

Oh Baby!

Welcome gifts for your new baby!

Fallon Health has some gifts to help you celebrate your new arrival! Just fill out this form once your baby has been added to the plan and return it to us at the address printed on the back. You may also email the completed form to E&BPrivacyCoordinator@fallonhealth.org.

Child's/children's name(s): _____
Hospital (if known): _____
Birth/adoption date: _____
Parent/guardian: _____
Mailing address: _____
Phone: _____
Email: _____

Please tell us which of the following materials you'd like to receive.*

Would you like a convertible toddler car seat? Yes No

Please note, the car seat cannot be delivered to a P. O. Box.

Choose either:

Temporal artery thermometer

or

Book: *Caring For Your Baby and Young Child: Birth to Age 5*, by the American Academy of Pediatrics

Would you also like a home safety kit for childproofing your home?

Yes No

The selected items will be shipped to the address on file after the baby has been added to your policy. If you have any questions, please call us at the phone number on the back of your member ID card.



* To receive the convertible car seat, the home safety kit and the book or the temporal artery thermometer, your baby must be on the policy. All of these materials are available up to the child's second birthday.



10 Chestnut Street
Worcester, MA 01608

Fallon Health-Atrius Health
Care Collaborative

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Oh Baby!

Expect more while you're expecting



Fallon Health-Atrius Health Care
Collaborative

Welcome!

Thank you for joining Oh Baby!—Fallon Health’s program for birth, baby and beyond. We’re pleased to give you some helpful information and free gifts.

Inside this booklet, you’ll find some important materials:

- A form to send to Fallon so we can pay you back for the cost of a childbirth or sibling class
- A postcard you can return to us as soon as your baby is born to get a home safety kit, a car seat and either a book or temporal artery thermometer*

We know there’s a lot you need to do to get ready for your baby, but don’t forget about the most important person right now—you! Visit your doctor regularly. Start healthy habits. Eat well. Get enough rest. Exercise. Quit smoking. You’ll find a list of local organizations in this booklet that can help you take good care of yourself and your baby.

As your baby grows, we hope you’ll find our Oh Baby! program useful. We’re happy to be a part of this important time in your life. If you have any questions, please call the phone number on the back of your member ID card.

You can get this document for free in other formats, such as large print, braille, or audio.

Call 1-866-473-0471 (TRS 711), Monday–Friday, 8 a.m.–6 p.m. The call is free.

** To receive the convertible toddler car seat, the home safety kit and the book or temporal artery thermometer, your baby must be a member of the plan. All of these materials are available up to the child’s second birthday.*



Breastfeed or formula feed?

There's no one right answer for everyone. You have to do what's best for you and your baby, and that may vary from child to child. You may find that breastfeeding is the right choice for one of your babies, but formula is the way to go with another.

Current research indicates that breast milk is the perfect food for babies in many ways:

- Contains the perfect balance of nutrients
- Easily digested by the infant
- Passes on antibodies from mother to baby
- Breastfed babies have fewer upper respiratory infections
- It's free
- No prep time needed

Breastfeeding is a personal choice. If you do opt to breastfeed your baby, there are a number of resources available to assist you.

La Leche League

lalli.org

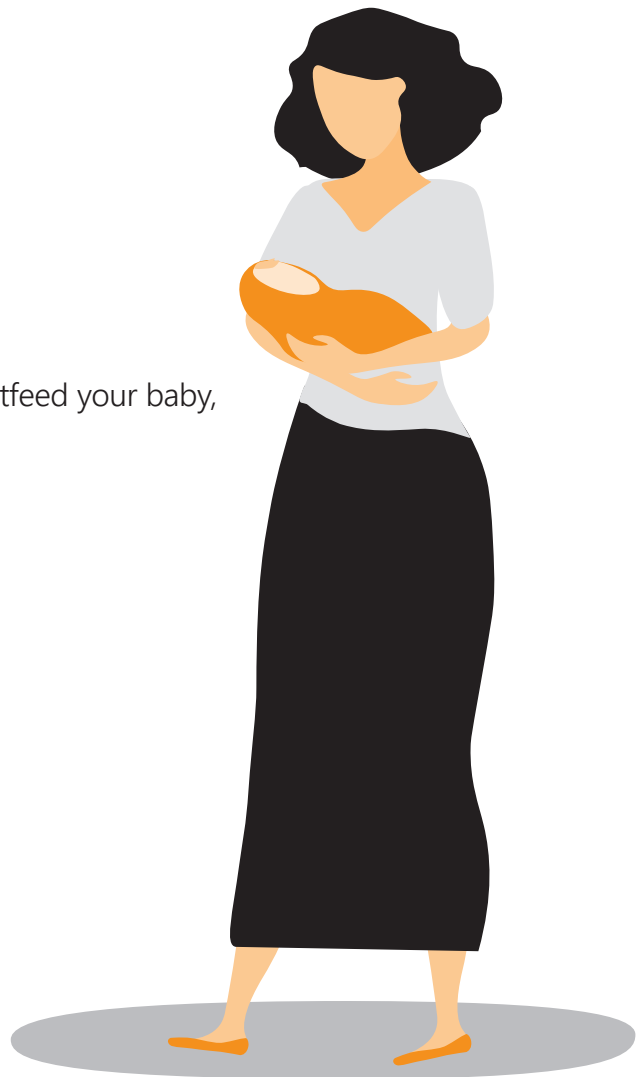
Massachusetts Breastfeeding Coalition

massbreastfeeding.org

U.S. Department of Health & Human Services

womenshealth.gov/breastfeeding

Resource line: 1-800-994-9662



Quitters do win!

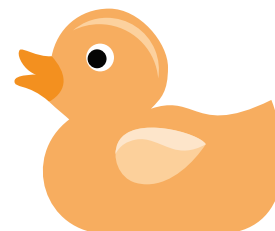
If you're a smoker, chances are you've already heard plenty about the health risks that smoking poses to your baby:

- Low birth weight
- Preterm delivery
- Presence of congenital heart defects
- Infant death

Secondhand smoke poses health risks, too, so it's important that your home environment and your car stays smoke free.

Fallon offers a wonderful stop-smoking program called Quit to Win. It's free to members, and the program offers individual phone coaching sessions. There is also free text message support to members.

For more information, call Quit to Win toll-free at 1-888-807-2908 or email quittowin@fallonhealth.org.



Additional resources

American Cancer Society
cancer.org
1-800-227-2345

American Lung Association
lung.org
1-800-LUNGUSA
(1-800-586-4872)

**Massachusetts Department
of Public Health**
makesmokinghistory.org
1-800-QUIT-NOW
(1-800-784-8669)

National Cancer Institute
cancer.gov
smokefree.gov
1-800-4-CANCER
(1-800-422-6237)


**Office on Women's Health,
U. S. Department of
Health & Human Services**
womenshealth.gov
1-800-994-9662

Request for childbirth class reimbursement

Members are eligible for a full reimbursement toward the cost of childbirth classes or toward the cost of either a refresher class for covered delivery or sibling class for an older child.

Follow these easy steps:

1. Attach proof of payment, such as an itemized paid receipt showing the name of the facility, class type, registered attendee(s), charge and the amount paid. A front-and-back copy of a canceled check will also be accepted.
2. Please complete the information in Section I, including the member's name, date of birth and other identifying information.
3. In Section II, please indicate where and when classes were held and who attended.
4. Make sure the member signs and dates the form in Section III.

SECTION I (Member information)			
Member's name	Date of birth / /	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Member ID #
Member's address		Home telephone ()	
City, state, ZIP		Work telephone ()	
SECTION II (Class information)			
Expected/actual delivery date	Is this your first child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Class type <input type="checkbox"/> Childbirth class <input type="checkbox"/> Sibling class <input type="checkbox"/> Refresher class	
Name of facility where class was held			
Facility location			
Date of class	Attendee(s)	Date of birth	Fallon Member ID#
SECTION III (Member authorization/signature)			
I certify that the information on this reimbursement form is true and correct to the best of my knowledge. I authorize the release of any medical information necessary to process this request.			
Member's signature _____			
Date _____			
Processing your request will take approximately 30 days. We will contact you if any additional information is needed.			
After completing this form, please mail it, with the required documentation, to:			
Fallon Health, P.O. Box 211308, Eagan, MN 55121-2908			
Or, email it to reimbursements@fallonhealth.org .			
If you have any questions, please call our Customer Service Department at the phone number on the back of your member ID card, or visit fallonhealth.org/Atrius .			
 fallonhealth		Fallon Health-Atrius Health Care Collaborative	

Important!

Important! This information is about your Fallon Health MassHealth benefits. It needs to be translated right away. Fallon can translate it for you. If you need help with translation or other help, call Fallon at 1-866-473-0471.

¡Importante! Esta información es sobre sus beneficios de Fallon Health MassHealth. Necesita traducirse de inmediato. Fallon puede traducírsela. Si necesita ayuda con la traducción, o cualquier otro tipo de ayuda, llame a Fallon al 1-866-473-0471. (SPA)

ສຳຄັນ! ຂໍ້ມູນນີ້ແມ່ນກ່ຽວກັບທຳນຽມຊ່ວຍເຫຼືອ Fallon Health MassHealth ຂອງທ່ານ. ມັນຈຳເປັນຕ້ອງມີການແປພາສາໃນທັນທີ. Fallon ສາມາດແປພາສາໃຫ້ທ່ານໄດ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເລື່ອງການແປພາສາ ຫຼືຄວາມຊ່ວຍເຫຼືອອື່ນ, ໃຫ້ໂທຫາ Fallon ທີ່ເບີ 1-866-473-0471. (LAO)

重要事項! 本資訊與您在Fallon Health MassHealth 的福利有關。請即刻瞭解其中的內容。Fallon 可以為您提供翻譯。如果您需要他人協助翻譯或需要其他協助, 請致電Fallon, 電話 1-866-473-0471. (CHI)

Enpòtan! Enfòmasyon sa yo konsène avantaj Fallon Health MassHealth ou. Nou dwe tradui yo touswit. Fallon kapab tradui yo pou ou. Si ou bezwen èd pou tradiksyon an oswa lòt èd, rele Fallon nan nimewo 1-866-473-0471. (HC)

ព័ត៌មានសំខាន់! ព័ត៌មាននេះគឺស្តីអំពីអត្ថប្រយោជន៍ Fallon Health MassHealth របស់អ្នក។ វាចាំបាច់ត្រូវមានការបកប្រែជាបន្ទាន់។ Fallon អាចបកប្រែជូនអ្នកបាន។ បើអ្នកត្រូវការជំនួយបកប្រែ ឬជំនួយផ្សេងទៀត សូមហៅទូរសព្ទទៅ Fallon តាមលេខ 1-866-473-0471. (CAM)

Importante! Esta informação se refere aos seus benefícios do programa MassHealth de Saúde da Fallon. Deve ser traduzida imediatamente. A Fallon pode providenciar a tradução para você. Caso necessite ajuda com tradução, ou qualquer outro tipo de ajuda, ligue para a Fallon pelo número 1-866-473-0471. (POR)

Внимание! Это информация о ваших льготах по плану Fallon Health MassHealth. Вам необходимо срочно ознакомиться с этой информацией. Если вам нужен перевод этой информации, Fallon может вам помочь. За помощью с переводом или любой другой помощью обращайтесь в Fallon по телефону 1-866-473-0471. (RUS)

Ważne! Niniejsze informacje dotyczą Państwa świadczeń Fallon Health MassHealth. Muszą one być natychmiast przetłumaczone. Fallon może je dla Państwa przetłumaczyć. Jeśli potrzebują Państwo pomocy w dokonaniu tłumaczenia lub pomocy w innym zakresie, proszę zatelefonować do Fallon na numer 1-866-473-0471. (POL)

Quan trọng! Thông tin này là về các quyền lợi Fallon Health MassHealth của quý vị. Cần được phiên dịch ngay, Fallon có thể phiên dịch cho quý vị. Nếu quý vị cần giúp đỡ về phiên dịch hay công việc nào khác, xin gọi cho Fallon theo số 1-866-473-0471. (VTN)

مهم! هذه المعلومات هي حول منافع Fallon Health MassHealth. يجب أن يتم ترجمتها فوراً. يمكن لـ Fallon ترجمتها لك. إذا احتجت إلى مساعدة في الترجمة أو في أي نوع آخر من المساعدة، فيرجى الاتصال بـ Fallon على الرقم 1-866-473-0471. (ARA)

Important ! Ces informations concernent vos prestations auprès de Fallon Health MassHealth. Elles doivent être traduites immédiatement. Fallon peut les traduire pour vous. Si vous avez besoin d'aide pour la traduction ou de toute autre aide, appeler Fallon au 1-866-473-0471. (FRN)

Importante! Queste informazioni riguardano i Suoi benefici Fallon Health MassHealth. Devono essere tradotte immediatamente. Fallon può tradurle per Lei. Se Le servisse aiuto per la traduzione o altro tipo di assistenza, contatti Fallon al numero 1-866-473-0471. (ITA)

중요사항 본 정보는 Fallon Health MassHealth의 혜택에 관한 내용입니다. 바로 번역이 필요합니다. Fallon에서 번역을 제공해드릴 수 있습니다. 번역에 도움이 필요하시면 다른 도움이 필요하시면 Fallon에 1-866-473-0471 번으로 전화해 주십시오. (KOR)

Σημαντικό! Αυτές οι πληροφορίες αφορούν τα πλεονεκτήματα της Fallon Health MassHealth. Πρέπει να μεταφραστούν άμεσα. Η Fallon μπορεί να τις μεταφράσει για εσάς. Αν χρειάζεστε βοήθεια με τη μετάφραση ή άλλη βοήθεια, καλέστε τη Fallon στο 1-866-473-0471. (GRK)

महत्वपूर्ण! यह जानकारी आपके Fallon Health MassHealth के लाभों के बारे में है। इस के अनुवाद की तुरंत आवश्यकता है। Fallon आप के लिए इस का अनुवाद कर सकता है यदि आप को अनुवाद या अन्य सहायता की आवश्यकता है तो Fallon को 1-866-473-0471 पर काल करें। (HIN)

મહત્વપૂર્ણ! આ માહિતી તમારા Fallon Health MassHealth ના ફાયદાઓ વિશે છે. તેનો યોગ્ય રીતે અનુવાદ કરવાની જરૂર છે. Fallon તમારા માટે તે અનુવાદ કરી શકે છે. તમને અનુવાદ અથવા અન્ય કોઈ મદદની જરૂર હોય તો 1-866-473-0471 પર Fallon ને ફોન કરો. (GUJ)

Notice of inclusion resources

At Fallon Health, we believe everyone deserves access to **health care without discrimination**. We work every day to help people of any age, income level, race, color, ethnicity, national origin, disability, religion, sexual orientation, sex, gender identity, and health status achieve their health goals.

To make sure you have access to all the resources and information necessary to understand and access your health plan benefits, we:

- **Provide free aids and services**—such as qualified sign language interpreters and written information in other formats, including large print, braille, accessible electronic formats and other formats
- **Provide free language services**—such as qualified interpreters and information written in other languages—to people whose primary language is not English.
- **Have dedicated resources, individuals, and teams** that specialize in reviewing our policies to ensure inclusion of the unique needs of our transgender and gender diverse members.

If you need access to or wish to discuss any of this information or resources, **please call us** at the phone number on the back of your member ID card. Or you can email us at cs@fallonhealth.org.

If you believe Fallon or a provider has **discriminated against you or didn't provide these resources**, please tell us. You can write, call, or email us at:

Compliance Director
Fallon Health
10 Chestnut St., Worcester, MA 01608

Phone: 1-508-368-9988 (TRS 711)
Email: compliance@fallonhealth.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

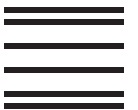
U.S. Department of Health and Human Services Phone: 1-800-368-1019
200 Independence Avenue SW., Room 509F (TDD: 1-800-537-7697)
HHH Building, Washington, D.C., 20201

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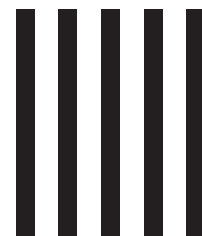
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