



Commonwealth of Massachusetts Group Insurance Commission
July 1, 2021—June 30, 2022

Welcome to Fallon Health.

We offer plans and coverage options to keep you healthy and happy. Why move forward alone when you can move forward together – with Fallon Health.



Benefit summary

Effective July 1, 2021

Direct Care and Select Care

Fallon Health offers 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.

Specialist and hospital tiering for Direct Care and Select Care

Fallon is committed to giving our members access to a network of high-quality, cost-efficient plan doctors and hospitals. Fallon's specialist tiering methodology is on a medical group tiering basis. Check your specialist's tier effective July 1, 2021. PCPs are not tiered. The specialist and hospital tiering works as follows:

Tier 1: This tier includes Direct Care and Select Care plan specialists and Select Care hospitals that meet excellent quality and/or cost efficiency standards. You will pay the lowest copay when you visit a Tier 1 specialist or hospital.

Tier 2: This tier includes Direct Care and Select Care plan specialists and Select Care hospitals that meet good quality and/or cost efficiency standards. You will pay the mid-level copay when you visit a Tier 2 specialist or hospital.

Tier 3: This tier includes academic medical centers or specialty hospitals and their contracted plan specialists that participate in Fallon's Select Care product. Members will pay a higher copay when they visit a Tier 3 specialist or hospital.

Hospitals are only tiered under the Select Care plan.

How to receive 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.

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 and get your referral. The following services **do not** require a referral when you see a provider in your plan's network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your Fallon *Member Handbook*.

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 Fallon *Member Handbook*.

When you have a less serious health problem, there are care options besides the emergency department. Minute Clinics are located throughout the state, as well as urgent care centers. They are often less expensive than emergency room care. And urgent care centers typically have family practice physicians and emergency physicians on staff. You can also call your primary care provider (PCP) to get advice, a same day appointment or to be directed to the right place to get care. If you can't get in touch with your PCP, you can call Teladoc® to get medical advice. (See page 11 for more information.) You may also call Nurse Connect at 1-800-609-6175. Both Teladoc and Nurse Connect are available 24/7.

Plan specifics

	Direct Care	Select Care
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.	July 1, 2021—June 30, 2022	
Medical deductible A deductible is the amount of allowed charges you pay before payment is made by the plan for medical and behavioral health 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.	\$400 individual/ \$800 family	\$500 individual/ \$1,000 family
Embedded deductible Once any one member in a family accumulates \$400 (Direct Care) or \$500 (Select Care) of services that are subject to the family deductible, that family member’s deductible is considered met, and that family member will receive benefits for covered services less any applicable copays and coinsurance.		
Out-of-pocket maximum The out-of-pocket maximum is the annual amount of deductible, coinsurance and copays for which you are responsible. 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.	\$5,000 individual/ \$10,000 family	\$5,000 individual/ \$10,000 family

Benefits	Direct Care Your cost	Select Care Your cost
Office services		
PCP office visit	\$15 per visit	\$20 per visit
PCP wellness exams (<i>according to MHQP preventive guidelines</i>)	\$0 per visit	\$0 per visit
Specialist office visits	Tier 1 - \$30 per visit Tier 2 - \$60 per visit Tier 3 - \$75 per visit	Tier 1 - \$30 per visit Tier 2 - \$60 per visit Tier 3 - \$75 per visit
Chiropractic care for the treatment of acute musculoskeletal conditions (<i>up to 12 visits per benefit year</i>)	\$15 per visit	\$20 per visit
Telemedicine—24/7 access to U.S. board-certified doctors to discuss non-emergency conditions by phone, mobile device or online.	\$15 per consult	\$15 per consult
Tele-Behavioral Health	Beacon Network Providers	\$0 copay (visits 1-3) \$15 copay per visit (visits 4 and after)
	Teladoc	\$15 copay
Urgent care (<i>Minute Clinic® or Urgent care facility</i>)	\$15 per visit	\$20 per visit
Routine eye exams (<i>one every 24 months</i>)	\$15 per visit	\$20 per visit
Short-term rehabilitative services: physical and occupational therapy (<i>90-calendar-day limit per illness or injury</i>)	\$15 per visit	\$20 per visit
Speech therapy	\$15 per visit	\$20 per visit
Prenatal and postnatal care	Tier 1 - \$10 per visit Tier 2 - \$15 per visit Tier 3 - \$25 per visit	Tier 1 - \$15 per visit Tier 2 - \$20 per visit Tier 3 - \$30 per visit
Preventive services (<i>tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present</i>)	Covered in full	Covered in full

Benefits		Direct Care Your cost	Select Care Your cost
Office services, continued			
Diagnostic services <i>(tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition)</i>		Subject to deductible, then covered in full	Subject to deductible, then covered in full
Imaging <i>(CAT, PET, MRI scans, maximum of one copay per day)</i>		\$100 copay, then subject to deductible	\$100 copay, then subject to deductible
Outpatient surgery <i>Eye and gastrointestinal procedures</i> <i>(maximum of four copays per benefit year)</i>	Non-hospital setting	\$150 copay, then subject to deductible	\$150 copay, then subject to deductible
	Hospital setting	\$250 copay, then subject to deductible	\$250 copay, then subject to deductible
Outpatient surgery <i>All procedures except eye and gastrointestinal.</i> <i>(maximum of four copays per benefit year)</i>		\$250 copay, then subject to deductible	\$250 copay, then subject to deductible
Prescription drug coverage			
Prescription drug coverage is provided through Express Scripts. <i>Note: There is a separate \$100 individual/\$200 family deductible.</i>			
Inpatient hospital			
Unlimited days for room and board in a semiprivate room <i>(maximum of one copay per person, per benefit period quarter)</i> The following is included in hospital services: <ul style="list-style-type: none"> • Physicians' and surgeons' services • Physical and respiratory therapy • Intensive care services • Prescribed private duty nursing <i>(when medically necessary)</i> • Maternity care <i>Inpatient copays are waived if readmitted within 30 days of discharge from an acute care or psychiatric hospital.</i>		\$275 copay per admission, then subject to deductible	Tier 1 - \$275 copay Tier 2 - \$500 copay Tier 3 - \$1,500 copay Copay is per admission, then subject to deductible. Physician and hospital tiers are independent of each other. If your Tier 1 provider refers you to a Tier 2 or Tier 3 hospital for care, you will be responsible for the Tier 2 or 3 copay, except in an emergency.
Emergencies			
<i>In and out of the service area</i> Emergency room services and/or initial treatment of any unexpected illness or injury anywhere in the world <i>(All emergency room care must be reported to the plan within 48 hours.)</i> Copays for ER services are waived if you are admitted to the hospital.		\$100 copay, then subject to deductible	\$100 copay, then subject to deductible
Mental health and substance abuse			
Office visit		\$15 per visit	\$20 per visit
Unlimited days per benefit period in a general or psychiatric hospital		Covered in full	Covered in full
Unlimited days per benefit period for detoxification or substance abuse rehabilitation services in an inpatient setting		Covered in full	Covered in full
Skilled nursing			
Skilled care in a semiprivate room up to 100 days per benefit year		Subject to deductible, then covered in full	Subject to deductible, then covered in full

Benefits	Direct Care Your cost	Select Care Your cost
Other health services (Coverage is the same for both Direct Care and Select Care.)		
Skilled home health care services	Subject to deductible, then covered in full	
Prosthetic devices and durable medical equipment	Subject to deductible, then 20% coinsurance	
Hearing aids (age 22 and over) <ul style="list-style-type: none"> Up to \$1,700 for both ears every two years for hearing aid device only, benefit available every 24 months 	Covered in full for the first \$500; then 80% coverage for the next \$1,500, maximum benefit of \$1,700 every two years	
Hearing aids (age 21 and under) <ul style="list-style-type: none"> Up to \$2,000 per ear for hearing aid device only, benefit available every 24 months Related services and supplies for hearing aids (not subject to the \$2,000 limit) 	Subject to deductible, then 20% coinsurance	
Medically necessary ambulance services	Subject to deductible, then covered in full	
Medical services for dependent students living out of the service area	In addition to urgent and emergency services, students attending school outside the service area are covered for a limited number of services, if authorized in advance by the plan. You must work with your PCP to get plan authorization. Benefits only include non-routine medical office visits and related diagnostic lab and X-ray services, non-elective inpatient services, outpatient substance abuse and mental health services, and short-term rehabilitative services. Applicable copays and/or deductibles apply.	
Value-added features	Direct Care	Select Care
It Fits!, an annual fitness reimbursement (including school and town sports programs, gym memberships, aerobics, Pilates and yoga classes, new home cardiovascular fitness equipment, streaming fitness programs, Peloton® subscriptions and much more!)	\$200 individual/ \$400 family	\$100 individual/ \$100 family
Oh Baby!, a program that provides prenatal vitamins, a convertible toddler car seat, electric breast pump and other "little extras" for expectant parents	Included	
24/7 nurse call line	Included	
Free chronic care management	Included	
Exclusions		
<ul style="list-style-type: none"> Cosmetic surgery Long-term rehabilitative services Custodial confinement Non-prescription drugs and vitamins 	<ul style="list-style-type: none"> Preventive dental/pediatric dental Experimental procedures or services that are not generally accepted medical practice Routine foot care 	

A complete list of benefits, exclusions and services not subject to the deductible is in the *Member Handbook/Evidence of Coverage*, available by request. This is only a summary.

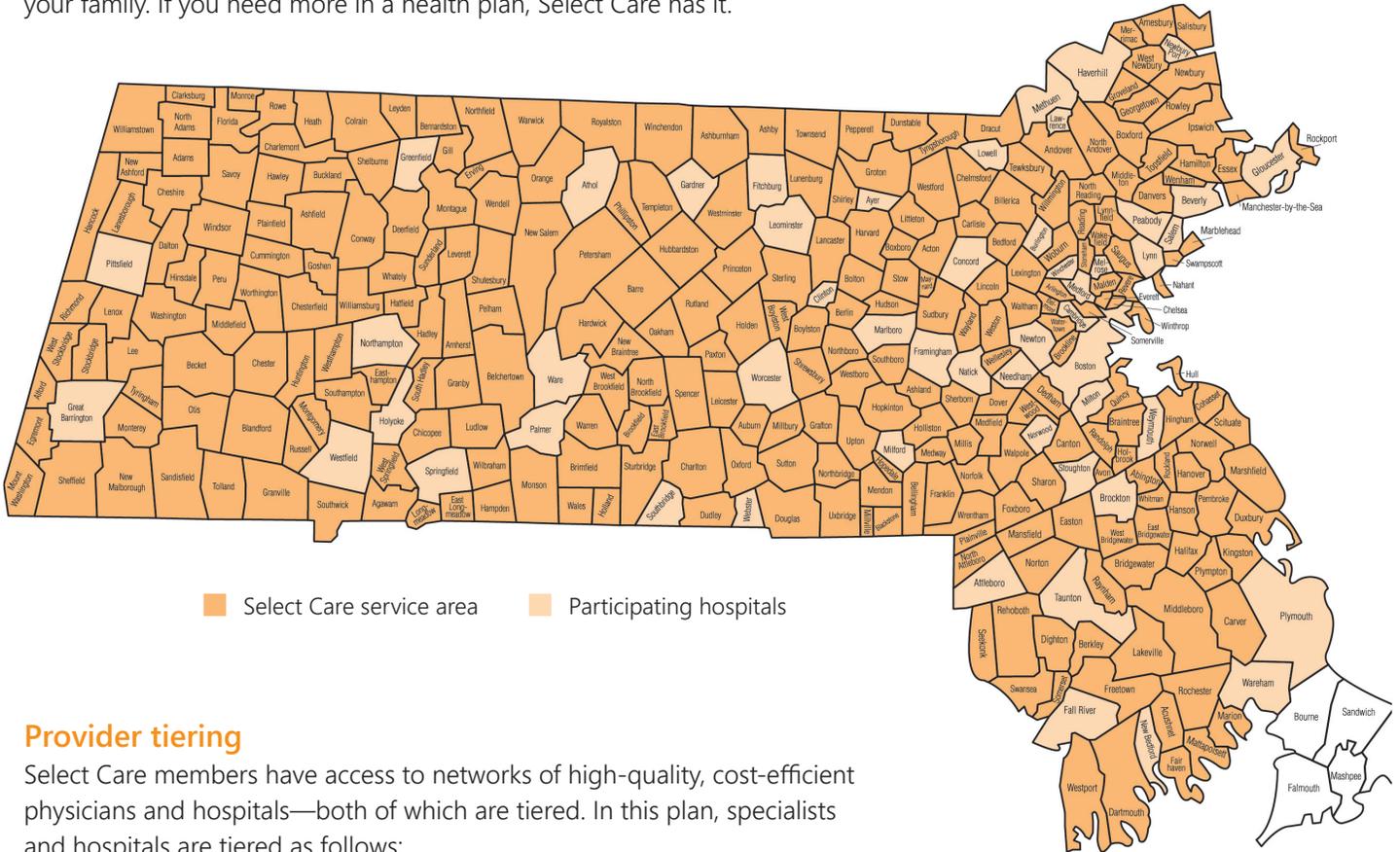
Questions?

If you have any questions, please contact Fallon Customer Service at 1-866-344-4442 (TRS 711), or visit our website at fallonhealth.org/gic.

✓ 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.

Select Care

An expansive provider network, with more than 60,000 providers and physicians practicing throughout Massachusetts and in southern New Hampshire, Select Care means more options and choices for you and your family. If you need more in a health plan, Select Care has it.



Provider tiering

Select Care members have access to networks of high-quality, cost-efficient physicians and hospitals—both of which are tiered. In this plan, specialists and hospitals are tiered as follows:

- **Tier 1:** This tier includes specialists and hospitals practicing at an excellent level of quality and/or cost-efficiency. You will pay the lowest copay when you access services from a Tier 1 specialist or hospital.
- **Tier 2:** This tier includes specialists and hospitals practicing at a good level of quality and/or cost-efficiency. You will pay the mid-level copay when you access services from a Tier 2 specialist or hospital, or when you see a provider that is not tiered.
- **Tier 3:** This tier includes specialists contracted through an academic medical center or specialty hospital and their affiliated hospital. You will pay the highest copay when you access services from a Tier 3 specialist or hospital.

A list of network hospitals and their corresponding tiers can be found on the next page.

Select Care members...

- **Find your doctor.**
Visit fallonhealth.org/gic. Under “Tools for members,” click “Find a doctor.”
- **Have more doctors** to choose from
- **Enjoy the benefits** and convenience of provider choice
- **Save** with \$0 wellness (e.g.; routine physical exams, annual gynecological exams and well child visits)
- **Receive** worldwide emergency coverage
- **Get paid** up to \$100 per individual contract and \$100 per family contract through It Fits!—one of the state’s most flexible fitness reimbursement programs.

Select Care participating hospitals

Massachusetts

Select Care participating hospitals

Addison Gilbert Hospital – Gloucester, Tier 1
Anna Jaques Hospital – Newburyport, Tier 1
Athol Hospital – Athol, Tier 3
Baystate Franklin Medical Center – Greenfield, Tier 1
Baystate Mary Lane Outpatient Center – Ware, Tier 1
Baystate Medical Center – Springfield, Tier 2
Baystate Noble Hospital – Westfield, Tier 1
Baystate Wing Hospital – Palmer, Tier 1
Berkshire Medical Center – Pittsfield, Tier 3
Beth Israel Deaconess Hospital – Milton, Tier 1
Beth Israel Deaconess Hospital – Needham, Tier 1
Beth Israel Deaconess Hospital – Plymouth, Tier 1
Beth Israel Deaconess Medical Center – Boston, Tier 1
Beverly Hospital – Beverly, Tier 1
Boston Children’s Hospital – Boston, Tier 3
Boston Medical Center – Boston, Tier 3
Brigham and Women’s Faulkner Hospital – Boston, Tier 3
Brigham and Women’s Hospital – Boston, Tier 3
CHA Cambridge Hospital – Cambridge, Tier 2
CHA Everett Hospital – Everett, Tier 2
CHA Somerville Campus – Somerville, Tier 2
Carney Hospital – Boston, Tier 2
Charlton Memorial Hospital – Fall River, Tier 1
Cooley Dickinson Hospital – Northampton, Tier 2
Dana-Farber Cancer Institute – Boston, Tier 3
Emerson Hospital – Concord, Tier 1
Fairview Hospital – Great Barrington, Tier 2
Good Samaritan Medical Center – Brockton, Tier 1
Harrington HealthCare – Webster, Tier 1
Harrington Hospital – Southbridge, Tier 1
Heywood Hospital – Gardner, Tier 1
Holy Family Hospital – Haverhill, Tier 2
Holy Family Hospital – Methuen, Tier 1
Holyoke Medical Center – Holyoke, Tier 1
Lahey Hospital & Medical Center – Burlington, Tier 1
Lahey Medical Center – Peabody, Tier 1
Lawrence General Hospital – Lawrence, Tier 1
Lawrence Memorial Hospital of Medford, Tier 1
Lowell General Hospital – Main Campus – Lowell, Tier 1
Lowell General Hospital – Saints Campus – Lowell, Tier 1
Massachusetts Eye and Ear, Main Campus – Boston, Tier 1
Massachusetts General Hospital – Boston, Tier 3
MelroseWakefield Hospital – Melrose, Tier 1
Mercy Medical Center – Springfield, Tier 1

MetroWest Medical Center – Framingham, Tier 1
Milford Regional Medical Center – Milford, Tier 1
Morton Hospital – Taunton, Tier 1
Mount Auburn Hospital – Cambridge, Tier 1
Nashoba Valley Medical Center – Ayer, Tier 1
New England Baptist Hospital – Boston, Tier 1
Newton-Wellesley Hospital – Newton, Tier 1
North Shore Medical Center, Salem Hospital – Salem, Tier 1
Norwood Hospital – Norwood, Tier 1
Saint Anne’s Hospital – Fall River, Tier 1
Saint Elizabeth’s Medical Center – Boston, Tier 1
Saint Luke’s Hospital – New Bedford, Tier 1
Saint Vincent Hospital – Worcester, Tier 1
Signature Healthcare Brockton Hospital – Brockton, Tier 2
South Shore Hospital – South Weymouth, Tier 3
Sturdy Memorial Hospital – Attleboro, Tier 2
Tobey Hospital – Wareham, Tier 1
Tufts Medical Center – Boston, Tier 3
UMassMemorial HealthAlliance – Clinton Hospital, Clinton, Tier 1
UMassMemorial HealthAlliance – Clinton Hospital, Fitchburg, Tier 1
UMassMemorial HealthAlliance – Clinton Hospital, Leominster, Tier 1
UMassMemorial Marlborough Hospital, Marlborough, Tier 1
UMassMemorial Medical Center – Memorial Campus, Worcester, Tier 3
UMassMemorial Medical Center – University Campus, Worcester, Tier 3
Winchester Hospital – Winchester, Tier 1

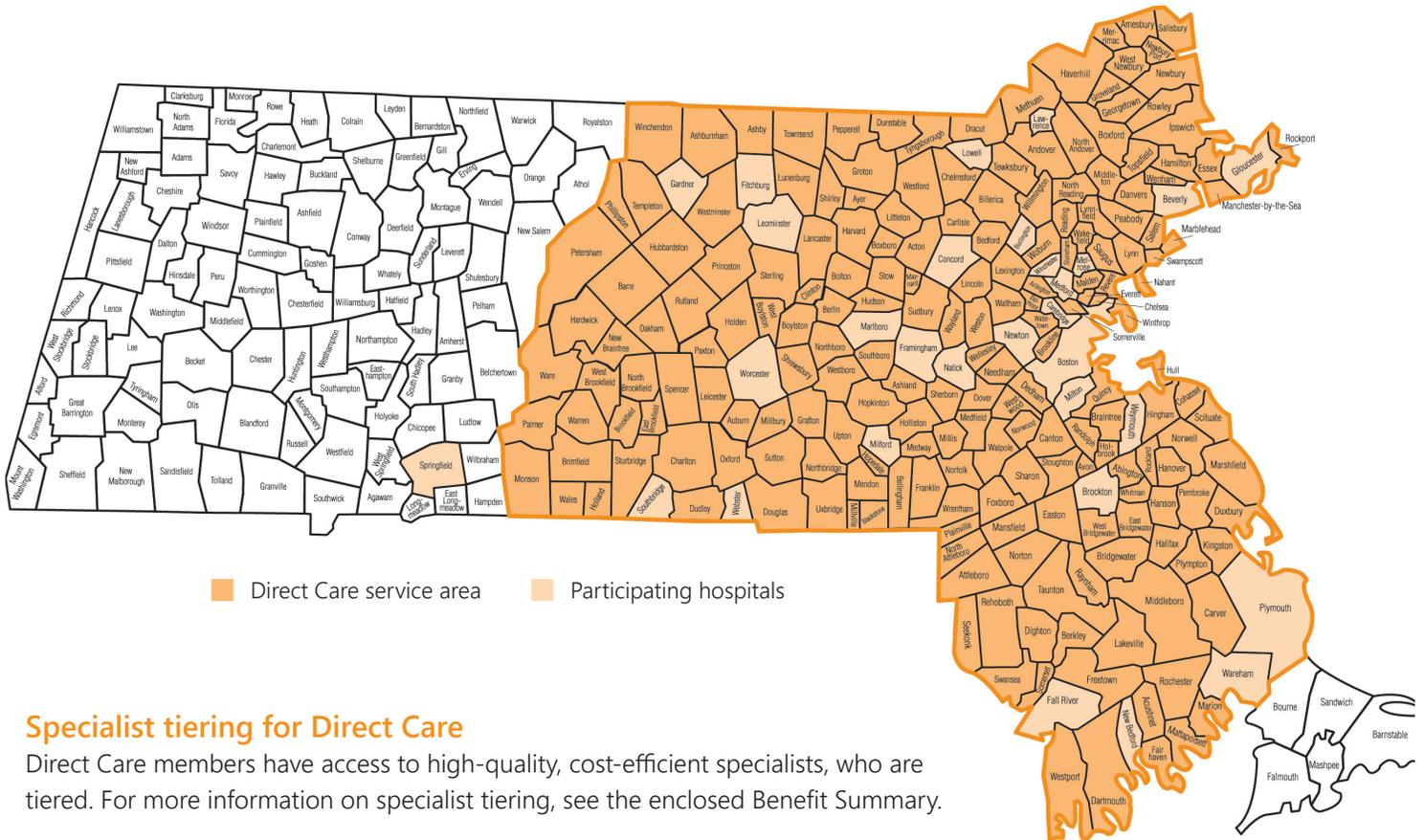
New Hampshire

Select Care participating hospitals

Catholic Medical Center – Manchester, Tier 1
Cheshire Medical Center – Keene, Tier 1
Elliot Hospital – Manchester, Tier 1
Exeter Hospital – Exeter, Tier 1
Dartmouth-Hitchcock Medical Center – Lebanon, Tier 1
Parkland Medical Center – Derry, Tier 1
Portsmouth Regional Hospital – Portsmouth, Tier 1
Southern New Hampshire Medical Center – Nashua, Tier 1

Direct Care

With Direct Care, a limited network product, you have access to local doctors and community hospitals you know and trust. These providers are carefully chosen for their medical excellence, patient access and innovation. There are more than 38,000 participating providers in the Direct Care network.



Specialist tiering for Direct Care

Direct Care members have access to high-quality, cost-efficient specialists, who are tiered. For more information on specialist tiering, see the enclosed Benefit Summary.

Direct Care provides guaranteed access for a second opinion and treatment for specialty services at several Boston teaching hospitals with the **Peace of Mind Program™**. All specialist visits are subject to a \$75 copay.

The medical centers included in the Peace of Mind Program are:

- Beth Israel Deaconess Medical Center
- Boston Children's Hospital
- Brigham and Women's Hospital
- Dana-Farber Cancer Institute
- Massachusetts General Hospital

To learn more about the Peace of Mind Program, see page 10.

Get more for less with Direct Care

- **Find your doctor.**
Visit fallonhealth.org/gic. Under "Tools for members," click "Find a doctor."
- **Receive** care from doctors and hospitals close to home and work.
- **Save** with \$0 wellness. (e.g.; routine physical exams, annual gynecological exams and well child visits)
- **Receive** worldwide emergency coverage.
- **Get paid** for participating in healthy activities. It Fits!—one of the state's richest fitness benefits—reimburses up to \$200 per individual and \$400 per family!

Direct Care participating hospitals

Addison Gilbert Hospital – Gloucester
Athol Hospital – Athol
Beth Israel Deaconess Hospital – Milton
Beth Israel Deaconess Hospital – Plymouth
Beverly Hospital – Beverly
Brigham and Women’s Faulkner Hospital – Boston
Charlton Memorial Hospital – Fall River
Emerson Hospital – Concord
Harrington HealthCare – Webster
Harrington Hospital – Southbridge
Heywood Hospital – Gardner
Lahey Hospital and Medical Center – Burlington
Lahey Medical Center – Peabody
Lawrence General Hospital – Lawrence
Lawrence Memorial Hospital of Medford
Lowell General Hospital, Main Campus – Lowell
Massachusetts Eye and Ear, Main Campus, Boston
Lowell General Hospital, Saints Campus – Lowell
MelroseWakefield Hospital – Melrose

Mercy Medical Center, Springfield
MetroWest Medical Center – Framingham
Milford Regional Medical Center – Milford
Mount Auburn Hospital – Cambridge
New England Baptist Hospital – Boston
Newton-Wellesley Hospital – Newton
Saint Luke’s Hospital – New Bedford
Saint Vincent Hospital – Worcester
Signature Healthcare Brockton Hospital – Brockton
South Shore Hospital – South Weymouth
Tobey Hospital – Wareham
Tufts Medical Center – Boston
UMassMemorial HealthAlliance – Clinton Hospital, Clinton
UMassMemorial HealthAlliance – Clinton Hospital,
Fitchburg
UMassMemorial HealthAlliance – Clinton Hospital,
Leominster
UMass Memorial – Marlborough Hospital, Marlborough
Winchester Hospital – Winchester

Direct Care physician groups

Acton Medical Associates
Allied Pediatrics of Greater Brockton*
Brockton Area Primary Care, LLC *
Brockton Hospital
Cape Ann Medical Center
Cape Ann Pediatrics
Charles River Medical Associates
Community Health Connections
Greater Lawrence Family Health Center
Greater New Bedford Community Health Center
Hallmark Health
Harbor Medical
Harrington PHO Physician Hospital Organization
HealthCare South, P.C.*
HealthFirst Family Center (Fall River)
Heywood PHO
Highland Healthcare Associates IPA
Lahey Clinic Physicians
Lawrence Integrated Health Provider Network LLC
Lowell General PHO
Lower Merrimack Valley PHO
Mass Bay Medical Associates, LLC*

Merrimack Valley IPA*
Metrowest Quality Care Alliance*
Milton Primary Care, LCO*
Mount Auburn Cambridge IPA
Newton-Wellesley PHO
Northeast PHO
Pediatric Associates of Brockton, Inc.*
Pentucket Medical
Plymouth Bay Primary Care, LLC*
Primary Care Medical Associates*
Reliant Medical Group
Saint Vincent Medical Group
Signature Medical Group
Southboro Medical Group
Southcoast Physicians Network
South Shore Health Integrated Delivery Network
Southwest Boston Primary Care
Steward CMIPA
Trinity Health of New England Medical Groups
Tufts Medical Center Physicians Organization, Inc.*
Woburn Pediatric Associates, LLC*

*A New England Quality Care Alliance Group

Peace of Mind program™



Fallon Health members with **Direct Care** have access to a unique benefit called the Peace of Mind Program.

What is the Peace of Mind Program?

The Peace of Mind Program is a benefit that provides Direct Care members with access to receive a second opinion and treatment for specialty services at certain medical centers in Boston.

What are the medical centers included in the Peace of Mind Program?

They are:

- Beth Israel Deaconess Medical Center
- Boston Children's Hospital
- Brigham and Women's Hospital
- Dana-Farber Cancer Institute
- Massachusetts General Hospital

Are there any eligibility requirements in order to use my Peace of Mind Program benefit?

Yes. In order to utilize your Peace of Mind Program benefit, you must meet the following criteria:

1. You must have seen a specialist in the same discipline, in your network, for the same condition within the past three months. For example, if you have seen an in-network orthopedic *surgeon* within the past three months, you can see an orthopedic *surgeon* at a Peace of Mind Program facility. However, if you have seen an in-network orthopedic *specialist* within the past three months, you can see an orthopedic *specialist* at a Peace of Mind Program facility, but not an orthopedic *surgeon*.
2. The specialty services you are seeking must be Fallon covered services (see your *Member Handbook* for a listing of services covered with your Fallon plan). The Peace of Mind Program may be used for all covered specialty care except infertility services, mental health, substance abuse, chiropractic services, dental care or speech therapy. The Peace of Mind Program may not be used for any primary care services, including internal medicine, family practice, pediatrics or obstetrics.
3. Your PCP must request a prior authorization from Fallon for you to see a Peace of Mind Program specialist.
Your PCP cannot deny you the right to access your Peace of Mind Program benefit.

Do I have to pay extra out-of-pocket costs for services received through the Peace of Mind Program?

Any specialist office services you receive through the Peace of Mind Program are subject to a \$75 copay. All other services are subject to your plan's standard cost-sharing amounts. For example, an inpatient stay for services authorized through a Peace of Mind referral will be subject to your \$275 copay and then deductible.

For more information, please go to fallonhealth.org/gic and click on "Plans and benefits," then "List of network providers and hospitals." Scroll down to the bottom of the page.

* The Peace of Mind Program is not available for all Fallon members. Please refer to your Member Handbook. Program eligibility and benefits may vary by employer, plan and product.

Talk to a doctor, counselor or nurse. Anytime. Anywhere.



Getting sick isn't something you plan for. At Fallon Health, we get it. That's why we offer a telehealth benefit to our members.

How can I access both my medical and behavioral health telehealth services?

Telehealth services		
	Telemedicine	Tele-behavioral health
Fallon Health Direct Care and Select Care provider network	X	
Beacon Health Options		X
Teladoc	X	X

How do I use telehealth?

Direct Care and Select Care Provider Network	Beacon Online Counseling	Teladoc®
<p>Many network providers offer telehealth services. Check with your primary care provider to see if they offer telemedicine services.</p> <p>Direct Care and Select Care providers do not provide tele-behavioral health. They need to go through Beacon or Teladoc.</p> <p>1. Locate your provider:</p> <ul style="list-style-type: none"> • www.fallonhealth.org/gicorphan <p>2. Reach out to your provider</p> <ul style="list-style-type: none"> • Telephone numbers are listed within Fallon's Find A Doctor tool. Reach out to your provider to verify they offer telemedicine services. www.fallonhealth.org/gic. 	<p>1. Access Beacon Health Options:</p> <ul style="list-style-type: none"> • www.beaconhealthoptions.com/members/dashboard <p>2. Or call 1-888-430-4827 (TTY: 1-800-770-5531) to request a telehealth visit whenever you need it.</p> <ul style="list-style-type: none"> • For general clinical inquiries, please contact Beacon Health Options at 1-888-421-8861. <p>3. Download the MDLIVE iPhone or Android app from the App Store or Google Play</p> <ul style="list-style-type: none"> • Follow the signup instructions in the app to register 	<p>1. Set up your account by phone, mobile app or online:</p> <ul style="list-style-type: none"> • Call 1-800-835-2362 (TRS 711), or text "Get Started" to 1-469-844-5637 • Go to www.teladoc.com/fallonand choose "Setup your account" • Download the app and click "Activate account" <p>2. Provide medical history</p> <ul style="list-style-type: none"> • This information is secure and confidential. It will be used to help doctors make an accurate diagnosis <p>3. Speak with a doctor</p> <ul style="list-style-type: none"> • Once your account is set up, you can request to speak with a doctor anytime you need care. Interpreter services are available, if needed
Member cost share		
\$15 copay each visit	\$0 copay (visits 1-3) \$15 copay (visit 4 and over)	\$15 copay each visit

“I want more from my health plan. What does Fallon offer?”



Healthy perks *designed to give you the most for your health care budget*

Free mobile ID card app

Get your Fallon member ID card on the go with our smartphone app. With this app you can view your ID card, see your copays, plus email or fax an image of your card to your doctor, hospital or pharmacy. Just scan the QR code to the right to download, or search for “Fallon Member ID card” in the App Store or Google Play.



Eyewear discounts

Members save up to 35% on frames and get additional discounts on contact lenses, laser vision correction and nonprescription sunglasses—at thousands of locations nationwide.

Quit to Win

Fallon offers a successful quit smoking program, called Quit to Win. Our experienced, supportive Quit Coaches will help you develop a quit plan, made just for you. Fallon Health members may join this program for free.

Phone coaching consists of individual telephone coaching sessions that can take place anywhere you're comfortable, including your own home. The calls are led by our Quit Coaches. During these calls, you'll get support, counseling and quitting tips. We also offer **text message support**.

Contact us at 1-508-368-9540 or 1-888-807-2908 (TRS 711), Monday through Friday from 8:30 a.m. to 5:00 p.m. Or you may email QuitToWin@fallonhealth.org.

Oh Baby!

A health and wellness program for parents-to-be, Oh Baby! provides some of the “little extras” like prenatal vitamins, a child care book, a home safety kit, plus a free convertible toddler car seat and breast pump.

Nurse Connect

Got a question at 3 a.m.? For those times when you're not feeling well, but don't think it's an emergency, call the registered nurses at Nurse Connect. Fallon GIC members get free access—by phone and online—24 hours a day, seven days a week, 365 days a year.

Disease Management Program*

If you have asthma, diabetes, chronic obstructive pulmonary disease, heart disease or heart failure, the Disease Management Program could be for you. In this voluntary program, you'll work with your own health educator or nurse. You'll talk about ways to slow your disease, how to be healthy for longer periods and how to improve your quality of life.

Contact us at 1-800-333-2535 (TRS 711), Monday through Friday from 8:30 a.m. to 5:00 p.m.

**With the exception of asthma, these programs are for our members who are at least 18 years old.*

It Fits!



Fallon Health is proud to offer It Fits!, a program that pays GIC members back for being healthy. With Fallon, you get physical and financial benefits for being active.

Direct Care members, how will you use your \$400?

Direct Care members get reimbursed \$400 per family contract and \$200 per individual contract.

Select Care members, how will you use your \$100?

Select Care members get reimbursed \$100 per family contract and \$100 per individual contract.

You choose

Whether you love the gym, prefer the slopes, or have a child who plays Little League, we want to give you money to use toward a variety of different healthy activities.

Use your money toward:

- Streaming fitness programs
- Peloton subscriptions
- Local school and town sports programs
- Ski mountain lift tickets and season passes!
- Gym memberships—at the gym of your choice
- Pilates
- Aerobics classes
- Weight Watchers® and Jenny Craig®
- Karate
- Sports camps
- Swim lessons
- Dance lessons
- Kickboxing
- Baseball
- Race fees, including virtual races
- Gymnastics
- Football
- Hockey
- Soccer
- Lacrosse
- Volleyball
- And more!

Use your It Fits! dollars toward any brand of new cardiovascular home fitness equipment!

Eligible equipment includes:

- Treadmills
- Bike stands (to convert road bikes to stationary cycles)
- Stair climbing machines
- Rowing machines
- Air walkers
- Elliptical machines
- Home gyms
- Total body weight resistance machines
- Stationary cycles
- Cross-country ski machines

Cardiovascular home fitness equipment must be new and purchased within the benefit year at a retail store or at Amazon—receipt and proof of payment required. Excludes secondary markets such as Craigslist and eBay.

How do you get paid?

Simple. Complete the It Fits! Reimbursement Form and supply any necessary documentation, such as a health club contract or a copy of a registration form for a school/town activity. If you need a form, visit fallonhealth.org/gic, and click on “Fitness reimbursement form” under “Tools for members.” For your convenience, we accept multiple receipts and requests on one form. Be reimbursed all at once!

If you have any questions about the program, give us a call at 1-866-344-4442 (TRS 711).

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It Fits! Reimbursement Form

Subscribers are eligible for reimbursement once per benefit year.* **Requests must be made no later than three months following a benefit year in order to receive reimbursement.** For more information about other fitness discounts, visit fallonhealth.org. **To find your annual reimbursement amount(s), go to fallonhealth.org/gic, click on “plans and benefits,” at top of page, then select “Direct Care and Select Care benefit summary”.**

Two ways to get reimbursed:

1. Mail completed form to:
Fallon Health
P.O. Box 211308
Eagan, MN 55121-2908
2. Email completed form to:
reimbursements@fallonhealth.org

Subscriber information			
Subscriber's last name		First name	Middle initial
Address			
City		State	ZIP
Subscriber ID # (located on the front of your Fallon ID card)		Telephone number	
Activity/item for reimbursement**			
Type of activity/item	Program/gym/name/retailer	Benefit year	Amount requested
Information needed for reimbursement			

- This completed form.
- A copy of any/all applicable health club contracts, personal fitness trainer agreements or a copy of the registration form for a school/town activity. These must show the beginning and ending dates of membership activity and the names of the enrolled members.
- Dated original receipts or copies of bank/credit card statements showing the charge for membership, classes or equipment (original receipts will not be returned). These should reflect the dollar amount you are requesting. Fallon will only reimburse for the amount reflected on these receipts/statements. When paying by check, please send a copy of the front and back of the cancelled check.

Also, a brochure from the health club, facility or program may be requested.

Certification and authorization *(This form must be signed and dated below by the subscriber.)*

Reimbursement is subject to approval by Fallon Health. *(This incentive payment may be considered taxable income. Please consult your tax advisor if you have questions.)* Please allow 4-6 weeks from receipt for reimbursements.

Reimbursement check should be made to (check one):

- Subscriber Member _____

Agreement:

I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses incurred during the applicable benefit year and for eligible members.

Subscriber's signature _____ Date _____

Program eligibility and benefits may vary by employer, plan and product. Cardiovascular home fitness equipment must be new (not used) and purchased within the benefit year at a retail store or at Amazon—receipt and proof of payment required (excludes secondary markets such as Craigslist and eBay).

*A benefit year is the 12-month period during which your annual health insurance plan design features, such as deductibles and out-of-pocket maximums, accumulate.

**Reimbursement amounts may vary. Reimbursement is not available for camps that are not sports-dedicated, social clubs, transportation, greens fees, uniforms, meals, lodging, fitness clothing, vitamins, gift cards and donations.

“I’d like to learn more about healthy behaviors. What tools does Fallon offer?”

The Healthy Health Plan* focuses on behaviors that you can change.

The Healthy Health Plan offers a wealth of information so you can learn more about your own health. Then you may begin new activities and behaviors to get healthier. Below are some of the benefits.

Online Health Assessment: Answer these questions to give you an idea of what your strengths are and where you could use some help. The questionnaire will ask you about your health behaviors, and focus on behavior-related risks that you can change to improve your health. You’ll even receive guidance as you answer the questions. It will only take about 20 minutes to complete.

Reports: From the health assessment, two reports are generated specifically for you.

1. **The Participant Wellness Report** is designed to increase personal awareness and encourage you to make healthy behavior changes.
2. **The Physician’s Summary Report** provides a more detailed view of your responses and includes your stage of readiness to change. This one-page summary is designed as an easy way to share your results with your primary care provider (PCP).

Health Shelf: The tools in this library will inspire you to start engaging in healthy habits every day. They include articles, quizzes, self-assessments, how-to guides and healthy recipes.

Interactive tools: The guides to resources can help you learn about specific health conditions and issues.

Coaching: If you choose to, you may work with a health coach via email or phone. Your coach will help you stay motivated and on track toward a healthier you.

How to log in:

1. Go to fallonhealth.org/gic and click “health assessment & health coaching”.
2. Your username will be your Member ID number, found on the back of your Member ID card.
3. The first time you log in, use “Welcome1” as your password. You’ll then be prompted to create your own password.

Once you’re in, you’ll be able to take advantage of all that The Healthy Health Plan offers!

**Subscribers and their spouses over age 18 are eligible for The Healthy Health Plan.*



“I’d like to manage my health care online. Can I do that with Fallon?”



Everything you need is at your fingertips!
Visit fallonhealth.org/GICmyfallon.

Your benefits

- See how the Direct Care and Select Care plans differ. View a list of your benefits plus deductible and copay costs.
- You can get more information about our healthy extras, including those mentioned in this flyer.
- You can also download and print It Fits! reimbursement forms, Summary of Benefits and more!

Your networks

- View the Direct Care and Select Care maps, find a provider with the hospital and physician group lists, and see which tier your hospital is in.

fallonhealth.org/GICmyfallon has been updated!

Once you’re enrolled in either Direct Care or Select Care, you can manage your account online.

- See your copays and/or coinsurance for common services
- Track your deductible and out-of-pocket maximums
- Check your authorization status
- Log into many of Fallon’s online tools with a single username and password

The new MyFallon also improves tools that were already available to you:

- Claims lookup
- View benefit documents, claims statements and letters
- Temporary ID card/order ID card
- Change PCP
- Change address
- Contact us using a secure online form
- And more!

Visit fallonhealth.org/GICmyfallon to register or to log in.



Find a doctor with our search tool

When you visit fallonhealth.org/gic, under “Tools for members,” click “Find a doctor.”

To find your Primary Care Provider or specialist:

- 1. Choose location**
Enter ZIP code or your city and state; choose distance from city or ZIP.
- 2. Choose Fallon plan**
Direct Care or Select Care
- 3. To narrow your selection, specify:**
Type of Primary Care Provider (PCP) and select No Preference, Adults or Children. Or, select specialty, gender and/or additional language.
- 4. Choose hospital affiliation**
(if you want) Then click **SUBMIT**.

Fallon SmartShopper

powered by Sapphire Digital



Making smart health care choices is easier with Fallon SmartShopper

Fallon SmartShopper is an online program created to help Fallon Health members save money on their health care expenses. How do you save money? You search for the procedure or service with Fallon SmartShopper, and the program provides you with a list of cost-efficient options where you can go to receive care. Regardless of which option you select, you will receive similar quality in care. To begin shopping smarter for health care, and to see the complete list of procedures and services, **go to fallonhealth.org/gic, and click on the SmartShopper link.**

Call 1-866-228-1525 (TRS 711) if you have questions.

The Fallon SmartShopper cost transparency tool is available to Fallon Commercial members.

Many services require prior authorization. If you choose a facility different than where your doctor has referred you, your doctor will need to contact Fallon to receive a new prior authorization for that service/procedure at the facility you plan to go to. Call 1-866-228-1525 for more information. Receiving a cost with Fallon SmartShopper does not mean your service or procedure is authorized.

Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Compliance Director
Fallon Health
10 Chestnut St.
Worcester, MA 01608

Phone: 1-508-368-9988 (TRS 711)

Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, D.C., 20201

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Important!

If you, or someone you're helping, has questions about Fallon Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-868-5200.

Spanish:

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Fallon Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-868-5200.

Portuguese:

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Fallon Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-868-5200.

Chinese:

如果您，或是您正在協助的對象，有關於[插入項目的名稱 Fallon Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-868-5200。

Haitian Creole:

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Fallon Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-868-5200.

Vietnamese:

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Fallon Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-868-5200.

Russian:

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Fallon Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-868-5200.

Arabic:

إن كان لديك أو لدى شخص تساعدُه أسئلة بخصوص Fallon Health، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-868-5200.

Khmer/Cambodian:

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ មានសំណួរអំពី Fallon Health បើ អ្នកមានសំណើចំពោះការជួយនិងព័ត៌មាន ប្រាកដនានា រស់អ្នក បោយមិនអ្វីប្រាក់ ។ បើមានប្រសិទ្ធភាពជាមួយអ្នករកដប្រ រួម 1-800-868-5200 ។

Questions?

1-866-344-4442
fallonhealth.org/gic

