

Fallon Health & Life Assurance Company, Inc.

FALLON PREFERRED CARE AMENDMENTS

- Amendment 3 (eff. 10/01/20)**
- Amendment 2 (eff. 06/01/20)**
- Amendment 1**

Fallon Health & Life Assurance Company,
Inc.

AMENDMENT 3

This is part of your Fallon Preferred Care
Member Handbook/Evidence of Coverage
Form #19-670-034
Effective October 1, 2020

This amendment changes certain sections of your Fallon Preferred Care Member Handbook/Evidence of Coverage. Please read it carefully and keep it with your handbook. The information in this amendment replaces any information in your handbook, Schedule of Benefits or prior amendments that conflicts with it. If you have questions about this amendment, please contact the Customer Service Department at 1-888-468-1541 (TRS 711). Representatives are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Prescription drugs

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Prescription drugs

Under **Covered items** in the **Prescription Drugs** section, replace bullet 11 with the following:

- Preferred Blood Glucose Meters covered are limited to OneTouch® glucose meters and test strips manufactured by LifeScan. You can obtain a OneTouch® glucose meter at network pharmacies or by calling LifeScan at 1-877-356-8480, (TTY: 711), order code number 160FCH002 or by going to the LifeScan website, www.onetouch.orderpoints.com and input order code 160FCH002. LifeScan test strip quantities

over 5 per day and other brand meters and test strips require prior authorization. Continuous blood glucose monitors may be obtained at network durable medical equipment suppliers or pharmacies and require prior authorization.

Fallon Health & Life Assurance Company, Inc.

AMENDMENT 2

This is part of your Fallon Preferred Care
Member Handbook/Evidence of Coverage
Form #19-670-034
Effective June 1, 2020

This amendment changes certain sections of your Fallon Preferred Care *Member Handbook/Evidence of Coverage*. Please read it carefully and keep it with your handbook. The information in this amendment replaces any information in your handbook, Schedule of Benefits or prior amendments that conflicts with it. If you have questions about this amendment, please contact the Customer Service Department at 1-888-468-1541 (TRS 711). Representatives are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Medical management
2. Mental health and substance use services

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Medical management

Under **Prior authorization** in the **Medical management** section, after bullets add the following:

*Prior authorization will not be required for inpatient behavioral health admissions after treatment in an emergency department.

Mental Health and substance use services

Under **Mental Health and substance use services** in the **Description of benefits** section, replace the third paragraph with the following:

For mental health emergencies, follow the same procedures as for any other medical emergency, as outlined in **Emergency and urgent care**. Prior authorization will not be required for behavioral health inpatient admission after treatment in an emergency department.

Under **Inpatient services** replace the second paragraph with the following:

Inpatient mental health services, including intermediate care, require prior authorization to determine medical necessity. To obtain prior authorization, you or someone acting on your behalf must call the appropriate medical management office at least five business days prior to the scheduled date of service. For more information, refer to the "Medical management" section. Prior authorization will not be required for inpatient behavioral health admissions after treatment in an emergency department.

Fallon Health & Life Assurance Company, Inc.

AMENDMENT 1

This is part of your Fallon Preferred Care
Member Handbook/Evidence of Coverage
Form #19-670-034

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1. Prior authorization
2. Disenrollment rates
3. Mental health and substance use services
4. Preventive care

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Prior authorization

Effective April 1, 2020 the following change applies:

Under **Prior authorization** in the **Medical management** section, remove the following:

- Outpatient counseling for mental health and substance use conditions beyond eight sessions
- Intermediate and outpatient community based mental health services for children and adolescents under the age of 19

Add the following;

- Intermediate community-based mental health services for children and adolescents under the age of 19

2019 Disenrollment rates

Under **Involuntary cancellation rate** in the **Leaving Fallon Preferred Care** section, replace entire paragraph with the following:

For calendar year 2019, FHLAC's involuntary cancellation or disenrollment rate was 0.00%. The involuntary disenrollment rate includes any members disenrolled by the plan due to misrepresentation or fraud on the part of the member or commission of acts of verbal or physical abuse. For calendar year 2019, FHLAC's voluntary disenrollment rate was 0.15%.

Mental Health and substance use services

Effective April 1, 2020 the following change applies:

Under **Outpatient services** in the **Mental Health and substance use services** section, remove the second paragraph.

Under **Covered** replace number one with the following:

1. Outpatient services, including individual, family or group therapy

Preventive care

The following change is effective immediately.

Under **Preventive care** in the **Description of Benefits** section, add the following under **Covered services**:

9. Tobacco counseling sessions with your primary physician or other provider designed to create a plan to stop smoking.