

FCHP Select Care Premium Saver 1500

Benefit Summary

FCHP Select Care network

Fallon Community Health Plan Select Care gives you access to an extensive network of doctors and community-based hospitals throughout Massachusetts. You can be seen at physician practices, community hospitals and medical facilities across our service area, giving you a wide choice of health care providers.

The FCHP difference

With FCHP Select Care Premium Saver 1500, you get everything you need to live a healthy life. This plan features comprehensive medical benefits for lower monthly premiums and slightly higher out-of-pocket expenses compared to our other plans. Your monthly premiums are reduced further through the use of an annual deductible for certain services. In addition, you get:

- **\$0 copayments for routine physical exams**
- **Preventive dental services** for the whole family with participating dentists.
- **A fitness reimbursement of up to \$400** for families (\$200 for individual contracts)
- **Member discounts** on products and services to keep you healthy and features you won't find anywhere else.

How to receive care

Choosing a primary care provider (PCP)

Your relationship with your PCP is very important because he or she will work with FCHP to provide or arrange most of your care. To pick a PCP, just complete the section on your FCHP membership enrollment form.

Obtaining specialty care

When you want to visit a specialist, talk with your PCP first. He or she will help arrange specialty care for you. The following services do not require a referral when you see a provider in your plan's network: routine obstetrics/gynecology care, screening eye exams, behavioral health services and some dental services. For more information on referral procedures for specialty services, consult your FCHP Select Care *Member Handbook/Evidence of Coverage*.

Emergency medical care

Emergency services do not require referral or authorization. When you have an emergency medical condition, you should go to the nearest emergency department or call your local emergency communications system (police, fire department or 911). For more information on emergency benefits and plan procedures for emergency services, consult your FCHP Select Care *Member Handbook/Evidence of Coverage*.

Specialty medication

Specialty medication that falls under the medical benefit will apply towards your deductible. For more information, please contact FCHP's Customer Service Department at 1-800-868-5200.

| Plan specifics | |
|--|---|
| <p>Calendar year deductible</p> <p>A deductible is the amount of allowed charges you pay before payment is made by the plan for certain covered services. The amount that is put toward your deductible is calculated based on the allowed charge or the provider's actual charge—whichever is less.</p> | <p>\$1,500 individual \$3,000 family</p> |
| <p>Embedded deductible</p> <p>Please note that once any one member in a family accumulates \$1,500 of services that are subject to the family deductible, that family member's deductible is considered met, and that family member will receive benefits for covered services less any applicable copayments.</p> | <p>\$1,500</p> |
| <p>Deductible carryover</p> <p>Any deductible amount that is incurred by the member for services rendered during the last three months of the calendar year will be applied toward the deductible for the next calendar year. Deductible amounts are incurred as of the date of the service.</p> | <p>Included</p> |
| <p>Calendar year out-of-pocket maximum</p> <p>The out-of-pocket maximum is the total amount of deductible, coinsurance and copayments you are responsible for in a calendar year. Items that do not count towards your out-of-pocket maximum include payment for prescriptions, chiropractic services, mental and behavioral health and dental. The out-of-pocket maximum also does not include your premium charge or any amounts you pay for services that are not covered by the plan.</p> | <p>\$5,000 individual \$10,000 family</p> |
| Benefits | Your cost |
| Office | |
| Routine physical exams (according to MHQP preventive guidelines) | \$0 |
| Office visits (primary care provider) | \$30 per visit |
| Office visits (specialist) | \$30 per visit |
| Office visits (limited service clinics, e.g., Minute Clinic) | \$30 per visit |
| Routine eye exams (one every 12 months) | \$30 per visit |
| Short-term rehabilitative services (60 visits per calendar year) | \$30 per visit after deductible |
| Prenatal care | \$30 first visit only |
| Postnatal care | \$30 per visit |
| Preventive services | Covered in full |
| Tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present | |
| Diagnostic services | Covered in full after deductible |
| Tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition | |
| Preventive services | Covered in full |
| Diagnostic services | Covered in full after deductible |
| Imaging (CAT, PET, MRI, Nuclear Cardiology) | \$150 copayment after deductible |
| Chiropractic care (12 visits per calendar year) | \$30 per visit |


| Benefits | Your cost |
|--|---|
| Prescriptions | Tier 1/Tier 2/Tier 3 |
| Prescription drugs, including oral contraceptives, insulin and insulin syringes | \$15/\$40/\$75 (30-day supply) |
| Prescription medication refills obtained through the mail order program | \$30/\$80/\$150 (90-day supply) |
| Prilosec OTC, Prevacid 24HR, omeprazole OTC (prescription required) | \$5 |
| Inpatient hospital services | |
| Room and board in a semiprivate room (private when medically necessary) | \$500 copayment after deductible |
| Physicians' and surgeons' services | Covered in full after deductible |
| Physical and respiratory therapy | Covered in full after deductible |
| Intensive care services | Covered in full after deductible |
| Maternity care | Covered in full after deductible |
| Same-day surgery | |
| Same-day surgery in a hospital outpatient or ambulatory care setting | \$250 copayment after deductible |
| Emergencies | |
| Emergency room visit | \$200 copayment after deductible (waived if admitted) |
| Dental benefits and discounts | |
| Exams (one every six months) including cleanings and routine X-rays | \$10 copayment |
| Fillings (minor restorative) when performed by a general dentist | Variable copayments |
| Sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures when performed by a general dentist | 25% to 50% discount |
| Specialist services such as periodontist, endodontist or prosthodontist | 20% discounts |
| Skilled nursing | |
| Skilled care in a semiprivate room | \$500 copayment after deductible |
| Substance abuse | |
| Office visits | \$30 per visit |
| Detoxification in an inpatient setting | Covered in full |
| Rehabilitation in an inpatient setting | Covered in full |
| Mental health | |
| Office visits | \$30 per visit |
| Services in a general or psychiatric hospital | Covered in full |

| Benefits | Your cost |
|--|----------------------------------|
| Other health services | |
| Skilled home health care services | Covered in full after deductible |
| Durable medical equipment (\$1,500 per calendar year) | Covered in full after deductible |
| Medically necessary ambulance services | Covered in full after deductible |
| Value added features | |
| It Fits!, an annual fitness reimbursement (including school and town sports programs, gym memberships, Weight Watchers®, aerobics, Pilates and yoga classes) | \$200 individual \$400 family |
| Oh Baby!, a program that provides prenatal vitamins, a convertible car seat and other “little extras” for expectant parents—all at no additional cost. | Included |
| Free 24/7 nurse call line | Included |
| Free chronic care management | Included |
| Free stop-smoking program | Included |
| Member discount program | Included |
| Free online access to health and wellness encyclopedia | Included |
| CVS Caremark ExtraCare Health Card – provides 20% discount on CVS/pharmacy Brand health related items. | Included |
| Exclusions | |
| Hearing aids and the evaluation for a hearing aid Long-term rehabilitative services Nonprescription drugs and vitamins Cosmetic surgery Experimental procedures or services that are not generally accepted medical practice Dental services not described in the FCHP Select Care Member Handbook/Evidence of Coverage Routine foot care Custodial confinement | |

Some services may require preauthorization. A complete list of benefits and exclusions is in the FCHP Select Care Member Handbook/Evidence of Coverage, available by request. This is only a summary of benefits and exclusions.

Questions?

If you have any questions, please contact Fallon Community Health Plan Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), or visit our Web site at fchp.org.

 This health plan **meets minimum creditable coverage standards** and **will satisfy** the individual mandate that you have health insurance. As of January 1, 2010, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years and older, must have health coverage that meets the minimum creditable coverage standards set by the Commonwealth Health Insurance Connector.

Benefits may vary by employer group.
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