style-type: none"> <li>• Start while the child is suffering from serious illness or injury</li> <li>• Be medically necessary, as certified by the child's treating physician</li> <li>• Cause the child to lose student status under the terms of the plan</li> </ul> <p>Coverage will continue until the earlier of:</p> <ul style="list-style-type: none"> <li>• One year after the leave of absence due to medical necessity</li> <li>• The date coverage would otherwise end under the terms of the Plan</li> </ul>

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**Prescription Drug Coverage (Note: Some changes may be different if your Plan has the HNE Performance Formulary. To find out which Formulary your Plan has, check your Explanation of Coverage or call HNE Member Services.)**

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

**Clinical Review Period**

In general, new brand name drugs, or existing drugs with new treatment purposes, are not added to HNE’s Formulary right away. There is at least a six month period after they are approved by the FDA called the Clinical Review Period (CRP).

HNE does not cover drugs during the CRP. Your doctor may ask us to make an exception. If we approve coverage of the drug during the CRP, your Copay will be \$50 or 50% of the cost of the drug, whichever is greater. At the end of the CRP, HNE may decide not to cover the drug and add it to the exclusion list. If this happens, HNE will not cover you for the drug after the CRP. If HNE does decide to cover the drug, your Copay will be the amount for the tier to which the drug is assigned.

**Tier Assignments**

The following Prescription Drugs are changing Copay Tier Assignment

Drug Name	For Employers who have chosen the HNE Formulary benefit, this drug is changing from:	For Employers who have chosen the HNE Performance Formulary benefit, this drug is changing from:
Metrogel®	Tier 2 to Tier 3	Tier 2 to Non-formulary
Retin-A Micro®	Tier 2 to Tier 3	Tier 2 to Non-formulary

**Drug Specific Coverage Limitations**

**HNE limits the coverage of specific drugs to control costs and ensure safe and effective use. HNE may place limits on the quantity of a drug covered, the amount that can be obtained for each Copayment, or the medical conditions for which a covered drug may be prescribed.**

**Prior Approval**

HNE requires Prior Approval for all brand name drugs if a generic equivalent is available (for example, Percocet®, Prilosec®).

HNE requires Prior Approval for the following drugs:

- Lidoderm®
- Restasis®
- Xenazine®

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**Prescription Drug Quantity Limitations**

Drug Name	Quantity Limit
Leukine®	14 vials per 30 days
Lidoderm®	90 patches per 30 days
Restasis®	60 units per 30 days
Venlafaxine ER® 37.5 mg	30 capsules per 30 days
Venlafaxine ER® 75 mg	30 capsules per 30 days
Venlafaxine ER® 150 mg	60 capsules per 30 days
Venlafaxine ER® 225 mg	30 capsules per 30 days

**Step Therapy:**

For HNE to cover the Step Therapy drugs listed here, you first must try one of the corresponding First Line drugs. If HNE has paid a claim for the First Line drug within the previous 180 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 doctor can contact HNE to request a medical review.

**Blood glucose test strips**

<b>You must try:</b>  <b>Before HNE will cover:</b>	<b>First Line Drug(s):</b>	Preferred Brands: <ul style="list-style-type: none"> <li>• One Touch®</li> <li>• Accu-Check®</li> </ul>
	<b>Step Therapy Drug(s):</b>	Any non-preferred brand of blood glucose test strips

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<b>Acne Preparations</b>			
<b>You must try:</b>	<b>First Line Drug(s):</b>	Generic:	metronidazole cream, gel, or lotion 0.75%
<b>Before HNE will cover:</b>	<b>Step Therapy Drug(s):</b>	<ul style="list-style-type: none"> <li>• Metrogel®</li> <li>• Metrogel® 1%</li> <li>• Noritate® 1% cream</li> </ul>	<ul style="list-style-type: none"> <li>• Rozex® emulsion</li> <li>• Finacea® gel</li> </ul>
<b>You must try:</b>	<b>First Line Drug(s):</b>	Generic:	tretinoin cream
<b>Before HNE will cover:</b>	<b>Step Therapy Drug(s):</b>	<ul style="list-style-type: none"> <li>• Atralin®</li> <li>• Differin®</li> </ul>	<ul style="list-style-type: none"> <li>• Retin-A Micro®</li> <li>• Tazorac®</li> </ul>
<b>Hepatitis C Agents</b>			
<b>You must try:</b>	<b>First Line Drug(s):</b>	<ul style="list-style-type: none"> <li>• Pegasys®</li> </ul>	
<b>Before HNE will cover:</b>	<b>Step Therapy Drug(s):</b>	<ul style="list-style-type: none"> <li>• Peg-Intron®</li> </ul>	
<b>Fibromyalgia Agents</b>			
<b>You must try:</b>	<b>First Line Drug(s):</b>	<ul style="list-style-type: none"> <li>• Carbamazepine</li> <li>• Depakote®</li> <li>• Dilantin®</li> <li>• Felbatol®</li> <li>• Gabapentin</li> </ul>	<ul style="list-style-type: none"> <li>• Gabitril®</li> <li>• Lamotrigine</li> <li>• Keppra®</li> <li>• Topiramate</li> <li>• Zonegran</li> </ul>
<b>Before HNE will cover:</b>	<b>Step Therapy Drug(s):</b>	Lyrica®	

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