fallonhealth

2020-2021 Benefit Comparison

Plan Benefits	Your Current (2020) Plan	2021 Plan
Product Name	Copay 500	Copay 1000
Plan Type	HMO	No change
Metallic Tier	Platinum	No change
Office Visits- *Primary Care Provider/Specialist*	$25/$40	$20/$30
Teladoc	$5	No change
Urgent Care	$25	$20
Prescriptions- *Retail (up to a 30-day supply)*	$5/$25/$40/$80	$5/$10/$40/$250
Prescriptions- *Mail order (up to a 90-day supply)*	$10/$50/$80/$240	$10/$20/$80/$750
Emergency Room *(waived if admitted)*	$200	$250
Inpatient Hospital	$500	$1,000
Same Day Surgery	$250	$500
ART Services *(IVF, GIFT, ZIFT)*	$250	No change
Preventive Services*	Covered in full	No change
Diagnostic Services *(Lab services)**	Covered in full	No change
Diagnostic Services *(X-ray services)**	Covered in full	No change
Diagnostic Other *(EKG, ultrasound, colonoscopy, etc.)**	Covered in full	No change
Imaging *(CAT, PET, MRI scans, nuclear cardiology)*	$100	$500
Durable Medical Equipment *(Unlimited)*	30% coinsurance	20% coinsurance
Physical/Occupational/Speech Therapy	$25	$20
Cardiac Rehab	$0	$30
PT/OT/ST Autism Services	$25	$20
Chiropractic Care	$25	$30
Pediatric Dental / Pediatric Vision	Included / Included	No change
Deductible	N/A	No change
Out-of-Pocket Maximum	$4,000/$8,000	No change

* 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.