

*Effective: November, 2018*

# Product Reference Guide

## Fallon Health Member ID cards

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](http://fallonhealth.org/providers) or contact Provider Relations for further information.



[fallonhealth.org/providers](http://fallonhealth.org/providers) • 1-866-275-3247

# Our PRODUCTS

---

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

**John Sample**  
 ID 0000000000000000  
 RX [Y/N] DB [Y/N]

Limited network



**Direct Care**



**COPAYS**

PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50

Deductibles may apply to certain services.

## Direct Care

- Members must choose a PCP from the Direct Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Members are eligible for Fallon’s Peace of Mind Program™.

**John Sample**  
 ID 0000000000000000  
 RX [Y/N] DB [Y/N]



**Select Care**



**COPAYS**


PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50

Deductibles may apply to certain services.

## Select Care


- Members must choose a PCP from the Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.


**John Sample**  
 ID 0000000000000000  
 RX [Y/N] DB [Y/N]



Fallon Preferred Care

**PPO**





**COPAYS**

PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50


Deductibles and coinsurances apply to certain services.


## 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.

**John Sample**  
 ID 0000000000000000  
 RX [Y/N] DB [Y/N]

Regional/Limited network







**COPAYS**


PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50

Deductibles may apply to certain services.

## Steward Community Care


- Members must choose a PCP from the Steward Community Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

# CUSTOMIZED EMPLOYER GROUP plans

<b>John Sample</b> ID 0000000000000000 RX [Y/N] DB [Y/N]		 A Select Care Network Plan
<b>COPAYS</b> Enhanced/Std PCP office visit      \$ 20/35 Physical exam      \$ 0 Specialist office      \$ 20/50 Emergency room      \$ 100 Same-day surgery      \$ 0% / 20% Inpatient      \$ 0% / 20%		
Deductibles or coinsurance may apply to certain services.		


## 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.

<b>John Sample</b> ID RX              DB		 Total Local Care
<b>COPAYS</b> PCP office visit      \$ Physical exam      \$ Specialist office      \$ Emergency room      \$ Same-day surgery      \$ Inpatient      \$		
Deductibles or coinsurance may apply to certain services.		


## 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.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Members of HHCS 2 ACA are eligible for the Peace of Mind Program™.




<b>John Sample</b> ID 0000000000000000 RX [Y/N] DB [Y/N]		 A Direct Care Network Plan
<b>COPAYS</b> PCP office visit      \$ 15 Physical exam      \$ 0 Specialist office      \$ 25 Emergency room      \$ 100 Same-day surgery      \$ 100 Inpatient      \$ 200		
Deductibles may apply to certain services.		

## 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.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- 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.

<b>John Sample</b> ID 0000000000000000 RX [Y/N] DB [Y/N]		 A Select Care Network Plan
<b>COPAYS</b> Tier 1/2 PCP office visit      \$ 15/20 Physical exam      \$ 0 Specialist office      \$ 25/30 Emergency room      \$ 100 Same-day surgery      \$ 150/300 Inpatient      \$ 250/500		
Deductibles may apply to certain services.		





# CUSTOMIZED EMPLOYER GROUP plans, *continued*

<b>John Sample</b>		
ID	0000000000000000	
RX	[Y/N] DB [Y/N]	  A Select Care Network Plan
<b>COPAYS</b>		
PCP office visit	Tier 1/2 \$ 20/30	
Physical exam	\$ 0	
Specialist office	\$ 40/50	
Emergency room	\$ 150	
Same-day surgery	\$ 10% / 30%	
Inpatient	\$ 10% / 30%	
Deductibles or coinsurance may apply to certain services.		

## The Advantage Plan—Hanover





- Members must choose a PCP from The Advantage Plan—Hanover network, which is based on Fallon’s Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- 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

<b>John Sample</b>		
ID	0000000000000000	
RX	[Y/N] HCO xxx DB [Y/N]	  
<b>COPAYS</b>		
PCP office visit	\$ 15	
Physical exam	\$ 0	
Specialist office	\$ 30	
Emergency room	\$ 100	
Same-day surgery	\$ 250	
Inpatient	\$ 250	
Prescription	\$ 15/30/50	
Deductibles and coinsurance apply to certain services.		





## 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.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Members of Direct Care are eligible for the Peace of Mind Program™.






<b>John Sample</b>		
ID	0000000000000000	
RX	[Y/N] DB [Y/N]	  
<b>COPAYS</b>		
PCP office visit	\$ 15	
Physical exam	\$ 0	
Specialist office	\$ 30	
Emergency room	\$ 100	
Same-day surgery	\$ 250	
Inpatient	\$ 250	
Prescription	\$ 15/30/50	
Deductibles may apply to certain services.		

## Community Care

- Members must choose a PCP from the Community Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- All standard features and programs included.





<b>John Sample</b>		
ID	0000000000000000	
RX	[Y/N] DB [Y/N]	  
<b>COPAYS</b>		
PCP office visit	\$ 15	
Physical exam	\$ 0	
Specialist office	\$ 30	
Emergency room	\$ 100	
Same-day surgery	\$ 250	
Inpatient	\$ 250	
Prescription	\$ 15/30/50	
Deductibles may apply to certain services.		

# MASSHEALTH ACCOUNTABLE CARE ORGANIZATION (ACO) plans

<b>John Sample</b>		
ID	0000000000000000	
RX	[Y/N]	DB [Y/N]
<b>COPAYS</b>		
PCP office visit	\$	0
Physical exam	\$	0
Specialist office	\$	0
Emergency room	\$	0
Same-day surgery	\$	0
Inpatient	\$	0
Prescription	\$	1 / 3.65
MassHealth ID#:		
		   




## 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.

<b>John Sample</b>		
ID	0000000000000000	
RX	[Y/N]	DB [Y/N]
<b>COPAYS</b>		
PCP office visit	\$	0
Physical exam	\$	0
Specialist office	\$	0
Emergency room	\$	0
Same-day surgery	\$	0
Inpatient	\$	0
Prescription	\$	1 / 3.65
MassHealth ID#:		
		  

## 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.

<b>John Sample</b>		
ID	0000000000000000	
RX	[Y/N]	DB [Y/N]
<b>COPAYS</b>		
PCP office visit	\$	0
Physical exam	\$	0
Specialist office	\$	0
Emergency room	\$	0
Same-day surgery	\$	0
Inpatient	\$	0
Prescription	\$	1 / 3.65
MassHealth ID#:		
		 

## 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

<b>John Sample</b>		
ID	0000000000000000	
Health Plan (80840) 7942203101		
<b>COPAYS</b>		
PCP office visit	\$	
Physical exam	\$	
Specialist office	\$	
Emergency room	\$	
Same-day surgery	\$	
Part D Rx Y	RXBIN:	004336
RXPCN:	MEDDADV	
RXGRP:	FCHP	
DB	CMS H9001 xxx	
		  


## 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.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

<p><b>John Sample</b>                  ID 0000000000000000                  Health Plan (80840) 7942203101</p> <p><b>COPAYS</b></p> <p>PCP office visit \$                  Physical exam \$                  Specialist office \$                  Emergency room \$                  Same-day surgery \$</p> <p><b>Part D Rx N</b>                  DB                  CMS H9001 xxx</p>	 <p><b>Fallon Senior Plan™ HMO</b></p>
---	---


### 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.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

<p><b>John Sample</b>                  ID 0000000000000000                  Health Plan (80840) 7942203101</p> <p><b>COPAYS</b></p> <p>PCP office visit \$                  Physical exam \$                  Specialist office \$                  Emergency room \$                  Same-day surgery \$</p> <p><b>Part D Rx Y RXBIN: 004336</b>                  RXPCN: MEDDADV DB x                  RXGRP: FCHP CMS H9001 xxx                  Out-of-network cost-sharing may differ.</p>	 <p><b>Fallon Senior Plan™ HMO-POS</b></p> <p>CVS CAREMARK Part D Services                  MedicareR Prescription Drug Coverage X</p>
---	---


### 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.*

<p><b>John Sample</b>                  ID 0000000000000000                  Health Plan (80840) 7942203101</p> <p><b>COPAYS</b></p> <p>PCP office visit \$                  Physical exam \$                  Specialist office \$                  Emergency room \$                  Same-day surgery \$</p> <p><b>Part D Rx Y RXBIN: 004336</b>                  RXPCN: MEDDADV                  RXGRP: FCHP                  DB CMS H9001 xxx</p>	 <p><b>Fallon Senior Plan™ HMO</b></p> <p>CVS CAREMARK Part D Services                  MedicareR Prescription Drug Coverage X</p>
---	---


### 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.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

<p><b>John Sample</b>                  ID 0000000000000000</p> <p>Providing secondary coverage to Medicare</p>	 <p><b>Fallon Senior Plan™ Medicare Supplement</b></p>
--	---

### Fallon Senior Plan™ Medicare Supplement

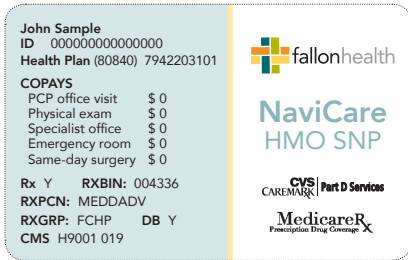
- For individual consumers who are Medicare-eligible.
- Excludes Medicare Part D prescription drug coverage.
- Members are not required to choose a PCP.
- Members may see any provider they choose who accepts Medicare.
- Referrals and prior plan authorizations are not required.

<p><b>John Sample</b>                  ID 0000000000000000</p> <p>Providing secondary coverage to Medicare</p> <p><b>Rx: Y</b></p>	 <p><b>Fallon Companion Care</b></p> <p>CVS caremark</p>
--	---

### Fallon Companion Care™

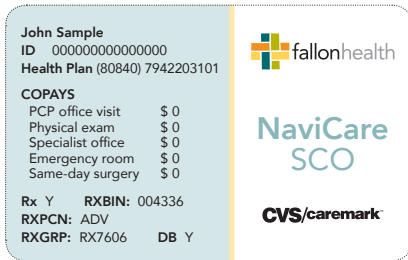
- For Medicare-eligibles with retiree coverage through an employer.
- Members may or may not have prescription drug coverage.
- Members are not required to choose a PCP.
- Members may see any provider, anywhere in the U.S., who accepts Medicare.
- Referrals and prior plan authorizations are not required.

# MASSHEALTH STANDARD ELIGIBLE SENIORS

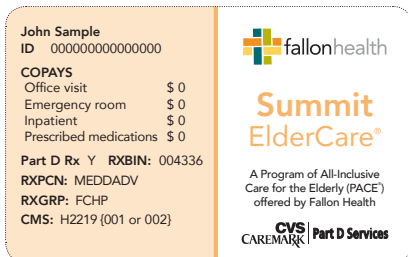


## NaviCare® HMO SNP and NaviCare® SCO

- 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.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- 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.



*Program eligibility and benefits may vary by employer, plan and product. For a list of services that require prior authorization, please refer to our website, [fallonhealth.org/providers](http://fallonhealth.org/providers). See "Managing patient care" in the "Provider Manual" section, then click on "PCP referrals and plan prior authorization process."*