

Direct Care Select Care



West Suburban Health Group (WSHG) Benchmark Plan

Benefit Summary— Benefits effective July 1, 2021

The Fallon Health difference

Fallon Health offers you a choice of 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. And, by offering two plans, Fallon Health gives you the flexibility to choose a network and level of benefits that best fit your health care needs. Plus, you get:

- **A fitness reimbursement: It Fits!**, an annual benefit period fitness reimbursement including streaming fitness programs, Peloton® subscriptions, school and town sports programs, gym memberships, home fitness equipment, Weight Watchers®, Jenny Craig, aerobics, Pilates and yoga classes, ski lift tickets, virtual race fees and even new cardiovascular home fitness equipment!
- **\$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.
- **Preventive dental discounts** for the whole family with participating dentists.

How to receive care:

The Direct Care 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. 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 and southern New Hampshire, giving you a wide choice of health care providers. For a complete list of Direct Care and 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 Fallon Health you must select a PCP. To do this, just complete the section on your Fallon Health 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 and 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 Direct Care or 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 Direct Care or Select Care *Member Handbook/Evidence of Coverage*.

Plan specifics	Direct Care and Select Care	
<p>Benefit period</p> <p>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.</p>	July 1 – June 30	
<p>Deductible</p> <p>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.</p>	\$300 individual \$900 family	
<p>Embedded deductible</p> <p>Please note that once any one member in a family accumulates \$300 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.</p>	\$300	
<p>Deductible carryover</p> <p>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.</p>	Included	
<p>Out-of-pocket maximum</p> <p>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.</p>	\$2,000 individual \$4,000 family	

Benefits	Direct Care	Select Care
Office		
Routine physical exams (according to MHQP preventive guidelines)	\$0	\$0
Office visits (primary care provider)	\$20 per visit	\$20 per visit
Office visits (specialist)	\$60 per visit	\$60 per visit
Office visits (limited service clinics, e.g., Minute Clinic)	\$20 per visit	\$20 per visit
Routine eye exams (one every 12 months)	\$0	\$0
Short-term rehabilitative services (60 visits per benefit period)	\$20 per visit	\$20 per visit
Prenatal care	\$20 first visit only	\$20 first visit only

Benefits	Direct Care	Select Care
Office		
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	Covered in full
Diagnostic lab services Tests and services that are intended to diagnose or check the status of a disease or condition	Covered in full after deductible	Covered in full after deductible
Diagnostic x-ray services Tests and services that are intended to diagnose, check the status of, or treat a disease or condition	Covered in full after deductible	Covered in full 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	Covered in full after deductible
Imaging (CAT, PET, MRI, nuclear cardiology)	\$100 copayment then deductible	\$100 copayment then deductible
Chiropractic care (12 visits per benefit period)	\$20 per visit	\$20 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	
Prescription drugs, insulin and insulin syringes	\$10/\$30/\$65 (30-day supply)	\$10/\$30/\$65 (30-day supply)
Generic contraceptives and contraceptive devices	\$0 (30-day supply)	\$0 (30-day supply)
Brand contraceptives with no generic equivalent (prior authorization required)	With prior authorization: \$0 (30-day supply)	With prior authorization: \$0 (30-day supply)
Brand contraceptives with a generic equivalent (prior authorization required)	Tier 2: \$30 Tier 3: \$65 (30-day supply)	Tier 2: \$30 Tier 3: \$65 (30-day supply)
Prescription medication refills obtained through the mail order program	\$25/\$75/\$165 (90-day supply)	\$25/\$75/\$165 (90-day supply)
Inpatient hospital services		
Room and board in a semiprivate room (private when medically necessary)	\$500 copayment then deductible	\$500 copayment then deductible
Physicians' and surgeons' services	Covered in full after deductible	Covered in full after deductible
Physical and respiratory therapy	Covered in full after deductible	Covered in full after deductible
Intensive care services	Covered in full after deductible	Covered in full after deductible
Maternity care	Covered in full after deductible	Covered in full after deductible
Same-day surgery		
Same-day surgery in a hospital outpatient or ambulatory care setting	\$250 copayment then deductible	\$250 copayment then deductible

Benefits	Direct Care	Select Care
Emergencies		
Emergency room visit	\$100 copayment then deductible (waived if admitted)	\$100 copayment then deductible (waived if admitted)
Dental Discounts		
Exams (twice annually) including cleanings and routine X-rays	\$10 copay	\$10 copay
Fillings (minor restorative) when performed by a general dentist	Variable copay	Variable copay
Sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures when performed by a general dentist	25% to 50% discount	25% to 50% discount
Specialist Services such as periodontist, endodontist or prosthodontics	20% discount	20% discount
Skilled nursing		
Skilled care in a semiprivate room	\$500 copayment then deductible	\$500 copayment then deductible
Substance abuse		
Office visits	\$20 per visit	\$20 per visit
Detoxification in an inpatient setting	Covered in full	Covered in full
Rehabilitation in an inpatient setting	Covered in full	Covered in full
Mental health		
Office visits	\$20 per visit	\$20 per visit
Services in a general or psychiatric hospital	Covered in full	Covered in full
Other health services		
Skilled home health care services	Covered in full after deductible	Covered in full after deductible
Durable medical equipment	Covered in full after deductible	Covered in full after deductible
Medically necessary ambulance services	Covered in full	Covered in full
Benefits		
Value-added features		
It Fits!, an annual benefit period fitness reimbursement for healthy fitness activities such as streaming fitness programs, Peloton® subscriptions, school and town sports programs, gym memberships at the gym of your choice, Weight Watchers®, Jenny Craig®, aerobics, Pilates and yoga classes, virtual race fees and even new cardiovascular home fitness equipment.	\$250 individual \$500 family	\$200 individual \$400 family

Value-added features (continued)

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	Included
Free chronic care management	Included
Free 24/7 nurse call line	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 *Schedule of Benefits*
Routine foot care
Custodial confinement

Some services may require preauthorization. A complete list of benefits and exclusions is in the Direct Care or 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 (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.

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**The Healthy Health Plan incentive payment may be considered taxable income. Please consult your tax advisor for details.*