Direct Care Copay Customized Town of West Boylston

Benefit Summary—*Benefits effective July 1, 2019*

The Fallon difference

Direct Care is a Limited Provider Network. With Direct Care, you get comprehensive medical benefits for lower monthly premiums and slightly higher out-of-pocket expenses compared to our other plans—everything you need to live a healthy life. Plus, you get:

- **A fitness reimbursement of up to $400 ($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**
- **Nurse Connect:** A free 24/7 nurse call line
- **Teladoc™ telemedicine –** Commercial members get 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 fifty types of common illnesses.
- **Pedi-Dental** up to age 19 included.

How to receive care:

This plan provides access to a network that is smaller than Fallon's Select Care provider network. In this plan, members have access to network benefits only from the providers in Direct Care. Please consult the Fallon Health Direct Care provider directory; a paper copy can be requested by calling Customer Service at 1-508-368-9903, or visit the provider search tool at fallonhealth.org to determine which providers are included in Direct 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 Direct Care, 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 Direct Care network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your Direct 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 Direct 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.	July 1 – June 30
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.	$2,000 individual $4,000 family

Benefits	Your cost
Office	
Routine physical exams (according to MHQP preventive guidelines)	$0
Office visits (primary care provider)	$25 per visit
Office visits (specialist)	$25 per visit
Office visits (limited service clinics, e.g., Minute Clinic)	$25 per visit
Routine eye exams (one every 12 months)	$0
Telehealth (24/7 access to doctors to discuss non-emergency conditions by phone, mobile app or online)	$25 copayment
Short-term rehabilitative services (60 visits per benefit period)	$25 per visit
Prenatal care	$25 first visit only
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
Diagnostic services Tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition	Covered in full
Imaging (CAT, PET, MRI, Nuclear Cardiology)	Covered in full
Chiropractic care (12 visits per benefit period)	$25 per visit
Prescriptions	**Tier 1/Tier 2/Tier 3**
Prescription drugs, insulin and insulin syringes	$15/$25/$40 (30-day supply)
Generic contraceptives and contraceptive devices	$0 (30-day supply)
Brand contraceptives with no generic equivalent (prior authorization required)	With prior auth: $0 (30-day supply)
Brand contraceptives with a generic equivalent (prior authorization required)	Tier 2: $25 Tier 3: $40 (30-day supply)
Prescription medication refills obtained through the mail order program	$15/$25/$40 (90-day supply)
Generic prescription omeprazole, generic prescription lansoprazole, and generic and brand OTC esomeprazole (Nexium)	$5

Benefits	Your cost
Inpatient hospital services	
Room and board in a semiprivate room (private when medically necessary)	Covered in full
Physicians' and surgeons' services	Covered in full
Physical and respiratory therapy	Covered in full
Intensive care services	Covered in full
Maternity care	Covered in full
Same-day surgery	
Same-day surgery in a hospital outpatient or ambulatory care setting	Covered in full
Emergencies	
Emergency room visit	$150 copayment (waived if admitted)
Skilled nursing	
Skilled care in a semiprivate room	Covered in full
Substance abuse	
Office visits	$25 per visit
Detoxification in an inpatient setting	Covered in full
Rehabilitation in an inpatient setting	Covered in full
Mental health	
Office visits	$25 per visit
Services in a general or psychiatric hospital	Covered in full
Other health services	
Skilled home health care services	Covered in full
Durable medical equipment	20% coinsurance
Medically necessary ambulance services	Covered in full
Value-added features	
It Fits!, an annual benefit period 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 supports members (subscribers and their spouses age 18 and older) in becoming—and staying—healthy. Simply go to myhealth.fallonhealth.org. Fill out the health assessment, receive a personalized health report and earn a $100 incentive!* Take advantage of all the tools available, including health coaching, to help you reach your health goals.	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

Benefits	Your Cost
Value-added features (continued)	
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	
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 Custodial confinement	

Some services may require prior authorization. A complete list of benefits and exclusions is in the Direct 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 1-508-368-9903 (TTY users, please call TRS Relay 711), or visit our Web site 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.
Weight Watchers® is a registered trademark of Weight Watchers International, Inc.
* *The Healthy Health Plan incentive payment may be considered taxable income. Please consult your tax advisor for details.*