



Summary of Benefits

Fallon Senior Plan Value 1
Fallon Senior Plan Value 2

January 1, 2009 to December 31, 2009

**Introduction to the *Summary of Benefits* for
Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2
January 1, 2009 - December 31, 2009**

**Fallon Senior Plan Value 1: Worcester County and portions of Franklin, Hampden, Hampshire, Middlesex and Norfolk counties
Fallon Senior Plan Value 2: Worcester County**

Thank you for your interest in Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2. Our plans are offered by FALLON COMMUNITY HEALTH PLAN, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. These plans are designed for people who meet specific enrollment criteria.

You may be eligible to join one of these plans if you receive assistance from the state and Medicare.

All cost-sharing in this *Summary of Benefits* is based on your level of Medicaid eligibility.

Please call Fallon Senior Plan™ to find out if you are eligible to join. Our number is listed at the end of this introduction.

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 Value 1 and Fallon Senior Plan Value 2. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible), you may join or leave a plan at any time.

Please call Fallon Senior Plan at the 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 Value 1, Fallon Senior Plan Value 2 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 VALUE 1 AND FALLON SENIOR PLAN VALUE 2 AVAILABLE?

There is more than one plan listed in this *Summary of Benefits*. The service area for Fallon Senior Plan Value 1 includes the following counties: Worcester County and portions of Franklin, Hampden, Hampshire, Middlesex and Norfolk counties. You must live in one of these areas to join Fallon Senior Plan Value 1. The service area for Fallon Senior Plan Value 2 is Worcester County. You must live in this county to join Fallon Senior Plan Value 2. For a complete listing of towns in these service areas, please see our ZIP code list at the back of this booklet.

WHO IS ELIGIBLE TO JOIN FALLON SENIOR PLAN VALUE 1 AND FALLON SENIOR PLAN VALUE 2?

You can join Fallon Senior Plan Value 1 or Fallon Senior Plan Value 2 if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the plan's service area.

You must also receive medical assistance from the state to join this plan.

Please call Fallon Senior Plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2 have formed networks 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 for an up-to-date list, or 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 Value 1 and Fallon Senior Plan Value 2 do cover both Medicare Part B prescription drugs and Part D prescription drugs.

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

Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2 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 current pharmacy network list 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 Value 1 and Fallon Senior Plan Value 2 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 Value 1 or Fallon Senior Plan Value 2, 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 Value 1 or Fallon Senior Plan Value 2, 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 that 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 questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
IMPORTANT INFORMATION			
1 – Premium and Other Important Information	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2009 the monthly Part B Premium is \$0 or \$96.40 and the yearly Part B deductible amount is \$0 or \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</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 25 for more information about Premium and Other Important Information.</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</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 25 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>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
INPATIENT CARE			
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period, \$0 or: Days 1 - 60: \$1,068 deductible* Days 61 - 90: \$267 per day* Days 91 - 150: \$534 per lifetime reserve day*</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. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network For Medicare-covered hospital stays \$0 or: Days 1 - 3: \$50 copay per day* Days 4 - 90: \$0 copay per day*</p> <p>For hospital stays: Days 1 - 3: \$50 copay per day Days 4 - 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 25 for more information about Inpatient Hospital Care.</p>	<p>In-Network \$0 copay</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 25 for more information about Inpatient Hospital Care.</p>
<p>4 – Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network For Medicare-covered hospital stays \$0 or: Days 1 - 3: \$50 copay per day* Days 4 - 90: \$0 copay per day*</p> <p>For hospital stays: Days 1 - 3: \$50 copay per day Days 4 - 90: \$0 copay per day</p>	<p>In-Network \$0 copay</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>

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Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
		<p>You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 25 for more information about Inpatient Mental Health Care.</p>	<p>See page 25 for more information about Inpatient Mental Health Care.</p>
<p>5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$133.50 per day*</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 care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorizaton rules may apply.</p> <p>In-Network \$0 copay for SNF services</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p>	<p>General Authorizaton rules may apply.</p> <p>In-Network \$0 copay for SNF services</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p>
<p>6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</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>
<p>7 – Hospice</p>	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care. 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>

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Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
OUTPATIENT CARE			
8 – Doctor Office Visits	0% or 20% coinsurance	<p>General See "Physical Exams," for more information. Authorization rules may apply.</p> <p>In-Network \$0 or \$5 copay for each primary care doctor visit for Medicare-covered benefits.*</p> <p>\$0 or \$5 copay for each in-area, network urgent care Medicare-covered visit.*</p> <p>\$0 or \$10 copay for each specialist visit for Medicare-covered benefits.*</p>	<p>General See "Physical Exams," for more information. Authorization rules may apply.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-covered visit*</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.</p>
9 – Chiropractic Services	<p>Routine care not covered.</p> <p>0% or 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 \$0 or \$5 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 \$0 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>

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Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
10 – Podiatry Services	<p>Routine care not covered.</p> <p>0% or 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 \$0 or \$5 copay for each Medicare-covered visit.* Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered visits. up to 6 routine visit(s) every year</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11 – Outpatient Mental Health Care	<p>0% or 50% coinsurance for most outpatient mental health services.</p>	<p>In-Network \$0 or \$5 copay for each Medicare-covered individual or group therapy visit.*</p> <p>\$0 or \$10 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.*</p>	<p>In-Network \$0 copay for Medicare-covered Mental Health visits.</p>
12 – Outpatient Substance Abuse Care	<p>0% or 20% coinsurance</p>	<p>In-Network \$0 or \$5 copay for Medicare-covered individual or group visits.*</p>	<p>In-Network \$0 copay for Medicare-covered visits.</p>
13 – Outpatient Services/Surgery	<p>0% or 20% coinsurance for the doctor</p> <p>0% or 20% of outpatient facility charges</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
14 – Ambulance Services (medically necessary ambulance services)	0% or 20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$0 or \$50 copay for Medicare-covered ambulance benefits.*</p> <p>See page 25 for more information about Ambulance Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered ambulance benefits.</p>
15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>0% or 20% coinsurance for the doctor</p> <p>0% or 20% of facility charge</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 \$0 or \$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 25 for more information about Emergency Care.</p>	<p>In-Network \$0 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p>
16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>0% or 20% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 or \$5 copay for Medicare-covered urgently needed care visits.*</p>	<p>General \$0 copay for Medicare-covered urgent-care visits.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% or 20% coinsurance	General Authorization rules may apply. In-Network \$0 or \$5 copay for Medicare-covered Occupational Therapy visits.* \$0 or \$5 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.*	General Authorization rules may apply. In-Network \$0 copay for Medicare-Covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	0% or 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.
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% or 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.
20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	0% or 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 can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-monitoring training. \$0 or \$5 copay for Nutrition Therapy for Diabetes.* \$0 copay for Diabetes supplies.	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.

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Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
21 – Diagnostic Tests, X-Rays, and Lab Services	<p>0% or 20% coinsurance for diagnostic tests and X-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>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.</p> <p>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.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests \$0 or \$0 copay for Medicare-covered X-rays.*</p> <p>\$0 or \$0 to \$50 copay for Medicare-covered diagnostic radiology services.*</p> <p>\$0 or \$0 copay for Medicare-covered therapeutic radiology services.*</p> <p>See page 25 for more information about Diagnostic Tests, X-Rays and Lab Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests - X-rays. - diagnostic radiology services (not including X-rays) - therapeutic radiology services</p>
PREVENTIVE SERVICES			
22 – Bone Mass Measurement (for people with Medicare who are at risk)	<p>0% or 20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p>
23 – Colorectal Screening Exams (for people with Medicare age 50 and older)	<p>0% or 20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
24 – Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	<p>\$0 copay for Flu and Pneumonia Vaccines</p> <p>0% or 20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines.</p>
25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older)	<p>0% or 20% coinsurance</p> <p>No referral needed</p> <p>Covered once a year for all women with Medicare age 40 and older.</p> <p>One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>
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>0% or 20% coinsurance for Pelvic Exams</p>	<p>In-Network \$0 copay for Medicare-covered Pap smears and pelvic exams and</p> <p>- up to 1 additional Pap smear (s) and pelvic exam(s) every year</p>	<p>In-Network \$0 copay for Medicare-covered Pap smears and pelvic exams and</p> <p>- 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>0% or 20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 0% or 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
28 – End-Stage Renal Disease	<p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 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 \$0 copay for renal dialysis.*</p> <p>\$0 or \$5 copay for Nutrition Therapy for End-Stage Renal Disease.*</p>	<p>In-Network \$0 copay for renal dialysis.*</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.*</p>
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 \$0 yearly deductible for Part B-covered drugs.*</p> <p>\$0 or \$5 to \$40 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs).*</p> <p>\$0 or \$5 to \$40 copay for Part B-covered chemotherapy drugs.*</p>	<p><u>Drugs covered under Medicare Part B</u></p> <p>General \$0 yearly deductible for Part B-covered drugs.*</p> <p>\$0 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs).*</p> <p>\$0 copay for Part B-covered chemotherapy drugs.*</p>

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
		<p data-bbox="1094 272 1488 440" style="text-align: center;"><u>Drugs Covered under Medicare Part D and Drugs not Normally Covered under Medicare Part D</u></p> <p data-bbox="1060 480 1518 716">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/OnlineDrugFormulary.htm on the web.</p> <p data-bbox="1060 756 1507 992">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).</p> <p data-bbox="1060 1032 1518 1373">The plan offers national in-network prescription 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 data-bbox="1577 272 1971 440" style="text-align: center;"><u>Drugs Covered under Medicare Part D and Drugs not Normally Covered under Medicare Part D</u></p> <p data-bbox="1543 480 2001 716">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/OnlineDrugFormulary.htm on the web.</p> <p data-bbox="1543 756 1990 992">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).</p> <p data-bbox="1543 1032 2001 1373">The plan offers national in-network prescription 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>

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
		<p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</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.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network You pay a \$0 yearly deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p>	<p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</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.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network You pay a \$0 yearly deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p>

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
		<p>Initial Coverage</p> <p>Drugs Covered under Medicare Part D Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.40 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.20 copay; or - A \$6.00 copay. <p>Drugs Not Normally Covered under Medicare Part D</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier - \$10 copay for a 60-day supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier - \$40 copay for a 60-day supply of drugs in this tier 	<p>Initial Coverage</p> <p>Drugs Covered under Medicare Part D Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.40 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.20 copay; or - A \$6.00 copay. <p>Drugs Not Normally Covered under Medicare Part D</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier - \$10 copay for a 60-day supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier - \$40 copay for a 60-day supply of drugs in this tier

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
		<p>Tier 3 - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier - \$80 copay for a 60-day supply of drugs in this tier</p> <p>Catastrophic Coverage</p> <p>Drugs Covered under Medicare Part D After your yearly out-of-pocket drug costs reach \$4,350, you pay a \$0 copay.</p> <p>Drugs Not Normally Covered under Medicare Part D</p> <p>Tier 1 - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier - \$10 copay for a 60-day supply of drugs in this tier</p> <p>Tier 2 - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier - \$40 copay for a 60-day supply of drugs in this tier</p>	<p>Tier 3 - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier - \$80 copay for a 60-day supply of drugs in this tier</p> <p>Catastrophic Coverage</p> <p>Drugs Covered under Medicare Part D After your yearly out-of-pocket drug costs reach \$4,350, you pay a \$0 copay.</p> <p>Drugs Not Normally Covered under Medicare Part D</p> <p>Tier 1 - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier - \$10 copay for a 60-day supply of drugs in this tier</p> <p>Tier 2 - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier - \$40 copay for a 60-day supply of drugs in this tier</p>

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
		<p>Tier 3 - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier - \$80 copay for a 60-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</p> <p>Drugs Covered under Medicare Part D Depending on your income and institutional status, you will be reimbursed by Fallon Senior Plan up to the full cost of the drug minus the following:</p>	<p>Tier 3 - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier - \$80 copay for a 60-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</p> <p>Drugs Covered under Medicare Part D Depending on your income and institutional status, you will be reimbursed by Fallon Senior Plan up to the full cost of the drug minus the following:</p>

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
		<p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.40 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.20 copay; or - A \$6.00 copay. <p>For drugs not normally covered under Medicare Part D, either:</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier - \$10 copay for a 60-day supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier - \$40 copay for a 60-day supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier - \$80 copay for a 60-day supply of drugs in this tier 	<p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.40 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.20 copay; or - A \$6.00 copay. <p>For drugs not normally covered under Medicare Part D, either:</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier - \$10 copay for a 60-day supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier - \$40 copay for a 60-day supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier - \$80 copay for a 60-day supply of drugs in this tier

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
		<p>Out-of-Network Catastrophic Coverage</p> <p>Drugs Covered under Medicare Part D After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed in full for drugs purchased out-of-network.</p> <p>For drugs not normally covered under Medicare Part D, either:</p> <p>Tier 1 - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier - \$10 copay for a 60-day supply of drugs in this tier</p> <p>Tier 2 - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier - \$40 copay for a 60-day supply of drugs in this tier</p> <p>Tier 3 - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier - \$80 copay for a 60-day supply of drugs in this tier</p> <p>See page 26 for more information about Prescription Drugs.</p>	<p>Out-of-Network Catastrophic Coverage</p> <p>Drugs Covered under Medicare Part D After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed in full for drugs purchased out-of-network.</p> <p>For drugs not normally covered under Medicare Part D, either:</p> <p>Tier 1 - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier - \$10 copay for a 60-day supply of drugs in this tier</p> <p>Tier 2 - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier - \$40 copay for a 60-day supply of drugs in this tier</p> <p>Tier 3 - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier - \$80 copay for a 60-day supply of drugs in this tier</p> <p>See page 26 for more information about Prescription Drugs.</p>

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
30 – Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 or \$5 to \$10 copay for Medicare-covered dental benefits.*</p> <p>\$10 copay for an office visit that includes: - 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> <p>Plan offers additional comprehensive dental benefits.</p> <p>See page 26 for more information about Dental Services.</p>	<p>In-Network In general, preventive dental benefits (such as cleaning) not covered</p> <p>See page 26 for more information about Dental Services.</p>
31– Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network - \$0 or \$5 to \$10 copay for Medicare-covered diagnostic hearing exams* - \$0 to \$10 copay for routine hearing tests - \$0 to \$10 copay for hearing aid fitting evaluations - \$0 to \$10 copay for up to 1 hearing aid(s) every three years</p> <p>\$1,000 limit for hearing aids every three years.</p> <p>See page 26 for more information about Hearing Services.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams - up to 1 routine hearing test(s) every year</p> <p>See page 26 for more information about Hearing Services.</p>

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
32– Vision Services	<p>0% or 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 - \$0 or \$5 to \$10 copay for exams to diagnose and treat diseases and conditions of the eye.* - \$0 to \$10 copay for up to 1 routine eye exam(s) every two years.</p> <p>See page 27 for more information about Vision Services.</p>	<p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye - and up to 1 routine eye exam(s) every two years</p> <p>\$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>See page 27 for more information about Vision Services.</p>
33 – Physical Exams	<p>0% or 20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$5 copay for routine exams.</p> <p>No limit on the number of covered exams.</p> <p>\$0 or \$5 copay for Medicare-covered benefits.*</p>	<p>In-Network \$0 copay for routine exams.</p> <p>No limit on the number of covered exams.</p>
Health/Wellness Education	<p>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</p>	<p>In-Network This plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nutritional Training</p>	<p>In-Network This plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nutritional Training</p>

If you have questions about this plan's benefits or costs, please contact Fallon Community Health Plan.

Benefit Category	Original Medicare	Fallon Senior Plan Value 1 012	Fallon Senior Plan Value 2 018
	<p>affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<ul style="list-style-type: none"> - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline - Other Wellness Benefits <p>Copays may apply for these benefits.</p> <p>\$0 or \$0 copay for each Medicare-covered smoking cessation counseling session.*</p> <p>See page 27 for more information about Health/Wellness Education</p>	<ul style="list-style-type: none"> - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline - Other Wellness Benefits <p>See page 27 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>
Acupuncture	Not covered	<p>In-Network This plan does not cover acupuncture.</p>	<p>In-Network This plan does not cover acupuncture.</p>

Eligibility

Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2 have different eligibility requirements.

You are eligible to enroll in Fallon Senior Plan Value 1 if you:

- are enrolled in Medicare Part A and Part B
- receive partial or full assistance from either Medicaid or a Medicare Savings Program
- and live in Worcester County or portions of Franklin, Hampden, Hampshire, Middlesex and Norfolk counties (see pages 29-30 for a zip code list)

You are eligible to enroll in Fallon Senior Plan Value 2 if you:

- are enrolled in Medicare Part A and Part B
- receive full assistance from Medicaid
- and live in Worcester County (see pages 29-30 for a zip code list)

Premium and Other Important Information

The actual copayment amounts that you pay depend on your Medicaid benefits. For more information on what you will be required to pay, contact the Massachusetts Medicaid office at 1-800-841-2900 (TTY: 1-800-497-4648).

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

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.

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.

Ambulance Services

With Fallon Senior Plan Value 1, you pay a \$0 or \$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

With Fallon Senior Plan Value 1, the emergency room copayment is \$0 to \$50. If you pay an emergency room copayment, it is waived for an observation room stay in-network and out-of-network. An observation room stay has a \$0 to \$50 copayment.

Diagnostic Tests, X-Rays and Lab Services

With Fallon Senior Plan Value 1, you pay a \$0 to \$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 \$50 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

Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2 include Medicare prescription drug coverage (Part D). As a member of one of these plans, you must receive your Medicare Part D prescription drug benefits through this plan.

Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2 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.

The copayments that are listed below are for prescription drugs not normally covered by Medicare Part D that you receive at an in-network pharmacy or by mail-order. These are also the copayments that members of Fallon Senior Plan Value 1 will pay for drugs covered under Medicare Part B. Members of Fallon Senior Plan Value 2 do not have copayments for Part B prescription drugs. 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	\$5	\$10	\$15
Tier 2: Non-preferred generic and preferred brand drugs	\$20	\$40	\$60
Tier 3: Non-preferred brand drugs	\$40	\$80	\$120

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.

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.

Dental Services

Fallon Senior Plan Value 1 covers preventive dental care. For example, you can receive a dental checkup (one every six months), including cleanings and routine X-rays, for a \$0 or \$10 copayment. Fillings are covered for either a \$0 copayment or for a copayment ranging from \$19 to \$51. Also, you would pay a \$0 to \$10 copayment to see a specialist, such as an oral surgeon. No referral is necessary for network providers. Limited minor restorative services are covered. Call Fallon Community Health Plan for more details. Fallon Senior Plan Value 2 does not have dental coverage beyond Medicare covered services.

Hearing Services

With Fallon Senior Plan Value 1, for hearing aids, there is a \$1,000 maximum plan benefit coverage amount every 36 months. No referral required, but members must go to network providers. Fallon Senior Plan Value 2 has no hearing aid benefit.

Vision Services

You are covered for one pair of eyeglasses with a standard frame or 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, Fallon Community Health Plan members may receive nicotine patches or gum at a reduced price, or even at no cost.

Health Club Membership/Fitness Classes

SilverSneakers® Fitness Program

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

FCHP has joined with Health Dialog® to 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 Value 1 or Fallon Senior Plan Value 2, 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 Relations.

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 Value 1 and Fallon Senior Plan Value 2 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 Value 1 or Fallon Senior Plan Value 2 for the year 2009 and invite you to call our Customer Service Department. Current members, please call 1-800-868-5200 (TDD/TTY: 1-877-608-7677) and prospective members, please 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

Fallon Senior Plan Value 1 is available in all of the following counties and towns.

Fallon Senior Plan Value 2 is available in the towns and ZIP codes listed in Worcester County only.

Franklin County*		Middlesex Cty* (continued)		Middlesex Cty* (continued)		Worcester County**	
Town	ZIP	Town	ZIP	Town	ZIP	Town	ZIP
Erving	01344	Billerica	01821	Nutting Lake	01865	Ashburnham	01430
New Salem	01355	Billerica	01822	Pepperell	01463	Athol	01331
North New Salem	01364	Boxborough	01719	Pinehurst	01866	Auburn	01501
Orange	01364	Carlisle	01741	Sherborn	01770	Baldwinville	01436
Warwick	01378	Chelmsford	01824	Shirley	01464	Barre	01005
Wendell	01379	Concord	01742	Shirley Center	01464	Berlin	01503
Wendell Depot	01380	Dracut	01826	Stow	01775	Blackstone	01504
		Dunstable	01827	Sudbury	01776	Bolton	01740
		Framingham	01701	Tewksbury	01876	Boylston	01505
Hampden County*		Framingham	01702	Townsend	01469	Brookfield	01506
Town	ZIP	Framingham	01703	Tyngsboro	01879	Charlton	01507
Bondsville	01009	Framingham	01704	Village of Nagog		Charlton City	01508
Brimfield	01010	Framingham	01705	Woods	01718	Charlton Depot	01509
Holland	01521	Groton	01450	Wayland	01778	Cherry Valley	01611
Monson	01057	Groton	01470	West Groton	01472	Clinton	01510
Palmer	01069	Groton	01471	West Townsend	01474	Douglas	01516
Thorndike	01079	Hanscom AFB	01731	Westford	01886	Dudley	01571
Three Rivers	01080	Holliston	01746	Woodville	01784	East Brookfield	01515
Wales	01081	Hopkinton	01748			East Princeton	01517
		Hudson	01749	Norfolk County*		East Templeton	01438
Hampshire County*		Littleton	01460	Town	ZIP	Fayville	01745
Town	ZIP	Lowell	01850	Bellingham	02019	Fiskdale	01518
Ware	01082	Lowell	01851	Franklin	02038	Fitchburg	01420
		Lowell	01852	Medway	02053	Gardner	01440
Middlesex County*		Lowell	01853	Millis	02054	Gardner	01441
Town	ZIP	Lowell	01854	Norfolk	02056	Gilbertville	01031
Acton	01720	Marlborough	01752	Sheldonville	02070	Grafton	01519
Ashby	01431	Maynard	01754	Wrentham	02093	Hardwick	01037
Ashland	01721	Natick	01760			Harvard	01451
Ayer	01432	North Billerica	01862			Holden	01520
Ayer	01434	North Chelmsford	01863			Hopedale	01747
Bedford	01730						

ZIP code list

Worcester County
(continued)**

Town	ZIP
Hubbardston	01452
Jefferson	01522
Lancaster	01523
Leicester	01524
Leominster	01453
Linwood	01525
Lunenburg	01462
Manchaug	01526
Mendon	01756
Milford	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
Royalston	01331
Royalston	01368
Rutland	01543
Shrewsbury	01545
Shrewsbury	01546
South Barre	01074
South Grafton	01560

Worcester County
(continued)**

Town	ZIP
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
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 County
(continued)**

Town	ZIP
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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