The Fallon difference
Direct Care is a Limited Provider Network. With Direct Care Deductible 1250 Hybrid, you get everything you need to live a healthy life.

- A fitness reimbursement of up to $150 that can be used for gym memberships at the gym of your choice with no limitations, school and town sports fees, home fitness equipment, exercise classes, ski lift tickets, and more!
- $0 copayments for routine physical exams and other preventive services, including mammograms, cholesterol screenings and immunizations
- $0 copayments for routine annual eye exams
- Nurse Connect: A free 24/7 nurse call line
- Pedi-Dental up to age 19 included.
- Pedi-Glasses: One designated set, once per calendar year.
- Teladoc™ telemedicine – Commercial members get 24/7 access to a national network of U.S. board-certified doctors to discuss non-emergency conditions by phone, mobile device or online. Teladoc doctors can diagnose and treat over fifty types of common illnesses.

And if you or someone in your family has asthma, diabetes or is taking medication for both high blood pressure and high cholesterol, there are other great benefits for you! For a full listing of these benefits, see your Schedule of Benefits.

How to receive care:
This plan provides access to a network that is smaller than the Select Care provider network. In this plan, members have access to network benefits only from the providers in Direct Care. Please consult the Direct Care provider directory; a paper copy can be requested by calling Customer Service at 1-800-868-5200, or visit the provider search tool at fallonhealth.org to determine which providers are included in Direct Care.

Choosing a primary care provider (PCP)
Your relationship with your PCP is very important because he or she will work with Fallon to provide or arrange most of your care. As a member of Direct Care Deductible 1250 Hybrid, you must select a PCP. To do this, just complete the section on your Fallon membership enrollment form. If you need help choosing a PCP, please visit the “Find a Doctor” tool on fallonhealth.org or call Customer Service.

Obtaining specialty care
When you want to visit a specialist, talk with your PCP first. He or she will help arrange specialty care for you. The following services do not require a referral when you see a provider in the Direct Care network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your Direct Care Member Handbook/Evidence of Coverage.

Emergency medical care
Emergency services do not require referral or authorization. When you have an emergency medical condition, you should go to the nearest emergency department or call your local emergency communications system (police, fire department or 911). For more information on emergency benefits and plan procedures for emergency services, consult your Direct Care Member Handbook/Evidence of Coverage.
### Plan specifics

#### Benefit period
The benefit period, sometimes referred to as a “benefit year,” is the 12-month span of plan coverage, and the time during which the deductible, out-of-pocket maximum and specific benefit maximums accumulate.

<table>
<thead>
<tr>
<th>Deductible carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any deductible amount that is incurred by the member for services rendered during the last three months of the benefit period will be applied toward the deductible for the next benefit period. Deductible amounts are incurred as of the date of the service.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>The out-of-pocket maximum is the total amount of deductible, coinsurance and copayments you are responsible for in a benefit period. The out-of-pocket maximum also does not include your premium charge or any amounts you pay for services that are not covered by the plan.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Your cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
<td></td>
</tr>
<tr>
<td>Routine physical exams (according to MHQP preventive guidelines)</td>
<td>$0</td>
</tr>
<tr>
<td>Office visits (primary care provider)</td>
<td>$10 per visit</td>
</tr>
<tr>
<td>Office visits (specialist)</td>
<td>$20 per visit</td>
</tr>
<tr>
<td>Office visits (limited service clinics, e.g., Minute Clinic)</td>
<td>$10 per visit</td>
</tr>
<tr>
<td>Routine eye exams (one every 12 months)</td>
<td>$0</td>
</tr>
<tr>
<td>Telehealth (24/7 access to doctors to discuss non-emergency conditions by phone, mobile app or online)</td>
<td>$5 copayment</td>
</tr>
<tr>
<td>Short-term rehabilitative services (60 visits per benefit period)</td>
<td>$20 per visit</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>$10 first visit only</td>
</tr>
<tr>
<td>Preventive services</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Diagnostic services (Lab Services)</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition</td>
<td>$20 per visit</td>
</tr>
<tr>
<td>Diagnostic services (Non Lab Services)</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition</td>
<td>$20 per visit</td>
</tr>
<tr>
<td>Benefits</td>
<td>Your cost</td>
</tr>
<tr>
<td>----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Imaging (CAT, PET, MRI, Nuclear Cardiology)</td>
<td>$500 copayment after deductible</td>
</tr>
<tr>
<td>Chiropractic care</td>
<td>$20 per visit</td>
</tr>
</tbody>
</table>

**Prescriptions**

*Please note: Specialty medication that falls under the medical benefit will apply towards your deductible. For more information, please contact Fallon’s Customer Service Department at 1-800-868-5200.*

<table>
<thead>
<tr>
<th>Prescriptions</th>
<th>Tier 1/Tier 2/Tier 3/Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription drugs, insulin and insulin syringes</td>
<td>$5/$10/$40/$250 (per 30-day supply)</td>
</tr>
<tr>
<td>Generic contraceptives and contraceptive devices</td>
<td>$0 (30-day supply)</td>
</tr>
<tr>
<td>Brand contraceptives with no generic equivalent (prior authorization required)</td>
<td>With prior authorization: $0 (30-day supply)</td>
</tr>
<tr>
<td>Brand contraceptives with a generic equivalent (prior authorization required)</td>
<td>Tier 3: $40 Tier 4: $250 (per 30-day supply)</td>
</tr>
<tr>
<td>Prescription medication refills obtained through the mail order program</td>
<td>$10/$20/$80/$750 (per 90-day supply)</td>
</tr>
<tr>
<td>Generic prescription omeprazole, generic prescription lansoprazole, and generic and brand OTC esomeprazole (Nexium)</td>
<td>$5</td>
</tr>
</tbody>
</table>

**Inpatient hospital services**

<table>
<thead>
<tr>
<th>Inpatient hospital services</th>
<th>Your cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and board in a semiprivate room (private when medically necessary)</td>
<td>$1,000 copayment after deductible</td>
</tr>
<tr>
<td>Physicians’ and surgeons’ services</td>
<td>Covered in full after deductible</td>
</tr>
<tr>
<td>Physical and respiratory therapy</td>
<td>Covered in full after deductible</td>
</tr>
<tr>
<td>Intensive care services</td>
<td>Covered in full after deductible</td>
</tr>
<tr>
<td>Maternity care</td>
<td>Covered in full after deductible</td>
</tr>
</tbody>
</table>

**Same-day surgery**

<table>
<thead>
<tr>
<th>Same-day surgery</th>
<th>Your cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same-day surgery in a hospital outpatient or ambulatory care setting</td>
<td>$1,000 copayment after deductible</td>
</tr>
</tbody>
</table>

**Emergencies**

<table>
<thead>
<tr>
<th>Emergency type</th>
<th>Your cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room visit</td>
<td>$500 copayment (waived if admitted)</td>
</tr>
</tbody>
</table>

**Skilled nursing**

<table>
<thead>
<tr>
<th>Skilled nursing</th>
<th>Your cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled care in a semiprivate room</td>
<td>$1,000 copayment after deductible</td>
</tr>
<tr>
<td>Benefits</td>
<td>Your cost</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td><strong>Substance abuse</strong></td>
<td></td>
</tr>
<tr>
<td>Office visits</td>
<td>$10 per visit</td>
</tr>
<tr>
<td>Detoxification in an inpatient setting</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Rehabilitation in an inpatient setting</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td></td>
</tr>
<tr>
<td>Office visits</td>
<td>$10 per visit</td>
</tr>
<tr>
<td>Services in a general or psychiatric hospital</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Other health services</strong></td>
<td></td>
</tr>
<tr>
<td>Skilled home health care services</td>
<td>Covered in full after deductible</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Medically necessary ambulance services</td>
<td>Covered in full after deductible</td>
</tr>
<tr>
<td><strong>Value-added features</strong></td>
<td></td>
</tr>
<tr>
<td>It Fits!, an annual benefit period fitness reimbursement (including school and town sports programs, gym memberships, home fitness equipment, Weight Watchers®, aerobics, Pilates and yoga classes)</td>
<td>$150 individual $150 family</td>
</tr>
<tr>
<td>The Healthy Health Plan! a program that supports members (subscriber and spouse age 18 and older) in becoming, and staying, healthy. Simply fill out the health assessment, receive a personalized health report and then take advantage of all the tools available, including health coaching, to help you reach your health goals.</td>
<td>Included</td>
</tr>
<tr>
<td>Oh Baby!, a program that provides prenatal vitamins, a convertible car seat, breast pump and other “little extras” for expectant parents—all at no additional cost.</td>
<td>Included</td>
</tr>
<tr>
<td>Fallon Smart Shopper Transparency tool and incentive program</td>
<td>Included</td>
</tr>
<tr>
<td>Free 24/7 nurse call line</td>
<td>Included</td>
</tr>
<tr>
<td>Free chronic care management</td>
<td>Included</td>
</tr>
<tr>
<td>Free stop-smoking program</td>
<td>Included</td>
</tr>
<tr>
<td>Member discount program</td>
<td>Included</td>
</tr>
<tr>
<td>Free online access to health and wellness encyclopedia</td>
<td>Included</td>
</tr>
<tr>
<td>CVS Caremark ExtraCare Health Card – provides 20% discount on CVS/pharmacy-brand health related items.</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Exclusions</strong></td>
<td></td>
</tr>
<tr>
<td>Hearing aids and the evaluation for a hearing aid (for age 22 and above)</td>
<td></td>
</tr>
<tr>
<td>Long-term rehabilitative services</td>
<td></td>
</tr>
<tr>
<td>Cosmetic surgery</td>
<td></td>
</tr>
<tr>
<td>Custodial confinement</td>
<td></td>
</tr>
<tr>
<td>Experimental procedures or services that are not generally accepted medical practice</td>
<td></td>
</tr>
<tr>
<td>Dental services not described in your Schedule of Benefits</td>
<td></td>
</tr>
<tr>
<td>Routine foot care</td>
<td></td>
</tr>
</tbody>
</table>
Some services may require prior authorization. A complete list of benefits and exclusions is in the Direct Care Member Handbook/Evidence of Coverage, available by request. This is only a summary of benefits and exclusions.

Questions?
If you have any questions, please contact Fallon Health Customer Service at 1-800-868-5200 (TRS 711), or visit our website at fallonhealth.org.

This health plan meets minimum creditable coverage standards and will satisfy the individual mandate that you have health insurance. As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years and older, must have health coverage that meets the minimum creditable coverage standards set by the Commonwealth Health Insurance Connector.

Benefits may vary by employer group.
Weight Watchers® is a registered trademark of Weight Watchers International, Inc.