

# FCHP Select Care Premium Saver 2000/500 II (closed formulary) Benefit Summary

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## 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 2000/500 II (closed formulary), 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 and a copayment for hospital admissions. 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) 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

### 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><b>Calendar year deductible</b></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>\$2,000 individual \$4,000 family</p>
<p><b>Embedded deductible</b></p> <p>Please note that once any one member in a family accumulates \$2,000 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>\$2,000</p>
<p><b>Deductible carryover</b></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><b>Calendar year out-of-pocket maximum</b></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
<b>Office</b>	
Routine physical exams (according to MHQP preventive guidelines)	\$0
Office visits (primary care provider)	\$25 per visit
Office visits (specialist)	\$40 per visit
Office visits (limited service clinics, e.g., Minute Clinic)	\$25 per visit
Routine eye exams (one every 12 months)	\$25 per visit
Short-term rehabilitative services (60 visits per calendar year)	\$25 per visit after deductible
Prenatal care	\$25 first visit only
Postnatal care	\$25 per visit
<p><b>Preventive services</b></p> <p>Tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present</p>	Covered in full
<p><b>Diagnostic services</b></p> <p>Tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition</p>	Covered in full after deductible
Imaging (CAT, PET, MRI, Nuclear Cardiology)	\$150 copayment after deductible
Chiropractic care (12 visits per calendar year)	\$25 per visit

<b>Benefits</b>	<b>Your cost</b>
<b>Prescriptions</b>	<b>Tier 1/Tier 2/Tier 3</b>
Prescription drugs, including oral contraceptives, insulin and insulin syringes	\$25/\$100/\$100 (30-day supply) Closed formulary*
Prescription medication refills obtained through the mail order program	\$50/\$200/\$200 (90-day supply) Closed formulary*
<b>Inpatient hospital services</b>	
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
<b>Same-day surgery</b>	
Same-day surgery in a hospital outpatient or ambulatory care setting	\$250 copayment after deductible
<b>Emergencies</b>	
Emergency room visit	\$200 copayment after deductible (waived if admitted)
<b>Dental benefits and discounts</b>	
Exams (twice annually) 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
<b>Skilled nursing</b>	
Skilled care in a semiprivate room	\$500 copayment after deductible
<b>Substance abuse</b>	
Office visits	\$25 per visit
Detoxification in an inpatient setting	Covered in full
Rehabilitation in an inpatient setting	Covered in full


Benefits	Your cost
<b>Mental health</b>	
Office visits	\$25 per visit
Services in a general or psychiatric hospital	Covered in full
<b>Other health services</b>	
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
<b>Value added features</b>	
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
<b>Exclusions</b>	
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.

\*This plan uses a closed formulary. The formulary list is limited and drugs not on the list will not be covered by your prescription drug benefit under any circumstances.

## 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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