

# Direct Care Select Care



## West Suburban Health Group WSHG Benchmark Plan

Benefit Summary— *Benefits effective July 1, 2018*

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### The Fallon 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 school and town sports programs, gym memberships, home fitness equipment, Weight Watchers®, aerobics, Pilates and yoga classes)
- **\$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 services** 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](http://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](http://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 and/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 and/or *Select Care Member Handbook/Evidence of Coverage*.

Plan specifics	Direct Care and Select Care	
<p><b>Benefit period</b></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><b>Deductible</b></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><b>Embedded deductible</b></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><b>Deductible carryover</b></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><b>Out-of-pocket maximum</b></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
<b>Office</b>		
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
Preventive services Tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present	Covered in full	Covered in full
Diagnostic services (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 services (non-lab 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
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
<b>Prescriptions</b> <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>		
	<b>Tier 1/Tier 2/Tier 3</b>	
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)
Prilosec OTC, Prevacid 24HR, omeprazole OTC, lansoprazole OTC (prescription required)	\$5	\$5
<b>Inpatient hospital services</b>		
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	\$500 copayment then deductible	\$500 copayment then deductible
Maternity care	\$500 copayment then deductible	\$500 copayment then deductible

<b>Benefits</b>	<b>Direct Care</b>	<b>Select Care</b>
<b>Same-day surgery</b>		
Same-day surgery in a hospital outpatient or ambulatory care setting	\$250 copayment then deductible	\$250 copayment then deductible
<b>Emergencies</b>		
Emergency room visit	\$100 copayment then deductible (waived if admitted)	\$100 copayment then deductible (waived if admitted)
<b>Dental Benefits and Discounts</b>		
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
<b>Skilled nursing</b>		
Skilled care in a semiprivate room	\$500 copayment then deductible	\$500 copayment then deductible
<b>Substance abuse</b>		
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
<b>Mental health</b>		
Office visits	\$20 per visit	\$20 per visit
Services in a general or psychiatric hospital	Covered in full	Covered in full
<b>Other health services</b>		
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	Direct Care	Select Care
<b>Value-added features</b>		
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)	\$250 individual \$500 family	\$200 individual \$400 family
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.	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	
CVS Caremark ExtraCare Health Card – provides 20% discount on 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 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 Web site at [fallonhealth.org](http://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.