

Select Care

Coinsurance 35%

Benefit Summary—*Benefits effective January 1, 2020*

The Fallon Health difference

Select Care is an expansive provider network. You get everything you need to live a healthy life. This plan features comprehensive medical benefits for lower monthly premiums and slightly higher out-of-pocket expenses compared to our other plans. Your monthly premiums are reduced further through the use of an annual deductible for certain services. Plus, you get:

- **A fitness reimbursement: 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, 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.
- **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. Doctors can diagnose and treat over fifty types of common illnesses.

How to receive care:

With Select Care, you can choose to get your care from doctors, specialists, hospitals and health care facilities in the Select Care network. You can be seen at physician practices, community hospitals and medical facilities across Massachusetts, southern New Hampshire and southwestern Vermont, giving you a wide choice of health care providers. For a complete list of Select Care providers, visit the “Find a doctor” tool on fallonhealth.org.

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 Select Care, 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 Select Care network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your *Select 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 *Select 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.

Varies by account

Deductible

A deductible is the amount of allowed charges you pay per benefit period before payment is made by the plan for certain covered services. The amount that is put toward your deductible is calculated based on the allowed charge or the provider’s actual charge—whichever is less.

\$2,000 individual
\$4,000 family

Embedded deductible

Please note that once any one member in a family accumulates \$2,000 of services that are subject to the family deductible, that individual member’s deductible is considered met, and that family member will receive benefits for covered services less any applicable copayments.

\$2,000

Deductible carryover

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.

Included

Out-of-pocket maximum

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.

\$8,150 individual
\$16,300 family

Benefits

Your cost

Office

Routine physical exams (according to MHQP preventive guidelines)

\$0

Office visits (primary care provider)

\$40 per visit

Office visits (specialist)

\$70 per visit

Office visits (limited service clinics, e.g., Minute Clinic)

\$40 per visit

Routine eye exams (one every 12 months)

\$0

Telemedicine via Teladoc™ (24/7 access to doctors to discuss non-emergency conditions by phone, mobile app or online)

\$5 copayment

Short-term rehabilitative services (60 visits per benefit period)

\$70 per visit
after deductible

Prenatal care

\$40 first visit only

Preventive services

Tests, immunizations and services to help screen for diseases and improve early detection when symptoms or diagnosis are not present

Covered in full

Diagnostic lab services

Tests and services that are intended to diagnose or check the status of a disease or condition

\$75 per visit
after deductible


| Benefits | Your cost |
|--|--|
| Office | |
| Diagnostic x-ray services Tests and services that are intended to diagnose, check the status of, or treat a disease or condition | 35% coinsurance after deductible |
| Diagnostic other (EKG, ultrasound, colonoscopy, etc.) Tests and services that are intended to diagnose, check the status of, or treat a disease or condition | Covered in full after deductible |
| Imaging (CAT, PET, MRI, nuclear cardiology) | \$450 per visit after deductible |
| Chiropractic care (12 visits per benefit period) | \$40 per visit |
| Prescriptions | |
| <i>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.</i> | Tier 1/Tier 2/Tier 3/ Tier 4 |
| Prescription drugs, insulin and insulin syringes | \$5/\$35/35%/35% (30-day supply) |
| Generic contraceptives and contraceptive devices | \$0 (30-day supply) |
| Brand contraceptives with no generic equivalent (prior authorization required) | With prior authorization: \$0 (30-day supply) |
| Brand contraceptives with a generic equivalent (prior authorization required) | Tier 3: 35% coinsurance Tier 4: 35% coinsurance (30-day supply) |
| Prescription medication refills obtained through the mail order program | \$10/\$70/35%/35% (90-day supply) |
| Generic prescription omeprazole, generic prescription lansoprazole, and generic and brand OTC esomeprazole (Nexium) | \$5 |
| Inpatient hospital services | |
| Room and board in a semiprivate room (private when medically necessary) | 35% coinsurance after deductible |
| Physicians' and surgeons' services | 35% coinsurance after deductible |
| Physical and respiratory therapy | 35% coinsurance after deductible |
| Intensive care services | 35% coinsurance after deductible |
| Maternity care | 35% coinsurance after deductible |
| Same-day surgery | |
| Same-day surgery in a hospital outpatient or ambulatory care setting | 35% coinsurance after deductible |
| Emergencies | |
| Emergency room visit | 35% coinsurance after deductible (waived if admitted) |
| Skilled nursing | |
| Skilled care in a semiprivate room | 35% coinsurance after deductible |

| Benefits | Your cost |
|--|----------------------------------|
| Substance abuse | |
| Office visits | \$40 per visit |
| Detoxification in an inpatient setting | Covered in full |
| Rehabilitation in an inpatient setting | Covered in full |
| Mental health | |
| Office visits | \$40 per visit |
| Services in a general or psychiatric hospital | Covered in full |
| Other health services | |
| Skilled home health care services | 35% coinsurance after deductible |
| Durable medical equipment | 35% coinsurance after deductible |
| Medically necessary ambulance services | 35% coinsurance after deductible |
| Value-added features | |
| It Fits!, an annual benefit period fitness reimbursement (including school and town sports programs, gym memberships, new cardiovascular home fitness equipment, Weight Watchers®, aerobics, Pilates and yoga classes) | \$150 individual \$150 family |
| 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. | Included |
| Oh Baby!, a program that provides prenatal vitamins, a convertible toddler car seat, electric breast pump and other “little extras” for expectant parents—all at no additional cost. | Included |
| Fallon SmartShopper cost transparency tool and incentive program | Included |
| Free 24/7 nurse call line | Included |
| Free chronic care management | Included |
| Free stop-smoking program | Included |
| Member discount program | Included |
| Free online access to health and wellness encyclopedia | Included |
| 20% discount on more than 1,500 CVS/pharmacy-brand health-related items | Included |
| Exclusions | |
| Hearing aids and the evaluation for a hearing aid (for age 22 and above) | |
| Long-term rehabilitative services | |
| Cosmetic surgery | |
| Experimental procedures or services that are not generally accepted medical practice | |
| Dental services not described in the your <i>Schedule of Benefits</i> | |
| Routine foot care | |
| Custodial confinement | |

Some services may require preauthorization. A complete list of benefits and exclusions is in the Select 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 (TTY users, please call TRS Relay 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.
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