



## **Covered and Excluded Services List for Fallon Health Members with MassHealth Family Assistance Coverage**

This is a list of all covered services and benefits for MassHealth Family Assistance members enrolled in Fallon Health. The list also indicates if a prior authorization is required by Fallon Health and/or if a referral by your Primary Care Provider (PCP) is necessary. Please note that it is Fallon Health's responsibility to coordinate all covered services listed below. It is your responsibility to always carry your Fallon Health and your MassHealth identification cards and show them to your provider at all appointments.

You can call Fallon Health Customer Service for more information about services and benefits. Please see the telephone number and hours of operation for Fallon Health Customer Service at the bottom of every page of this covered services list.

- For questions about medical health services, please call Fallon Health at 1-800-341-4848 or TTY: TRS 711 for people with partial or total hearing loss. See below for hours of operation.
- For questions about Behavioral Health services, please call 1-888-421-8861 or TTY: TRS: 711 for people with partial or total hearing loss.
- For more information about pharmacy services, go to Fallon Health's medicine list at [www.FallonHealth.org](http://www.FallonHealth.org) or call Fallon Health Customer Service at 1-800-341-4848 or TTY: TRS: 711 for people with partial or total hearing loss.
- For questions about dental services, please call DentaQuest Customer Service at 1-800-207-5019 or TTY 1-800-466-7566 or Translation Services at 1-800-207-5019. Hours: 8:00 AM-6:00 p.m.

"Yes" in the "Prior Authorization Required for Some or All of the Services?" column or "Yes in the "Primary Care Physician (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral (or both) is required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call Fallon Health for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth's Web site [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or
- Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

This Covered Services List is effective 10/1/16.

If you have questions, call Fallon Health Customer Service at 1-800-341-4848 (TTY: TRS: 711 for people with partial or total hearing loss). Hours of operations are Monday through Friday 8:00 am to 6:00 pm.

| <b>MassHealth Family Assistance Covered Services for MCO Members</b>  | <b>Prior Authorization Required for Some or All of the Services? Yes or No</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No</b> |
|---|--|---|
| <b>Emergency Services - Medical and Behavioral Health</b>   |  |   |
| <b>Emergency Transportation Services</b> – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.       | NO   | NO  |
| <b>Emergency Inpatient and Outpatient Services</b>  | NO   | NO  |
| <b>Medical Services</b>   |  |   |
| <b>Abortion Services</b>  | NO   | NO  |
| <b>Acute Inpatient Hospital Services</b><br>includes all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures and shall include Administratively Necessary Days.   | YES  | NO  |
| <b>Adult Dentures</b> – full and partial dentures, and repairs to said dentures, for adults ages 21 and over.*  | *  | *   |
| <b>Ambulatory Surgery Services</b> - outpatient, surgical, related diagnostic and medical and dental services   | YES  | NO  |
| <b>Audiologist (Hearing) Services)</b>  | YES  | NO  |
| <b>Breast Pumps</b> – Breast pumps, one per birth or as medically necessary, including double electric pumps, are provided to expectant and new mothers as specifically <i>prescribed by their attending physicians</i> and consistent with the provisions of the Affordable Care Act of 2010 and Section 274 of Chapter 165 of the Acts of 2014. | YES  | NO  |
| <b>Chiropractic Services</b><br><b>Limit of 20 office visits</b> or chiropractic manipulative treatment or any combination thereof per plan year (October 1-September 30)   | YES  | NO  |
| <b>Chronic Disease and Rehabilitation Hospital and Skilled Nursing Facility Services<sup>1</sup></b>  | YES  | NO  |

<sup>1</sup> Fallon Health covers up to 100 days of a combination of Chronic Disease and Rehabilitation Hospital and Skilled Nursing Facility Services in a Contract Year. If you need Chronic Disease and Rehabilitation Hospital or Skilled Nursing Facility Services beyond the 100 days provided by your health plan, you will be disenrolled from Fallon Health and receive such services from MassHealth on a fee-for-service basis. Call Fallon Health or MassHealth Customer Service for more information. This Covered Services List is effective 10/1/16. If you have questions, call Fallon Health Customer Service at 1-800-341-4848 (TTY: TRS: 711 for people with partial or total hearing loss). Hours of operations are Monday through Friday 8:00 am to 6:00 pm.

| <b>MassHealth Family Assistance Covered Services for MCO Members</b>   | <b>Prior Authorization Required for Some or All of the Services? Yes or No</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No</b> |
|--|--|---|
| <b>Community Health Center Services</b><br>For example: <ul style="list-style-type: none"> <li>• office visits for primary care</li> <li>• OB/GYN and prenatal care**</li> <li>• pediatric services, including PPHSD</li> <li>• health education</li> <li>• medical social services</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> <li>• vaccines/immunizations (HEP A &amp; B)</li> <li>• diabetes self-management training</li> </ul> | NO   | NO  |
| <ul style="list-style-type: none"> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• office visits for specialists</li> </ul>   | YES  | NO  |
| <b>Dental Services</b> <ul style="list-style-type: none"> <li>• Emergency related dental care</li> </ul>   | NO   | NO  |
| <ul style="list-style-type: none"> <li>• Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> </ul>   | YES  | NO  |
| <ul style="list-style-type: none"> <li>• Preventive and basic services* for the prevention and control of dental diseases and the maintenance of oral health for adults</li> </ul>   | *  | *   |
| <b>Dialysis Services</b>   | YES  | NO  |
| <b>Durable Medical Equipment -</b><br>Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items   | YES  | NO  |
| <b>Early Intervention Services</b>   | YES  | NO  |
| <b>Family Planning Services</b> <sup>2</sup>   | NO   | NO  |
| <b>Hearing Aid Services</b>  | YES  | NO  |
| <b>Home Health Services</b>  | NO   | NO  |
| <b>Hospice Services</b> <sup>3</sup>   | YES  | NO  |
| <b>Infertility</b><br>Diagnosis of infertility and treatment of underlying medical condition in certain cases. Please contact your MCO for additional information about coverage.  | YES  | YES   |

<sup>2</sup> A Fallon Health member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of Fallon Health's provider network.

<sup>3</sup> A Fallon Health member can get hospice care from Fallon Health or MassHealth. If you choose to receive hospice care from MassHealth, you will be disenrolled from Fallon Health and receive all of your health care services from MassHealth. This Covered Services List is effective 10/1/16. If you have questions, call Fallon Health Customer Service at 1-800-341-4848 (TTY: TRS: 711 for people with partial or total hearing loss). Hours of operations are Monday through Friday 8:00 am to 6:00 pm.

| <b>MassHealth Family Assistance Covered Services for MCO Members</b>   | <b>Prior Authorization Required for Some or All of the Services? Yes or No</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No</b> |
|--|--|---|
| <b>Intensive Early Intervention Services*</b><br>Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.  | *  | *   |
| <b>Laboratory Services</b><br>All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health   | NO   | NO  |
| <b>Orthotic Services</b><br>Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individual over age 21, certain limitations apply.  | YES  | YES   |
| <b>Outpatient Hospital Services</b><br>Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>outpatient surgical and related diagnostic, medical and dental services</li> <li>office visits for primary care</li> <li>OB/GYN and prenatal care**</li> <li>therapy services (physical, occupational and speech)</li> <li>diabetes self-management training</li> <li>tobacco cessation services</li> <li>fluoride varnish to prevent tooth decay in children and teens</li> </ul> | NO   | NO  |
| <ul style="list-style-type: none"> <li>office visits for specialists</li> <li>medical nutritional therapy</li> </ul>   | YES  | NO  |
| <b>Oxygen &amp; Respiratory Therapy Equipment</b>  | YES  | NO  |
| <b>Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>office visits for primary care</li> <li>OB/GYN and prenatal care**</li> <li>diabetes self-management training</li> <li>tobacco cessation services</li> <li>fluoride varnish to prevent tooth decay in children and teens</li> </ul>   | NO   | NO  |
| <ul style="list-style-type: none"> <li>office visits for specialty</li> <li>medical nutritional therapy</li> </ul>   | YES  | NO  |
| <b>Podiatrist Services (Foot Care)</b>   | YES  | NO  |
| <b>Prosthetic Services</b>   | YES  | NO  |
| <b>Radiology and Diagnostic Services</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>X-Rays</li> </ul>   | NO   | NO  |

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| <b>MassHealth Family Assistance Covered Services for MCO Members</b>   | <b>Prior Authorization Required for Some or All of the Services? Yes or No</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No</b> |
|--|--|---|
| <ul style="list-style-type: none"> <li>magnetic resonance imagery (MRI) and other imaging studies</li> <li>radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service.</li> </ul> | YES  | YES   |
| <b>Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services<sup>4</sup></b>  | YES  | YES   |
| <b>Therapy Services</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>occupational therapy</li> <li>physical therapy</li> <li>speech/language therapy</li> </ul>   | YES  | NO  |
| <b>Vision Care</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary;</li> </ul>                             | NO   | NO  |
| <ul style="list-style-type: none"> <li>vision training</li> </ul>  | YES  | NO  |
| <ul style="list-style-type: none"> <li>ocular prosthesis</li> <li>contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus</li> <li>bandage lenses</li> </ul>  | YES  | NO  |
| <ul style="list-style-type: none"> <li>Prescription and dispensing of ophthalmic materials*, including eye glasses and other visual aids, excluding contacts</li> </ul>  | *  | *   |
| <b>Wigs – as prescribed by a physician related to a medical condition</b>  |  |   |
| <b>Pharmacy Services (Medications)</b><br><b>See co-payment information on the last page.</b>  |  |   |
| Prescription Medicines   | YES  | NO  |
| Over-the-Counter Medicines   | YES  | NO  |
| <b>Behavioral Health (Mental Health and Substance Use Disorder) Services</b>   |  |   |
| <b>Non-24 Hour Diversionary Services:</b> <ul style="list-style-type: none"> <li>community support programs</li> <li>partial hospitalization***</li> </ul>   | YES  | NO  |

<sup>4</sup> Fallon Health covers up to 100 days of a combination of Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services in a Contract Year. If you need Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services beyond the 100 days provided by your health plan, you will be disenrolled from Fallon Health and receive such services from MassHealth on a fee-for-service basis. Call Fallon Health or MassHealth Customer Service for more information. This Covered Services List is effective 10/1/16. If you have questions, call Fallon Health Customer Service at 1-800-341-4848 (TTY: TRS: 711 for people with partial or total hearing loss). Hours of operations are Monday through Friday 8:00 am to 6:00 pm.

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|--|---|--|
| <ul style="list-style-type: none"> <li>▪ structured outpatient addiction program (SOAP)***</li> <li>▪ intensive outpatient program (IOP) ***</li> <li>▪ psychiatric day treatment</li> </ul>   |   |  |
| <p><b>24 Hour Diversionary Services:</b></p> <ul style="list-style-type: none"> <li>▪ crisis stabilization unit</li> <li>▪ community-based acute treatment for children and adolescents (CBAT)</li> <li>▪ acute treatment services for substance use disorder (Level III.7)***</li> <li>▪ clinical support services – substance use disorder (Level III.5)***</li> <li>▪ transitional care unit</li> </ul>   | <p style="text-align: center;">YES</p> <p><b>Exception-</b> Community Crisis Stabilization through Emergency Service Provider (ESP) <b>requires authorization</b> after the first day/night</p> | <p style="text-align: center;">NO</p>  |
| <p><b>Emergency Services Program (ESP) Services:</b></p> <ul style="list-style-type: none"> <li>▪ crisis assessment, intervention, and stabilization</li> <li>▪ mobile crisis intervention for children under 21</li> <li>▪ medication evaluation</li> <li>▪ specializing – a one-to-one monitoring service</li> </ul>   | <p style="text-align: center;">NO</p> <p><b>Exception-</b> Crisis Stabilization <b>requires authorization</b> after first day or night</p>  | <p style="text-align: center;">NO</p>  |
| <p><b>Inpatient Services:</b></p> <ul style="list-style-type: none"> <li>▪ inpatient mental health services</li> <li>▪ inpatient substance use disorder services (Level IV)*</li> <li>▪ observation/Holding Beds</li> <li>▪ administratively Necessary Day (AND) Services</li> </ul>   | <p style="text-align: center;">YES</p>  | <p style="text-align: center;">NO</p>  |
| <p><b>Outpatient Services, such as</b></p> <ul style="list-style-type: none"> <li>• individual, group, and family counseling***</li> <li>• diagnostic evaluations</li> </ul>   | <p style="text-align: center;">NO</p> <p style="text-align: center;">For the first 12 sessions, <b>then authorization is required</b></p>   | <p style="text-align: center;">NO</p>  |
| <ul style="list-style-type: none"> <li>• medication visits</li> <li>• family and case consultations</li> <li>• collateral contacts for children under age 21</li> <li>• psychological testing or special education psychological testing</li> <li>• narcotic-treatment services (including acupuncture)</li> <li>• electro-convulsive therapy</li> <li>• Applied Behavior Analysis for members under 19 with an Autism Spectrum Disorder.</li> <li>• dialectical Behavioral Therapy (DBT)</li> <li>• psychiatric Consultation on an Inpatient Medical Unit</li> <li>• inpatient-Outpatient Bridge Visit</li> </ul> | <p style="text-align: center;">NO</p>   | <p style="text-align: center;">NO</p>  |

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|---|---|--|
| <ul style="list-style-type: none"> <li>• assessment for Safe and Appropriate Placement (ASAP)</li> <li>• ambulatory Detoxification (Level II.d)</li> </ul>  |   |  |
| <b>Intensive Home or Community Based Outpatient Services for Youth:</b> <ul style="list-style-type: none"> <li>▪ in-home therapy services</li> </ul>  | YES   | NO   |
| <b>Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services</b>   |   |  |
| <b>Screening Services</b><br>Children who are under age 21 should go to their PCP for checkups even when they are well. As part of a well-child checkup, the PCP will perform screenings that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral-health, developmental, and immunization status screenings. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your Member Handbook under “Additional services for children.” In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider. |   |  |

**\* These services are covered directly by MassHealth and may require authorization; however Fallon Health will assist the coordination of these services.**

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**\*\* If you are pregnant, you should contact MassHealth or Fallon Health because you may qualify for additional benefits due to your pregnancy.**

**\*\*\* Pursuant to the requirements of Section 19 of Chapter 258 of the Acts of 2014 and MassHealth policy, there are no Prior Authorization requirements for the following Substance Use Disorder Recovery Services:**

- Inpatient substance use disorder services (Level IV)
- Enhanced acute treatment services for substance use disorder
- Acute treatment services for substance use disorder (Level III.7)
- Clinical support services – substance use disorder (Level III.5)
- Partial hospitalization
- Structured Outpatient Addition Program (SOAP)
- Intensive Outpatient Program (IOP)
- Outpatient counseling or ambulatory detoxification

### **Copayments:**

Most members must pay the following pharmacy copayments:

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin);
- \$3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor.
- \$3.65 for both first-time prescriptions and refills for certain covered generic and OTC drugs; and
- \$3.65 for both first time prescriptions and refills of covered brand-name drugs.

### **Members who do NOT have pharmacy copayments:**

These members do not have any copayments:

- Members under the age of 21
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy);
- Members who are in hospice care;
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law; and
- Members who are receiving inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospitals, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

### **Co-payment Cap**

Unless you don't need to pay a co-payment as described above, Family Assistance members have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year.

The cap is the total amounts of co-payments pharmacies have charge you, not what you paid. Call Fallon Health for more information.

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Call Fallon Health Customer Service at **1-800-341-4848** (TTY: TRS: 711 for people with partial or total hearing loss) for more information about copayment exceptions. Fallon Health will coordinate your MassHealth covered services.

### **Excluded Services**

Except as otherwise noted or determined Medically Necessary, the following services are not covered under MassHealth and, as such, are not covered by Fallon Health.

- Cosmetic surgery, except as determined by Fallon Health to be necessary for:
  - correction or repair of damage following an injury or illness;
  - mammoplasty following a mastectomy; or
  - any other medical necessity as determined by Fallon Health.
- treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures.
- experimental treatment.
- personal comfort items including air conditioners, radios, telephones, and televisions
- a service or supply which is not provided by or at the direction of a Network Provider, except for:
  - emergency Services;
  - family Planning Services; and
  - non-covered laboratory services.

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# Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at the phone number on the back of your member ID card, or by email at [cs@fallonhealth.org](mailto:cs@fallonhealth.org).

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Compliance Director  
Fallon Health  
10 Chestnut St.  
Worcester, MA 01608

Phone: 1-508-368-9988 (TRS 711)  
Email: [compliance@fallonhealth.org](mailto:compliance@fallonhealth.org)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, D.C., 20201

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Important!

Important! This information is about your Fallon Health MassHealth benefits. It needs to be translated right away. Fallon can translate it for you. If you need help with translation or other help, call Fallon at 1-800-341-4848.

¡Importante! Esta información es sobre sus beneficios de Fallon Health MassHealth. Necesita traducirse de inmediato. Fallon puede traducírsela. Si necesita ayuda con la traducción, o cualquier otro tipo de ayuda, llame a Fallon al 1-800-341-4848. (SPA)

ສໍາຄັນ! ຂໍ້ມູນນີ້ແມ່ນກ່ຽວກັບເງິນຊ່ວຍເຫຼືອ Fallon Health MassHealth ຂອງທ່ານ. ມັນຈໍາເປັນຕ້ອງມີການແປພາສາໃນທັນທີ. Fallon ສາມາດແປມັນໃຫ້ທ່ານໄດ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເລື່ອງການແປພາສາ ຫຼືຄວາມຊ່ວຍເຫຼືອອື່ນ, ໃຫ້ໂທຫາ Fallon ທີ່ເບີ 1-800-341-4848. (LAO)

重要事項! 本資訊與您在Fallon Health MassHealth 的福利有關。請即刻瞭解其中的內容。Fallon 可以為您提供翻譯。如果您需要他人協助翻譯或需要其他協助，請致電Fallon，電話1-800-341-4848。(CHI)

Enpòtan! Enfòmasyon sa yo konsène avantaj Fallon Health MassHealth ou. Nou dwe tradui yo touswit. Fallon kapab tradui yo pou ou. Si ou bezwen èd pou tradiksyon an oswa lòt èd, rele Fallon nan nimewo 1-800-341-4848. (HC)

ຕັ້ງຄັ້ງສໍາຄັນ! ຕັ້ງຄັ້ງສໍາຄັນນີ້ແມ່ນກ່ຽວກັບຜົນປະໂຫຍດຂອງ Fallon Health MassHealth ທ່ານ. ຖ້າທ່ານຕ້ອງການການແປພາສາ ຫຼືຄວາມຊ່ວຍເຫຼືອອື່ນ, ຈົ່ງສືບຕໍ່ສອບຖາມ ຫຼື ສອບຖາມ ທີ່ເບີ 1-800-341-4848. (CAM)

Importante! Esta informação se refere aos seus benefícios do programa MassHealth de Saúde da Fallon. Deve ser traduzida imediatamente. A Fallon pode providenciar a tradução para você. Caso necessite ajuda com tradução, ou qualquer outro tipo de ajuda, ligue para a Fallon pelo número 1-800-341-4848. (POR)

Внимание! Это информация о ваших льготах по плану Fallon Health MassHealth. Вам необходимо срочно ознакомиться с этой информацией. Если вам нужен перевод этой информации, Fallon может вам помочь. За помощью с переводом или любой другой помощью обращайтесь в Fallon по телефону 1-800-341-4848. (RUS)

Ważne! Niniejsze informacje dotyczą Państwa świadczeń Fallon Health MassHealth. Muszą one być natychmiast przetłumaczone. Fallon może je dla Państwa przetłumaczyć. Jeśli potrzebują Państwo pomocy w dokonaniu tłumaczenia lub pomocy w innym zakresie, proszę zatelefonować do Fallon na numer 1-800-341-4848. (POL)

Quan trọng! Thông tin này là về các quyền lợi Fallon Health MassHealth của quý vị. Cần được phiên dịch ngay, Fallon có thể phiên dịch cho quý vị. Nếu quý vị cần giúp đỡ về phiên dịch hay công việc nào khác, xin gọi cho Fallon theo số 1-800-341-4848. (VTN)

مهم! هذه المعلومات هي حول منافع Fallon Health MassHealth. يجب أن يتم ترجمتها فوراً. يمكن لـ Fallon ترجمتها لك. إذا احتجت إلى مساعدة في الترجمة أو في أي نوع آخر من المساعدة، فيرجى الاتصال بـ Fallon على الرقم 1-800-341-4848. (ARA)

Important ! Ces informations concernent vos prestations auprès de Fallon Health MassHealth. Elles doivent être traduites immédiatement. Fallon peut les traduire pour vous. Si vous avez besoin d'aide pour la traduction ou de toute autre aide, appeler Fallon au 1-800-341-4848. (FRN)

Importante! Queste informazioni riguardano i Suoi benefici Fallon Health MassHealth. Devono essere tradotte immediatamente. Fallon può tradurle per Lei. Se Le servisse aiuto per la traduzione o altro tipo di assistenza, contatti Fallon al numero 1-800-341-4848. (ITA)

중요 사항! 본 정보는 Fallon Health MassHealth의 혜택에 관한 내용입니다. 바로 번역이 필요합니다. Fallon에서 번역을 제공해드릴 수 있습니다. 번역에 도움이 필요하시거나 다른 도움이 필요하시면 Fallon에 1-800-341-4848번으로 전화해 주십시오. (KOR)

Σημαντικό! Αυτές οι πληροφορίες αφορούν τα πλεονεκτήματα της Fallon Health MassHealth. Πρέπει να μεταφραστούν άμεσα. Η Fallon μπορεί να τις μεταφράσει για εσάς. Αν χρειάζεστε βοήθεια με τη μετάφραση ή άλλη βοήθεια, καλέστε τη Fallon στο 1-800-341-4848. (GRK)

महत्वपूर्ण! यह जानकारी आपके Fallon Health MassHealth के लाभों के बारे में है। इस के अनुवाद की तुरंत आवश्यकता है। Fallon आप के लिए इस का अनुवाद कर सकता है। यदि आप को अनुवाद या अन्य सहायता की आवश्यकता है तो Fallon को 1-800-341-4848 पर काल करें। (HIN)

મહત્વપૂર્ણ! આ માહિતી તમારા Fallon Health MassHealth ના ફાયદાઓ વિશે છે. તેનો યોગ્ય રીતે અનુવાદ કરવાની જરૂર છે. Fallon તમારા માટે તે અનુવાદ કરી શકે છે. તમને અનુવાદ અથવા અન્ય કોઈ મદદની જરૂર હોય તો 1-800-341-4848 પર Fallon ને ફોન કરો. (GUJ)