

Explanation of Benefits (EOB) for Your Medicare Prescription Drug Coverage (Part D)

THIS IS NOT A BILL. Keep this notice for your records.

April 1, 2009

This notice includes:

1. Updates to our drug list (formulary).

1. Updates to Fallon Senior Plan's or Fallon Senior Plan Value's Drug List (formulary)

Fallon Senior Plan may remove drugs from our formulary or add rules about whether and when certain drugs are covered during the year. This chart lists upcoming changes. Unless otherwise noted in the chart below, these changes will be effective in 60 days.

Effective Date	Drug	Change	Reason
6/1/09	NICOTINE DIS 7MG/24HR	Removal of product from FCHP Formulary	Product no longer available
6/1/09	NICOTINE DIS 14MG/24H	Removal of product from FCHP Formulary	Product no longer available
6/1/09	NICOTINE DIS 21MG/24H	Removal of product from FCHP Formulary	Product no longer available

* This change will not affect your coverage for this drug for the remainder of the plan year if you are currently taking this drug

What to do if you have any questions.

If you have questions, please call toll-free 1-800-868-5200, seven days a week from 8 a.m. to 8 p.m. or, visit www.fchp.org on the web. TTY users should call 1-877-608-7677.

What to do if you disagree with the accuracy of this Explanation of Benefits.

If you have a question or complaint about any information contained here we encourage you to contact us at the number shown. If still dissatisfied you have the right to file a grievance with us. Grievances should be sent to us at Fallon Community Health Plan, Member Relations Department, 10 Chestnut Street, Worcester, MA 01608. Or you may call us at number above.

What to do if you disagree with a Medicare Drug Plan's coverage decision.

If we deny your request for a drug you haven't received, or deny your request to pay you back for a drug you have received, we will send you a letter explaining our decision. If you disagree with our decision, you can request an appeal within 60 calendar days from the date of our first decision. You can request a standard or fast (expedited) appeal. We will automatically give you a fast appeal if your physician tells us that your life or health may be seriously jeopardized by waiting for a standard decision. You can request an appeal by:

- Writing a letter to Fallon Community Health Plan, Member Relations Department, 10 Chestnut Street, Worcester, MA 01608
- We do not accept standard requests by phone
- Sending a fax to 1-508-755-7393

Your doctor needs to give us a statement explaining that the drug you need is medically necessary to treat your condition if you or your doctor believe:

- You need a drug that isn't on our list of covered drugs (formulary),
- The plan should waive a coverage rule or limit on a drug you need, or
- You can't take any of the drugs on our preferred tier for your condition, and you would like us to cover a non-preferred drug at the preferred cost-sharing amount.

Your doctor needs to give us a statement by sending it to Fallon Community Health Plan, Member Relations Department, 10 Chestnut Street, Worcester, MA 01608, or by sending a fax to 1-508-755-7393 or calling us at 1-800-333-2535, extension 69950.

Suspect fraud?

If you suspect fraud, please contact Fallon Community Health Plan, Customer Service Department, 10 Chestnut Street, Worcester, MA 01608 at 1-800-868-5200, seven days a week from 8 a.m. to 8 p.m. TTY users should call 1-877-608-7677. Or, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048.

Do you have limited income and resources?

You may qualify for extra help paying your Medicare prescription drug costs. For more information about applying for extra help, visit www.socialsecurity.gov on the web or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.