Fallon Health Copayment, Coinsurance and Deductible Plan Options

Benefits effective January 1, 2017 and beyond. Changes are reflected in **bold** type.

Benefit	Copay 500	Coinsurance 35%	Deductible 2000 Low	Bronze Deductible 3000
Office visits—routine exams	$0	$0	$0	$0
Office visits—other primary care	$15	$35	$35	$60
Office visits—specialty care	$30	$60	$60	$75
Prescriptions retail (up to a 30-day supply)	~~$5/$15/$25/$50~~ **$5/$15/$30/$60**	$5/$15/$50/$100	$5/$20/$50/$100	$5/$40/$100/$100
Prescriptions—mail order (up to a 90-day supply)	~~$10/$30/$50/$150~~ **$10/$30/$60/$180**	$10/$30/$100/$300	$10/$40/$100/$300	$10/$80/$200/$300
Emergency room (waived if admitted)	~~$100~~ **$150**	~~$250 after deductible~~ **35% coinsurance after deductible**	$600 after deductible	~~35% coinsurance after deductible~~ **$1,000 after deductible**
Inpatient hospital	$500	35% coinsurance after deductible	$1,000 after deductible	$1,000 after deductible
Same-day surgery	$250	35% coinsurance after deductible	$1,000 after deductible	35% coinsurance after deductible
Diagnostic services (Lab)*	Covered in full	35% coinsurance after deductible	Covered in full after deductible	$50 after deductible
Diagnostic services (non-lab) X-ray/Imaging	Covered in full	35% coinsurance after deductible	~~Covered in full after deductible~~ **$100 after deductible**	~~$50 after deductible~~ **$175 after deductible**
Imaging (CAT, PET, MRI scans, nuclear cardiology)	~~$50~~ **$100**	35% coinsurance after deductible	$600 after deductible	$850 after deductible
Durable medical equipment (unlimited)	30% coinsurance	35% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Physical/occupational/speech therapy	$20	$35 after deductible	$35 after deductible	$75 after deductible
Chiropractic care	$20	$35	$35	$60
Pediatric dental	Included	Included	Included	Included
Pediatric vision	**Included**	**Included**	**Included**	**Included**
Deductible (ind./fam.)	Not applicable	$2,000/$4,000	$2,000/4,000	$3,000/6,000
Out-of-pocket maximum (ind./fam.)	~~$3,000/$6,000~~ **$4,000/$8,000**	~~$6,850/$13,700~~ **$7,150/$14,300**	~~$6,850/$13,700~~ **$7,150/$14,300**	~~$6,850/$13,700~~ **$7,150/$14,300**

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**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.*

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Fallon Health Classic Deductible HMO Plan Options

Benefits effective January 1, 2017 and beyond. Changes are reflected in **bold** type.

Benefit	Deductible 1000 Classic	Deductible 1500 Classic	Deductible 2000 Classic	Deductible 3000 Classic
Office visits—routine exams	$0	$0	$0	$0
Office visits—other primary care	$15	$25	$25	$15
Office visits—specialty care	$25	~~$40~~ **$45**	$40	$25
Prescriptions retail (up to a 30-day supply)	$5/$15/$30/$50	~~$5/$20/$40/$75~~ **$5/$25/$45/$75**	$5/$20/$35/$60	$5/$15/$25/$50
Prescriptions—mail order (up to a 90-day supply)	$10/$30/$60/$150	~~$10/$40/$80/$225~~ **$10/$50/$90/$225**	$10/$40/$70/$180	$10/$30/$50/$150
Emergency room (waived if admitted)	$150	~~$250~~ **$275**	$200	$200
Inpatient hospital	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Same-day surgery	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Diagnostic services (Lab)*	Covered in full	Covered in full	Covered in full	Covered in full
Diagnostic services (non-lab) X-ray/Imaging	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Imaging (CAT, PET, MRI scans, nuclear cardiology)	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Durable medical equipment (unlimited)	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Physical/occupational/speech therapy	$15 after deductible	$25 after deductible	$25 after deductible	$15 after deductible
Chiropractic care	$15	$25	$25	$15
Pediatric dental	Included	Included	Included	Included
Pediatric vision	**Included**	**Included**	**Included**	**Included**
Deductible (ind./fam.)	$1,000/2,000	$1,500/3,000	$2,000/4,000	$3,000/6,000
Out-of-pocket maximum (ind./fam.)	$1,500/3,000	$6,850/$13,700	$6,850/$13,700	$6,850/$13,700

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Fallon Health Qualified High Deductible HSA HMO Plan Options

Benefits effective January 1, 2017 and beyond. Changes are reflected in **bold** type.

Benefit	QHD 2000 HSA	QHD 3000 HSA
Office visits—routine exams	$0	$0
Office visits—other primary care	$35 after deductible	$25 after deductible
Office visits—specialty care	$45 after deductible	$40 after deductible
Prescriptions retail (up to a 30-day supply)	~~$5/$30/$55/50% coinsurance after deductible~~ **$5/$30/$60/50% coinsurance after deductible**	$5/$15/$30/50% coinsurance after deductible
Prescriptions—mail order (up to a 90-day supply)	~~$10/$60/$110/50% coinsurance after deductible~~ **$10/$60/$120/50% coinsurance after deductible**	$10/$30/$60/50% coinsurance after deductible
Emergency room (waived if admitted)	$150 after deductible	$150 after deductible
Inpatient hospital	Covered in full after deductible	Covered in full after deductible
Same-day surgery	Covered in full after deductible	Covered in full after deductible
Diagnostic services (Lab)*	~~Covered in full after deductible~~ **$30 after deductible**	Covered in full after deductible
Diagnostic services (non-lab) X-ray/Imaging	Covered in full after deductible	Covered in full after deductible
Imaging (CAT, PET, MRI scans, nuclear cardiology)	$150 after deductible	$100 after deductible
Durable medical equipment (unlimited)	30% coinsurance after deductible	30% coinsurance after deductible
Physical/occupational/speech therapy	$35 after deductible	$25 after deductible
Chiropractic care	$35 after deductible	$25 after deductible
Pediatric dental	Included	Included
Pediatric vision	**Included**	**Included**
Deductible (ind./fam.)	$2,000/$4,000	$3,000/$6,000
Out-of-pocket maximum (ind./fam.)	$6,550/$13,100	$6,550/$13,100

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Fallon Health Hybrid HMO Plan Options

Benefits effective January 1, 2017.

Benefit	Copay 1000 Hybrid	Deductible 1200 Hybrid	Deductible 2000 Hybrid
Metallic Tier	**Platinum**	**Gold**	**Gold**
Office visits—primary care provider/specialist	$5/$10	$5/$15	$5/$15
Prescriptions—retail (up to a 30-day supply)	$1/$5/$30/50% coinsurance $400 max per 30-day supply (per medication)	$1/$5/$30/50% coinsurance $400 max per 30-day supply (per medication)	$1/$5/$30/50% coinsurance $400 max per 30-day supply (per medication)
Prescriptions—mail-order (up to a 90-day supply)	$2/$10/$60/50% coinsurance $1,200 max per 90-day supply	$2/$10/$60/50% coinsurance $1,200 max per 90-day supply	$2/$10/$60/50% coinsurance $1,200 max per 90-day supply
Emergency room (waived if admitted)	$250	~~$250~~ **$400**	$250
Inpatient hospital	$1,000	~~$800~~ **$1000** after deductible	$1,000 after deductible
Same-day surgery	$500	~~$800~~ **$1000** after deductible	$500 after deductible
Preventive services*	Covered in full	Covered in full	Covered in full
Diagnostic services (Lab)	Covered in full	Covered in full	Covered in full
Diagnostic services (non-lab) X-ray/Imaging	Covered in full	Covered in full	Covered in full
Imaging (CAT, PET, MRI scans, nuclear cardiology)	$250	~~$300~~ **$350** after deductible	~~$300~~ **$350** after deductible
Durable medical equipment (unlimited)	20% coinsurance	20% coinsurance	20% coinsurance
Physical/occupational/speech therapy	$10	~~$15~~ **$20**	$15
Chiropractic care	$10	~~$15~~ **$20**	$15
Pediatric dental	Included	Included	Included
Pediatric vision	**Included**	**Included**	**Included**
Deductible	N/A	~~$1,000/$2,000~~ **$1,200/$2,400**	$2,000/$4,000
Out-of-pocket maximum	$4,500/$9,000	~~$6,850/$13,700~~ **$7,150/$14,300**	$6,850/$13,700

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Fallon Health HMO Plan Options Comparison Guide

Benefits are effective January 1, 2017. Benefit changes are reflected in **bold** type.

Benefit	Deductible 2000 Low	QHD 2000 HSA
Metallic Tier	**Silver**	**Silver**
Office visits—primary care provider/specialist	$35/$60	$35 after deductible/$45 after deductible
Prescriptions—retail (up to a 30-day supply)	$5/$20/$50/$100	~~$5/$30/$55/50% coinsurance. after deductible~~ **$5/$30/$60/50% coinsurance after deductible**
Prescriptions—mail-order (up to a 90-day supply)	$10/$40/$100/$300	~~$10/$60/$110/50% coinsurance after deductible~~ **$10/$60/$120/50% coinsurance after deductible**
Emergency room (waived if admitted)	$600 after deductible	$150 after deductible
Inpatient hospital	$1,000 after deductible	Covered in full after deductible
Same-day surgery	$1,000 after deductible	Covered in full after deductible
Preventive services*	Covered in full	Covered in full
Diagnostic services (Lab)*	Deductible	~~Deductible~~ **$30 after deductible**
Diagnostic services (non-lab) X-ray/Imaging	~~Deductible~~ **$100 after deductible**	Deductible
Imaging (CAT, PET, MRI scans, nuclear cardiology)	$600 after deductible	$150 after deductible
Durable medical equipment (unlimited)	30% coinsurance after deductible	30% coinsurance after deductible
Physical/occupational/speech therapy	$35 after deductible	$35 after deductible
Chiropractic care	$35	$35 after deductible
Pediatric dental	Included	Included
Pediatric vision	**Included**	**Included**
Deductible	$2,000/$4,000	$2,000/$4,000
Out-of-pocket maximum	~~$6,850/$13,700~~ **$7,150/$14,300**	$6,550/$13,100

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Fallon Preferred Care PPO Plan Options

Benefits effective January 1, 2017 and beyond. Changes are reflected in **bold** type.

Benefit	Deductible 2000 Low	QHD 2000 HSA
Office visits—routine exams	$0	$0
Office visits—other primary care	$35	$35 after deductible
Office visits—specialty care	$60	$45 after deductible
Prescriptions retail (up to a 30-day supply)	$5/$20/$50/$100	~~$5/$30/$55/50% coinsurance after ded~~ **$5/$30/$60/50% coinsurance after deductible**
Prescriptions—mail order (up to a 90-day supply)	$10/$40/$100/$300	~~$10/$60/$110/50% coinsurance after ded~~ **$10/$60/$120/50% coinsurance after deductible**
Emergency room (waived if admitted)	$600 after deductible	$150 after deductible
Inpatient hospital	$1,000 after deductible	Covered in full after deductible
Same-day surgery	$1,000 after deductible	Covered in full after deductible
Diagnostic services (Lab)*	Covered in full after deductible	~~Covered in full after deductible~~ **$30 after deductible**
Diagnostic services (non-lab) X-ray/Imaging	~~Covered in full after deductible~~ **$100 after deductible**	Covered in full after deductible
Imaging (CAT, PET, MRI scans, nuclear cardiology)	$600 after deductible	$150 after deductible
Durable medical equipment (unlimited)	30% coinsurance after deductible	30% coinsurance after deductible
Physical/occupational/speech therapy	$35 after deductible	$35 after deductible
Chiropractic care	$35	$35 after deductible
Pediatric dental	Included	Included
Pediatric vision	**Included**	**Included**
Deductible: individual/family In network/out-of-network	In: $2,000/$4,000 Out: $4,000/$8,000	In: $2,000/$4,000 Out: $4,000/$8,000
Medical Out of pocket maximum: individual/family In network/out-of-network	In: ~~$6,850/$13,700~~ **$7,150/$14,300** Out: ~~$6,850/$13,700~~ **$7,150/$14,300**	In: $6,550/$13,100 Out: $6,550/$13,100
Out-of-network	20% coinsurance after deductible	20% coinsurance after deductible

Fallon Preferred Care provides access to care in Massachusetts or in one of the other 49 states—over 755,000 physicians and more than 4,000 facilities through the Private Healthcare Systems (PHCS)/MultiPlan and Fallon Preferred Care networks. If you have any problems in your search, of if you can't find your doctor, call our dedicated Fallon Preferred Care Customer Service Department toll-free at 1-888-468-1541 (TRS 711) and a representative will assist you—or visit the provider search tool at fallonhealth.org.

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