# FCHP Direct Care Premium Saver 1000 Classic

Benefit Summary—*Benefits effective January 1, 2013 and beyond*

## The FCHP difference

FCHP Direct Care is a Limited Provider Network. With FCHP Direct Care Premium Saver 1000 Classic, you get everything you need to live a healthy life. This plan features comprehensive medical benefits for lower monthly premiums and slightly higher out-of-pocket expenses compared to our other plans. Your monthly premiums are reduced further through the use of an annual deductible for certain services. 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:

This plan provides access to a network that is smaller than FCHP's Select Care provider network. In this plan, members have access to network benefits only from the providers in FCHP Direct Care. Please consult the FCHP Direct Care provider directory; a paper copy can be requested by calling Customer Service at 1-800-868-5200, or visit the provider search tool at fchp.org to determine which providers are included in FCHP Direct 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. As a member of FCHP Direct Care Premium Saver 1000 Classic, 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 Direct 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 Direct 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 Direct Care *Member Handbook/Evidence of Coverage.*

| Plan specifics | |
|---|---|
| **Benefit period**<br>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**<br>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. | $1,000 individual<br>$2,000 family |
| **Embedded deductible**<br>Please note that once any one member in a family accumulates $1,000 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. | $1,000 |
| **Deductible carryover**<br>Any deductible amount that is incurred by the member for services rendered during the last three months of the benefit period will be applied toward the deductible for the next benefit period. Deductible amounts are incurred as of the date of the service. | Included |
| **Out-of-pocket maximum**<br>The out-of-pocket maximum is the total amount of deductible, coinsurance and copayments you are responsible for in a benefit period. Items that do not count towards your out-of-pocket maximum include payment for prescriptions, chiropractic services, mental and behavioral health. The out-of-pocket maximum also does not include your premium charge or any amounts you pay for services that are not covered by the plan. | $5,000 individual<br>$10,000 family |

| Benefits | Your cost |
|---|---|
| **Office** | |
| Routine physical exams (according to MHQP preventive guidelines) | $0 |
| Office visits (primary care provider) | $25 per visit |
| Office visits (specialist) | $40 per visit |
| Office visits (limited service clinics, e.g., Minute Clinic) | $25 per visit |
| Routine eye exams (one every 12 months) | $0 |
| Short-term rehabilitative services (60 visits per benefit period) | $25 per visit<br>after deductible |
| Prenatal care | $25 first visit only |
| Postnatal care | $25 per visit |
| Preventive services<br>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 (lab services)<br>Tests and services that are intended to diagnose or check the status of a disease or condition | Covered in full |

| Benefits | Your cost |
|---|---|
| Diagnostic services (non-lab services)<br>Tests and services that are intended to diagnose, check the status of, or treat a disease or condition | Covered in full<br>after deductible |
| Imaging (CAT, PET, MRI, Nuclear Cardiology) | Covered in full<br>after deductible |
| Chiropractic care (12 visits per benefit period calendar year) | $25 per visit |
| **Prescriptions**<br>*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, insulin and insulin syringes | $15/$35/$60<br>(30-day supply) |
| Generic contraceptives and contraceptive devices | $0<br>(30-day supply) |
| Brand contraceptives with no generic equivalent (prior authorization required) | With prior<br>authorization: $0<br>(30-day supply) |
| Brand contraceptives with a generic equivalent (prior authorization required) | Tier 2: $35<br>Tier 3: $60<br>(30-day supply) |
| Prescription medication refills obtained through the mail order program | $30/$70/$180<br>(90-day supply) |
| Prilosec OTC, Prevacid 24HR, omeprazole OTC (prescription required) | $5 |
| **Inpatient hospital services** | |
| Room and board in a semiprivate room (private when medically necessary) | Covered in full<br>after deductible |
| Physicians' and surgeons' services | Covered in full<br>after deductible |
| Physical and respiratory therapy | Covered in full<br>after deductible |
| Intensive care services | Covered in full<br>after deductible |
| Maternity care | Covered in full<br>after deductible |
| **Same-day surgery** | |
| Same-day surgery in a hospital outpatient or ambulatory care setting | Covered in full<br>after deductible |
| **Emergencies** | |
| Emergency room visit | $200 copayment<br>after deductible<br>(waived if admitted |

| Benefits | Your cost |
|---|---|
| **Skilled nursing** | |
| Skilled care in a semiprivate room | Covered in full after deductible |
| **Substance abuse** | |
| Office visits | $25 per visit |
| Detoxification in an inpatient setting | Covered in full |
| Rehabilitation in an inpatient setting | Covered in full |
| **Mental health** | |
| Office visits | $25 per visit |
| Services in a general or psychiatric hospital | Covered in full |
| **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<br>$400 family |
| Oh Baby!, a program that provides prenatal vitamins, a convertible car seat, breast pump 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 (for age 22 and above)<br>Long-term rehabilitative services<br>Nonprescription drugs and vitamins<br>Cosmetic surgery<br>Experimental procedures or services that are not generally accepted medical practice<br>Dental services not described in the FCHP Direct Care *Member Handbook/Evidence of Coverage*<br>Routine foot care<br>Custodial confinement | |

**Some services may require prior authorization.** A complete list of benefits and exclusions is in the FCHP Direct 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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