



## Frequently Asked Questions

To learn more, call 1-855-508-6226 (TRS 711).

### Harrington Advantage

**Q. What is considered in-network?**

**A.** Tier 1, Tier 2 and Tier 3 providers are considered in-network.

**Tier 1** consists of 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).

**Tier 2** includes UMass Memorial Health Care Facilities – University, Memorial and Hahnemann locations (facility services only).

**Tier 3** includes a broad selection of providers throughout Massachusetts, southern New Hampshire and southwestern Vermont. That includes access to Worcester hospitals, including UMass Memorial (professional services at University, Memorial and Hahnemann locations) and St. 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, Tufts Medical Center and more.

**Q. What is considered out-of-network?**

**A.** Tier 4 is considered out-of-network. When you obtain covered services from non-participating providers, those services are subject to a deductible and coinsurance at the out-of-network level.

**Q. Is emergency coverage available out of the service area?**

**A.** Yes, you have access to worldwide emergency service. Refer to your benefit summary for your cost-sharing responsibility.

**Q. Are chiropractic providers tiered?**

**A.** Chiropractic providers are not tiered, so there is no difference in your cost-sharing amount when you see an in-network chiropractic provider. You would pay more to see an out-of-network, or Tier 4, provider.

**Q. Where can I find information on the provider network?**

**A.** You can visit [fallonhealth.org/harrington](http://fallonhealth.org/harrington) and click on the Find a doctor link.

**Q. Are there prior authorizations required with this plan?**

**A.** Yes. Harrington Advantage members are required to receive prior authorizations for certain services.

Examples of types of services which require prior authorization are:

- Admissions to all inpatient facilities (including skilled nursing and rehabilitation, and mental health and substance use disorder, including intermediate care)
- Outpatient surgery
- Infertility services (Fallon Preferred Care PPO only)
- Organ transplants
- Prosthetics/orthotics and DME
- Medically necessary, non-emergency ambulance transport

For a complete list of services requiring prior authorization, you should review the *Evidence of Coverage* and applicable amendments.

**Q. I thought Harrington Advantage was a PPO. Why should I have to receive prior authorization for any services?**

**A.** Harrington Advantage, in partnership with Fallon Health & Life Assurance Company (FHLAC), conducts medical management which is a process of reviewing the use of covered benefits to determine medical necessity and appropriateness of care. This process is done to ensure the quality and affordability of our health care services for all members, regardless of which product type, HMO or PPO, they are enrolled in. So, although you do not need “authorizations”—or what we call referrals—to see a physician, you would need a prior authorization for certain services.

**Q. In my family, it is just me and my spouse. Do we qualify as a family? And would the family deductible apply to us even though there are only two of us?**

**A.** Yes, you qualify as a family, and the family deductible would apply.

**Q. How does your preventive care benefit work? Can I see an ObGyn and a Primary Care Provider (PCP) for preventive care exams within the same year? Also, does a preventive eye exam also qualify for a \$0 copayment?**

**A.** Yes, routine annual physical exams for adults and children—including preventive immunizations, preventive Pap tests, well-child care visits, annual gynecological exams, and most preventive screenings—can all be done in the same 12-month period. They all qualify for a \$0 copayment. In addition, routine eye exams are covered at a \$0 copayment when received once every 12 months.

**Q. Can you tell me about your It Fits! reimbursement program? What is covered?**

**A.** It Fits! is a program that pays you back for being healthy, reimbursing \$200 annually for both family and individual contracts. You can use your money toward a number of healthy activities, including local school and town sports programs, ski mountain lift tickets and season passes, gym memberships at the gym of your choice, yoga, aerobics, Weight Watchers<sup>®</sup>, etc. You can even use your \$200 toward any brand of new cardiovascular home fitness equipment. *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.*

**Q. Are there any changes to my prescription drug coverage?**

**A.** No. Harrington HealthCare System is still using Express Scripts for your prescription drug coverage. You can continue to use your Express Scripts card when accessing your prescription drugs.

**Q. How can I maximize my savings as a member of Harrington Advantage?**

**A.** Harrington Advantage was designed to save you money when you access Tier 1 providers. In cases where you choose to see Tier 2 or Tier 3 providers, be sure to talk with them about getting lab tests, etc. completed at Harrington HealthCare System facilities. Using Harrington HealthCare System providers ensures that you can take advantage of the Tier 1 cost sharing. Additionally, you should be sure to make use of your Health Reimbursement Account (HRA).

## HHCS 2 ACA Direct Care

**Q. Is emergency coverage available out of the service area?**

**A.** Yes, you have access to worldwide emergency service. Refer to your benefit summary for your cost-sharing responsibility.

**Q. Where can I find information on the provider network?**

**A.** You can visit [fallonhealth.org/harrington](http://fallonhealth.org/harrington) and click on the Find a doctor link.

**Q. In my family, it is just me and my spouse. Do we qualify as a family? And would the family deductible apply to us even though there are only two of us?**

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**Q. Do I have the It Fits! reimbursement program?**

**A.** No, the HHCS 2 ACA Direct Care plan does not offer the It Fits! program.

**Q. How do I know if my doctor is in the HHCS 2 ACA Direct Care network?**

**A.** The HHCS 2 ACA Direct Care network includes over 26,000 providers throughout Massachusetts. To find a doctor in the HHCS 2 ACA Direct Care network:

- You can use the [Find a Doctor](#) tool.
- You can call our dedicated customer service team at 1-855-508-6226, and a representative can look up your doctor for you.
- Or, you can visit an information session to speak to a representative.

**Q. What if I want to go to a Boston hospital?**

**A.** Fallon provides guaranteed access to Boston for members of HHCS 2 ACA Direct Care through the [Peace of Mind Program™](#). You can receive a second opinion and treatment for specialty services at one of five of Boston's best hospitals: Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Children's Hospital, Dana-Farber Cancer Institute and Massachusetts General Hospital.

**Q. How does the Peace of Mind Program™ work?**

**A.** The [Peace of Mind Program](#) provides you with access to receive a second opinion and treatment for specialty services at one of five Boston hospitals. There are some eligibility requirements for the program:

- You must be a HHCS 2 ACA Direct Care member.
- You must have seen a specialist in your network for the same condition within the past three months. And you must see the same type of doctor. For example, if you have seen an in-network orthopedic surgeon within the past three months, you can see an orthopedic surgeon at a Peace of Mind Program facility. However, if you have seen an in-network orthopedic specialist within the past three months, you can see an orthopedic specialist at a Peace of Mind Program facility, but not an orthopedic surgeon.
- The specialty services you are seeking must be covered services. See your *Member Handbook/Evidence of Coverage* for a listing of services covered with your plan. Services that are not available through the Peace of Mind Program include primary care services, mental health, substance use disorder, dental care, chiropractic services, obstetrics, speech therapy and infertility services.
- Your PCP must request a prior authorization from Fallon for you to see a Peace of Mind Program specialist. Your PCP cannot deny you the right to request access to your Peace of Mind Program benefit.

As long as you have met the eligibility requirements, you have the right to access your Peace of Mind Program benefit. If you have difficulty receiving a referral from your PCP, call the Fallon customer service team.

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