



FCHP Flex Care Select

Benefit Summary for Worcester Academy Effective June 1, 2011

Flex Care Select network

FCHP Flex Care Select is a point-of-service plan, which allows you the flexibility to have coverage for both in-network and out-of-network services.

The FCHP difference

FCHP Flex Care Select puts you **in touch with thousands of doctors** who are carefully chosen for their medical excellence, patient access and innovation. You can be seen at physician practices, community hospitals and medical facilities across our service area, giving you a wide choice of health care providers. You also receive comprehensive benefits and features, including:

- **A fitness reimbursement of up to \$500** for families (\$250 for individual contracts) that can be used for gym memberships at the gym of your choice with no limitations, school and town sports fees, exercise classes, ski lift tickets, and more!
- **\$0 copayments for routine physical exams** and other preventive services, including mammograms, cholesterol screenings and immunizations
- **Routine annual eye exams**
- **Nurse Connect** - A free 24/7 nurse call line
- **Member discounts** on products and services to keep you healthy and features you won't find anywhere else.

How to receive care

In-network and out-of-network coverage

You must choose an in-network primary care physician (PCP). Your PCP will provide care for you and help to arrange for any specialty care in-network. Services received from in-network providers generally have a copayment. You also have the option to receive care from out-of-network providers without a referral from your PCP. If you choose out-of-network services, coinsurance will apply.

When you obtain covered services from participating providers, you will receive the in-network level of benefits. We pay participating providers directly; you will not have to file claims when you use participating providers. When you obtain covered services from nonparticipating providers, you get the out-of-network level of benefits. You may need to submit a claim for covered services you receive from nonparticipating providers. For information on claims submission, refer to your *FCHP Flex Care Select 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 Flex Care Select Member Handbook/Evidence of Coverage*.

Benefit may vary by employer group.

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


Plan specifics	Your cost in-network	Your cost out-of-network (after your deductible)
Plan year deductible	n/a	\$200 individual \$400 family
Plan year out-of-pocket maximum		\$1,000 individual \$2,000 family
Coinsurance	n/a	20%
Benefits	Your cost in-network	Your cost out-of-network (after your deductible)
Office		
Routine physical exams	\$0	20% coinsurance
Office visits (primary care provider)	\$20 per visit	20% coinsurance
Office visits (specialist)	\$35 per visit	20% coinsurance
Office visits (limited service clinics, e.g., Minute Clinic)	\$20 per visit	20% coinsurance
Routine eye exams (one every 12 months)	\$0 per visit	20% coinsurance
Short-term rehabilitative services (60 visits per Plan year)	\$20 per visit	20% coinsurance
Prenatal care	\$20 first visit only	20% coinsurance
Postnatal care	\$20 per visit	20% coinsurance
Preventive services	Covered in full	20% coinsurance
Diagnostic services	Covered in full	20% coinsurance
Imaging (CAT, PET, MRI)	Covered in full	20% coinsurance
Chiropractic care (12 visits per Plan year)	\$35 per visit	20% coinsurance
Prescriptions		
	Tier 1/Tier 2/Tier 3	
Prescription drugs, including oral contraceptives, insulin and insulin syringes	\$15/\$30/\$50 (30-day supply)	20% coinsurance
Prescription medication refills obtained through the mail order program	\$30/\$60/\$100 (90-day supply)	20% coinsurance
Inpatient hospital services		
Room and board in a semiprivate room (private when medically necessary)	\$250 per admission	20% coinsurance
Physicians' and surgeons' services	Covered in full	20% coinsurance
Physical and respiratory therapy	Covered in full	20% coinsurance
Intensive care services	Covered in full	20% coinsurance
Maternity care	Covered in full	20% coinsurance
Same day surgery		
Same day surgery in a hospital outpatient or ambulatory care setting	Covered in full	20% coinsurance
Emergencies		
Emergency room visit		\$75 per visit (waived if admitted)

Benefits	Your cost in-network	Your cost out-of-network (after your deductible)
Skilled nursing		
Skilled care in a semiprivate room	\$250 per admission	20% coinsurance
Substance abuse		
Office visits	\$20 per visit	20% coinsurance
Detoxification in an inpatient setting	Covered in full	20% coinsurance
Rehabilitation in an inpatient setting	Covered in full	20% coinsurance
Mental health		
Office visits	\$20 per visit	20% coinsurance
Services in a general or psychiatric hospital	Covered in full	20% coinsurance
Other health services		
Skilled home health care services	Covered in full	20% coinsurance
Durable medical equipment	30% coinsurance	30% coinsurance
Medically necessary ambulance services	Covered in full	20% coinsurance
Value-added benefits and 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		
Dental benefits and discounts		
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		
Routine foot care		
Custodial confinement		
Peace of Mind Program		

A complete list of benefits and exclusions is in the *FCHP Flex Care Select Member Handbook/Evidence of Coverage*, available by request. This is only a summary of benefits and exclusions.

Questions?

If you have any questions, please contact Fallon Community Health Plan Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), or visit our Web site at fchp.org.

 This health plan **meets minimum creditable coverage standards** and **will satisfy** the individual mandate that you have health insurance. As of January 1, 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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