

# NaviCare<sup>®</sup> SCO and HMO SNP Summary of Benefits

January 1, 2025–December 31, 2025

The NaviCare service area includes the following Massachusetts counties:

Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire,  
Middlesex, Norfolk, Plymouth, Suffolk, and Worcester



# NaviCare SCO and HMO SNP Summary of Benefits

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## Introduction

This document is a brief summary of the benefits and services covered by NaviCare. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of NaviCare. Key terms and their definitions appear in alphabetical order in the last chapter of the Evidence of Coverage.

## Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ) .....	7
C. List of covered services.....	12
D. Benefits covered outside of NaviCare.....	24
E. Services that NaviCare, Medicare, and MassHealth (Medicaid) do not cover .....	24
F. Your rights as a member of the plan .....	25
G. How to file a complaint or appeal a denied service.....	26
H. What to do if you suspect fraud.....	27



# NaviCare SCO and HMO SNP Summary of Benefits

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## A. Disclaimers



This is a summary of health services covered by Fallon Health's NaviCare program for 2025. This is only a summary. Please read the Evidence of Coverage for the full list of benefits. If you don't have an Evidence of Coverage, call NaviCare Enrollee Services at the number at the bottom of this page to get one. Or you can visit our website, [fallonhealth.org/navicare](http://fallonhealth.org/navicare), and click on the banner titled "Benefits and services."

- Fallon Health is an HMO plan with a Medicare contract and a contract with the Massachusetts Medicaid program. Enrollment in Fallon Health depends on contract renewal. NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS.
- To learn about your MassHealth (Medicaid) plan options, contact MassOptions at 1-800-243-4636, Mon.–Fri., 8 a.m.–5 p.m.
- For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about MassHealth (Medicaid), call 1-800-841-2900. TTY users should call 711.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-255-7108 (TRS 711), 8 a.m.–8 p.m., Mon.–Fri., (7 days a week, Oct. 1–March 31). The call is free.
- This document is available for free in Spanish, and other languages are available upon request.
- Your preferred language, both written and spoken, or request for information in an alternate format is requested by the plan on each enrollment form. Your language preference will be captured and stored in the plan's central operating system as a standing request for future mailings and communications.



## NaviCare SCO and HMO SNP Summary of Benefits

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### Disclaimers *continued*

- Once enrolled, you may change your preferred language or communications format by informing a member of your Care Team or by calling NaviCare Enrollee Services at the number at the bottom of this page.
- Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit [www.mass.gov/estaterecovery](http://www.mass.gov/estaterecovery).



# NaviCare SCO and HMO SNP Summary of Benefits

## Notice of availability of language assistance services and auxiliary aids and services

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-700-6996 (TRS 711) 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). The call is free.

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-700-6996. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-700-6996. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-700-6996。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-700-6996. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-700-6996 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-700-6996번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-700-6996. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1-877-700-6996. سيقوم شخص ما يتحدث العربية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-700-6996 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-700-6996. Un nostro incaricato che parla Italiani fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-700-6996. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.



If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). The call is free. For more information visit [fallonhealth.org/navicare](http://fallonhealth.org/navicare).

# NaviCare SCO and HMO SNP Summary of Benefits

**Haitian Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-700-6996. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-700-6996. Ta usługa jest bezpłatna.

**Khmer:** យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់គិតត្រឹមត្រូវដើម្បីឆ្លើយសំណួរណាមួយ ដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬគម្រោងឱសថរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរសព្ទមកយើងតាមលេខ 1-877-700-6996 ។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសា អាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មមិនគិតថ្លៃ។

**Greek:** Διαθέτουμε δωρεάν υπηρεσίες διερμηνέα για να απαντήσουμε σε οποιοσδήποτε ερωτήσεις μπορεί να έχετε σχετικά με το σχέδιο υγείας ή το σχέδιο φαρμάκων μας. Για να λάβετε υπηρεσίες διερμηνέα, απλώς καλέστε μας στο 1-877-700-6996. Κάποιος που μιλάει Αγγλικά μπορεί να σας βοηθήσει. Αυτή είναι μια δωρεάν υπηρεσία.

**Gujarati:** અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને કોઈ ત્રુટીઓ, સવાલો અથવા માટે અમારી પાસે મફત દુભાષિયા (ઇન્ટરપ્રિટર) સેવાઓ ઉપલબ્ધ છે. દુભાષિયા મેળવવા માટે, અમને 1-877-700-6996 પર કોલ કરો. અંગ્રેજી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

**Laotian:** ພວກເຮົາມີການບໍລິການນາຍແປພາສາພຣີ ເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-877-700-6996. ບຸກຄົນໃດໜຶ່ງທີ່ເວົ້າພາສາອັງກິດໄດ້ຈະສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.

H8928\_240600\_C Approved 08082024

24-676-020 Rev. 00 7/24

# NaviCare SCO and HMO SNP Summary of Benefits

## B. Frequently Asked Questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<b>What is a Senior Care Options plan?</b>	<p>A Senior Care Options plan is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people age 65 and older. A Senior Care Options plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has Navigators to help you manage all your providers and services and supports. They all work together to provide the care you need.</p>
<b>Will I get the same Medicare and MassHealth (Medicaid) benefits in NaviCare that I get now?</b>	<p>You will get most of your covered Medicare and MassHealth (Medicaid) benefits directly from NaviCare. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and Care Team. You may also get other benefits the same way you do now, directly from a State Agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in NaviCare, you and your Care Team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that NaviCare does not normally cover, you can get a temporary supply. We will help you to transition to another drug or get an exception for NaviCare to cover your drug if medically necessary. For more information, call Enrollee Services.</p>



# NaviCare SCO and HMO SNP Summary of Benefits

## Frequently Asked Questions (FAQ) *continued*

Frequently Asked Questions	Answers
<p><b>Can I go to the same doctors I use now?</b></p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with NaviCare and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in NaviCare’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of NaviCare’s plan. Urgent and emergency care services are covered worldwide. Out-of-area dialysis services are only covered at Medicare-certified dialysis facilities anywhere in the United States or its territories.</li> <li>• If you have providers that you go to and they are not in our network, you may continue to see them for the first 90 days of your NaviCare membership, or until you are assessed by your Care Team and your plan of care is implemented, whichever is sooner.</li> </ul> <p>To find out if your providers are in the plan’s network, call Enrollee Services or read NaviCare’s Provider and Pharmacy Directory on the plan’s website at <a href="http://fallonhealth.org/navicare">fallonhealth.org/navicare</a>.</p> <p>If NaviCare is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.</p>
<p><b>What is a NaviCare Navigator?</b></p>	<p>A NaviCare Navigator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need.</p>





## NaviCare SCO and HMO SNP Summary of Benefits

### Frequently Asked Questions (FAQ) *continued*

Frequently Asked Questions	Answers
<p><b>What are Long-term Services and Supports (LTSS)?</b></p>	<p>Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Navigator or Care Team will work with that agency.</p>
<p><b>What is a Geriatric Services Supports Coordinator (GSSC)?</b></p>	<p>A NaviCare GSSC is a person, employed by your local Aging Services Access Point Agency, for you to contact and have on your Care Team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.</p>
<p><b>What happens if I need a service but no one in NaviCare’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, NaviCare will pay for the cost of an out-of-network provider anywhere in the United States and its territories. Urgent and emergency care services are covered worldwide.</p>
<p><b>Where is NaviCare available?</b></p>	<p>The service area for this plan includes: Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties in Massachusetts. You must live in this area to join the plan.</p>



# NaviCare SCO and HMO SNP Summary of Benefits

## Frequently Asked Questions (FAQ) *continued*

Frequently Asked Questions	Answers
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means an approval from NaviCare to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. NaviCare may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care, or out-of-area dialysis services, you don't need to get prior authorization first.</b> NaviCare can provide you or your provider with a list of services or procedures that require you to get prior authorization from NaviCare before the service is provided.</p> <p>Refer to Chapter 3 of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Evidence of Coverage to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Enrollee Services for help.</p>
<p><b>What is a referral?</b></p>	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, NaviCare may not cover the services. NaviCare can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>Refer to the Evidence of Coverage to learn more about when you will need to get a referral from your PCP.</p>



## NaviCare SCO and HMO SNP Summary of Benefits

### Frequently Asked Questions (FAQ) *continued*

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under NaviCare?	No. Because you have MassHealth (Medicaid), you will not pay any monthly premiums to the plan for your health coverage.
Do I pay a deductible as a member of NaviCare?	No. You do not pay deductibles in NaviCare.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of NaviCare?	There is no cost sharing for medical services in NaviCare, so your annual out-of-pocket costs will be \$0.
What if I have Medicare or live in a long-term care facility?	<p>If you have Medicare Part B, you must continue to pay your Part B premium unless it is paid for you by Medicaid or another third party (which cannot be any other comprehensive health insurance).</p> <p>If you are—or become—a resident of a long-term care facility, you must continue to pay your Patient Paid Amount (PPA) to the nursing home. The PPA is the portion of monthly income that a member in a nursing facility must contribute to the cost of care.</p>



## NaviCare SCO and HMO SNP Summary of Benefits

### C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital stay	\$0	Requires prior authorization and PCP referral
	Outpatient hospital services, including observation	\$0	May require prior authorization. Requires PCP referral.
	Ambulatory surgical center (ASC) services	\$0	Requires prior authorization and PCP referral.
	Doctor or surgeon care	\$0	May require prior authorization.
<b>You want a doctor</b>	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	May require prior authorization.
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” (preventive visit one time only)	\$0	Coverage not available to NaviCare SCO members.
	Specialist care	\$0	May require PCP referral and prior authorization.



## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	Worldwide emergency room services are covered without prior authorization.
	Urgent care	\$0	Worldwide urgent care services are covered without prior authorization.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	May require prior authorization and PCP referral.
	Lab tests and diagnostic procedures, such as blood work	\$0	Requires PCP referral.
You need hearing/auditory services	Hearing screenings	\$0	Requires PCP referral. Includes: <ul style="list-style-type: none"> <li>• Routine exam (one per year)</li> <li>• Diagnostic exams</li> </ul>
	Hearing aids	\$0	One hearing aid per ear every 60 months.



## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	\$0	
	Restorative and emergency dental care  (For more information, please see the NaviCare Evidence of Coverage.)  List of dental providers is available online at <a href="http://fallonhealth.org/navicare">fallonhealth.org/navicare</a>	\$0	May require prior authorization. Benefit frequency limits apply.  Includes: <ul style="list-style-type: none"> <li>• Dental X-rays</li> <li>• Fillings, dentures, crowns, extractions, implants, oral surgery, and root canals</li> </ul>
You need eye care	Eye exams	\$0	Routine exam (one per year)
	Glasses or contact lenses	\$0	Includes: <ul style="list-style-type: none"> <li>• One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</li> <li>• Up to two pairs of eyeglasses, contacts, lenses, frames, or upgrades up to the \$403 annual plan coverage limit</li> </ul>
	Other vision care	\$0	Includes: <ul style="list-style-type: none"> <li>• Medicare-covered glaucoma tests</li> <li>• Medicare-covered exams to treat diseases of the eye</li> </ul>



## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p><b>You need behavioral health services</b></p>	<p>Behavioral health services</p>	<p>\$0</p>	<p>Inpatient: Requires prior authorization.</p> <p>For Transcranial Magnetic Stimulation Therapy (TMS), Electro-Convulsive Therapy (ECT), and Intensive Outpatient Therapy (IOP) to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</p>
	<p>Inpatient and outpatient care and community-based services for people who need behavioral health services</p>	<p>\$0</p>	<p>Inpatient: requires prior authorization.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• Outpatient individual or group therapy visit with or without a psychiatrist.</li> <li>• Diversionary services, such as:                             <ul style="list-style-type: none"> <li>○ Observation</li> <li>○ Community support services</li> <li>○ Crisis assessment, intervention, and stabilization</li> <li>○ Psychiatric day treatment</li> </ul> </li> <li>• Behavioral health emergency services</li> <li>• Medication management services</li> <li>• Day treatment residential programs</li> </ul>



## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p><b>You need substance use disorder services</b></p>	<p>Substance use disorder services</p>	<p>\$0</p>	<p>Inpatient: MassHealth (Medicaid) covers your inpatient hospital stay beyond the 90-day limit as medically necessary. Requires prior authorization.</p> <p>Outpatient covered services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Psychotherapy (individual or group therapy visits)</li> <li>• Member education regarding diagnosis and treatment</li> </ul> <p>MassHealth (Medicaid) covers additional services including:</p> <ul style="list-style-type: none"> <li>• Acupuncture                             <ul style="list-style-type: none"> <li>○ Coverage includes unlimited treatments with a network acupuncturist.</li> </ul> </li> <li>• Methadone maintenance</li> <li>• Structured Outpatient Addiction Program</li> <li>• Clinical Support Services</li> <li>• Adult Residential Rehabilitation Services</li> <li>• Program of Assertive Community Treatment (PACT)</li> <li>• Community support services</li> <li>• Crisis assessment, intervention and stabilization</li> </ul>



**If you have questions**, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). The call is free. **For more information** visit [fallonhealth.org/navicare](http://fallonhealth.org/navicare).



## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Requires prior authorization and PCP referral.
	Nursing home care	\$0	Requires prior authorization and PCP referral.  If MassHealth (Medicaid) determines that you have a monthly Patient Paid Amount (PPA), you are responsible for the PPA payments.
	Adult foster care and group adult foster care	\$0	Requires prior authorization and PCP referral.  This may include daily assistance in personal care, managing medication, meals, snacks, homemaking, laundry, and medical transportation from a contracted qualified State-approved Adult Foster Care or Group Adult Foster Care Provider.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Physical and occupational therapy visits beyond the 60th visit each require prior authorization.  Speech language therapy visits beyond the 35th visit require prior authorization.



## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>You need help getting to health services</b>	Ambulance services	\$0	Non-emergency ambulance services require prior authorization.
	Emergency transportation	\$0	Worldwide coverage.
	Transportation to medical appointments and services	\$0	<p>Unlimited rides to medical appointments and places where you receive health care, such as doctor office visits, physical therapy appointments, counseling sessions, and hospital visits.</p> <p>Get rides from Fallon’s partner service, Coordinated Transportation Solutions (CTS)—or from your own friends and family, who can receive reimbursement for mileage of rides that have been pre-approved by CTS.</p>
<b>You need drugs to treat your illness or condition</b>  <i>(continued on the next page)</i>	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Evidence of Coverage for more information on these drugs.



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## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition</b>  <i>(continued from previous page)</i>	Generic drugs (no brand name)  Medicare Part D prescription drugs  Tier 1: Brand name generic drugs	\$0	There may be limitations on the types of drugs covered. Please refer to NaviCare’s List of Covered Drugs (Drug List) for more information.  Extended-day supplies are available for most drugs through mail-order and some retail pharmacies, with zero cost-sharing.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to NaviCare SCO and NaviCare HMO SNP Over-the-Counter and Additional MassHealth Covered Drugs List for more information.
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Cardiac (heart) rehabilitation requires a PCP referral for a maximum of 2 one-hour sessions per day for up to 36 sessions for up to 36 weeks.
	Medical equipment for home care	\$0	Requires prior authorization.
	Dialysis services	\$0	



## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>You need foot care</b>	Podiatry services	\$0	Includes Medicare- and MassHealth (Medicaid)-covered visits, such as those for nail cutting.  Requires prior authorization for services in a nursing home and podiatric surgery.
	Orthotic services	\$0	Requires prior authorization.
<b>You need durable medical equipment (DME)</b>  <b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Enrollee Services or refer to Chapter 4 of the Evidence of Coverage.	Wheelchairs, crutches, and walkers	\$0	Requires prior authorization.
	Nebulizers	\$0	Requires prior authorization.
	Oxygen equipment and supplies	\$0	Requires prior authorization.
<b>You need help living at home</b>  <i>(continued on the next page)</i>	Home health services	\$0	Requires prior authorization and PCP referral.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Requires prior authorization and PCP referral.



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## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help living at home <i>(continued from the previous page)</i>	Adult day health or other support services	\$0	Requires prior authorization and PCP referral. This may include community-based services, such as nursing; assistance with activities of daily living; social; therapeutic; recreation; nutrition at a site outside the home; dementia-specific interaction; and transportation to a NaviCare-contracted adult day health site outside of the home.
	Day habilitation services	\$0	Requires prior authorization and PCP referral. This includes a structured, goal-oriented, active treatment program of medically oriented, therapeutic, and habilitation services for developmentally disabled individuals who need active treatment.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Requires prior authorization and PCP referral.
Additional services <i>(continued on the next page)</i>	Chiropractic services	\$0	
	Diabetes supplies and services	\$0	May require prior authorization. Includes blood glucose monitors and test strips, diabetes self-management training, and footwear.
	Prosthetic services	\$0	Requires prior authorization and PCP referral.



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## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>Additional services</b> <i>(continued on the next page)</i>	Radiation therapy	\$0	Requires prior authorization and PCP referral.
	Services to help manage your disease	\$0	May require prior authorization and PCP referral.
	Fitness reimbursement	Costs above \$400	Up to \$400 per year for a new fitness tracker, new cardiovascular fitness equipment, fitness classes, or a fitness/gym membership.
	Telehealth	\$0	Includes primary care, specialist care, outpatient behavioral health services, outpatient opioid treatment, and outpatient substance use disorder services. 24/7 access to doctors for non-emergency conditions by phone, mobile app, or online.
	Care Connect	\$0	24/7 phone access to registered nurses who will recommend where you should receive care or will connect you to your doctor.
	Non-emergency transportation	\$0	Rides to run errands, visit friends, attend religious services, and more. You have 130 one-way trips (within a 30-mile radius) to use per year.  Get rides from Fallon's partner service, CTS, or your own friends and family who can receive reimbursement for mileage of rides that have been pre-approved by CTS.



If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). The call is free. For more information visit [fallonhealth.org/navicare](http://fallonhealth.org/navicare).

## NaviCare SCO and HMO SNP Summary of Benefits

### List of covered services *continued*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<b>Additional services</b> <i>(continued from the previous page)</i>	Save Now card	Costs above \$275 per quarter	<p>With your preloaded Save Now card, you'll get \$275 each calendar quarter (up to \$1,100/year) to buy items that help keep you healthy like cold/allergy medicine, pain relievers, probiotics, and more. Purchases can be made at stores or by phone or online with free shipping.</p> <p>Each calendar quarter, you can use up to \$100 (up to \$400/year) of your Save Now card funds to purchase healthy food. This benefit provides you flexibility in how you use your Save Now card dollars. It does not provide additional money on your Save Now card. This benefit is only for qualified members who have certain chronic conditions*.</p>

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the NaviCare Evidence of Coverage. If you don't have an Evidence of Coverage, call NaviCare Enrollee Services at the number at the bottom of this page to get one. If you have questions, you can also call NaviCare Enrollee Services or visit [fallonhealth.org/navicare](http://fallonhealth.org/navicare).

\* The \$100 (per calendar quarter) food benefit is part of a special supplemental program for the chronically ill. To qualify, enrollees must have chronic-condition diagnoses documented with Fallon Health, such as cardiovascular disorders, chronic and disabling behavioral health conditions, chronic lung disorders, diabetes, and neurologic disorders. This is not a complete list of eligible chronic conditions. Not all members with an eligible condition will qualify. Other eligibility and coverage criteria also apply.



**If you have questions**, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). The call is free. **For more information** visit [fallonhealth.org/navicare](http://fallonhealth.org/navicare).

## NaviCare SCO and HMO SNP Summary of Benefits

### D. Benefits covered outside of NaviCare

There are some services that you can get that are not covered by NaviCare, but are covered by Medicare, MassHealth (Medicaid), or a State Agency. This is not a complete list. Call Enrollee Services to find out about these services.

Other services covered by Medicare, MassHealth (Medicaid), or a State Agency	Your costs
Certain hospice care services covered outside of NaviCare	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0

### E. Services that NaviCare, Medicare, and MassHealth (Medicaid) do not cover

This is not a complete list. Call Enrollee Services to find out about other excluded services.

Services NaviCare, Medicare, and MassHealth (Medicaid) do not cover	
All services, procedures, treatments, medications, and supplies related to Workers' Compensation claims	
Elective or voluntary enhancement procedures	Includes weight loss procedures.
Functional medicine services/procedures and supplies (including labs and supplements)	Includes alternative, holistic, and naturopathic medicine.
Radial keratotomy and LASIK surgery	
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or television	





## F. Your rights as a member of the plan

As a member of NaviCare, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Evidence of Coverage. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Navigator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. NaviCare will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan



## NaviCare SCO and HMO SNP Summary of Benefits

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- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior approval in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with MassHealth (Medicaid) by calling MassHealth (Medicaid) Customer Service at 1-800-841-2900. TTY users should call 711. The NaviCare website, [fallonhealth.org/navicare](http://fallonhealth.org/navicare) has information about filing an appeal.
  - Ask for an independent medical review of MassHealth (Medicaid) services or items that are medical in nature
  - Appeal certain decisions made by MassHealth (Medicaid) or our providers
  - Ask for a State Hearing.
  - Get a detailed reason for why services were denied.

For more information about your rights, you can read the Evidence of Coverage. If you have questions, you can call NaviCare Enrollee Services.

You can also call My Ombudsman at 1-855-781-9898 (or use MassRelay at 711 to call 1-855-781-9898 or Videophone (VP) 1-339-224-6831).

### G. How to file a complaint or appeal a denied service

If you have a complaint, or think NaviCare should cover something we denied, call Enrollee Services. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the Evidence of Coverage. You can also call NaviCare Enrollee Services.



### H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at NaviCare Enrollee Services. The phone number is listed at the bottom of this page.
- Or, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900; TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227); TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call NaviCare Enrollee Services:

**1-877-700-6996**

Calls to this number are free. Representatives are available 8 a.m.–8 p.m., Monday–Friday, (7 days a week Oct. 1–March 31).

During all other times, callers may leave a voicemail.

Messages will be returned the following business day.

Enrollee Services also has free language interpreter services available for non-English speakers.

**TRS 711**

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free and available 24/7.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Care Connect. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room.)

The number for Care Connect is:

**1-800-609-6175**

Calls to this number are free and available 24/7. NaviCare also has free language interpreter services available for non-English speakers.

**TTY: 1-800-848-0160**

Calls to this number are free and available 24/7.

If you need immediate behavioral health care, please call the Emergency Services Program/Mobile Crisis Intervention line:

**1-877-382-1609**

Calls to this number are free and available 24/7. NaviCare also has free language interpreter services available for non-English speakers.

**TTY: 1-800-249-9949**

Calls to this number are free and available 24/7.

