



**AMENDMENT 01-2018**

This is an Amendment to your Health New England, Inc. Member Handbook and notice of changes in HNE Policy. Please keep this Amendment with your Member Handbook as it changes the terms of that Member Handbook. Any language in the Member Handbook that does not follow the terms of this Amendment no longer applies. This Amendment is effective on January 1, 2018, unless noted below.

The Member Handbook is amended as follows.

Benefit, Program, or Requirement	Description
<p><b>Coordination of benefits with auto insurance</b></p>	<p><b>Section 12 – Coordination of Benefits and Subrogation</b></p> <p>Text under the heading “<b>What happens if I have benefits under a “medical payment” benefit?</b>” is replaced with the text below.</p> <p>In some cases, Members who are injured have benefits under the “medical payment” clause of an insurance policy. Examples of these are homeowner’s or auto insurance policies. In the case of a homeowner’s policy, “med pay” coverage will be primary for coverage. HNE will work with the other carrier. If you are in a motor vehicle accident, you must use all of your auto insurance carrier’s Personal Injury Protection (PIP) coverage before we will pay for any of your expenses. You must send to us any explanation of payment or denial letters from an auto insurance carrier in order for us to pay a claim that is related to a motor vehicle accident. Claims paid by HNE will be subject to any copay, deductible or coinsurance required by your plan.</p> <p><b>Effective January 1, 2018</b></p>
<p><b>3D mammography</b></p>	<p><b>“Exclusions and Limitations” Section of the SPD</b></p> <p>The following is <b>removed</b> from the list of services that Health New England does not cover.</p> <ul style="list-style-type: none"> <li>• Digital tomosynthesis (3D mammography)</li> </ul> <p><b>Effective January 1, 2018</b></p>

**Prescription Drug Coverage**

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

**Tier Changes Effective January 1, 2018**

<b>Drug Name</b>	<b>Tier before 1/1/18</b>	<b>Tier on or after 1/1/18</b>
<ul style="list-style-type: none"><li>• <b>Azopt</b></li><li>• <b>Alphagan P</b></li><li>• <b>Epipen and Epipen JR</b></li></ul>	<b>Tier 2</b>	<b>Tier 3</b>

**Quantity Limit Additions**

Starting January 1, 2018, Health New England will add Quantity Limits to the drugs listed below

<b>Drug Name</b>	<b>Quantity Limit per 30 day supply (unless otherwise specified)</b>
<b>Rectiv</b>	<i>30 grams</i>
<b>Apokyn</b>	<i>30 per 10 days</i>

**New Prior Authorizations (PA) Required Effective January 1, 2018**

<b>Contrave</b>	<i>Prior Auth thru OptumRX</i>
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**Effective January 1, 2018, The Following Medications Are Not Covered  
See Below for Covered Formulary Alternatives**

- **Cercade emulsion**
- **Epaned. Alternative is Enalapril tablets**
- **Migergot suppositories. Alternative is sumatriptan nasal spray**
- **Oxytrol patch. Alternative is Oxytrol OTC patch**

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You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0 (TTY: 711). Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0 (TTY: 711). Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0 (TTY: 711).