

Effective: October, 2019

Product Reference Guide

Fallon Health Member ID cards

Fallon Health is moving forward as the proud partner of providers who offer high-quality care—providers like you!

At Fallon Health, it is our goal to keep you informed about our products, policies and member benefits. This guide is designed to help you identify Fallon's member ID cards and corresponding plan details such as the referral process, copayments and deductibles. Specific plan information may vary on individual cards, but you can always access the provider tools at fallonhealth.org/providers or contact Provider Relations for further information.



fallonhealth.org/providers • 1-866-275-3247

Our PRODUCTS

The checked boxes indicate the Fallon plans you are contracted for as of ____/____/____.

Your Provider Relations Representative will mark the contracted plans and date. Please call Provider Relations at 1-866-275-3247, prompt 4 if you have additional questions.

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COMMERCIAL plans

<p>John Sample ID 0000000000000000 RX [Y/N] DB [Y/N]</p> <p>PCP office visit \$ 15 Physical exam \$ 0 Specialist office \$ 30 Emergency room \$ 100 Same-day surgery \$ 250 Inpatient \$ 250 Prescription \$ 15/30/50</p> <p>Deductibles may apply to certain services.</p>	<p>Limited network</p> <p></p> <p>Direct Care</p> <p></p>
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Direct Care

- Members must choose a PCP from the Direct Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Members are eligible for Fallon’s Peace of Mind Program™.

<p>John Sample ID 0000000000000000 RX [Y/N] DB [Y/N]</p> <p>PCP office visit \$ 15 Physical exam \$ 0 Specialist office \$ 30 Emergency room \$ 100 Same-day surgery \$ 250 Inpatient \$ 250 Prescription \$ 15/30/50</p> <p>Deductibles may apply to certain services.</p>	<p></p> <p>Select Care</p> <p></p>
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Select Care

- Members must choose a PCP from the Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

<p>John Sample ID 0000000000000000 RX [Y/N] DB [Y/N]</p> <p>PCP office visit \$ 15 Physical exam \$ 0 Specialist office \$ 30 Emergency room \$ 100 Same-day surgery \$ 250 Inpatient \$ 250 Prescription \$ 15/30/50</p> <p>Deductibles and coinsurances apply to certain services.</p>	<p></p> <p>Fallon Preferred Care</p> <p>PPO</p> <p></p> <p></p>
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Fallon Preferred Care



- Preferred provider organization (PPO) product.
- Members have nationwide access to hospitals and physicians available through the Fallon Preferred Care and PHCS/MultiPlan networks.
- Offers in-network and out-of-network benefit levels.

<p>John Sample ID 0000000000000000 RX [Y/N] DB [Y/N]</p> <p>PCP office visit \$ 15 Physical exam \$ 0 Specialist office \$ 30 Emergency room \$ 100 Same-day surgery \$ 250 Inpatient \$ 250 Prescription \$ 15/30/50</p> <p>Deductibles may apply to certain services.</p>	<p>Regional/Limited network</p> <p></p> <p></p> <p></p>
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Steward Community Care


- Members must choose a PCP from the Steward Community Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

CUSTOMIZED EMPLOYER GROUP plans

John Sample ID 0000000000000000 RX [Y/N] DB [Y/N]		 Harrington Advantage PPO  A Select Care Network Plan
PCP office visit \$ 20/35 Physical exam \$ 0 Specialist office \$ 20/50 Emergency room \$ 100 Same-day surgery \$ 0% / 20% Inpatient \$ 0% / 20%		
Deductibles or coinsurance may apply to certain services.		


Harrington Advantage

- Preferred provider organization (PPO) product.
- Offers in-network and out-of-network benefit levels.
- Members are not required to designate a PCP, and PCP referrals are not needed for specialty care.
- In-network providers are categorized into two tiers.
- Cost-sharing varies by tier. Members who see a Tier 1 provider will pay a lower cost-sharing amount than when they see a Tier 2 or out-of-network provider.

John Sample ID RX DB		 Harrington HEALTHCARE SYSTEM <i>Total Local Care</i> HHCS2 ACA Direct Care
PCP office visit \$ 20/35 Physical exam \$ 0 Specialist office \$ 20/50 Emergency room \$ 100 Same-day surgery \$ 0% / 20% Inpatient \$ 0% / 20%		
Deductibles or coinsurance may apply to certain services.		


Harrington HHCS 2 ACA

- Members must choose a PCP from the HHCS 2 ACA plan network, which is based on Fallon's Direct Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Members of HHCS 2 ACA are eligible for the Peace of Mind Program™.

John Sample ID 0000000000000000 RX [Y/N] DB [Y/N]		 Direct A Direct Care Network Plan
PCP office visit \$ 15 Physical exam \$ 0 Specialist office \$ 25 Emergency room \$ 100 Same-day surgery \$ 100 Inpatient \$ 200		
Deductibles may apply to certain services.		

The City of Worcester Advantage—Direct Plan and Advantage Plan




- Direct Plan members must choose a PCP from The City of Worcester Advantage Direct network, based on Fallon's Direct Care network.
- Advantage Plan members must choose a PCP from The City of Worcester Advantage network, a tiered network based on Fallon's Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Direct Plan members are eligible for Fallon's Peace of Mind Program™.
- Advantage Plan providers are categorized into 1 of 2 tiers. Cost-sharing varies by tier.



John Sample ID 0000000000000000 RX [Y/N] DB [Y/N]		 Advantage A Select Care Network Plan
PCP office visit \$ 15/20 Physical exam \$ 0 Specialist office \$ 25/30 Emergency room \$ 100 Same-day surgery \$ 150/300 Inpatient \$ 250/500		
Deductibles may apply to certain services.		

The Advantage Plan—Hanover

- Members must choose a PCP from The Advantage Plan—Hanover network, which is based on Fallon's Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Providers are categorized into 1 of 2 tiers. Cost sharing varies by tier.
- Members who receive imaging services in a non-hospital setting pay less out-of-pocket than those who receive imaging services in a hospital setting.

CUSTOMIZED EMPLOYER GROUP plans, *continued*





John Sample		Limited tiered network
ID 0000000000000000		
RX [Y/N]	HCO xxx DB [Y/N]	
PCP office visit	\$ 15	 
Physical exam	\$ 0	
Specialist office	\$ 30	
Emergency room	\$ 100	
Same-day surgery	\$ 250	
Inpatient	\$ 250	
Prescription	\$ 15/30/50	
Deductibles may apply to certain services.		

John Sample		Tiered network
ID 0000000000000000		
RX [Y/N]	HCO xxx DB [Y/N]	
PCP office visit	\$ 15	 
Physical exam	\$ 0	
Specialist office	\$ 30	
Emergency room	\$ 100	
Same-day surgery	\$ 250	
Inpatient	\$ 250	
Prescription	\$ 15/30/50	
Deductibles may apply to certain services.		

Commonwealth of Massachusetts Group Insurance Commission (GIC)—Direct Care and Select Care





- Direct Care members must choose a PCP from Fallon’s Direct Care network. Specialist only cost-sharing varies by tier.
- Select Care members must choose a PCP from Fallon’s Select Care network. Specialist and hospital cost-sharing varies by tier.
- PCP referral is required for in-network specialty care. Out of network specialty care requires prior authorization.
- Direct Care members are eligible for Fallon’s Peace of Mind Program™.

INDIVIDUAL HEALTH plans

John Sample		Limited network
ID 0000000000000000		
RX [Y/N]	HCO xxx DB [Y/N]	
PCP office visit	\$ 15	  
Physical exam	\$ 0	
Specialist office	\$ 30	
Emergency room	\$ 100	
Same-day surgery	\$ 250	
Inpatient	\$ 250	
Prescription	\$ 15/30/50	
Deductibles and coinsurance apply to certain services.		





Fallon Health Connector options

- Card will specify plan name: *Direct Care* or *Select Care*.
- Members must choose a PCP within their plan’s network.
- All standard features and programs included.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Members of Direct Care are eligible for the Peace of Mind Program™.






John Sample		Tiered network
ID 0000000000000000		
RX [Y/N]	DB [Y/N]	
PCP office visit	\$ 15	  
Physical exam	\$ 0	
Specialist office	\$ 30	
Emergency room	\$ 100	
Same-day surgery	\$ 250	
Inpatient	\$ 250	
Prescription	\$ 15/30/50	
Deductibles may apply to certain services.		

Community Care

- Members must choose a PCP from the Community Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- All standard features and programs included.





John Sample		Regional/Limited network
ID 0000000000000000		
RX [Y/N]	DB [Y/N]	
PCP office visit	\$ 15	  
Physical exam	\$ 0	
Specialist office	\$ 30	
Emergency room	\$ 100	
Same-day surgery	\$ 250	
Inpatient	\$ 250	
Prescription	\$ 15/30/50	
Deductibles may apply to certain services.		

MASSHEALTH ACCOUNTABLE CARE ORGANIZATION (ACO) plans

John Sample		
ID	0000000000000000	
RX	[Y/N] DB [Y/N]	   
PCP office visit	\$ 0	
Physical exam	\$ 0	
Specialist office	\$ 0	
Emergency room	\$ 0	
Same-day surgery	\$ 0	
Inpatient	\$ 0	
Prescription	\$ 1 / 3.65	
MassHealth ID#:		




Berkshire Fallon Health Collaborative (BFHC)

- Members must choose a PCP from the Berkshire Fallon Health Collaborative (BFHC) network.
- PCP referrals are not required for specialty care when referred to a BFHC Core provider.
- PCP referrals are required for BFHC Affiliate providers.
- Out-of-network services, including specialty care visits, require prior authorization from the Plan.
- Members are not eligible for It Fits! or infertility treatment.

John Sample		
ID	0000000000000000	
RX	[Y/N] DB [Y/N]	  
PCP office visit	\$ 0	
Physical exam	\$ 0	
Specialist office	\$ 0	
Emergency room	\$ 0	
Same-day surgery	\$ 0	
Inpatient	\$ 0	
Prescription	\$ 1 / 3.65	
MassHealth ID#:		

Fallon 365 Care





- Members must choose a PCP from the Fallon 365 Care network.
- PCP referral is not required for specialty care within Reliant Medical Group or Southboro Medical Group.
- PCP referral is required for specialty care outside of Reliant Medical Group and Southboro Medical Group, even if the provider is a contracted Fallon 365 Care network provider.
- Out-of-network authorization is required for all out-of-network services including specialist visits.
- Members are not eligible for It Fits! or infertility treatment.

John Sample		
ID	0000000000000000	
RX	[Y/N] DB [Y/N]	 
PCP office visit	\$ 0	
Physical exam	\$ 0	
Specialist office	\$ 0	
Emergency room	\$ 0	
Same-day surgery	\$ 0	
Inpatient	\$ 0	
Prescription	\$ 1 / 3.65	
MassHealth ID#:		

Wellforce Care Plan

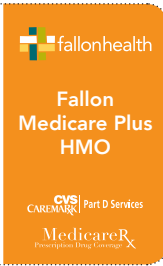
- Members must choose a PCP from the Wellforce Care Plan network.
- PCP referrals are required for all specialist visits in the Wellforce Care Plan network and visits to any Wellforce Care Plan affiliates.
- Out-of-network authorization is required for all out-of-network services including specialist visits.
- Members are not eligible for It Fits! or infertility treatment.

MEDICARE plans

John Sample		
ID	0000000000000000	
Health Plan	(80840) 7942203101	  
PCP office visit:	\$ 10	
Physical exam:	\$ 0	
Specialist office:	\$ 20	
Emergency room:	\$ 90	
Same-day surgery:	\$ 350	
Part D Rx: Y	RXBIN: 004336	
RXPCN: MEDDADV		
RXGRP: FCHP		
DB:	CMS: H9001 xxx	


Fallon Medicare Plus™ Central HMO

- For individual consumers who are Medicare-eligible and live in Worcester County.
- Includes Medicare Part D prescription drug coverage (MAPD).
- Members must choose a PCP from the Fallon Medicare Plus Central HMO network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Note: card color may be orange, green or blue based on plan benefits.

<p>John Sample ID 0000000000000000 Health Plan (80840) 7942203101</p> <p>PCP office visit: \$ 10 Physical exam: \$ 0 Specialist office: \$ 20 Emergency room: \$ 90 Same-day surgery: \$ 350</p> <p>Part D Rx: Y RXBIN: 004336 RXPCN: MEDDADV RXGRP: FCHP DB: CMS: H9001 xxx</p>	 <p>fallonhealth</p> <p>Fallon Medicare Plus HMO</p> <p>CVS CAREMARK Part D Services MedicareRx <small>Prescription Drug Coverage</small></p>
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Fallon Medicare Plus™ HMO

- For individual consumers who are Medicare-eligible.
- All but one plan includes Medicare Part D prescription drug coverage (MAPD).
- Members must choose a PCP from the Fallon Medicare Plus HMO network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Note: card color may be orange, green or blue based on plan benefits.

<p>John Sample ID 0000000000000000 Health Plan (80840) 7942203101</p> <p>PCP office visit: \$ 10 Physical exam: \$ 0 Specialist office: \$ 20 Emergency room: \$ 90 Same-day surgery: \$ 350</p> <p>Part D Rx: Y RXBIN: 004336 RXPCN: MEDDADV RXGRP: FCHP DB: CMS: H9001 xxx</p>	 <p>Limited network</p> <p>fallonhealth</p> <p>Fallon Medicare Plus Central HMO</p> <p>CVS CAREMARK Part D Services MedicareRx <small>Prescription Drug Coverage</small></p>
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Fallon Medicare Plus™ Central Premier HMO

- For Medicare-eligibles with retiree coverage through an employer group or union and who live in Worcester County.
- Includes Medicare Part D prescription drug coverage (MAPD).
- Members must choose a PCP from the Fallon Medicare Plus™ Central Premier HMO network.
- PCP referrals are required for both in- and out-of-network specialty care.
- Offers in-network benefit levels only.

<p>John Sample ID 0000000000000000 Health Plan (80840) 7942203101</p> <p>PCP office visit: \$ 10 Physical exam: \$ 0 Specialist office: \$ 20 Emergency room: \$ 90 Same-day surgery: \$ 350</p> <p>Part D Rx: Y RXBIN: 004336 RXPCN: MEDDADV RXGRP: FCHP DB: CMS: H9001 xxx</p>	 <p>fallonhealth</p> <p>Fallon Medicare Plus HMO</p> <p>CVS CAREMARK Part D Services MedicareRx <small>Prescription Drug Coverage</small></p>
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Fallon Medicare Plus™ Premier HMO

- For Medicare-eligibles with retiree coverage through an employer or union group.
- Includes Medicare Part D prescription drug coverage (MAPD).
- Members must choose a PCP from the Fallon Medicare Plus Premier HMO network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

<p>John Sample ID 0000000000000000</p> <p>Providing secondary coverage to Medicare.</p> <p>Deductibles apply to certain services.</p>	 <p>fallonhealth <small>Life Insurance Company, Inc.</small></p> <p>Fallon Medicare Plus Supplement</p>
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Fallon Medicare Plus™ Supplement

- For individual consumers who are Medicare-eligible.
- Excludes Medicare Part D prescription drug coverage.
- Members are not required to choose a PCP.
- Members may see any provider they choose who accepts Medicare.
- Referrals and prior plan authorizations are not required.


<p>membername ID membernumber</p> <p>Providing secondary coverage to Medicare</p> <p>Rx Y/N</p>	 <p>fallonhealth <small>Life Insurance Company, Inc.</small></p> <p>Fallon Medicare Plus Freedom</p> <p>CVS/caremark</p>
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Fallon Medicare Plus™ Freedom

- For Medicare-eligibles with retiree coverage through an employer.
- Members may or may not have prescription drug coverage.
- Members are not required to choose a PCP.
- Members may see any provider, anywhere in the U.S., who accepts Medicare.
- Referrals and prior plan authorizations are not required.

MASSHEALTH STANDARD ELIGIBLE SENIORS


John Sample ID 0000000000000000 Health Plan (80840) 7942203101		 NaviCare HMO SNP CVS CAREMARK Part D Services MedicareRx Prescription Drug Coverage
PCP office visit \$ 0 Physical exam \$ 0 Specialist office \$ 0 Emergency room \$ 0 Same-day surgery \$ 0	Rx Y RXBIN: 004336 RXPCN: MEDDADV RXGRP: FCHP DB Y CMS H9001 019	

John Sample ID 0000000000000000 Health Plan (80840) 7942203101		 NaviCare SCO CVS CAREMARK
PCP office visit \$ 0 Physical exam \$ 0 Specialist office \$ 0 Emergency room \$ 0 Same-day surgery \$ 0	Rx Y RXBIN: 004336 RXPCN: ADV RXGRP: RX7606 DB Y	

NaviCare® HMO SNP and NaviCare® SCO

- NaviCare HMO SNP is for Medicare and Medicaid (MassHealth Standard) eligibles.
- NaviCare SCO is for Medicaid (MassHealth Standard) eligibles. (May have Medicare Part A or B, but not required.)
- Includes all Medicaid (MassHealth Standard) benefits as well as Medicare Parts A, B and D (Rx) covered benefits, items and services.
- Members must choose a PCP from the NaviCare network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- No copayments, no coinsurance and no premium.
- Includes a Navigator who serves as the primary contact and guide for NaviCare enrollees. The Navigator ensures ongoing service provision and care coordination, consistent with the member's care plan.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

John Sample ID 0000000000000000		 Summit ElderCare® A Program of All-Inclusive Care for the Elderly (PACE) offered by Fallon Health CVS CAREMARK Part D Services
Office visit \$ 0 Emergency room \$ 0 Inpatient \$ 0 Prescribed medications \$ 0	Part D Rx Y RXBIN: 004336 RXPCN: MEDDADV RXGRP: FCHP CMS: H2219 {001 or 002}	

Summit ElderCare®

- Summit ElderCare is for any person who is 55 years of age or older, lives in the service area, meets the Medicaid nursing facility clinical criteria and is able to live safely in the community as determined by Summit ElderCare Interdisciplinary Care Team.
- All care must be received from providers who have a contract with Summit ElderCare—except emergency care, or if authorized by the Care Team.
- Most participants receive most medical care and services at a Summit ElderCare PACE Center, where medical, nursing, rehabilitation, social supports and personal care needs are coordinated.
- Provider referral is required for all specialty care. Out of network care requires prior authorization.
- Participants receive 100% coverage for all medically necessary services and care, including hospitalizations and prescription drugs.



Program eligibility and benefits may vary by employer, plan and product. To verify if a service requires prior authorization, please refer to our website at fallonhealth.org/providers and use the procedure code look-up tool.