Effective: May 2024

Product Reference Guide

Fallon Health Member ID cards

At Fallon Health, our priority is making sure our members get the care they need and deserve.

And that's why we're proud to partner with providers like you who offer high-quality care.

At Fallon Health, it's our goal to keep you informed about our products, policies, and member benefits. This guide is designed to help you identify Fallon Health'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, or contact Provider Relations for further information.

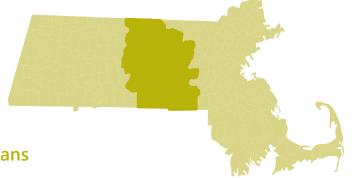




Our products

The checked boxes indicate the Fallon Health plans you are contracted for as of	_//_	
Your Provider Relations Representative will mark the contracted plans and date. Pleas	e call Provi	der
Relations at 1-866-275-3247, prompt 4, if you have additional questions.		
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Fallon Medicare Plus™ Central



Limited network Medicare Advantage HMO plans

Fallon Medicare Plus Central Medicare Advantage plans provide members with more coverage than Original Medicare alone. These HMO limited network plans are exclusively for Medicare beneficiaries who live in Worcester County.

Some important things to note about Fallon Medicare Plus Central:

- There are two Medicare Advantage plan options—Green and Blue.
- Members must choose a primary care provider (PCP) from the Fallon Medicare Plus Central HMO network, which includes Reliant Medical Group, Heywood Hospital and providers, Saint Vincent Hospital, select Steward Health Care providers, and other select contracted providers.
- Members must receive PCP referrals for specialty care within the Fallon Medicare Plus Central HMO network of providers.
- \$0 in-network annual wellness visit and \$0 annual supplemental physical exam.
- No medical deductible.
- Use the procedure code look-up tool available on fallonhealth.org/ providertools/ProcedureCodeLookup to determine authorization requirements for office and facility-based procedures.
- Both plans include Medicare Part D prescription drug coverage.

Fallon Medicare Plus Central members have the SilverSneakers® fitness benefit, which gives members access to free online videos and classes as well as a free gym membership to select facilities. Both plans include a Benefit Bank—up to \$500/year* that can be used to pay for dental care, eyewear, fitness memberships, and hearing aids.



*Central Blue Benefit Bank is \$250; Central Green Benefit Bank is \$500. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

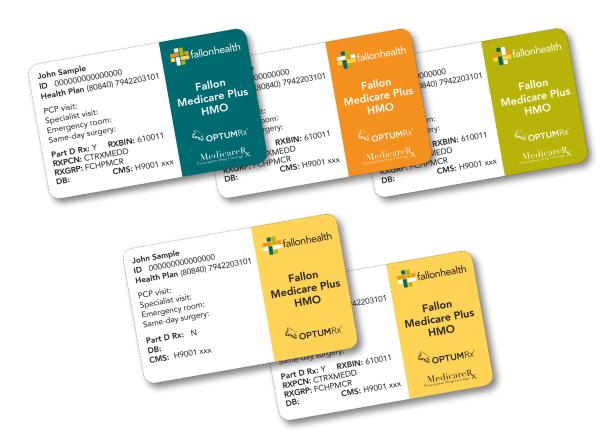
Fallon Medicare Plus™

Medicare Advantage HMO plans

Fallon Medicare Plus Medicare Advantage plans provide members with more coverage than Original Medicare alone. This HMO network plan is for Medicare beneficiaries across the state—from Boston to the Berkshires.

Some important things to note about Fallon Medicare Plus:

- Fallon Medicare Plus is for Medicare beneficiaries who live in our service area[†].
- There are five Medicare Advantage plans—
 - Fallon Medicare Plus Super Saver HMO
 - · Fallon Medicare Plus Saver No Rx HMO, and
 - Fallon Medicare Plus Orange, Green, and Blue HMO plans
- Fallon Medicare Plus Super Saver HMO and Fallon Medicare Plus Saver No Rx HMO members will have a yellow ID card. All other member ID cards will correlate to the color of that member's plan.



- Members must choose a PCP from the Fallon Medicare Plus HMO network.
- · Members must receive PCP referrals for specialty care within the Fallon Medicare Plus HMO network of providers.
- \$0 annual wellness visit and \$0 annual supplemental physical exam.
- · No medical deductible.
- Use the procedure code look-up tool available on fallonhealth.org/providertools/ProcedureCodeLookup to determine authorization requirements for office and facility-based procedures.
- Most plans include Medicare Part D prescription drug coverage.

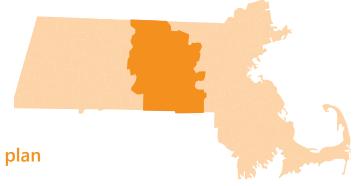
All Fallon Medicare Plus members, with the exception of the Orange plan, have the SilverSneakers® fitness benefit, which gives members access to free online videos and classes as well as a free gym membership to select facilities. Members of the Saver No Rx HMO, Orange, Green, and Blue plans can use their Benefit Bank—up to \$1,000/year*—to pay for dental care, eyewear, fitness memberships, and hearing aids.



†The Fallon Medicare Plus service area includes all of Massachusetts except Dukes and Nantucket counties. *Amounts vary between \$250 and \$1,000 by plan.

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Fallon Medicare Plus™ Central Premier



A limited network Medicare Advantage HMO plan for employer or union groups

Fallon Medicare Plus Central Premier is a Medicare Advantage plan that provides members with more coverage than Original Medicare alone. This HMO limited network plan is for Medicare beneficiaries who receive coverage through an **employer group or union**. This network option is exclusively for Medicare members who live in Worcester County.

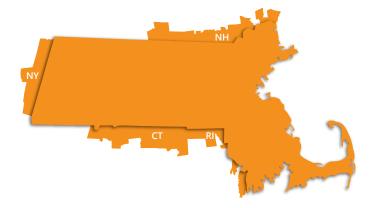
Some important things to note about Fallon Medicare Plus Central Premier:

- Members must choose a PCP from the Fallon Medicare Plus Central Premier HMO network, which
 includes Reliant Medical Group, Heywood Hospital and providers, Saint Vincent Hospital, select Steward
 Health Care providers, and other select contracted providers. They must receive PCP referrals for specialty
 care within the Fallon Medicare Plus Central Premier network of providers.
- \$0 annual wellness visit and \$0 annual supplemental physical exam.
- Most plans have a \$0 medical deductible.
- Use the procedure code look-up tool available on fallonhealth.org/providertools/ProcedureCodeLookup to determine authorization requirements for office and facility-based procedures.
- Plans include Medicare Part D prescription drug coverage.

Fallon Medicare Plus Central Premier members have the SilverSneakers® fitness benefit, which gives members access to free online videos and classes as well as a free gym membership to select facilities. All Central Premier plans also include a Benefit Bank with \$500/year that can be used to pay for dental care, eyewear, fitness memberships, and/or hearing aids.



Fallon Medicare Plus™ Premier



A Medicare Advantage HMO

Fallon Medicare Plus Premier is a Medicare Advantage plan that provides members with more coverage than Original Medicare alone. This HMO network plan is for Medicare beneficiaries who receive coverage through an **employer group or union**. The program service area includes Massachusetts as well as some cities and towns outside of the state.

Some important things to note about Fallon Medicare Plus Premier:

- Members must choose a PCP from the Fallon Medicare Plus Premier HMO network.
- Members must receive PCP referrals for specialty care within the Fallon Medicare Plus Premier HMO network of providers.
- \$0 annual wellness visit and \$0 annual supplemental physical exam.
- Most plans have a \$0 medical deductible.¹
- Use the procedure code look-up tool available on fallonhealth.org/providertools/ProcedureCodeLookup to determine authorization requirements for office and facility-based procedures.
- Plans include Medicare Part D prescription drug coverage.

Fallon Medicare Plus Premier members have the SilverSneakers® fitness benefit, which gives members access to free online videos and classes as well as a free gym membership to select facilities. All Premier plans include a Benefit Bank with \$250/year that can be used to pay for dental care, eyewear, fitness memberships, and/or hearing aids.

John Sample ID 000000000000000 Health Plan (80840) 7942203101

Specialist visit: Emergency room: Same-day surgery: Part D Rx: Y RX

RXPCN: CTRXMEDD RXGRP: FCHPEGWP

CMS: H9001 xxx

fallonhealth

¹ Members who receive coverage through the City of Worcester are subject to a \$300 deductible, per benefit period, for inpatient hospital care and inpatient psychiatric hospital services.

Fallon Medicare Plus™ Supplement



Medigap plan options

With Fallon's Medicare Supplement (Medigap) plans—FMP Supplement Core, FMP Supplement 1A, and FMP Supplement 1—members have the freedom to see the providers they want to see, when they want to see them. There are no network restrictions and little-to-no out-of-pocket expenses. No PCP. No referrals. No copayments.

Some important things to note about Fallon Medicare Plus Supplement plans:

- For individual consumers who are Medicare-eligible.
- Excludes Medicare Part D prescription drug coverage.
- Members may see any provider they choose who accepts Medicare.

Fallon Medicare Plus Supplemental plan members get:

- SilverSneakers, includes a free gym membership and access to online classes, workouts, and instructional videos.
- \$150 towards eyewear every year, plus an annual eye exam at no extra cost.
- Care Connect offers 24/7 phone access to registered nurses who will recommend where you should receive care or will help connect you to your doctor.



Community Care

Fallon Health's affordable Health Connector plans for individuals and small groups in Berkshire, Middlesex, Suffolk, and Worcester counties, parts of Norfolk County, and in one town in Bristol County (Mansfield)

Fallon Health's Community Care is a limited network plan that was designed for the subsidized and unsubsidized individual and small group markets available on the Massachusetts Health Connector.

Some important things to note about Community Care:

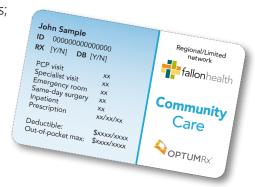
- The Community Care network includes:
 - Athol Memorial Hospital
 - Baystate Medical Center
 - Berkshire Health Systems— Berkshire Medical Center
 - Berkshire Health Systems—Fairview Hospital
 - Beth Israel Deaconess Medical Center (Needham and Boston)
 - Boston Medical Center
 - Boston Children's Hospital
 - Cambridge Health Alliance—Cambridge Hospital
 - Cambridge Health Alliance—Everett Hospital
 - Henry Heywood Memorial Hospital

- Lowell General PHO
- MelroseWakefield Hospital
- MetroWest Medical Center—Framingham
- Milford Regional Medical Center
- Mount Auburn Hospital
- New England Baptist Hospital
- Saint Vincent Hospital
- Tufts Medical Center
- UMass Memorial—Clinton Hospital
- UMass Memorial—HealthAlliance Hospitals
- UMass Memorial—Marlborough Hospital
- Other local providers
- Members of Community Care must choose a PCP from the Community Care network and must receive PCP referrals for specialty care within the Community Care network of providers. Members don't need a referral to see a Reliant Medical Group specialist if they have a Reliant Medical Group PCP.
- \$0 annual wellness visits are included with this plan.
- Community Care members receive free annual wellness visits and eye exams; have access to It Fits!, our fitness reimbursement program; Oh Baby!, which provides free prenatal vitamins, electric breast

pumps, convertible car seats, and other free gifts for expectant parents; CareConnect, our 24/7 nurse call line; and other benefits and services to stay healthy.

 With a prior authorization from the plan, members may receive medically necessary services that are not available at a Community Care facility from UMass Memorial for tertiary care.

Program eligibility and benefits may vary by employer, plan, and product.



Accountable Care Organization (ACO) for MassHealth eligible members

Definitions

Accountable Care Organizations (ACOs) – a group of doctors, hospitals, and other health care providers, who come together voluntarily to provide better, more coordinated care, and better patient experience for an assigned patient population.

Accountable Care Organization Partner (ACO Partner) – PCPs and a health plan. Hospitals, specialists, behavioral health providers, long-term support services, and social service providers may join or partner with an ACO.

Accountable Care Partnership Plan – a partnership among Fallon Health and the doctors, hospitals, and other health care providers from our ACO provider partners (e.g., Reliant Medical Group, Berkshire Health Systems, Atrius Health, etc.).

Affiliate providers – providers who are not members of the ACO but have formally agreed to participate in the ACO network and provide specialty care to ACO members who are referred to them by Core Providers.

Core Providers – providers who have specifically joined the ACO and maintain responsibility for providing better, more coordinated care for the assigned ACO member population.

Network Provider or Provider – an appropriately credentialed and licensed individual, facility, agency, institution, organization, or other entity that has an agreement with the contractor, or any subcontractor, for the delivery of services covered under the contract.

Provider Network – the collective group of network providers who have entered into provider contracts with the contractor for the delivery of ACO covered services. This includes, but is not limited to, primary care, behavioral, pharmacy, and ancillary service providers.

Berkshire Fallon Health Collaborative



An Accountable Care Organization (ACO) for MassHealth eligible members

Berkshire Fallon Health Collaborative (BFHC) is a MassHealth ACO—a partnership between Fallon Health and Partnership for Health in the Berkshires PHO, which includes Berkshire Health Systems, Inc., Community Health Programs, Inc., and the majority of Berkshire County community physician practices. Fallon Health is a leading health care services company that has been providing care to MassHealth members for over 45 years. Its mission is, *Improving health and inspiring hope*. Members of BFHC will have all their health care managed by their PCPs.

Some important things to note about Berkshire Fallon Health Collaborative:

- Members receive most of the same services covered under the MassHealth program, plus additional benefits and healthy "extras" offered by Fallon Health.
- This plan provides services for substance use disorder and mental health benefits.
- Members have access to the Oh Baby! program, which offers a free convertible toddler car seat to
 expecting parents. Plus, women who are pregnant receive reimbursement for completed childbirth or
 sibling classes and other free educational resources.
- Members receive support and counseling services for tobacco addiction through Fallon Health's Quit to Win program.
- Case Management programs are available for those with complex conditions, and Disease Management programs for heart disease, diabetes, chronic obstructive pulmonary disease, and asthma.
- This plan offers Teladoc®, a benefit allowing your patients to speak with a U.S. board-certified doctor by phone, video or mobile app—just in case they can't get in touch with you for non-emergent situations.
- Members must choose a PCP from the 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.
- Fallon Health will allow 30 days for a retroactive entry of a PCP referral.

Visit fallonhealth.org/Berkshires for more information.



Members are not eligible for It Fits! or infertility treatment.

Fallon 365 Care

An Accountable Care Organization (ACO) for MassHealth eligible members



Fallon 365 Care is a MassHealth ACO—a partnership between Fallon Health and Reliant Medical Group. As a MassHealth ACO, Fallon 365 Care is responsible for coordinating member care, enhancing the role of the Primary Care Provider (PCP), and delivering a more integrated and improved member experience. The Fallon 365 Care service area includes cities and towns in Worcester, Middlesex, Hampden, and Norfolk counties.

The Fallon 365 Care provider network consists of all Reliant Medical Group (RMG), in addition to a small affiliate network of providers.

Some important things to note about Fallon 365 Care:

- Members receive most of the same services covered under the MassHealth program, plus additional benefits* and healthy "extras" offered by Fallon Health.
- This plan provides services for substance use disorder and mental health benefits.
- Members have access to the Oh Baby! program, which offers a free convertible toddler car seat to
 expecting parents. Plus, women who are pregnant receive reimbursement for completed childbirth or
 sibling classes and other free educational resources.
- Members receive support and counseling services for tobacco addiction through Fallon Health's Quit to Win program.
- Case Management programs are available for those with complex conditions, and Disease Management programs for heart disease, diabetes, chronic obstructive pulmonary disease, and asthma.
- This plan offers Teladoc[®], a benefit allowing your patients to speak with a U.S. board-certified doctor by phone, video or mobile app—just in case they can't get in touch with you for non-emergent situations.
- Members must choose a PCP from the Fallon 365 Care primary network.
- Fallon 365 Care affiliated providers will require a referral which is generated out of ProAuth by the PCP.
- Fallon Health will allow 30 days for a retroactive entry of a PCP referral.
- Out-of-network services require prior authorization.

Visit fallonhealth.org/365care for more information.



^{*}Members are not eligible for It Fits! or infertility treatment.

Fallon Health-Atrius Health Care Collaborative (FACC)



An Accountable Care Organization (ACO) for MassHealth eligible members

Fallon Health-Atrius Health Care Collaborative (FACC) is a MassHealth ACO—a partnership between Fallon Health and Atrius Health. As a MassHealth ACO, FACC is responsible for coordinating member care, enhancing the role of the Primary Care Provider (PCP), and delivering a more integrated and improved member experience. The FACC service area includes cities and towns in Worcester, Middlesex, Essex, Suffolk, Norfolk, and Plymouth counties.

The FACC provider network consists of all Atrius Health, in addition to a small affiliate network of providers.

Some important things to note about Fallon Health-Atrius Health Care Collaborative:

- Members receive most of the same services covered under the MassHealth program, plus additional benefits* and healthy "extras" offered by Fallon Health.
- The plan provides services for substance use disorder and mental health benefits.
- Members have access to the Oh Baby! Program, which offers a free convertible toddler car seat to
 expecting parents. Plus, women who are pregnant receive reimbursement for completed childbirth or
 sibling classes and other free educational resources.
- Members receive support and counseling services for tobacco addiction through Fallon Health's Quit to Win program.
- Case Management programs are available for those with complex conditions, and Disease Management programs for heart disease, diabetes, chronic obstructive pulmonary disease, and asthma.
- The plan offers Teladoc®, a benefit allowing your patients to speak with a U.S. board-certified doctor by phone, video or mobile app—just in case they can't get in touch with you for non-emergent situations.
- Members must choose a PCP from the FACC primary network.
- FACC affiliated providers will require a referral which is generated out of ProAuth by the PCP's office.
- Fallon Health will allow 30 days for a retroactive entry of a PCP referral.
- Out-of-network services require prior authorization.

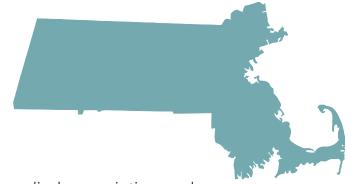
Visit fallonhealth.org/atriushealth for more information.



^{*}Members are not eligible for It Fits! or infertility treatment.

NaviCare®

A Senior Care Options program and Medicare Advantage Special Needs Plan



NaviCare SCO and HMO SNP provide coordinated medical, prescription, and support care for people who are 65 or older, live in the service area, and have, or are eligible for, MassHealth Standard. Additionally, they can't be enrolled in another health insurance plan, except Medicare. The NaviCare service area includes all of Massachusetts, with the exception of Dukes and Nantucket counties.

Some important things to note about NaviCare:

- NaviCare SCO is for those enrolled in, or eligible for, MassHealth Standard. NaviCare HMO SNP is for members who are enrolled in Medicare Parts A and B, and enrolled in, or eligible for, MassHealth Standard. Both plans offer the same coverage and benefits.
- NaviCare includes all MassHealth Standard and Medicare Parts A, B, and D (Rx) covered benefits, items, and services—plus more.
- Members do not pay a plan premium, copayments, or coinsurance.
- Members must choose a PCP from the NaviCare network, and they must receive PCP referrals for specialty care within the NaviCare network of providers.
- Members of the Care Team work in tandem with you to help your patients meet their health goals.
 The Care Team gives you professionals to consult with and a coordinated care plan to reference, to have the best information possible for your patients.
- NaviCare includes unlimited free rides to and from medical appointments and other places where members receive health care. It also includes free rides to visit friends, run errands, attend religious services, and more—up to 140 one-way trips per year.
- Behavioral Health Case Managers are also members of the Care Team when needed, making sure that NaviCare members' behavioral health needs are addressed and met.



Summit ElderCare®

Fallon Health's PACE program

Summit ElderCare is a Program of All-Inclusive Care for the Elderly (PACE) that provides medical care, social supports, adult day health, in-home services, transportation, and health insurance in one convenient program—for people who are age 55 and older, and who qualify for a nursing home level of care. The program allows participants to stay in their homes and have social ties to their communities while providing them with the coordinated medical attention they need.

Program participants have access to a PACE Center (there are several Summit ElderCare PACE Centers across the state) where on-site medical care is available. Our PACE Centers also provide adult day health services that include specialized activities and areas for those with Alzheimer's disease, dementia, or other cognitive impairments.

To be eligible, a potential participant must live in our service area. Service area details are available at fallonhealth.org/PACE.

Some important things to note about Summit ElderCare:

- The program is available to any person who is 55 years and older, lives in the service area, meets the Medicaid nursing facility clinical eligibility criteria, and is able to live safely at home as determined by the Summit ElderCare Interdisciplinary Care Team.
- Participants do not pay copayments, coinsurance, or deductibles for approved care.
- Care is administered by providers who have a contract with Summit ElderCare—except emergency care.
- In an emergency, participants should go to the nearest emergency room for care.
- Participants receive most medical care and services at a Summit ElderCare PACE Center, where medical, nursing, rehabilitation, and personal care needs are coordinated.
- Out-of-network care requires prior authorization.
- Participants receive 100% coverage for hospitalization and all medically necessary prescription drugs, as authorized by the Interdisciplinary Care Team.
- Participants and their caregivers also receive 24-hour telephone access to a member of their Care Team.





Important information for all Fallon Health plans

- Use the procedure code look-up tool available on fallonhealth.org/providertools/
 ProcedureCodeLookup to determine authorization requirements for office and facility-based procedures.
- The PCP or specialist must obtain prior authorization, and the facility must provide notification to Fallon Health.



fallonhealth.org/providers • 1-866-275-3247

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