January 1, 2024-December 31, 2024

The NaviCare service area includes the following Massachusetts counties:

Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester



#### Introduction

This document is a brief summary of the benefits and services covered by NaviCare. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of NaviCare. Key terms and their definitions appear in alphabetical order in the last chapter of the Evidence of Coverage.

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#### A. Disclaimers



This is a summary of health services covered by Fallon Health's NaviCare program for 2024. This is only a summary. Please read the Evidence of Coverage for the full list of benefits. If you don't have an Evidence of Coverage, call NaviCare Enrollee Services at the number at the bottom of this page to get one. Or you can visit our website, fallonhealth.org/navicare, and click on the banner titled "Benefits and services."

- Fallon Health is an HMO plan with a Medicare contract and a contract with the Massachusetts Medicaid program. Enrollment in Fallon Health depends on contract renewal. NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS. SilverSneakers® is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. WeightWatchers logo and WeightWatchers are the trademarks of WW International, Inc. © 2023 WW International, Inc. All rights reserved.
- To learn about your MassHealth (Medicaid) plan options, contact MassOptions at 1-800-243-4636, Mon.–Fri., 8 a.m.–5 p.m.
- For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about MassHealth (Medicaid), call 1-800-841-2900. TTY users should call 1-800-497-4648.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-255-7108 (TRS 711), Mon.–Fri., 8 a.m.–8 p.m. (Oct. 1–March 31, seven days a week). The call is free.
- This document is available for free in Spanish, other languages are available upon request.
- Your preferred language, both written and spoken, or request for information in an alternate format is requested by the plan on each enrollment form. Your language preference will be captured and stored in the plan's central operating system as a standing request for future mailings and communications.

### **Disclaimers** continued

- Once enrolled, you may change your preferred language or communications format by informing a member of your Care Team or by calling NaviCare Enrollee Services at the number at the bottom of this page.
- Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery.

### B. Frequently Asked Questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers	
What is a Senior Care Options plan?	A Senior Care Options plan is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people age 65 and older. A Senior Care Options plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has Navigators to help you manage all your providers and services and supports. They all work together to provide the care you need.	
Will I get the same Medicare and MassHealth (Medicaid) benefits in NaviCare that I get now?	You will get your covered Medicare and MassHealth (Medicaid) benefits directly from NaviCare. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You may also get other benefits the same way you do now, directly from a State Agency like the Department of Mental Health or the Department of Developmental Services.	
	When you enroll in NaviCare, you and your Care Team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.	
	If you are taking any Medicare Part D prescription drugs that NaviCare does not normally cover, you can get a temporary supply. We will help you to transition to another drug or get an exception for NaviCare to cover your drug if medically necessary. For more information, call Enrollee Services.	

Frequently Asked Questions	Answers
Can I go to the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with NaviCare and have a contract with us, you can keep going to them.  • Providers with an agreement with us are "in-network."  Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in NaviCare's network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.  • If you have providers that you go to and they are not in our network, you may continue to see them for the first 90 days of your NaviCare membership or until you are assessed by your Care Team and your plan of care is
	<ul> <li>If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of NaviCare's plan.         Urgent and emergency care services are covered worldwide.         Out-of-area dialysis services are only covered at Medicare-certified dialysis facilities anywhere in the United States or its territories.     </li> </ul>
	To find out if your providers are in the plan's network, call Enrollee Services or read NaviCare's <b>Provider and Pharmacy Directory</b> on the plan's website at fallonhealth.org/navicare.
	If NaviCare is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.
What is a NaviCare Navigator?	A NaviCare Navigator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.

Frequently Asked Questions	Answers	
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.	
What is a Geriatric Services Supports Coordinator (GSSC)?	A NaviCare GSSC is a person, employed by your local Aging Services Access Point Agency, for you to contact and have on your Care Team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.	
What happens if I need a service but no one in NaviCare's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, NaviCare will pay for the cost of an out-of-network provider, anywhere in the United States and its territories. Urgent and emergency care services are covered worldwide.	
Where is NaviCare available?	The service area for this plan includes: Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties in Massachusetts. You must live in this area to join the plan.	

Frequently Asked Questions	Answers		
What is prior authorization?	Prior authorization means an approval from NaviCare to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. NaviCare may not cover the service, procedure, item, or drug if you don't get prior authorization.		
	If you need urgent or emergency care, or out-of-area dialysis services, you don't need to get prior authorization first. NaviCare can provide you or your provider with a list of services or procedures that require you to get prior authorization from NaviCare before the service is provided.		
	Refer to Chapter 3 of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Evidence of Coverage to learn which services require a prior authorization.		
	If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Enrollee Services for help.		
What is a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, NaviCare may not cover the services. NaviCare can provide you with a list of services that require you to get a referral from your PCP before the service is provided.		
	Refer to the Evidence of Coverage to learn more about when you will need to get a referral from your PCP.		

Frequently Asked Questions	Answers	
Do I pay a monthly amount (also called a premium) under NaviCare?	No. Because you have MassHealth (Medicaid), you will not pay any monthly premiums to the plan for your health coverage.	
Do I pay a deductible as a member of NaviCare?	No. You do not pay deductibles in NaviCare.	
What is the maximum out- of-pocket amount that I will pay for medical services as a member of NaviCare?	There is no cost sharing for medical services in NaviCare, so your annual out-of-pocket costs will be \$0.	
Do I have a coverage gap for drugs?	No. Because you have MassHealth (Medicaid) you will not have a coverage gap stage for your drugs.	
What if I have Medicare or live in a long-term care facility?	If you have Medicare Part B, you must continue to pay your Part B premium unless it is paid for you by Medicaid or another third party (which cannot be any other comprehensive health insurance).	
	If you are—or become—a resident of a long-term care facility, you must continue to pay your Patient Paid Amount (PPA) to the nursing home. The PPA is the portion of monthly income that a member in a nursing facility must contribute to the cost of care.	

#### C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need	Inpatient hospital stay	\$0	Requires prior authorization.
hospital care	Outpatient hospital services, including observation	\$0	May require prior authorization.
	Ambulatory surgical center (ASC) services	\$0	Requires prior authorization and PCP referral.
	Doctor or surgeon care	\$0	Requires prior authorization.
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	May require prior authorization.
	Wellness visits, such as a physical	\$0	
	"Welcome to Medicare" (preventative visit one time only)	\$0	Coverage not available to NaviCare SCO members.
	Specialist care	\$0	May require PCP referral and prior authorization.
You need emergency care	Emergency room services	\$0	Worldwide emergency room services are covered without prior authorization.
	Urgent care	\$0	Worldwide urgent care services are covered without prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Requires prior authorization and PCP referral.
	Lab tests and diagnostic procedures, such as blood work	\$0	
You need hearing/auditor y services	Hearing screenings	\$0	Requires PCP referral. Includes:  • Routine exam (one per year)  • Diagnostic exams
	Hearing aids	\$0	One hearing aid per ear every 60 months.
You need dental	Dental check-ups and preventive care	\$0	
care	Restorative and emergency dental care  (For more information, please see the NaviCare Evidence of Coverage.)  List of dental providers is available online at fallonhealth.org/ navicare	\$0	May require prior authorization.  Includes:  • Dental X-ray, one every 3 years (except bitewings)  • Fillings, dentures, crowns, extractions, implants, oral surgery, and root canals

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You	Eye exams	\$0	Routine exam (one per year)
need eye care	Glasses or contact lenses	\$0	<ul> <li>One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</li> <li>Up to two pairs of eyeglasses, contacts, lenses, frames and/or upgrades up to the \$570 annual plan coverage limit</li> </ul>
	Other vision care	\$0	<ul> <li>Includes:</li> <li>Medicare-covered glaucoma tests</li> <li>Medicare-covered exams to treat diseases of the eye</li> </ul>
You need	Behavioral health services	\$0	
behavioral health services	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Inpatient: Requires prior authorization.  Outpatient: Individual and group therapy sessions.  For Transcranial Magnetic Stimulation Therapy (TMS), Electro-Convulsive Therapy (ECT), Neuro-psychological Testing, and Intensive Outpatient Therapy (IOP) to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	\$0	
You need a place to live	Skilled nursing care	\$0	Requires prior authorization and PCP referral.
with people available to help you	Nursing home care	\$0	Requires prior authorization.  If MassHealth (Medicaid) determines that you have a monthly Patient Paid Amount (PPA), you are responsible for the PPA payments.
	Adult foster care and group adult foster care	\$0	Requires prior authorization.  This may include daily assistance in personal care, managing medication, meals, snacks, homemaking, laundry, and medical transportation from a contracted qualified Stateapproved Adult Foster Care or Group Adult Foster Care Provider.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Physical and occupational therapy visits beyond the 60th visit each require prior authorization.  Speech language therapy visits beyond the 35th visit require prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help getting to healthservices	Ambulance services	\$0	Non-emergency ambulance services require prior authorization.
	Emergency transportation	\$0	Worldwide coverage.
	Transportation to medical appointments and services	\$0	Unlimited rides to medical appointments and places where you receive health care, such as doctor office visits, physical therapy appointments, counseling sessions, and hospital visits.
			Get rides from Fallon's partner service, Coordinated Transportation Solutions (CTS)—or from your own friends and family, who can receive reimbursement for mileage of rides that have been preapproved by CTS.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Evidence of Coverage for more information on these drugs.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Generic drugs (no brand name)	\$0	There may be limitations on the types of drugs covered. Please refer to NaviCare's List of Covered Drugs (Drug List) for more information.  Extended-day supplies are available for most drugs through mail-order and some retail pharmacies, with zero costsharing.  Important message about what you pay for vaccines: Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you.
	Brand name drugs	\$0	There may be limitations on the types of drugs covered. Please refer to NaviCare's List of Covered Drugs (Drug List) for more information.  Extended-day supplies are available for most drugs through mail-order and some retail pharmacies, with zero costsharing.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to NaviCare's OTC Drug List for more information.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Cardiac (heart) rehabilitation for a maximum of 2 one-hour sessions per day for up to 36 sessions for up to 36 weeks requires prior authorization.
	Medical equipment for home care	\$0	Requires prior authorization.
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	Includes Medicare- and MassHealth (Medicaid)-covered visits, such as those for nail cutting.
			Requires prior authorization for services in a nursing home and podiatric surgery.
	Orthotic services	\$0	Requires prior authorization.
You need durable medical	Wheelchairs, crutches, and walkers	\$0	Requires prior authorization.
equipment (DME)	Nebulizers	\$0	Requires prior authorization.
Note: This is not a complete list of covered DME. For a complete list, contact Enrollee Services or refer to Chapter 4 of the Evidence of Coverage.	Oxygen equipment and supplies	\$0	Requires prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need	Home health services	\$0	Requires prior authorization.
help living at home	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Requires prior authorization.
	Adult day health or other support services	\$0	Requires prior authorization. This may include community- based services, such as nursing; assistance with activities of daily living; social; therapeutic; recreation; nutrition at a site outside the home; dementiaspecific interaction; and transportation to a NaviCarecontracted adult day health site outside of the home.
	Day habilitation services	\$0	Requires prior authorization. This includes a structured, goal-oriented, active treatment program of medically oriented, therapeutic, and habilitation services for developmentally disabled individuals who need active treatment.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Requires prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional	Chiropractic services	\$0	
services (continued on the next page)	Diabetes supplies and services	\$0	May require prior authorization.  Includes blood glucose monitors and test strips, diabetes self-management training, and footwear.
	Prosthetic services	\$0	Prior authorization required.
	Radiation therapy	\$0	Prior authorization required.
	Services to help manage your disease	\$0	May require prior authorization.
	Gym membership	\$0	With SilverSneakers®, you get access to online classes and instructional videos, an at-home fitness kit, and/or a free gym membership.
	Fitness reimbursement	Costs above \$400	Up to \$400 per year for a new fitness tracker, new cardio equipment, health club, fitness facility, or classes not covered by SilverSneakers.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued on the next page)	WW <sup>®</sup> (formerly Weight Watchers)	\$0	One 13-consecutive-week membership each year.
	Save Now card	Costs above \$212 per quarter	With your preloaded Save Now card, you'll get \$162 each calendar quarter (up to \$648 a year) to buy health items like cold/allergy medicine, pain relievers, probiotics, and more.  Plus, you'll get another \$50 each calendar quarter (up to \$200 a year) to buy food like fruits and vegetables, and personal care items like soap and shampoo, and more.  Purchases can be made at stores
			or online with free home delivery.
	Telehealth	\$0	Includes primary care, specialist care, outpatient behavioral health services, outpatient opioid treatment, and outpatient substance use disorder services.  24/7 access to doctors for non-
			emergency conditions by phone, mobile app, or online.

#### List of covered services continued

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued from the previous page)	Care Connect	\$0	24/7 phone access to registered nurses who will recommend where you should receive care or will connect you to your doctor.
	Non- emergency transportation	\$0	Rides to run errands, visit friends, attend religious services, and more. You have 140 one-way trips (within a 30- mile radius) to use per year.
			Get rides from Fallon's partner service, CTS, or your own friends and family who can receive reimbursement for mileage of rides that have been preapproved by CTS.

The above Summary of Benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the NaviCare Evidence of Coverage. If you don't have an Evidence of Coverage, call NaviCare Enrollee Services at the number at the bottom of this page to get one. If you have questions, you can also call NaviCare Enrollee Services or visit fallonhealth.org/navicare.

#### D. Benefits covered outside of NaviCare

There are some services that you can get that are not covered by NaviCare, but are covered by Medicare, MassHealth (Medicaid), or a State Agency. This is not a complete list. Call Enrollee Services to find out about these services.

Other services covered by Medicare, MassHealth (Medicaid), or a State Agency	Your costs
Certain hospice care services covered outside of NaviCare	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0

### E. Services that NaviCare, Medicare, and MassHealth (Medicaid) do not cover

This is not a complete list. Call Enrollee Services to find out about other excluded services.

Services NaviCare, Medicare, and MassHealth (Medicaid) do not cover		
All services, procedures, treatments, medications, and supplies related to Workers' Compensation claims		
Elective or voluntary enhancement procedures	Includes weight loss procedures.	
Functional medicine services/procedures and supplies (including labs and supplements)	Includes alternative, holistic, and naturopathic medicine.	
Radial keratotomy and LASIK surgery		
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or television		

### F. Your rights as a member of the plan

As a member of NaviCare, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Evidence of Coverage. Your rights include, but are not limited to, the following:

- You have a right to respect, fairness, and dignity. This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- You have the right to get information about your health care. This includes information on treatment and your treatment options. This information should be in a format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Navigator
- You have the right to make decisions about your care, including refusing treatment. This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. NaviCare will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- · You have the right to timely access to care that does not have any communication or physical access barriers. This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan

- You have the right to seek emergency and urgent care when you need it. This means you have the right to:
  - Get emergency services without prior approval in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- You have a right to confidentiality and privacy. This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- You have the right to make complaints about your covered services or care. This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with MassHealth (Medicaid) by calling MassHealth (Medicaid) Customer Service at 1-800-841-2900. TTY users call 1-800-497-4648. The NaviCare website, fallonhealth.org/navicare has information about filing an appeal.
  - Ask for an independent medical review of MassHealth (Medicaid) services or items that are medical in nature.
  - Appeal certain decisions made by MassHealth (Medicaid) or our providers.
  - Ask for a State Hearing.
  - · Get a detailed reason for why services were denied.

For more information about your rights, you can read the Evidence of Coverage. If you have questions, you can call NaviCare Enrollee Services.

You can also call My Ombudsman at 1-855-781-9898 (or use MassRelay at 711 to call 1-855-781-9898 or Videophone (VP) 1-339-224-6831).

#### G. How to file a complaint or appeal a denied service

If you have a complaint or think NaviCare should cover something we denied, call Enrollee Services. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the Evidence of Coverage. You can also call NaviCare Enrollee Services.

#### H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.



- Call us at NaviCare Enrollee Services. Phone numbers are the numbers listed at the bottom of this
  page.
- Or, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900; TTY users may call 1-800-497-4648.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227); TTY users may call 1-877-486-2048 You can call these numbers for free, 24 hours a day, 7 days a week.

#### 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.

Form Approved OMB# 0938-1421

#### **Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-700-6996. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-700-6996. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务,**帮**助**您**解答**关**于健康或药物保险的任何疑 问。如果**您**需要此翻译服务,请致电 1-877-700-6996。我们的中文工作人员很乐意**帮**助**您**。 这是一项免费服务。

**Chinese Cantonese: 您**對我們的健康或藥物保險可能存有疑問,為此我們提供免費的翻譯 服務。如需翻譯服務,請 致電 1-877-700-6996。我們講中文的人員將樂意為**您**提供幫助。這 是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-700-6996. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-700-6996. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-700-6996 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vu miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-700-6996. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-700-6996번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-700-6996. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى يتحدث العربية الاتصال بنا على 1-778-6996. سيقوم شخص ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-700-6996 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Form CMS-10802 (Expires 12/31/25)

Form Approved OMB# 0938-1421

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-700-6996. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-700-6996. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-700-6996. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-700-6996. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-877-700-6996にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែង្ខាល់មាត់ឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយ ដែលអ្នកអាចមានអំពីគម្រោង សុខភាព ឬគម្រោងឱសថរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែង្ខាល់មាត់ម្នាក់ សូមទូរសព្ទមកយើងតាមលេខ 1-877-700-6996 ។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសា អាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មមិនគិតថ្លៃ។

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## If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call NaviCare Enrollee Services:

#### 1-877-700-6996

Calls to this number are free. Representatives are available Monday–Friday, 8 a.m.–8 p.m. Oct. 1–March 31, we're available seven days a week.

During all other times, callers may leave a voicemail.

Messages will be returned the following business day.

Enrollee Services also has free language interpreter services available for non-English speakers.

#### **TRS 711**

Calls to this number are free and available 24/7.

#### If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Care Connect. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room.)

  The number for Care Connect is:

#### 1-800-609-6175

Calls to this number are free and available 24/7. NaviCare also has free language interpreter services available for non-English speakers.

TTY: 1-800-848-0160

Calls to this number are free and available 24/7.

If you need immediate behavioral health care, please call the Emergency Services Program/Mobile Crisis Intervention line:

1-877-382-1609

Calls to this number are free and available 24/7. NaviCare also has free language interpreter services available for non-English speakers.

TTY: 1-800-249-9949

Calls to this number are free and available 24/7.

