Fallon Health & Life Assurance Company, Inc.

FALLON PREFERRED CARE AMENDMENTS

- Amendment 2 (eff. 06/01/20)
- Amendment 1
This amendment changes certain sections of your Fallon Preferred Care Member Handbook/Evidence of Coverage. Please read it carefully and keep it with your handbook. The information in this amendment replaces any information in your handbook, Schedule of Benefits or prior amendments that conflicts with it. If you have questions about this amendment, please contact the Customer Service Department at 1-888-468-1541 (TRS 711). Representatives are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

Your Member Handbook/Evidence of Coverage has been amended to include information on the following:

1. Medical management
2. Mental health and substance use services

The following changes apply to your Member Handbook/Evidence of Coverage:

**Medical management**
Under **Prior authorization** in the **Medical management** section, after bullets add the following:

*Prior authorization will not be required for inpatient behavioral health admissions after treatment in an emergency department.

**Mental Health and substance use services**
Under **Mental Health and substance use services** in the **Description of benefits** section, replace the third paragraph with the following:

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For mental health emergencies, follow the same procedures as for any other medical emergency, as outlined in **Emergency and urgent care**. Prior authorization will not be required for behavioral health inpatient admission after treatment in an emergency department.

Under **Inpatient services** replace the second paragraph with the following:

Inpatient mental health services, including intermediate care, require prior authorization to determine medical necessity. To obtain prior authorization, you or someone acting on your behalf must call the appropriate medical management office at least five business days prior to the scheduled date of service. For more information, refer to the “Medical management” section. Prior authorization will not be required for inpatient behavioral health admissions after treatment in an emergency department.
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**AMENDMENT 1**
This is part of your Fallon Preferred Care *Member Handbook/Evidence of Coverage* Form #19-670-034

This amendment changes certain sections of your Fallon Preferred Care *Member Handbook/Evidence of Coverage*. Please read it carefully and keep it with your handbook. The information in this amendment replaces any information in your handbook, Schedule of Benefits or prior amendments that conflicts with it. If you have questions about this amendment, please contact the Customer Service Department at 1-888-468-1541 (TRS 711). Representatives are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Prior authorization
2. Disenrollment rates
3. Mental health and substance use services
4. Preventive care

The following changes apply to your *Member Handbook/Evidence of Coverage*:

**Prior authorization**
Effective April 1, 2020 the following change applies:

Under **Prior authorization** in the **Medical management** section, remove the following:

- Outpatient counseling for mental health and substance use conditions beyond eight sessions
- Intermediate and outpatient community based mental health services for children and adolescents under the age of 19
Add the following:

- Intermediate community-based mental health services for children and adolescents under the age of 19

**2019 Disenrollment rates**

Under *Involuntary cancellation rate* in the **Leaving Fallon Preferred Care** section, replace entire paragraph with the following:

For calendar year 2019, FHLAC’s involuntary cancellation or disenrollment rate was 0.00%. The involuntary disenrollment rate includes any members disenrolled by the plan due to misrepresentation or fraud on the part of the member or commission of acts of verbal or physical abuse. For calendar year 2019, FHLAC’s voluntary disenrollment rate was 0.15%.

**Mental Health and substance use services**

Effective April 1, 2020 the following change applies:

Under *Outpatient services* in the **Mental Health and substance use services** section, remove the second paragraph.

Under *Covered* replace number one with the following:

1. Outpatient services, including individual, family or group therapy

**Preventive care**

The following change is effective immediately.

Under *Preventive care* in the **Description of Benefits** section, add the following under *Covered services*:

9. Tobacco counseling sessions with your primary physician or other provider designed to create a plan to stop smoking.