



# FCHP Direct Care

# FCHP Select Care

Benefit comparison for Worcester Academy  
Effective 6/01/2011 – 5/31/2012

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## The FCHP difference

FCHP is here to provide a choice of networks that will work for you. FCHP Select Care gives you access to an extensive network of doctors and community-based hospitals throughout Massachusetts. FCHP Direct Care is a subset of the FCHP Select Care network, custom-built around some of the state's premier physician groups and hospitals, giving you access to quality providers at a significantly lower premium cost.

In addition, you get:

- **\$0 copayments for routine physical exams** with your primary care physician (internist, family practitioner or pediatrician) or gynecologist for routine physical exams. In addition, well-child visits for your dependent children are covered in full to age 19.
- **\$0 annual eye exam**
- **A fitness reimbursement of up to \$500** for families (\$250 for individual contracts) for healthy activities including town and school sports, Weight Watchers®, gym memberships, yoga and Pilates.
- **Member discounts** on products and services to keep you healthy and features you won't find anywhere else.

## How to receive care

### Choosing a primary care provider (PCP)

Your relationship with your PCP is very important because he or she will work with FCHP to provide or arrange most of your care.

### 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*.

<b>Plan specifics</b>	<b>FCHP Direct Care</b>	<b>FCHP Select Care</b>
Plan year deductible	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family
Plan year out-of-pocket maximum	\$2,500 individual \$5,000 family	\$2,500 individual \$5,000 family
<b>Benefits</b>	<b>FCHP Direct Care Copayments</b>	<b>FCHP Select Care Copayments</b>
<b>Office</b>		
PCP office visit	\$20 per visit	\$20 per visit
Routine physical exams (according to MHQP preventive guidelines)	\$0 per visit	\$0 per visit
Specialist office visits	\$35 per visit	\$35 per visit
Routine eye exams (one every 12 months)	\$0 per visit	\$0 per visit
Short-term rehabilitative services (60 visits per plan year)	\$20 per visit after deductible	\$20 per visit after deductible
Prenatal care	\$20 first visit only	\$20 first visit only
Postnatal care	\$20 per visit	\$20 per visit
Preventative services	Covered in full	Covered in full
Diagnostic services	Covered in full after deductible	Covered in full after deductible
Imaging (MRI, PET, CAT)	Covered in full after deductible	Covered in full after deductible
Injections	Covered in full after deductible	Covered in full after deductible
Immunizations	Covered in full	Covered in full
Chiropractic care for the treatment of acute musculoskeletal conditions (up to 12 visits per plan year)	\$35 per visit	\$35 per visit
<b>Prescriptions</b>		
Prescription drugs, including oral contraceptives, insulin and insulin syringes	\$10/\$25/\$50 (30 day supply)	\$10/\$25/\$50 (30 day supply)
Prescription medication refills obtained through the mail order program	\$20/\$50/\$100 (90 day supply)	\$20/\$50/\$100 (90 day supply)
<b>Same Day Surgery</b>		
Same-day surgery in a hospital outpatient or ambulatory care setting	Covered in full after deductible	Covered in full after deductible
<b>Emergencies</b>		
Emergency room visit	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)

<b>Benefits</b>	<b>FCHP Direct Care Copayments</b>	<b>FCHP Select Care Copayments</b>
<b>Inpatient hospital services</b>		
Unlimited days for room and board in a semiprivate room. 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>	Covered in full after deductible	Covered in full after deductible
<b>Substance abuse</b>		
Office visits	\$20 per visit	\$20 per visit
Detoxification in an inpatient setting	Covered in full	Covered in full
Rehabilitation in an inpatient setting	Covered in full	Covered in full
<b>Mental health</b>		
Office visits	\$20 per visit	\$20 per visit
Services in a general or psychiatric hospital	Covered in full	Covered in full
<b>Skilled nursing</b>		
Skilled care in a semiprivate room	Covered in full after deductible	Covered in full after deductible
<b>Other health services</b>		
Skilled home health care services	Covered in full after deductible	Covered in full after deductible
Medically necessary ambulance services	Covered in full after deductible	Covered in full after deductible
Durable medical equipment	30% coinsurance after deductible	30% coinsurance after deductible

## Value added features

It Fits!, an annual fitness reimbursement (including school and town sports programs, gym memberships, Weight Watchers®, aerobics, Pilates and yoga classes)	\$250 individual \$500 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

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 Direct Care *Member Handbook/Evidence of Coverage*  
Routine foot care  
Custodial confinement

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 1-800-868-5200 (TDD/TTY: 1-877-608-7677), or visit our Web site at [www.fchp.org](http://www.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, 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.