

# FCHP Direct Care Premium Saver 65/35

## Benefit Summary

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### FCHP Direct Care network

Fallon Community Health Plan Direct Care is a high-performing network of providers at medical centers you know and trust. Our network providers are carefully chosen for their medical excellence, patient access and innovation. You can be seen at physician practices, community hospitals and medical facilities across our Direct Care service area.

### The FCHP difference

With FCHP Direct Care Premium Saver 65/35, 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 coinsurance for certain services. In addition, you get:

- **\$0 copayments for routine physical exams**
- **Preventive dental services** for the whole family with participating dentists.
- **A fitness reimbursement of up to \$400** for families (\$200 for individual contracts)
- **Member discounts** on products and services to keep you healthy and features you won't find anywhere else.

### How to receive 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. To pick a PCP, just complete the section on your FCHP membership enrollment form.

### 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 your plan's network: routine obstetrics/gynecology care, screening eye exams, behavioral health services and some dental 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*.

### Specialty medication

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.

<b>Plan specifics</b>	<b>Your cost</b>
<b>Calendar year out-of-pocket maximum</b> The out-of-pocket maximum is the total amount of coinsurance you are responsible for in a calendar year.	\$5,000 individual/ \$10,000 family
<b>Benefits</b>	<b>Your cost</b>
<b>Office</b>	
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)	\$25 per visit
Short-term rehabilitative services (60 visits per calendar year)	\$40 per visit
Prenatal care	\$25 first visit only
Postnatal care	\$25 per visit
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
Imaging (CAT, PET, MRI, Nuclear Cardiology)	35% coinsurance
Chiropractic care (12 visits per calendar year)	\$25 per visit
<b>Prescriptions</b>	<b>Tier 1/Tier 2/Tier 3</b>
Prescription drugs, including oral contraceptives, insulin and insulin syringes	\$15/\$30/\$50 (30-day supply)
Prescription medication refills obtained through the mail order program	\$30/\$60/\$100 (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)	35% coinsurance
Physicians' and surgeons' services	35% coinsurance
Physical and respiratory therapy	35% coinsurance
Intensive care services	35% coinsurance
Maternity care	35% coinsurance
<b>Same-day surgery</b>	
Same-day surgery in a hospital outpatient or ambulatory care setting	35% coinsurance
<b>Emergencies</b>	
Emergency room visit	35% coinsurance

<b>Benefits</b>	<b>Your cost</b>
<b>Dental benefits and discounts</b>	
Exams (one every six months) including cleanings and routine X-rays	\$10 copayment
Fillings (minor restorative) when performed by a general dentist	Variable copayments
Sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures when performed by a general dentist	25% to 50% discount
Specialist services such as periodontist, endodontist or prosthodontist	20% discounts
<b>Skilled nursing</b>	
Skilled care in a semiprivate room	35% coinsurance
<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	35% coinsurance
Durable medical equipment (\$1,500 per calendar year)	35% coinsurance
Medically necessary ambulance services	35% coinsurance
<b>Value added features</b>	
It Fits!, an annual fitness reimbursement (including school and town sports programs, gym memberships, 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
<b>Exclusions</b>	
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 Direct Care <i>Member Handbook/Evidence of Coverage</i>	
Routine foot care	
Custodial confinement	

**Some services may require preauthorization.** 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 (TDD/TTY: 1-877-608-7677), or visit our Web site at [fchp.org](http://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, 2010, 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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