



MA HMO Small Group/Individual Plan Amendment

The following amendment is effective for all small group or individual plans that are new or renewing on or after 1/1/2019. This Amendment includes important information about your health care coverage under your Massachusetts Small Group/Individual HMO plan.

Benefit Overview

Your benefit document was changed to indicate that the approval of an AUTHORIZED REVIEWER is no longer required for medication assisted treatment, including methadone maintenance.