

Notice to all Business Choice, Commonwealth Choice, and Group Insurance Commission (GIC) Plan Members

Amendment to NHP coverage effective October 28, 2008: Nutritional Enteral Formulas

Dear NHP Member:

This document represents a revision to your NHP coverage. Effective October 28, 2008, the annual individual amount for nutritional enteral formulas has increased from \$2,500 to \$5,000 (see below for a full description of this benefit).

Nutritional Formulas

NHP provides coverage for nutritional formula in the following situations:

1. Formulas, approved by the Commissioner of the Department of Public Health, for the treatment of infants and children with specific inborn errors of metabolism of amino acids and organic acids such as phenylketonuria (PKU), tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia and methylmalonic acidemia;
2. Formulas, approved by the Commissioner of the Department of Public Health as Medically Necessary to protect the unborn fetuses of pregnant women with phenylketonuria;
3. Formulas for the treatment of malabsorption caused by disorders affecting the absorptive surface, functional length, gastrointestinal tract motility, such as Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility and chronic intestinal false-obstruction;
4. Formulas for the treatment of members with an anatomic or structural problem that prevents food from reaching the stomach (e.g. esophageal cancer), or a neuromuscular problem that results in swallowing or chewing problems (e.g. muscular dystrophy);
5. Formulas for the treatment of members with a serious medical condition that either directly or indirectly impacts their ability to normally ingest regular foods and places them at substantial risk of malnutrition (e.g. cancer, AIDS, organ failure, etc.); and
6. Formulas for the treatment of pediatric members diagnosed with failure to thrive.

Coverage for inherited diseases of amino acids and organic acids includes food products modified to be low protein in an amount not to exceed **\$5,000 annually per individual**.

If you have any questions about this information, please call a Customer Care Representative at 1-800-462-5449 (TTY 1-800-655-1761). Representatives are available to assist you Monday through Friday from 8:00 A.M. to 6:00 P.M. (Thursdays from 8:00 A.M. to 8:00 P.M.)

Thank you for choosing Neighborhood Health Plan.

Sincerely,



Paul Mendis, M.D.
Chief Medical Officer