Fallon Health is moving forward as the proud partner of providers who offer high-quality care—providers like you!

At Fallon Health, it is our goal to keep you informed about our products, policies and member benefits. This guide is designed to help you identify Fallon’s member ID cards and corresponding plan details such as the referral process, copayments and deductibles. Specific plan information may vary on individual cards, but you can always access the provider tools at fallonhealth.org/providers or contact Provider Relations for further information.
Please note that the following is applicable to all products and plans listed in this guide:

- $0 copayment for annual in-network wellness visits.
- Copayments, coinsurance and deductibles may apply. 
  *Exceptions: NaviCare®, Summit ElderCare® and Medicaid ACO plans*
- For all office and facility-based services identified in the Provider Manual, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to Fallon Health. 
  *Exceptions: Fallon Senior Plan™ Medicare Supplement and Fallon Companion Care.*

The checked boxes indicate the Fallon plans you are contracted for as of ____/____/_______.

Your Provider Relations Representative will mark the contracted plans and date. Please call Provider Relations at 1-866-275-3247, prompt 4 if you have additional questions.

**COMMERCIAL plans:**

- Direct Care ........................................... 1
- Select Care ............................................ 1
- Fallon Preferred Care.............................. 1
- Steward Community Care......................... 1

**CUSTOMIZED EMPLOYER GROUP plans:**

- Harrington Advantage .............................. 2
  *follows Select Care network*
- Harrington HHCS 2 ACA ............................ 2
  *follows Direct Care network*
- The City of Worcester Advantage—
  Direct Plan ........................................... 2
  *follows Direct Care network*
- The City of Worcester Advantage—
  Advantage Plan ...................................... 2
  □ Tier 1  □ Tier 2
  *follows Select Care network*
- The Advantage Plan—Hanover ..................... 3
  □ Tier 1  □ Tier 2
  *follows Select Care network*

**INDIVIDUAL HEALTH plans:**

- Fallon Health Connector options ................ 3
  □ Direct Care   □ Select Care
  □ Community Care

**MASSHEALTH ACCOUNTABLE CARE ORGANIZATION (ACO) plans:**

- Berkshire Fallon Health Collaborative (BFHC) .... 4
- Fallon 365 Care ........................................ 4
- Wellforce Care Plan ................................. 4

**MEDICARE plans:**

- Fallon Senior Plan™ HMO with Part D ............ 4
- Fallon Senior Plan™ HMO ............................ 5
- Fallon Senior Plan™ HMO-POS ..................... 5
- Fallon Senior Plan™ Premier HMO ................. 5
- Fallon Senior Plan™ Medicare Supplement ...... 5
- Fallon Companion Care™ ............................ 5

**MASSHEALTH STANDARD eligible seniors:**

- NaviCare® HMO SNP .................................. 6
- NaviCare® SCO ......................................... 6

**PACE program:**

- Summit ElderCare® ................................. 6
COMMERCIAL plans

Direct Care

- Members must choose a PCP from the Direct Care network.
- Members are eligible for Fallon’s Peace of Mind Program™.

Select Care

- Members must choose a PCP from the Select Care network.

Fallon Preferred Care

- Preferred provider organization (PPO) product.
- Members have nationwide access to hospitals and physicians available through the Fallon Preferred Care and PHCS/MultiPlan networks.
- Offers in-network and out-of-network benefit levels.

Steward Community Care

- Members must choose a PCP from the Steward Community Care network.
CUSTOMIZED EMPLOYER GROUP plans

Harrington Advantage

- Preferred provider organization (PPO) product.
- Offers in-network and out-of-network benefit levels.
- Members are not required to designate a PCP, and PCP referrals are not needed for specialty care.
- In-network providers are categorized into two tiers.
- Cost-sharing varies by tier. Members who see a Tier 1 provider will pay a lower cost-sharing amount than when they see a Tier 2 or out-of-network provider.

Harrington HHCS 2 ACA

- Members must choose a PCP from the HHCS 2 ACA plan network, which is based on Fallon’s Direct Care network.
- Members of HHCS 2 ACA are eligible for the Peace of Mind Program™.

The City of Worcester Advantage—Direct Plan and Advantage Plan

- Direct Plan members must choose a PCP from The City of Worcester Advantage Direct network, based on Fallon’s Direct Care network.
- Advantage Plan members must choose a PCP from The City of Worcester Advantage network, a tiered network based on Fallon’s Select Care network.
- Direct Plan members are eligible for Fallon’s Peace of Mind Program™.
- Advantage Plan providers are categorized into 1 of 2 tiers. Cost-sharing varies by tier.
The Advantage Plan—Hanover

- Members must choose a PCP from The Advantage Plan—Hanover network, which is based on Fallon’s Select Care network.
- Providers are categorized into 1 of 2 tiers. Cost sharing varies by tier.
- Members who receive imaging services in a non-hospital setting pay less out-of-pocket than those who receive imaging services in a hospital setting.

INDIVIDUAL HEALTH plans

Fallon Health Connector options

- Card will specify plan name: Direct Care or Select Care.
- Members must choose a PCP within their plan's network.
- All standard features and programs included.
- Members of Direct Care are eligible for the Peace of Mind Program™.

Community Care

- Members must choose a PCP from the Community Care network.
- All standard features and programs included.
**MASSHEALTH ACCOUNTABLE CARE ORGANIZATION (ACO) plans**

**Berkshire Fallon Health Collaborative (BFHC)**
- Members must choose a PCP from the Berkshire Fallon Health Collaborative (BFHC) network.
- PCP referrals are not required for specialty care when referred to a BFHC Core provider.
- PCP referrals are required for BFHC Affiliate providers.
- Out-of-network services, including specialty care visits, require prior authorization from the Plan.
- Members are not eligible for It Fits! or infertility treatment.

**Fallon 365 Care**
- Members must choose a PCP from the Fallon 365 Care network.
- PCP referral is not required for specialty care within Reliant Medical Group or Southboro Medical Group.
- PCP referral is required for specialty care outside of Reliant Medical Group and Southboro Medical Group, even if the provider is a contracted Fallon 365 Care network provider.
- Out-of-network authorization is required for all out-of-network services including specialist visits.
- Members are not eligible for It Fits! or infertility treatment.

**Wellforce Care Plan**
- Members must choose a PCP from the Wellforce Care Plan network.
- PCP referrals are required for all specialist visits in the Wellforce Care Plan network and visits to any Wellforce Care Plan affiliates.
- Out-of-network authorization is required for all out-of-network services including specialist visits.
- Members are not eligible for It Fits! or infertility treatment.

**MEDICARE plans**

**Fallon Senior Plan™ HMO with Part D**
- For individual consumers who are Medicare-eligible.
- Includes Medicare Part D prescription drug coverage (MAPD).
- Members must choose a PCP from the Fallon Senior Plan (HMO) network.
Fallon Senior Plan™ HMO
- For individual consumers who are Medicare-eligible.
- Excludes Medicare Part D prescription drug coverage (MAPD).
- Members must choose a PCP from the Fallon Senior Plan (HMO) network.

Fallon Senior Plan™ HMO-POS
- For individual consumers who are Medicare-eligible.
- Includes Medicare Part D prescription drug coverage (MAPD).
- Members must choose a PCP from the Fallon Senior Plan (HMO-POS) network.
- PCP referrals are required for both in- and out-of-network specialty care.
- Offers both in- and out-of-network benefit levels.
- Members who see in-network providers will pay less out-of-pocket cost-sharing rates than those who see out-of-network providers.
  *Exception: Members who receive a PCP referral to see an out-of-network specialist will pay the same as they would to see an in-network specialist.*

Fallon Senior Plan™ Premier HMO
- For Medicare-eligibles with retiree coverage through an employer or union group.
- Includes Medicare Part D prescription drug coverage (MAPD).
- Members must choose a PCP from the Fallon Senior Plan Premier (HMO) network.

Fallon Senior Plan™ Medicare Supplement
- For individual consumers who are Medicare-eligible.
- Excludes Medicare Part D prescription drug coverage.
- Members are not required to choose a PCP.
- Members may see any provider they choose who accepts Medicare.
- Referrals and prior plan authorizations are not required.

Fallon Companion Care™
- For Medicare-eligibles with retiree coverage through an employer.
- Members may or may not have prescription drug coverage.
- Members are not required to choose a PCP.
- Members may see any provider, anywhere in the U.S., who accepts Medicare.
- Referrals and prior plan authorizations are not required.
NaviCare® HMO SNP and NaviCare® SCO

- NaviCare HMO SNP is for Medicare and Medicaid (MassHealth Standard) eligibles.
- NaviCare SCO is for Medicaid (MassHealth Standard) eligibles. (May have Medicare Part A or B, but not required.)
- Includes all Medicaid (MassHealth Standard) benefits as well as Medicare Parts A, B and D (Rx) covered benefits, items and services.
- Members must choose a PCP from the NaviCare network.
- No copayments, no coinsurance and no premium.
- Includes a Navigator who serves as the primary contact and guide for NaviCare enrollees. The Navigator ensures ongoing service provision and care coordination, consistent with the member’s care plan.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

Summit ElderCare®

- Summit ElderCare is for any person who is 55 years of age or older, lives in the service area, meets the Medicaid nursing facility clinical criteria and is able to live safely in the community as determined by Summit ElderCare Interdisciplinary Care Team.
- All care must be received from providers who have a contract with Summit ElderCare—except emergency care, or if authorized by the Care Team.
- Most participants receive most medical care and services at a Summit ElderCare PACE Center, where medical, nursing, rehabilitation, social supports and personal care needs are coordinated.
- Out-of-network care requires prior authorization.
- Participants receive 100% coverage for all medically necessary services and care, including hospitalizations and prescription drugs.