

# Community Care Silver Coinsurance 35%



## Benefit Summary—Benefits effective January 1, 2017 and beyond

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### The Fallon difference

Community Care is a Limited Provider Network. With Community Care Silver Coinsurance 35%, 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 \$150** 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**
- **Pedi-Dental** up to age 19 included.
- **Pedi-Glasses:** One designated set, once per calendar year.
- **Nurse Connect:** A free 24/7 nurse call line
- **Teladoc™ telemedicine – new for 2017!** Commercial members get 24/7 access to a national network of U.S. board-certified doctors to discuss non-emergency conditions by phone, mobile device or online. Teladoc doctors can diagnose and treat over fifty types of common illnesses.

### How to receive care:

This plan provides access to a network that is smaller than Fallon's Select Care provider network. In this plan, members have access to network benefits only from the providers in Community Care. Please consult the Community 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](http://fchp.org) to determine which providers are included in Community Care.

### Choosing a primary care provider (PCP)

Your relationship with your PCP is very important because he or she will work with Fallon to provide or arrange most of your care. As a member of Community Care Silver coinsurance 35%, you must select a PCP. To do this, just complete the section on your Fallon membership enrollment form. If you need help choosing a PCP, please visit the "Find a Doctor" tool on [fchp.org](http://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 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 *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 *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.

### 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.

\$2,000 individual  
\$4,000 family

### Embedded deductible

Please note that once any one member in a family accumulates \$2,000 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.

\$2,000

### Deductible carryover

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

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 also does not include your premium charge or any amounts you pay for services that are not covered by the plan.

\$7,150 individual/  
\$14,300 family

## Benefits

## Your cost

### Office

Routine physical exams (according to MHQP preventive guidelines)

\$0

Office visits (primary care provider)

\$30 per visit

Office visits (specialist)

\$50 per visit

Office visits (limited service clinics, e.g., Minute Clinic)

\$50 per visit

Routine eye exams (one every 12 months)

\$0

Short-term rehabilitative services (60 visits per benefit period)

\$50 per visit after deductible

Prenatal care

\$30 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

35% coinsurance after deductible

Imaging (CAT, PET, MRI, Nuclear Cardiology)

\$500 Copayment after deductible


| Benefits   | Your cost   |
|--|---|
| <b>Office (continued)</b>  |   |
| Chiropractic care  | \$30 per visit  |
| <b>Prescriptions</b><br><i>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.</i> |   |
| <b>Tier 1/Tier 2/Tier 3/<br/>Tier 4</b>  |   |
| Prescription drugs, insulin and insulin syringes   | \$5/\$20/50%coin/50%coin<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 authorization:<br>\$0<br>(30-day supply)     |
| Brand contraceptives with a generic equivalent (prior authorization required)  | Tier 3: 50% coin<br>Tier 4: 50% coin<br>(30-day supply) |
| Prescription medication refills obtained through the mail order program  | \$10/\$40/50%coin/50%coin<br>(90-day supply)            |
| Prilosec OTC, Prevacid 24HR, omeprazole OTC (prescription required)  | \$5   |
| <b>Inpatient hospital services</b>   |   |
| Room and board in a semiprivate room (private when medically necessary)  | \$1000 copayment 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                        |
| <b>Same-day surgery</b>  |   |
| Same-day surgery in a hospital outpatient or ambulatory care setting   | 35% coinsurance after deductible                        |
| <b>Emergencies</b>   |   |
| Emergency room visit   | 35% coinsurance after deductible (waived if admitted)   |
| <b>Skilled nursing</b>   |   |
| Skilled care in a semiprivate room   | \$1000 copayment after deductible                       |

| Benefits   | Your cost                        |
|--|----------------------------------|
| <b>Substance abuse</b>   |                                  |
| Office visits  | \$30 per visit                   |
| Detoxification in an inpatient setting   | Covered in full                  |
| Rehabilitation in an inpatient setting   | Covered in full                  |
| <b>Mental health</b>   |                                  |
| Office visits  | \$30 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 after deductible |
| Durable medical equipment  | 35% coinsurance after deductible |
| Medically necessary ambulance services   | 35% coinsurance after deductible |
| <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)  | \$150 individual<br>\$150 family |
| The Healthy Health Plan!, a program that allows you 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                         |
| Fallon Smart Shopper Transparency tool and incentive program   | 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                         |
| <b>Exclusions</b>  |                                  |
| Hearing aids and the evaluation for a hearing aid (for age 22 and above)<br>Long-term rehabilitative services<br>Cosmetic surgery<br>Experimental procedures or services that are not generally accepted medical practice<br>Dental services not described in your <i>Schedule of Benefits</i><br>Routine foot care<br>Custodial confinement |                                  |

**Some services may require prior authorization.** A complete list of benefits and exclusions is in the *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 Health Customer Service at 1-800-868-5200 (TTY users, please call TRS Relay 711), or visit our Web site at [fallonhealth.org](http://fallonhealth.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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