## Moving forward. Together. Does Fallon have a plan for me?

Get the features and benefits you want with Direct Care and Select Care HMO plans.

Your GIC benefit period: July 1, 2018—June 30, 2019

<u> </u>						
	Direct Care Our high-performing limited network with over 26,000 providers			Select Care Our broad network with over 47,000 providers throughout MA, Southern NH and Southwestern VT		
Medical deductible A deductible is a set dollar amount that you must pay out- of-pocket before Fallon will pay for certain covered services.	\$400 individual/ \$800 family			\$500 individual/ \$1,000 family		
Out-of-pocket maximum  The out-of-pocket maximum is the annual amount of deductible, coinsurance and copayments for which you are responsible. This 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		
Benefit			Сорау	ments		
PCP office visits		\$15			\$20	
PCP wellness exams (according to MHQP preventive guidelines)*		\$0			\$0	
Specialist visits	<b>Tier 1</b> \$30	<b>Tier 2</b> \$60	<b>Tier 3</b> \$75	<b>Tier 1</b> \$30	<b>Tier 2</b> \$60	<b>Tier 3</b> \$75
OB/GYN visits	<b>Tier 1</b> \$10	<b>Tier 2</b> \$15	<b>Tier 3</b> \$25	<b>Tier 1</b> \$15	<b>Tier 2</b> \$20	<b>Tier 3</b> \$30
Chiropractic care (up to 12 visits per benefit year)		\$15		\$20		
Urgent Care (for example: Minute Clinic® or urgent care facility)	\$15			\$20		
Teladoc® telehealth 24/7 access to U.S. board-certified doctors to discuss non- emergency conditions by phone, mobile device or online	\$15			\$15		
Routine eye exams (once every 24 months)	\$15			\$20		
Short-term rehabilitative services: physical and occupational therapy (up to a 90-day limit per illness/injury)	·			\$20		
Preventive services Mammogram, Pap test and EKG	Covered in full			Covered in full		
Diagnostic services Laboratory tests and X-rays	Subject to deductible, then covered in full		Subject to deductible, then covered in full			
High-end radiology (MRI, PET, CT) (maximum one copayment per day)	\$100 copayment, then subject to deductible		\$100 copayment, then subject to deductible			
Outpatient surgery (maximum of four outpatient surgery copayments per benefit year)	then su	\$250 copayment, \$250 copayment then subject to deductible then subject to ded				
Prescription drugs, retail and mail order		nrough Expre	•	Provided through Express Scripts		· · · · · · · · · · · · · · · · · · ·
Emergency services worldwide (waived if admitted)		00 copayme ubject to ded		\$100 copayment, then subject to deductible		
Inpatient hospitalization (maximum of one inpatient	\$275 copayment per admission,		<b>Tier 1</b> \$275	<b>Tier 2</b> \$500	<b>Tier 3</b> \$1,500	
copayment per person per benefit period quarter)	then subject to deductible			Above copayments are per admission, then admission/services are subject to the deductible.		
Outpatient mental health and substance abuse care	\$15			\$20		
Inpatient mental health and substance abuse care			Covere	d in full		
Durable medical equipment	Subject to deductible, then 20% coinsurance			Subject to deductible, then 20% coinsurance		
Hearing aids (age 22 and over)	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 (age 21 and under)	20% coinsurance, after deductible, maximum benefit of \$2,000 for each ear every 24 months					
_	\$200 per individual/ \$400 per family			\$100 per individual/ \$100 per family		

Physician and hospital tier ratings for quality and/or cost efficiency: **Tier 1 rating:** excellent; **Tier 2 rating:** good; **Tier 3 rating:** standard \* Massachusetts Health Quality Partners preventive guidelines.

<sup>© 2018</sup> Express Scripts Holding Company. All rights reserved.

<sup>© 2002-2018</sup> Teladoc, Inc. All rights reserved. Complete disclaimer at www.teladoc.com/fallon.

## With both plans, you have access to the doctors and hospitals you know and trust.

Affiliated hospitals–Massachusetts	Direct Care	Select Care
Addison Gilbert Hospital, Gloucester	•	• T1
Anna Jaques Hospital, Newburyport	•	• T1
Athol Memorial Hospital, Athol	•	• T3
Baystate Franklin Medical Center, Greenfield		• T1
Baystate Mary Lane Hospital, Ware		• T1
Baystate Medical Center, Springfield		• T2
Baystate Noble Hospital, Westfield		• T1
Baystate Wing Hospital, Palmer		• T1
Berkshire Medical Center, Pittsfield		• T3
Beth Israel Deaconess Hospital, Milton	•	• T1
Beth Israel Deaconess Hospital, Needham		• T1
Beth Israel Deaconess Hospital, Plymouth	•	• T1
Beth Israel Deaconess Medical Center, Boston	POM	• T1
Beverly Hospital, Beverly	•	• T1
Boston Children's Hospital, Boston	POM	• T3
Boston Medical Center, Boston		• T3
Brigham and Women's Faulkner Hospital, Boston	•	• T3
Brigham and Women's Hospital, Boston	POM	• T3
CHA Cambridge Hospital, Cambridge		• T2
CHA Everett Hospital, Everett		• T2
CHA Somerville Hospital, Somerville		• T2
Carney Hospital, Boston		• T2
Charlton Memorial Hospital, Fall River	•	• T1
Clinton Hospital, Clinton	•	• T1
Cooley Dickinson Hospital, Northampton		• T2
Dana-Farber Cancer Institute, Boston	POM	• T3
Emerson Hospital, Concord	•	• T1
Fairview Hospital, Great Barrington		• T2
Good Samaritan Medical Center, Brockton		• T1
Harrington HealthCare at Hubbard, Webster	•	• T1
Harrington Memorial Hospital, Southbridge	•	• T1
HealthAlliance Hospital, Fitchburg	•	• T1
HealthAlliance Hospital, Leominster	•	• T1
Heywood Hospital, Gardner	•	• T1
Holy Family Hospital at Merrimack Valley, Haverhill		• T2
Holy Family Hospital at Methuen, Methuen		• T1
Holyoke Medical Center, Holyoke		• T1
Lahey Medical Center, Peabody	•	• T1
Lahey Hospital & Medical Center, Burlington	•	• T1
Lawrence General Hospital, Lawrence	•	• T1
Lawrence Memorial Hospital, Medford		• T1
Lowell General Hospital, Main Campus, Lowell	•	• T1

Affiliated hospitals–Massachusetts	Direct Care	Select Care
Lowell General Hospital, Saints Campus, Lowell	•	• T1
Marlborough Hospital, Marlborough	•	• T1
Massachusetts Eye & Ear Infirmary, Boston	•	• T1
Massachusetts General Hospital, Boston	POM	• T3
Melrose-Wakefield Hospital, Melrose		• T1
Mercy Medical Center, Springfield		• T1
MetroWest Medical Center, Framingham	•	• T1
MetroWest Medical Center, Natick	•	• T1
Milford Regional Medical Center, Milford	•	• T1
Morton Hospital, Taunton		• T1
Mount Auburn Hospital, Cambridge	•	• T1
Nashoba Valley Medical Center, Ayer		• T1
New England Baptist Hospital, Boston	•	• T1
Newton-Wellesley Hospital, Newton	•	• T1
North Shore Medical Center—Salem Hospital, Salem		• T1
North Shore Medical Center—Union Hospital, Lynn		• T1
Norwood Hospital, Norwood		• T1
Saint Anne's Hospital, Fall River		• T1
Saint Elizabeth's Medical Center, Boston		• T1
Saint Luke's Hospital, New Bedford	•	• T1
Saint Vincent Hospital, Worcester	•	• T1
Signature Healthcare Brockton Hospital, Brockton	•	• T2
South Shore Hospital, Weymouth	•	• T3
Sturdy Memorial Hospital, Attleboro		• T2
Tobey Hospital, Wareham	•	• T1
Tufts Medical Center, Boston	•	• T3
UMass Memorial Medical Center— Memorial Campus, Worcester		• T3
UMass Memorial Medical Center— University Campus, Worcester		• T3
Winchester Hospital, Winchester	•	• T1

## Affiliated hospitals-New Hampshire and Vermont

Catholic Medical Center, Manchester, NH	• T1
Cheshire Medical Center, Keene, NH	• T1
Elliot Hospital, Manchester, NH	• T1
Exeter Hospital, Exeter, NH	• T1
Mary Hitchcock Memorial Hospital, Lebanon, NH	• T1
Parkland Medical Center, Derry, NH	• T1
Portsmouth Regional Hospital, Portsmouth, NH	• T1
Southern New Hampshire Medical Center, Nashua, NH	• T1
Southwestern Vermont Medical Center, Bennington, VT	• T1

## Peace of Mind Program<sup>™</sup> (POM)

A benefit available for **Direct Care** members; you can receive a second opinion and treatment for specialty services at select Boston medical centers. In most cases, 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. Please refer to your *Member Handbook/Evidence of Coverage* for specific plan details.

- \*\*\*T1 represents a Tier 1 rating of excellent for cost-efficiency.
- \*\*T2 represents a Tier 2 rating of good for cost-efficiency.
- \*T3 represents a Tier 3 rating of standard for cost-efficiency.

For a complete listing of benefits, please refer to the Direct Care and Select Care benefit summary. You can also call us at 1-866-344-4442 (TRS 711).



