

# Fallon Preferred Care Choice 1250

At Fallon Community Health Plan, we're committed to *making our communities healthy*—it's at the heart of everything we do. After all, health insurance isn't just about paying the bills. It's about a partnership you can count on, in sickness and in health.

Fallon Preferred Care features hundreds of thousands of providers and health care facilities across the country, giving you the flexibility to receive care close to where you live and work. Since Fallon Preferred Care is a PPO plan, you are not required to designate a primary care physician—and there are no referral requirements. You can choose to see any provider you wish, whether the provider is in the network or not—but visits to non-participating providers require you to share a larger portion of the cost.

Benefit	In-network amount	Out-of-network amount
Routine physical exams	\$0 copayment	20% coinsurance (after deductible)
Office visits: primary care	\$20 copayment (after deductible)	20% coinsurance (after deductible)
Office visits: specialist	\$20 copayment (after deductible)	20% coinsurance (after deductible)
Short-term rehabilitative services	\$20 copayment (after deductible)	20% coinsurance (after deductible)
Emergency room	\$100 copayment (after deductible)	
Inpatient hospital	Covered in full (after deductible)	20% coinsurance (after deductible)
Same day surgery	Covered in full (after deductible)	20% coinsurance (after deductible)
Lab and other preventive tests	Covered in full	20% coinsurance (after deductible)
Lab, X-ray, EKG and other diagnostic tests	Covered in full (after deductible)	20% coinsurance (after deductible)
Imaging (CAT, PET, MRI, Nuclear Cardiology)	Covered in full (after deductible)	20% coinsurance (after deductible)
Prescriptions: retail (up to a 30-day supply)	\$10/\$25/\$50 copayment (after deductible)	20% coinsurance (after deductible)
Prescriptions: mail-order (up to a 90-day supply)	\$20/\$50/\$100 copayment (after deductible)	20% coinsurance (after deductible)
Deductible	\$1,250/\$2,500 (combined in- and out-of-network)	
Out-of-pocket maximum	\$5,000/\$10,000 (combined in- and out-of-network)	

## Value-added features, benefits and services:

- **\$0 routine physical exams** means you make no copayments for routine physical and gynecological exams, and well-child visits for your dependent child to age 19.
- **It Fits!** gives families up to \$400 for memberships at local fitness centers, aerobics, Pilates and yoga classes, and Weight Watchers® programs, as well as sports programs and classes for all ages.
- **Oh Baby!** is a program that provides prenatal vitamins, a convertible car seat and other “little extras” for expectant parents—all at no additional cost.
- Prescriptions filled at thousands of retail pharmacies nationwide.

To learn more about Fallon Preferred Care Choice 1250, please call us at 1-800-333-2535 (TDD/TTY: 1-877-608-7677), or visit our Web site at [fchp.org](http://fchp.org).

fallon health & life assurance company, inc.

A complete list of benefits and exclusions is in the Fallon Preferred Care Evidence of Coverage, available by request.

This is only a summary of benefits and exclusions. Should any questions arise, the subscriber certificate and riders will govern.

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This health plan meets minimum creditable coverage standards and will satisfy the individual mandate that you have health insurance.