

# Preferred Care Copay Customized Town of West Boylston

## Benefit Summary—*Benefits effective July 1, 2017*

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### The Fallon Health difference

With Fallon Preferred Care, you get everything you need to live a healthy life. This plan features comprehensive medical benefits for lower monthly premiums and slightly higher out-of-pocket expenses compared to our other plans. Your monthly premiums are reduced further through the use of an annual deductible for certain services and a copayment for hospital admissions. Plus, you get:

- **A fitness reimbursement of up to \$400** for families (**\$200 for individual contracts**) that can be used for gym memberships at the gym of your choice with no limitations, 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**
- **Teladoc™ telehealth:** 24/7 access to a national network of U.S. board-certified doctors to discuss non-emergency conditions by phone, mobile device or online. Teladoc doctors can diagnose and treat over 50 types of common illnesses.
- **Nurse Connect:** A free 24/7 nurse call line
- **Member discounts** on products and services to keep you healthy and features you won't find anywhere else.

### How to receive care:

With Fallon Preferred Care, you have an extensive regional and national network of providers from which to choose. The Fallon Preferred Care network is comprised of over 800,000 network providers—giving you the flexibility to receive care close to where you live and work.

### In-network and out-of-network coverage

Fallon Preferred Care is a preferred provider organization (PPO) plan, and as such, we contract with a network of participating providers who have agreed to provide health care services to our members—your use of participating providers is strictly voluntary.

When you obtain covered services from participating providers, you will receive the in-network level of benefits. We pay participating providers directly; you will not have to file claims when you use participating providers. When you obtain covered services from nonparticipating providers, you get the out-of-network level of benefits. You may need to submit a claim for covered services you receive from nonparticipating providers. For information on claims submission, refer to your Fallon Preferred Care *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 Fallon Preferred Care *Evidence of Coverage*.

Plan specifics	Your cost in-network	Your cost out-of-network (after your deductible)
<b>Benefit period</b> 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.	Jul. 1 – Jun. 30	
<b>Deductible</b> 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.	n/a	\$500 individual \$1,000 family
<b>Embedded deductible</b> Please note that once any one member in a family accumulates \$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.	n/a	\$500
<b>Deductible carryover</b> 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.	Included	
<b>Out-of-pocket maximum</b> 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 also does not include your premium charge or any amounts you pay for services that are not covered by the plan.	\$2,000 individual \$4,000 family	\$6,850 individual \$13,700 family
<b>Coinsurance</b> Coinsurance is the percentage of medical expense you are required to pay after the deductible amount is satisfied.	n/a	20%
<b>Penalty for failure to follow medical management procedures*</b>	\$200 per occurrence	\$500 per occurrence
Benefits	Your cost in-network	Your cost out-of-network (after your deductible)
<b>Office</b>		
Routine physical exams	\$0	20% coinsurance
Office visits (primary care provider)	\$25 per visit	20% coinsurance
Office visits (specialist)	\$25 per visit	20% coinsurance

\* Some services require plan notification or prior authorization. A penalty will be applied for failure to follow the plan's medical management procedures. The penalty does not apply toward the deductible or out-of-pocket maximum.

<b>Benefits</b>	<b>Your cost in-network</b>	<b>Your cost out-of-network (after your deductible)</b>
Office visits (limited service clinics, e.g., Minute Clinic)	\$25 per visit	20% coinsurance
Routine eye exams (one every 12 months)	\$0	20% coinsurance
Telehealth (24/7 access to doctors to discuss non-emergency conditions by phone, mobile app or online)	\$25 per visit	
Short-term rehabilitative services (60 visits combined in- and out-of-network per benefit period)	\$25 per visit	20% coinsurance
Prenatal care	\$25 first visit only	20% coinsurance
Preventive services Tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present	Covered in full	20% coinsurance
Diagnostic services Tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition	Covered in full	20% coinsurance
Imaging (CAT, PET, MRI, Nuclear Cardiology)	Covered in full	20% coinsurance
Chiropractic care (12 visits per benefit period)	\$25 per visit	20% coinsurance
<b>Prescriptions</b>		
	<b>Tier 1/Tier 2/Tier 3</b>	
Prescription drugs, insulin and insulin syringes	\$15/\$25/\$40 (30-day supply)	20% coinsurance
Generic contraceptives and contraceptive devices	\$0 (30-day supply)	20% coinsurance
Brand contraceptives with no generic equivalent (prior authorization required)	With prior authorization: \$0 (30-day supply)	20% coinsurance
Brand contraceptives with a generic equivalent (prior authorization required)	Tier 2: \$25 Tier 3: \$40 (30-day supply)	20% coinsurance
Prescription medication refills obtained through the mail order program	\$15/\$25/\$40 (90-day supply)	20% coinsurance
Prilosec OTC, Prevacid 24HR, omeprazole OTC (prescription required)	\$5	20% coinsurance
<b>Inpatient hospital services</b>		
Room and board in a semiprivate room (private when medically necessary)	Covered in full	20% coinsurance
Physicians' and surgeons' services	Covered in full	20% coinsurance
Physical and respiratory therapy	Covered in full	20% coinsurance
Intensive care services	Covered in full	20% coinsurance
Maternity care	Covered in full	20% coinsurance
<b>Same-day surgery</b>		
Same-day surgery in a hospital outpatient or ambulatory care setting	Covered in full	20% coinsurance
<b>Emergencies</b>		
Emergency room visit	\$150 per visit (waived if admitted)	

Benefits	Your cost in-network	Your cost out-of-network (after your deductible)
<b>Skilled nursing</b>		
Skilled care in a semiprivate room	Covered in full	20% coinsurance
<b>Substance abuse</b>		
Office visits	\$25 per visit	20% coinsurance
Detoxification in an inpatient setting	Covered in full	20% coinsurance
Rehabilitation in an inpatient setting	Covered in full	20% coinsurance
<b>Mental health</b>		
Office visits	\$25 per visit	20% coinsurance
Services in a general or psychiatric hospital	Covered in full	20% coinsurance
<b>Other health services</b>		
Skilled home health care services	Covered in full	20% coinsurance
Durable medical equipment	20% coinsurance	20% coinsurance
Medically necessary ambulance services	Covered in full	Covered in full
<b>Value-added benefits and features</b>		
It Fits!, an annual fitness reimbursement (including school and town sports programs, gym memberships, home fitness equipment, Weight Watchers®, aerobics, Pilates and yoga classes)		\$200 individual \$400 family
The Healthy Health Plan!, a program that rewards subscribers and their covered spouses, age 18 and over, for being—and becoming—healthy If you're already in great health, terrific! If you could use a little help to get healthier, you can choose to enroll in a customized action health plan that may include regular health coaching, wellness workshops, interactive tools and more!		Included
Oh Baby!, a program that provides prenatal vitamins, a convertible car seat, breast pump and other "little extras" for expectant parents—all at no additional cost.		Included
Fallon Smart Shopper Transparency tool and incentive program		Included
Free 24/7 nurse call line		Included
Free chronic care management		Included
Free stop-smoking program		Included
Member discount program		Included
Free online access to health and wellness encyclopedia		Included
CVS Caremark ExtraCare Health Card – provides 20% discount on CVS/pharmacy-brand health related items.		Included

## Exclusions

Dental benefits and discounts, other than those listed in your *Schedule of Benefits*  
Hearing aids and the evaluation for a hearing aid (for age 22 and above)  
Long-term rehabilitative services  
Nonprescription drugs and vitamins  
Cosmetic surgery  
Experimental procedures or services that are not generally accepted medical practice  
Routine foot care  
Custodial confinement

A complete list of benefits and exclusions is in the Fallon Preferred Care *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 1-888-468-1541 (TTY users, please call TRS Relay 711), or visit our Web site at [fallonhealth.org](http://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.*

*Weight Watchers® is a registered trademark of Weight Watchers International, Inc.*

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