
Welcome

Get the advantages you deserve with our health plan.



Harrington Advantage—a PPO plan



Harrington Advantage is offered through Fallon Health & Life Assurance Company, a wholly owned subsidiary of Fallon Community Health Plan.

Benefit Summary

Effective October 1, 2017

The Harrington Advantage

The Harrington Advantage is a preferred provider organization (PPO) plan, and as such, we contract with a network of participating providers who have agreed to provide health care services to our members—your use of participating providers is strictly voluntary. You have the power to choose what you pay out of your own pocket, based on the providers you choose to see.

Tier 1

The Harrington Advantage in-network providers are tiered based on their accessibility to the community. Harrington HealthCare System providers—Harrington Hospital, The Cancer Center at Harrington, Harrington HealthCare at Webster, Harrington HealthCare at 169 and Harrington Physician Hospital Organization (PHO)—can all be found in the lower-cost Tier 1 of the Harrington Advantage plan.

Tier 2

Includes UMass Memorial Health Care facilities—University, Memorial and Hahnemann locations. Facility services only are included in Tier 2.

Tier 3

You have access to a broader selection of providers—more than 45,000 throughout Massachusetts, southern New Hampshire and southwestern Vermont—in Tier 3. That includes access to Worcester hospitals, including UMass Memorial (professional services at University, Memorial and Hahnemann locations) and Saint Vincent Hospital, and Boston hospitals, including: Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Children's Hospital, Dana-Farber Cancer Institute, Massachusetts General Hospital, New England Baptist Hospital, and Tufts Medical Center.

Tier 4

You have coverage for services outside of the network. When you obtain covered services from non-participating providers, these services are subject to a deductible and coinsurance at the out-of-network level.

In-network and out-of-network coverage

When you obtain covered services from Tier 1, Tier 2 and Tier 3 providers, you will receive the in-network level of benefits. We pay participating providers directly, and you will not have to file claims when you use participating providers. When you obtain covered services from non-participating providers—Tier 4, you may need to submit a claim. For information on claims submission, refer to your Harrington Advantage *Member Handbook/Evidence of Coverage*.

How to receive care:

Obtaining specialty care

For more information on obtaining specialty care, consult your Harrington Advantage *Member Handbook/Evidence of Coverage*.

Emergency medical care

Emergency services do not require referral or authorization. When you have an emergency medical condition, you should go to the nearest emergency department or call your local emergency communications system (police, fire department or 911). For more information on emergency benefits and plan procedures for emergency services, consult your Harrington Advantage *Member Handbook/Evidence of Coverage*.

Plan specifics

	In-network			Out-of-network
	Tier 1	Tier 2	Tier 3	Tier 4
	Harrington HealthCare System providers <ul style="list-style-type: none"> • The Cancer Center at Harrington • Harrington HealthCare at 169 • Harrington HealthCare at Webster • Harrington Hospital • Harrington Physician Hospital Organization 	UMass Memorial <ul style="list-style-type: none"> • Hahnemann • Memorial • University Facility services only	<ul style="list-style-type: none"> • Beth Israel Deaconess Medical Center • Brigham & Women's Hospital • Children's Hospital • Clinton Hospital • Dana-Farber Cancer Institute • Marlborough Hospital • Massachusetts General Hospital • New England Baptist Hospital • Saint Vincent Hospital • And many more Professional Services: UMass Memorial <ul style="list-style-type: none"> • Hahnemann • Memorial • University 	
Deductible	\$2,000 Individual, \$4,000 Family			\$3,000 Individual \$6,000 Family
Out-of-pocket maximum	\$4,000 Individual, \$8,000 Family			\$6,000 Individual \$12,000 Family
Coinsurance	0%	20%	25%	40%

Benefits	In-network			Out-of-network
	Tier 1	Tier 2	Tier 3	Tier 4
Office visits				
Annual physical	\$0 per visit			40% coinsurance after deductible
Routine eye exams	\$0 per visit			40% coinsurance after deductible
Primary Care Provider (PCP) office visit	\$20 per visit	\$35 per visit *		40% coinsurance after deductible
Specialist office visit	\$35 per visit	\$50 per visit *		40% coinsurance after deductible
Prenatal care	\$20 per visit	\$35 per visit		40% coinsurance after deductible
Postnatal care	\$20 per visit	\$35 per visit		40% coinsurance after deductible

Benefits	In-network			Out-of-network
	Tier 1	Tier 2	Tier 3	Tier 4
Allergy injections	\$5 per visit			40% coinsurance after deductible
Chiropractic care for spinal manipulation (12 visits per benefit year)	25% coinsurance after deductible			40% coinsurance after deductible
Outpatient services				
Preventive radiology & laboratory	Covered in full			40% coinsurance after deductible
Diagnostic radiology & laboratory	Covered in full	20% coinsurance after deductible **	25% coinsurance after deductible	40% coinsurance after deductible
Short-term rehabilitative services	Covered in full	20% coinsurance after deductible **	25% coinsurance after deductible	40% coinsurance after deductible
Speech therapy	Covered in full	20% coinsurance after deductible **	25% coinsurance after deductible	40% coinsurance after deductible
Imaging	Covered in full	20% coinsurance after deductible **	25% coinsurance after deductible	40% coinsurance after deductible
Outpatient surgery	Covered in full	20% coinsurance after deductible **	25% coinsurance after deductible	40% coinsurance after deductible
Inpatient hospital				
Room and board in a semiprivate room	Covered in full	20% coinsurance after deductible **	25% coinsurance after deductible	40% coinsurance after deductible
Physician and surgeon services	Covered in full	25% coinsurance after deductible		40% coinsurance after deductible
Emergency room visits (Copayments for ER services are waived if you are admitted to the hospital.)				
	\$100 per visit			
Urgent care				
	\$35 per visit			
Skilled nursing (Skilled care in a semiprivate room up to 100 days per benefit year.)				
	Covered in full	25% coinsurance after deductible		40% coinsurance after deductible
Substance abuse				
Office visit	\$20 per visit			40% coinsurance after deductible
Detoxification in an inpatient setting	Covered in full			40% coinsurance after deductible
Rehabilitation in an inpatient setting	Covered in full			40% coinsurance after deductible
Mental health				
Office visit	\$20 per visit			40% coinsurance after deductible
General or psychiatric hospital services	Covered in full			40% coinsurance after deductible

* Tier 2 coinsurance cost-share may apply if service occurs at one of the identified UMass facilities.

** Tier 3 coinsurance cost-share will apply on professional services.

Benefits	In-network			Out-of-network
	Tier 1	Tier 2	Tier 3	Tier 4
Other health services				
Home health care services	Covered in full after deductible	25% coinsurance after deductible		40% coinsurance after deductible
Durable Medical Equipment (DME)	30% coinsurance after deductible			40% coinsurance after deductible
Ambulance emergency and non-emergency transport	Covered in full after Tier 1/Tier 2/Tier 3 deductible			40% coinsurance after deductible
Hospice care	Covered in full after deductible	25% coinsurance after deductible		40% coinsurance after deductible
Exclusions				
Custodial confinement, long-term rehabilitative services, prescription drugs, nonprescription drugs and vitamins, experimental procedures or services that are not generally accepted medical practice, cosmetic surgery, hearing aids after age 21.				
Value-added benefits and features				
It Fits! — an annual fitness reimbursement (including school and town sports programs, gym memberships at the gym of your choice, home fitness equipment, Weight Watchers®, aerobics, Pilates and yoga classes)				Reimbursements of: \$200 per individual and family contracts
Oh Baby! — a program that provides prenatal vitamins, a convertible toddler car seat, breast pump and other “little extras” for expectant parents—all at no additional cost.				Included
Nurse Connect — free telephone access to registered nurses 24 hours a day, seven days a week, 365 days a year.				Included
Free chronic care management				Included
Quit to Win — free telephone counseling with tobacco cessation experts and free text message support.				Included
EyeMed Vision Care® discounts — get up to 35% off frames and get discounts on contact lenses, laser vision correction and nonprescription sunglasses at thousands of locations nationwide.				Included
Healthwise® Knowledgebase — free online encyclopedia for information on diseases, treatment, medications and other important health topics.				Included

A complete list of benefits and exclusions is in the Harrington Advantage *Member Handbook/Evidence of Coverage*, available by request. This is only a summary.

Questions?

If you have any questions, please contact Harrington Advantage Customer Service at 1-855-508-6226 (TRS 711), or visit our website at fallonhealth.org/harrington.



This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance.

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

Medical facilities

Your advantage: Choosing where you want to get your care!

Tier 1 network facilities

Tier 1 facilities include The Cancer Center at Harrington, Harrington HealthCare at 169, Harrington HealthCare at Webster, Harrington Hospital and Harrington Physician Hospital Organization (PHO). You pay lower copayments when you get your health care locally in the Harrington HealthCare System.

Tier 2 network facilities

UMass Memorial Health Care—Hahnemann, Memorial and University locations for facility services only.

Tier 3 network facilities

Harrington Advantage members get access to more than 45,000 providers throughout Massachusetts and southern New Hampshire in Tier 3, including:

Network hospitals – Massachusetts

Addison Gilbert Hospital, Gloucester
Anna Jaques Hospital, Newburyport
Athol Memorial Hospital, Athol
Baystate Franklin Medical Center, Greenfield
Baystate Mary Lane Hospital, Ware
Baystate Medical Center, Springfield
Baystate Noble Hospital, Westfield
Baystate Wing Hospital, Palmer
Berkshire Medical Center, Pittsfield
Beth Israel Deaconess Hospital, Milton
Beth Israel Deaconess Hospital, Needham
Beth Israel Deaconess Hospital, Plymouth
Beth Israel Deaconess Medical Center, Boston
Beverly Hospital, Beverly
Boston Medical Center, Boston
Brigham and Women's Faulkner Hospital, Boston
Brigham and Women's Hospital, Boston
Carney Hospital, Boston
Charlton Memorial Hospital, Fall River
Children's Hospital, Boston
Clinton Hospital, Clinton
Cooley Dickinson Hospital, Northampton
Dana-Farber Cancer Institute, Boston
Emerson Hospital, Concord
Good Samaritan Medical Center, Brockton
HealthAlliance Hospital, Fitchburg
HealthAlliance Hospital, Leominster
Heywood Hospital, Gardner
Holy Family Hospital at Merrimack Valley, Haverhill
Holy Family Hospital at Methuen, Methuen
Holyoke Medical Center, Holyoke
Lahey Hospital & Medical Center, Burlington
Lawrence General Hospital, Lawrence
Lawrence Memorial Hospital, Medford
Lowell General Hospital—Main Campus, Lowell
Lowell General Hospital—Saints Campus, Lowell
Marlborough Hospital, Marlborough
Massachusetts Eye and Ear Infirmary, Boston
Massachusetts General Hospital, Boston

Melrose-Wakefield Hospital, Melrose
Mercy Medical Center, Springfield
MetroWest Medical Center, Framingham
MetroWest Medical Center, Natick
Milford Regional Medical Center, Milford
Morton Hospital, Taunton
Mount Auburn Hospital, Cambridge
Nashoba Valley Medical Center, Ayer
New England Baptist Hospital, Boston
Newton-Wellesley Hospital, Newton
North Shore Medical Center—Salem Hospital, Salem
North Shore Medical Center—Union Hospital, Lynn
Norwood Hospital, Norwood
Saint Anne's Hospital, Fall River
Saint Elizabeth's Medical Center, Boston
Saint Luke's Hospital, New Bedford
Saint Vincent Hospital, Worcester
Signature Healthcare Brockton Hospital, Brockton
South Shore Hospital, Weymouth
Sturdy Memorial Hospital, Attleboro
Tobey Hospital, Wareham
Tufts Medical Center, Boston
UMass Memorial Medical Center—Memorial Campus,
Worcester (professional services)
UMass Memorial Medical Center—University Campus,
Worcester (professional services)
Winchester Hospital, Winchester

Network hospitals – New Hampshire and Vermont

Catholic Medical Center, Manchester, NH
Cheshire Medical Center, Keene, NH
Elliot Hospital, Manchester, NH
Exeter Hospital, Exeter, NH
Mary Hitchcock Memorial Hospital, Lebanon, NH
Parkland Medical Center, Derry, NH
Portsmouth Regional Hospital, Portsmouth, NH
Southern New Hampshire Medical Center, Nashua, NH
Southwestern Vermont Medical Center, Bennington, VT

It Fits!

A program that pays you back for being healthy

How will you use your \$200?

Harrington Advantage, in partnership with Fallon Health, is proud to offer It Fits!, a program that pays you back for being healthy. With Harrington Advantage and Fallon, you get physical and financial benefits for being active.

We have one of the most flexible fitness benefits in Massachusetts, reimbursing \$200 per family and individual contract!

You choose

Whether you love the gym, prefer the slopes, or are the star player of your Little League team, we want to give you money to use toward a variety of different healthy activities.

Use your money toward:

- Ski mountain lift tickets and season passes!
- Local school and town sports programs
- Gym memberships—at the gym of your choice
- Pilates
- Yoga
- Aerobics classes
- Weight Watchers®
- Karate
- Sports camps
- Ski lessons
- Swim lessons
- Dance lessons
- Kickboxing
- Baseball
- Race fees
- Cheerleading
- Gymnastics
- Football
- Hockey
- Soccer
- Lacrosse
- Volleyball
- And more!

Use your It Fits! dollars toward any brand of cardiovascular home fitness equipment!

Eligible equipment includes:

- Treadmills
- Bike stands (to convert road bikes to stationary cycles)
- Stair climbing machines
- Rowing machines
- Air walkers
- Elliptical machines
- Home gyms
- Total body weight resistance machines
- Stationary cycles
- Cross-country ski machines

Cardiovascular home fitness equipment must be new and purchased within the benefit year at a retail store or Amazon—receipt and proof of payment required (excludes secondary markets such as Craigslist and eBay).

How do you get paid? Simple. Complete the form on page 8 and supply any necessary documentation, such as a health club contract or a copy of a registration form for a school/town activity.

For your convenience, we accept multiple receipts and requests on one form. Be reimbursed all at once!

If you have any questions about the program, give us a call at

1-855-508-6226

(TRS 711)

or visit our website at fallonhealth.org/harrington.

It Fits! Reimbursement Form

Subscribers are eligible for reimbursement once per benefit year.* You may request \$200 per family or individual contract. **Requests must be made no later than three months following a benefit year in order to receive reimbursement.**

For more information about other fitness discounts, visit fallonhealth.org/harrington.

Two ways to get reimbursed:
1. Mail completed form to:
 Fallon Health
 P.O. Box 211308
 Eagan, MN 55121-2908
2. Email completed form to:
reimbursements@fallonhealth.org

Subscriber information

(Note: The subscriber is the primary health insurance policyholder, not necessarily the person requesting reimbursement.)

Subscriber's last name	First name	Middle initial	
Address	City	State	ZIP
Subscriber's ID # (located on the front of your card)		Telephone number	

Activity/item for reimbursement**

Type of activity/item	Program/gym name/retailer	Benefit year	Amount requested

Information needed for reimbursement

- This completed form
- A copy of any/all applicable health club contracts, personal fitness trainer agreements or a copy of the registration form for a school/town activity. These must show the beginning and ending dates of membership activity and the names of enrolled members.
- Dated original receipts or copies of bank/credit statements showing the charge for membership, classes or equipment (original receipts will not be returned). These should reflect the dollar amount you are requesting. Harrington Advantage and Fallon will only reimburse for the amount reflected on these receipts/statements. When paying by check, please send a copy of the front and back of the cancelled check.

Also, a brochure from the health club, facility or program may be requested.

Certification and authorization (This form must be signed and dated below by the subscriber.)

Reimbursement is subject to approval by Harrington Advantage and Fallon Health. *(This incentive payment may be considered taxable income. Please consult your tax advisor if you have questions.)* Please allow 4-6 weeks from receipt for reimbursements. Reimbursement check should be made to (check one):

Subscriber Member _____

Agreement:

I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses incurred during the applicable benefit year and for eligible members.

Subscriber's signature _____

Date _____

* A benefit year is the 12-month period between October 1, 2017 and September 30, 2018, during which your annual health insurance plan design features, such as deductibles and out-of-pocket maximums, accumulate.

** Reimbursement amounts may vary. Reimbursement is not available for camps that are not sports-dedicated, social clubs, transportation, greens fees, uniforms, meals, lodging, fitness clothing, vitamins, gift cards and donations.

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.



Member Transaction Form

Please print clearly and complete all applicable fields.

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE EMPLOYER:		
Group number	Group name	Effective date: MM/DD/YYYY
Type of coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Two-person <input type="checkbox"/> Family <input type="checkbox"/> Other _____		
Please check off the reason you are filling out this form:		
Adding coverage: <input type="checkbox"/> New hire <input type="checkbox"/> Annual open enrollment <input type="checkbox"/> Other (Please explain in the Remarks section below.)		
Ending coverage: <input type="checkbox"/> Termination of employment <input type="checkbox"/> Change to other insurance (Please provide the name of the other insurance in the Remarks section below.) <input type="checkbox"/> Other (Please explain in the Remarks section below.)		
Changes to existing coverage: (Please choose an option and explain in the Remarks section below.) Change to: <input type="checkbox"/> Individual plan <input type="checkbox"/> Two-person plan <input type="checkbox"/> Family plan <input type="checkbox"/> COBRA <input type="checkbox"/> Other <input type="checkbox"/> Addition of a dependent (Please complete the Dependent Section of this form.) Date of qualifying event: _____ <input type="checkbox"/> Removal of a dependent <input type="checkbox"/> Change in name, address or other application information <input type="checkbox"/> Other		
Remarks: 		

This form is not complete without an authorized employer signature on page 10.

THE FOLLOWING SECTIONS ARE TO BE FILLED OUT BY THE EMPLOYEE (subscriber):		
<i>Please complete all applicable fields in this section.</i>		
First name	Middle initial (MI)	Last name
		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Maiden name	Primary language	Birth date (MM/DD/YYYY)
Physical address		
City	State	ZIP code
Mailing address (if different from physical above)		
City	State	ZIP code
Would you be interested in receiving communications from Fallon Health via email? If so, please check the box and provide your email address: <input type="checkbox"/>		Date hired (MM/DD/YYYY)
Email address	Social Security #	
Home phone	Work phone	
Race (please choose one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		
Work status (please choose one) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> COBRA		
Average # of hours worked weekly	Department #	Employee #
Does your spouse have health insurance from another source? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DEPENDENT SECTION:

In this section, please list all dependents covered under this plan. If you need more room, please use an additional Member Transaction Form.

Dependent 1: First name _____ MI _____ Last name (include maiden name if applicable) _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relation to you _____		Social Security # _____	
Primary language _____	Race _____	Birth date (MM/DD/YYYY) _____	
Dependent 2: First name _____ MI _____ Last name (include maiden name if applicable) _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relation to you _____		Social Security # _____	
Primary language _____	Race _____	Birth date (MM/DD/YYYY) _____	
Dependent 3: First name _____ MI _____ Last name (include maiden name if applicable) _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relation to you _____		Social Security # _____	
Primary language _____	Race _____	Birth date (MM/DD/YYYY) _____	
Dependent 4: First name _____ MI _____ Last name (include maiden name if applicable) _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relation to you _____		Social Security # _____	
Primary language _____	Race _____	Birth date (MM/DD/YYYY) _____	
Dependent 5: First name _____ MI _____ Last name (include maiden name if applicable) _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relation to you _____		Social Security # _____	
Primary language _____	Race _____	Birth date (MM/DD/YYYY) _____	

I understand that my signature below means that I have read and I understand the contents of this form, and that I agree to the terms and conditions located on page 11 of this booklet.

X _____
Employee signature
Date

Print name here _____

X _____
Employer signature
Date

Print name here _____

Group name (please print) _____

Harrington Advantage is offered through Fallon Health & Life Assurance Company, Inc., a wholly owned subsidiary of Fallon Health.

Important information

Thank you for choosing us to provide your health coverage. You will soon receive a New Member Kit in the mail. This kit will include information about your membership and your membership card(s). Also included in your New Member Kit will be information on how to obtain a *Member Handbook/Evidence of Coverage*, which defines your benefits and regulates benefit decisions. If you, or a dependent, need to seek medical services before you receive your Member ID card in the mail, all you have to do is give us a call. A member of our Customer Service team can help you. Simply ask for your Member ID card number. That is all you should need to receive services.

Harrington Advantage is a preferred provider organization (PPO) plan.

As such, we contract with a network of participating providers who have agreed to provide health care services to our members. Your use of participating providers is completely voluntary. Harrington Advantage in-network providers are tiered based on their accessibility to the community. Harrington HealthCare System providers can all be found in the lower-cost Tier 1 of the Harrington Advantage plan. You have access to a broader selection of providers—more than 45,000 throughout Massachusetts, southern New Hampshire and southwestern Vermont—in Tier 3.

When you obtain covered services from Tier 1, Tier 2 and Tier 3 providers, you will receive the in-network level of benefits. We pay participating providers directly; you will not have to file claims when you use participating providers. When you obtain covered services from non-participating providers, you get the out-of-network level of benefits. You may need to submit a claim for covered services you receive from non-participating providers. For information on claims submission, refer to your Harrington Advantage *Member Handbook/Evidence of Coverage*.

Worldwide emergency medical care

Emergency services do not require referral or authorization. When you have an emergency medical condition, you should go to the nearest emergency department or call your local emergency communications system (police, fire department or 911). For more information on emergency benefits and plan procedures for emergency services, consult your Harrington Advantage *Member Handbook/Evidence of Coverage*.

Questions?

Call the Harrington Advantage Customer Service team at 1-855-508-6226.

Consent

Submission of the Member Transaction Form indicates that you authorize anyone who provides medical services to you, your spouse or dependents to release to the plan any health information or medical records relating to those services for such routine needs as coordination of benefits, disease management programs, quality management, coordination of care, health services management, accreditation, processing and payment of related claims.

Agreement

I am employed by the company named on this form, working at least 30 hours per week, full time, or 20 hours part time, and I receive an employer contribution to health insurance coverage (or I am otherwise eligible for the named company's health insurance coverage, e.g., as a former employee covered under COBRA). I hereby authorize my employer to deduct from my wages (if necessary) the amount I am responsible for contributing for the Fallon Health/FHLAC coverage I have selected. I understand that Fallon Health is a Health Maintenance Organization (Fallon Preferred Care is a Preferred Provider Organization) and that membership becomes effective in accordance with the Fallon Health/FHLAC Group Agreement and the *Member Handbook/Evidence of Coverage*. I have read the Member Transaction Form. I understand how to obtain and use services under my Fallon Health/FHLAC coverage. I certify that all information is correct to the best of my knowledge. NOTE: The requested effective date may not be the actual effective date if it is not in accordance with the Fallon Health/FHLAC Group Agreement and your plan's *Member Handbook/Evidence of Coverage*.

Definitions

Benefit period

The benefit period, sometimes referred to as a “benefit year,” is the 12-month span of plan coverage, and the time during which the deductible, out-of-pocket maximum and specific benefit maximums accumulate.

Deductible

A deductible is the amount of allowed charges you pay per benefit period before payment is made by the plan for certain covered services. The amount that is put toward your deductible is calculated based on the allowed charge or the provider’s actual charge—whichever is less.

Please note that once any one member in a family accumulates \$2,000 of in-network services that are subject to the family deductible, that individual member’s deductible is considered met, and that family member will receive benefits for covered services less any applicable copayments.

Out-of-pocket maximum

The out-of-pocket maximum (in-network) is the total amount of certain copayments and coinsurance you are responsible for in a benefit period. The out-of-pocket maximum (out-of-network) is the total amount of deductible and coinsurance you are responsible for in a benefit period. The out-of-pocket maximum does not include your premium charge or any amounts you pay for services that are not covered by the plan.

Coinsurance

Coinsurance is the percentage of medical expense you are required to pay after the deductible amount is satisfied. Coinsurance may differ for Durable Medical Equipment (DME).

Facility services

Coverage for facility services is defined as coverage for the room at the medical facility you use, such as a hospital.

Professional services

Coverage for professional services is defined as coverage for the services of medical professionals.

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: 1-508-368-9988 (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>.

If you, or someone you're helping, has questions about Fallon Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-868-5200.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Fallon Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-868-5200.

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Fallon Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-868-5200.

如果您，或是您正在協助的對象，有關於[插入項目的名稱 Fallon Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-868-5200。

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Fallon Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-868-5200.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Fallon Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-868-5200.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Fallon Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-868-5200.

إن كان لديك أو لدى شخص تساعدُه أسئلة بخصوص Fallon Health، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-800-868-5200.

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ មុនសំណួរអ្នកចំពោះ Fallon Health បើ, អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន ប្រាកដនិងភាសា របស់អ្នក បោយមិនអ្វីប្រាក់ ។ បើអ្នកប្រើសិទ្ធិនេះជាមួយអ្នកកម្រប ត្រូវ 1-800-868-5200 ។

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Fallon Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-868-5200.

Se tu o qualcuno che stai aiutando avete domande su Fallon Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-868-5200.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Fallon Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-868-5200로 전화하십시오.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω από το Fallon Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-868-5200.

Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Fallon Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-868-5200.

यदि आपके ,या आप द्वारा सहायता ककर जा रहे ककसी व्यक्तत के Fallon Health [के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी िभाषण से बात करने के लिए ,1-800-868-5200 पर कॉि करें।

જો તમે અથવા તમે કોઇને મદદ કરી રહો છો તેમ જ કોઇને Fallon Health વિશે પ્રશ્નો છે તો તમને મદદ અને મદદની મેળો નો અધિકાર છે. તે અર્થ વિન તમ રી ભષ મ ાં પ્ર પ્ત કરી શક ર છે. દ ભ વષરો િ ત કરિ મ ટે,આ 1-800-868-5200 પર કોલ કરો.

້າທ່ານ, ຫ ື້ຄົນທ ັ່ທ່ານກໍາລັງຊ່ວຍເຫ ື້ອ, ມ ຄໍາຖາມກ່ຽວກັບ Fallon Health, ທ່ານມ ຶດທ ັ່ຈະໄດ້ຮັບການຊ່ວຍເຫ ື້ອແລະຂໍ້ມູນຂ່າວສານທ ັ່ເປັນພາສາຂອງທ່ານບໍ່ມ ັ່ຄໍາໃຊ້ຈ່າຍ. ການໂອ້ນລັບກັບພາສາພາສາ, ໃຫ້ໂທຫາ 1-800-868-5200.

Notes

fallonhealth.org/harrington
1-855-508-6226
(TRS 711)