

# FCHP Direct Care FCHP Select Care

Benefit summary – Effective July 1, 2009

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## FCHP Direct Care and FCHP Select Care

Fallon Community Health Plan offers you a choice of two HMO plans: **FCHP Direct Care** and **FCHP Select Care**. Both plans offer **extensive benefits and features**. You also get access to many of **the best doctors, specialists and hospitals** in the state. And, by offering two plans, FCHP gives you the flexibility to choose a network and level of benefits that **best fit** your health care needs.

## Tier 1, 2 and 3 measurements: for FCHP Select Care

Fallon Community Health Plan is committed to giving all our members access to a network of high-quality, cost-efficient plan physicians. The tiering works as follows:

\*\*\* **Tier 1** (excellent): This tier includes plan physicians practicing at an excellent level of quality and efficiency. You will pay the lowest copayment when you see a Tier 1 plan physician.

\*\* **Tier 2** (good): This tier includes plan physicians practicing at a good level of quality and efficiency, or a plan physician with insufficient cost or quality data. You will pay the base copayment when you see a Tier 2 plan physician.

\* **Tier 3** (standard): This tier includes plan physicians practicing at a standard level of quality and efficiency. You will pay a higher copayment when you see a Tier 3 plan physician.

**NT/ID:** This designation includes providers that did not have sufficient data for tiering and providers that belong to a specialty or subspecialty that is not being tiered by FCHP. These providers are subject to a Tier 2 level copayment.

## 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.

### 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 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 Member Handbook/Evidence of Coverage*.

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Benefits	FCHP Direct Care copayments		FCHP Select Care copayments	
		*** Tier 1 (excellent)	** Tier 2 (good)	* Tier 3 (standard)
<b>Office services</b>				
PCP office visit	\$10 per visit	\$10 per visit	\$15 per visit	\$25 per visit
PCP wellness exams (according to MHQP preventive guidelines)	\$10 per visit/adult	\$10 per visit/adult	\$15 per visit/adult	\$25 per visit/adult
Child PCP wellness exams (according to MHQP preventive guidelines)	\$0 per visit	\$0 per visit	\$5 per visit	\$10 per visit
Specialist office visits	\$20 per visit	\$20 per visit	\$30 per visit	\$40 per visit
Retail clinic ("Minute clinic")	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Routine eye exams (one every 24 months)	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Short-term rehabilitative services: physical and occupational therapy (90-calendar-day limit per illness or injury)	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Speech therapy	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Prenatal care	\$10 per visit	\$10 per visit	\$15 per visit	\$25 per visit
Postnatal care	\$10 per visit	\$10 per visit	\$15 per visit	\$25 per visit
Diagnostic services (Lab, X-ray, EKG, etc.)	Covered in full	Covered in full	Covered in full	Covered in full
Imaging (CAT, PET, MRI scans) (maximum of one copayment per day)	\$75	\$75	\$75	\$75
Injections and immunizations	Covered in full	Covered in full	Covered in full	Covered in full
Chiropractic care for the treatment of acute musculoskeletal conditions (up to 20 visits per calendar year)	\$10 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Outpatient surgery (maximum of four copayments per calendar year)	\$100 per visit	\$125 per visit	\$125 per visit	\$125 per visit
<b>Prescription drugs (A generic preferred program is now in place. This means that if you fill a prescription with a brand-name drug when a generic is available, you will be responsible for the drug copayment <i>plus</i> the cost difference between the two drugs.)</b>				
Prescription drugs, including oral contraceptives, insulin and insulin syringes (up to a 30-day supply)	\$10/\$25/\$50		\$10/\$25/\$50	
Prescription medication refills obtained through the mail-order program (up to a 90-day supply)	\$20/\$50/\$110		\$20/\$50/\$110	
<b>Inpatient hospital</b>				
Unlimited days for room and board in a semiprivate room (maximum of four copayments per calendar year). The following is included in hospital services: <ul style="list-style-type: none"> <li>Physicians' and surgeons' services</li> <li>Physical and respiratory therapy</li> <li>Intensive care services</li> <li>Prescribed private duty nursing (when medically necessary)</li> <li>Maternity care</li> </ul>	\$200		\$250 per admission	
	Copayment waived if readmitted within 30 days of discharge from an acute care or psychiatric hospital.		Copayment waived if readmitted within 30 days of discharge from an acute care or psychiatric hospital.	

<b>Benefits</b>	<b>FCHP Direct Care copayments</b>	<b>FCHP Select Care copayments</b>
<b>Emergencies</b>		
<i>In the service area</i> Emergency room services (All emergency room care must be reported to the plan within 48 hours.)	\$75 per visit (waived if admitted)	\$75 per visit (waived if admitted)
<i>Out of the service area</i> Initial treatment of any unexpected illness or injury anywhere in the world (All emergency room care must be reported to the plan within 48 hours.)	\$75 per visit (waived if admitted)	\$75 per visit (waived if admitted)
<b>Mental health and substance abuse</b>		
Unlimited outpatient visits (out-of-pocket maximum of \$1,000 individual/\$2,000 family)	\$10 per visit	\$15 per visit
Unlimited days in a general or psychiatric hospital	Covered in full	Covered in full
Unlimited days for detoxification or substance abuse rehabilitation services in an inpatient setting	Covered in full	Covered in full
<b>Skilled nursing</b>		
Skilled care in a semiprivate room up to 100 days per calendar year	Covered in full	Covered in full
<b>Other health services (coverage the same for both FCHP Direct Care and FCHP Select Care)</b>		
Skilled home health care services	Covered in full	
Prosthetic devices and durable medical equipment	80% coverage	
Hearing aids (every two years)	100% coverage for the first \$500; 80% coverage of the next \$1,500	
Medically necessary ambulance services in life-threatening emergencies or when ordered by a plan physician	Covered in full	
Medical services for dependent students living out of the services area	Out-of-area students' benefits include only non-routine medical office visits and related diagnostic lab and X-ray services, non-elective inpatient services if the plan is notified within 48 hours of admission, outpatient substance abuse and mental health services, and short-term rehabilitative services. Applicable copayments are required.	

### Value-added features (coverage the same for both FCHP Direct Care and FCHP Select Care)

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

Custodial confinement  
Long-term rehabilitative services  
Nonprescription drugs and vitamins  
Experimental procedures or services that are not generally accepted medical practice  
Cosmetic surgery  
Routine foot care  
Preventive dental/pediatric dental

A complete list of benefits and exclusions is in the *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 1-866-344-4442 (TDD/TTY: 1-877-608-7677), or visit our Web site at [fchp.org/gic](http://fchp.org/gic).

✓ *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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