

# FCHP Select Care Premium Saver Basic I



## Benefit Summary—*Benefits effective October 1, 2013 and beyond*

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### The FCHP difference

With FCHP Select Care Premium Saver Basic I, 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. There are no deductibles, but you do have a copayment on hospital admissions. 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.
- **The Healthy Health Plan!\*** A program that rewards subscribers for being—and becoming—healthy. Simply click on the My Healthy Health Plan link on fchp.org, fill out your health assessment, and you will be eligible to receive up to \$200 in financial incentives! See the Value-added features section for more details.

### How to receive care:

With FCHP Select Care Premium Saver Basic I, 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 Premium Saver Basic I, 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.

### Out-of-pocket maximum

The out-of-pocket maximum is the total amount of inpatient admissions copayments, same day surgery copayments and coinsurance 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.

\$2,000 individual/ \$4,000 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

Prenatal care

\$25 first visit only

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

Imaging (CAT, PET, MRI, Nuclear Cardiology)

\$150 per visit

Chiropractic care (12 visits per benefit period)

\$25 per visit

### Prescriptions

### Tier 1/Tier 2/Tier 3/Tier 4

Prescription drugs, insulin and insulin syringes

\$5/\$15/\$30/\$50  
(30-day supply)

Generic contraceptives and contraceptive devices

\$0  
(30-day supply)

Brand contraceptives with no generic equivalent (prior authorization required)

With prior authorization: \$0  
(30-day supply)

Brand contraceptives with a generic equivalent (prior authorization required)

Tier 3: \$30  
Tier 4: \$50  
(30-day supply)

Prescription medication refills obtained through the mail order program

\$10/\$30/\$60/\$150  
(90-day supply)

Prilosec OTC, Prevacid 24HR, omeprazole OTC (prescription required)

\$5

Your cost	
<b>Benefits</b>	
<b>Inpatient hospital services</b>	
Room and board in a semiprivate room (private when medically necessary)	\$1,000 copayment
Physicians' and surgeons' services	Covered in full
Physical and respiratory therapy	Covered in full
Intensive care services	Covered in full
Maternity care	Covered in full
<b>Same-day surgery</b>	
Same-day surgery in a hospital outpatient or ambulatory care setting	\$800 per surgery
<b>Emergencies</b>	
Emergency room visit	\$150 copayment (waived if admitted)
<b>Skilled nursing</b>	
Skilled care in a semiprivate room	\$1,000 copayment
<b>Substance abuse</b>	
Office visits	\$25 per visit
Detoxification in an inpatient setting	Covered in full
Rehabilitation in an inpatient setting	Covered in full
<b>Mental health</b>	
Office visits	\$25 per visit
Services in a general or psychiatric hospital	Covered in full
<b>Other health services</b>	
Skilled home health care services	Covered in full
Durable medical equipment	30% coinsurance
Medically necessary ambulance services	Covered in full
<b>Value-added features</b>	
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
The Healthy Health Plan!*, a program that rewards subscribers for being—and becoming—healthy If you're already in great health, terrific! If you could use a little help to get healthier, you can choose to enroll in a customized action health plan that may include regular health coaching, wellness workshops, interactive tools and more!	Included
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

Benefits	Your cost
<b>Value-added features (continued)</b>	
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)  
 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 prior authorization.** 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](http://fchp.org).

\*pending DOI approval

 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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