



# Summary of Benefits

Fallon Senior Plan Preferred Enhanced Rx

January 1, 2009 to December 31, 2009



**Introduction to the *Summary of Benefits* for  
Fallon Senior Plan Preferred Enhanced Rx  
January 1, 2009 - December 31, 2009**

**Worcester County and portions of Franklin, Hampden, Hampshire, Middlesex and Norfolk counties**

Thank you for your interest in Fallon Senior Plan Preferred Enhanced Rx. Our plan is offered by FALLON COMMUNITY HEALTH PLAN, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list 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. Another option is a Medicare health plan, like Fallon Senior Plan Preferred Enhanced Rx. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. 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 Preferred Enhanced Rx 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 plan covers 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 IS FALLON SENIOR PLAN PREFERRED ENHANCED RX AVAILABLE?**

The service area for this plan includes the following counties: Worcester County and portions of Franklin, Hampden, Hampshire, Middlesex, and Norfolk counties. For a complete listing of towns in our service area, see our ZIP code list at the back of this booklet. You must live in one of these areas to join the plan.

**WHO IS ELIGIBLE TO JOIN FALLON SENIOR PLAN PREFERRED ENHANCED RX?**

You can join Fallon Senior Plan Preferred Enhanced Rx if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Fallon Senior Plan Preferred Enhanced Rx, unless they are members of our organization and have been since their dialysis began.

**CAN I CHOOSE MY DOCTORS?**

Fallon Senior Plan Preferred Enhanced Rx has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current provider directory or for an up-to-date list 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?**

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

### **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

Fallon Senior Plan Preferred Enhanced Rx does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

Fallon Senior Plan Preferred Enhanced Rx has 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 pharmacy directory 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 Preferred Enhanced Rx uses 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.htm>.

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 Preferred Enhanced Rx, 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 Preferred Enhanced Rx, 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 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<sup>®</sup>): 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 Fallon Senior Plan Preferred Enhanced Rx.

Visit us at [www.fchp.org](http://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](http://www.medicare.gov) on the Web.

If you have special needs, this document may be available in other formats.

If you have any questions about these benefits or costs, please contact Fallon Community Health Plan Customer Service.

Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
<b>IMPORTANT INFORMATION</b>		
<b>1 – Premium and Other Important Information</b>	<p>In 2008 the monthly Part B Premium was \$96.40 and will change for 2009 and the yearly Part B Deductible amount was \$135 and will change for 2009.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b> \$120 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b> \$3,350 in-network out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit.</p> <p><b>Out-of-Network</b> \$500 yearly deductible. Contact the plan for services that apply.</p> <p>\$7,500 out-of-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit.</p> <p>See page 18 for more information about Premium and Other Important Information.</p>
<b>2 – Doctor and Hospital Choice (For more information, see Emergency – #15 and Urgently Needed Care – #16.)</b>	You may go to any doctor, specialist or hospital that accepts Medicare.	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>
<b>INPATIENT CARE</b>		
<b>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</b>	<p>In 2008 the amounts for each benefit period were: Days 1 - 60: \$1024 deductible Days 61 - 90: \$256 per day Days 91 - 150: \$512 per lifetime reserve day These amounts will change for 2009.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p>	<p><b>In-Network</b> For hospital stays: Days 1 - 5: \$125 copay per day Days 6 - 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>

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Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
	<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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>Out-of-Network</b> 20% of the cost for each hospital stay.</p> <p>See page 18 for more information about Inpatient Hospital Care.</p>
<p><b>4 – Inpatient Mental Health Care</b></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><b>In-Network</b> For hospital stays: Days 1 - 5: \$125 copay per day Days 6 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p><b>Out-of-Network</b> 20% of the cost for each hospital stay.</p> <p>See page 18 for more information about Inpatient Mental Health Care.</p>
<p><b>5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</b></p>	<p>In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$128 per day These amounts will change for 2009.</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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b> For SNF stays: Days 1 - 20: \$20 copay per day Days 21 - 100: \$0 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p><b>Out-of-Network</b> 20% of the cost for each SNF stay.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
<b>6 – Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<b>In-Network</b> \$0 copay for Medicare-covered home health visits.  <b>Out-of-Network</b> 20% for home health visits.
<b>7 – Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.
<b>OUTPATIENT CARE</b>		
<b>8 – Doctor Office Visits</b>	20% coinsurance	<b>General</b> See "Physical Exams," for more information.  <b>In-Network</b> \$20 copay for each primary care doctor visit for Medicare-covered benefits.  \$20 copay for each in-area, network urgent care Medicare-covered visit.  \$25 copay for each specialist visit for Medicare-covered benefits.  <b>Out-of-Network</b> \$40 copay for each primary care doctor visit.  \$40 copay for each specialist visit.
<b>9 – Chiropractic Services</b>	Routine care not covered.  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.	<b>In-Network</b> \$20 copay for Medicare-covered visits.  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.  <b>Out-of-Network</b> \$40 copay for chiropractic benefits.

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Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
<b>10 – Podiatry Services</b>	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>In-Network</b> \$20 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p><b>Out-of-Network</b> \$40 copay for podiatry benefits</p>
<b>11 – Outpatient Mental Health Care</b>	<p>50% coinsurance for most outpatient mental health services.</p>	<p><b>In-Network</b> \$20 copay for each Medicare-covered individual or group therapy visit.</p> <p>\$25 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.</p> <p><b>Out-of-Network</b> \$40 copay for Mental Health benefits.</p> <p>\$40 copay for Mental Health benefits with a psychiatrist.</p>
<b>12 – Outpatient Substance Abuse Care</b>	<p>20% coinsurance</p>	<p><b>In-Network</b> \$20 copay for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> 20% of the cost for outpatient substance abuse benefits.</p>
<b>13 – Outpatient Services/Surgery</b>	<p>20% coinsurance for the doctor</p> <p>20% of outpatient facility charges</p>	<p><b>In-Network</b> \$0 to \$75 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$75 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><b>Out-of-Network</b> 20% of the cost for ambulatory surgical center benefits.</p> <p>20% of the cost for outpatient hospital facility benefits.</p> <p>See page 18 for more information about Outpatient Services/ Surgery.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
<b>14 – Ambulance Services (medically necessary ambulance services)</b>	20% coinsurance	<b>In-Network</b> \$50 copay for Medicare-covered ambulance benefits.  <b>Out-of-Network</b> \$50 copay for ambulance benefits.  See page 18 for more information about Ambulance Services.
<b>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</b>	20% coinsurance for the doctor  20% of facility charge, or a set copay per emergency room visit  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.  NOT covered outside the U.S. except under limited circumstances.	<b>In-Network</b> \$50 copay for Medicare-covered emergency room visits.  <b>Out-of-Network</b> Worldwide coverage.  <b>In and Out-of-Network</b> If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit.  See page 18 for more information about Emergency Care.
<b>16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</b>	20% coinsurance, or a set copay  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$20 copay for Medicare-covered urgently needed care visits.
<b>17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</b>	20% coinsurance	<b>In-Network</b> \$20 copay for Medicare-covered Occupational Therapy visits.  \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.  <b>Out-of-Network</b> \$40 copay for Occupational Therapy benefits.  \$40 copay for Physical and/or Speech/Language Therapy visits.
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</b>	20% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered items.  <b>Out-of-Network</b> 20% of the cost for durable medical equipment.

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Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
<b>19 – Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered items.  <b>Out-of-Network</b> 20% of the cost for prosthetic devices.
<b>20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	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.	<b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  \$20 copay for Nutrition Therapy for Diabetes.  \$0 copay for Diabetes supplies.  <b>Out-of-Network</b> 20% of the cost for Diabetes supplies.  \$40 copay for Diabetes self-monitoring training.  \$40 copay for Nutrition Therapy for Diabetes.
<b>21 – Diagnostic Tests, X-Rays, and Lab Services</b>	20% coinsurance for diagnostic tests and x-rays  \$0 copay for Medicare-covered lab services  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. 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.	<b>In-Network</b> \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests  \$0 copay for Medicare-covered X-rays.  \$0 to \$50 copay for Medicare-covered diagnostic radiology services.  \$0 copay for Medicare-covered therapeutic radiology services.  <b>Out-of-Network</b> 20% of the cost for diagnostic procedures, tests, and lab services.  20% of the cost for therapeutic radiology services.  20% of the cost for outpatient x-rays.  20% of the cost for diagnostic radiology services.  See page 18 for more information about Diagnostic Tests, X-Rays, and Lab Services.

If you have any questions about these benefits or costs, please contact Fallon Community Health Plan Customer Service.

Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
<b>PREVENTIVE SERVICES</b>		
<b>22 – Bone Mass Measurement (for people with Medicare who are at risk)</b>	20% coinsurance  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.  <b>Out-of-Network</b> \$40 copay for Medicare-covered bone mass measurement.
<b>23 – Colorectal Screening Exams (for people with Medicare age 50 and older)</b>	20% coinsurance  Covered when you are high risk or when you are age 50 and older.	<b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.  <b>Out-of-Network</b> \$40 copay for Medicare-covered colorectal screenings.
<b>24 – Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</b>	\$0 copay for Flu and Pneumonia vaccines  20% coinsurance for Hepatitis B vaccine  You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	<b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for Flu and pneumonia vaccines.  <b>Out-of-Network</b> \$40 copay for immunizations.
<b>25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older)</b>	20% coinsurance  No referral needed.  Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	<b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.  <b>Out-of-Network</b> \$40 copay for screening mammograms.
<b>26 – Pap Smears and Pelvic Exams (for women with Medicare)</b>	\$0 copay for Pap smears.  Covered once every 2 years. Covered once a year for women with Medicare at high risk.  20% coinsurance for Pelvic Exams	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams and - up to 1 additional pap smear(s) and pelvic exam(s) every year.  <b>Out-of-Network</b> \$40 copay for pap smears and pelvic exams.

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Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
<b>27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</b>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p> <p><b>Out-of-Network</b> \$40 copay for prostate cancer screening.</p>
<b>28 – End-Stage Renal Disease</b>	<p>20% coinsurance for renal dialysis</p> <p>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><b>In-Network</b> \$0 copay for renal dialysis.</p> <p>\$20 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p><b>Out-of-Network</b> 20% of the cost for renal dialysis.</p> <p>\$40 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
<b>29 –Prescription Drugs</b>	<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 style="text-align: center;"><b><u>Drugs covered under Medicare Part B</u></b></p> <p><b>General</b> \$5 to \$40 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>\$5 to \$40 copay for Part B-covered chemotherapy drugs.</p> <p style="text-align: center;"><b><u>Drugs Covered under Medicare Part D</u></b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.fchp.org/Extranet/Seniors/Formulary">http://www.fchp.org/Extranet/Seniors/Formulary</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>

If you have any questions about these benefits or costs, please contact Fallon Community Health Plan Customer Service.

Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
		<p>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>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fallon Senior Plan for certain drugs.</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><b>In-Network</b> \$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p><b>Initial Coverage</b> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,700:</p> <p><b>Retail Pharmacy</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$10 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$30 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$20 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$30 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$90 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$60 copay for a 60-day supply of drugs in this tier</li> </ul>

If you have any questions about these benefits or costs, please contact Fallon Community Health Plan Customer Service.

Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
		<p><b>Tier 3</b>                      - \$55 copay for a one-month (30-day) supply of drugs in this tier                      - \$165 copay for a three-month (90-day) supply of drugs in this tier                      - \$110 copay for a 60-day supply of drugs in this tier</p> <p><b>Long Term Care Pharmacy</b></p> <p><b>Tier 1</b>                      - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Tier 2</b>                      - \$30 copay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Tier 3</b>                      - \$55 copay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Mail Order</b></p> <p><b>Tier 1</b>                      - \$10 copay for a one-month (30-day) supply of drugs in this tier                      - \$30 copay for a three-month (90-day) supply of drugs in this tier                      - \$20 copay for a 60-day supply of drugs in this tier</p> <p><b>Tier 2</b>                      - \$30 copay for a one-month (30-day) supply of drugs in this tier                      - \$90 copay for a three-month (90-day) supply of drugs in this tier                      - \$60 copay for a 60-day supply of drugs in this tier</p> <p><b>Tier 3</b>                      - \$55 copay for a one-month (30-day) supply of drugs in this tier                      - \$165 copay for a three-month (90-day) supply of drugs in this tier                      - \$110 copay for a 60-day supply of drugs in this tier</p> <p><b>Coverage Gap</b>                      After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>

If you have any questions about these benefits or costs, please contact Fallon Community Health Plan Customer Service.

Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
		<p><b>Catastrophic Coverage</b>            After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:            - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs,            or            - 5% coinsurance.</p> <p><b>Out-of-Network</b>            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><b>Out-of-Network Initial Coverage</b>            After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p><b>Out-of-Network Pharmacy</b></p> <p><b>Tier 1</b>            - \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 2</b>            - \$30 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 3</b>            - \$55 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Out-of-Network Coverage Gap</b>            After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Fallon Senior Plan for out-of-network purchases when you are in the coverage gap. However, you should still submit</p>

If you have any questions about these benefits or costs, please contact Fallon Community Health Plan Customer Service.

Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
		<p>documentation to Fallon Senior Plan so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Out-of-Network Catastrophic Coverage</b>            After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:            - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs,            or            - 5% coinsurance.</p> <p>See page 19 for more information about Prescription Drugs.</p>
<b>30 – Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><b>In-Network</b>            In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$10 to \$25 copay for Medicare-covered dental benefits.</p> <p><b>Out-of-Network</b>            \$40 copay for comprehensive dental benefits.</p>
<b>31– Hearing Services</b>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b>            In general, routine hearing exams and hearing aids not covered.</p> <p>\$20 to \$25 copay for Medicare-covered diagnostic hearing exams.</p> <p><b>Out-of-Network</b>            \$40 copay for hearing exams.</p>
<b>32– Vision Services</b>	<p>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.            Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b>            \$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>\$20 to \$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$20 to \$25 copay for up to 1 routine eye exam(s) every two years</p>

If you have any questions about these benefits or costs, please contact Fallon Community Health Plan Customer Service.

Benefit Category	Original Medicare	Fallon Senior Plan Preferred Enhanced Rx 002
		<p><b>Out-of-Network</b> 20% of the cost for eye wear.</p> <p>\$40 copay for eye exams.</p> <p>See page 20 for more information about Vision Services.</p>
<b>33- Physical Exams</b>	<p>20% coinsurance for one exam within the first 12 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 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><b>In-Network</b> \$20 copay for routine exams.</p> <p>No limit on the number of covered exams.</p> <p>\$20 copay for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$40 copay for routine exams.</p>
<b>Health/Wellness Education</b>	<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 affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p><b>In-Network</b> This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> <li>- Additional Smoking Cessation</li> <li>- Health Club Membership/Fitness Classes</li> <li>- Nursing Hotline</li> <li>- Other Wellness Benefits</li> </ul> <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p><b>Out-of-Network</b> \$0 to \$25 copay for Health and Wellness services.</p> <p>See pages 20-21 for more information about Health/Wellness Education.</p>
<b>Transportation (routine)</b>	Not covered	<p><b>In-Network</b> This plan does not cover routine transportation.</p>
<b>Acupuncture</b>	Not covered	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>

**Premium and Other Important Information**

The \$3,350 maximum out-of-pocket limit is for in-network Medicare Part A and Part B covered services only. You pay a \$500 yearly deductible for all plan services when received out-of-network only. There is a \$7,500 maximum out-of-pocket limit for all Medicare-covered plan services when received out-of-network only.

**Inpatient Hospital Care**

Inpatient acute and 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.

**Outpatient Services/Surgery**

The \$75 copayment applies to same-day surgical procedures in an in-network hospital outpatient department and in an in-network ambulatory surgical center. The copayment is waived if you are admitted on the day of the surgical procedure from the hospital outpatient department only. If you have a same-day surgical procedure performed outside of the network, you will pay 20% of the cost of the surgical procedure.

**Ambulance Services**

You pay a \$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**

The \$50 emergency room copayment is waived for an observation room stay in-network and out-of-network. An observation room stay has a \$50 copayment in-network and out-of-network.

**Diagnostic Tests, X-Rays and Lab Services**

In-network, you pay a \$50 copayment for each diagnostic nuclear study, CAT scan, PET scan and MRI in an outpatient facility, and there is a \$200 out-of-pocket maximum limit every year. If multiple diagnostic nuclear studies, CAT scans, PET scans or MRIs are performed on the same day in the same in-network facility for the same diagnosis, only one \$50 copayment applies. Out-of-network, once you have met the \$500 deductible for out-of-network services, you pay 20% of the cost 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 out-of-network on the same day in the same facility for the same diagnosis, once you have met the \$500 deductible for out-of-network services, you pay 20% of the cost for each diagnostic nuclear study, CAT scan, PET scan and MRI. There is no copayment for in-network therapeutic nuclear studies, CAT scans, PET scans and MRIs.

## Prescription Drugs

As a member of Fallon Senior Plan, you must receive your Medicare Part D prescription drug benefits through this plan. Please note that if you join another Medicare plan with Medicare Part D prescription drug coverage, you will be automatically disenrolled from this plan.

Fallon Senior Plan Preferred Enhanced Rx covers 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. In addition, if you are receiving extra help from Medicare to pay for your prescriptions, you will not get any extra help from Medicare to pay for these drugs.

The prescription copayments are based on a three-tiered copayment structure. The drugs listed in the three tiers make up the Fallon Senior Plan formulary. The copayments are listed below for prescription drugs that you receive at an in-network pharmacy or by mail-order. 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	\$10	\$20	\$30
Tier 2: Non-preferred generic and preferred brand drugs	\$30	\$60	\$90
Tier 3: Non-preferred brand drugs	\$55	\$110	\$165

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.

Please note, if you have limited income and resources and are receiving extra help from Medicare to pay for prescription drug costs, or you live in a long-term care facility, you may have different out-of-pocket drug costs. Also remember that prescription drug prices may change daily. Prescription drugs are generally dispensed for up to a 30-day supply. In some instances, the plan has established dispensing limitations. Contact the plan for details.

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.

## Extra Help Available

If you enroll in a Medicare prescription drug plan, you may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, seven days a week
- The Massachusetts Medicaid office at 1-800-841-2900 (TTY: 1-800-497-4648)
- The Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778), Monday through Friday from 7 a.m. to 7 p.m.

## **Vision Services**

You are covered for one pair of eyeglasses with a standard frame or set of contact lenses purchased in-network or out-of-network after each cataract surgery that includes insertion of an intraocular lens. You are covered for corrective lenses with standard frames (and replacements) purchased in-network or out-of-network 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) purchased in-network or out-of-network 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. Classes/services in-network may have a \$20 copayment. For out-of-network classes/services, there is maximum benefit coverage of \$20 for each class/service, and you will be responsible for the remainder of the total cost for each out-of-network class/service. Contact Fallon Community Health Plan for complete in-network 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, as a Fallon Senior Plan member, you may receive nicotine patches or gum at a reduced price, or even at no cost.

## **Health Club Membership/Fitness Classes**

### *SilverSneakers® Fitness Program*

As a member of Fallon Senior Plan, 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® membership*

As a Fallon Senior Plan Preferred Enhanced Rx member, you can receive either the in-network or out-of-network Weight Watchers membership, but not both. In-network, Fallon Senior Plan Preferred Enhanced Rx members can receive one 12-consecutive-week Weight Watchers membership each calendar year at no additional cost beyond the 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. Out-of-network, Fallon Senior Plan Preferred Enhanced Rx offers members a maximum benefit coverage of up to \$100 toward a Weight Watchers membership each calendar year. The maximum benefit coverage is the total amount that Fallon Community Health Plan will pay for a covered benefit. You are responsible for the difference between the amount billed for a covered benefit and the maximum benefit coverage. Therefore, you are responsible for the difference in the cost of a Weight Watchers membership and the maximum benefit coverage FCHP pays.

*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).

**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 Preferred Enhanced Rx, 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 Service.

**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 Preferred Enhanced Rx 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 Preferred Enhanced Rx for the year 2009. We invite current members to call 1-800-868-5200 (TDD/TTY: 1-877-608-7677) and prospective members to 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](http://www.fchp.org). Fallon Community Health Plan is located at 10 Chestnut St., Worcester, Mass. 01608.

## ZIP code list

### Franklin County\*

Town	ZIP
Erving	01344
New Salem	01355
North New Salem	01364
Orange	01364
Warwick	01378
Wendell	01379
Wendell Depot	01380

### Hampden County\*

Town	ZIP
Bondsville	01009
Brimfield	01010
Holland	01521
Monson	01057
Palmer	01069
Thorndike	01079
Three Rivers	01080
Wales	01081

### Hampshire County\*

Town	ZIP
Ware	01082

### Middlesex County\*

Town	ZIP
Acton	01720
Ashby	01431
Ashland	01721
Ayer	01432
Ayer	01434
Bedford	01730
Billerica	01821
Billerica	01822
Boxborough	01719
Carlisle	01741
Chelmsford	01824

### Middlesex Cty\* (continued)

Town	ZIP
Concord	01742
Dracut	01826
Dunstable	01827
Framingham	01701
Framingham	01702
Framingham	01703
Framingham	01704
Framingham	01705
Groton	01450
Groton	01470
Groton	01471
Hanscom AFB	01731
Holliston	01746
Hopkinton	01748
Hudson	01749
Littleton	01460
Lowell	01850
Lowell	01851
Lowell	01852
Lowell	01853
Lowell	01854
Marlborough	01752
Maynard	01754
Natick	01760
North Billerica	01862
North Chelmsford	01863
Nutting Lake	01865
Pepperell	01463
Pinehurst	01866
Sherborn	01770
Shirley	01464
Shirley Center	01464
Stow	01775
Sudbury	01776
Tewksbury	01876
Townsend	01469

### Middlesex Cty\* (continued)

Town	ZIP
Tyngsboro	01879
Village of Nagog	
Woods	01718
Wayland	01778
West Groton	01472
West Townsend	01474
Westford	01886
Woodville	01784

### Norfolk County\*

Town	ZIP
Bellingham	02019
Franklin	02038
Medway	02053
Millis	02054
Norfolk	02056
Sheldonville	02070
Wrentham	02093

### Worcester County\*\*

Town	ZIP
Ashburnham	01430
Athol	01331
Auburn	01501
Baldwinville	01436
Barre	01005
Berlin	01503
Blackstone	01504
Bolton	01740
Boylston	01505
Brookfield	01506
Charlton	01507
Charlton City	01508
Charlton Depot	01509
Cherry Valley	01611
Clinton	01510

### Worcester County\*\* (continued)

Town	ZIP
Douglas	01516
Dudley	01571
East Brookfield	01515
East Princeton	01517
East Templeton	01438
Fayville	01745
Fiskdale	01518
Fitchburg	01420
Gardner	01440
Gardner	01441
Gilbertville	01031
Grafton	01519
Hardwick	01037
Harvard	01451
Holden	01520
Hopedale	01747
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

## ZIP code list

### Worcester County\*\* (continued)

Town	ZIP
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

### Worcester County\*\* (continued)

Town	ZIP
South Grafton	01560
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

### Worcester County\*\* (continued)

Town	ZIP
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 County\*\* (continued)

Town	ZIP
Worcester	01604
Worcester	01605
Worcester	01606
Worcester	01607
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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