# Select Care
# Deductible 1200 Hybrid

Benefit Summary—*Benefits effective January 1, 2018 and beyond*

## The Fallon difference

With Select Care Deductible 1200 Hybrid, you get everything you need to live a healthy life. This plan features comprehensive medical benefits including:

- **$5 primary care office visits**
- **$1 drug copayments** for Tier 1 and $5 for Tier 2
- **$15 specialist visit**
- **An annual fitness reimbursement of up to $150** 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**
- **$0 copayment for both preventive and diagnostic services**
- **Pedi-Dental** up to age 19 included.
- **Pedi-Glasses:** One designated set, once per calendar year.
- **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.

And if you or someone in your family has asthma, diabetes or is taking medication for both high blood pressure and high cholesterol, there are other great benefits for you! For a full listing of these benefits, see your Schedule of Benefits.

**How to receive care:** With Select Care Deductible 1200 Hybrid, you can choose to get your care from doctors, specialists, hospitals and health care facilities in the Select Care network. You can be seen at physician practices, community hospitals and medical facilities across Massachusetts and Southern New Hampshire, giving you a wide choice of health care providers. For a complete list of Select Care providers, visit the "Find a Doctor" tool on fallonhealth.org.

**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 Select Care Deductible 1200 Hybrid, you must select a PCP. To do this, just complete the section on your Fallon 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 Select Care network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your Select 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 Select Care Member Handbook/Evidence of Coverage.

## Plan specifics

| | |
|---|---|
| **Benefit period**<br>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. | |
| **Deductible**<br>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. | $1,200 individual<br>$2,400 family |
| **Embedded deductible**<br>Please note that once any one member in a family accumulates $1,200 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. | $1,200 |
| **Deductible carryover**<br>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 |
| **Out-of-pocket maximum**<br>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. | $7,350 individual<br>$14,700 family |

| Benefits | Your cost |
|---|---|
| **Office** | |
| Routine physical exams (according to MHQP preventive guidelines) | $0 |
| Office visits (primary care provider) | $5 per visit |
| Office visit (diabetes management) | $0 (up to four visits) |
| Office visits (specialist) | $15 per visit |
| Office visits (limited service clinics, e.g., Minute Clinic) | $5 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) | $5 |
| Short-term rehabilitative services (60 visits per benefit period) | $20 per visit |
| Prenatal care | $5 first visit only |
| Preventive services<br>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<br>Tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition | Covered in full |

| Benefits | Your cost |
|---|---|
| Imaging (CAT, PET, MRI, Nuclear Cardiology) | $350 copayment after deductible |
| Chiropractic care | $20 per visit |
| **Prescriptions**<br>*Please note: Specialty medication that falls under the medical benefit will apply towards your deductible. For more information, please contact Fallon's Customer Service Department at 1-800-868-5200.* | **Tier 1/Tier 2/Tier 3/ Tier 4** |
| Prescription drugs, insulin and insulin syringes | $1/$5/$30/50% coins. w/$400 max (per 30-day supply) |
| Generic contraceptives and contraceptive devices | $0 (30-day supply) |
| Brand contraceptives with no generic equivalent (prior authorization required) | With prior authorization: $0 (30-day supply) |
| Brand contraceptives with a generic equivalent (prior authorization required) | Tier 3: $30<br>Tier 4: 50% coins. w/$400 max (per 30-day supply) |
| Prescription medication refills obtained through the mail order program | $2/$10/$60/50% coins. w/$1,200 max (per 90-day supply) |
| Prilosec OTC, Prevacid 24HR, omeprazole OTC, lansoprazole OTC (prescription required) | $5 |
| **Inpatient hospital services** | |
| Room and board in a semiprivate room (private when medically necessary) | $1,000 copayment after deductible |
| Physicians' and surgeons' services | Covered in full after deductible |
| Physical and respiratory therapy | Covered in full after deductible |
| Intensive care services | Covered in full after deductible |
| Maternity care | Covered in full after deductible |
| **Same-day surgery** | |
| Same-day surgery in a hospital outpatient or ambulatory care setting | $1,000 copayment after deductible |
| **Emergencies** | |
| Emergency room visit | $400 copayment (waived if admitted) |
| **Skilled nursing** | |
| Skilled care in a semiprivate room | $1,000 copayment after deductible |

| Benefits | Your cost |
|---|---|
| **Substance abuse** | |
| Office visits | $5 per visit |
| Detoxification in an inpatient setting | Covered in full |
| Rehabilitation in an inpatient setting | Covered in full |
| **Mental health** | |
| Office visits | $5 per visit |
| Services in a general or psychiatric hospital | Covered in full |
| **Other health services** | |
| Skilled home health care services | Covered in full after deductible |
| Durable medical equipment | 20% coinsurance |
| Medically necessary ambulance services | Covered in full after deductible |
| **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) | $150 individual<br>$150 family |
| The Healthy Health Plan! a program that supports members (subscriber and spouse age 18 and older) in becoming, and staying, healthy. Simply fill out the health assessment, receive a personalized health report and then 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 |
| 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)<br>Long-term rehabilitative services<br>Cosmetic surgery<br>Experimental procedures or services that are not generally accepted medical practice<br>Dental services not described in your *Schedule of Benefits*<br>Routine foot care<br>Custodial confinement | |

**Some services may require prior authorization.** A complete list of benefits and exclusions is in the Select 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 1-800-868-5200 (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.*
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