

Out-of-pocket maximum guidelines

Effective January 1, 2021

An out-of-pocket maximum (OOPM) is the limitation on the amount of money a member will have to spend for specified covered health services in a benefit year. Items which count toward the out-of-pocket maximum vary depending on the product and plan design. Products with an OOPM also have an "embedded OOPM." An embedded OOPM is the most any one member of a family will pay toward the OOPM.

Example: A family of four is enrolled in Direct Care Deductible 1250. When one member of the family has reached the \$8,550 embedded OOPM, they will no longer be required to pay deductibles, copayments or coinsurance for services. The remaining family members will need to pay deductibles, copayments or coinsurance for these services until the family reaches the \$17,100 family OOPM.

Please note: The list below pertains to standard plan designs only. Large employer groups may customize OOPM amounts as well as what items apply toward the OOPM. Please contact Fallon Health for specific plan details.

Network	Plan name	Individual deductible	Family deductible	Embedded deductible	Individual OOPM	Family OOPM	Embedded OOPM	Items toward OOPM			
Direct Care and Select Care	Copay 1000	Not applicable			\$4,000	\$8,000	\$4,000	Coinsurance, all copayments			
	Deductible 1250	\$1,250	\$2,500	\$1,250	\$8,550	\$17,100	\$8,550	Deductible, coinsurance, all copayments			
	Deductible 2000 High	\$2,000	\$4,000	\$2,800							
	Deductible 3000 High	\$3,000	\$6,000	\$3,000							
	Deductible 2000 Low	\$2,000	\$4,000	\$2,800							
	Bronze Deductible 3000 Low	\$3,000	\$6,000	\$3,000							
	Bronze Deductible 5000 Low	\$5,000	\$10,000	\$5,000							
	Deductible 5000 Low	\$5,000	\$10,000	\$5,000							
	QHD 2000 HSA	\$2,000	\$4,000	\$2,800					\$7,000	\$14,000	\$7,000
	QHD 3000 HSA	\$3,000	\$6,000	\$3,000							
Fallon Preferred Care	Deductible 2000 Low	\$2,000 (in-network)	\$4,000 (in-network)	\$2,800 (in-network) \$5,600 (out-of-network)	\$8,550 (in-network) \$8,550 (out-of-network)	\$17,100 (in-network) \$17,100 (out-of-network)	\$8,550 (in-network) \$8,550 (out-of-network)	In-network and out-of-network: deductible, coinsurance, all copayments			
	QHD 2000 HSA	\$2,000 (out-of-network)	\$4,000 (out-of-network)	\$2,800 (in-network) \$5,600 (out-of-network)	\$7,000 (in-network) \$7,000 (out-of-network)	\$14,000 (in-network) \$14,000 (out-of-network)	\$7,000 (in-network) \$7,000 (out-of-network)				

Direct Care provides access to a network that is smaller than the Select Care network. In this plan, members have access to network benefits only from the providers in their respective network. Please consult the respective provider directory—paper copies can be requested by calling our Customer Service Department at 1-800-868-5200—or visit the provider search tool at fallonhealth.org to determine which providers are included in the Direct Care network.

