



Get the features and benefits you want with Direct Care and Select Care HMO plans.

Your GIC benefit period: July 1, 2021—June 30, 2022

		Direct Care Our high-performing limited network with over 38,000 providers			Select Care Our broad network with over 60,000 providers throughout MA and southern NH		
<b>Medical deductible</b> A deductible is the amount of allowed charges you pay before payment is made by the plan for medical and behavioral health services.		\$400 individual \$800 family			\$500 individual \$1,000 family		
<b>Out-of-pocket maximum</b> The out-of-pocket maximum is the annual amount of deductible, coinsurance and copays for which you are responsible. This does not include your premium charge or any amounts you pay for services that are not covered by the plan.		\$5,000 individual \$10,000 family			\$5,000 individual \$10,000 family		
Benefit		Copays					
PCP office visits		\$15			\$20		
PCP wellness exams (according to MHQP preventive guidelines)*		\$0			\$0		
Specialist visits		Tier 1 \$30	Tier 2 \$60	Tier 3 \$75	Tier 1 \$30	Tier 2 \$60	Tier 3 \$75
OB/GYN visits		Tier 1 \$10	Tier 2 \$15	Tier 3 \$25	Tier 1 \$15	Tier 2 \$20	Tier 3 \$30
Chiropractic care (up to 12 visits per benefit year)		\$15			\$20		
Urgent Care (for example: Minute Clinic® or urgent care facility)		\$15			\$20		
Telemedicine 24/7 access to U.S. board-certified doctors to discuss non-emergency conditions by phone, mobile device or online.		\$15 per consult			\$15 per consult		
Tele-Behavioral Health	Beacon Network Providers	\$0 copay (visits 1-3); \$15 copay per visit (visits 4 and after)			\$0 copay (visits 1-3); \$15 copay per visit (visits 4 and after)		
	Teladoc	\$15 copay			\$15 copay		
Routine eye exams (once every 24 months)		\$15			\$20		
Short-term rehabilitative services: physical and occupational therapy (unlimited first 90 days per illness/injury)		\$15			\$20		
Preventive services Mammogram, Pap test and EKG		Covered in full			Covered in full		
Diagnostic services Laboratory tests and X-rays		Subject to deductible, then covered in full			Subject to deductible, then covered in full		
High-end radiology (MRI, PET, CT) (maximum one copay per day)		\$100 copay, then subject to deductible			\$100 copay, then subject to deductible		
Outpatient surgery Eye and gastrointestinal procedures (maximum of four outpatient surgery copays per benefit year)	Non-hospital setting	\$150 copay, then subject to deductible			\$150 copay, then subject to deductible		
	Hospital setting	\$250 copay, then subject to deductible			\$250 copay, then subject to deductible		
Outpatient surgery All procedures except eye and gastrointestinal procedures (maximum of four outpatient surgery copays per benefit year).		\$250 copay, then subject to deductible			\$250 copay, then subject to deductible		
Emergency services worldwide (waived if admitted)		\$100 copay, then subject to deductible			\$100 copay, then subject to deductible		
Inpatient hospitalization (maximum of four outpatient surgery copays per benefit year).		\$275 copay per admission, then subject to deductible			Tier 1 \$275	Tier 2 \$500	Tier 3 \$1,500
					Above copays are per admission, then admission/services are subject to the deductible.		
Outpatient mental health and substance abuse care		\$15			\$20		
Inpatient mental health and substance abuse care		Covered in full					
Durable medical equipment		Subject to deductible, then 20% coinsurance			Subject to deductible, then 20% coinsurance		
Hearing aids (age 22 and over)		Covered in full for the first \$500, then 80% coverage for the next \$1,500, maximum benefit of \$1,700 for both ears every two years					
Hearing aids (age 21 and under)		20% coinsurance, after deductible, maximum benefit of \$2,000 for each ear every 24 months					
It Fits! (fitness reimbursement)		\$200 per individual \$400 per family			\$100 per individual \$100 per family		
Prescription drug coverage provided through Express Scripts®		There is a separate \$100 individual/\$200 family deductible.					

\* Massachusetts Health Quality Partners preventive guidelines. © 2021 Express Scripts Holding Company. All rights reserved.

# With both plans, you have access to the doctors and hospitals you know and trust.

Affiliated hospitals–Massachusetts	Direct Care	Select Care
Addison Gilbert Hospital, Gloucester	•	• T1
Anna Jaques Hospital, Newburyport		• T1
Athol Hospital, Athol	•	• T3
Baystate Franklin Medical Center, Greenfield		• T1
Baystate Mary Lane Outpatient Center, Ware		• T1
Baystate Medical Center, Springfield		• T2
Baystate Noble Hospital, Westfield		• T1
Baystate Wing Hospital, Palmer		• T1
Berkshire Medical Center, Pittsfield		• T3
Beth Israel Deaconess Hospital, Milton	•	• T1
Beth Israel Deaconess Hospital, Needham		• T1
Beth Israel Deaconess Hospital, Plymouth	•	• T1
Beth Israel Deaconess Medical Center, Boston	POM	• T1
Beverly Hospital, Beverly	•	• T1
Boston Children’s Hospital, Boston	POM	• T3
Boston Medical Center, Boston		• T3
Brigham and Women’s Faulkner Hospital, Boston	•	• T3
Brigham and Women’s Hospital, Boston	POM	• T3
Carney Hospital, Boston		• T2
CHA Cambridge Hospital, Cambridge		• T2
CHA Everett Hospital, Everett		• T2
CHA Somerville Campus, Somerville		• T2
Charlton Memorial Hospital, Fall River	•	• T1
Cooley Dickinson Hospital, Northampton		• T2
Dana-Farber Cancer Institute, Boston	POM	• T3
Emerson Hospital, Concord	•	• T1
Fairview Hospital, Great Barrington		• T2
Good Samaritan Medical Center, Brockton		• T1
Harrington HealthCare, Webster	•	• T1
Harrington Hospital, Southbridge	•	• T1
Heywood Hospital, Gardner	•	• T1
Holy Family Hospital—Haverhill		• T2
Holy Family Hospital—Methuen		• T1
Holyoke Medical Center, Holyoke		• T1
Lahey Hospital & Medical Center, Burlington	•	• T2
Lahey Medical Center, Peabody	•	• T2
Lawrence General Hospital, Lawrence	•	• T1
Lawrence Memorial Hospital of Medford	•	• T1
Lowell General Hospital, Main Campus, Lowell	•	• T1
Lowell General Hospital, Saints Campus, Lowell	•	• T1
Massachusetts Eye and Ear, Main Campus, Boston	•	• T1
Massachusetts General Hospital, Boston	POM	• T3
MelroseWakefield Hospital, Melrose	•	• T1

Affiliated hospitals–Massachusetts	Direct Care	Select Care
Mercy Medical Center, Springfield	•	• T1
MetroWest Medical Center, Framingham	•	• T1
Milford Regional Medical Center, Milford	•	• T1
Morton Hospital, Taunton		• T1
Mount Auburn Hospital, Cambridge	•	• T1
Nashoba Valley Medical Center, Ayer		• T1
New England Baptist Hospital, Boston	•	• T1
Newton-Wellesley Hospital, Newton	•	• T1
North Shore Medical Center—Salem Hospital, Salem		• T1
Norwood Hospital, Norwood		• T1
Saint Anne’s Hospital, Fall River		• T1
Saint Elizabeth’s Medical Center, Boston		• T1
Saint Luke’s Hospital, New Bedford	•	• T1
Saint Vincent Hospital, Worcester	•	• T1
Signature Healthcare Brockton Hospital, Brockton	•	• T2
South Shore Hospital, South Weymouth	•	• T3
Sturdy Memorial Hospital, Attleboro		• T2
Tobey Hospital, Wareham	•	• T1
Tufts Medical Center, Boston	•	• T3
UMassMemorial HealthAlliance – Clinton Hospital, Clinton	•	• T1
UMassMemorial HealthAlliance – Clinton Hospital, Fitchburg	•	• T1
UMassMemorial HealthAlliance – Clinton Hospital, Leominster	•	• T1
UMassMemorial—Marlborough Hospital, Marlborough	•	• T1
UMassMemorial Medical Center—Memorial Campus, Worcester		• T3
UMassMemorial Medical Center—University Campus, Worcester		• T3
Winchester Hospital, Winchester	•	• T1

Affiliated hospitals–New Hampshire	Direct Care	Select Care
Catholic Medical Center, Manchester, NH		• T1
Cheshire Medical Center, Keene, NH		• T1
Elliot Hospital, Manchester, NH		• T1
Exeter Hospital, Exeter, NH		• T1
Dartmouth-Hitchcock Medical Center, Lebanon, NH		• T1
Parkland Medical Center, Derry, NH		• T1
Portsmouth Regional Hospital, Portsmouth, NH		• T1
Southern New Hampshire Medical Center, Nashua, NH		• T1

**Peace of Mind Program™ (POM)**

A benefit available for **Direct Care** members; you can receive a second opinion and treatment for specialty services at select Boston medical centers. In most cases, your PCP must request a prior authorization from Fallon for you to see a Peace of Mind Program specialist. Your PCP cannot deny you the right to access your Peace of Mind Program benefit. Please refer to your *Member Handbook/Evidence of Coverage* for specific plan details.

\*\*\***T1** represents a Tier 1 rating of excellent for cost-efficiency.

\*\***T2** represents a Tier 2 rating of good for cost-efficiency.

\***T3** represents a Tier 3 rating of standard for cost-efficiency.

For a complete listing of benefits, please refer to the Direct Care and Select Care benefit summary. You can also call us at 1-866-344-4442 (TRS 711).

