Important information about your Fallon Health coverage

Fallon Health is required under Massachusetts law to continue benefit coverage for Community Care, Direct Care, Steward Community Care and Tiered Choice members who meet certain criteria at the time of their enrollment. These criteria are as follows:

1. You are receiving an active course of treatment for a serious disease, and disrupting this treatment would pose an undue hardship. A serious disease is one that is life-threatening or could lead to a serious or permanent disability if left untreated. The services you are receiving must be a covered benefit under your Fallon plan, and must be medically necessary.

2. You began this active course of treatment prior to the date you enrolled in a limited or tiered network plan (including Community Care, Direct Care, Steward Community Care and Tiered Choice).

3. Your provider is a comprehensive cancer center, pediatric hospital or pediatric specialty unit, as defined by Massachusetts state law. These facilities include comprehensive cancer center: Dana Farber Cancer Institute; pediatric hospitals: Children’s Hospital Boston and Shriners Hospitals for Children, Boston and Springfield; and pediatric specialty units: Floating Hospital for Children at Tufts Medical Center, Nashoba Valley Medical Center, and Massachusetts Eye and Ear Infirmary

4. You are enrolled through a group plan sponsored by a small employer (1-50 employees), and the only plans offered to you by your employer are limited or tiered network plans in which your provider is not a network provider.

5. Your course of treatment is not available from any plan provider.

You also qualify for this benefit if you are enrolled in Tiered Choice, your provider is a Tier 3 provider, and under number 4 above, the only plans offered to you by a small employer are limited or tiered network plans in which your provider is either not a network provider, or is in the highest cost-sharing tier of a tiered plan.

What is active treatment?
An active course of treatment is treatment following an inpatient stay or outpatient procedure for your recovery or rehabilitation. Or, it is the continuing care for a serious disease that requires diagnostic tests or the adjustment of medications or treatments at least every six months.

Active treatment does not include preventive services or services to monitor your condition after you complete treatment for a serious disease. It also does not include clinical trials, experimental treatments, off-label use for products or products not approved by the Food and Drug Administration in circumstances where these services would not otherwise be covered.

To continue your active course of treatment at a hospital listed above, your physician must request prior authorization from Fallon before medical services are received. For information about prior authorization, please call 1-800-868-5200 (TRS 711), Monday, Tuesday, Thursday and Friday from 8:00 a.m. to 6:00 p.m. and Wednesday from 10 a.m. to 6 p.m. If your physician
does not request prior authorization before the medical services are received, you may be responsible for the full cost of the services.

With prior authorization, services for Community Care, Direct Care and Steward Community Care members will be covered at the same cost-sharing levels that would apply to a comparable network provider.

With prior authorization, services for Tiered Choice members will be as follows: If your provider is not a plan provider, services will be covered at the Tier 1 level of cost-sharing. If your provider is a Tier 3 provider, you will be covered at the Tier 2 level of cost-sharing for services authorized under this benefit.

If you are a new member and need information on continuing care at other facilities, please call 1-866-757-2061 (TRS 711), Monday, Tuesday, Thursday and Friday from 8:00 a.m. to 6:00 p.m. and Wednesday from 10 a.m. to 6 p.m.