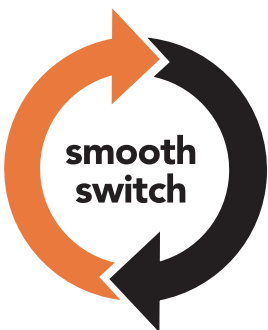




Welcome

Switching your company's health insurance to
Fallon Health



Welcome to Fallon Health!



☑ To do:

Tell employees to notify Fallon if they or their dependents are currently receiving treatment.

As new Fallon Health members, your employees will probably have many questions for you. Does Fallon have my regular doctor? Are my family's medications covered? I'm in the second trimester of my pregnancy; what do I do?

Not to worry. Fallon is here to help make your company's transition to Fallon coverage as smooth as possible. In the following pages, we'll provide an overview of what you and your employees need to know to get off to a great start with your new coverage: How Fallon works, our provider networks, our pharmacy coverage, and what to do when actively receiving treatment for a medical condition.

If you have questions about your company's transition, or would like more information, simply call your account manager. And, as always, members can call Fallon Health Customer Service at 1-800-868-5200 (TRS 711), Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.



☑ To do:

Have employees check the free Fallon Health Member ID Card app for their iPhone or Android on fchp.org/mobileID.

First things first

It's important that any new member who is currently receiving any kind of medical treatment contact us right away. Our Customer Service Department is available at 1-800-868-5200 (TRS 711), Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

By calling Customer Service, members enable us to work with them and their providers to prevent any interruptions in care. When we know the doctors, diagnosis and treatment plan, we can start the process of ensuring that any necessary prior authorizations are in place, and help members find new providers if needed.

Working with Fallon

Out-of-pocket costs

As with any health insurance coverage, Fallon members are responsible for certain costs, depending on their plan. These costs may include:

- The **premium**, which is the amount members pay to be a member of the plan. As an employer, you probably pay a portion of the premium.
- A **copayment** is a set dollar amount paid for each visit to the doctor, each prescription filled, and so on.
- **Coinsurance**, if applicable, is the member's share of the cost for a service. This is usually a percentage. For example, if the coinsurance is 20% for durable medical equipment (DME), the member pays 20% of the total charges, and Fallon pays the remaining 80%. A member would pay either a copayment or coinsurance for a benefit, but not both.

A **deductible** is the amount a member pays out-of-pocket before Fallon starts to cover services to which the deductible applies. For example, if the plan has a \$500 annual deductible, the member pays for the first \$500 worth of medical services received each year. Thereafter, the member pays only the applicable copayment or coinsurance for services. Plans with deductibles often have lower premiums than those that don't.

Knowing and understanding what costs their health insurance does and doesn't cover can prevent surprises when members seek care. Encourage members to review their plan's *Member Handbook/Evidence of Coverage* and familiarize themselves with their new plan. These booklets are available online at *myFallon*. If they have additional questions, they can contact your plan benefits administrator or Human Resources Department, both of which should be ready to answer their questions.

Our networks

Direct Care, a limited provider network in eastern and central Massachusetts, and **Select Care** are HMO plans with defined networks. Direct Care provides access to doctors and community hospitals, close to home and work, that are carefully chosen for their medical excellence and innovation. Select Care members have access to an expansive group of providers throughout Massachusetts and southern New Hampshire.

Fallon Preferred Care, our preferred provider organization (PPO) plan, offers a network of hundreds of thousands of providers across the United States, without network or referral requirements.* When offered alongside our HMO options, Fallon Preferred Care lets you offer your employees maximum flexibility to get the care they need, when and where they need it.

Steward Community Care

Steward Community Care is a limited HMO network plan built in partnership with Steward Health Care. This product provides a solution for small employers looking for ways to save money, while offering quality health care to their employees. It includes all of the Steward Health Care community doctors and hospitals throughout eastern Massachusetts. Members have access to network benefits only from the providers in Steward Community Care.

Tiered Choice

Tiered Choice is a three-tiered HMO network plan in which providers and hospitals are tiered based on their level of care coordination and total medical expense. Members decide how much they pay for the care they receive, based on where they receive it. This product includes three plan design options currently available in Berkshire, Hampden, Hampshire and Worcester counties.

Note: *When your employees choose a plan, they are in that plan and its network for a benefit year.*

Providers

Primary care provider: Once enrolled, HMO plan members need to select a primary care provider (PCP) for each family member on their plan—a doctor or nurse practitioner of internal medicine or family practice for adults and a pediatric or family practice doctor or nurse practitioner for children. They should have done this already when they filled out their enrollment forms.

A PCP is the physician or nurse practitioner members see regularly for checkups and who coordinates all of their care. Most members may already have a "family doctor," a provider who acts as a PCP. To find a PCP, or see if a provider is in the network, members can go to our website, fallonhealth.org, and click on "Find a doctor."



To do:

Encourage everyone to learn about and understand their new health coverage.



To do:

Remind members to pick a PCP and indicate their choice on their enrollment form.

If a member's current PCP is in the network, the member should inform the PCP about their new Fallon Health coverage. The member should tell them that they'd like them to remain as their PCP. (Members who listed their choice of PCP on their Fallon Health enrollment form can skip this step.) If a member's current provider is not yet in our network, they can find a new one with our online "Find a doctor" tool—or they can call Customer Service, who will be happy to help them find a new one. Also, keep in mind that if a member's medical condition warrants it, he or she may be able to continue seeing his or her current out-of-network provider for a period of time.



☑ To do:

Inform members that they can find doctors online at fallonhealth.org.

Members of our PPO are not required to choose a PCP. However, we still recommend that these members have a doctor whom they see regularly to help coordinate their care. Also, though PPO members may choose to see any provider without a referral, if they choose providers outside of the network, they may have higher out-of-pocket costs.

OB/GYN: Female members can self-refer to a network obstetrician, gynecologist, certified nurse midwife or family practitioner for annual preventive gynecological health exams, plus services for pregnancy and maternity care as well as acute or emergency gynecological conditions.

PPO members can self-refer to any OB/GYN, though we recommend that her care be coordinated with her regular doctor.

Specialists: To help ensure that HMO members get the right care, they first need to see their PCP before they see a specialist. The PCP will give the member a referral to a network specialist for necessary care.

Direct Care and Select Care members with Reliant Medical Group PCPs have the option to see Reliant Medical Group specialists without a referral. We still recommend that members make sure care is coordinated with their PCP.

PPO members can self-refer to any specialist at any time, though we recommend that members coordinate their care with their regular doctor. This will also help ensure that medical management procedures required for certain services are followed.

Hospitals: Direct Care uses a tailored group of high-quality provider groups and community-based hospitals within the Commonwealth, while Select Care provides access to a more expansive group of providers throughout Massachusetts and southern New Hampshire. Should a Direct Care member ever need the specialized expertise of Boston research and teaching hospitals, we offer access through our exclusive Peace of Mind Program™. To learn more about the Peace of Mind Program, visit our website, fallonhealth.org. Steward Community Care members and Tiered Choice members do not have access to the Peace of Mind Program.**

PPO members are free to visit any hospital, but if they choose to go outside of the network, they may have higher out-of-pocket costs.

\$0 copayments: Fallon members have \$0 copayments for annual routine eye exams. This is in addition to \$0 wellness copayments for routine physicals, gynecological exams and well-child visits now required under national health care reform of all health plans. Fallon introduced \$0 wellness visits years ago and continues to offer health plan features that promote good health through preventive measures.

Ongoing treatment

Members who are actively undergoing treatment for a medical condition may have many questions for you about the change in their coverage. Along with this brochure, we have developed handouts that review what new Fallon members need to know and do to help keep their health care on track.

Pregnancy and maternity

When members are expecting, they have a lot on their minds. We want to make sure their transition to Fallon coverage is worry-free.

Fallon members can self-refer to any obstetrician, family practitioner, or nurse midwife in the plan's network. You can find these providers on our website at fallonhealth.org (click on "Find a doctor") or by calling Customer Service.

If an HMO member's doctor is not in our network, but the member is in the second or third trimester, the member will be able to continue seeing their doctor until six weeks after delivery. Customer Service will work with HMO members in their first trimester to transition to network providers. PPO members may see any qualified provider for maternity care, but may face higher out-of-pocket costs if they go outside the network.

- **Oh Baby!:** Once we're told about a member's pregnancy, the member can sign up for Oh Baby!, our free health and wellness program for expectant parents that offers free prenatal vitamins, a child-care or sibling book, a car seat and breast pump, a home safety kit and more! You can receive a car seat up to two years after your child's birth, even if you're a new plan member.

- **Special Deliveries:** This high-risk maternity care program helps members at risk for pregnancy-related complications have the healthiest pregnancy possible.

Mental/behavioral/substance abuse treatment

Fallon partners with Beacon Health Strategies to provide mental health and substance abuse treatment to our members. No referrals are needed to access Beacon's large network of psychologists, psychiatrists, marriage and family therapists, mental health counselors, clinical nurse specialists, social workers and substance abuse specialists. For more information, visit their website at beaconhealthstrategies.com.

Members can search for a mental health or substance abuse provider on the Fallon Health website, fallonhealth.org, by clicking on "Find a doctor," or by calling Beacon during regular business hours at 1-888-421-8861. Beacon is also available for emergencies 24 hours a day, seven days a week.

Members currently receiving mental health or substance abuse treatment should call Beacon to coordinate care during the transition and obtain any needed authorizations. Members whose current providers are in the network should inform the providers about their new Fallon coverage. Beacon will work with members seeing out-of-network providers to help them find new ones. Or, in some cases, they may be allowed to continue to see those providers for a period of time.

PPO plan members who wish to see behavioral health providers outside of Massachusetts can access the Private Healthcare Systems (PHCS) network of providers. They can search for a provider by using the "Find a doctor" tool on our website, fallonhealth.org. PPO members may also choose to see providers outside of the Beacon or PHCS networks, though if they do, they may face higher out-of-pocket costs.



To do:

Inform members receiving ongoing behavioral health care to call Beacon to coordinate their transition.



☑ To do:

Become familiar with Fallon's transition processes for members in treatment, and have handouts at the ready for employees.

Surgery and complex conditions

Members scheduled for surgery or dealing with a complex health problem already have a lot on their plate. That's why Fallon's Care Services Department is here to help take care of the details so members can focus on recovery.

Members will need to tell us their diagnosis and doctor, when the surgery is to be performed and what kind of surgery is being performed. This way, our Care Services team can review the case to ensure that care is coordinated, and gather the information needed for authorization.

Members should also contact us if they or anyone on their plan is receiving ongoing treatment for a complex medical issue, such as cancer, heart disease, or another serious illness. Our Care Services Department will use the information to help coordinate the transition of coverage and enroll members in disease-specific Care Services programs, if applicable.

Care Services programs: Care Services programs make dealing with complex chronic conditions a little easier. Our Nurse Care Specialists work closely with members needing case management, as well as high-risk members diagnosed with **asthma, diabetes, or heart disease** to achieve the best outcomes. Members with one of these conditions who would like to participate in one of our programs can call Customer Service to get started.

Advanced imaging procedures

(CT, MRI, PET): Any members who are currently scheduled to undergo an outpatient advanced imaging procedure, such as a CT, MRI or PET scan, need to contact the provider who ordered the procedure. The provider will need to contact Fallon in order to request prior authorization. This does not apply to X-rays or imaging procedures performed during a hospital stay.

Durable medical equipment and home health care:

Members currently using durable medical equipment, or DME (such as wheelchairs, crutches, oxygen equipment), receiving home health care services (such as visiting nurses), or utilizing physical, occupational or speech therapy services should call Customer Service. Most of these services require referral and prior authorization.

Members should be sure to inform their current providers about their new Fallon coverage and ask the providers to contact us. Customer Service can also help any members who need to find new providers.

Physical, occupational or speech therapy:

Fallon covers short-term outpatient rehabilitation services, such as physical, occupational or speech therapy. For physical and occupational therapy, members are covered for up to 60 visits combined per benefit year. Speech therapy does not have a visit limit. Medical necessity determines the actual number of visits covered for all outpatient rehabilitation services.

Speech therapy services require prior authorization. Covered physical or occupational therapy services do not require referral or prior authorization, but do require a written doctor's prescription. In addition, HMO members must see network providers in order for these services to be covered.

Prevention and wellness

We don't just take care of our members when they're sick. We work to keep them healthy, too! Here are a just a few of the other health resources that Fallon offers.

It Fits!

We reward our members just for participating in healthy activities. Our It Fits! annual fitness reimbursement program reimburses families and individuals annually who have paid for any brand of new cardiovascular home fitness equipment, gym memberships at the gym of their choice with no limitations, town and school sports, Weight Watchers®, ski lessons, lift passes and much more. We have one of the most generous and flexible fitness benefits in Massachusetts.

The Healthy Health Plan

The Healthy Health Plan is a web-based program that rewards subscribers for being—and becoming—healthy, with tools to help them meet their health and wellness goals. Subscribers can get up to \$200 when they complete a health assessment and/or a customized health and wellness plan on the My Healthy Health Plan website. All eligible members

over 18 can participate in the program with access to interactive tools and calculators, health coaching and member forums, too. And starting April 1, 2014, spouses and adult dependents will be eligible to receive the financial incentive.

Nurse Connect

Medical questions can arise at any time. Day and night. Monday through Sunday—even holidays. That is why Fallon provides access to registered nurses who serve as health coaches 24 hours a day, seven days a week, 365 days a year, by phone or online.

Healthwise® Knowledgebase

Fallon members get free access to Healthwise® Knowledgebase, an online health encyclopedia that features information on thousands of diseases, conditions, medications and other health topics. The content is written, reviewed and updated by an expert team of physicians, nurses, medical writers and researchers.

For more information about your company's health insurance with Fallon Health, ask for your account manager at 1-800-333-2535 or visit our website at fchp.org/employers.



✔ To do:

Remind members of Fallon's health and wellness resources—especially the It Fits! fitness reimbursement feature.

Direct Care, Steward Community Care and Tiered Choice provide 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 Direct Care, Steward Community Care and Tiered Choice. Tiered Choice members may pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the provider delivering a covered service or supply. This plan may make changes to a provider's benefit tier annually on January 1.

Fallon Preferred Care is offered through Fallon Health & Life Assurance Company, a wholly owned subsidiary of Fallon Community Health Plan.

Program eligibility and benefits may vary by employer, plan and product.

This document discusses aspects of Fallon Health's HMO and PPO plans, the ones most commonly offered by employer groups. For information pertaining to our POS and Major Medical plans, please contact your account manager.

** For members with Fallon Preferred Care, our preferred provider organization (PPO) plan, some of the referral, network and prior authorization requirements do not apply. Instead, certain services are subject to medical management procedures, and if members see providers outside of the network, they may have higher-out-of-pocket costs. See the Fallon Preferred Care Evidence of Coverage for more information.*

***Steward Community Care members who need medically necessary services that are not available at a Steward Community Care facility may receive care at either Brigham and Women's Hospital or Massachusetts General Hospital. For more information on referral procedures for specialty services, consult your Steward Community Care Member Handbook/Evidence of Coverage.*

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



1-800-333-2535 (TRS 711)
fallonhealth.org