



May 2010

RE: Semi-Annual Notice of Changes

Dear HNE Member:

Health New England (HNE) is making some changes to your Plan, most of which become effective July 1, 2010.

I have enclosed an amendment to your HNE Explanation of Coverage. This amendment outlines changes to certain benefits and programs that are part of the standard benefit plan. Please read the information carefully and keep it with your membership materials for future reference.

If you have any questions, please feel free to call Member Services at 413-787-4004 or 800-310-2835. Our staff is available Monday through Friday, 8:00 a.m. to 5:00 p.m. We will be happy to help you.

Sincerely,

A handwritten signature in black ink that reads "Sarah A. Fernandes". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Sarah A. Fernandes

Member Services Manager

AMENDMENT 04-2010

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 July 1, 2010, unless noted below.

The EOC is amended as follows:

| Benefit, Program or Requirement | Description |
|--|---|
| Maternity Care | HNE no longer requires prior approval for one postpartum home visit within 2 days (48 hours) post-discharge, regardless of the mother's length of hospital stay. This change is effective April 1, 2010. |
| <p>Outpatient Short-Term Rehabilitation Services</p> <p>These statements are added to clarify your Member Agreement. This does not change your existing coverage.</p> | <p>This benefit refers to Physical therapy, Occupational therapy, and Respiratory therapy that is used for the purpose of restoring and rehabilitating to a prior level of functioning.</p> <p>WHAT IS NOT COVERED:</p> <ul style="list-style-type: none"> • Rehabilitative treatment for non-acute chronic conditions • Maintenance treatments designed to retain health or bodily function, or to continue or monitor your current state or condition • Massage therapy, including myotherapy • Vocational rehab, or vocational evaluations focused on job adaptability, job placement, or therapy to restore function for a specific occupation • Educational services or testing, except services covered under the benefit for Early Intervention Services. • Occupational and Physical therapy services for children with developmental delays or disabilities that fall under MGL 71B (referred to as Chapter 766) are not covered. Members must seek benefits available under MA state law and seek a Chapter 766 evaluation. See the Exclusions section of your Member Agreement. |
| Durable Medical Equipment, Prosthetic Equipment, and Medical and Surgical Supplies | Specialized helmets for medical disorders are removed from the list of items that require Prior Approval. These items no longer require Prior Approval by HNE. |
| Exclusion removed | HNE now covers continuous glucose monitoring systems. HNE requires Prior Approval for this item. |
| Exclusion added | HNE does not cover human papillomavirus (HPV) vaccine, such as Gardasil®, for males. |

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

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.*)

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.

Prescription Drug Quantity Limitations

| Drug Name | Quantity Limit |
|---------------------------|-------------------------------|
| Effexor XR® all strengths | 30 capsules per 30 day supply |
| Cymbalta® all strengths | 30 tablets per 30 day supply |

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. (*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.*)

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

| | | |
|-------------------------------|--|---|
| You must try: | First Line Drug(s): | <ul style="list-style-type: none"> One Touch® Accu-Check® |
| | <p>Note: The following companies offer free glucometers:</p> <ul style="list-style-type: none"> Roche offers a voucher which the patient takes to the pharmacy with the prescription from the ordering physician. The Accu-Chek Aviva, Accu-Chek Active, and Accu-Chek Compact are the free models offered. Call (888)355-4242. LifeScan offers either the One Touch Ultra or One Touch UltraSmart glucometer and delivers it directly to the patient. Call (877) 262-3985. | |
| Before HNE will cover: | Step Therapy Drug(s): | Any non-preferred brand of blood glucose test strips |

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