Fallon Health Intermediary Non-Group HMO Plan Options

Benefits effective January 1, 2021 and beyond.

Benefit	Copay 1000	Deductible 1250	Deductible 2000 High	Deductible 3000 High
Office visits—routine exams	$0	$0	$0	$0
Office visits—other primary care	$20	$20	$25	$30
Office visits—specialty care	$30	$30	$35	$40
Telemedicine via Teladoc®	$5	$5	$5	$5
Urgent care	$20	$20	$25	$30
Prescriptions retail (up to a 30-day supply)	$5/$10/$40/$250	$5/$25/$40/$250	$5/$25/$40/$250	$5/$25/$50/$250
Prescriptions—mail order (up to a 90-day supply)	$10/$20/$80/$750	$10/$50/$80/$750	$10/$50/$80/$750	$10/$50/$100/$750
Emergency room (waived if admitted)	$250	$500 after deductible	$500 after deductible	$500 after deductible
Inpatient hospital	$1,000	$500 after deductible	$750 after deductible	$750 after deductible
Same-day surgery	$500	$500 after deductible	$750 after deductible	$750 after deductible
ART services (IVF, GIFT, ZIFT)	$250	$250 after deductible	$250 after deductible	$250 after deductible
Diagnostic lab services*	Covered in full	Covered in full	Covered in full	Covered in full
Diagnostic X-ray services*	Covered in full	$30	$35	$40
Diagnostic other (EKG, ultrasound, colonoscopy, etc.)*	Covered in full	Deductible	Deductible	Deductible
High cost imaging (CT/PET scans, MRI)	$500	$500 after deductible	$500 after deductible	$500 after deductible
Durable medical equipment (unlimited)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prosthetics	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Physical/occupational/speech therapy	$30	$30	$35	$40
Cardiac rehab	$30	$30	$35	$40
Physical/occupational/speech therapy (Autism services)	$20	$20	$25	$30
Chiropractic care	$30	$30	$35	$40
Child adolescent mental health services	Included	Included	Included	Included
Deductible (ind./fam.)	N/A	$1,250/$2,500	$2,000/$4,000	$3,000/$6,000
Out-of-pocket maximum (ind./fam.)	$4,000/$8,000	$8,550/$17,100	$8,550/$17,100	$8,550/$17,100

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.*

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Benefits effective January 1, 2021 and beyond.

Benefit	Deductible 2000 Low	Deductible 5000 Low	QHD 2000 HSA	QHD 3000 HSA
Office visits—routine exams	$0	$0	$0	$0
Office visits—other primary care	$40	$40	$25 after deductible	$25 after deductible
Office visits—specialty care	$65	$65	$40 after deductible	$40 after deductible
Telemedicine via Teladoc®	$5	$5	$5 after deductible	$5 after deductible
Urgent care	$40	$40	$40 after deductible	$40 after deductible
Prescriptions retail (up to a 30-day supply)	$30/$60/$100/$150	$30/$60/$100/$150	$10/$30/$100/$200 after deductible	$5/$30/$100/$200 after deductible
Prescriptions—mail order (up to a 90-day supply)	$60/$120/$200/$450	$60/$120/$200/$450	$20/$60/$200/$600 after deductible	$10/$60/$200/$600 after deductible
Emergency room (waived if admitted)	$1,000 after deductible	$1,000 after deductible	$250 after deductible	$250 after deductible
Inpatient hospital	$1,000 after deductible	$1,000 after deductible	$200 after deductible	$200 after deductible
Same-day surgery	$1,000 after deductible	$1,000 after deductible	$100 after deductible	$100 after deductible
ART services (IVF, GIFT, ZIFT)	$250 after deductible	$250 after deductible	$100 after deductible	$100 after deductible
Diagnostic lab services*	$50	$50	$50 after deductible	Deductible
Diagnostic X-ray services*	$125 after deductible	$200 after deductible	$50 after deductible	Deductible
Diagnostic other (EKG, ultrasound, colonoscopy, etc.)*	Deductible	Deductible	Deductible	Deductible
High cost imaging (CT/PET scans, MRI)	$700 after deductible	$1,000 after deductible	$250 after deductible	$250 after deductible
Durable medical equipment (unlimited)	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Prosthetics	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Physical/occupational/speech therapy	$40 after deductible	$40 after deductible	$25 after deductible	$25 after deductible
Cardiac rehab	$40 after deductible	$40 after deductible	$25 after deductible	$25 after deductible
Physical/occupational/speech therapy (Autism services)	$40	$40	$25 after deductible	$25 after deductible
Chiropractic care	$40	$40	$25 after deductible	$25 after deductible
Child adolescent mental health services	Included	Included	Included	Included
Deductible (ind./fam.)	$2,000/$4,000	$5,000/$10,000	$2,000/$4,000	$3,000/$6,000
Out-of-pocket maximum (ind./fam.)	$8,550/$17,100	$8,550/$17,100	$7,000/$14,000	$7,000/$14,000

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Benefit	Bronze Deductible 3000	Bronze Deductible 5000
Office visits—routine exams	$0	$0
Office visits—other primary care	$60 after deductible	$60 after deductible
Office visits—specialty care	$90 after deductible	$90 after deductible
Telemedicine via Teladoc®	$5 after deductible	$5 after deductible
Urgent care	$60 after deductible	$100 after deductible
Prescriptions retail (up to a 30-day supply)	$30/$60/$100/$250	$30/$60/$100/$250
Prescriptions—mail order (up to a 90-day supply)	$60/$120/$200/$750	$60/$120/$200/$750
Emergency room (waived if admitted)	$1,200 after deductible	$1,200 after deductible
Inpatient hospital	$1,200 after deductible	$1,200 after deductible
Same-day surgery	$1,200 after deductible	$1,200 after deductible
ART services (IVF, GIFT, ZIFT)	$250 after deductible	$250 after deductible
Diagnostic lab services*	$200 after deductible	$200 after deductible
Diagnostic X-ray services*	$200 after deductible	$200 after deductible
Diagnostic other (EKG, ultrasound, colonoscopy, etc.)*	Deductible	Deductible
High cost imaging (CT/PET scans, MRI)	$1,200 after deductible	$1,200 after deductible
Durable medical equipment (unlimited)	30% coinsurance after deductible	30% coinsurance after deductible
Prosthetics	20% coinsurance after deductible	20% coinsurance after deductible
Physical/occupational/speech therapy	$90 after deductible	$90 after deductible
Cardiac rehab	$90 after deductible	$90 after deductible
Physical/occupational/speech therapy (Autism services)	$60 after deductible	$60 after deductible
Chiropractic care	$60 after deductible	$60 after deductible
Child adolescent mental health services	Included	Included
Deductible (ind./fam.)	$3,000/$6,000	$5,000/$10,000
Out-of-pocket maximum (ind./fam.)	$8,550/$17,100	$8,550/$17,100

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