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Health New England (HNE) is making some changes to your Plan effective January 1, 2007. These changes are described in detail on the pages listed below. Please read the information carefully and keep it with your membership materials for future reference.

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# MEMBER MATTERS

PROVIDING HEALTH RELATED NEWS FOR HEALTH NEW ENGLAND MEMBERS

## *A Message from Peter F. Straley, President & CEO of HNE*

Here at HNE, we are committed to providing affordable access to comprehensive, contemporary, high quality care. Today, the health care industry is complex, and health care consumers are frequently presented with numerous and difficult personal decisions about their care. Hospitals and health care providers must keep pace with technological advancements that are often very costly.

Employers must continue to meet the health care needs of employees while maintaining financial stability. Individuals are bombarded with advertising and other types of publicity about new medical technology – drugs, tests, procedures, to name a few – that may or may not be clinically effective or covered by their insurance.

One of the ways that we help to address these needs is by continually reviewing the coverage that we offer. We work with doctors, pharmacists, and other clinical professionals to compare emerging medical technology with the services we already cover. We also look for ways to improve and simplify how we administer covered services. As a result, from time to time we provide updates to our coverage, and we notify members, employers, and our providers of these changes.



Because some of these changes may not be easy to understand, we want to make every effort to communicate them to you clearly and concisely— we want you to understand your health care benefit. The following information includes an amendment to your Explanation of Coverage, as well as a more detailed description of the changes. Please look this over carefully, and when you are done, keep it with your other membership materials. Remember, we are always here for you, so if you have any questions, about this communication or any other aspect of your benefit, please call our Member Services Department at 413-787-4004 or 800-310-2835.

*How Can We Help?*



## THE HNE WEIGHT WATCHERS REIMBURSEMENT PROGRAM AND HEALTH FITNESS PROMOTION PROGRAMS

HNE is committed to helping our members stay healthy. That's why we



offer the HNE Health Fitness Promotion and the Weight Watchers® Reimbursement Program.

HNE will reimburse subscribers or covered dependents who register and participate in weekly Weight Watchers® Traditional Meetings or Weight Watchers At Work® meetings. The maximum reimbursement is \$150 per family per calendar year. This maximum reimbursement amount applies to both the new Weight Watchers® Reimbursement Program and the HNE Health Fitness Promotion Program. In other words, your total reimbursement for both the Weight Watchers® program and the HNE Health Fitness Promotion Program will not exceed \$150 per family per calendar year.

Note: This program does not include Weight Watchers On-line® or Weight Watchers At Home®. Reimbursement is for the cost of the Weight Watchers® Traditional Meetings or Weight Watchers At Work® meetings only and does not include fees paid for food, books, videos or any other items or services. This program does not include fees paid to any other weight loss program.

## HNE COVERS INFERTILITY SERVICES FOR CONNECTICUT RESIDENTS

HNE covers infertility services as described in HNE's infertility protocol. Infertility services are covered for Massachusetts and Connecticut residents only. A Connecticut resident is covered for infertility services only until her 40th birthday, in accordance with Connecticut law.

Benefit limits and exclusions also are listed in HNE's Infertility Protocol. You may call HNE Member Services for a copy of the protocol.

## PROSTHETIC LIMBS NO LONGER SUBJECT TO ANNUAL DOLLAR LIMIT

In the section of the EOC titled *Covered Benefits*, prosthetic limbs are described under the heading *Durable Medical Equipment, Prosthetic Equipment, and Medical and Surgical Supplies*. HNE covers prosthetic limbs. As of January 1, 2007, there is no annual dollar limit for prosthetic limbs. However, for each covered item, the Member is responsible for a 20% Copayment beginning on that date. The copayment amount is based on the cost of the prosthetic to HNE.

Prior approval is required for prosthetic limbs. Through Prior Approval, HNE determines the type and amount of each item that the member needs. HNE covers the most appropriate medically necessary model that adequately meets the Member's medical needs. Back-up items are not covered.

## EXCLUSIONS AND LIMITATIONS

### Clarification of Coverage Exclusion: Shoe Inserts

The Exclusions and Limitations section of the EOC is amended. Shoe inserts are added to the general exclusion for arch supports, orthotic devices, and corrective shoes. The revised general exclusion now says that HNE does not cover: arch supports, orthotic devices, shoe inserts and corrective shoes (except those for diabetic foot care).

**Coverage Exclusion:** HNE covers sleep studies that include the recording of EEG, which is used to differentiate sleep from wakefulness and identify sleep stages. This EEG recording is referred to as polysomnogram or PSG. HNE does not cover sleep studies that do not record EEG ("non-PSGs").

## MEDICAL TECHNOLOGY ASSESSMENT

Medical technology is constantly changing. Often, technological advances give your health care providers powerful new tools to prevent, diagnose or treat illness. Other times, however, new



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technology is no more effective than existing tests, services or procedures, or it has not been around long enough to assess its benefits and long-term results. At HNE, we work with doctors, pharmacists, and other clinical professionals to compare emerging medical technology with the services we already cover. We made the following coverage decisions based on this process:

#### ***Covered only after Prior Approval***

- Saunders Cervical Hometrac®: This medical device uses computer controlled tables to stretch the cervical (neck) region of the spine. The intent is to reduce pressure between the discs and the vertebra to reduce pain. Members must meet specific criteria for coverage. Prior approval is required.

#### ***Not Covered***

- Saunders Lumbar Hometrac®: This medical device uses computer controlled tables to stretch the lumbar (lower) region of the spine. The intent is to reduce pressure between the discs and the vertebra to reduce back pain. HNE has determined that this procedure is still experimental and is not covered.
- Intradiscal Electrothermal Therapy (IDET): During this procedure, a flexible electrode is threaded through a catheter and around the inside of a spinal disk. The electrode is then heated for a period of time. HNE has determined that this procedure is still experimental and is not covered.
- Litholink: Litholink provides metabolic testing of the known kidney stone risk factors. In addition, Litholink collects clinical data on each patient whose urine is tested, including stone analysis, x-rays, medication, hospitalizations and procedures. This information is provided back to each physician to aid them in day to day patient care activities. HNE has determined that this service is not covered because comparable services are available within HNE's network.

## **PRIOR APPROVAL REQUIREMENTS**

*Surgical Management of Morbid Obesity: One surgical procedure covered per lifetime*

In the *Claims and Utilization Management* section of the EOC, HNE lists surgical management of morbid obesity as a service that requires prior approval. As of January 1, 2007, HNE will cover only one surgical procedure per lifetime for the surgical management of morbid obesity. "Lifetime" refers to the life of the covered member.

#### ***Injectable Drugs***

The following injectable drugs require Prior Approval. They are part of the medical benefit, not the prescription drug benefit. HNE's pharmacy benefits manager is responsible for Prior Approval of these drugs.

- Orencia®
- Rituxan® (Prior Approval required for treatment of rheumatoid arthritis only)
- Tysabri®

#### ***Immunizations***

HNE covers routine adult and child immunizations based on recommendations published by Massachusetts Health Quality Partners (MHQP) or other applicable state or federal guidelines.

- HNE covers Gardasil Vaccine® for females aged 9-26. This vaccine is for the prevention of Human Papillomavirus (HPV).
- HNE covers Zostavax Vaccine® for the prevention of shingles for members aged 60 and older.



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## PRESCRIPTION DRUGS

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.



### Drug Specific Formulary Changes

*HNE Covers Prilosec OTC®*

Beginning **October 1, 2006**, HNE covers Prilosec OTC® with a prescription from the member's physician. Members must present their prescriptions at the time of service for the benefit to apply.

- HNE covers 42 tablets of Prilosec OTC® per 30 days. Members may receive a 42-day supply of Prilosec OTC® for one generic copayment.
- Prilosec OTC® is not covered in the 14- and 28- count packages.

### Prescription Drug Limitations & Prior Approval Requirements

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.

HNE requires Prior Approval for the following drugs:

- Retin-A® and Tazorac®: HNE requires Prior Approval for patients under the age of 13 and over the age of 29

HNE limits the quantity covered for the following drug:

- Advair Diskus®: There is a quantity limit of 60 tablets per 30-day period.
- Advair HFA: There is a quantity limit of 1 inhaler per 30 day period.

### Tier Changes

The following prescription drugs are changing from a tier 2 middle copayment to a tier 3 highest copayment:

- Aerobid®
- Aerobid-M®
- Azmacort®
- Lipitor® (effective 7/1/06)
- Zocor® (effective 7/1/06)
- Metadate CD®

Please note: For most plans the tier 3 mail order copayment is 3 times the tier 3 retail copayment.

### Step Therapy

The following table lists new step therapy requirements for the identified drugs:

Members will be eligible for coverage of the Step Therapy drug only if HNE has paid a claim within the previous 180 days or there is physician documented use (excluding samples) of at least one of the following drugs:

First Line Drug	Step Therapy Drug
Omeprazole Prilosec OTC®	Protonix® (tier 2) Aciphex® (tier 3) Nexium® (tier 3) Prevacid® (tier 3) Prilosec® (tier 3) Zegerid® (tier 3)

Step therapy does not apply to members under age 18



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## SUMMARY OF INFORMATION

Following is a summary of the information contained in this notice:

This is an Amendment to your Health New England, Inc. Explanation of Coverage (EOC). Please keep this Amendment with the 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, 2007, except as noted below.

The Agreement is amended as follows:

Benefit, Program, or Requirement	Description	See Page
<b>HNE Weight Watchers® Reimbursement and Health Fitness Promotion Program</b>	<p>HNE will reimburse subscribers or covered dependents who register and participate in weekly Weight Watchers® Traditional Meetings or Weight Watchers At Work® meetings. The maximum reimbursement is \$150 per family per calendar year. This maximum reimbursement amount applies to both the new Weight Watchers® Reimbursement Program and the HNE Health Fitness Promotion Program. In other words, your total reimbursement for both the Weight Watchers® program and the HNE Health Fitness Promotion Program will not exceed \$150 per family member per calendar year.</p> <p>Note: This program does not include Weight Watchers On-line® or Weight Watchers At Home®. Reimbursement is for the cost of the Weight Watchers® Traditional Meetings or Weight Watchers At Work® meetings only and does not include fees paid for food, books, videos or any other items or services. This program does not include fees paid to any other weight loss program.</p>	2
<b>Infertility Services for CT Residents</b>	<p>HNE covers infertility services for Massachusetts and Connecticut residents only in accordance with the terms of HNE's infertility protocol. A Connecticut resident is covered for infertility services only until her 40th birthday, in accordance with Connecticut law.</p>	2
<b>Prosthetic Limbs</b>	<p>HNE covers prosthetic limbs. There is no annual dollar limit for prosthetic limbs. For each covered item, the Member is responsible for a 20% Copayment. The copayment amount is based on the cost of the prosthetic to HNE.</p> <p>HNE covers the most appropriate medically necessary model that adequately meets the Member's medical needs. Back-up items are not covered. Prior approval is required for prosthetic limbs.</p>	2
<b>Clarification of Exclusion: Shoe inserts</b>	<p>HNE does not cover arch supports, orthotic devices, <b>shoe inserts</b> and corrective shoes (except those for diabetic foot care).</p>	2
<b>Exclusion: Specialty care</b>	<p>HNE does not cover sleep studies that do not record EEG (non-polysomnogram or non-PSG).</p>	2
<b>Coverage Exclusions</b>	<p>The following items are not covered:</p> <ul style="list-style-type: none"> <li>• Saunders Lumbar Hometrac®</li> <li>• Intradiscal Electrothermal Therapy (IDET)</li> <li>• Litholink</li> </ul>	3

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Benefit, Program, or Requirement	Description	See Page						
Prior Approval Requirement	HNE requires prior approval for the following device: <ul style="list-style-type: none"> <li>Saunders Cervical Hometrac®</li> </ul>	3						
Surgical management of morbid obesity	HNE will cover only one surgical procedure per lifetime for the surgical management of morbid obesity. "Lifetime" refers to the life of the covered member.	3						
Injectable drugs	The following injectable drugs require Prior Approval. They are part of your medical benefit, not your prescription drug benefit. <ul style="list-style-type: none"> <li>Orencia®</li> <li>Rituxan® (Prior Approval required for treatment of rheumatoid arthritis only)</li> <li>Tysabri®</li> </ul>	3						
Immunizations	<ul style="list-style-type: none"> <li>HNE covers Gardasil Vaccine® for the prevention of Human Papillomavirus (HPV) in females aged 9-26.</li> <li>HNE covers Zostavax Vaccine® for the prevention of shingles for members aged 60 and older.</li> </ul>	3						
<p style="text-align: center;"><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>								
Drug specific Formulary changes	<p>As of October 1, 2006, HNE covers Prilosec OTC® with a prescription from the member's physician. Members must present their prescriptions at time of service in order for the benefit to apply.</p> <ul style="list-style-type: none"> <li>HNE covers 42 tablets of Prilosec OTC® per 30 days. Members may receive a 42-day supply of Prilosec OTC® for one generic copayment.</li> <li>Prilosec OTC® is not covered in the 14- and 28-count packages.</li> </ul> <p>HNE requires prior approval for the following drugs:</p> <ul style="list-style-type: none"> <li>Retin-A® and Tazorac® HNE requires Prior Approval for patients under the age of 13 and over the age of 29</li> </ul> <p>HNE limits the quantity covered for the following drug:</p> <ul style="list-style-type: none"> <li>Advair Diskus®: There is a quantity limit of 60 tablets per 30-day period.</li> <li>Advair HFA: There is a quantity limit of 1 inhaler per 30 day period.</li> </ul> <p><i>Tier Changes</i></p> <p>The following prescription drugs are changing from a tier 2 copayment to a tier 3 copayment:</p> <table border="0" data-bbox="521 1360 1138 1455"> <tr> <td>• Aerobid®</td> <td>• Lipitor® (effective 7/1/06)</td> </tr> <tr> <td>• Aerobid-M®</td> <td>• Zocor® (effective 7/1/06)</td> </tr> <tr> <td>• Azmacort®</td> <td>• Metadate CD®</td> </tr> </table>	• Aerobid®	• Lipitor® (effective 7/1/06)	• Aerobid-M®	• Zocor® (effective 7/1/06)	• Azmacort®	• Metadate CD®	4
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<b>Step Therapy</b> <i>Step therapy does not apply to members under age 18</i>	<table border="1" data-bbox="500 1493 1401 1747"> <thead> <tr> <th data-bbox="500 1493 951 1556">First Line Drug</th> <th data-bbox="951 1493 1401 1556">Step Therapy Drug</th> </tr> </thead> <tbody> <tr> <td data-bbox="500 1556 951 1747">                             Omeprazole                              Prilosec OTC®                         </td> <td data-bbox="951 1556 1401 1747">                             Protonix® (tier 2)                              Aciphex® (tier 3)                              Nexium® (tier 3)                              Prevacid® (tier 3)                              Prilosec® (tier 3)                              Zegerid® (tier 3)                         </td> </tr> </tbody> </table>	First Line Drug	Step Therapy Drug	Omeprazole Prilosec OTC®	Protonix® (tier 2) Aciphex® (tier 3) Nexium® (tier 3) Prevacid® (tier 3) Prilosec® (tier 3) Zegerid® (tier 3)	4		
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# MEMBERMATTERS

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