



Welcome to Fallon Health.

We offer plans and coverage options to keep you healthy and happy. Why move forward alone when you can move forward together – with Fallon Health?



**Commonwealth of Massachusetts
Group Insurance Commission**



fallonhealth
& life assurance company, inc.

Benefit summary

Effective July 1, 2018

Direct Care and Select Care

Fallon Health offers two HMO plans: **Direct Care** and **Select Care**. Both plans offer **extensive benefits and features**. You also get access to many of **the best doctors, specialists and hospitals** in the state.

Specialist tiering for Direct Care and Select Care

Fallon is committed to giving our members access to a network of high-quality, cost-efficient plan doctors and hospitals. Fallon's Direct Care and Select Care plans tier the following specialists based on quality and/or cost efficiency measures: allergy/immunologists, cardiologists, dermatologists, endocrinologists, ENTs/otolaryngologists, gastroenterologists, general surgeons, hematologists/oncologists, nephrologists, neurologists, OB/GYNs, ophthalmologists, orthopedists, podiatrists, pulmonologists, rheumatologists and urologists. Select Care also tiers hospitals based on cost efficiency. The specialist and hospital tiering works as follows:

***** Tier 1 (excellent):** This tier includes plan specialists and hospitals practicing at an excellent level of quality and/or cost-efficiency. You will pay the lowest copayment when you visit a Tier 1 specialist or hospital.

**** Tier 2 (good):** This tier includes plan specialists and hospitals practicing at a good level of quality and/or cost efficiency, or a specialist or hospital with insufficient cost-efficiency and quality data. You will pay the prevalent (midlevel) copayment when you visit a Tier 2 specialist or hospital.

*** Tier 3 (standard):** This tier includes plan specialists and hospitals practicing at a standard level of quality and/or cost efficiency. You will pay the highest copayment when you visit a Tier 3 specialist or hospital.

NT/ID: This designation includes specialists who did not have sufficient data for tiering. These specialists are subject to a \$60 copayment.

How to receive care

Choosing a primary care provider (PCP)

Your relationship with your PCP is very important, because he or she will work with Fallon to provide or arrange most of your care.

Obtaining specialty care

When you want to visit a specialist, talk with your PCP first. He or she will help arrange specialty care for you and get your referral. The following services do not require a referral when you see a provider in your plan's network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your Fallon *Member Handbook*.

Emergency medical care

Emergency services do not require referral or authorization. When you have an emergency medical condition, you should go to the nearest emergency department or call your local emergency communications system (police, fire department or 911). For more information on emergency benefits and plan procedures for emergency services, consult your Fallon *Member Handbook*.

When you have a less serious health problem, there are care options besides the emergency department. Urgent care centers are located all over the state. They are less expensive and typically have family practice physicians and emergency physicians on staff. You can also call your primary care provider (PCP) to get advice, a same day appointment or to be directed to the right place to get care. If you can't get in touch with your PCP, you can call Teladoc® to get medical advice. (See page 12 for more information.) You may also call Nurse Connect at 1-800-609-6175. They are available 24/7, and the call is free. They can help you find the best place to go.

Plan specifics

	Direct Care	Select Care
Benefit period The benefit period, sometimes referred to as a “benefit year,” is the 12-month span of plan coverage, and the time during which the deductible, out-of-pocket maximum and specific benefit maximums accumulate.	July 1, 2018—June 30, 2019	
Medical deductible A deductible is the amount of allowed charges you pay before payment is made by the plan for certain covered services. The amount that is put toward your deductible is calculated based on the allowed charge or the provider’s actual charge—whichever is less.	\$400 individual/ \$800 family	\$500 individual/ \$1,000 family
Embedded deductible Once any one member in a family accumulates \$500 on Select Care or \$400 on Direct Care of services that are subject to the family deductible, that family member’s deductible is considered met, and that family member will receive benefits for covered services less any applicable copayments and coinsurance.		
Out-of-pocket maximum The out-of-pocket maximum is the annual amount of deductible, coinsurance and copayments for which you are responsible. The out-of-pocket maximum does not include your premium charge or any amounts you pay for services that are not covered by the plan.	\$5,000 individual/ \$10,000 family	\$5,000 individual/ \$10,000 family

Benefits	Direct Care Your cost	Select Care Your cost
Office services		
PCP office visit	\$15 per visit	\$20 per visit
PCP wellness exams (<i>according to MHQP preventive guidelines</i>)	\$0 per visit	\$0 per visit
Specialist office visits	Tier 1 - \$30 per visit Tier 2 - \$60 per visit Tier 3 - \$75 per visit	Tier 1 - \$30 per visit Tier 2 - \$60 per visit Tier 3 - \$75 per visit
Chiropractic care for the treatment of acute musculoskeletal conditions (<i>up to 12 visits per benefit year</i>)	\$15 per visit	\$20 per visit
Teladoc® telehealth—24/7 access to U.S. board-certified doctors to discuss non-emergency conditions by phone, mobile device or online.	\$15 per consult	\$15 per consult
Urgent care (<i>Minute Clinic® or Urgent care facility</i>)	\$15 per visit	\$20 per visit
Routine eye exams (<i>one every 24 months</i>)	\$15 per visit	\$20 per visit
Short-term rehabilitative services: physical and occupational therapy (<i>90-calendar-day limit per illness or injury</i>)	\$15 per visit	\$20 per visit
Speech therapy	\$15 per visit	\$20 per visit
Prenatal and postnatal care	Tier 1 - \$10 per visit Tier 2 - \$15 per visit Tier 3 - \$25 per visit	Tier 1 - \$15 per visit Tier 2 - \$20 per visit Tier 3 - \$30 per visit
Preventive services (<i>tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present</i>)	Covered in full	Covered in full

Benefits	Direct Care Your cost	Select Care Your cost
Office services, continued		
Diagnostic services (tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition)	Subject to deductible, then covered in full	Subject to deductible, then covered in full
Imaging (CAT, PET, MRI scans, maximum of one copayment per day)	\$100 copayment, then subject to deductible	\$100 copayment, then subject to deductible
Outpatient surgery (maximum of four copayments per benefit year)	\$250 copayment, then subject to deductible	\$250 copayment, then subject to deductible
Prescription drug coverage		
Prescription drug coverage is provided through Express Scripts.		
Inpatient hospital		
Unlimited days for room and board in a semiprivate room (maximum of one copayment per person, per benefit period quarter). The following is included in hospital services: <ul style="list-style-type: none"> • Physicians' and surgeons' services • Physical and respiratory therapy • Intensive care services • Prescribed private duty nursing (when medically necessary) • Maternity care Inpatient copayments are waived if readmitted within 30 days of discharge from an acute care or psychiatric hospital.	\$275 copayment per admission, then subject to deductible	Tier 1 - \$275 copayment Tier 2 - \$500 copayment Tier 3 - \$1,500 copayment Copayment is per admission, then subject to deductible. Physician and hospital tiers are independent of each other. If your Tier 1 provider refers you to a Tier 2 or Tier 3 hospital for care, you will be responsible for the Tier 2 or 3 copayment, except in an emergency.
Emergencies		
<i>In and out of the service area</i> Emergency room services and/or initial treatment of any unexpected illness or injury anywhere in the world (All emergency room care must be reported to the plan within 48 hours.) Copayments for ER services are waived if you are admitted to the hospital.	\$100 copayment, then subject to deductible	\$100 copayment, then subject to deductible
Mental health and substance abuse		
Office visit	\$15 per visit	\$20 per visit
Unlimited days in a general or psychiatric hospital	Covered in full	Covered in full
Unlimited days for detoxification or substance abuse rehabilitation services in an inpatient setting	Covered in full	Covered in full
Skilled nursing		
Skilled care in a semiprivate room up to 100 days per benefit year	Subject to deductible, then covered in full	Subject to deductible, then covered in full
Other health services (Coverage is the same for both Direct Care and Select Care.)		
Skilled home health care services	Subject to deductible, then covered in full	
Prosthetic devices and durable medical equipment	Subject to deductible, then 20% coinsurance	

Benefits	Direct Care Your cost	Select Care Your cost
Hearing aids <i>(age 22 and over)</i>	Covered in full for the first \$500; then 80% coverage for the next \$1,500, maximum benefit of \$1,700 every two years	
Hearing aids <i>(age 21 and under)</i> <ul style="list-style-type: none">Up to \$2,000 per ear for hearing aid device only, benefit available every 24 monthsRelated services and supplies for hearing aids <i>(not subject to the \$2,000 limit)</i>	Subject to deductible, then 20% coinsurance	
Medically necessary ambulance services in life-threatening emergencies or when ordered by a plan physician	Subject to deductible, then covered in full	
Medical services for dependent students living out of the service area	In addition to urgent and emergency services, students attending school outside the service area are covered for a limited number of services, if authorized in advance by the plan. You must work with your PCP to get plan authorization. Benefits only include non-routine medical office visits and related diagnostic lab and X-ray services, non-elective inpatient services, outpatient substance abuse and mental health services, and short-term rehabilitative services. Applicable copayments and/or deductibles apply.	
Value-added features	Direct Care	Select Care
It Fits!, an annual fitness reimbursement <i>(including school and town sports programs, gym memberships, aerobics, Pilates and yoga classes, new home cardiovascular fitness equipment and much more!)</i>	\$200 individual/ \$400 family	\$100 individual/ \$100 family
Oh Baby!, a program that provides prenatal vitamins, a convertible toddler car seat, electric breast pump and other “little extras” for expectant parents	Included	
24/7 nurse call line	Included	
20% discount on more than 1,500 CVS/pharmacy-brand health-related products at stores and online	Included	
Free chronic care management	Included	
Exclusions		
<div><div><ul style="list-style-type: none">Cosmetic surgeryLong-term rehabilitative servicesCustodial confinementNon-prescription drugs and vitamins</div><div><ul style="list-style-type: none">Preventive dental/pediatric dentalExperimental procedures or services that are not generally accepted medical practiceRoutine foot care</div></div>		

A complete list of benefits, exclusions and services not subject to the deductible is in the *Member Handbook/Evidence of Coverage*, available by request. This is only a summary.

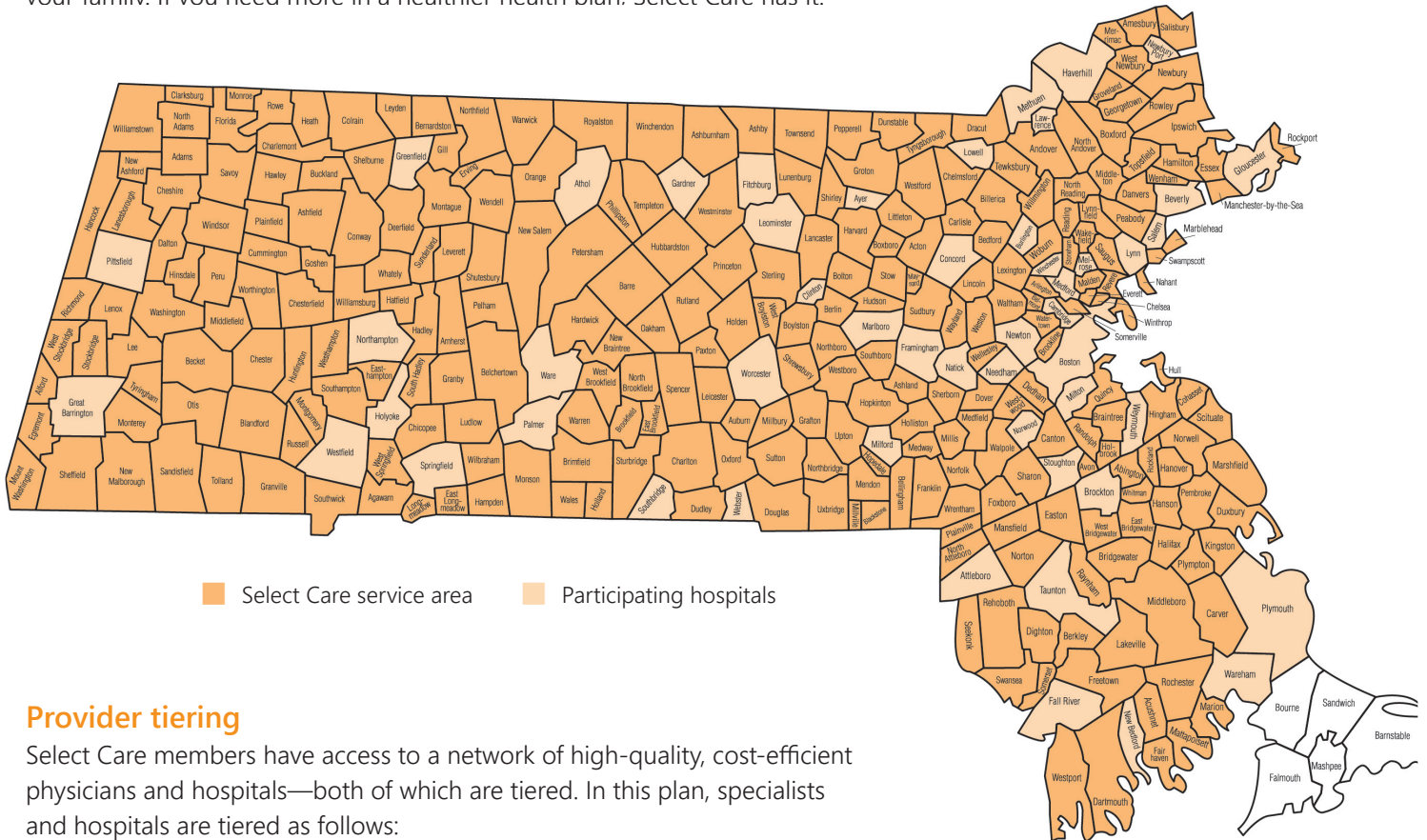
Questions?

If you have any questions, please contact Fallon Customer Service at 1-866-344-4442 (TRS 711), or visit our website at fallonhealth.org/gic.

✓ This health plan **meets minimum creditable coverage standards** and **will satisfy** the individual mandate that you have health insurance. As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years and older, must have health coverage that meets the minimum creditable coverage standards set by the Commonwealth Health Insurance Connector.

Select Care

An expansive provider network, with more than 47,000 providers and physicians practicing throughout Massachusetts and in southern New Hampshire, Select Care means more options and choices for you and your family. If you need more in a healthier health plan. Select Care has it.



Provider tiering

Select Care members have access to a network of high-quality, cost-efficient physicians and hospitals—both of which are tiered. In this plan, specialists and hospitals are tiered as follows:

- **Tier 1:** This tier includes specialists and hospitals practicing at an excellent level of quality and/or cost-efficiency. You will pay the lowest copayment when you access services from a Tier 1 specialist or hospital.
- **Tier 2:** This tier includes specialists and hospitals practicing at a good level of quality and/or cost-efficiency. You will pay the mid-level copayment when you access services from a Tier 2 specialist or hospital, or when you see a provider that is not tiered.
- **Tier 3:** This tier includes specialists and hospitals practicing at a standard level of quality and/or cost-efficiency. You will pay the highest copayment when you access services from a Tier 3 specialist or hospital.

A list of network hospitals and their corresponding tiers can be found on the next page.

Select Care members...

- **Find your doctor.**
Visit fallonhealth.org/gic. Under "Tools for members," click "Find a doctor."
- **Have more doctors** to choose from
- **Enjoy the benefits** and convenience of provider choice
- **Save** with \$0 wellness
- **Receive** worldwide emergency coverage
- **Get paid** up to \$100 per individual contract and \$100 per family contract through It Fits!—one of the state's most flexible fitness reimbursement programs.

Select Care participating hospitals

Massachusetts

Select Care participating hospitals

Addison Gilbert Hospital – Gloucester, Tier 1
Anna Jaques Hospital – Newburyport, Tier 1
Athol Memorial Hospital – Athol, Tier 3
Baystate Franklin Medical Center – Greenfield, Tier 1
Baystate Mary Lane Hospital – Ware, Tier 1
Baystate Medical Center – Springfield, Tier 2
Baystate Noble Hospital – Westfield, Tier 1
Baystate Wing Hospital – Palmer, Tier 1
Berkshire Medical Center – Pittsfield, Tier 3
Beth Israel Deaconess Hospital – Milton, Tier 1
Beth Israel Deaconess Hospital – Needham, Tier 1
Beth Israel Deaconess Hospital – Plymouth, Tier 1
Beth Israel Deaconess Medical Center – Boston, Tier 1
Beverly Hospital – Beverly, Tier 1
Boston Children's Hospital – Boston, Tier 3
Boston Medical Hospital – Boston, Tier 3
Brigham and Women's Faulkner Hospital – Boston, Tier 3
Brigham and Women's Hospital – Boston, Tier 3
CHA Cambridge Hospital – Cambridge, Tier 2
CHA Everett Hospital – Everett, Tier 2
CHA Somerville Hospital – Somerville, Tier 2
Carney Hospital – Boston, Tier 2
Charlton Memorial Hospital – Fall River, Tier 1
Clinton Hospital – Clinton, Tier 1
Cooley Dickinson Hospital – Northampton, Tier 2
Dana-Farber Cancer Institute – Boston, Tier 3
Emerson Hospital – Concord, Tier 1
Fairview Hospital – Great Barrington, Tier 2
Good Samaritan Medical Center – Brockton, Tier 1
Harrington HealthCare at Hubbard – Webster, Tier 1
Harrington Hospital – Southbridge, Tier 1
HealthAlliance Hospital – Fitchburg, Tier 1
HealthAlliance Hospital – Leominster, Tier 1
Heywood Hospital – Gardner, Tier 1
Holy Family Hospital – Haverhill – Haverhill, Tier 2
Holy Family Hospital – Methuen – Methuen, Tier 1
Holyoke Medical Center – Holyoke, Tier 1
Lahey Hospital & Medical Center – Burlington, Tier 1
Lahey Medical Center – Peabody, Tier 1
Lawrence General Hospital – Lawrence, Tier 1
Lawrence Memorial Hospital – Medford, Tier 1
Lowell General Hospital, Main Campus – Lowell, Tier 1
Lowell General Hospital, Saints Campus – Lowell, Tier 1
Marlborough Hospital – Marlborough, Tier 1

Massachusetts Eye & Ear Infirmary – Boston, Tier 1
Massachusetts General Hospital – Boston, Tier 3
Melrose-Wakefield Hospital – Melrose, Tier 1
Mercy Medical Center – Springfield, Tier 1
MetroWest Medical Center – Framingham, Tier 1
MetroWest Medical Center – Natick, Tier 1
Milford Regional Medical Center – Milford, Tier 1
Morton Hospital – Taunton, Tier 1
Mount Auburn Hospital – Cambridge, Tier 1
Nashoba Valley Medical Center – Ayer, Tier 1
New England Baptist Hospital – Boston, Tier 1
Newton-Wellesley Hospital – Newton, Tier 1
North Shore Medical Center, Salem Hospital – Salem, Tier 1
North Shore Medical Center, Union Hospital – Lynn, Tier 1
Norwood Hospital – Norwood, Tier 1
Saint Anne's Hospital – Fall River, Tier 1
Saint Elizabeth's Medical Center – Boston, Tier 1
Saint Luke's Hospital – New Bedford, Tier 1
Saint Vincent Hospital – Worcester, Tier 1
Signature Healthcare Brockton Hospital – Brockton, Tier 2
South Shore Hospital – Weymouth, Tier 3
Sturdy Memorial Hospital – Attleboro, Tier 2
Tobey Hospital – Wareham, Tier 1
Tufts Medical Center – Boston, Tier 3
UMass Memorial Medical Center, Memorial Campus – Worcester, Tier 3
UMass Memorial Medical Center, University Campus – Worcester, Tier 3
Winchester Hospital – Winchester, Tier 1

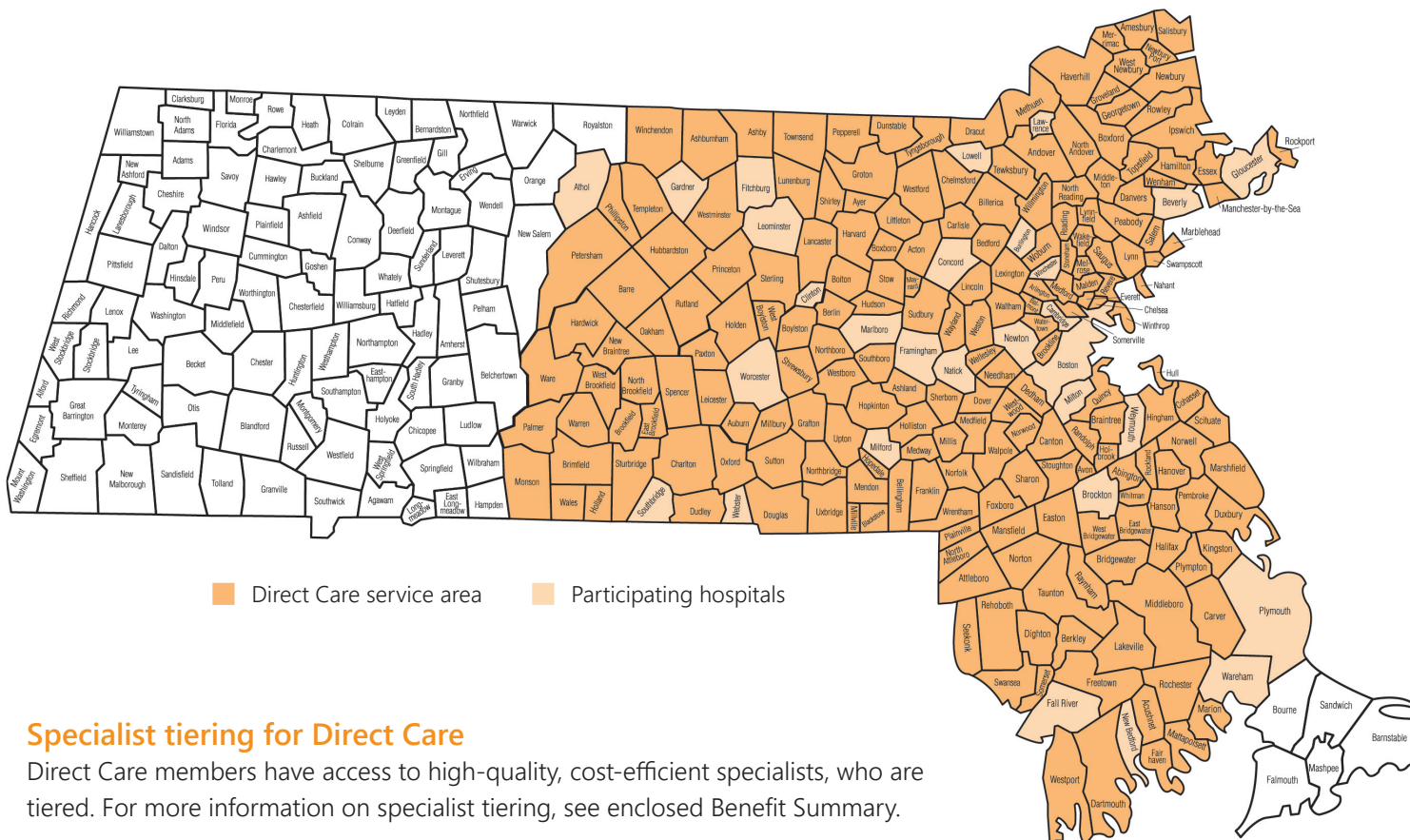
New Hampshire and Vermont

Select Care participating hospitals

Catholic Medical Center – Manchester, Tier 1
Cheshire Medical Center – Keene, Tier 1
Mary Hitchcock Memorial Hospital – Lebanon, Tier 1
Elliot Hospital – Manchester, Tier 1
Exeter Hospital – Exeter, Tier 1
Parkland Medical Center – Derry, Tier 1
Portsmouth Regional Hospital – Portsmouth, Tier 1
Southern New Hampshire Medical Center – Nashua, Tier 1
Southwestern Vermont Medical Center – Bennington, Tier 1

Direct Care

With Direct Care, a limited provider network, you have access to local doctors and community hospitals you know and trust. These providers are carefully chosen for their medical excellence, patient access and innovation. There are more than 26,000 participating providers in the Direct Care network.



Specialist tiering for Direct Care

Direct Care members have access to high-quality, cost-efficient specialists, who are tiered. For more information on specialist tiering, see enclosed Benefit Summary.

Direct Care provides guaranteed access for a second opinion and treatment for specialty services at several Boston teaching hospitals with the **Peace of Mind Program™**.

The medical centers included in the Peace of Mind Program are:

- Beth Israel Deaconess Medical Center
- Boston Children's Hospital
- Brigham and Women's Hospital
- Dana-Farber Cancer Institute
- Massachusetts General Hospital

To learn more about the Peace of Mind Program, see page 10.

Get more for less with Direct Care

- **Find your doctor.**
Visit fallonhealth.org/gic. Under "Tools for members," click "Find a doctor."
- **Receive** care from doctors and hospitals close to home and work.
- **Save** with \$0 wellness.
- **Receive** worldwide emergency coverage.
- **Get paid** for participating in healthy activities. It Fits!—one of the state's richest fitness benefits—reimburses up to \$200 per individual and \$400 per family!

Direct Care participating hospitals

Addison Gilbert Hospital – Gloucester
Beth Israel Deaconess Hospital – Milton
Beth Israel Deaconess Hospital – Plymouth
Beverly Hospital – Beverly
Brigham and Women's Faulkner Hospital – Boston
Charlton Memorial Hospital – Fall River
Emerson Hospital – Concord
Harrington HealthCare at Hubbard – Webster
Harrington Memorial Hospital – Southbridge
HealthAlliance Hospital – Fitchburg
HealthAlliance Hospital – Leominster, Tier 1
Heywood Hospital – Gardner
Lahey Hospital and Medical Center – Burlington
Lahey Medical Center – Peabody
Lawrence General Hospital – Lawrence
Lowell General Hospital, Main Campus – Lowell

Massachusetts Eye & Ear Infirmary – Boston
MetroWest Medical Center – Framingham
MetroWest Medical Center – Natick
Milford Regional Medical Center – Milford
Mount Auburn Hospital – Cambridge
New England Baptist Hospital – Boston
Newton-Wellesley Hospital – Newton
Saint Luke's Hospital – New Bedford
Saint Vincent Hospital – Worcester
Signature Healthcare Brockton Hospital – Brockton
South Shore Hospital – Weymouth
Tobey Hospital – Wareham
Tufts Medical Center – Boston
Winchester Hospital – Winchester

Direct Care physician groups

Acton Medical Associates
Allied Pediatrics of Greater Brockton*
Brockton Area Primary Care, LLC *
Cape Ann Medical Center
Cape Ann Pediatrics
Charles River Medical Associates
Greater Lawrence Family Health Center
Harrington PHO Physician Hospital Organization
HealthCare South, P.C.*
HealthFirst Family Center (Fall River)
Highland Healthcare Associates IPA
Jordan Physician Associates, Inc.
Lahey Clinic Physicians
Lawrence General IPA
Lowell General PHO
Mass Bay Medical Associates, LLC*
Merrimack Valley IPA*
Metrowest Quality Care Alliance*

Milton Primary Care, LCO*
Mount Auburn Cambridge IPA
Newton-Wellesley PHO
Northeast PHO
Pediatric Associates of Brockton, Inc.*
Pentucket Medical
Plymouth Bay Primary Care, LLC*
Primary Care Medical Associates*
Reliant Medical Group
Saint Vincent Medical Group
Signature Healthcare Bridgewater-Goddard Park
Medical Associates
Signature Healthcare Brockton Hospital
Southboro Medical Group
Southcoast Physicians Network
Tufts Medical Center Physicians Organization, Inc.*
Woburn Pediatric Associates, LLC*

**A New England Quality Care Alliance Group*

Peace of Mind program™



As a Fallon Health member with **Direct Care**, you have access to a unique benefit called the Peace of Mind Program. But what is the Peace of Mind Program? And how does it work?

What is the Peace of Mind Program?

The Peace of Mind Program is a benefit that provides Direct Care members with access to receive a second opinion and treatment for specialty services at certain medical centers in Boston.

What are the medical centers included in the Peace of Mind Program?

They are:

- Beth Israel Deaconess Medical Center
- Boston Children's Hospital
- Brigham and Women's Hospital
- Dana-Farber Cancer Institute
- Massachusetts General Hospital

Are there any eligibility requirements in order to use my Peace of Mind Program benefit?

Yes. In order to utilize your Peace of Mind Program benefit, you must meet the following criteria:

1. You must have seen a specialist in the same discipline, in your network, for the same condition within the past three months. For example, if you have seen an in-network orthopedic *surgeon* within the past three months, you can see an orthopedic *surgeon* at a Peace of Mind Program facility. However, if you have seen an in-network orthopedic *specialist* within the past three months, you can see an orthopedic *specialist* at a Peace of Mind Program facility, but not an orthopedic *surgeon*.
2. The specialty services you are seeking must be Fallon covered services (see your *Member Handbook* for a listing of services covered with your Fallon plan). The Peace of Mind Program may be used for all covered specialty care except infertility services, mental health, substance abuse, chiropractic services, dental care or speech therapy. The Peace of Mind Program may not be used for any primary care services, including internal medicine, family practice, pediatrics or obstetrics.
3. Your PCP must request a prior authorization from Fallon for you to see a Peace of Mind Program specialist.
Your PCP cannot deny you the right to access your Peace of Mind Program benefit.

Do I have to pay extra out-of-pocket costs for services received through the Peace of Mind Program?

No. Any services you receive through the Peace of Mind Program are subject to your benefit plan's standard cost-sharing amounts. For example, if your copayment to see an in-network specialist is \$60, you will pay the same amount to see a Peace of Mind Program specialist.

For more information, please go to fallonhealth.org/gic and click on "Plans and benefits," then "List of network providers and hospitals." Scroll down to the bottom of the page.

* The Peace of Mind Program is not available for all Fallon members. Please refer to your Member Handbook. Program eligibility and benefits may vary by employer, plan and product.

Getting started with Teladoc[®]



Teladoc gives you access 24 hours a day, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.

Set up your account today so when you need care now, a Teladoc doctor is **just a call or click away**.

1. Set up your account

Set up your account by phone (toll-free), web, mobile app or by texting **"Get started"** to **1-469-844-5637**.

Online:

Go to teladoc.com/fallon and fill in the information under "New to Teladoc?" Then click "set up account".

Mobile app:

Download the app and click "Activate account".

Visit teladoc.com/mobile to download the app.

Call Teladoc:

Teladoc can help you register your account over the phone.

2. Provide medical history

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3. Request a consult

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Teladoc is an affordable option for quality medical care.

Talk to a
doctor anytime!

www.teladoc.com/fallon

1-800-TELADOC
(1-800-835-2362)



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“I want more from my health plan. What does Fallon offer?”



Healthy perks

designed to give you the most for your health care budget

Free mobile ID card app

Get your Fallon member ID card on the go with our smartphone app. With this app you can view your ID card, see your copays, plus email or fax an image of your card to your doctor, hospital or pharmacy. Just scan the QR code to the right to download, or search for “Fallon Member ID card” in the iTunes App Store or Google Play.



Eyewear discounts

Members save up to 35% on frames and get additional discounts on contact lenses, laser vision correction and nonprescription sunglasses—at thousands of locations nationwide.

Quit to Win

Smokers have access to this free counseling program with tobacco cessation experts who will work with you by telephone.

20% discount online and in-store at CVS/pharmacy

Available on more than 1,500 CVS/pharmacy-brand health-related products—valid at any CVS/pharmacy store or online at cvs.com.

Oh Baby!

A health and wellness program for parents-to-be, Oh Baby! provides some of the “little extras” like prenatal vitamins, a child care book, a home safety kit, plus a free convertible toddler car seat and breast pump.

Nurse Connect

Got a question at 3 a.m.? For those times when you’re not feeling well, but don’t think it’s an emergency, call the registered nurses at Nurse Connect. Fallon GIC members get free access—by phone and online—24 hours a day, seven days a week, 365 days a year.



**Commonwealth of Massachusetts
Group Insurance Commission**

It Fits!



Fallon Health is proud to offer It Fits!, a program that pays GIC members back for being healthy. With Fallon, you get physical and financial benefits for being active.

Direct Care members, how will you use your \$400?

Direct Care members get reimbursed \$400 per family contract and \$200 per individual contract.

Select Care members, how will you use your \$100?

Select Care members get reimbursed \$100 per family contract and \$100 per individual contract.

You choose

Whether you love the gym, prefer the slopes, or play Little League, we want to give you money to use toward a variety of different healthy activities.

Use your money toward:

- Local school and town sports programs
- Ski mountain lift tickets and season passes!
- Gym memberships—at the gym of your choice
- Pilates
- Aerobics classes
- Weight Watchers® and Jenny Craig®
- Karate
- Sports camps
- Swim lessons
- Dance lessons
- Kickboxing
- Baseball
- Race fees
- Gymnastics
- Football
- Hockey
- Soccer
- Lacrosse
- Volleyball
- And more!

Use your It Fits! dollars toward any brand of new cardiovascular home fitness equipment!

Eligible equipment includes:

- Treadmills
- Bike stands (to convert road bikes to stationary cycles)
- Stair climbing machines
- Rowing machines
- Air walkers
- Elliptical machines
- Home gyms
- Total body weight resistance machines
- Stationary cycles
- Cross-country ski machines

Cardiovascular home fitness equipment must be new and purchased within the benefit year at a retail store or at Amazon—receipt and proof of payment required. Excludes secondary markets such as Craigslist and eBay.

How do you get paid?

Simple. Complete the It Fits! Reimbursement Form and supply any necessary documentation, such as a health club contract or a copy of a registration form for a school/town activity. If you need a form, visit fallonhealth.org/gic, and click on “Fitness reimbursement form” under “Tools for members.” For your convenience, we accept multiple receipts and requests on one form. Be reimbursed all at once!

If you have any questions about the program, give us a call at 1-866-344-4442 (TRS 711).

Weight Watchers® is a registered trademark of Weight Watchers International, Inc. Jenny Craig® is a registered trademark of Jenny Craig, Inc.

It Fits! Reimbursement Form

Subscribers are eligible for reimbursement once per benefit year.* **Requests must be made no later than three months following a benefit year in order to receive reimbursement.** For more information about other fitness discounts, visit fallonhealth.org. **To find your annual reimbursement amount(s), go to fallonhealth.org/gic. Under "Tools for members," click "Member portal," log in, then click on "My benefits."**

Two ways to get reimbursed:

1. Mail completed form to:
Fallon Health
P.O. Box 211308
Eagan, MN 55121-2908
2. Email completed form to:
reimbursements@fallonhealth.org

Subscriber information			
Subscriber's last name		First name	Middle initial
Address			
City		State	ZIP
Subscriber's ID # (located on the front of your Fallon ID card)		Telephone number	
Activity/item for reimbursement**			
Type of activity/item	Program/gym/name/retailer	Benefit year	Amount requested
Information needed for reimbursement			

- ☐ This completed form.
- ☐ A copy of any/all applicable health club contracts, personal fitness trainer agreements or a copy of the registration form for a school/town activity. These must show the beginning and ending dates of membership activity and the names of the enrolled members.
- ☐ Dated original receipts or copies of bank/credit card statements showing the charge for membership, classes or equipment (original receipts will not be returned). These should reflect the dollar amount you are requesting. Fallon will only reimburse for the amount reflected on these receipts/statements. When paying by check, please send a copy of the front and back of the cancelled check.

Also, a brochure from the health club, facility, or program may be requested.

Certification and authorization *(This form must be signed and dated below by the subscriber.)*

Reimbursement is subject to approval by Fallon Health. *(This incentive payment may be considered taxable income. Please consult your tax advisor if you have questions.)* Please allow 4-6 weeks from receipt for reimbursements. Reimbursement check should be made to (check one):

- ☐ Subscriber ☐ Member _____

Agreement:

I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses incurred during the applicable benefit year and for eligible members.

Subscriber's signature _____ Date _____

Program eligibility and benefits may vary by employer, plan and product. Cardiovascular home fitness equipment must be new (not used) and purchased within the benefit year at a retail store or at Amazon—receipt and proof of payment required (excludes secondary markets such as Craigslist and eBay).

**A benefit year is the 12-month period during which your annual health insurance plan design features, such as deductibles and out-of-pocket maximums, accumulate. A benefit year is often, but not always, January 1 through December 31.*

***Reimbursement amounts may vary. Reimbursement is not available for camps that are not sports-dedicated, social clubs, transportation, greens fees, uniforms, meals, lodging, fitness clothing, vitamins, gift cards and donations.*

Changes are coming to The Healthy Health Plan.



There are changes within the program itself, to the reports, eligibility and the log-in process.

The Healthy Health Plan supports members (subscribers and spouses age 18 and older) in becoming—and staying—healthy. Simply fill out the health assessment, receive a personalized health report and then take advantage of all the tools, including health coaching, available to help you reach your health goals.



What does the new program offer?

Health Shelf – online comprehensive wellness library with self-assessments, informative wellness articles, how-to guides, self-checks, fun quizzes, healthy recipes and more!

Interactive tools – guides to resources relating to specific health issues

Health coaching – online and telephonic access to nurses and other healthcare professionals

Will the login process change?

Yes. Here are the things you need to know:

1. Go to fallonehealth.org/gic and click “Take your health assessment”.
2. Your username will now be your Member ID number, found on the back of your Member ID card.
3. The first time you log in, use “Welcome1” as your password. You’ll then be prompted to create your own password.

Once you’re in, you’ll be able to take advantage of all that The Healthy Health Plan offers!



Commonwealth of Massachusetts
Group Insurance Commission

“I’d like to manage my health care online. Can I do that with Fallon?”



Everything you need is at your fingertips!
Visit fallonhealth.org/gic.

Your benefits

- See how the Direct Care and Select Care plans differ. View a list of your benefits plus deductible and copayment costs.
- You can get more information about our healthy extras, including those mentioned in this flyer.
- You can also download and print It Fits! reimbursement forms, Summary of Benefits, covered medications list, and more!

Your networks

- View the Direct Care and Select Care maps, find a provider with the hospital and physician group lists, and see which tier your hospital is in.

Your member portal

- Once you’re enrolled in either Direct Care or Select Care, you can manage your account online with Fallon’s member portal.
- Under “Tools for members,” click on “Member portal” and log in or register.
- You can view plan benefits and claims, add or choose a primary care provider, print a temporary member ID card or order a new one, and more!



Find a doctor with our search tool

When you visit
fallonhealth.org/gic,
under “Tools for members,”
click “Find a doctor.”

To find your Primary Care Provider
or specialist:

1. Choose location

Enter ZIP code or your city
and state; choose distance
from city or ZIP.

2. Choose Fallon plan

Direct Care or Select Care

3. To narrow your selection, specify:

Type of Primary Care Provider
(PCP) or specialty, gender
and/or additional language.

4. Choose hospital affiliation

(if you want) Then click **SUBMIT**.

Fallon SmartShopper

powered by Vitals



Isn't it about time you were rewarded for making smart health care choices?

Fallon SmartShopper is an incentive program created to help Fallon Health members save money on their health care choices. How do you save money? You search for the procedure or service with Fallon SmartShopper, and the program provides you with a list of cost-efficient options where you can go to receive care and qualify for an incentive reward.* Regardless of which option you select, you will receive similar quality in care. To begin shopping smarter for health care, and to see the complete list of procedures and services and their incentives, go to fallonhealth.org/gic, and click on the SmartShopper, cost estimator link.

1-866-228-1525 (TRS 711)

** The Fallon SmartShopper cost transparency tool is available to all Fallon Commercial members.*

Eligibility for the incentive rewards varies by employer, plan and product.

Many services require prior authorization. If you choose a facility different than where your doctor has referred you, your doctor will need to contact Fallon to receive a new prior authorization for that service/procedure at the facility you plan to go to. Call 1-866-228-1525 for more information. Receiving a cost with Fallon SmartShopper does not mean your service or procedure is authorized. You must shop prior to receiving a service or procedure and use a cost-effective selection to be eligible for an incentive reward. Allow up to eight weeks after you receive your service or procedure to receive your incentive reward check. Please note that all incentive rewards are considered taxable by the Internal Revenue Service (IRS). Fallon Smartshopper reports accumulated incentive rewards of over \$600 to the IRS and will provide the appropriate tax information to you at the end of the year.

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>.

If you, or someone you're helping, has questions about Fallon Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-868-5200.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Fallon Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-868-5200.

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Fallon Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-868-5200.

如果您，或是您正在協助的對象，有關於[插入項目的名稱 Fallon Health] 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-868-5200]。

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Fallon Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-868-5200.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Fallon Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-868-5200.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Fallon Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-868-5200.

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Fallon Health، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-868-5200.

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ មានសំណួរអំពី Fallon Health ឬ, អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន ប្រាកដនិយម ឥតគិតថ្លៃ អស់អ្នក បោសមិនអ្វីប្លាស់ ។ បើសិនជាអ្នកមិនយល់អ្វីអ្នកអាចសួរ 1-800-868-5200 ។

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Fallon Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-868-5200.

Se tu o qualcuno che stai aiutando avete domande su Fallon Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-868-5200.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Fallon Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-868-5200로 전화하십시오.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω από το Fallon Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-868-5200.

Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Fallon Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-868-5200.

यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्त के Fallon Health [के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी िभाषण से बात करने के लिए ,1-800-868-5200 पर कॉि करें।

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યા છો તેમ જો તમે Fallon Health વિશે પ્રશ્નો હોય તો તમને મદદ અને મદદનીશ મેળવવાનો અધિકાર છે. તે અર્થ વિન તમ રી ભષામાં પ્રાપ્ત કરી શકો છો. દા.ત. 1-800-868-5200 પર કોલ કરો.

້າທ່ານ, ຫຼື ຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີ ຄຳຖາມກ່ຽວກັບ Fallon Health, ທ່ານມີ ສິດທິ ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທ່ານເປັນພາສາຂອງທ່ານ ບໍ່ມີ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-800-868-5200.

Questions?

1-866-344-4442
fallonhealth.org/gic

