



MA PPO 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 PPO plan.

Chapter 3 – COVERED SERVICES

COVERED SERVICES

Cleft lip or cleft palate treatment and services for CHILDREN

This benefit has been amended to indicate that the following services require the prior approval of an AUTHORIZED REVIEWER:

- Medical and facial surgery
- Oral surgery
- Speech therapy and audiology services

DURABLE MEDICAL EQUIPMENT

Please note that "scooters" are no longer listed under "Examples of non-covered items".