Welcome

HHCS 2 ACA—a Direct Care HMO plan

October 1, 2019–September 30, 2020

Harrington HEALTHCARE SYSTEM *Total Local Care*

fallonhealth & life assurance company, inc.

HHCS 2 ACA is offered through Fallon Health & Life Assurance Company, a wholly owned subsidiary of Fallon Community Health Plan.

Benefit Summary

Effective October 1, 2019

HHCS 2 ACA – a Direct Care HMO plan

This plan gives you a network of providers and hospitals—over 37,000 throughout Massachusetts—to choose from. This includes Harrington HealthCare and Saint Vincent Hospital, and access to these Boston hospitals through the Peace of Mind Program™: Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Boston Children's Hospital, Dana-Farber Cancer Institute and Massachusetts General Hospital.

For a listing of all HHCS 2 ACA Direct Care HMO providers, please visit our website at fallonhealth.org/harrington.

How to receive care:

Choosing a primary care provider (PCP)

Your relationship with your PCP is very important because he or she will work with the plan to provide or arrange most of your care.

Obtaining specialty care

When you want to visit a specialist, talk with your PCP first. He or she will help arrange specialty care for you. The following services do not require a referral when you see a provider in your plan's network: routine obstetrics/gynecology care, screening eye exams and behavioral health services.

For more information on referral procedures for specialty services, consult your *Member Handbook*.

Emergency medical care

With this plan, you are covered for emergency services worldwide. 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 communications system (police, fire department or 911).

For more information on emergency benefits and plan procedures for emergency services, consult your *Member Handbook*.

Plan specifics

	HHCS 2 ACA Direct Care HMO
Deductible	$2,000 individual, $4,000 family
Embedded deductible	$2,000
Out-of-pocket maximum	$4,250 individual, $8,500 family
Coinsurance	35% coinsurance after deductible
Benefits	**HHCS 2 ACA Direct Care HMO Your cost**
Office visits	
Annual physical	$0 per visit
Routine eye exams	$0 per visit
Primary care provider (PCP) office visit	$35 per visit
Specialist office visit	$70 per visit
Prenatal care	$35 first visit only
Postnatal care	$35 per visit
Chiropractic care for spinal manipulation (12 visits per benefit year)	$35 per visit
Outpatient services	
Preventive radiology & laboratory	Covered in full
Diagnostic services	35% coinsurance after deductible
Short-term rehabilitative services	35% coinsurance after deductible
Speech therapy	35% coinsurance after deductible
Imaging (CT, PET, MRI scans, nuclear cardiology)	35% coinsurance after deductible
Outpatient surgery	35% coinsurance after deductible
Inpatient hospital	
Room and board in a semiprivate room	35% coinsurance after deductible
Physician and surgeon services	35% coinsurance after deductible
Maternity care	35% coinsurance after deductible
Emergency room visits (Copayments for ER services are waived if you are admitted to the hospital.)	
	35% coinsurance after deductible
Urgent care	
	$35 per visit
Skilled nursing (Skilled care in a semi-private room up to 100 days per benefit year.)	
	35% coinsurance after deductible

Benefits	HHCS 2 ACA Direct Care HMO Your cost
Substance use disorder	
Office visit	$35 per visit
Detoxification in an inpatient setting	Covered in full
Rehabilitation in an inpatient setting	Covered in full
Mental health	
Office visit	$35 per visit
Services in a general or psychiatric hospital	Covered in full
Other health services	
Skilled home health care services	35% coinsurance after deductible
Durable medical equipment (DME)	35% coinsurance after deductible
Medically necessary ambulance services	35% 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	
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 *Member Handbook* available by request.
This is only a summary.

Questions?

If you have any questions, please contact 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.

Medical facilities

HHCS 2 ACA – Direct Care HMO network facilities

Network hospitals – Massachusetts

Addison Gilbert Hospital, Gloucester
Anna Jaques Hospital, Newburyport
Athol Memorial Hospital, Athol
Beth Israel Deaconess Hospital, Milton
Beth Israel Deaconess Hospital, Plymouth
Beverly Hospital, Beverly
Brigham and Women's Faulkner Hospital, Boston
Charlton Memorial Hospital, Fall River
Emerson Hospital, Concord
Harrington HealthCare at Webster
Harrington Hospital, Southbridge
Heywood Hospital, Gardner
Lahey Hospital & Medical Center, Burlington
Lahey Medical Center, Peabody
Lawrence General Hospital, Lawrence
Lowell General Hospital—Main Campus, Lowell
Lowell General Hospital—Saints Campus, Lowell
Marlborough Hospital, Marlborough
Massachusetts Eye and Ear Infirmary, Boston
MetroWest Medical Center, Framingham
MetroWest Medical Center, Natick
Milford Regional Medical Center, Milford
Mount Auburn Hospital, Cambridge
New England Baptist Hospital, Boston
Newton-Wellesley Hospital, Newton
Saint Luke's Hospital, New Bedford
Saint Vincent Hospital, Worcester
Signature Healthcare Brockton Hospital, Brockton
South Shore Hospital, Weymouth
Tobey Hospital, Wareham
Tufts Medical Center, Boston
UMass Memorial–Clinton Hospital, Clinton
UMass Memorial–HealthAlliance Hospital—Burbank Campus, Fitchburg
UMass Memorial–HealthAlliance Hospital—Leominster Campus, Leominster
UMass Memorial–Marlborough Hospital, Marlborough
Winchester Hospital, Winchester

As a Fallon Health member with **HHCS 2 ACA Direct Care**, you have access to a unique benefit called the Peace of Mind Program. But what is the Peace of Mind Program? And how does it work? Find answers to those questions below.

What is the Peace of Mind Program?
The Peace of Mind Program is a benefit that provides HHCS 2 ACA Direct Care members with access to receive a second opinion and treatment for specialty services at certain medical centers in Boston.

What are the medical centers included in the Peace of Mind Program?
They are:

- Beth Israel Deaconess Medical Center
- Brigham and Women's Hospital
- Boston Children's Hospital
- Dana-Farber Cancer Institute
- Massachusetts General Hospital

Are there any eligibility requirements I have to meet in order to use my Peace of Mind Program benefit?
Yes. In order to utilize your Peace of Mind Program benefit, you must meet the following criteria:

1. You must have seen a specialist in the same discipline, in your network, for the same condition within the past three months. 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*.
2. The specialty services you are seeking must be Fallon covered services (see your *Member Handbook* for a listing of services covered with your Fallon plan). The Peace of Mind Program may be used for all covered specialty care except infertility services, mental health, substance abuse, chiropractic services, dental care or speech therapy. The Peace of Mind Program may not be used for any primary care services, including internal medicine, family practice, pediatrics or obstetrics.
3. 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 access your Peace of Mind Program benefit.*

Do I have to pay any extra out-of-pocket costs for services received through the Peace of Mind Program?
No. Any services you receive through the Peace of Mind Program are subject to your benefit plan's standard cost-sharing amounts. For example, if your copayment to see an in-network specialist is $70, you will pay the same amount to see a Peace of Mind Program specialist.

Important information

Thank you for choosing us to provide your health coverage. You will soon receive a New Member Booklet in the mail. This kit will include information about your membership and your membership card(s). Also included in your New Member Booklet will be information on how to obtain a *Member Handbook,* 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.

If you are an HHCS 2 ACA Direct Care HMO plan member:

You must choose a Primary Care Provider (PCP):

Each person covered under HHCS 2 ACA Direct Care HMO must choose a PCP. A PCP is a provider of internal medicine or family practice for adults and a pediatrician or family practice provider for children. Please refer to fallonhealth.org/harrington for a complete list of providers and their locations. You must make these selections now and list your choices on your enclosed Membership Transaction Form. Informing Harrington of your PCP selection(s) as soon as possible will help ensure that any bills for health services you receive from your PCP are processed as quickly as possible.

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 *Member Handbook*.

Questions?

Call the 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 and that membership becomes effective in accordance with the Fallon Health/FHLAC Group Agreement and the *Member Handbook*. 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*.

Member Transaction Form

Please print clearly and complete all applicable fields.

HHCS 2 ACA
A Direct Care HMO plan

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE EMPLOYER:

Group number	Group name	Effective date: MM/DD/YYYY

Type of coverage: ❑ Individual ❑ Two-person ❑ Family ❑ Other _____

Please check off the reason you are filling out this form:

Adding coverage: ❑ New hire ❑ Annual open enrollment ❑ Other (Please explain in the Remarks section below.)

Ending coverage:

❑ Termination of employment ❑ Change to other insurance (Please provide the name of the other insurance in the Remarks section below.)
❑ 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: ❑ Individual plan ❑ Two-person plan ❑ Family plan ❑ COBRA ❑ Other

❑ Addition of a dependent (Please complete the Dependent Section of this form.) Date of qualifying event: _____
❑ Removal of a dependent
❑ Change in name, address or other application information
❑ Other

Remarks:

This form is not complete without an authorized employer signature on page 8.

THE FOLLOWING SECTIONS ARE TO BE FILLED OUT BY THE EMPLOYEE (subscriber):

Please complete all applicable fields in this section.

First name	Middle initial (MI)	Last name	Gender ❑ Male ❑ 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: ❑	Date hired (MM/DD/YYYY)

Email address	Social Security #

Home phone	Work phone

Race (please choose one) ❑ White ❑ Black ❑ Hispanic ❑ Asian/Pacific Islander ❑ American Indian/Alaskan Native ❑ Other	Ethnicity

Work status (please choose one) ❑ Full-time ❑ Part-time ❑ Retired ❑ COBRA

Average # of hours worked weekly	Department #	Employee #

Does your spouse have health insurance from another source? ❑ Yes ❑ No

Please provide the name of your selected Primary Care Provider (PCP). Is this your current PCP? ❑ Yes ❑ No

First name	Last name

Benefits administrator: Please mail a copy of this form to: Fallon Health Enrollment Operations, 10 Chestnut St., Worcester, MA 01608.

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 ❑ Male ❑ Female
Relation to you			Social Security #	
Primary language	Race		Ethnicity	Birth date (MM/DD/YYYY)
Dependent 2: First name	MI	Last name (include maiden name if applicable)		Gender ❑ Male ❑ Female
Relation to you			Social Security #	
Primary language	Race		Ethnicity	Birth date (MM/DD/YYYY)
Dependent 3: First name	MI	Last name (include maiden name if applicable)		Gender ❑ Male ❑ Female
Relation to you			Social Security #	
Primary language	Race		Ethnicity	Birth date (MM/DD/YYYY)
Dependent 4: First name	MI	Last name (include maiden name if applicable)		Gender ❑ Male ❑ Female
Relation to you			Social Security #	
Primary language	Race		Ethnicity	Birth date (MM/DD/YYYY)
Dependent 5: First name	MI	Last name (include maiden name if applicable)		Gender ❑ Male ❑ Female
Relation to you			Social Security #	
Primary language	Race		Ethnicity	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 6 of this booklet.

X _____

Employee signature Date

Print name here _____

X _____

Employer signature Date

Print name here _____

Group name (please print) _____

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.

16-735-009 Rev. 01 4/17

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 تساعده أسئلة بخصوص Fallon Health، فلديك الحق في الحصول على المساعدة والمعلومات

الضرورية بلغتك من دون اية تكلفة .للتحدث مع مترجم اتصل ب 1-800-868-5200.

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងដែជួយ មានសំណួរអ្ំពី Fallon Health បេ, អ្នកមានសិេធិេេួលជំនួយនិងព័េ៍មាន បៅកនុងភាសា ររស់អ្នក

បោយមិនអ្ស់ប្ាក់ ។ បែើមបីនិយាយជាមួយអ្នករកដប្រ សូម 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 απο 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 ककए 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 ि्ुभाषषए से बात करने के लिए ,1-800-868-5200 पर कॉि करें।

જો તમે અથવા તમે કોઇને મદદ કરી રહ્ાાં તેમ ાંથી કોઇને Fallon Health વિશે પ્રશ્નો હોર્ તો તમને મદદ અને મ હહતી મેળિ નો અવિક ર છે. તે ખર્ચ વિન તમ રી ભ ષ મ ાં પ્ર પ્ત કરી શક ર્ છે. દ ભ વષર્ો િ ત કરિ મ ટે,આ 1-800-868-5200 પર કોલ કરો.

້າທ່ານ, ຫ ູືຄົນທ ່ທ່ານກໍາລັງຊ່ວຍເຫ ູືອ, ມ ຄໍາຖາມກ່ຽວກັບ Fallon Health, ທ່ານມ
ສິດທ ່ຈະໄດ້ຮັບການຊ່ວຍເຫ ູືອແລະຂໍ້ມູນຂ່າວສານທ ່ເປັນພາສາຂອງທ່ານບໍ່ມ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ
1-800-868-5200.

16-735-008a Rev. 00 5/16

Notes

fallonhealth.org/harrington

1-855-508-6226

(TRS 711)

19-715-143 Rev. 00 8/19