



## summary of benefits

fallon senior plan saver basic rx  
fallon senior plan standard basic rx  
fallon senior plan plus basic rx

January 1, 2008 to December 31, 2008



**Introduction to the *Summary of Benefits* for  
Fallon Senior Plan Saver Basic Rx, Fallon Senior Plan Standard Basic Rx and Fallon Senior Plan Plus Basic Rx  
January 1, 2008 - December 31, 2008  
Worcester County and portions of Franklin, Hampden, Hampshire, Middlesex and Norfolk counties**

Thank you for your interest in Fallon Senior Plan Saver Basic Rx, Fallon Senior Plan Standard Basic Rx and Fallon Senior Plan Plus Basic Rx. Our plans are offered by FALLON COMMUNITY HEALTH PLAN, a Medicare Advantage Health Maintenance Organization (HMO). This *Summary of Benefits* tells you some features of our plans. It doesn't list every service that we cover or 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. Other options are Medicare health plans, like Fallon Senior Plan Saver Basic Rx, Fallon Senior Plan Standard Basic Rx and Fallon Senior Plan Plus Basic 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 join or leave a plan only at certain times. Please call Fallon Senior Plan at the telephone 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 Saver Basic Rx, Fallon Senior Plan Standard Basic Rx, Fallon Senior Plan Plus Basic 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 plans cover 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 ARE FALLON SENIOR PLAN SAVER BASIC RX, FALLON SENIOR PLAN STANDARD BASIC RX AND FALLON SENIOR PLAN PLUS BASIC RX AVAILABLE?**

There is more than one plan listed in this *Summary of Benefits*. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information. The service area for these plans 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, please see our ZIP code list at the back of this booklet. You must live in one of these areas to join these plans.

**WHO IS ELIGIBLE TO JOIN FALLON SENIOR PLAN SAVER BASIC RX, FALLON SENIOR PLAN STANDARD BASIC RX AND FALLON SENIOR PLAN PLUS BASIC RX?**

You can join Fallon Senior Plan Saver Basic Rx, Fallon Senior Plan Standard Basic Rx and Fallon Senior Plan Plus Basic 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 may not be eligible to enroll in Fallon Senior Plan Saver Basic Rx, Fallon Senior Plan Standard Basic Rx and Fallon Senior Plan Plus Basic Rx. For more information, please call Fallon Senior Plan at the telephone number listed at the end of this introduction.

### **CAN I CHOOSE MY DOCTORS?**

Fallon Senior Plan Saver Basic Rx, Fallon Senior Plan Standard Basic Rx and Fallon Senior Plan Plus Basic Rx have formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current provider directory for an up-to-date list, or visit us at [www.fchp.org](http://www.fchp.org). 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?**

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Fallon Community Health Plan nor the Original Medicare Plan will pay for these services.

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

Fallon Senior Plan Saver Basic Rx, Fallon Senior Plan Standard Basic Rx and Fallon Senior Plan Plus Basic Rx do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

### **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THESE PLANS?**

Fallon Senior Plan Saver Basic Rx, Fallon Senior Plan Standard Basic Rx and Fallon Senior Plan Plus Basic Rx have 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 current pharmacy network list or visit us at [www.fchp.org](http://www.fchp.org). Our customer service number is listed at the end of this introduction.

### **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Fallon Senior Plan Saver Basic Rx, Fallon Senior Plan Standard Basic Rx and Fallon Senior Plan Plus Basic Rx use 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/OnlineDrugFormulary.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 Saver Basic Rx, Fallon Senior Plan Standard Basic Rx or Fallon Senior Plan Plus Basic 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 THESE PLANS?**

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 Saver Basic Rx, Fallon Senior Plan Standard Basic Rx or Fallon Senior Plan Plus Basic 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 that 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.

Please call Fallon Community Health Plan for more information about these plans.

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 (800)-868-5200 for questions related to the Medicare Advantage program. (TDD/TTY: (877)-608-7677)

Prospective members should call (888)-377-1980 for questions related to the Medicare Advantage program. (TDD/TTY: (877)-608-7677)

Current members should call (800)-868-5200 for questions related to the Medicare Part D Prescription Drug program. (TDD/TTY: (877)-608-7677)

Prospective members should call (888)-377-1980 for questions related to the Medicare Part D Prescription Drug program. (TDD/TTY: (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 Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
<b>IMPORTANT INFORMATION</b>				
<p><b>1 – Premium and Other Important Information</b></p>	<p>\$93.50 monthly Medicare Part B Premium.</p> <p>\$131 yearly Medicare Part B deductible.</p> <p>This SB includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008. Social Security will notify you of the new 2008 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2008.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>You pay \$28 each month for your plan benefits, which includes your Medicare Part D prescription benefits.</p> <p>You also continue to pay the Medicare Part B premium of \$93.50 each month. This SB includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</p> <p><b>In-Network</b> \$3,250 out-of-pocket limit. Contact the plan for services that apply.</p> <p><b>Out-of-Network</b> Unless otherwise noted, out-of-network services not covered.</p> <p>See page 21 for more information about Premium and Other Important Information.</p>	<p>You pay \$100 each month for your plan benefits, which includes your Medicare Part D prescription benefits.</p> <p>You also continue to pay the Medicare Part B premium of \$93.50 each month. This SB includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</p> <p><b>In-Network</b> \$3,250 out-of-pocket limit. Contact the plan for services that apply.</p> <p><b>Out-of-Network</b> Unless otherwise noted, out-of-network services not covered.</p> <p>See page 21 for more information about Premium and Other Important Information.</p>	<p>You pay \$160 each month for your plan benefits, which includes your Medicare Part D prescription benefits.</p> <p>You also continue to pay the Medicare Part B premium of \$93.50 each month. This SB includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</p> <p><b>In-Network</b> \$3,250 out-of-pocket limit. Contact the plan for services that apply.</p> <p><b>Out-of-Network</b> Unless otherwise noted, out-of-network services not covered.</p> <p>See page 21 for more information about Premium and Other Important Information.</p>
<p><b>2 – Doctor and Hospital Choice</b> (For more information, see Emergency – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</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 Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
		You may have to pay a separate copay for certain doctor office visits.	You may have to pay a separate copay for certain doctor office visits.	You may have to pay a separate copay for certain doctor office visits.
<b>INPATIENT CARE</b>				
<b>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</b>	<p>For each benefit period:</p> <p>Days 1 - 60: \$992 deductible Days 61 - 90: \$248 per day Days 91 - 150: \$496 per lifetime reserve day</p> <p>This SB includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once. 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>In-Network</b> For hospital stays: Days 1 - 3: \$175 copay per day Days 4 - 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> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 21 for more information about Inpatient Hospital Care.</p>	<p><b>In-Network</b> For hospital stays: Days 1 - 3: \$125 copay per day Days 4 - 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> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 21 for more information about Inpatient Hospital Care.</p>	<p><b>In-Network</b> \$100 copay for each hospital stay.</p> <p>\$0 copay for additional hospital days</p> <p>\$300 out of pocket limit every year.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 21 for more information about Inpatient Hospital Care.</p>

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<b>4 – Inpatient Mental Health Care</b>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b> For hospital stays: Days 1 - 3: \$175 copay per day Days 4 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See pages 21-22 for more information about Inpatient Mental Health Care.</p>	<p><b>In-Network</b> For hospital stays: Days 1 - 3: \$125 copay per day Days 4 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See pages 21-22 for more information about Inpatient Mental Health Care.</p>	<p><b>In-Network</b> \$100 copay for each hospital stay.</p> <p>\$300 out of pocket limit every year.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See pages 21-22 for more information about Inpatient Mental Health Care.</p>
<b>5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</b>	<p>For each benefit period after at least a 3-day covered hospital stay: Days 1 - 20: \$0 per day Days 21 - 100: \$124 per day</p> <p>100 days for each benefit period.</p> <p>This SB includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</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</p>	<p><b>General</b> Prior authorization is required.</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>100 days covered for each benefit period</p> <p>No prior hospital stay is required.</p>	<p><b>General</b> Prior authorization is required.</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>100 days covered for each benefit period</p> <p>No prior hospital stay is required.</p>	<p><b>General</b> Prior authorization is required.</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>100 days covered for each benefit period</p> <p>No prior hospital stay is required.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
	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.			
<b>6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</b>	\$0 copay.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered home health visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered home health visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered 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>In-Network</b> You must get care from a Medicare-certified hospice.	<b>In-Network</b> You must get care from a Medicare-certified hospice.	<b>In-Network</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 "Routine Physical Exams," for more information. Authorization rules may apply.  <b>In-Network</b> \$15 copay for each primary care doctor visit for Medicare-covered benefits.  \$20 copay for each specialist visit for Medicare-covered benefits.	<b>General</b> See "Routine Physical Exams," for more information. Authorization rules may apply.  <b>In-Network</b> \$15 copay for each primary care doctor visit for Medicare-covered benefits.  \$15 copay for each specialist visit for Medicare-covered benefits.	<b>General</b> See "Routine Physical Exams," for more information. Authorization rules may apply.  <b>In-Network</b> \$10 copay for each primary care doctor visit for Medicare-covered benefits.  \$10 copay for each specialist visit for Medicare-covered benefits.

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<b>9 – Chiropractic Services</b>	20% coinsurance  Routine care not covered.  20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$15 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>General</b> Authorization rules may apply.  <b>In-Network</b> \$15 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>General</b> Authorization rules may apply.  <b>In-Network</b> \$10 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>10 – Podiatry Services</b>	20% coinsurance  Routine care not covered.  20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$15 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$15 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$10 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.
<b>11 – Outpatient Mental Health Care</b>	50% coinsurance for most outpatient mental health services.	<b>In-Network</b> \$15 copay for each Medicare-covered individual or group therapy visit.  \$20 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.	<b>In-Network</b> \$15 copay for each Medicare-covered individual or group therapy visit.	<b>In-Network</b> \$10 copay for each Medicare-covered individual or group therapy visit.
<b>12 – Outpatient Substance Abuse Care</b>	20% coinsurance	<b>In-Network</b> \$15 copay for Medicare-covered individual or group visits.	<b>In-Network</b> \$15 copay for Medicare-covered individual or group visits.	<b>In-Network</b> \$10 copay for Medicare-covered individual or group visits.

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<b>13 – Outpatient Services/Surgery</b>	20% coinsurance for the doctor  20% of outpatient facility	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 to \$100 copay for each Medicare-covered ambulatory surgical center visit.  \$0 to \$100 copay for each Medicare-covered outpatient hospital facility visit.  See page 22 for more information about Outpatient Services/Surgery.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 to \$75 copay for each Medicare-covered ambulatory surgical center visit.  \$0 to \$75 copay for each Medicare-covered outpatient hospital facility visit.  See page 22 for more information about Outpatient Services/Surgery.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 to \$50 copay for each Medicare-covered ambulatory surgical center visit.  \$0 to \$50 copay for each Medicare-covered outpatient hospital facility visit.  See page 22 for more information about Outpatient Services/Surgery.
<b>14 – Ambulance Services (medically necessary ambulance services)</b>	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$50 copay for Medicare-covered ambulance benefits.  See page 22 for more information about Ambulance Services.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$50 copay for Medicare-covered ambulance benefits.  See page 22 for more information about Ambulance Services.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$50 copay for Medicare-covered ambulance benefits.  See page 22 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	<b>In-Network</b> \$50 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	<b>In-Network</b> \$50 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	<b>In-Network</b> \$50 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

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	hospital for the same condition within 3 days of the emergency room visit.  NOT covered outside the U.S. except under limited circumstances.	the same condition, you pay \$0 for the emergency room visit.  See page 22 for more information about Emergency Care.	the same condition, you pay \$0 for the emergency room visit.  See page 22 for more information about Emergency Care.	the same condition, you pay \$0 for the emergency room visit.  See page 22 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> \$15 copay for Medicare-covered urgently needed care visits.	<b>General</b> \$15 copay for Medicare-covered urgently needed care visits.	<b>General</b> \$10 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>General</b> Authorization rules may apply.  <b>In-Network</b> \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$10 copay for Medicare-covered Occupational Therapy visits.  \$10 copay for Medicare-covered 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>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered items.
<b>19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</b>	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered items.

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
<p><b>20 – Diabetes Self-Monitoring Training and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training.</p> <p>\$15 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training.</p> <p>\$15 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training.</p> <p>\$10 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>
<p><b>21 – Diagnostic Tests, X-Rays, and Lab Services</b></p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>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.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> </ul> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$50 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>See page 22 for more information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> </ul> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$50 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>See page 22 for more information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> </ul> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$50 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>See page 22 for more information about Diagnostic Tests, X-Rays, and Lab Services.</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 Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
<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>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.	<b>In-Network</b> \$0 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>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.	<b>In-Network</b> \$0 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>General</b> Authorization rules may apply.  <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>General</b> Authorization rules may apply.  <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>General</b> Authorization rules may apply.  <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>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>In-Network</b> \$0 copay for Medicare-covered screening mammograms.	<b>In-Network</b> \$0 copay for Medicare-covered 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	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
	<p>women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams</p>	<p>pelvic exams and</p> <ul style="list-style-type: none"> <li>- up to 1 additional pap smear(s) and pelvic exam(s) every year</li> </ul>	<p>pelvic exams and</p> <ul style="list-style-type: none"> <li>- up to 1 additional pap smear(s) and pelvic exam(s) every year</li> </ul>	<p>pelvic exams and</p> <ul style="list-style-type: none"> <li>- up to 1 additional pap smear(s) and pelvic exam(s) every year</li> </ul>
<p><b>27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</b></p>	<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></p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>
<p><b>28 – ESRD</b></p>	<p>20% coinsurance for dialysis</p>	<p><b>In-Network</b></p> <p>\$0 copay for in and out-of-area dialysis</p> <p>\$15 copay for Nutrition Therapy for Renal Disease.</p>	<p><b>In-Network</b></p> <p>\$0 copay for in and out-of-area dialysis</p> <p>\$15 copay for Nutrition Therapy for Renal Disease.</p>	<p><b>In-Network</b></p> <p>\$0 copay for in and out-of-area dialysis</p> <p>\$10 copay for Nutrition Therapy for Renal Disease.</p>
<p><b>29 – Prescription Drugs</b></p>	<p>Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)</p>	<p>See page 23 for more information about Prescription Drugs.</p>	<p>See page 23 for more information about Prescription Drugs.</p>	<p>See page 23 for more information about Prescription Drugs.</p>
<p><b>Drugs covered under Medicare Part B</b></p>		<p><b>General</b></p> <p>\$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><b>General</b></p> <p>\$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><b>General</b></p> <p>\$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>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
<p><b>Drugs Covered under Medicare Part D</b></p>		<p>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/OnlineDrugFormulary.htm">http://www.fchp.org/Extranet/Seniors/OnlineDrugFormulary.htm</a> on the web. 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> <p>The plan offers national in-network prescription coverage. This means that you will pay the same 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. If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>	<p>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/OnlineDrugFormulary.htm">http://www.fchp.org/Extranet/Seniors/OnlineDrugFormulary.htm</a> on the web. 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> <p>The plan offers national in-network prescription coverage. This means that you will pay the same 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. If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>	<p>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/OnlineDrugFormulary.htm">http://www.fchp.org/Extranet/Seniors/OnlineDrugFormulary.htm</a> on the web. 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> <p>The plan offers national in-network prescription coverage. This means that you will pay the same 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. If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
<b>In-Network</b>		<p>\$275 yearly deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p>	<p>\$275 yearly deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p>	<p>\$275 yearly deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p>
<b>Initial Coverage</b>		<p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:</p> <p><b>RETAIL PHARMACY</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs</li> <li>- \$15 copay for a three-month (90-day) supply of drugs</li> <li>- \$10 copay for a 60-day supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (30-day) supply of drugs</li> <li>- \$60 copay for a three-month (90-day) supply of drugs</li> <li>- \$40 copay for a 60-day supply of drugs</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (30-day) supply of drugs</li> <li>- \$120 copay for a three-month (90-day) supply of drugs</li> <li>- \$80 copay for a 60-day supply of drugs</li> </ul>	<p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:</p> <p><b>RETAIL PHARMACY</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs</li> <li>- \$15 copay for a three-month (90-day) supply of drugs</li> <li>- \$10 copay for a 60-day supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (30-day) supply of drugs</li> <li>- \$60 copay for a three-month (90-day) supply of drugs</li> <li>- \$40 copay for a 60-day supply of drugs</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (30-day) supply of drugs</li> <li>- \$120 copay for a three-month (90-day) supply of drugs</li> <li>- \$80 copay for a 60-day supply of drugs</li> </ul>	<p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:</p> <p><b>RETAIL PHARMACY</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs</li> <li>- \$15 copay for a three-month (90-day) supply of drugs</li> <li>- \$10 copay for a 60-day supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (30-day) supply of drugs</li> <li>- \$60 copay for a three-month (90-day) supply of drugs</li> <li>- \$40 copay for a 60-day supply of drugs</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (30-day) supply of drugs</li> <li>- \$120 copay for a three-month (90-day) supply of drugs</li> <li>- \$80 copay for a 60-day supply of drugs</li> </ul>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
		<p><b>LONG TERM CARE PHARMACY</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (31-day) supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (31-day) supply of drugs</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (31-day) supply of drugs</li> </ul> <p><b>MAIL ORDER</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs</li> <li>- \$15 copay for a three-month (90-day) supply of drugs</li> <li>- \$10 copay for a 60-day supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (30-day) supply of drugs</li> <li>- \$60 copay for a three-month (90-day) supply of drugs</li> <li>- \$40 copay for a 60-day supply of drugs</li> </ul>	<p><b>LONG TERM CARE PHARMACY</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (31-day) supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (31-day) supply of drugs</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (31-day) supply of drugs</li> </ul> <p><b>MAIL ORDER</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs</li> <li>- \$15 copay for a three-month (90-day) supply of drugs</li> <li>- \$10 copay for a 60-day supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (30-day) supply of drugs</li> <li>- \$60 copay for a three-month (90-day) supply of drugs</li> <li>- \$40 copay for a 60-day supply of drugs</li> </ul>	<p><b>LONG TERM CARE PHARMACY</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (31-day) supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (31-day) supply of drugs</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (31-day) supply of drugs</li> </ul> <p><b>MAIL ORDER</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs</li> <li>- \$15 copay for a three-month (90-day) supply of drugs</li> <li>- \$10 copay for a 60-day supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (30-day) supply of drugs</li> <li>- \$60 copay for a three-month (90-day) supply of drugs</li> <li>- \$40 copay for a 60-day supply of drugs</li> </ul>

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
		<b>Tier 3</b> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (30-day) supply of drugs</li> <li>- \$120 copay for a three-month (90-day) supply of drugs</li> <li>- \$80 copay for a 60-day supply of drugs</li> </ul>	<b>Tier 3</b> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (30-day) supply of drugs</li> <li>- \$120 copay for a three-month (90-day) supply of drugs</li> <li>- \$80 copay for a 60-day supply of drugs</li> </ul>	<b>Tier 3</b> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (30-day) supply of drugs</li> <li>- \$120 copay for a three-month (90-day) supply of drugs</li> <li>- \$80 copay for a 60-day supply of drugs</li> </ul>
<b>Coverage Gap</b>		After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050	After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.	After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.
<b>Catastrophic Coverage</b>		After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: <ul style="list-style-type: none"> <li>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul>	After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: <ul style="list-style-type: none"> <li>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul>	After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: <ul style="list-style-type: none"> <li>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul>
<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 pay more than the copay if you get your drugs at an out-of-network pharmacy.	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 pay more than the copay if you get your drugs at an out-of-network pharmacy.	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 pay more than the copay if you get your drugs at an out-of-network pharmacy.

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Benefit Category	Original Medicare	Fallon Senior Plan Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
<b>Out-of-Network Initial Coverage</b>		<p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (30-day) supply of drugs</li> </ul>	<p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (30-day) supply of drugs</li> </ul>	<p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (30-day) supply of drugs</li> </ul>
<b>Out-of-Network Coverage Gap</b>		<p>After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>	<p>After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>	<p>After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>
<b>Out-of-Network Catastrophic Coverage</b>		<p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>- 5% coinsurance.</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 Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
<b>30 – Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><b>In-Network</b>            \$10 to \$20 copay for Medicare-covered dental benefits.            \$10 copay for an office visit that includes:</p> <ul style="list-style-type: none"> <li>- up to 1 oral exam(s) every six months</li> <li>- up to 1 cleaning(s) every six months</li> <li>- up to 1 fluoride treatment(s) every six months</li> <li>- up to 1 dental x-ray(s) every six months</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p> <p>See page 24 for more information about Dental Services.</p>	<p><b>In-Network</b>            \$10 to \$15 copay for Medicare-covered dental benefits.            \$10 copay for an office visit that includes:</p> <ul style="list-style-type: none"> <li>- up to 1 oral exam(s) every six months</li> <li>- up to 1 cleaning(s) every six months</li> <li>- up to 1 fluoride treatment(s) every six months</li> <li>- up to 1 dental x-ray(s) every six months</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p> <p>See page 24 for more information about Dental Services.</p>	<p><b>In-Network</b>            \$10 copay for Medicare-covered dental benefits.            \$10 copay for an office visit that includes:</p> <ul style="list-style-type: none"> <li>- up to 1 oral exam(s) every six months</li> <li>- up to 1 cleaning(s) every six months</li> <li>- up to 1 fluoride treatment(s) every six months</li> <li>- up to 1 dental x-ray(s) every six months</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p> <p>See page 24 for more information about Dental Services.</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> <ul style="list-style-type: none"> <li>- \$15 to \$20 copay for diagnostic hearing exams</li> </ul>	<p><b>In-Network</b>            In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> <li>- \$15 copay for diagnostic hearing exams</li> </ul>	<p><b>In-Network</b>            In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> <li>- \$10 copay for diagnostic hearing exams</li> </ul>
<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.</p>	<p><b>In-Network</b>            \$0 copay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after each cataract surgery</li> <li>- up to 1 pair(s) of glasses every two years</li> </ul> <p>\$15 to \$20 for exams to diagnose and treat diseases and conditions of the eye.</p>	<p><b>In-Network</b>            \$0 copay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after each cataract surgery</li> <li>- up to 1 pair(s) of glasses every two years</li> </ul> <p>\$15 copay for exams to diagnose and treat diseases and conditions of the eye.</p>	<p><b>In-Network</b>            \$0 copay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after each cataract surgery</li> <li>- up to 1 pair(s) of glasses every two years</li> </ul> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</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 Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
	Annual glaucoma screenings covered for people at risk.	\$15 to \$20 copay for up to 1 routine eye exam(s) every two years  See page 24 for more information about Vision Services.	\$15 copay for up to 1 routine eye exam(s) every two years  See page 24 for more information about Vision Services.	\$10 copay for up to 1 routine eye exam(s) every two years  See page 24 for more information about Vision Services.
<b>33 – Physical Exams</b>	20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage. When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.	<b>In-Network</b> \$15 copay for routine exams.  No limit on the number of covered exams.  \$15 copay for Medicare-covered benefits.	<b>In-Network</b> \$15 copay for routine exams.  No limit on the number of covered exams.  \$15 copay for Medicare-covered benefits.	<b>In-Network</b> \$10 copay for routine exams.  No limit on the number of covered exams.  \$10 copay for Medicare-covered benefits.
<b>Health/Wellness Education</b>	Not covered.	<b>In-Network</b> This plan covers health/wellness education benefits. <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> <li>- Smoking Cessation</li> <li>- Health Club Membership/Fitness Classes</li> <li>- Nursing Hotline</li> <li>- Other Wellness Benefits</li> </ul> Copays may apply for these benefits.  See pages 24-25 for more information about Health/Wellness Education.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> This plan covers health/wellness education benefits. <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> <li>- Smoking Cessation</li> <li>- Health Club Membership/Fitness Classes</li> <li>- Nursing Hotline</li> <li>- Other Wellness Benefits</li> </ul> Copays may apply for these benefits.  See pages 24-25 for more information about Health/Wellness Education.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> This plan covers health/wellness education benefits. <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> <li>- Smoking Cessation</li> <li>- Health Club Membership/Fitness Classes</li> <li>- Nursing Hotline</li> <li>- Other Wellness Benefits</li> </ul> Copays may apply for these benefits.  See pages 24-25 for more information about Health/Wellness Education.

### Premium and Other Important Information

The \$3,250 maximum out-of-pocket limit is for in-network Medicare Part A and Part B covered services only.

### Inpatient Hospital Care

Acute hospital care and inpatient 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. Below is a listing of the cost sharing for inpatient hospital benefits.

<b>Inpatient hospital care benefits</b>	<b>Fallon Senior Plan Saver Basic Rx 011</b>	<b>Fallon Senior Plan Standard Basic Rx 014</b>	<b>Fallon Senior Plan Plus Basic Rx 006</b>
In an acute or rehabilitation hospital	\$175 copayment per day for days 1-3  \$0 copayment for subsequent days	\$125 copayment per day for days 1-3  \$0 copayment for subsequent days	\$100 copayment per stay
Out-of-pocket maximum for each calendar year	Not applicable	Not applicable	\$300 out-of-pocket limit for acute hospital care  \$300 out-of-pocket limit for inpatient rehabilitation care.
Substance abuse care in an acute or rehabilitation hospital	\$0 copayment	\$0 copayment	\$0 copayment

### 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.

Coverage is provided for up to 90 days of care in each Medicare benefit period for inpatient services provided in a psychiatric hospital; there is a 190-day lifetime limit for inpatient services provided in a psychiatric hospital.

In addition, if not already used, you are entitled to 60 Medicare lifetime reserve days for inpatient care. The 60 Medicare lifetime reserve days must be used after you have used the initial 90 days, but prior to reaching your 190-day lifetime limit on inpatient psychiatric hospital services.

On the following page is a listing of the inpatient mental health benefits.

Inpatient mental health care benefits	Fallon Senior Plan Saver Basic Rx 011	Fallon Senior Plan Standard Basic Rx 014	Fallon Senior Plan Plus Basic Rx 006
In an acute or rehabilitation hospital	\$175 copayment per day for days 1-3 \$0 copayment for subsequent days	\$125 copayment per day for days 1-3 \$0 copayment for subsequent days	\$100 copayment per stay
Out-of-pocket maximum for each calendar year	Not applicable	Not applicable	\$300 out-of-pocket limit for acute hospital care \$300 out-of-pocket limit for inpatient rehabilitation care.
Substance abuse care in an acute or rehabilitation hospital	\$0 copayment	\$0 copayment	\$0 copayment

### Outpatient Services/Surgery

The following copayments apply to same-day surgical procedures in a hospital outpatient department or in an ambulatory surgical center:

- Fallon Senior Plan Saver Basic Rx: \$100
- Fallon Senior Plan Standard Basic Rx: \$75
- Fallon Senior Plan Plus Basic Rx: \$50

The copayment is waived if you are admitted to the hospital on the same day of the surgical procedure from the outpatient department only. It is not waived if you are admitted to the hospital on the same day of the surgical procedure from an ambulatory surgical center.

### 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

You pay a \$50 copayment for each Medicare-covered emergency visit in-network and out-of-network. 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.

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

You pay a \$50 copayment 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 on the same day in the same facility for the same diagnosis, only one \$50 copayment applies. There is a \$150 out-of-pocket maximum limit for diagnostic nuclear studies, CAT scans, PET scans and MRIs every year. There is no copayment for therapeutic nuclear studies, CAT scans, PET scans and MRIs.

## Prescription Drugs

As a member of Fallon Senior Plan Saver Basic Rx, Fallon Senior Plan Standard Basic Rx or Fallon Senior Plan Plus Basic Rx, 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.

These plans cover 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 2008 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	\$5	\$10	\$15
Tier 2: Non-preferred generic and preferred brand drugs	\$20	\$40	\$60
Tier 3: Non-preferred brand drugs	\$40	\$80	\$120

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

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. and 7 p.m.

## **Dental Services**

You can receive a dental checkup (once every six months), which includes cleanings and routine X-rays, for a \$10 copayment. Fillings are covered with copayments ranging from \$19 to \$51. With Fallon Senior Plan Saver Basic Rx, you would pay a \$20 copayment to see a specialist, such as an oral surgeon. (Fallon Senior Plan Standard Basic Rx members pay \$15, and Fallon Senior Plan Plus Basic Rx members pay \$10.) No referral is necessary for network providers. Limited minor restorative services are covered. Call Fallon Community Health Plan for more details.

## **Vision Services**

You are covered for one pair of eyeglasses with a standard frame or set of contact lenses after each cataract surgery that includes insertion of an intraocular lens. You are covered for corrective lenses with standard frames (and replacements) 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) 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. You must receive services from network providers. Contact Fallon Community Health Plan for complete class listings.

### *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*

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®*

We are pleased to offer our members one 12-consecutive-week Weight Watchers membership each calendar year at no additional cost beyond your 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.

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

## **Nursing Hotline**

### *Nurse Connect*

We 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).

## **Getting Care from Your PCP**

Your primary care provider (PCP) will provide most of your care and will help arrange or coordinate the rest of the covered services that you get as a plan member. This includes your X-rays, laboratory tests, therapies and care from providers who are specialists. It is very important to get a referral from your PCP before you see a plan specialist. There are a few exceptions which can be found in your *Evidence of Coverage*. If you don't have a referral before you receive services from a specialist, you may have to pay for these services yourself.

## **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 Saver Basic Rx, Fallon Senior Plan Standard Basic Rx or Fallon Senior Plan Plus Basic Rx, you will receive a *Evidence of Coverage* that includes all limitations and exclusions. If you have any questions about limitations and exclusions, please contact us at the phone number below.

## **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 Saver Basic Rx, Fallon Senior Plan Standard Basic Rx or Fallon Senior Plan Plus Basic 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 Saver Basic Rx, Fallon Senior Plan Standard Basic Rx or Fallon Senior Plan Plus Basic Rx for the year 2008. 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

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
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
DOUGLAS	01516
DUDLEY	01571
EAST BROOKFIELD	01515

## ZIP code list

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

Town	ZIP				
EAST PRINCETON	01517	NORTHBOROUGH	01532	WEST MILLBURY	01586
EAST TEMPLETON	01438	NORTHBRIDGE	01534	WEST UPTON	01568
FAYVILLE	01745	OAKDALE	01539	WEST WARREN	01092
FISKDALE	01518	OAKHAM	01068	WESTBOROUGH	01580
FITCHBURG	01420	OXFORD	01540	WESTBOROUGH	01581
GARDNER	01440	PAXTON	01612	WESTBOROUGH	01582
GARDNER	01441	PETERSHAM	01366	WESTMINSTER	01473
GILBERTVILLE	01031	PHILLIPSTON	01331	WHEELWRIGHT	01094
GRAFTON	01519	PRINCETON	01541	WHITINSVILLE	01588
HARDWICK	01037	ROCHDALE	01542	WILKINSONVILLE	01590
HARVARD	01451	ROYALSTON	01331	WINCHENDON	01475
HOLDEN	01520	ROYALSTON	01368	WINCHENDON SPRINGS	01477
HOPEDALE	01747	RUTLAND	01543	WORCESTER	01601
HUBBARDSTON	01452	SHREWSBURY	01545	WORCESTER	01602
JEFFERSON	01522	SHREWSBURY	01546	WORCESTER	01603
LANCASTER	01523	SOUTH BARRE	01074	WORCESTER	01604
LEICESTER	01524	SOUTH GRAFTON	01560	WORCESTER	01605
LEOMINSTER	01453	SOUTH LANCASTER	01561	WORCESTER	01606
LINWOOD	01525	SOUTHBOROUGH	01772	WORCESTER	01607
LUNENBURG	01462	SOUTHBRIDGE	01550	WORCESTER	01608
MANCHAUG	01526	SPENCER	01562	WORCESTER	01609
MENDON	01756	STERLING	01564	WORCESTER	01610
MILFORD	01757	STERLING JUNCTION	01564	WORCESTER	01613
MILLBURY	01527	STILL RIVER	01467	WORCESTER	01614
MILLVILLE	01529	STURBRIDGE	01566	WORCESTER	01615
MORNINGDALE	01505	SUTTON	01590	WORCESTER	01653
NEW BRAINTREE	01531	TEMPLETON	01468	WORCESTER	01654
NORTH BROOKFIELD	01535	UPTON	01568	WORCESTER	01655
NORTH GRAFTON	01536	UXBRIDGE	01569		
NORTH OXFORD	01537	WARREN	01083	* Partial county	
NORTH UXBRIDGE	01538	WEBSTER	01570	** Full county	
		WEST BOYLSTON	01583		
		WEST BROOKFIELD	01585		







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