



Fallon Health Non-Group Deductible Hybrid HMO Plan Options



Benefits effective January 1, 2020 and beyond.

Benefit	Deductible 1250 Hybrid	Deductible 2000 Hybrid	Deductible 2500 Hybrid	Deductible 3000 Hybrid
Metallic tier	Gold	Gold	Gold	Gold
Office visits—routine exams	\$0	\$0	\$0	\$0
Office visits—other primary care	\$10	\$10	\$10	\$15
Office visits—specialty care	\$20	\$20	\$20	\$25
Telemedicine via Teladoc [®]	\$5	\$5	\$5	\$5
Prescriptions retail (up to a 30-day supply)	\$5/\$10/\$40/\$250	\$5/\$10/\$40/\$250	\$5/\$15/\$40/\$250	\$5/\$15/\$50/\$250
Prescriptions—mail order (up to a 90-day supply)	\$10/\$20/\$80/\$750	\$10/\$20/\$80/\$750	\$10/\$30/\$80/\$750	\$10/\$30/\$100/\$750
Emergency room (waived if admitted)	\$500	\$500	\$500	\$500
Inpatient hospital	\$1,000 after deductible	\$1,000 after deductible	\$1,000 after deductible	\$1,000 after deductible
Same-day surgery	\$1,000 after deductible	\$1,000 after deductible	\$1,000 after deductible	\$1,000 after deductible
ART services (IVF, GIFT, ZIFT)	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible
Preventive services*	Covered in full	Covered in full	Covered in full	Covered in full
Diagnostic lab services*	Covered in full	Covered in full	Covered in full	Covered in full
Diagnostic X-ray services*	\$20	\$20	\$20	\$25
Diagnostic other (EKG, ultrasound, colonoscopy, etc.)*	Deductible	Deductible	Deductible	Deductible
Imaging (CAT, PET, MRI scans, nuclear cardiology)	\$500 after deductible	\$500 after deductible	\$500 after deductible	\$500 after deductible
Durable medical equipment (unlimited)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Physical/occupational/speech therapy	\$20	\$20	\$20	\$25
Cardiac rehab	\$20	\$20	\$20	\$25
Physical/occupational/speech therapy (Autism services)	\$10	\$10	\$10	\$15
Chiropractic care	\$20	\$10	\$20	\$25
Pediatric dental	Included	Included	Included	Included
Pediatric vision	Included	Included	Included	Included
Deductible (ind./fam.)	\$1,250/\$2,500	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000
Out-of-pocket maximum (ind./fam.)	\$7,900/\$15,800	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300

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 Direct Care. Please consult the provider directory—a paper copy 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 Direct Care.

*Diagnostic services are those tests and services that are intended to diagnose, check the status of or treat a disease or condition. Preventive services are services, tests and immunizations that are intended to screen for diseases or conditions and to improve early detection of disease when there are no diagnoses or symptoms. This excludes routine physical exams. For a guide to preventive and diagnostic services, please visit our website at fallonhealth.org.

This fact sheet highlights some of the benefits of Direct Care and Select Care. For full benefits, please go to fallonhealth.org. The subscriber certificate and all riders define the terms, limitations and conditions of the plan. Should any questions arise, the subscriber certificate and riders will govern.