# Product Reference Guide

Fallon Health Member ID cards

At Fallon Health, our priority is making sure our members get the care they need and deserve. And that's why we're proud to partner with providers like you who offer high-quality care.

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.

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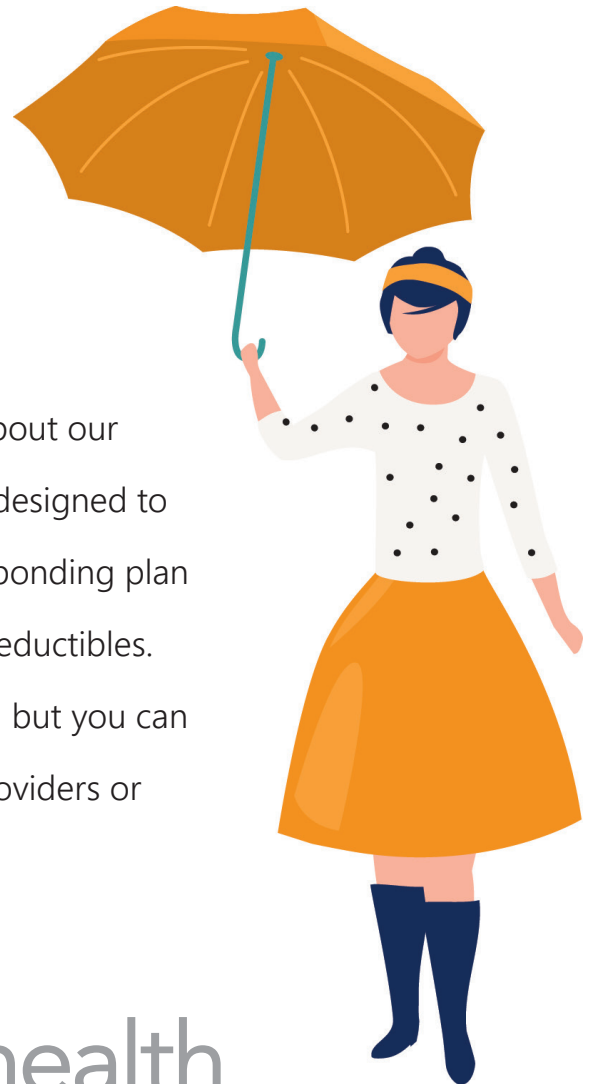
Our products

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.

Medicare plans:

Individual and small group plans:

MassHealth Accountable Care Organization (ACO) plans:

MassHealth Standard eligible seniors:

PACE program:
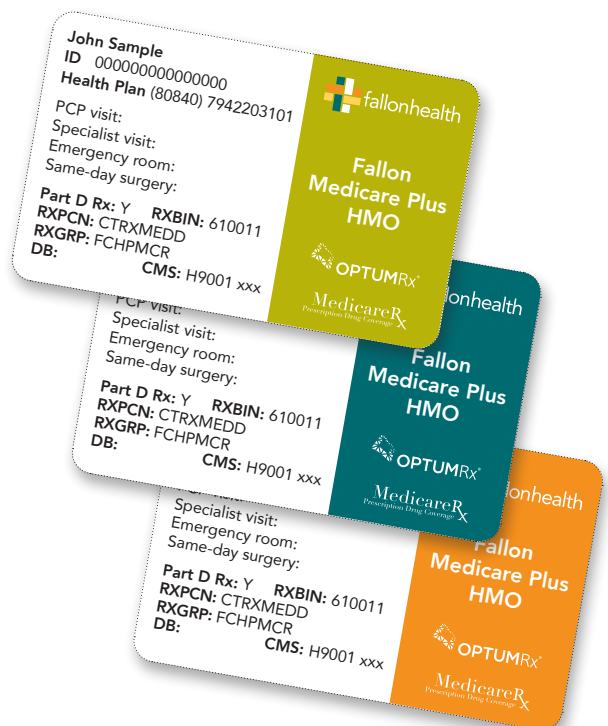
Medicare plans

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.

- Members must receive all care and services from a tailored selection of providers.

- PCP referral generated out of ProAuth by the PCP is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

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 generated out of ProAuth by the PCP is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

Medicare plans, *continued*

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.

- Members must receive all care and services from a tailored selection of providers.

- PCP referrals generated out of ProAuth by the PCP are required for some in-network specialty care. Out-of-network specialty care requires prior authorization.

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 generated out of ProAuth by the PCP is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
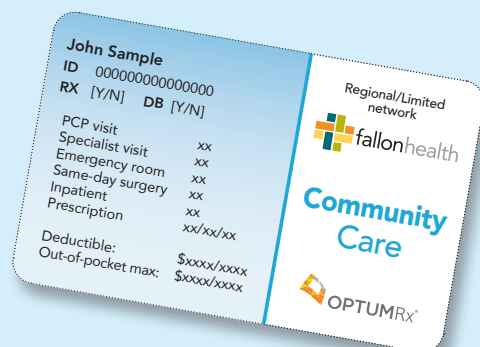
4
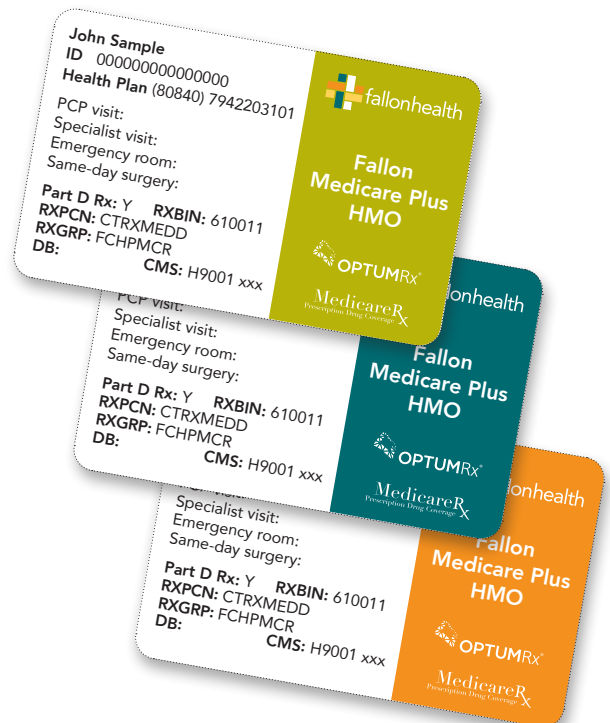
Fallon Medicare Plus™ Supplement

- 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.

John Sample
ID 000000000000000

Providing secondary coverage to Medicare.

fallonhealth
& life assurance company, inc.

Fallon Medicare Plus Supplement 1

Providing secondary coverage to Medicare.

Deductibles apply to certain services.

Fallon Medicare Plus Supplement Core

Providing secondary coverage to Medicare.

Deductibles apply to certain services.

Fallon Medicare Plus Supplement 1A

Individual and small group plans
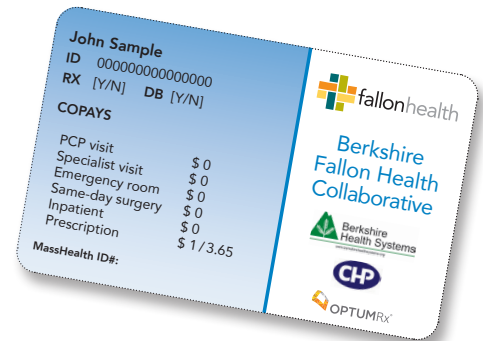
Community Care

- 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
ID 000000000000000
RX [Y/N]   DB [Y/N]

PCP visit
Specialist visit   xx
Emergency room   xx
Same-day surgery   xx
Inpatient   xx
Prescription   xx
                                  xx/xx/xx
Deductible:
Out-of-pocket max: $xxxx/xxxx
                                  $xxxx/xxxx

Regional/Limited network

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Community Care

OPTUMRx

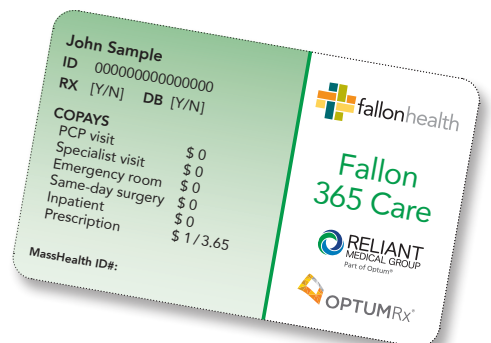# MassHealth Accountable Care Organization (ACO) plans

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.

- BFHC affiliated providers will require a referral which is generated out of ProAuth by the PCP.

- 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 000000000000000
RX [Y/N]   DB [Y/N]
COPAYS
PCP visit
Specialist visit $ 0
Emergency room $ 0
Same-day surgery $ 0
Inpatient $ 0
Prescription $ 0
                            $ 1 / 3.65
MassHealth ID#:

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Berkshire Fallon Health Collaborative
Berkshire Health Systems
CHP
OPTUMRx

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.

- Fallon 365 Care affiliated providers will require a referral which is generated out of ProAuth by the PCP.

- Out-of-network services require prior authorization.

- Members are not eligible for It Fits! or infertility treatment.

John Sample
ID 000000000000000
RX [Y/N]   DB [Y/N]
COPAYS
PCP visit
Specialist visit $ 0
Emergency room $ 0
Same-day surgery $ 0
Inpatient $ 0
Prescription $ 0
                            $ 1 / 3.65
MassHealth ID#:

fallonhealth
Fallon 365 Care
RELIANT MEDICAL GROUP
Part of Optum
OPTUMRx

## Fallon Health-Atrius Health Care Collaborative (FACC)

- Members must choose a PCP from the Fallon Health-Atrius Health Care Collaborative (FACC) network.

- FACC affiliated providers will require a referral which is generated out of ProAuth by the PCP's office.

- Out-of-network services require prior authorization.

- Members are not eligible for It Fits! or infertility treatment.

John Sample
ID 000000000000000
RX [Y/N]   DB [Y/N]
COPAYS
PCP visit
Specialist visit $ 0
Emergency room $ 0
Same-day surgery $ 0
Inpatient $ 0
Prescription $ 0
                            $ 1 / 3.65
MassHealth ID#:

fallonhealth
Fallon Health-Atrius Health Care Collaborative
Atrius Health
OPTUMRx

MassHealth Standard eligible seniors

## NaviCare® SCO and NaviCare® HMO SNP

- NaviCare SCO is for Medicaid (MassHealth Standard) eligibles. (May have Medicare Part A or B, but not required.)

- NaviCare HMO SNP is for Medicare and Medicaid (MassHealth Standard) eligibles.

- 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 generated out of ProAuth by the PCP 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.
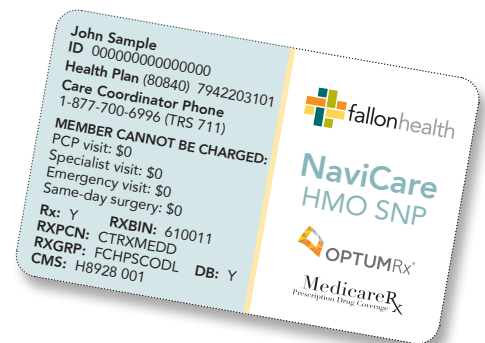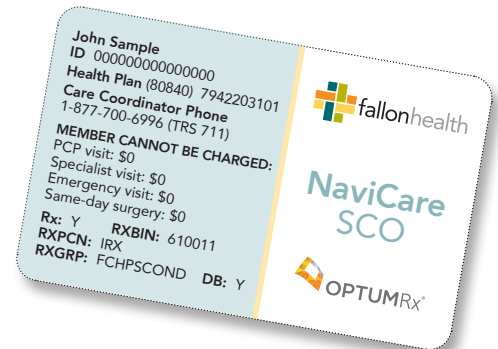
Program of All-Inclusive Care for the Elderly (PACE)

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 their needed care and services at the Summit ElderCare PACE center, where medical, nursing, rehabilitation, social supports and personal care services are coordinated. However, depending on the individualized plan of care, some participants may receive their care and services in their homes in the community.

- All specialty care (in-network and out-of-network) requires provider referral and prior approval from the Summit care team.

- Participants receive 100% coverage for all medically necessary services and care, including hospitalizations and prescription drugs.
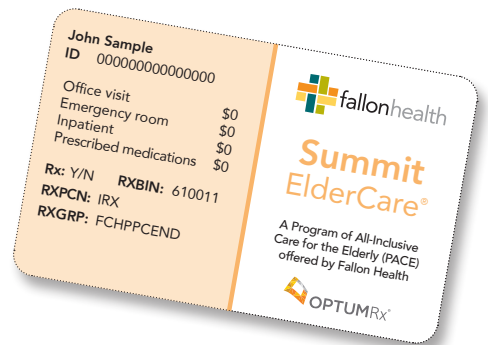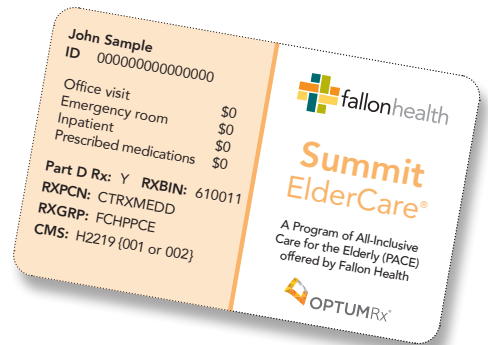
Program eligibility and benefits may vary by employer, plan and product. To verify if a service requires prior authorization, please refer to our website at fallonhealth.org/providers and use the procedure code look-up tool.