



IMPORTANT CHANGES FOR 2006

H E A L T H N E W E N G L A N D



Important Changes for 2006

November 1, 2005

RE: Semi-Annual Notice of Changes

Dear Subscriber:

Health New England (HNE) is making some changes to your plan, most of which become effective January 1, 2006.

I have enclosed an amendment to your HNE Explanation of Coverage. This amendment outlines changes to certain benefits, programs and processes 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, appearing to read 'Joseph O'Hare', written in a cursive style.

Joseph O'Hare
Manager, Member Services and Enrollment

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 on January 1, 2006, except as noted below.

The Agreement is amended as follows:

BENEFITS AND PROGRAMS

Benefit/ Program Type	Description	Effective Date of Change
<p>Network Expansion</p> <p>HNE is expanding our Network of contracted providers to include certain Urgent Care Centers</p>	<p>At HNE, we understand how important it is for our members to be able to get services when they need them. We recognize that medical problems may occur at any time. HNE requires contracted primary care physicians (PCPs) to provide on-call coverage 24 hours a day, seven days a week.</p> <p>Beginning January 1, 2006, members also will have the option to receive services at an HNE contracted Urgent Care Center. HNE will continue to encourage our members to contact their PCP first, however, they will not be required to do so prior to receiving services at a contracted Urgent Care Center. The member will be responsible to pay a copayment for these services, which will be the same as the copayment that they pay for office visits with a specialist.</p> <p>Urgent Care Centers may provide care for minor illnesses or injuries – for example, colds, minor sore throats, flu-like symptoms, or injuries of more than 24 hours’ duration.</p> <p>As always, all members have the opportunity to obtain health care services for an Emergency Medical Condition. This includes the option of calling the local pre-hospital emergency medical service system or dialing the emergency telephone access number (911), or its local equivalent, whenever confronted with an Emergency Medical Condition which, in the judgment of a prudent layperson, would require pre-hospital emergency services.</p> <p>For a list of contracted Urgent Care Centers, please contact HNE Member Services at 413-787-4004 or 800-310-2835.</p>	<p>1/1/2006</p>

- Breast prostheses (related to mastectomy as required by law)
- Compression stockings
- Oxygen and related supplies (not subject to dollar limit)

What requires Prior Approval

- Certain diabetic equipment and supplies
- Facial Prostheses (including artificial eyes)
- Power wheelchairs
- Specialized beds/mattresses for wound care
- Specialized helmets for medical disorders
- High cost equipment, including:
 - Air fluidized beds
 - Bone Growth Stimulators
 - Cochlear Implants
 - External defibrillators
 - High-frequency chest wall compression devices/oscillation vests
 - Intrapulmonary percussive ventilation systems
 - Sacral nerve stimulators
 - Spinal cord stimulators
 - Wound vacuum systems

What is not covered

- Arch supports, orthotic devices and corrective shoes (except those for diabetic foot care)
- Articles of special clothing, mattress and pillow covers, including hypo-allergenic versions
- Bed pans and bed rails
- Bidets; bath/shower chairs
- Certain disposable items or dressing supplies (for example, alcohol wipes, sterile water, saline solution, tape, Band Aids, adhesive remover, topical anesthetics)
- Comfort or convenience items such as telephone arms, air conditioners, and overbed tables
- Dehumidifiers, humidifiers, air cleaners or purifiers, HEPA filters and other filters, and portable nebulizers
- Electric and myoelectric artificial limbs
- Electronic blood pressure monitors and cuffs
- Elevators, ramps, stair lifts, chair lifts, strollers, and scooters
- Exercise or sports equipment
- Eyeglasses and contact lenses (unless specifically covered in the Explanation of Coverage)
- Hearing aids or related devices (unless specifically covered in the Explanation of Coverage)
- Heating pads, hot water bottles, and paraffin bath units
- Hot tubs, saunas, Jacuzzis, swimming pools, or whirlpools
- Incontinence products
- Safety equipment (for example, car seats, or safety belts, harnesses or vests)
- Speech generating devices and external urinary catheters
- Any home adaptations, including, but not limited to home improvement and home adaptation equipment
- Repair or replacement of equipment or devices as a result of loss, negligence, willful damage, or theft
- Items that are considered experimental, investigational, or not generally accepted in the medical community.
- Items that do not meet the coverage criteria listed above.

HNE will notify you of any change to the list of what is covered, requires Prior Approval, or is not covered. HNE will provide you with an amendment to this EOC, which shows the change.

Clarification of coverage provided for Durable Medical Equipment (DME) and Prosthetic Equipment

The following paragraphs provide a detailed description of HNE coverage for DME and prosthetic equipment. Shaded information has been added to the current language in the explanation of coverage. This section replaces the corresponding section in the current EOC.

Durable Medical and Prosthetic Equipment (Some items require Prior Approval)

Please call Member Services with questions about whether a particular item is covered.

HNE will provide coverage for certain durable medical equipment (DME) and prosthetic devices. These items must be prescribed by a physician and be Medically Necessary.

In order to be covered, durable medical equipment must meet the following coverage criteria:

1. It is primarily and customarily used in the treatment of an illness or injury or for the rehabilitation of a malformed body part. (This does not apply to prostheses.)
2. It is able to withstand repeated use.
3. It is primarily intended for activities of daily living.
4. It is not intended primarily for sports-related purposes.
5. It is appropriate for home use (i.e., not hospital or physician equipment).
6. It should not serve the same purpose as equipment already available to a Member. (HNE may make an exception if the equipment contributes to important clinical decisions and will supply the level of precision needed.)
7. It should not be more costly than a medically appropriate alternative.

HNE will only cover one item of each type of equipment that meets the Member's need. No back-up items are covered.

What is covered

- HNE covers DME and some medical and surgical supplies when Medically Necessary. Coverage is limited to the annual dollar limit listed in the Chart of Benefits of the Explanation of Coverage. For each covered item, the Member is responsible for the Copayment amount, also listed in the Chart of Benefits. HNE may decide whether to purchase or rent the equipment. HNE bases the benefit maximum on the cost of equipment to HNE. HNE may recover the equipment if your doctor decides you no longer need it, or if your membership ends. The cost of the repair and maintenance of covered equipment is also covered within the annual limits and subject to the Member Copayment for DME. Oxygen from In-Plan Providers is not subject to the annual limit or the Member Copayment for DME.
- HNE covers prosthetic limbs. Coverage is limited to the dollar amount listed in the Chart of Benefits in the Explanation of Coverage. This annual limit is separate from the annual limit for DME items. There is no Member Copayment required for the purchase of prosthetic limbs.
- HNE provides coverage in full for certain high cost equipment. These items do not count towards the annual DME limit. HNE provides coverage for the full cost with no Member Copayment required. ***Prior Approval from HNE is required for these items.*** For a list of these items, see below or contact Member Services.

When ordered as part of an approved home health care plan, there is no dollar limit on respiratory equipment, glucometers, or durable medical equipment.

HNE Covers items such as those listed below:

- Canes/Crutches/Walkers
- Certain types of braces or splints
- Hospital beds
- Infusion pumps
- Wheelchairs
- Ostomy supplies
- Certain wound care supplies
- Certain diabetic equipment and supplies
- Respiratory equipment and related supplies
- Limb prostheses (artificial arms and legs), other than electronic or myoelectric devices

Benefit/ Program Type	Description	Effective Date of Change
<p>Infertility Treatment</p> <p>Change in HNE's Infertility Protocol</p>	<p>NOTE: HNE has changed the Infertility Protocol referenced in the benefit description below (last paragraph, in bold). Only the Protocol has changed, all other coverage provisions are the same. For copies of the updated Infertility Protocol, please contact HNE Member Services at 413-787-4004 or 800-310-2835.</p> <p><i>HNE covers Infertility services for Massachusetts residents only.</i></p> <p>HNE covers all non-experimental Infertility procedures, including but not limited to:</p> <ol style="list-style-type: none"> 1. Artificial Insemination (AI) 2. In Vitro Fertilization and Embryo Transfer(IVF-ET) 3. Gamete Intrafallopian Transfer (GIFT) 4. Sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent such costs are not covered by the donor's insurer, if any 5. Intracytoplasmic Sperm Injection (ICSI) for the treatment of male factor Infertility 6. Zygote Intrafallopian Transfer (ZIFT) <p>For assisted reproductive technologies, your PCP or treating In-Plan Provider must obtain HNE's approval for the services to be covered. HNE covers these services in accordance with the terms of HNE's Infertility Protocol. Benefit limits and exclusions are also listed in the Protocol. You may call HNE Member Services for a copy of the protocol.</p>	<p>1/1/2006</p>
<p>Children's Preventive Dental</p> <p>New Dental vendor</p>	<p>HNE has replaced its dental vendor, Delta Dental, for Children's Preventive Dental Services. The new vendor is Altus Dental Insurance Company, Inc. Many of the dentists in our existing network are already part of the Altus Dental network. Additionally, Altus Dental is working to recruit those dentists from our existing network who currently do not participate in the Altus Dental network.</p> <p>Members who receive services from dentists who are part of the Altus Dental Network will not be responsible for the \$25.00 per child per Calendar Year deductible.</p> <p>Members may continue to receive services from dentists who do not participate in the Altus Dental network, however, the member will be responsible for the first \$25.00 per child per Calendar Year. In addition, Out-of-Network dentists may bill the member for any Remaining Balances. A Remaining Balance is that portion of an Out-of-Plan Provider's charge that is above Altus Dental's Maximum Allowable Fee.</p>	<p>1/1/2006</p>

Benefit/ Program Type	Description	Effective Date of Change
<p>Services and Procedures that require Prior Approval</p> <p>Certain prescription drugs which are covered as a medical benefit require Prior Approval</p>	<p>The following prescription drugs require Prior Approval. They are part of the HNE medical benefit, not the HNE prescription benefit. Members are covered for these drugs even if they do not have HNE's prescription benefit. HNE's pharmacy benefits manager has been delegated to perform prior review using HNE-approved criteria.</p> <ul style="list-style-type: none"> • Cerezyme[®] • Fabrazyme[®] • Flolan[®] • Remodulin[®] 	1/1/2006
<p>Emergency Dental Services and Non-Dental Oral Surgery</p> <p>Clarification of specific exclusions</p>	<p>Under the heading, <i>What is not covered</i>, the following service is added as an exclusion:</p> <ul style="list-style-type: none"> • Orthognathic surgery in conjunction with orthodontic work. 	N/A
<p>Exclusions and Limitations</p> <p>Clarification of specific exclusions</p>	<p>HNE does not cover the following items or services:</p> <ul style="list-style-type: none"> • Elevators, ramps, stair lifts, chair lifts, strollers, and scooters • Any home adaptations, including, but not limited to home improvement and home adaptation equipment • Postoperative Disposable Ambulatory Regional Anesthesia (PDARA) • Cold Therapy Devices 	N/A
<p><i>Prescription coverage is offered as a rider to the standard benefit Plan. Please disregard the following sections if your HNE plan does not include a prescription drug benefit.</i></p>		
<p>Injectable Drugs</p> <p>Clarification of injectable drugs covered under the Prescription Drug benefit</p>	<p>The following drugs are covered under HNE's prescription drug benefit. HNE does not cover these drugs for those members who do not have HNE's prescription drug benefit. The items described are subject to any applicable member responsibility (copayment, deductibles, or coinsurance) for Prescription Drugs.</p> <ul style="list-style-type: none"> • Growth Hormone drugs • Aranesp[®] • Epogen[®] • Procrit[®] 	1/1/2006
<p>Prescription Drugs</p> <p>Prescription drugs added to the Prior Approval List</p>	<p>The following items are added to the list of <i>Drugs that require Prior Approval</i>. In order for members to obtain these drugs, the prescribing doctor must obtain Prior Approval. HNE's pharmacy benefits manager has been delegated to perform prior review using HNE-approved criteria.</p> <ul style="list-style-type: none"> • Aranesp[®] • Epogen[®] • Leukine[®] • Procrit[®] • Revatio[®] • Ventavis[®] • Zorbtive[®] 	1/1/2006

Benefit/ Program Type	Description	Effective Date of Change																					
<p>Prescription Drugs</p> <p>Prescription drugs added to the Prescription Drug Limitations List</p>	<p>The following items are added to the list of <i>Prescription Drug Limitations</i>. 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.</p> <ul style="list-style-type: none"> • Arixtra[®] - 14-day supply per prescription fill • Fragmin[®] - 14-day supply per prescription fill • Innohep[®] - 14-day supply per prescription fill • Lovenox[®] - 14-day supply per prescription fill • Neulasta[®] - 2 syringes per 30-day period • Neupogen[®] - 10 vials/syringes per 30-day period • Provigil[®] - covered only when prescribed to treat narcolepsy or fatigue from multiple sclerosis. Not covered for any other diagnosis. • Relenza[®] - 5-day supply per 30-day period with a maximum of 2 fills per calendar year. • Tamiflu[®] - 5-day supply per 30-day period with a maximum of 2 fills per calendar year. 	<p>1/1/2006</p>																					
<p>Prescription Drugs</p> <p>Change in Copayment tiers</p>	<p>The Following Prescription Drugs are changing from a Tier 2 Copayment to a Tier 3 Copayment:</p> <table border="0"> <tr> <td>• Beconase AQ[®]</td> <td>• Hexalen[®]</td> <td>• Nutropin[®]</td> </tr> <tr> <td>• Carbatrol[®]</td> <td>• Humatrope[®]</td> <td>• Saizen[®]</td> </tr> <tr> <td>• Celontin[®]</td> <td>• Innohep[®]</td> <td>• Serostim[®]</td> </tr> <tr> <td>• Diastat[®]</td> <td>• Neulasta[®]</td> <td>• Vesanoid[®]</td> </tr> <tr> <td>• Emcyt[®]</td> <td>• Neupogen[®]</td> <td>• Xeloda[®]</td> </tr> <tr> <td>• Gabitril[®]</td> <td>• Nilandron[®]</td> <td>• Zoladex[®]</td> </tr> <tr> <td>• Genotropin[®]</td> <td>• Norditropin[®]</td> <td>• Zorbtive[®]</td> </tr> </table>	• Beconase AQ [®]	• Hexalen [®]	• Nutropin [®]	• Carbatrol [®]	• Humatrope [®]	• Saizen [®]	• Celontin [®]	• Innohep [®]	• Serostim [®]	• Diastat [®]	• Neulasta [®]	• Vesanoid [®]	• Emcyt [®]	• Neupogen [®]	• Xeloda [®]	• Gabitril [®]	• Nilandron [®]	• Zoladex [®]	• Genotropin [®]	• Norditropin [®]	• Zorbtive [®]	<p>1/1/2006</p>
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