

Benefit summary

Effective July 1, 2021

Direct Care and Select Care

Fallon Health offers two HMO plans: **Direct Care** and **Select Care**. Both plans offer **extensive benefits and features**. You also get access to many of **the best doctors, specialists and hospitals** in the state.

Specialist and hospital tiering for Direct Care and Select Care

Fallon is committed to giving our members access to a network of high-quality, cost-efficient plan doctors and hospitals. Fallon's specialist tiering methodology is on a medical group tiering basis. Check your specialist's tier effective July 1, 2021. PCPs are not tiered. The specialist and hospital tiering works as follows:

Tier 1: This tier includes Direct Care and Select Care plan specialists and Select Care hospitals that meet excellent quality and/or cost efficiency standards. You will pay the lowest copay when you visit a Tier 1 specialist or hospital.

Tier 2: This tier includes Direct Care and Select Care plan specialists and Select Care hospitals that meet good quality and/or cost efficiency standards. You will pay the mid-level copay when you visit a Tier 2 specialist or hospital.

Tier 3: This tier includes academic medical centers or specialty hospitals and their contracted plan specialists that participate in Fallon's Select Care product. Members will pay a higher copay when they visit a Tier 3 specialist or hospital.

Hospitals are only tiered under the Select Care plan.

How to receive 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.

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 and get your referral. The following services **do not** require a referral when you see a provider in your plan's network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your Fallon *Member Handbook*.

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 Fallon *Member Handbook*.

When you have a less serious health problem, there are care options besides the emergency department. Minute Clinics are located throughout the state, as well as urgent care centers. They are often less expensive than emergency room care. And urgent care centers typically have family practice physicians and emergency physicians on staff. You can also call your primary care provider (PCP) to get advice, a same day appointment or to be directed to the right place to get care. If you can't get in touch with your PCP, you can call Teladoc® to get medical advice. (See page 11 for more information.) You may also call Nurse Connect at 1-800-609-6175. Both Teladoc and Nurse Connect are available 24/7.

Plan specifics

	Direct Care	Select Care
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.	July 1, 2021—June 30, 2022	
Medical deductible A deductible is the amount of allowed charges you pay before payment is made by the plan for medical and behavioral health 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.	\$400 individual/ \$800 family	\$500 individual/ \$1,000 family
Embedded deductible Once any one member in a family accumulates \$400 (Direct Care) or \$500 (Select Care) of services that are subject to the family deductible, that family member’s deductible is considered met, and that family member will receive benefits for covered services less any applicable copays and coinsurance.		
Out-of-pocket maximum The out-of-pocket maximum is the annual amount of deductible, coinsurance and copays for which you are responsible. The out-of-pocket maximum does not include your premium charge or any amounts you pay for services that are not covered by the plan.	\$5,000 individual/ \$10,000 family	\$5,000 individual/ \$10,000 family

Benefits	Direct Care Your cost	Select Care Your cost
Office services		
PCP office visit	\$15 per visit	\$20 per visit
PCP wellness exams (<i>according to MHQP preventive guidelines</i>)	\$0 per visit	\$0 per visit
Specialist office visits	Tier 1 - \$30 per visit Tier 2 - \$60 per visit Tier 3 - \$75 per visit	Tier 1 - \$30 per visit Tier 2 - \$60 per visit Tier 3 - \$75 per visit
Chiropractic care for the treatment of acute musculoskeletal conditions (<i>up to 12 visits per benefit year</i>)	\$15 per visit	\$20 per visit
Telemedicine—24/7 access to U.S. board-certified doctors to discuss non-emergency conditions by phone, mobile device or online.	\$15 per consult	\$15 per consult
Tele-Behavioral Health	Beacon Network Providers	\$0 copay (visits 1-3) \$15 copay per visit (visits 4 and after)
	Teladoc	\$15 copay
Urgent care (<i>Minute Clinic® or Urgent care facility</i>)	\$15 per visit	\$20 per visit
Routine eye exams (<i>one every 24 months</i>)	\$15 per visit	\$20 per visit
Short-term rehabilitative services: physical and occupational therapy (<i>90-calendar-day limit per illness or injury</i>)	\$15 per visit	\$20 per visit
Speech therapy	\$15 per visit	\$20 per visit
Prenatal and postnatal care	Tier 1 - \$10 per visit Tier 2 - \$15 per visit Tier 3 - \$25 per visit	Tier 1 - \$15 per visit Tier 2 - \$20 per visit Tier 3 - \$30 per visit
Preventive services (<i>tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present</i>)	Covered in full	Covered in full

Benefits		Direct Care Your cost	Select Care Your cost
Office services, continued			
Diagnostic services <i>(tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition)</i>		Subject to deductible, then covered in full	Subject to deductible, then covered in full
Imaging (CAT, PET, MRI scans, maximum of one copay per day)		\$100 copay, then subject to deductible	\$100 copay, then subject to deductible
Outpatient surgery <i>Eye and gastrointestinal procedures</i> <i>(maximum of four copays per benefit year)</i>	Non-hospital setting	\$150 copay, then subject to deductible	\$150 copay, then subject to deductible
	Hospital setting	\$250 copay, then subject to deductible	\$250 copay, then subject to deductible
Outpatient surgery <i>All procedures except eye and gastrointestinal.</i> <i>(maximum of four copays per benefit year)</i>		\$250 copay, then subject to deductible	\$250 copay, then subject to deductible
Prescription drug coverage			
Prescription drug coverage is provided through Express Scripts. <i>Note: There is a separate \$100 individual/\$200 family deductible.</i>			
Inpatient hospital			
Unlimited days for room and board in a semiprivate room <i>(maximum of one copay per person, per benefit period quarter)</i> The following is included in hospital services: <ul style="list-style-type: none"> • Physicians' and surgeons' services • Physical and respiratory therapy • Intensive care services • Prescribed private duty nursing <i>(when medically necessary)</i> • Maternity care <i>Inpatient copays are waived if readmitted within 30 days of discharge from an acute care or psychiatric hospital.</i>		\$275 copay per admission, then subject to deductible	Tier 1 - \$275 copay Tier 2 - \$500 copay Tier 3 - \$1,500 copay Copay is per admission, then subject to deductible. Physician and hospital tiers are independent of each other. If your Tier 1 provider refers you to a Tier 2 or Tier 3 hospital for care, you will be responsible for the Tier 2 or 3 copay, except in an emergency.
Emergencies			
<i>In and out of the service area</i> Emergency room services and/or initial treatment of any unexpected illness or injury anywhere in the world <i>(All emergency room care must be reported to the plan within 48 hours.)</i> Copays for ER services are waived if you are admitted to the hospital.		\$100 copay, then subject to deductible	\$100 copay, then subject to deductible
Mental health and substance abuse			
Office visit		\$15 per visit	\$20 per visit
Unlimited days per benefit period in a general or psychiatric hospital		Covered in full	Covered in full
Unlimited days per benefit period for detoxification or substance abuse rehabilitation services in an inpatient setting		Covered in full	Covered in full
Skilled nursing			
Skilled care in a semiprivate room up to 100 days per benefit year		Subject to deductible, then covered in full	Subject to deductible, then covered in full

Benefits	Direct Care Your cost	Select Care Your cost
Other health services (Coverage is the same for both Direct Care and Select Care.)		
Skilled home health care services	Subject to deductible, then covered in full	
Prosthetic devices and durable medical equipment	Subject to deductible, then 20% coinsurance	
Hearing aids (age 22 and over) <ul style="list-style-type: none"> Up to \$1,700 for both ears every two years for hearing aid device only, benefit available every 24 months 	Covered in full for the first \$500; then 80% coverage for the next \$1,500, maximum benefit of \$1,700 every two years	
Hearing aids (age 21 and under) <ul style="list-style-type: none"> Up to \$2,000 per ear for hearing aid device only, benefit available every 24 months Related services and supplies for hearing aids (not subject to the \$2,000 limit) 	Subject to deductible, then 20% coinsurance	
Medically necessary ambulance services	Subject to deductible, then covered in full	
Medical services for dependent students living out of the service area	In addition to urgent and emergency services, students attending school outside the service area are covered for a limited number of services, if authorized in advance by the plan. You must work with your PCP to get plan authorization. Benefits only include non-routine medical office visits and related diagnostic lab and X-ray services, non-elective inpatient services, outpatient substance abuse and mental health services, and short-term rehabilitative services. Applicable copays and/or deductibles apply.	
Value-added features	Direct Care	Select Care
It Fits!, an annual fitness reimbursement (including school and town sports programs, gym memberships, aerobics, Pilates and yoga classes, new home cardiovascular fitness equipment, streaming fitness programs, Peloton® subscriptions and much more!)	\$200 individual/ \$400 family	\$100 individual/ \$100 family
Oh Baby!, a program that provides prenatal vitamins, a convertible toddler car seat, electric breast pump and other "little extras" for expectant parents	Included	
24/7 nurse call line	Included	
Free chronic care management	Included	
Exclusions		
<ul style="list-style-type: none"> Cosmetic surgery Long-term rehabilitative services Custodial confinement Non-prescription drugs and vitamins 	<ul style="list-style-type: none"> Preventive dental/pediatric dental Experimental procedures or services that are not generally accepted medical practice Routine foot care 	

A complete list of benefits, exclusions and services not subject to the deductible is in the *Member Handbook/Evidence of Coverage*, available by request. This is only a summary.

Questions?

If you have any questions, please contact Fallon Customer Service at 1-866-344-4442 (TRS 711), or visit our website at fallonhealth.org/gic.

✓ 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.