

## 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.

### Prescription Drug Benefit

#### How Prescription Drugs are Covered

The last bullet under “Notes” has been changed to comply with state law, and now reads as follows:

- ❖ In compliance with Massachusetts law, opioid medications listed as Schedule II or Schedule III controlled substances will be filled at a lesser quantity than prescribed if the MEMBER requests it. If the MEMBER requests the lesser quantity, no additional cost or penalty will be enforced on the MEMBER. If the MEMBER fills a lesser quantity than is prescribed of a Schedule II opioid controlled substance, and then decides to fill the remainder of the original prescription at the same pharmacy within 30 days of the original prescription date, no additional COPAYMENT or other cost sharing will be applied.

An additional bullet has been added to the “Notes” section regarding coverage of naloxone. The new bullet reads as follows:

- ❖ Pursuant to Massachusetts law, naloxone (an opioid antagonist) is available without a prescription when obtained from a Massachusetts pharmacy. Whoever requests naloxone at a pharmacy will be billed for the medication, even if that person is picking up the medication for someone else.

#### Copayment or Coinsurance Assistance Programs

This provision has been deleted.

#### What is Covered

The bullet regarding coverage of contraceptives has been revised and now reads as follows:

- ❖ Generic and brand-name contraceptives, including oral contraceptives, diaphragms, and other self-administered hormonal contraceptives (e.g., patches, rings) that by law require a prescription, and FDA-approved over-the-counter female contraceptives (e.g., female condoms, contraceptive spermicides) when prescribed by a licensed PROVIDER and dispensed at a pharmacy pursuant to a prescription, are covered in full\*. Certain brand-name contraceptives may be subject to prior authorization.

**\*Note:** This Prescription Drug Benefit only describes contraceptive coverage for oral contraceptives, diaphragms, and other self-administered hormonal contraceptives (e.g., [patches, ] rings) that by law require a prescription, and FDA-approved over-the-counter female contraceptives (e.g., female condoms, contraceptive spermicides) when prescribed by a licensed PROVIDER and dispensed at a pharmacy pursuant to a prescription. See “Family planning” earlier in this chapter for information about other contraceptive drugs and devices that qualify as COVERED SERVICES.

Certain medications used for bowel preparation in colonoscopy procedures are now covered in full for MEMBERS ages 45-74.