



Fallon Preferred Care Premier Value

Benefit Summary

Fallon Preferred Care network

Fallon Preferred Care is an extensive national and regional network comprised of hundreds of thousands of providers that gives our members the flexibility to receive care close to where they live and work.

The FCHP difference

With Fallon Preferred Care Premier Value, you get you get comprehensive medical benefits and everything you need to live a healthy life. In addition, you get:

- **\$0 copayments for routine physical exams** with your primary care physician (internist, family practitioner or pediatrician) or gynecologist for routine physical exams. In addition, well-child visits for your dependent children are covered in full to age 19.
- **A fitness reimbursement of up to \$400** for families (\$200 for individual contracts) for healthy activities including town and school sports, Weight Watchers®, gym memberships, yoga and Pilates.
- **Member discounts** on products and services to keep you healthy and features you won't find anywhere else.

How to receive care

In-network and out-of-network coverage

Fallon Preferred Care is a preferred provider organization (PPO) plan, and as such, we contract with a network of participating providers who have agreed to provide health care services to our members—your use of participating providers is strictly voluntary.

When you obtain covered services from participating providers, you will receive the in-network level of benefits. We pay participating providers directly; you will not have to file claims when you use participating providers. When you obtain covered services from nonparticipating providers, you get the out-of-network level of benefits. You may need to submit a claim for covered services you receive from nonparticipating providers. For information on claims submission, refer to your Fallon Preferred 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 Fallon Preferred Care *Member Handbook/Evidence of Coverage*.

Benefit may vary by employer group.

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

Fallon Health & Life Assurance Company, Inc., is a wholly owned subsidiary of Fallon Community Health Plan.

| Plan specifics | Your cost in-network | Your cost out-of-network (after your deductible) |
|---|-----------------------------------|---|
| Calendar year deductible | n/a | \$300/\$600 |
| Calendar year out-of-pocket maximum | \$2,500 individual/\$5,000 family | |
| Coinsurance | n/a | 20% |
| Penalty for failure to follow medical management procedures* | \$200 per occurrence | \$500 per occurrence |
| Benefits | Your cost in-network | Your cost out-of-network (after your deductible) |
| Office | | |
| Routine physical exams | \$0 per visit | 20% coinsurance |
| Office visits (primary care provider) | \$15 per visit | 20% coinsurance |
| Office visits (specialist) | \$25 per visit | 20% coinsurance |
| Office visits (limited service clinics, e.g., Minute Clinic) | \$15 per visit | 20% coinsurance |
| Routine eye exams (one every 12 months) | \$15 per visit | 20% coinsurance |
| Short-term rehabilitative services (60 visits per calendar year) | \$15 per visit | 20% coinsurance |
| Prenatal care | \$15 first visit only | 20% coinsurance |
| Postnatal care | \$15 per visit | 20% coinsurance |
| Preventive services | Covered in full | 20% coinsurance |
| Diagnostic services | Covered in full | 20% coinsurance |
| Imaging (CAT, PET, MRI) | \$50 copayment | 20% coinsurance |
| Manual manipulation of the spine (\$500 benefit per calendar year) | \$15 per visit | 20% coinsurance |
| Prescriptions | | |
| | Tier 1/Tier 2/Tier 3 | |
| Prescription drugs, including oral contraceptives, insulin and insulin syringes | \$10/\$25/\$45 (30-day supply) | 20% coinsurance |
| Prescription medication refills obtained through the mail order program | \$20/\$50/\$90 (90-day supply) | 20% coinsurance |
| Inpatient hospital services | | |
| Room and board in a semiprivate room (private when medically necessary) | \$100 per admission | 20% coinsurance |
| Physicians' and surgeons' services | Covered in full | 20% coinsurance |
| Physical and respiratory therapy | Covered in full | 20% coinsurance |
| Intensive care services | Covered in full | 20% coinsurance |
| Maternity care | Covered in full | 20% coinsurance |

* Some services require plan notification or preauthorization. A penalty will be applied for failure to follow the plan's medical management procedures. The penalty does not apply toward the deductible or out-of-pocket maximum.

| Benefits | Your cost in-network | Your cost out-of-network (after your deductible) |
|--|-------------------------------------|---|
| Same-day surgery | | |
| Same-day surgery in a hospital outpatient or ambulatory care setting | \$100 per surgery | 20% coinsurance |
| Emergencies | | |
| Emergency room visit | \$75 per visit (waived if admitted) | |
| Skilled nursing | | |
| Skilled care in a semiprivate room | \$100 per admission | 20% coinsurance |
| Substance abuse | | |
| Office visits | \$15 per visit | 20% coinsurance |
| Detoxification in an inpatient setting | \$100 per admission | 20% coinsurance |
| Rehabilitation in an inpatient setting | \$100 per admission | 20% coinsurance |
| Mental health | | |
| Office visits | \$15 per visit | 20% coinsurance |
| Services in a general or psychiatric hospital | \$100 per admission | 20% coinsurance |
| Other health services | | |
| Skilled home health care services | Covered in full | 20% coinsurance |
| Durable medical equipment (\$1,500 per calendar year) | Covered in full | 20% coinsurance |
| Medically necessary ambulance services | Covered in full | 20% coinsurance |
| Value-added benefits and 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 | |
| Exclusions | | |
| Dental benefits and discounts, other than those listed in the Evidence of Coverage | | |
| 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 | | |
| Routine foot care | | |
| Custodial confinement | | |

A complete list of benefits and exclusions is in the Fallon Preferred 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 1-888-468-1541 (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, 2009, 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.

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