FCHP Select Care Choice 1250

Benefit Summary—*Benefits effective April 1, 2012 and beyond*

The FCHP difference

You get everything you need to help you live a healthy life when you choose FCHP. FCHP Select Care Choice 1250 has a high deductible to keep your monthly premium low. A deductible is an amount you must pay out-of-pocket before FCHP pays for covered services. It can be partnered with a health savings account to help pay for out-of-pocket costs. Plus, you get:

- **A fitness reimbursement of up to $400** for families ($200 for individual contracts) that can be used for gym memberships at the gym of your choice with no limitations, school and town sports fees, home fitness equipment, exercise classes, ski lift tickets, and more!
- **$0 copayments for routine physical exams** and other preventive services, including mammograms, cholesterol screenings and immunizations
- **$0 copayments for 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:

With FCHP Select Care Choice 1250, you can choose to get your care from doctors, specialists, hospitals and health care facilities in the FCHP Select Care network. You can be seen at physician practices, community hospitals and medical facilities across Massachusetts and Southern New Hampshire, giving you a wide choice of health care providers. For a complete list of FCHP Select Care providers, visit the "Find a Doctor" tool on fchp.org.

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. As a member of FCHP Select Care Choice 1250, you must select a PCP. To do this, just complete the section on your FCHP membership enrollment form. If you need help choosing a PCP, please visit the "Find a Doctor" tool on fchp.org or call Customer Service.

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 the FCHP Select Care network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For more information on referral procedures for specialty services, consult your FCHP Select Care *Member Handbook/Evidence of Coverage.*

Emergency medical care

Emergency services do not require referral or authorization. When you have an emergency medical condition, you should go to the nearest emergency department or call your local emergency communications system (police, fire department or 911). For more information on emergency benefits and plan procedures for emergency services, consult your FCHP Select Care *Member Handbook/Evidence of Coverage.*

Plan specifics	
Benefit period The benefit period, sometimes referred to as a "benefit year," is the 12-month span of plan coverage, and the time during which the deductible, out-of-pocket maximum and specific benefit maximums accumulate.	Varies by employer
Deductible A deductible is the amount of allowed charges you pay per benefit period before payment is made by the plan for certain covered services. The amount that is put toward your deductible is calculated based on the allowed charge or the provider's actual charge—whichever is less.	$1,250 individual/ $2,500 family
Embedded deductible Please note that once any one member in a family accumulates $2,400 of services that are subject to the family deductible, that individual member's deductible is considered met, and that family member will receive benefits for covered services less any applicable copayments.	$2,400
Out-of-pocket maximum The out-of-pocket maximum is the total amount of deductible, coinsurance and copayments you are responsible for in a benefit period. The out-of-pocket maximum does not include your premium charge or any amounts you pay for services that are not covered by the plan.	$4,000 individual/ $8,000 family

Benefits	Your cost
Office	
Routine physical exams (according to MHQP preventive guidelines)	$0
Office visits (primary care provider)	$25 per visit after deductible
Office visits (specialist)	$40 per visit after deductible
Office visits (limited service clinics, e.g., Minute Clinic)	$25 per visit after deductible
Routine eye exams (one every 12 months)	$0
Short-term rehabilitative services (60 visits per benefit period)	$25 per visit after deductible
Prenatal care	$25 first visit only
Postnatal care	$25 per visit after deductible
Preventive services Tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present	Covered in full
Diagnostic services Tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition	Covered in full after deductible
Imaging (CAT, PET, MRI, Nuclear Cardiology)	Covered in full after deductible
Chiropractic care (12 visits per benefit period calendar year)	$25 per visit after deductible

Benefits	Your cost
Prescriptions *Please note: Specialty medication that falls under the medical benefit will apply towards your deductible. For more information, please contact FCHP's Customer Service Department at 1-800-868-5200.*	**Tier 1/Tier 2/Tier 3**
Prescription drugs, including oral contraceptives, insulin and insulin syringes	$15/$30/$50 (30-day supply) after deductible
Prescription medication refills obtained through the mail order program	$30/$60/$150 (90-day supply) after deductible
Prilosec OTC, Prevacid 24HR, omeprazole OTC (prescription required)	$5 after deductible
Inpatient hospital services	
Room and board in a semiprivate room (private when medically necessary)	Covered in full after deductible
Physicians' and surgeons' services	Covered in full after deductible
Physical and respiratory therapy	Covered in full after deductible
Intensive care services	Covered in full after deductible
Maternity care	Covered in full after deductible
Same-day surgery	
Same-day surgery in a hospital outpatient or ambulatory care setting	Covered in full after deductible
Emergencies	
Emergency room visit	$100 copayment after deductible (waived if admitted)
Skilled nursing	
Skilled care in a semiprivate room	Covered in full after deductible
Substance abuse	
Office visits	$25 per visit after deductible
Detoxification in an inpatient setting	Covered in full after deductible
Rehabilitation in an inpatient setting	Covered in full after deductible
Mental health	
Office visits	$25 per visit after deductible
Services in a general or psychiatric hospital	Covered in full after deductible

Benefits	Your cost
Other health services	
Skilled home health care services	Covered in full after deductible
Durable medical equipment	30% coinsurance after deductible
Medically necessary ambulance services	Covered in full after deductible
Value-added features	
It Fits!, an annual benefit period fitness reimbursement (including school and town sports programs, gym memberships, home fitness equipment, Weight Watchers®, aerobics, Pilates and yoga classes)	$200 individual $400 family
Oh Baby!, a program that provides prenatal vitamins, a convertible car seat and other "little extras" for expectant parents—all at no additional cost.	Included
Free 24/7 nurse call line	Included
Free chronic care management	Included
Free stop-smoking program	Included
Member discount program	Included
Free online access to health and wellness encyclopedia	Included
CVS Caremark ExtraCare Health Card – provides 20% discount on CVS/pharmacy-brand health related items.	Included
FCHP Family Fun – provides discounts at Massachusetts and New Hampshire attractions	Included
Exclusions	
Hearing aids and the evaluation for a hearing aid Long-term rehabilitative services Nonprescription drugs and vitamins Cosmetic surgery Experimental procedures or services that are not generally accepted medical practice Dental services not described in the FCHP Select Care *Member Handbook/Evidence of Coverage* Routine foot care Custodial confinement	

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

Questions?

If you have any questions, please contact Fallon Community Health Plan Customer Service at 1-800-868-5200 (TTY users, please call TRS Relay 711), 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.*

Benefits may vary by employer group.
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