



November 1, 2008

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 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 along with the winter 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, appearing to read "Ann Moriarty", written in a cursive style.

Ann Moriarty
Existing Business Manager

AMENDMENT 01-2009

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, 2009, unless noted below.

The Agreement is amended as follows:

Benefit, Program or Requirement	Description
<p>Nutritional Support: Non-prescription enteral formulas for home use</p> <p>Increase in coverage limit from \$2,500 to \$5,000</p> <p>Change effective date: October 28, 2008</p>	<p>HNE covers non-prescription enteral formulas for home use that are medically necessary for the treatment of malabsorption caused by:</p> <ul style="list-style-type: none"> • Crohn’s disease • Ulcerative colitis • Gastroesophageal reflux • Gastrointestinal motility • Chronic intestinal pseudo-obstruction • Allergic enteropathy, including allergic colitis <p>Low protein food products for inherited disease of amino acids and organic acids. Coverage for low protein food products will not exceed \$5,000 per member per calendar year.</p>
<p>Routine Childhood and Adult Immunizations</p>	<p>Effective September 1, 2008, HNE covers the intranasal influenza vaccine for members aged 2 through 18. HNE does not cover the intranasal influenza vaccine for members aged 19 and older.</p>
<p>Services and Procedures that Require Prior Approval</p>	<p>The sentence in italics is added to your EOC. This is in the Section: Claims and Utilization Management Procedures.</p> <p>Some services require Prior Approval. These services are covered only if HNE approves them in advance. <i>If any cosmetic procedure is performed at the same time as the approved services, all services will be denied.</i></p> <p>For a list of services that require prior approval, please see your EOC or contact HNE Member Services.</p> <p>The following services require Prior Approval:</p> <ul style="list-style-type: none"> • Genetic testing for detection of the breast cancer gene (BRCA).
<p>Speech Therapy</p>	<p>HNE covers the initial speech therapy evaluation without prior approval. Prior approval is required for speech therapy services after the initial evaluation.</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

Benefit, Program or Requirement	Description
<p>Behavioral Health</p> <p>Removal of annual benefit limit for outpatient mental health and substance abuse services</p>	<p>Mental Health Services and Substance Abuse Services HNE has removed the annual benefit limit for outpatient mental health and substance abuse services. All covered mental health and substance abuse services are provided as part of the outpatient behavioral health benefit. HNE has removed any difference between the prior approval requirements and member cost sharing for mental health and substance abuse services.</p> <p>For mental health <i>and</i> substance abuse services with an in-plan provider, you do not have to contact HNE before you get services. HNE does require your provider to send us a treatment plan prior to your 16th visit. This requirement applies to any combination of mental health and substance abuse services. For example, if you have 7 outpatient substance abuse visits, and 8 outpatient mental health visits, your provider should send a treatment plan to HNE before your next mental health or substance abuse visit.</p> <p>You pay your PCP office visit copayment for all outpatient mental health and outpatient substance abuse services.</p>

Prescription Drug Coverage

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.

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 contact HNE Member Services.

Self injectable drugs and oral oncology drugs

All self-injectable drugs and oral oncology drugs must be filled at ICORE Healthcare, HNE’s specialty pharmacy vendor. No copay will apply through December 2008. Beginning January 2009, these drugs will be subject to a tiered copayment.

Only urgently needed injectable medical drugs may be filled at contracted retail pharmacies. These will be subject to a tiered copay. For information about your copayment amount, please contact HNE Member Services.

Tier Assignments
The following Prescription Drugs are changing Copay Tier Assignment

Drug Name	HNE Formulary New Tier	Copayment for HNE Performance Formulary New Tier
Duetact®	No change	From Non-Formulary to Tier 2
Glucagen®	From Tier 3 to Tier 2	No change
Flovent®	No change	From Non-Formulary to Tier 2
Humalog® insulin	No change	From Non-Formulary to Tier 2
Humulin® insulin	No change	From Non-Formulary to Tier 2
Janumet®	No change	From Non-Formulary to Tier 2
Lantus®	No change	From Non-Formulary to Tier 2

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

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.

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 contact HNE Member Services.

Prandin®	From Tier 3 to Tier 2	No change
Activella®	No change	From Tier 2 to Non-formulary
Zemplar®	No change	From Tier 2 to Non-formulary
Zymar®	No change	From 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.

Prescription Drug Quantity Limitations

Drug Name	Quantity Limit
Allegra ODT®	60 tablets per 30 day supply
Prevacid SoluTab®	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.

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.

Important Note: The Step Therapy information below only applies if you are trying a drug for the first time. If you are already taking a step therapy drug, you are not required to switch to a first line drug.

THERAPEUTIC CLASS: Migraine

You must try:	First Line Drug(s):		
	Drug Name	HNE Formulary	HNE Performance Formulary
	Imitrex®	Tier 2	Tier 2
	Step Therapy Drug(s):		
	Drug Name	HNE Formulary	HNE Performance Formulary
Before HNE will cover:	Amerge®	Tier 3	N/A*

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

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.

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 contact HNE Member Services.

	Axert®	Tier 3	N/A*
	Frova®	Tier 3	N/A*
	Maxalt®	Tier 3	N/A*
	Relpax®	Tier 3	N/A*
	Zomig®	Tier 2	Tier 2
* Indicates Non-formulary Drug. Member may obtain non-formulary drugs at a plan pharmacy and pay 100% of HNE discount rate.			

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.

THERAPEUTIC CLASS: Proton Pump Inhibitors

Important Note: The following prescription drugs have 3 steps. You must try the First Line drug before HNE will cover the second Step Therapy drug. You must try the second Step Therapy drug before HNE will cover the third Step Therapy drug.

	First Line Drug(s):	HNE Formulary	HNE Performance Formulary
You must try:	Omeprazole	Tier 1	Tier 1
	Prilosec OTC®	Tier 1	Tier 1
	Second Step Therapy Drug(s):		
Before HNE will cover:	Pantoprazole	Tier 1	Tier 1
	Third Step Therapy Drug(s):		
Before HNE will cover:	Aciphex®	Tier 3	N/A*
	Nexium®	Tier 3	N/A*
	Prevacid®	Tier 3	N/A*
	Prilosec®	Tier 3	N/A*
	Protonix®	Tier 3	N/A*
	Zegerid®	Tier 3	N/A*
	* Indicates Non-formulary Drug. Member may obtain non-formulary drugs at a plan pharmacy and pay 100% of HNE discount rate.		

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

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.

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 contact HNE Member Services.

Note: Drugs listed in *bold italics* are added to the Step Therapy protocols listed below

THERAPEUTIC CLASS: Allergy			
	First Line Drug(s):	HNE Formulary	HNE Performance Formulary
You must try:	Alaway OTC®	Tier 1	Tier 1
	<i>Zatidor OTC®</i>	Tier 1	Tier 1
	<i>generic ketotifen (Rx/OTC)</i>	Tier 1	Tier 1
Before HNE will cover:	Step Therapy Drug(s)		
	Optivar®	Tier 3	N/A*
	<i>Patanol®</i>	Tier 3	N/A*
	<i>Pataday®</i>	Tier 3	N/A*
	<i>Emadine®</i>	Tier 3	N/A*
	<i>Elestat®</i>	Tier 3	N/A*
* Indicates Non-formulary Drug. Member may obtain non-formulary drugs at a plan pharmacy and pay 100% of HNE discount rate.			
THERAPEUTIC CLASS: Nasal Steroids			
Requires a trial of two 1st-line nasal steroids (generics or Nasonex) before all other branded Rx agents			
	First Line Drug(s):	HNE Formulary	HNE Performance Formulary
You must try	Generic nasal steroids	Tier 1	Tier 1
	Nasonex®	Tier 2	Tier 2
Before HNE will cover	Step Therapy Drug(s)		
	Rhinocort AQ®	Tier 3	N/A*
	Veramyst®	Tier 3	N/A*
	Nasocort AQ®	Tier 3	N/A*
	Flonase®	Tier 3	N/A*
	Nasalide®	Tier 3	N/A*
	Nasarel®	Tier 3	N/A*

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

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.

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 contact HNE Member Services.

	Beconase AQ®	Tier 3	N/A*
* Indicates Non-formulary Drug. Member may obtain non-formulary drugs at a plan pharmacy and pay 100% of HNE discount rate.			
THERAPEUTIC CLASS: Allergy (suspension)			
You must try:	First Line Drug(s):	HNE Formulary	HNE Performance Formulary
	Loratadine OTC® (Brand & Generic)	Tier 1	Tier 1
	Zyrtec OTC® (Brand & Generic)	Tier 1	Tier 1
Before HNE will cover:	Step Therapy Drug (s)		
	Allegra®	Tier 3	N/A*
	Zyrtec RX®	Tier 3	N/A*
	Clarinex	Tier 3	N/A*
* Indicates Non-formulary Drug. Member may obtain non-formulary drugs at a plan pharmacy and pay 100% of HNE discount rate.			
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.			

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