



Summary of Benefits

NaviCare (HMO SNP)

January 1, 2012 to December 31, 2012

**Introduction to the Summary of Benefits Report
for NaviCare (HMO SNP)
January 1, 2012 - December 31, 2012
Hampden and Worcester counties
and portions of Franklin, Hampshire, Middlesex and Norfolk counties**

Thank you for your interest in NaviCare (HMO SNP). Our plan is offered by FALLON COMMUNITY HEALTH PLAN, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state (MassHealth Standard) and Medicare.

All cost sharing in this *Summary of Benefits* is based on your level of Medicaid eligibility.

Please call NaviCare (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This *Summary of Benefits* tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call NaviCare (HMO SNP) and ask for the *Evidence of Coverage*.

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like NaviCare (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual-eligible), you may join or leave a plan at any time.

Please call NaviCare (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare NaviCare (HMO SNP) and the Original Medicare Plan using this *Summary of Benefits*. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS NAVICARE (HMO SNP) AVAILABLE?

The service area for this plan includes: Franklin*, Hampden, Hampshire*, Middlesex*, Norfolk*, and Worcester Counties, MA. You must live in this service area to join the plan. The * denotes a partial county. For a complete listing of towns in our service area, please see our ZIP code list at the back of this booklet.

WHO IS ELIGIBLE TO JOIN NAVICARE (HMO SNP)?

You can join NaviCare (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease generally are not eligible to enroll in NaviCare (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also be enrolled in MassHealth Standard to join this plan.

Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

NaviCare (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at <http://www.fchp.org/FindPhysician/>. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

NaviCare (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.fchp.org/Extranet/Seniors/PharmacyFinder/>. Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

NaviCare (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

NaviCare (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.fchp.org/Extranet/Seniors/Formulary/>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of NaviCare (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of

problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the *Evidence of Coverage* (EOC) for the QIO contact information.

As a member of NaviCare (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the *Evidence of Coverage* (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact NaviCare (HMO SNP) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact NaviCare (HMO SNP) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Fallon Community Health Plan for more information about NaviCare (HMO SNP).

Visit us at www.navigare.org or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. - 8 p.m. Eastern
However, if members need assistance, someone is available 24 hours a day, seven days a week.

Current members should call toll-free (877)-700-6996. (TTY/TDD (877)-795-6526)

Prospective members should call toll-free (877)-255-7108. (TTY/TDD (877)-795-6526)

Current members should call locally (877)-700-6996. (TTY/TDD (877)-795-6526)

Prospective members should call locally (877)-255-7108. (TTY/TDD (877)-795-6526)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

This document may be available in other formats, such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Benefit Category	Original Medicare	NaviCare (HMO SNP) 019
IMPORTANT INFORMATION		
1 – Premium and Other Important Information	<p>In 2012 the monthly Part B Premium is \$0 and the annual Part B deductible amount is \$0.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General *Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services.</p> <p>**Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$0 monthly plan premium*</p> <p>In-Network \$0 annual deductible*</p> <p>\$3,400 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>
2 – Doctor and Hospital Choice (For more information, see Emergency – #15 and Urgently Needed Care – #16.)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>
INPATIENT CARE		
3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	<p>For each benefit period: Days 1-60: \$0 deductible Days 61-90: \$0 per day Days 91-150: \$0 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network Plan covers 90 days each benefit period.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>\$0 annual deductible*</p> <p>\$0 copay*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 19 for additional information about Medicaid-covered Inpatient Hospital Care and Behavioral Health Services.</p>

Benefit Category	Original Medicare	NaviCare (HMO SNP) 019
4 – Inpatient Mental Health Care	<p>For each benefit period: Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network \$0 copay*</p> <p>You get up to 190 days if inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$0 annual deductible*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 19 for additional information about Medicaid-covered Behavioral Health Services.</p>
5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<p>In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1-20: \$0 per day Days 21-100: \$0 per day</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>\$0 annual deductible*</p> <p>\$0 copay for SNF services*</p> <p>You will not be charged additional cost sharing for professional services.</p>
6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.*</p>
7 – Hospice	<p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>

Benefit Category	Original Medicare	NaviCare (HMO SNP) 019
OUTPATIENT CARE		
8 – Doctor Office Visits	0% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.*</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.*</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.*</p>
9 – Chiropractic Services	<p>Supplemental routine care not covered.</p> <p>0% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network \$0 copay for Medicare-covered chiropractic visits.*</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 18 for additional information about Medicaid-covered Chiropractic Services.</p>
10 – Podiatry Services	<p>Supplemental routine care not covered.</p> <p>0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered podiatry benefits.*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>See page 19 for additional information about Medicaid-covered Podiatry.</p>
11 – Outpatient Mental Health Care	<p>0% coinsurance for most outpatient mental health services.</p> <p>0% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Mental Health visits.*</p> <p>\$0 copay for each Medicare-covered visit with a psychiatrist.*</p> <p>\$0 copay for Medicare-covered partial hospitalization program services.*</p> <p>See page 19 for additional information about Medicaid-covered Behavioral Health Services.</p>

Benefit Category	Original Medicare	NaviCare (HMO SNP) 019
12 – Outpatient Substance Abuse Care	0% coinsurance	<p>In-Network \$0 copay for Medicare-covered visits.*</p> <p>See page 19 for additional information about Medicaid-covered Behavioral Health Services.</p>
13 – Outpatient Services/Surgery	<p>0% coinsurance for the doctor’s services.</p> <p>0% coinsurance for ambulatory surgical center facility services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.*</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.*</p>
14 – Ambulance Services (medically necessary ambulance services)	0% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered ambulance benefits.*</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p> <p>See page 19 for additional information about Medicaid-covered Transportation.</p>
15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>0% coinsurance for the doctor’s services.</p> <p>0% outpatient hospital facility emergency services.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 copay for Medicare-covered emergency room visits.*</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>0% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 copay for Medicare-covered urgently-needed-care visits.*</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the urgently-needed care visit.</p>
17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$0 copay for Medicare-covered Occupational Therapy visits.*</p> <p>\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.*</p>

Benefit Category	Original Medicare	NaviCare (HMO SNP) 019
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	0% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered items.*</p>
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered items.*</p>
20 – Diabetes Programs and Supplies	<p>0% coinsurance for diabetes self-management training.</p> <p>0% coinsurance for diabetes supplies.</p> <p>0% coinsurance for diabetic therapeutic shoes or inserts.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-management training.*</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - Diabetes monitoring supplies* - Therapeutic shoes or inserts*
21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>0% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p> <p>0% coinsurance for the digital rectal exam and other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services* - diagnostic procedures and tests* - X-rays* - diagnostic radiology services (not including X-rays)* - therapeutic radiology services*

Benefit Category	Original Medicare	NaviCare (HMO SNP) 019
PREVENTIVE SERVICES		
22 – Cardiac and Pulmonary Rehabilitation Services	<p>0% coinsurance for Cardiac Rehabilitation services.</p> <p>0% coinsurance for Pulmonary Rehabilitation services.</p> <p>0% coinsurance for Intensive Cardiac Rehabilitation services.</p> <p>This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> - Medicare-covered Cardiac Rehabilitation Services* - Medicare-covered Intensive Cardiac Rehabilitation Services* - Medicare-covered Pulmonary Rehabilitation Services*
23 – Preventive Services and Wellness/Education Programs	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or 	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>

Benefit Category	Original Medicare	NaviCare (HMO SNP) 019
<p>Preventive Services and Wellness/Education Programs, <i>continued</i></p>	<p>up to three times during a pregnancy.</p> <ul style="list-style-type: none"> - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. - Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening <ul style="list-style-type: none"> - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. - Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome 	<p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline <p>See page 15 for additional information about Preventive Services and Wellness/Education Programs.</p>

Benefit Category	Original Medicare	NaviCare (HMO SNP) 019
Preventive Services and Wellness/Education Programs, <i>continued</i>	to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.	
24 – Kidney Disease and Conditions	0% coinsurance for renal dialysis. 0% coinsurance for kidney disease education services.	General Authorization rules may apply. In-Network \$0 copay for renal dialysis* \$0 copay for kidney disease education services*
25 – Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<u>Drugs Covered under Medicare Part B</u> General \$0 annual deductible for Part B-covered drugs.* \$0 copay for Part B covered chemotherapy drugs and other Part-B covered drugs.* <u>Drugs Covered under Medicare Part D</u> General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.fchp.org/Extranet/Seniors/Formulary/ on the web. Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. The plan offers national in-network prescription coverage (i.e., this would include 50 states and District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from NaviCare (HMO SNP) for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are

Benefit Category	Original Medicare	NaviCare (HMO SNP) 019
Outpatient Prescription Drugs, cont'd		<p>listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network You pay a \$0 annual deductible.*</p> <p>Supplemental drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay \$0 copayments for all covered drugs until total yearly drug costs reach \$2,930.</p> <p>Retail Pharmacy You can get drugs the following way(s): <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply - 60-day supply </p> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy You can get drugs the following way(s): <ul style="list-style-type: none"> - one-month (31-day) supply </p> <p>Mail Order You can get drugs the following way(s): <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply - 60-day supply </p> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Catastrophic Coverage You pay a \$0 copay.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from NaviCare (HMO SNP).</p> <p>You can get drugs the following way: <ul style="list-style-type: none"> - one-month (30-day) supply </p>

Benefit Category	Original Medicare	NaviCare (HMO SNP) 019
Outpatient Prescription Drugs, cont'd		<p>Out-of-Network Initial Coverage You will be reimbursed by NaviCare (HMO SNP) for the full cost of the drug.</p> <p>Out-of-Network Catastrophic Coverage You will be reimbursed in full for drugs purchased out-of-network.</p> <p>See page 15 for additional information about Prescription Drugs and Pharmacy services. See page 19 for additional information about Medicaid-covered Pharmacy.</p>
26 – Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 copay for Medicare-covered dental benefits.*</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>See page 19 for additional information about Medicaid-covered Dental Services.</p>
27 – Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% coinsurance for diagnostic hearing exams.</p>	<p>In-Network In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams.*</p> <p>See pages 18-19 for additional information about Medicaid-covered Audiologist and Hearing Aid Services.</p>
28 – Vision Services	<p>0% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Non-Medicare Supplemental eye exams and glasses not covered.</p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye.*</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.*</p> <p>See page 19 for additional information about Medicaid-covered Vision Care Services.</p>
Over-the-Counter Items	Not covered.	<p>In-Network The plan does not cover Over-the-Counter items.</p> <p>See page 19 for additional information about Medicaid-covered Pharmacy.</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover supplemental routine transportation.</p> <p>See page 19 for additional information about Medicaid-covered Transportation.</p>
Acupuncture	Not covered.	<p>In-Network This plan does not cover Acupuncture.</p>

Additional information

Premium

You must continue to pay for your Medicare Part B premium if it is not paid for on your behalf.

Prescription Drugs

NaviCare (HMO SNP) includes Medicare prescription drug coverage (Part D). As a member of this plan, you must receive your Medicare Part D prescription drug benefits through this plan. This plan includes supplemental drug coverage that covers benzodiazepine and barbiturate therapeutic category drugs, which are drugs not normally covered under Medicare Part D.

In general, you may only receive covered prescription drugs at network pharmacies. The pharmacy network includes retail, mail order, long-term care, Indian health service/tribal/urban Indian health program, and Home Infusion pharmacies. All of the drugs on our formulary are available with an extended day supply except certain narcotics which are prohibited under Massachusetts State Law from being dispensed in quantities greater than a 30-day supply.

If you have a question about your Medicare Part D year-to-date prescription drug spending balance, you may call NaviCare Enrollee Services seven days a week from 8 a.m. to 8 p.m. at 1-877-700-6996 (TDD/TTY: 1-877-795-6526), and a NaviCare Enrollee Service representative will research your inquiry and provide the information you need. You may also contact NaviCare Enrollee Services for a list of in-network pharmacies.

Preventive Services and Wellness/Education Programs

Newsletter

A communication that is filled with information to help keep you well.

Nutritional Training & Health/Wellness Education

You must receive services from network providers. Contact NaviCare for complete class listings.

Additional Smoking Cessation

Our tobacco treatment program, *Quit to Win*, offers support meetings, where we'll help you develop a stop-smoking plan that's right for you. In addition, NaviCare members may receive nicotine patches or gum at no cost.

Health Club Membership/Fitness Classes

SilverSneakers® Fitness Program

As a member of NaviCare, you are eligible and do not have a copayment, coinsurance or deductible to participate in the SilverSneakers Fitness Program or SilverSneakers Steps. With the SilverSneakers Fitness Program, you receive a basic fitness membership with access to amenities and fitness classes including the signature SilverSneakers classes designed to improve muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination. For more information and a list of participating locations visit www.silversneakers.com or call 1-888-423-4632 (TTY users, please call TRS Relay 711).

SilverSneakers Steps is available as an alternative for members residing outside the participating fitness location network (usually 15 miles from nearest participating location). SilverSneakers Steps is a self-directed physical activity program that allows members to measure, track and increase physical activity doing activities of their choice. SilverSneakers Steps provides the equipment, tools and motivation necessary for members to achieve a healthier lifestyle through increased physical activity.

SilverSneakers® is a registered trademark of Healthways.

Weight Watchers®

We are pleased to offer our members one 13-consecutive-week Weight Watchers membership each calendar year at no additional cost. There is no fee for this membership and it includes the registration and weekly fee for a 13-consecutive series of Weight Watchers meetings. The membership is subject to all Weight Watchers Center's rules and regulations.

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

Nursing Hotline

Nurse Connect

Members have access to registered nurses who serve as health coaches. This phone service is available 24 hours a day, seven days a week at no additional cost. You can reach a Nurse Connect health coach by calling 1-800-609-6175 (TDD/TTY: 1-800-848-0160).

Getting Care from Your PCP and PCT

Your primary care physician (PCP) will provide most of your care and will help arrange or coordinate the rest of the covered services that you get as a plan member. Your PCP has certain hospitals, physician specialists, skilled nursing facilities, durable medical equipment providers and other selected providers they use for referrals. This means that the PCP you select will determine the specialists you may see. This includes your X-rays, laboratory tests, therapies and care from providers who are specialists. It is very important to get a referral from your PCP before you see a plan specialist. There are a few exceptions which can be found in your *Evidence of Coverage*. If you don't have a referral before you receive services from a specialist, you may have to pay for these services yourself. Your PCP also works with your Primary Care Team (PCT). This team includes your PCP, a nurse case manager, a Geriatric support services coordinator (GSSC) and others to help manage your care.

Your MassHealth appeals rights

You may pursue a MassHealth Board of Hearings (BOH) review, in addition to, or in lieu of, filing a standard or expedited appeal with NaviCare.

If you choose to pursue a MassHealth BOH appeal, you must submit your written hearing request to BOH within 30 calendar days from the date of mailing of the NaviCare notice to deny coverage for services. If you need assistance, the NaviCare Member Appeals and Grievances Department is available to help you with this process. Hearing requests should be sent to:

Board of Hearings
Office of Medicaid
100 Hancock Street, 6th floor
Quincy, MA 02171
Call 1-617-847-1200
Fax 1-617-847-1204

You can choose to continue receiving services from NaviCare during the BOH appeal process. If you want to receive such continuing services, you or your authorized appeal representative must submit your BOH appeal request within ten (10) calendar days from the date of mailing of the NaviCare notice to deny coverage for services and indicate that you want to continue to get these services.

If the BOH decision is not in your favor, you may be financially responsible for the services provided.

If you disagree with the BOH decision, there are further levels of appeals available to you, including judicial review of the decision under Massachusetts General Law.

To ask for help with any of the appeals process options, call NaviCare Enrollee Services, Monday through Friday, 8 a.m. to 6 p.m. at 1-877-700-6996 (TDD/TTY: 1-877-795-6526).

Limitations and Exclusions

The benefits listed in this *Summary of Benefits* may be subject to limitations and exclusions. When you become a member, you will receive an *Evidence of Coverage* that includes all limitations and exclusions. If you have any questions about limitations and exclusions, please call NaviCare Enrollee Services.

Our Contract with CMS

Fallon Community Health Plan has a contract with the Centers for Medicare & Medicaid Services (CMS), the government agency that runs Medicare. This contract renews each year. At the end of each year, the contract is reviewed, and either Fallon Community Health Plan or CMS can decide to end it. You will get 90 days advance notice in this situation. It is also possible for our contract to end at some other time during the year, too. In these situations we will try to tell you 90 days in advance, but your advance notice may be as little as 30 or fewer days if CMS must end our contract in the middle of the year. If we leave the Medicare program or change our service area so that it no longer includes the area where you live, we will tell you in writing. If this happens, your membership will end, and you will have to change to another way of getting your Medicare benefits.

Questions? Just Call!

We'll be happy to answer your questions about our coverage for the year 2011 and invite you to call NaviCare's Customer Service Department, also known as NaviCare Enrollee Services. Current members, please call 1-877-700-6996 (TDD/TTY: 1-877-795-6526) and prospective members, please call 1-877-255-7108 (TDD/TTY: 1-877-795-6526). NaviCare Enrollee Service Representatives are available seven days a week from 8 a.m. to 8 p.m. However, if members need assistance, someone is available 24 hours a day, seven days a week. You also can contact NaviCare Enrollee Services through our Web site at www.navicare.org. Fallon Community Health Plan is located at 10 Chestnut St., Worcester, Mass. 01608.

**Summary of Benefits
for contract H9001, Plan 019**

Medicaid-Covered Services Section

Since you qualify for MassHealth benefits, the State will cover the Medicare cost-sharing amounts that you would otherwise have to pay. Also, the Medicaid-covered services listed below are available to you with no copays.

Your Primary Care Physician (or Primary Care Team) will work with you to determine the services you need and receive authorization from Fallon Community Health Plan.

As long as you go to a NaviCare network provider or have received approval from Fallon Community Health Plan to go to an out-of-network provider, your provider cannot bill you for a service that is covered under NaviCare (HMO SNP). But, if you get a bill for services you got from a provider, contact NaviCare Enrollee Services at 1-877-700-6996 (TDD/TTY: 1-877-795-6526). A representative will help you with the bill or direct you to file an appeal.

As a member of NaviCare (HMO SNP), you also have the right to file an appeal with the MassHealth Board of Hearings. You may contact the MassHealth Board of Hearings by calling 1-800-655-0338 or faxing the form included on your notice of denial to 1-617-847-1204, or mailing the form to MassHealth Board of Hearings, 100 Hancock St., Sixth floor, Quincy, MA 02171.

Benefit Category	NaviCare (HMO SNP)
Adult Day Health Community-based services such as nursing, assistance with activities of daily living, social, therapeutic, recreation, nutrition at a site outside the home, dementia-specific interaction, and transportation to a site outside the home.	\$0 copay for Medicaid-covered services.
Adult Foster Care/Group Adult Foster Care Daily assistance in personal care, managing medication, meals, snacks, homemaking, laundry, and medical transportation.	\$0 copay for Medicaid-covered services.
Audiologist Audiologist exams and evaluations. See related Hearing Aid Services, page 15.	\$0 copay for Medicaid-covered services.
Chiropractic Services Any MassHealth-covered chiropractic services not covered by Medicare.	\$0 copay for Medicaid-covered services.
Community-Based Services Including but not limited to the following services: homemaker; respite care; environmental accessibility adaptations; and chore and companion services.	\$0 copay for Medicaid-covered services.
Continuous Nursing Services Continuous, specialized skilled nursing services.	\$0 copay for Medicaid-covered services.
Day Habilitation A structured, goal-oriented, active treatment program of medically oriented, therapeutic and habilitation services for developmentally disabled individuals who need active treatment.	\$0 copay for Medicaid-covered services.

Benefit Category	NaviCare (HMO SNP)
<p>Dental Services Including but not limited to the following services: cleanings and oral exams twice a year; fillings; emergency care visits, including X rays; extractions (removing teeth); dentures; and oral surgery.</p>	\$0 copay for Medicaid-covered services.
<p>Geriatric Support Services Coordination In-home assessment and home-based services coordination provided by Aging Service Access Points (ASAPs) staff.</p>	\$0 copay for Medicaid-covered services.
<p>Hearing Aid Services Including but not limited to diagnostic services, hearing aids or instruments, and services related to the care and maintenance of hearing aids or instruments</p>	\$0 copay for Medicaid-covered services.
<p>Inpatient Hospital Services All inpatient services provided by 1.) acute inpatient hospital; 2.) chronic hospital; 3.) rehabilitation hospital; or 4.) psychiatric hospital beyond the Medicare-covered 90 days each benefit period.</p>	\$0 copay for Medicaid-covered services.
<p>Institutional Custodial Care Non-skilled services such as assistance with activities of daily living received in a skilled nursing facility or other nursing facility.</p>	\$0 copay for Medicaid-covered services.
<p>Personal Care Attendant Services Assistance with Activities of Daily Living (ADLs) such as bathing, dressing, grooming, eating, ambulating, toileting, and transferring.</p>	\$0 copay for Medicaid-covered services.
<p>Pharmacy Prescription and over-the-counter drugs (not covered by Medicare Parts B or D) that are listed in the current NaviCare formulary.</p>	\$0 copay for Medicaid-covered services.
<p>Podiatry Any MassHealth-covered podiatry services not covered by Medicare.</p>	\$0 copay for Medicaid-covered services.
<p>Transportation Ambulance (air and land), taxi, and chaircar transport for medical reasons.</p>	\$0 copay for Medicaid-covered services.
<p>Vision Care Services Any MassHealth-covered vision care services not covered by Medicare, including eye examinations, vision training, prescriptions, and glasses and contact lenses.</p>	\$0 copay for Medicaid-covered services.
<p>Behavioral Health Services Services received from an inpatient psychiatric hospital beyond the 190-day Medicare benefit. Any MassHealth-covered inpatient/outpatient behavioral health benefit not covered by Medicare.</p>	\$0 copay for Medicaid-covered services.

ZIP Code List

Franklin County ‡

Town	ZIP
Erving	01344
New Salem	01355
North New Salem	01364
Orange	01364
Warwick	01378
Wendell	01379
Wendell Depot	01380

Hampden County

Town	ZIP
Agawam	01001
Blandford	01008
Bondsville	01009
Brimfield	01010
Chester	01011
Chicopee	01013
Chicopee	01014
Chicopee	01020
Chicopee	01021
Chicopee	01022
East Longmeadow	01028
Feeding Hills	01030
Granville	01034
Hampden	01036
Holland	01521
Holyoke	01040
Holyoke	01041
Indian Orchard	01151
Longmeadow	01106
Longmeadow	01116
Ludlow	01056
Monson	01057
Palmer	01069
Russell	01071
Southwick	01077
Springfield	01101
Springfield	01102
Springfield	01103
Springfield	01104
Springfield	01105
Springfield	01107
Springfield	01108
Springfield	01109
Springfield	01111
Springfield	01114
Springfield	01115
Springfield	01118
Springfield	01119
Springfield	01128
Springfield	01129

Hampden County (continued)

Town	ZIP
Springfield	01133
Springfield	01138
Springfield	01139
Springfield	01144
Springfield	01152
Springfield	01195
Springfield	01199
Thorndike	01079
Three Rivers	01080
Wales	01081
West Springfield	01089
West Springfield	01090
Westfield	01085
Westfield	01086
Wilbraham	01095
Woronoco	01097

Hampshire County ‡

Town	ZIP
Ware	01082

Middlesex County ‡

Town	ZIP
Acton	01720
Ashby	01431
Ashland	01721
Ayer	01432
Ayer	01434
Bedford	01730
Billerica	01821
Billerica	01822
Boxborough	01719
Carlisle	01741
Chelmsford	01824
Concord	01742
Dracut	01826
Dunstable	01827
Framingham	01701
Framingham	01702
Framingham	01703
Framingham	01704
Framingham	01705
Groton	01450
Groton	01470
Groton	01471
Hanscom AFB	01731
Holliston	01746
Hopkinton	01748
Hudson	01749

Middlesex County ‡ (continued)

Town	ZIP
Littleton	01460
Lowell	01850
Lowell	01851
Lowell	01852
Lowell	01853
Lowell	01854
Marlborough	01752
Maynard	01754
Natick	01760
North Billerica	01862
North Chelmsford	01863
Nutting Lake	01865
Pepperell	01463
Pinehurst	01866
Sherborn	01770
Shirley	01464
Shirley Center	01464
Stow	01775
Sudbury	01776
Tewksbury	01876
Townsend	01469
Tyngsboro	01879
Village of Nagog Woods	01718
Wayland	01778
West Groton	01472
West Townsend	01474
Westford	01886
Woodville	01784

Norfolk County ‡

Town	ZIP
Bellingham	02019
Franklin	02038
Medway	02053
Millis	02054
Norfolk	02056
Sheldonville	02070
Wrentham	02093

Worcester County

Town	ZIP
Ashburnham	01430
Athol	01331
Auburn	01501
Baldwinville	01436
Barre	01005
Berlin	01503
Blackstone	01504

‡ Partial County

ZIP Code List

Worcester County (continued)

Town	ZIP
Bolton	01740
Boylston	01505
Brookfield	01506
Charlton	01507
Charlton City	01508
Charlton Depot	01509
Cherry Valley	01611
Clinton	01510
Douglas	01516
Dudley	01571
East Brookfield	01515
East Princeton	01517
East Templeton	01438
Fayville	01745
Fiskdale	01518
Fitchburg	01420
Gardner	01440
Gardner	01441
Gilbertville	01031
Grafton	01519
Hardwick	01037
Harvard	01451
Holden	01520
Hopedale	01747
Hubbardston	01452
Jefferson	01522
Lancaster	01523
Leicester	01524
Leominster	01453
Linwood	01525
Lunenburg	01462
Manchaug	01526
Mendon	01756
Milford	01757
Millbury	01527
Millville	01529
Morningdale	01505
New Braintree	01531
North Brookfield	01535
North Grafton	01536
North Oxford	01537
North Uxbridge	01538
Northborough	01532
Northbridge	01534
Oakdale	01539
Oakham	01068
Oxford	01540
Paxton	01612
Petersham	01366

Worcester County (continued)

Town	ZIP
Phillipston	01331
Princeton	01541
Rochdale	01542
Royalston	01331
Royalston	01368
Rutland	01543
Shrewsbury	01545
Shrewsbury	01546
South Barre	01074
South Grafton	01560
South Lancaster	01561
Southborough	01772
Southbridge	01550
Spencer	01562
Sterling	01564
Sterling Junction	01564
Still River	01467
Sturbridge	01566
Sutton	01590
Templeton	01468
Upton	01568
Uxbridge	01569
Warren	01083
Webster	01570
West Boylston	01583
West Brookfield	01585
West Millbury	01586
West Upton	01568
West Warren	01092
Westborough	01580
Westborough	01581
Westborough	01582
Wheelwright	01094
Whitinsville	01588
Wilkinsonville	01590
Winchendon	01475
Winchendon Springs	01477
Worcester	01601
Worcester	01602
Worcester	01603
Worcester	01604
Worcester	01605
Worcester	01606
Worcester	01607
Worcester	01608
Worcester	01609
Worcester	01610
Worcester	01613

Worcester County (continued)

Town	ZIP
Worcester	01614
Worcester	01615
Worcester	01653
Worcester	01654
Worcester	01655



10 Chestnut St.
Worcester, MA 01608
www.navicare.org