

FCHP Select Care Premium Saver I

Benefit Summary

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 I, you get comprehensive medical benefits for lower monthly premiums and slightly higher out-of-pocket expenses compared to our other plans—everything you need to live a healthy life.

- **\$0 copayments for routine physical exams**
- **Preventive dental services**
- **A fitness reimbursement of up to \$400** for families (\$200 for individual contracts)
- **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

Calendar year out-of-pocket maximum

The out-of-pocket maximum is the total amount of inpatient admissions copayments, same day surgery copayments and prosthetic limbs coinsurance that you are responsible for in a calendar year.

\$2,000 individual/
\$4,000 family

Benefits

Your cost

Office

Routine physical exams (according to MHQP preventive guidelines)	\$0
Office visits (primary care provider)	\$15 per visit
Office visits (specialist)	\$15 per visit
Office visits (limited service clinics, e.g., Minute Clinic)	\$15 per visit
Routine eye exams (one every 12 months)	\$15 per visit
Short-term rehabilitative services (60 visits per calendar year)	\$15 per visit
Prenatal care	\$15 first visit only
Postnatal care	\$15 per visit
Preventive services Tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present	Covered in full
Diagnostic services Tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition	Covered in full
Imaging (CAT, PET, MRI, Nuclear Cardiology)	\$50 copayment
Chiropractic care (12 visits per calendar year)	\$15 per visit

Prescriptions

Tier 1/Tier 2/Tier 3

Prescription drugs, including oral contraceptives, insulin and insulin syringes	\$15/\$30/\$50 (30-day supply)
Prescription medication refills obtained through the mail order program	\$30/\$60/\$100 (90-day supply)
Prilosec OTC, Prevacid 24HR, omeprazole OTC (prescription required)	\$5

Inpatient hospital services

Room and board in a semiprivate room (private when medically necessary)	\$350 copayment
Physicians' and surgeons' services	Covered in full
Physical and respiratory therapy	Covered in full
Intensive care services	Covered in full
Maternity care	Covered in full

Same-day surgery

Same-day surgery in a hospital outpatient or ambulatory care setting	\$350 per surgery
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Benefits	Your cost
Emergencies	
Emergency room visit	\$100 copayment (waived if admitted)
Dental benefits and discounts	
Exams (one every six months) 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
Skilled nursing	
Skilled care in a semiprivate room	\$350 copayment
Substance abuse	
Office visits	\$15 per visit
Detoxification in an inpatient setting	Covered in full
Rehabilitation in an inpatient setting	Covered in full
Mental health	
Office visits	\$15 per visit
Services in a general or psychiatric hospital	Covered in full
Other health services	
Skilled home health care services	Covered in full
Durable medical equipment (\$1,500 per calendar year)	Covered in full
Medically necessary ambulance services	Covered in full
Value added 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
CVS Caremark ExtraCare Health Card – provides 20% discount on CVS/pharmacy Brand health related items.	Included


Exclusions

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.

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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