**Special HIPAA Notice:** If you are declining enrollment for yourself or your dependent(s) (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

**Open Enrollment and Coverage Mandates Under Federal Healthcare Reform:** Effective January 1, 2014, the Federal Health Care Reform law (PPACA) requires all individuals- regardless of age, to have quality coverage. Those who do not have coverage will be taxed by the Federal government. The Affordable Health Care Act law has led to the creation of a new option to choose medical coverage through Health Care Exchanges, also known as The Health Insurance Marketplace. This option is available to you beginning January 2014 regardless of the plan that EMS offers to you if you are a benefits eligible employee. Please see below regarding state Marketplace medical coverage information. For information about Marketplaces in your State of residence, visit HealthCare.gov website at https://www.healthcare.gov/what-is-the-marketplace-in-my-state or contact by phone at (800) 318-2596.

**Creditable Rx Coverage & Medicare D Notice:** Please refer to the recent notice that was sent out regarding Massachusetts Technology prescription drug coverage through the Fallon Health plan and about your options under Medicare’s prescription drug coverage. This information is to help individuals who are eligible for Medicare to decide whether or not to join a Medicare drug plan.

**Dependent Coverage Imputed Income:** If you are covering an individual on Massachusetts Technology’s plan and that individual is not your IRS tax dependent, please notify Human Resources, so we may provide you with an “Imputed Income Memo” and corresponding affidavit forms. The “imputed income memo” explains the potential income tax liability on the value of benefits provided to non-qualified dependents. If applicable, Massachusetts Technology will impute the tax liability as required by law.

**Medicaid and the Children’s Health Insurance Program (CHIP):**  If you are eligible for health coverage through Massachusetts Technology, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. Please see attached notice that contains information on programs that are available in your State.

**Newborns’ Act Disclosure:** Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**Women’s Health and Cancer Rights:** Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 508-870-0312 x248 for more information.

**Patient Protection Model Disclosure:** Fallon Health Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Fallon Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.