

# FCHP Commonwealth Care

## Plan type 1

### Benefit Summary

Effective 10/1/11

#### Commonwealth Care

Commonwealth Care is a program run by the Commonwealth Health Insurance Connector Authority (The Health Connector). This program connects qualified Massachusetts residents with affordable health insurance if they do not have health insurance coverage. Commonwealth Care provides health insurance coverage that meets many health care needs, including doctor office visits for both well and sick visits, inpatient hospital care, pharmacy benefits, mental health and substance abuse services, and much more.

#### FCHP Commonwealth Care network

Fallon Community Health Plan's Commonwealth Care network is a tailored network of providers at medical centers you know and trust. FCHP Commonwealth Care 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 Commonwealth Care service area.

#### The FCHP difference

With FCHP Commonwealth Care, you get comprehensive medical benefits and everything you need to live a healthy life.

- **\$0 copayments for routine physical exams** with your primary care physician (internist, family practitioner or pediatrician) or gynecologist for routine physical exams.
- **Preventive dental services** with participating dentists.
- **A fitness reimbursement of up to \$200** for healthy activities including town and school sports, Weight Watchers<sup>®</sup>, gym memberships, yoga and Pilates.
- **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. You must choose a PCP in the FCHP Commonwealth Care network within 15 days of your enrollment. You can find a PCP by going to [fchp.org](http://fchp.org), or by calling Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677).

##### 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 other services. For more information on referral procedures for specialty services, consult your FCHP Commonwealth 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 Commonwealth Care *Member Handbook/Evidence of Coverage*.

*Weight Watchers<sup>®</sup> is a registered trademark of Weight Watchers International, Inc.*

| <b>Benefits</b>  | <b>Your cost</b>                      |
|--|---------------------------------------|
| <b>Office</b>  |                                       |
| Routine physical exams (according to MHQP preventive guidelines)   | Covered in full                       |
| Office visits (primary care provider)  | Covered in full                       |
| Office visits (specialist)   | Covered in full                       |
| Office visits (limited service clinics, e.g., Minute Clinic)   | Covered in full                       |
| Routine eye exams and designated eyeglasses (one every 24 months)  | Covered in full                       |
| Short-term rehabilitative services: physical, occupational and speech therapy (maximum of 20 visits combined per illness or injury)  | Covered in full                       |
| Prenatal care  | Covered in full                       |
| Postnatal care   | Covered in full                       |
| Preventive services  | Covered in full                       |
| Diagnostic services  | Covered in full                       |
| Imaging (CAT, PET, MRI)  | Covered in full                       |
| <b>Prescriptions</b>   | <b>Generic/brand</b>                  |
| Prescription drugs, including insulin and insulin syringes   | \$1*/\$3.65/\$3.65<br>(30-day supply) |
| Oral contraceptives  | Covered in full                       |
| Prescription medication refills obtained through the mail-order program  | \$1*/\$3.65/\$3.65<br>(30-day supply) |
| <b>Inpatient hospital services</b>   |                                       |
| Room and board in a semiprivate room (private when medically necessary)  | Covered in full                       |
| Inpatient rehabilitation (maximum of 100 days per benefit year, which is the 12-month period from July 1 <sup>st</sup> to June 30 <sup>th</sup> , combined with skilled nursing facility days) | Covered in full                       |
| 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   | Covered in full                       |
| <b>Emergencies</b>   |                                       |
| Emergency room visit   | Covered in full                       |
| <b>Skilled nursing</b> (maximum of 100 days per benefit year, which is the 12-month period from July 1 <sup>st</sup> to June 30 <sup>th</sup> , combined with inpatient rehabilitation days)   |                                       |
| Skilled care in a semiprivate room   | Covered in full                       |

\* For each prescription or refill for each generic drug in the following drug classes: antihyperglycemics, antihypertensives and antihyperlipidemics.

| Benefits   | Your cost           |
|--|---------------------|
| <b>Substance abuse</b>   |                     |
| Office visits  | Covered in full     |
| Methadone detoxification and maintenance   | Covered in full     |
| Detoxification in an inpatient setting   | Covered in full     |
| Up to 30 days (per benefit year, which is the 12-month period from July 1 <sup>st</sup> to June 30 <sup>th</sup> ) rehabilitation in an inpatient setting  | Covered in full     |
| <b>Mental health</b>   |                     |
| Office visits  | Covered in full     |
| 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  | Covered in full     |
| Medically necessary ambulance services   | Covered in full     |
| Dental (preventative/emergency only)   | Covered in full     |
| <b>Value-added features</b>  |                     |
| It Fits!, an annual plan year fitness reimbursement (including school and town sports programs, gym memberships, Weight Watchers®, aerobics, Pilates and yoga classes)   | \$200 reimbursement |
| 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            |
| <b>Out-of-pocket maximums (the maximum amount you will have to pay out of your pocket in copayments for services per benefit year, which is the 12-month period from July 1<sup>st</sup> to June 30<sup>th</sup>)</b>  |                     |
| Prescription drugs   | \$200               |
| <b>Exclusions</b>  |                     |
| Hearing aids and the evaluation for a hearing aid<br>Long-term rehabilitative services<br>Nonprescription drugs and vitamins<br>Cosmetic surgery<br>Experimental procedures or services that are not generally accepted medical practice<br>Routine foot care for members who are not diabetic<br>Foot orthotics for members who are not diabetic<br>Custodial confinement<br>Chiropractic care<br>Oh Baby! program<br>Peace of Mind Program™<br>Diagnosis and treatment of infertility including in vitro fertilization and gamete intra-fallopian tube procedures (GIFT) |                     |

A complete list of benefits and exclusions is in the FCHP Commonwealth 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).

For information about all health plan options available through Commonwealth Care or eligibility questions, contact the Commonwealth Care Member Service Center at 1-877-MA-ENROLL (1-877-623-6765), Monday through Friday, 8 a.m. to 5 p.m., or visit the Commonwealth Care Web site at [www.mahealthconnector.org](http://www.mahealthconnector.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.*

