



Summary of Benefits

Fallon Senior Plan Saver Enhanced Rx
Fallon Senior Plan Standard Enhanced Rx
Fallon Senior Plan Plus Enhanced Rx

January 1, 2009 to December 31, 2009

**Introduction to the *Summary of Benefits* for
Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx and Fallon Senior Plan Plus Enhanced Rx
January 1, 2009 - December 31, 2009
Hampden and Worcester counties and portions of Franklin, Hampshire, Middlesex and Norfolk counties**

Thank you for your interest in Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx and Fallon Senior Plan Plus Enhanced Rx. Our plans are offered by FALLON COMMUNITY HEALTH PLAN, a Medicare Advantage Health Maintenance Organization (HMO). This *Summary of Benefits* tells you some features of our plans. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of our benefits, please call Fallon Senior Plan™ and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Other options are Medicare health plans, like Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx and Fallon Senior Plan Plus Enhanced Rx. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Fallon Senior Plan at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx, Fallon Senior Plan Plus Enhanced Rx and the Original Medicare Plan using this *Summary of Benefits*. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE ARE FALLON SENIOR PLAN SAVER ENHANCED RX, FALLON SENIOR PLAN STANDARD ENHANCED RX AND FALLON SENIOR PLAN PLUS ENHANCED RX AVAILABLE?

There is more than one plan listed in this *Summary of Benefits*. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information. The service area for these plans includes the following counties: Hampden County, Worcester County and portions of Franklin, Hampshire, Middlesex and Norfolk counties. For a complete listing of towns in our service area, please see our ZIP code list at the back of this booklet. You must live in one of these areas to join these plans.

WHO IS ELIGIBLE TO JOIN FALLON SENIOR PLAN SAVER ENHANCED RX, FALLON SENIOR PLAN STANDARD ENHANCED RX AND FALLON SENIOR PLAN PLUS ENHANCED RX?

You can join Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx and Fallon Senior Plan Plus Enhanced Rx if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx or Fallon Senior Plan Plus Enhanced Rx, unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx and Fallon Senior Plan Plus Enhanced Rx have formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current provider directory, or for an up-to-date list visit us at <http://www.fchp.org/FindPhysician>. Our Customer Service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Fallon Senior Plan nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx and Fallon Senior Plan Plus Enhanced Rx do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx and Fallon Senior Plan Plus Enhanced Rx have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.fchp.org/Extranet/Seniors/PharmacyFinder>. Our Customer Service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx and Fallon Senior Plan Plus Enhanced Rx use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.fchp.org/Extranet/Seniors/Formulary>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx or Fallon Senior Plan Plus Enhanced Rx, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx or Fallon Senior Plan Plus Enhanced Rx, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact Fallon Senior Plan for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Fallon Senior Plan for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call Fallon Community Health Plan for more information about these plans.

Visit us at www.fchp.org or, call us:

Customer Service Hours: Seven days a week from 8 a.m. to 8 p.m. Eastern

Current members should call locally or toll-free 1-800-868-5200 for questions related to the Medicare Advantage program.
(TDD/TTY: 1-877-608-7677)

Prospective members should call locally or toll-free 1-888-377-1980 for questions related to the Medicare Advantage program.
(TDD/TTY: 1-877-608-7677)

Current members should call locally or toll-free 1-800-868-5200 for questions related to the Medicare Part D prescription drug program.
(TDD/TTY: 1-877-608-7677)

Prospective members should call locally or toll-free 1-888-377-1980 for questions related to the Medicare Part D prescription drug program.
(TDD/TTY: 1-877-608-7677)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about these benefits or costs, please contact Fallon Community Health Plan Customer Service.

Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
IMPORTANT INFORMATION				
1 – Premium and Other Important Information	<p>In 2008 the monthly Part B Premium was \$96.40 and will change for 2009 and the yearly Part B deductible amount was \$135 and will change for 2009.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$28 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,350 in-network out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit.</p> <p>See page 26 for more information about Premium and Other Important Information.</p>	<p>General \$100 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,350 in-network out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit.</p> <p>See page 26 for more information about Premium and Other Important Information.</p>	<p>General \$160 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,350 in-network out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit.</p> <p>See page 26 for more information about Premium and Other Important Information.</p>
2 – Doctor and Hospital Choice (For more information, see Emergency – #15 and Urgently Needed Care – #16.)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>Out-of-Network Plan covers you when you travel in the U.S. See page 26 for more information about Doctor and Hospital Choice.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>Out-of-Network Plan covers you when you travel in the U.S. See page 26 for more information about Doctor and Hospital Choice.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>Out-of-Network Plan covers you when you travel in the U.S. See page 26 for more information about Doctor and Hospital Choice.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
INPATIENT CARE				
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2008 the amounts for each benefit period were: Days 1 - 60: \$1,024 deductible Days 61 - 90: \$256 per day Days 91 - 150: \$512 per lifetime reserve day These amounts will change for 2009.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network For hospital stays: Days 1 - 5: \$175 copay per day Days 6 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 26 for more information about Inpatient Hospital Care.</p>	<p>In-Network For hospital stays: Days 1 - 5: \$125 copay per day Days 6 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 26 for more information about Inpatient Hospital Care.</p>	<p>In-Network \$100 copay for each hospital stay</p> <p>\$0 copay for additional hospital days</p> <p>\$300 out of pocket limit every year</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 26 for more information about Inpatient Hospital Care.</p>

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4 – Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital.	<p>In-Network For hospital stays: Days 1 - 5: \$175 copay per day Days 6 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 26 for more information about Inpatient Mental Health Care.</p>	<p>In-Network For hospital stays: Days 1 - 5: \$125 copay per day Days 6 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 26 for more information about Inpatient Mental Health Care.</p>	<p>In-Network \$100 copay for each hospital stay</p> <p>\$300 out of pocket limit every year</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 26 for more information about Inpatient Mental Health Care.</p>
5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$128 per day These amounts will change for 2009.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 20: \$20 copay per day Days 21 - 100: \$0 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 20: \$20 copay per day Days 21 - 100: \$0 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 20: \$20 copay per day Days 21 - 100: \$0 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
	care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.			
6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>
7 – Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>
OUTPATIENT CARE				
8 – Doctor Office Visits	20% coinsurance	<p>General See "Physical Exams," for more information.</p> <p>Authorization rules may apply.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p>	<p>General See "Physical Exams," for more information.</p> <p>Authorization rules may apply.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p>	<p>General See "Physical Exams," for more information.</p> <p>Authorization rules may apply.</p> <p>In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
		<p>\$15 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$25 copay for each specialist visit for Medicare-covered benefits.</p>	<p>\$15 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$20 copay for each specialist visit for Medicare-covered benefits.</p>	<p>\$10 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$15 copay for each specialist visit for Medicare-covered benefits.</p>
9 – Chiropractic Services	<p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>
10 – Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
11 – Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services.	<p>In-Network \$15 copay for each Medicare-covered individual or group therapy visit.</p> <p>\$25 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.</p>	<p>In-Network \$15 copay for each Medicare-covered individual or group therapy visit.</p> <p>\$20 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.</p>	<p>In-Network \$10 copay for each Medicare-covered individual or group therapy visit.</p> <p>\$15 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.</p>
12 – Outpatient Substance Abuse Care	20% coinsurance	<p>In-Network \$15 copay for Medicare-covered individual or group visits.</p>	<p>In-Network \$15 copay for Medicare-covered individual or group visits.</p>	<p>In-Network \$10 copay for Medicare-covered individual or group visits.</p>
13 – Outpatient Services/Surgery	<p>20% coinsurance for the doctor</p> <p>20% of outpatient facility charges</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$100 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$100 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>See page 26 for more information about Outpatient Services/ Surgery.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$75 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$75 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>See page 26 for more information about Outpatient Services/ Surgery.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$50 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$50 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>See page 26 for more information about Outpatient Services/ Surgery.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
14 – Ambulance Services (medically necessary ambulance services)	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p> <p>See page 26 for more information about Ambulance Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p> <p>See page 26 for more information about Ambulance Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p> <p>See page 26 for more information about Ambulance Services.</p>
15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>20% coinsurance for the doctor</p> <p>20% of facility charge, or a set copay per emergency room visit</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p> <p>In and Out-of-Network If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 27 for more information about Emergency Care.</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p> <p>In and Out-of-Network If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 27 for more information about Emergency Care.</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p> <p>In and Out-of-Network If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 27 for more information about Emergency Care.</p>
16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$15 copay for Medicare-covered urgently needed care visits.</p>	<p>General \$15 copay for Medicare-covered urgently needed care visits.</p>	<p>General \$10 copay for Medicare-covered urgently needed care visits.</p>

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17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	General Authorization rules may apply. In-Network \$15 copay for Medicare-covered Occupational Therapy visits. \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	General Authorization rules may apply. In-Network \$15 copay for Medicare-covered Occupational Therapy visits. \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	General Authorization rules may apply. In-Network \$10 copay for Medicare-covered Occupational Therapy visits. \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES				
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.
20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management)	20% coinsurance Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-monitoring training.	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-monitoring training.	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-monitoring training.

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
training)	can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	\$15 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.	\$15 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.	\$10 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.
21 – Diagnostic Tests, X-Rays, and Lab Services	20% coinsurance for diagnostic tests and x-rays \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests \$0 copay for Medicare-covered X-rays. \$0 to \$50 copay for Medicare-covered diagnostic radiology services. \$0 copay for Medicare-covered therapeutic radiology services. See page 27 for more information about Diagnostic Tests, X-Rays, and Lab Services.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests \$0 copay for Medicare-covered X-rays. \$0 to \$50 copay for Medicare-covered diagnostic radiology services. \$0 copay for Medicare-covered therapeutic radiology services. See page 27 for more information about Diagnostic Tests, X-Rays, and Lab Services.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests \$0 copay for Medicare-covered X-rays. \$0 to \$50 copay for Medicare-covered diagnostic radiology services. \$0 copay for Medicare-covered therapeutic radiology services. See page 27 for more information about Diagnostic Tests, X-Rays, and Lab Services.

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
PREVENTIVE SERVICES				
22 – Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	In-Network \$0 copay for Medicare-covered bone mass measurement.	In-Network \$0 copay for Medicare-covered bone mass measurement.	In-Network \$0 copay for Medicare-covered bone mass measurement.
23 – Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings.	In-Network \$0 copay for Medicare-covered colorectal screenings.	In-Network \$0 copay for Medicare-covered colorectal screenings.
24 – Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	General Authorization rules may apply. In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	General Authorization rules may apply. In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	General Authorization rules may apply. In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.
25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-Network \$0 copay for Medicare-covered screening mammograms.	In-Network \$0 copay for Medicare-covered screening mammograms.	In-Network \$0 copay for Medicare-covered screening mammograms.

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
26 – Pap Smears and Pelvic Exams (for women with Medicare)	<p>\$0 copay for Pap smears.</p> <p>Covered once every 2 years.</p> <p>Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams and - up to 1 additional pap smear(s) and pelvic exam(s) every year.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams and - up to 1 additional pap smear(s) and pelvic exam(s) every year.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams and - up to 1 additional pap smear(s) and pelvic exam(s) every year.</p>
27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>
28 – End-Stage Renal Disease	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network</p> <p>\$0 copay for renal dialysis.</p> <p>\$15 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>In-Network</p> <p>\$0 copay for renal dialysis.</p> <p>\$15 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>In-Network</p> <p>\$0 copay for renal dialysis.</p> <p>\$10 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
29 –Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><u>Drugs covered under Medicare Part B</u></p> <p>General \$10 to \$55 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs). \$10 to \$55 copay for Part B-covered chemotherapy drugs.</p> <p><u>Drugs Covered under Medicare Part D</u></p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.fchp.org/Extranet/Seniors/Formulary on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service). The plan offers national in-network prescription</p>	<p><u>Drugs covered under Medicare Part B</u></p> <p>General \$10 to \$55 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs). \$10 to \$55 copay for Part B-covered chemotherapy drugs.</p> <p><u>Drugs Covered under Medicare Part D</u></p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.fchp.org/Extranet/Seniors/Formulary on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service). The plan offers national in-network prescription</p>	<p><u>Drugs covered under Medicare Part B</u></p> <p>General \$10 to \$55 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs). \$10 to \$55 copay for Part B-covered chemotherapy drugs.</p> <p><u>Drugs Covered under Medicare Part D</u></p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.fchp.org/Extranet/Seniors/Formulary on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service). The plan offers national in-network prescription</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
		<p>coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fallon Senior Plan for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. If the actual cost of a drug is less than the normal</p>	<p>coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fallon Senior Plan for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. If the actual cost of a drug is less than the normal</p>	<p>coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fallon Senior Plan for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. If the actual cost of a drug is less than the normal</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
		<p>cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network \$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Tier 1 - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$30 copay for a three-month (90-day) supply of drugs in this tier - \$20 copay for a 60-day supply of drugs in this tier</p> <p>Tier 2 - \$30 copay for a one-month (30-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier - \$60 copay for a 60-day supply of drugs in this tier</p>	<p>cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network \$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Tier 1 - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$30 copay for a three-month (90-day) supply of drugs in this tier - \$20 copay for a 60-day supply of drugs in this tier</p> <p>Tier 2 - \$30 copay for a one-month (30-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier - \$60 copay for a 60-day supply of drugs in this tier</p>	<p>cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network \$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Tier 1 - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$30 copay for a three-month (90-day) supply of drugs in this tier - \$20 copay for a 60-day supply of drugs in this tier</p> <p>Tier 2 - \$30 copay for a one-month (30-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier - \$60 copay for a 60-day supply of drugs in this tier</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
		<p>Tier 3 - \$55 copay for a one-month (30-day) supply of drugs in this tier - \$165 copay for a three-month (90-day) supply of drugs in this tier - \$110 copay for a 60-day supply of drugs in this tier</p> <p>Long Term Care Pharmacy Tier 1 - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2 - \$30 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3 - \$55 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Tier 1 - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$30 copay for a three-month (90-day) supply of drugs in this tier - \$20 copay for a 60-day supply of drugs in this tier</p>	<p>Tier 3 - \$55 copay for a one-month (30-day) supply of drugs in this tier - \$165 copay for a three-month (90-day) supply of drugs in this tier - \$110 copay for a 60-day supply of drugs in this tier</p> <p>Long Term Care Pharmacy Tier 1 - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2 - \$30 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3 - \$55 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Tier 1 - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$30 copay for a three-month (90-day) supply of drugs in this tier - \$20 copay for a 60-day supply of drugs in this tier</p>	<p>Tier 3 - \$55 copay for a one-month (30-day) supply of drugs in this tier - \$165 copay for a three-month (90-day) supply of drugs in this tier - \$110 copay for a 60-day supply of drugs in this tier</p> <p>Long Term Care Pharmacy Tier 1 - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2 - \$30 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3 - \$55 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Tier 1 - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$30 copay for a three-month (90-day) supply of drugs in this tier - \$20 copay for a 60-day supply of drugs in this tier</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
		<p>Tier 2 - \$30 copay for a one-month (30-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier - \$60 copay for a 60-day supply of drugs in this tier</p> <p>Tier 3 - \$55 copay for a one-month (30-day) supply of drugs in this tier - \$165 copay for a three-month (90-day) supply of drugs in this tier - \$110 copay for a 60-day supply of drugs in this tier</p> <p>Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance.</p>	<p>Tier 2 - \$30 copay for a one-month (30-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier - \$60 copay for a 60-day supply of drugs in this tier</p> <p>Tier 3 - \$55 copay for a one-month (30-day) supply of drugs in this tier - \$165 copay for a three-month (90-day) supply of drugs in this tier - \$110 copay for a 60-day supply of drugs in this tier</p> <p>Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance.</p>	<p>Tier 2 - \$30 copay for a one-month (30-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier - \$60 copay for a 60-day supply of drugs in this tier</p> <p>Tier 3 - \$55 copay for a one-month (30-day) supply of drugs in this tier - \$165 copay for a three-month (90-day) supply of drugs in this tier - \$110 copay for a 60-day supply of drugs in this tier</p> <p>Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance.</p>

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		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Fallon Senior Plan.</p> <p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy Tier 1 - \$10 copay for a one-month (30-day) supply of drugs in this tier</p>	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Fallon Senior Plan.</p> <p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy Tier 1 - \$10 copay for a one-month (30-day) supply of drugs in this tier</p>	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Fallon Senior Plan.</p> <p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy Tier 1 - \$10 copay for a one-month (30-day) supply of drugs in this tier</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
		<p>Tier 2 - \$30 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3 - \$55 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Fallon Senior Plan for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fallon Senior Plan so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network</p>	<p>Tier 2 - \$30 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3 - \$55 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Fallon Senior Plan for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fallon Senior Plan so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network</p>	<p>Tier 2 - \$30 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3 - \$55 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Fallon Senior Plan for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fallon Senior Plan so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
		<p>up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, <p>or</p> <ul style="list-style-type: none"> - 5% coinsurance. <p>See pages 27-28 for more information about Prescription Drugs.</p>	<p>up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, <p>or</p> <ul style="list-style-type: none"> - 5% coinsurance. <p>See pages 27-28 for more information about Prescription Drugs.</p>	<p>up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, <p>or</p> <ul style="list-style-type: none"> - 5% coinsurance. <p>See pages 27-28 for more information about Prescription Drugs.</p>
<p>30 – Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network \$10 to \$25 copay for Medicare-covered dental benefits.</p> <p>\$10 copay for an office visit that includes:</p> <ul style="list-style-type: none"> - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) every six months <p>Plan offers additional comprehensive dental benefits.</p> <p>See page 28 for more information about Dental Services.</p>	<p>In-Network \$10 to \$20 copay for Medicare-covered dental benefits.</p> <p>\$10 copay for an office visit that includes:</p> <ul style="list-style-type: none"> - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) every six months <p>Plan offers additional comprehensive dental benefits.</p> <p>See page 28 for more information about Dental Services.</p>	<p>In-Network \$10 to \$15 copay for Medicare-covered dental benefits.</p> <p>\$10 copay for an office visit that includes:</p> <ul style="list-style-type: none"> - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) every six months <p>Plan offers additional comprehensive dental benefits.</p> <p>See page 28 for more information about Dental Services.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
31– Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$15 to \$25 copay for Medicare-covered diagnostic hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$15 to \$20 copay for Medicare-covered diagnostic hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$10 to \$15 copay for Medicare-covered diagnostic hearing exams.</p>
32 – Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses every two years</p> <p>\$15 to \$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$15 to \$25 copay for up to 1 routine eye exam(s) every two years</p> <p>See page 28 for more information about Vision Services.</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses every two years</p> <p>\$15 to \$20 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$15 to \$20 copay for up to 1 routine eye exam(s) every two years</p> <p>See page 28 for more information about Vision Services.</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses every two years</p> <p>\$10 to \$15 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$10 to \$15 copay for up to 1 routine eye exam(s) every two years</p> <p>See page 28 for more information about Vision Services.</p>
33 – Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$15 copay for routine exams.</p> <p>No limit on the number of covered exams.</p> <p>\$15 copay for Medicare-covered benefits.</p>	<p>In-Network \$15 copay for routine exams.</p> <p>No limit on the number of covered exams.</p> <p>\$15 copay for Medicare-covered benefits.</p>	<p>In-Network \$10 copay for routine exams.</p> <p>No limit on the number of covered exams.</p> <p>\$10 copay for Medicare-covered benefits.</p>

If you have any questions about these benefits or costs, please contact Fallon Community Health Plan Customer Service.

Benefit Category	Original Medicare	Fallon Senior Plan Saver Enhanced Rx 013	Fallon Senior Plan Standard Enhanced Rx 015	Fallon Senior Plan Plus Enhanced Rx 017
Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline - Other Wellness Benefits <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session. See pages 28-29 for more information about Health/Wellness Education.</p>	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline - Other Wellness Benefits <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session. See pages 28-29 for more information about Health/Wellness Education.</p>	<p>General Authorization rules may apply.</p> <p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline - Other Wellness Benefits <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session. See pages 28-29 for more information about Health/Wellness Education.</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover routine transportation.</p>	<p>In-Network This plan does not cover routine transportation.</p>	<p>In-Network This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network This plan does not cover Acupuncture.</p>	<p>In-Network This plan does not cover Acupuncture.</p>	<p>In-Network This plan does not cover Acupuncture.</p>

Premium and Other Important Information

The \$3,350 maximum out-of-pocket limit is for in-network Medicare Part A and Part B covered services only.

Doctor and Hospital Choice

There is unlimited coverage, and there are no referrals or authorizations required for certain services received from a provider that accepts Medicare when you are traveling in any State within the continental U.S. (including Hawaii and Alaska) except: Connecticut, District of Columbia, Delaware, Maine, Massachusetts, Maryland, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.

Doctor Office Visits are covered excluding preventive services (refer to the *Evidence of Coverage* for list), and the following:

- Chiropractic Services
- Outpatient Mental Health Care
- Outpatient Substance Abuse Care
- Outpatient Rehabilitation Services
- Routine Vision and Hearing Services

Diagnostic Tests, X-Rays, and Lab Services are covered for routine services. This excludes the following services:

- Diagnostic radiological services for nuclear studies, CAT scans, PET scans, and MRIs
- Therapeutic radiological services

All other services, except emergency or urgently needed care, or out-of-area dialysis services, must be given or arranged by a network provider.

Inpatient Hospital Care

Acute hospital care and inpatient substance abuse care are covered for an unlimited amount of days each benefit period. Inpatient rehabilitation care is covered for 100 days per benefit period. Fallon Senior Plan Plus Enhanced Rx has a \$300 annual out-of-pocket limit for acute hospital care, and a \$300 annual out-of-pocket limit for inpatient rehabilitation care.

Inpatient Mental Health Care

Coverage is provided for an unlimited number of days for inpatient mental health services in a general hospital when authorized by a contracting psychiatrist and the plan.

Outpatient Services/Surgery

The following copayments apply to same-day surgical procedures in a hospital outpatient department or in an ambulatory surgical center:

- Fallon Senior Plan Saver: \$100
- Fallon Senior Plan Standard: \$75
- Fallon Senior Plan Plus: \$50

The copayment is waived if you are admitted to the hospital on the same day of the surgical procedure from the outpatient department only. It is not waived if you are admitted to the hospital on the same day of the surgical procedure from an ambulatory surgical center.

Ambulance Services

You pay a \$50 copayment for each Medicare-covered ambulance service in-network and out-of-network. There is a \$200 out-of-pocket maximum limit every year.

Emergency Care

You pay a \$50 copayment for each Medicare-covered emergency visit in-network and out-of-network. The \$50 emergency room copayment is waived for an observation room stay in-network and out-of-network. An observation room stay has a \$50 copayment.

Diagnostic Tests, X-Rays and Lab Services

You pay a \$50 copayment for each diagnostic nuclear study, CAT scan, PET scan and MRI in an outpatient facility. If multiple diagnostic nuclear studies, CAT scans, PET scans or MRIs are performed on the same day in the same facility for the same diagnosis, only one \$50 copayment applies. There is a \$200 out-of-pocket maximum limit for diagnostic nuclear studies, CAT scans, PET scans and MRIs every year. There is no copayment for therapeutic nuclear studies, CAT scans, PET scans and MRIs.

Prescription Drugs

As a Fallon Senior Plan member, you must receive your Medicare Part D prescription drug benefits through this plan. Please note that if you join another Medicare plan with Medicare Part D prescription drug coverage, you will be automatically disenrolled from this plan.

These plans cover benzodiazepine and barbiturate therapeutic category drugs, which are drugs not normally covered under Medicare Part D. You pay copayments for these prescription drugs for the entire 2009 calendar year. Also, because these drugs are not normally covered by Medicare Part D, the amounts you pay when you fill a prescription for these drugs do not count toward your total drug costs. This means that the amount you pay does not help you qualify for catastrophic coverage. In addition, if you are receiving extra help from Medicare to pay for your prescriptions, you will not get any extra help from Medicare to pay for these drugs.

The prescription copayments are based on a three-tiered copayment structure. The drugs listed in the three tiers make up the Fallon Senior Plan formulary. The copayments are listed below for prescription drugs that you receive at an in-network pharmacy or by mail-order. For mail-order, please call our mail-order service at 1-800-978-3434.

<i>Tier description</i>	<i>Retail or mail-order (up to 30-day supply)</i>	<i>Retail or mail-order (up to 60-day supply)</i>	<i>Retail or mail-order (up to 90-day supply)</i>
Tier 1: Preferred generic drugs	\$10	\$20	\$30
Tier 2: Non-preferred generic and preferred brand drugs	\$30	\$60	\$90
Tier 3: Non-preferred brand drugs	\$55	\$110	\$165

In general, you may only receive covered prescription drugs at network pharmacies. Fallon Senior Plan's pharmacy network includes retail, mail order, long term care, Indian health service/tribal/urban Indian health program, and Home Infusion pharmacies.

Please note, if you have limited income and resources and are receiving extra help from Medicare to pay for prescription drug costs, or you live in a long-term care facility, you may have different out-of-pocket drug costs. Also remember that prescription drug prices may change daily. Prescription drugs are generally dispensed for up to a 30-day supply. In some instances, the plan has established dispensing limitations. Contact the plan for details.

If you have a question about your Medicare Part D year-to-date prescription drug spending balance, you may call our Customer Service Department seven days a week from 8 a.m. to 8 p.m. at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), and a Customer Service Department research representative will research your inquiry and provide the information you need. You may also contact Customer Service for a list of in-network pharmacies.

Extra Help Available

If you enroll in a Medicare prescription drug plan, you may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, seven days a week
- The Massachusetts Medicaid office at 1-800-841-2900 (TTY: 1-800-497-4648)
- The Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778), Monday through Friday from 7 a.m. to 7 p.m.

Dental Services

You can receive a dental checkup (once every six months), which includes cleanings and routine X-rays, for a \$10 copayment. Fillings are covered with copayments ranging from \$19 to \$51. To see a specialist, such as an oral surgeon, with Fallon Senior Plan Saver Enhanced Rx, you would pay a \$25 copayment; with Fallon Senior Plan Standard Enhanced Rx, you would pay \$20; and with Fallon Senior Plan Plus Enhanced Rx you would pay \$15. No referral is necessary for network providers. Limited minor restorative services are covered. Call Fallon Community Health Plan for more details.

Vision Services

You are covered for one pair of eyeglasses with a standard frame or set of contact lenses after each cataract surgery that includes insertion of an intraocular lens. You are covered for corrective lenses with standard frames (and replacements) needed after a cataract removal without a lens implant.

In addition to Medicare covered services, you are covered for one pair of eyeglasses (standard frames and lenses) in each 24-month period, including fitting, adjustment and repair.

Health/Wellness Education

Newsletter

Fallon Community Health Plan's quarterly member magazine, *Healthy Communities*, is filled with information to help keep you well.

Nutritional Training

Depending on the type of class and its location, you may pay a fee. You must receive services from network providers. Contact Fallon Community Health Plan for complete class listings.

Additional Smoking Cessation

Our tobacco treatment program, Quit to Win, offers support meetings, where we'll help you develop a stop-smoking plan that's right for you. In addition, as a Fallon Senior Plan member, you may receive nicotine patches or gum at a reduced price, or even at no cost.

Health Club Membership/Fitness Classes

SilverSneakers® Fitness Program

As a member of Fallon Senior Plan, you can participate in the SilverSneakers Fitness Program. This is a health and fitness program that provides a basic membership to contracted fitness facilities in Massachusetts and across the nation, allowing members use of amenities such as cardiovascular, strength and exercise equipment, and fitness classes (available amenities may vary slightly from facility to facility). You do not have a copayment, coinsurance or deductible for this program. Participation in the SilverSneakers Fitness Program is dependent upon the results of the Activity Readiness Assessment and, if necessary, a subsequent evaluation by your physician.

SilverSneakers is a registered trademark of Healthways.

Weight Watchers®

We are pleased to offer our members one 12-consecutive-week Weight Watchers membership each calendar year at no additional cost beyond your monthly plan premium. Fallon Community Health Plan will pay the registration fee and the weekly fee for one 12-week series—a savings of up to \$175 per year.

Weight Watchers is a registered trademark of Weight Watchers International, Inc.

Nursing Hotline

Nurse Connect

We give our members access to registered nurses and other health care professionals who serve as health coaches. This phone and online service is available 24 hours a day, seven days a week at no additional cost. You can reach a Nurse Connect health coach by calling 1-800-609-6175 (TDD/TTY: 1-800-848-0160).

Getting Care from Your PCP

Your primary care provider (PCP) will provide most of your care and will help arrange or coordinate the rest of the covered services that you get as a plan member. This includes your X-rays, laboratory tests, therapies and care from providers who are specialists. It is very important to get a referral from your PCP before you see a plan specialist. There are a few exceptions which can be found in your *Evidence of Coverage*. If you don't have a referral before you receive services from a specialist, you may have to pay for these services yourself.

Limitations and Exclusions

The benefits listed in this *Summary of Benefits* may be subject to limitations and exclusions. When you become a member of Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx or Fallon Senior Plan Plus Enhanced Rx, you will receive an *Evidence of Coverage* that includes all limitations and exclusions. If you have any questions about limitations and exclusions, please call Customer Service.

Our Contract with CMS

Fallon Community Health Plan has a contract with the Centers for Medicare & Medicaid Services (CMS), the government agency that runs Medicare. This contract renews each year. At the end of each year, the contract is reviewed, and either Fallon Community Health Plan or CMS can decide to end it. You will get 90 days advance notice in this situation. It is also possible for our contract to end at some other time during the year, too. In these situations we will try to tell you 90 days in advance, but your advance notice may be as little as 30 or fewer days if CMS must end our contract in the middle of the year. If we leave the Medicare program or change our service area so that it no longer includes the area where you live, we will tell you in writing. If this happens, your membership in Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx or Fallon Senior Plan Plus Enhanced Rx will end, and you will have to change to another way of getting your Medicare benefits.

Questions? Just Call!

We'll be happy to answer your questions about your coverage under Fallon Senior Plan Saver Enhanced Rx, Fallon Senior Plan Standard Enhanced Rx or Fallon Senior Plan Plus Enhanced Rx for the year 2009. We invite current members to call 1-800-868-5200 (TDD/TTY: 1-877-608-7677) and prospective members to call 1-888-377-1980 (TDD/TTY: 1-877-608-7677). Customer Service Representatives are available seven days a week from 8 a.m. to 8 p.m. You also can contact our Customer Service Department through our Web site at www.fchp.org. Fallon Community Health Plan is located at 10 Chestnut St., Worcester, Mass. 01608.

ZIP code list

Franklin County*

Town	ZIP
Erving	01344
New Salem	01355
North New Salem	01364
Orange	01364
Warwick	01378
Wendell	01379
Wendell Depot	01380

Hampden County**

Town	ZIP
Agawam	01001
Blandford	01008
Bondsville	01009
Brimfield	01010
Chester	01011
Chicopee	01013
Chicopee	01014
Chicopee	01020
Chicopee	01021
Chicopee	01022
East Longmeadow	01028
Feeding Hills	01030
Granville	01034
Hampden	01036
Holland	01521
Holyoke	01040
Holyoke	01041
Indian Orchard	01151
Longmeadow	01106
Longmeadow	01116
Ludlow	01056
Monson	01057
Palmer	01069
Russell	01071
Southwick	01077
Springfield	01101

Hampden County**

(continued)	
Town	ZIP
Springfield	01102
Springfield	01103
Springfield	01104
Springfield	01105
Springfield	01107
Springfield	01108
Springfield	01109
Springfield	01111
Springfield	01114
Springfield	01115
Springfield	01118
Springfield	01119
Springfield	01128
Springfield	01129
Springfield	01133
Springfield	01138
Springfield	01139
Springfield	01144
Springfield	01152
Springfield	01195
Springfield	01199
Thorndike	01079
Three Rivers	01080
Wales	01081
West Springfield	01089
West Springfield	01090
Westfield	01085
Westfield	01086
Wilbraham	01095
Woronoco	01097

Hampshire County*

Town	ZIP
Ware	01082

Middlesex County*

Town	ZIP
Acton	01720
Ashby	01431
Ashland	01721
Ayer	01432
Ayer	01434
Bedford	01730
Billerica	01821
Billerica	01822
Boxborough	01719
Carlisle	01741
Chelmsford	01824
Concord	01742
Dracut	01826
Dunstable	01827
Framingham	01701
Framingham	01702
Framingham	01703
Framingham	01704
Framingham	01705
Groton	01450
Groton	01470
Groton	01471
Hanscom AFB	01731
Holliston	01746
Hopkinton	01748
Hudson	01749
Littleton	01460
Lowell	01850
Lowell	01851
Lowell	01852
Lowell	01853
Lowell	01854
Marlborough	01752
Maynard	01754
Natick	01760
North Billerica	01862

Middlesex County*

(continued)	
Town	ZIP
North Chelmsford	01863
Nutting Lake	01865
Pepperell	01463
Pinehurst	01866
Sherborn	01770
Shirley	01464
Shirley Center	01464
Stow	01775
Sudbury	01776
Tewksbury	01876
Townsend	01469
Tyngsboro	01879
Village of Nagog	
Woods	01718
Wayland	01778
West Groton	01472
West Townsend	01474
Westford	01886
Woodville	01784

Norfolk County*

Town	ZIP
Bellingham	02019
Franklin	02038
Medway	02053
Millis	02054
Norfolk	02056
Sheldonville	02070
Wrentham	02093

ZIP code list

Worcester County**

Town	ZIP
Ashburnham	01430
Athol	01331
Auburn	01501
Baldwinville	01436
Barre	01005
Berlin	01503
Blackstone	01504
Bolton	01740
Boylston	01505
Brookfield	01506
Charlton	01507
Charlton City	01508
Charlton Depot	01509
Cherry Valley	01611
Clinton	01510
Douglas	01516
Dudley	01571
East Brookfield	01515
East Princeton	01517
East Templeton	01438
Fayville	01745
Fiskdale	01518
Fitchburg	01420
Gardner	01440
Gardner	01441
Gilbertville	01031
Grafton	01519
Hardwick	01037
Harvard	01451
Holden	01520

Worcester County** (continued)

Town	ZIP
Hopedale	01747
Hubbardston	01452
Jefferson	01522
Lancaster	01523
Leicester	01524
Leominster	01453
Linwood	01525
Lunenburg	01462
Manchaug	01526
Mendon	01756
Millford	01757
Millbury	01527
Millville	01529
Morningdale	01505
New Braintree	01531
North Brookfield	01535
North Grafton	01536
North Oxford	01537
North Uxbridge	01538
Northborough	01532
Northbridge	01534
Oakdale	01539
Oakham	01068
Oxford	01540
Paxton	01612
Petersham	01366
Phillipston	01331
Princeton	01541
Rochdale	01542

Worcester County** (continued)

Town	ZIP
Royalston	01331
Royalston	01368
Rutland	01543
Shrewsbury	01545
Shrewsbury	01546
South Barre	01074
South Grafton	01560
South Lancaster	01561
Southborough	01772
Southbridge	01550
Spencer	01562
Sterling	01564
Sterling Junction	01564
Still River	01467
Sturbridge	01566
Sutton	01590
Templeton	01468
Upton	01568
Uxbridge	01569
Warren	01083
Webster	01570
West Boylston	01583
West Brookfield	01585
West Millbury	01586
West Upton	01568
West Warren	01092
Westborough	01580
Westborough	01581
Westborough	01582

Worcester County** (continued)

Town	ZIP
Westminster	01473
Wheelwright	01094
Whitinsville	01588
Wilkinsonville	01590
Winchendon	01475
Winchendon Springs	01477
Worcester	01601
Worcester	01602
Worcester	01603
Worcester	01604
Worcester	01605
Worcester	01606
Worcester	01607
Worcester	01608
Worcester	01609
Worcester	01610
Worcester	01613
Worcester	01614
Worcester	01615
Worcester	01653
Worcester	01654
Worcester	01655

* Partial County

** Full County



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