

Out-of-pocket maximum guidelines

Effective January 1, 2018

An out-of-pocket maximum (OOPM) is the limitation on the amount of money a member will have to spend for specified covered health services in a benefit year. Items which count toward the out-of-pocket maximum vary depending on the product and plan design. Products with an OOPM also have an "embedded OOPM." An embedded OOPM is the most any one member of a family will pay toward the OOPM.

Example: A family of four is enrolled in Direct Care Deductible 1200 Hybrid. When one member of the family has reached the \$7,350 embedded OOPM, they will no longer be required to pay deductibles, copayments or coinsurance for services. The remaining family members will need to pay deductibles, copayments or coinsurance for these services until the family reaches the \$14,700 family OOPM.

Please note: The list below pertains to standard plan designs only. Many employer groups negotiate different OOPM amounts as well as what items apply toward the OOPM. Please contact Fallon Health for specific plan details.

Product	Individual deductible	Family deductible	Embedded deductible	Individual OOPM	Family OOPM	Embedded OOPM	Items toward OOPM
Direct Care Copay 500 Select Care Copay 500	Not applicable			\$4,000	\$8,000	\$4,000	Coinsurance, all copayments
Direct Care Copay 1000 Hybrid Select Care Copay 1000 Hybrid	Not applicable			\$4,500	\$9,000	\$4,500	Coinsurance, all copayments
Direct Care Deductible 1200 Hybrid Select Care Deductible 1200 Hybrid	\$1,200	\$2,400	\$1,200	\$7,350	\$14,700	\$7,350	Deductible, coinsurance, all copayments
Direct Care Deductible 1000 Classic Select Care Deductible 1000 Classic	\$1,000	\$2,000	\$1,000	\$1,500	\$3,000	\$1,500	Deductible, coinsurance, all copayments
Direct Care Deductible 1500 Classic Select Care Deductible 1500 Classic	\$1,500	\$3,000	\$1,500	\$7,350	\$14,700	\$7,350	Deductible, coinsurance, all copayments
Direct Care Deductible 2000 Hybrid Select Care Deductible 2000 Hybrid	\$2,000	\$4,000	\$2,000	\$7,350	\$14,700	\$7,350	Deductible, coinsurance, all copayments
Direct Care Deductible 2000 Classic Select Care Deductible 2000 Classic	\$2,000	\$4,000	\$2,000	\$7,350	\$14,700	\$7,350	Deductible, coinsurance, all copayments
Direct Care Deductible 2000 Low Select Care Deductible 2000 Low	\$2,000	\$4,000	\$2,000	\$7,350	\$14,700	\$7,350	Deductible, coinsurance, all copayments

Direct Care provides access to networks that are smaller than the Select Care network. In these plans, members have access to network benefits only from the providers in their respective network. Please consult the respective provider directory—paper copies can be requested by calling our Customer Service Department at 1-800-868-5200—or visit the provider search tool at fallonhealth.org to determine which providers are included in the Direct Care.

Continued on back

Product	Individual deductible	Family deductible	Embedded deductible	Individual OOPM	Family OOPM	Embedded OOPM	Items toward OOPM
Direct Care Bronze Deductible 3000	\$3,000	\$6,000	\$3,000	\$7,350	\$14,700	\$7,350	Deductible, coinsurance, all copayments
Select Care Bronze Deductible 3000							
Direct Care Deductible 3000 Classic	\$3,000	\$6,000	\$3,000	\$7,350	\$14,700	\$7,350	Deductible, coinsurance, all copayments
Select Care Deductible 3000 Classic							
Direct Care Coinsurance 35%	\$2,000	\$4,000	\$2,000	\$7,350	\$14,700	\$7,350	Deductible, coinsurance, all copayments
Select Care Coinsurance 35%							
Direct Care QHD 2000 HSA	\$2,000	\$4,000	\$2,700	\$6,650	\$13,300	\$6,650	Deductible, coinsurance, all copayments
Select Care Deductible 1000 Classic							
Direct Care QHD 3000 HSA	\$3,000	\$6,000	\$3,000	\$6,650	\$13,300	\$6,650	Deductible, coinsurance, all copayments
Select Care Deductible 1500 Classic							
Preferred Care Deductible 2000 Low	\$2,000 (in-network)	\$4,000 (in-network)	\$2,000 (in-network)	\$7,350 (in-network)	\$14,700 (in-network)	\$7,350 (in-network)	In-network and out-of-network: deductible, coinsurance, all copayments
	\$4,000 (out-of-network)	\$8,000 (out-of-network)	\$4,000 (out-of-network)	\$7,350 (out-of-network)	\$14,700 (out-of-network)	\$7,350 (out-of-network)	
Preferred Care QHD 2000 HSA	\$2,000 (in-network)	\$4,000 (in-network)	\$2,700 (in-network)	\$6,650 (in-network)	\$13,300 (in-network)	\$6,650 (in-network)	In-network and out-of-network: deductible, coinsurance, all copayments
	\$4,000 (out-of-network)	\$8,000 (out-of-network)	\$5,400 (out-of-network)	\$6,650 (out-of-network)	\$13,300 (out-of-network)	\$6,650 (out-of-network)	



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