Community Care Connector Low Silver HSA

Benefit Summary—Benefits effective January 1, 2027

The Fallon Health difference

With Community Care Connector Platinum, you get:

- **A fitness reimbursement** of up to $150 per policy that can be used for gym memberships at the gym of your choice with no limitations, streaming fitness programs, Peloton subscriptions, school and town sports fees, home fitness equipment, exercise classes, ski lift tickets, and more!
- **$0 copayments for routine physical exams** and other preventive services, including mammograms, cholesterol screenings and immunizations.
- **$0 copayments for routine annual eye exams.**
- **Pedi-Dental**: dental benefits for members under age 19 included.
- **Pedi-Glasses**: One designated set, once per calendar year.
- **Telehealth**: This plan covers certain services delivered via telehealth by plan providers. Members also get 24/7 access to a national network of U.S. board-certified doctors from an approved telehealth vendor to discuss non-emergency conditions by phone, mobile device or online.

How to receive care:

Members have access to network benefits only from the providers in Community Care. Please consult the Fallon Health Community Care provider directory; a paper copy can be requested by calling Customer Service at 1-800-868-5200, or visit the provider search tool at fallonhealth.org to determine which providers are included in Community Care.

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 Community Care Connector Low Silver HSA, 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 Community Care network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your Community 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 Community Care Member Handbook/Evidence of Coverage.

Plan specifics	
Benefit period 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.	Varies by account
Deductible 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.	$3,000 individual $6,000 family
Embedded deductible Please note that once any one member in a family accumulates $3,500 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.	$3,500
Deductible carryover 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.	Excluded
Out-of-pocket maximum 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 does not include your premium charge or any amounts you pay for services that are not covered by the plan.	$8,700 individual $17,400 family
Benefits	**Your cost**
Office	
Routine physical exams (according to MHQP* preventive guidelines)	$0
Primary care visits to treat an injury or illness (in-person or by telehealth) *(If you choose to get these services by telehealth, you must use a plan provider who offers the service by telehealth.)*	$30 copayment per visit after deductible
Specialist visits (in-person or by telehealth) *(If you choose to get these services by telehealth, you must use a plan provider who offers the service by telehealth.)*	$60 copayment per visit after deductible
Urgent care	$60 copayment per visit after deductible
Routine eye exams (adult routine eye exams, once in each 12-month period; pediatric routine eye exams, once per calendar year)	$0
Telehealth visits for non-emergency conditions by an approved telehealth vendor *(For more information on covered telehealth services, consult your Community Care Member Handbook/Evidence of Coverage)*	$30 copayment per visit after deductible
Short-term rehabilitative services (physical and occupational therapy, limited to 60 visits combined per benefit period)	$60 copayment per visit after deductible

*Massachusetts Health Quality Partners. Guidelines are available here: https://fallonhealth.org/members/commercial/benefits-coverage/clinical-guidelines

Benefits	Your cost
Office	
Prenatal care	$0
Preventive services Tests, immunizations and services to help screen for diseases and improve early detection when symptoms or diagnosis are not present	$0
Diagnostic lab services Tests and services that are intended to diagnose or check the status of a disease or condition	$60 copayment after deductible
Diagnostic x-ray services Tests and services that are intended to diagnose, check the status of, or treat a disease or condition	$75 copayment 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
Diagnostic breast exam by mammogram, digital breast tomosynthesis, breast magnetic resonance imaging or breast ultrasound *(prior authorization required for certain covered services)*	Covered in full after deductible
Imaging (CAT, PET, MRI, Nuclear Cardiology) *(prior authorization required for certain covered services)*	$500 copayment after deductible
Chiropractic care	$30 copayment per visit after deductible
Prescriptions	
Prescription drugs, insulin and insulin syringes (30-day supply) *Please note: Certain medications to treat chronic conditions, including insulin, are covered at $0 for generic drugs or a maximum copay of $25 per 30-day supply for brand name drugs. For more information, please visit the "Online drug formulary" on fallonhealth.org or call Customer Service.*	**Tier 1:** $30 copayment after deductible
	Tier 2: $60 copayment after deductible
	Tier 3: $105 copayment after deductible
Generic contraceptives and contraceptive devices (30-day supply)	$0
Brand contraceptives with no generic equivalent *(prior authorization required)* (30-day supply)	$0
Brand contraceptives with a generic equivalent *(prior authorization required)* (30-day supply)	**Tier 3:** $105 copayment after deductible
Prescription medication refills obtained through the mail order program (90-day supply)	**Tier 1:** $60 copayment after deductible
	Tier 2: $120 copayment after deductible
	Tier 3: $315 copayment after deductible

Benefits	Your cost
Inpatient hospital services *(Prior authorization required for certain covered services)*	
Room and board in a semiprivate room (private when medically necessary)	$750 copayment per admission after deductible
Inpatient hospital care including, but not limited to, physician and surgeon services, physical and respiratory therapy, and intensive care services.	Covered in full after deductible
Childbirth/Inpatient maternity and newborn care	$750 copayment per admission after deductible
Same-day surgery	
Same-day surgery in a hospital outpatient or ambulatory care setting *(prior authorization required for certain covered services)*	$500 copayment per visit after deductible
Emergencies	
Emergency room visit	$300 copayment per visit after deductible (waived if admitted)
Skilled nursing	
Skilled care in a semiprivate room	$750 copayment per admission after deductible
Mental health and substance use services *(Prior authorization required for certain covered services)*	
Office visits (in-person or by telehealth) *(If you choose to get these services by telehealth, you must use a plan provider who offers the service by telehealth.)*	$30 copayment per visit after deductible
Detoxification in an inpatient setting	$750 copayment per admission after deductible
Rehabilitation in an inpatient setting	$750 copayment per admission after deductible
Services in a general or psychiatric hospital	$750 copayment per admission after deductible
Other health services	
Skilled home health care services *(prior authorization required for certain covered services)*	Covered in full after deductible
Durable medical equipment *(prior authorization required for certain covered services)*	20% coinsurance after deductible
Medically necessary ambulance services	Covered in full after deductible
Postpartum home care visit (prior authorization required beyond the first visit)	Covered in full after deductible
Value-added features	
It Fits!, an annual benefit period fitness reimbursement (including streaming fitness programs, Peloton subscriptions, school and town sports programs, gym memberships, new cardiovascular home fitness equipment, WW® WeightWatchers, Noom weight loss program, registration costs for Jenny Craig, aerobics, Pilates, yoga classes and more).	$150 per policy

Value-added features	
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’s cost transparency tool	Included
Free 24/7 nurse call line	Included
Free chronic care management	Included
Free stop-smoking program	Included
Free online access to health and wellness encyclopedia	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 your *Schedule of Benefits*
Routine foot care except when the care is medically necessary for members with systemic circulatory disease
Custodial confinement

Some services may require prior authorization. A complete list of benefits and exclusions is in the Fallon Health Community 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 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.
Noom® products such as Noom Med and weight loss medications are not eligible for reimbursement.
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