



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 Charlton, Harrington HealthCare at Spencer, 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). Coverage for facility services provides coverage for the room at the medical facility you use.

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—which is coverage for services of medical professionals—at University, Memorial and Hahnemann locations) and St. Vincent Hospital, and Boston hospitals including: Beth Israel Deaconess Medical Center, Boston Children’s Hospital, Brigham and Women’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. Does the plan offer out-of-state student coverage?

A. Yes, it does. It would be covered at a Tier 4 (out-of-network) level of benefits.

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 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
- 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 *Member Handbook* 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 the 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. What maternity services are covered?

A. The plan covers the cost of care related to pregnancy and childbirth in a hospital setting, including associated medically necessary hospital, surgical and medical care of the member and her well newborn if the newborn will be enrolled as a dependent under the subscriber’s family coverage. For details on covered and excluded services, as well as, cost-share information, please review the plan’s *Schedule of Benefits*, and *Member Handbook*.

Q. Are infertility services covered?

A. Yes, they are. A Prior Authorization (PA) is required for all covered infertility services, and you must meet certain medical criteria guidelines. For details on covered and excluded services, as well as cost-share information, please review the plan’s *Schedule of Benefits*, and *Member Handbook*.

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[®], Jenny Craig[®], 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. Your prescription drug provider is MaxorPlus.

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).

Q. Where can I find the plan's *Schedule of Benefits* and *Member Handbook*?

A. You can obtain a copy of your *Schedule of Benefits* and *Member Handbook*, as well as other plan documents, through your Member Portal: <http://www.fallonhealth.org/harrington-myfallon>

HHCS 2 ACA Direct Care

HHCS 2 ACA Direct Care is a limited network HMO that provides access to a network that is smaller than the Harrington Advantage PPO network. In this plan, members have access to network benefits only from the providers in HHCS 2 ACA Direct Care. Please talk to your HR Representative about this plan.

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