Covered and Excluded Services List for Fallon Health Members with MassHealth Standard or CommonHealth Coverage

This is a list of all covered services and benefits for MassHealth Standard and CommonHealth members enrolled in Fallon Health[1]. 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'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 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: TRD 711 for people with partial or total hearing loss.
- For more information about pharmacy services go to Fallon Health's drug list at 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 at 1-800-466-7566 or Translation Line at 1-800-207-5019. Hours: 8am to 6pm.

"Yes" in either the "Authorization Required for Some or All of the Services?" or 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; 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.

[1] Members enrolled in MassHealth through either the Breast and Cervical Cancer Waiver or the HIV Waiver are eligible for the covered services under the Standard/CommonHealth benefit plan.

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Emergency Services – Medical and Behavioral Health		
Emergency Transportation Services – 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
Emergency Inpatient and Outpatient Services	NO	NO
Medical Services		
Abortion Services	NO	NO
Acupuncture Treatment for pain relief or anesthesia.	NO 20 sessions per year without authorization, pre-authorization required for additional visits.	NO
Acute Inpatient Hospital Services 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
Adult Day Health Services * Center based services offered by adult day health providers may include: • nursing services and health oversight • therapy • assistance with activities of daily living • nutritional and dietary services • counseling activities • care management • transportation	*	*
Adult Dentures *– full and partial dentures, and repairs to said dentures, for adults ages 21 and over.	*	*
Adult Foster Care Services* Residential based services offered by adult foster care providers may include: • assistance with activities of daily living, instrumental activities of daily	*	*

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
living and personal care • care management • nursing services and oversight		
Ambulatory Surgery Services - outpatient, surgical, related diagnostic and medical and dental services	YES	NO
Audiologist (Hearing) Services)	YES	NO
Breast Pumps – Breast pumps. including double electric pumps, are provided to expectant and new mothers as specifically *prescribed by their attending physician,* 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
Chiropractic Services – Limit of 20 office visits or chiropractic manipulative treatment or any combination thereof per plan benefit year (October 1-September 30)	YES	NO
Community Health Center Services For example: • office visits for primary care • OB/GYN and prenatal care** • pediatric services, including EPSDT • health education • medical social services • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens • vaccines/immunization (HEP A and B) • diabetes self-management training	NO	NO
• nutrition services, including diabetes self-management training and medical nutrition therapy • office visits for specialists	YES	NO
Day Habilitation Services * Center based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include: • nursing services and health care supervision • developmental skills training • therapy services	*	*

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
• assistance with activities of daily living		
Dental Services • Emergency related dental care	NO	NO
• Oral surgery performed in an outpatient hospital or ambulatory surgery setting • which is medically necessary to treat an underlying medical condition	YES YES	NO NO
• Preventive and basic services* for the prevention and control of dental diseases and the maintenance of oral health for children and adults.	*	*
Dialysis Services	YES	NO
Durable Medical Equipment - Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	YES	NO
Early Intervention Services	YES	NO
Family Planning Services[2]	NO	NO
Group Adult Foster Care Services* Services provided by group adult foster care providers are offered in a group supported housing environment and may include: • assistance with activities of daily living, instrumental activities of daily living and personal care • care management • nursing services and oversight	*	*
Hearing Aid Services	YES	NO
Home Health Services	NO	NO
Hospice Services[3]	YES	NO

[2] A Fallon MassHealth member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of Fallon's provider network.

[3] 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.

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Infertility Diagnosis of infertility and treatment of underlying medical condition.	YES	YES
Intensive Early Intervention Services* Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	*	*
Laboratory Services All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	YES YES	NO NO
Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individuals over age 21, certain limitations apply.	YES	NO
Outpatient Hospital Services Services provided at an outpatient hospital, for example: • outpatient surgical and related diagnostic, medical and dental services • office visits for specialists • therapy services (physical, occupational and speech) • diabetes self-management training • medical nutritional therapy	YES	NO
• office visits for primary care • OB/GYN and prenatal care** • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens	NO	NO
Oxygen & Respiratory Therapy Equipment	YES	NO
Personal Care Attendant* Services to assist members with activities of daily living and instrumental activities of daily living, for example: • bathing • feeding • dressing • medication management	*	*

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services **For example:** • office visits for primary care • OB/GYN and prenatal care** • diabetes self-management training • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens	NO	NO
• office visits for specialists • medical nutritional therapy	YES	NO
Podiatrist Services (Foot Care)	YES	NO
Private Duty Nursing/Continuous Skilled Nursing* A nursing visit of more than two continuous hours of nursing services. This service can be provided be either a home health agency or Independent Nurse.	*	*
Prosthetic Services	YES	NO
Radiology and Diagnostic Services **For example:** • X-Rays	NO	YES
• magnetic resonance imagery (MRI) and other imaging studies • radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service.	YES	YES
Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services[4]	YES	YES
Therapy Services **For example:** • occupational therapy • physical therapy • speech/language therapy	YES	NO

[4] 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.

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Transportation Services (Non-Emergency) • Non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border *	*	*
• Non-emergent to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border	YES	NO
Vision Care **For example:** • comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary;	NO	NO
• vision training;	YES	NO
• ocular prosthesis;	YES	NO
• contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus;	YES	NO
• bandage lenses;	YES	NO
• Prescription and dispensing of ophthalmic materials*, including eye glasses and other visual aids, excluding contacts	*	*
Wigs – as prescribed by a physician related to a medical condition	YES	NO
Pharmacy Services **See co-payment information at the end of this document.**		
Prescription Medicines	YES	NO
Over-the-Counter Medicines	YES	NO

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Behavioral Health (Mental Health and Substance Use Disorder) Services		
Non-24 Hour Diversionary Services: ▪ community support programs ▪ partial hospitalization* ▪ structured outpatient addiction program (SOAP)* ▪ intensive outpatient program (IOP) * ▪ psychiatric day treatment	YES	NO
24 Hour Diversionary Services: ▪ crisis stabilization unit ▪ community-based acute treatment for children and adolescents (CBAT) ▪ acute treatment services for substance use disorder (Level III.7)* ▪ enhanced acute treatment services for substance use disorder* ▪ clinical support services – substance use disorder (Level III.5)* ▪ transitional care unit	YES **EXCEPTION**- Community crisis stabilization through Emergency Service Provider (ESP) **Requires authorization after first day/ night**	NO
Emergency Services Program (ESP) Services: ▪ crisis assessment, intervention, and stabilization ▪ mobile crisis intervention for children under 21 ▪ medication evaluation ▪ specialing - a one-to-one monitoring service	NO **EXCEPTION-** Crisis Stabilization **requires authorization after first day or night**	NO
Inpatient Services: ▪ Inpatient mental health services ▪ Inpatient substance use disorder services (Level IV)*	YES	NO
Outpatient Services, such as: ▪ individual, group, and family counseling* ▪ diagnostic evaluations	**NO** for first 12 sessions, then authorization is required.	NO
▪ medication visits ▪ family and case consultations ▪ collateral contacts for children under age 21 ▪ narcotic-treatment services (including acupuncture)	NO	NO

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
▪ electro-convulsive therapy ▪ Applied Behavior Analysis for members under 21 with a Autism Spectrum Disorder ▪ psychological testing or special education psychological testing.	YES	NO
Intensive Home or Community Based Outpatient Services for Youth: ▪ intensive care coordination (ICC) ▪ family support and training ▪ in-home therapy services ▪ in-home behavioral services ▪ therapeutic mentoring services	YES	NO
Enrollees under age 21 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.		
Screening Services 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.	NO	NO

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Diagnosis and Treatment Services Fallon Health pays for all medically necessary services that are covered by federal Medicaid law, even if the services are not provided by Fallon Health. This coverage includes health care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions. When a PCP (or any other clinician) discovers a health condition, Fallon Health will pay for any medically necessary treatment covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and a Fallon Health-enrolled physician, nurse practitioner, or nurse midwife supports, in writing, the medical necessity of the service. You and your PCP can seek assistance from Fallon Health to determine what providers may be available in the network to provide these services, and how to use out of network providers, if necessary. Most of the time, these services are covered by your child's MassHealth coverage type and are included as a covered service elsewhere in this list. If the service is not already covered or is not listed elsewhere on this list, the clinician or provider who will deliver the service can ask Fallon Health for prior authorization for the service. Fallon Health uses this process to determine if the service is medically necessary. Fallon Health will pay for the service if prior authorization is given. If prior authorization is denied, you have the right to appeal. More information about appeals is in your Member Handbook under "Appeals and grievances." Talk to your child's PCP, behavioral-health provider, or other specialist for help in getting these services.	NO	NO

*** These services are covered directly by MassHealth and may require authorization; however, Fallon Health will assist the coordination of these services. Please contact Case Management at Fallon for information.**

**** If you are pregnant, you should contact MassHealth or Fallon 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 who are age 21 and older 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 age 21;
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy) and;
- 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, Standard/CommonHealth members ages 21 and older have a co-payment cap (limit) of $250 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.

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.

1. Cosmetic surgery, except as determined by Fallon to be necessary for:
    a. correction or repair of damage following an injury or illness;
    b. mammoplasty following a mastectomy; or
    c. any other medical necessity as determined by Fallon Health.

All such services determined by Fallon Health to be Medically Necessary shall constitute an Fallon Health Covered Service under the Contract.

2. Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian
tube (GIFT) procedures. .
3. Experimental treatment.
4. Personal comfort items including air conditioners, radios, telephones, and televisions
5. A service or supply which is not provided by or at the direction of a Network Provider, except for:
    a. Emergency Services;
    b. Family Planning Services; and
    c. Services provided to newborns during the period prior to notification of the newborn's enrollment by the Executive Office of Health and Human Services.
6. Non-covered laboratory services.
7. Services provided outside the United States and its territories.
8. Services not otherwise covered by MassHealth, except as determined by Fallon Health to be medically necessary for MassHealth Standard and CommonHealth enrollees-under age 21.

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

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.

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: 1-508-368-9382 (TRS 711)
Email: 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)

ព័ត៌មានសំខាន់! ព័ត៌មាននេះគឺស្តីអំពីអត្ថប្រយោជន៍ Fallon Health MassHealth របស់អ្នក។ វាចាំបាច់ត្រូវមានការបកប្រែជាបន្ទាន់។ Fallon អាចបកប្រែជូនអ្នកបាន។ បើអ្នកត្រូវការជំនួយបកប្រែ ឬជំនួយផ្សេងទៀត សូមហៅទូរសព្ទទៅ Fallon តាមលេខ 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 byc natychmiast przetłumaczone. Fallon może je dla Państwa przetłumaczyć. Jesli 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)