

healthy

WINTER 2012

communities

feature

Heart-healthy makeover p. 8



Is your diet
resolution healthy?

5

Brand-name drugs
go generic

7

Where does
your premium
dollar go?

13

you

more

Accomplishing our mission

As much as I love snow, my favorite color in February is red, not white. When we start this cold month, nothing warms my heart more than seeing so many of our employees participating in National Wear Red Day, an annual event that raises awareness about women's heart disease and kicks off American Heart Month.

This event launches FCHP's year-to-year support of the American Heart Association, highlighted by our participation in the Central Mass. Start! Heart Walk in May. Last year, our employee teams raised \$14,600, to which the health plan added a \$10,000 donation—a good complement to our own efforts to promote heart health among our members.

Our AHA support is a reflection of FCHP's mission: *making our communities healthy*. We live it daily by delivering member programs and services to prevent or manage illness, and we expand on it with our ongoing support of the communities we serve, with particular focus on services for seniors and children. For example, last November FCHP distributed \$150,000 to more than 60 food pantries and hunger relief programs throughout the state, from Pittsfield, Greenfield and Springfield to Fall River, Lowell, Lynn and Worcester County.

For our 2011 FCHP Community Benefits Grants, we awarded more than \$100,000 to several innovative, community-based programs, including the Boys and Girls Clubs of Worcester, Greater Lowell, Lawrence and North Central Mass.; Community Teamwork, Inc., in Greater Lowell; and the Town of Orange Elder Outreach Program.

A favorite of ours is FCHP's Pay It Forward program, in which we choose 30 employees at random to each distribute \$500 to a charity of their choice—which, in 2011, encompassed quite a variety of programs.

At FCHP, we're focused on the health of our members every day and are grateful for our helping-hands partners who share our mission to build a healthier community.

If you'd like to comment or send a suggestion, I encourage you to write to me at healthycommunities@fchp.org.



P.S. As you can see, we've given *Healthy Communities* a dynamic new look for the new year. We hope you love it!



Patrick Hughes, President and CEO, Fallon Community Health Plan

health

more

Be clear about cough medicine

Today's consumer is faced with many choices of over-the-counter cough medicines. The descriptions on the labels are usually specific to a type of cough or other cold symptom(s), such as a dry and hacking cough, a "productive" cough, or a runny nose. Here's a lesson on what the different types do. Buy the one that best targets your symptoms.

And a word of caution—children under four should not have cough medicine. For children over four, read labels carefully and ask your pediatrician for guidance.

Antitussives—Coughing too much is both bothersome and painful! Antitussives, or "cough suppressants," work by stopping the urge to cough at its origin—in your brain.

Expectorant—Helps to bring out the mucus when your airways are dry, thus lubricating your lungs, nose and throat to prevent further infection.

Antihistamine—These are anti-allergic compounds that tend to dry up the flow of mucus and moisture within the airways.

Decongestant—These are not that useful in a congested chest. They do help in decreasing the flow of fluid with a runny nose, or with a blocked-up nose, sinuses and ears.

Demulcent—These are throat soothers. Many throat lozenges have honey for soothing a dry throat and menthol, which helps in quieting down throat pain and raspiness.

Remember, if you have a persistent cough, check with your doctor. ●

FCHP insider tip: Choosing your PCP

Janice Peters - Member Services Advisor

We encourage our members to make choosing a primary care provider (PCP) a priority when joining Fallon Community Health Plan.

Your primary care doctor oversees your preventive and acute care needs and makes sure your care is well-coordinated if you ever need emergency care or a referral to a specialist.

If you didn't choose a doctor when you applied or enrolled with FCHP, or need to change your doctor, you may do that now. You may go to our Web site or call us for assistance at the phone number in this article that applies to you.

Go to fchp.org/findphysician/search.aspx (or click the "Find A Doctor" link on our site). Under the Advanced Search option, choose the "Search a specific plan's network" to use the drop-down menu and select your plan. Complete the rest of the

screen and see a list of primary care doctors you may choose.

Before notifying us which doctor you picked, call the office to confirm that he/she is accepting new patients, and let them know you want to sign up. Then please inform us which PCP you'll be seeing. (If you change doctors, it's important to tell us, too.)

For help in choosing a doctor, or to give us the name of your doctor, simply call the appropriate number below.

Most members: Call 1-800-868-5200 (TTY users, please call TRS Relay 711), Monday through Friday from 8 a.m. to 6 p.m.

Fallon Senior Plan members: Call us at 1-800-325-5669 (TTY users, please call TRS Relay 711), Monday through Friday, 8 a.m. to 8 p.m. (From October 15 to February 14, we're available seven days a week.)

MassHealth members: Call 1-800-341-4848 (TTY users, please call TRS Relay 711), Monday through Friday, 8 a.m. to 6 p.m.

NaviCare members: Call Enrollee Services at 1-877-700-6996 (TDD/TTY: 1-877-795-6526), Monday through Friday from 8 a.m. to 8 p.m. (From October 15 to February 14, we're available seven days a week.)



For our commercial HMO members only (FCHP Direct Care and Select Care plans): Please note that FCHP cannot process any PCP and specialist visit claims if you do not have a PCP on file with us. Therefore, your claims will be denied. As an alternative to calling us, you may instead complete a provider change form under the My FCHP member portal ([register at fchp.org/members.aspx](http://register.atfchp.org/members.aspx)).

Thanks for helping us help you!

Fallon Senior Plan HMO and NaviCare members: You must receive all routine care from plan providers. A Coordinated Care plan with a Medicare Advantage contract and a contract with the Massachusetts Medicaid program. This information is available for free in other languages. Please contact our customer service number at 1-800-325-5669 for additional information.

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When you need care now

You have the peace of mind of being covered for emergency care—and of having the alternative to see an urgent care provider or retail center for more routine and non-emergency care.

Emergency departments have staff and technology that is focused on saving lives and preventing

continued

care *continued*

permanent injury. This makes ER care costly. When you need less-serious medical care promptly, you might go to an urgent care or retail health center where you'll pay much less out of pocket for copayments or deductibles (if any) and often will be treated more quickly than in the ER.

• **When should you go to the emergency room?** Go when you're in a situation that could be life threatening (example—suspected heart attack or stroke; sudden or extreme difficulty breathing; unstoppable bleeding; seizures; poisoning) or could result in permanent injury (example—deep cut or severe burn).

It's best to call 911 or your local emergency resource (such as the police or fire department) because it will get you the critical care you need more quickly.

• **When should you go to an urgent care provider?** Urgent care is for conditions that require prompt attention but don't pose an immediate or serious threat to your health or life, such as sprained ankles, cuts that need stitches, minor burns, possible broken bones or minor asthma attacks.

These providers usually have walk-in, extended hours and offer a broad range of medical services, such as X-rays and lab work. If you aren't aware of an urgent care center in your area, try asking your primary care provider's office or local community



Protect your pucker!

Before puckering up, make sure your lips haven't suffered the wrath of winter's chill. Chapped lips are common in cold, windy weather, and can be painful. Here are some tips for healthy, winter lips!

- **Don't lick your lips!** Unlike your skin, lips don't have oil glands to keep them moist. Saliva robs your lips of their natural moisture when it dries. Instead, use a lip balm in the morning, throughout the day and before bed, or at least before you brave the cold air. Some balms contain sunscreen; others are medicated, so you can give your lips what they need.
- **Stay hydrated.** Dry air inside and outside can dehydrate you. By drinking eight glasses of water or other types of non-caffeinated beverages each day, your skin and lips will thank you. Also, a humidifier can add needed moisture in your home.
- **Exfoliate.** It's true—you can exfoliate your lips! Use a washcloth or wet toothbrush (skip the paste) to gently buff away dead skin cells every other day.
- **Cover up.** When you go out into blustery weather, cover your mouth with a scarf or ski mask. ●

hospital's physician referral office for an urgent care provider near you.

• **When should you go to a retail health clinic?** These walk-in clinics have extended hours and don't require an appointment or referral. They may be a good option for after-hours routine care, like for coughs, sore throats and fevers; ear or sinus pain; rashes; or minor allergic reactions. Most FCHP members are covered for care received at CVS Caremark MinuteClinic.®

For Massachusetts locations, see [minuteclinic.com/MA/clinics.aspx](https://www.minuteclinic.com/MA/clinics.aspx). Look in your provider directory to see if these retail health clinics are in your network.

Remember, learn in advance what is—and is not—a true emergency and what steps you should take in either situation. Be sure to have a primary care doctor and visit his/her office as your health requires. Don't wait until 4:30 on a Friday afternoon to call your doctor's office! ●

Is your diet resolution healthy?

Like millions of Americans, you may have resolved to eat healthier and maybe even lose a few pounds in this new year. Are you taking a healthy approach?

Here's some expert guidance to consider. Last November, *U.S. News & World Report* came out with a new ranking, called *Best Diets for Healthy Eating*. A panel of experts ranked 20 popular diets in several categories, including safety and nutritional health.

According to *U.S. News*, "The recurring theme across the diets that excelled in healthiness is adequate calories supplied by a heavy load of vegetables, fruits and whole grains, a modest amount of lean protein, nonfat dairy, healthy fats and an occasional treat."

As you continue in your resolution, you may want to try one of the top Best Diets for Healthy Eating. For more information on these diets, go to <http://health.usnews.com/best-diet>.

1. **DASH diet:** The Dietary

Approaches to Stop Hypertension plan is packed with produce and light on saturated fat and salt.

2. TLC diet: A near miss for #1, the Therapeutic Lifestyle Changes diet was praised for the fiber and calcium it generously provides—and the saturated fat it doesn't.

3. Mediterranean diet: Great for those who love whole-grain pita and hummus, salads, fresh fruits

and veggies, salmon and olive oil—and a glass or two of red wine daily.

4. Mayo Clinic diet: The plan has a unique eating pyramid, which promotes foods you can eat more of but take in fewer calories, like fruits and veggies.

5. Volumetrics diet: Tied with, and similar to, the Mayo Clinic diet,

the menu items also focus on high-volume (dense), low-calorie foods.

Close on the heels of these top five diets were Weight Watchers® ("promotes a healthy, balanced approach to eating") and Jenny Craig ("scientifically sound and safe"). ●



The scoop on croup

If your child's coughing ever sounds like a barking seal, it could be croup—a swelling of the voice box and windpipe caused by a virus. It usually strikes children ages 1 to 4 years and is accompanied by typical cold symptoms and fever. The sound of the cough is what gives it away as croup.

What can you do when your child has croup? Try these steps:

- **First, never ignore fever.** Get that fever down with children's strength acetaminophen or call your pediatrician. (Never give more than five doses in a 24-hour period and never give acetaminophen to children younger than three months of age.)
- **Keep your child drinking plenty of clear liquids.**
- **Place a cool vaporizer** in the child's room.
- **Try the old steam-in-the-bathroom technique** if the child's cough seems to be worsening. Staying with the child at all times, close the bathroom door and turn on the hot water in the shower to fill the room with steam. Stay there about 10 minutes. Your child should feel better and the coughing should subside.
- Or ... Bundle up the child and **take the child outside** to breathe for about 10 minutes. Make sure your child is dry and warm once back inside.
- **Do not request antibiotics** of the doctor, or worse, give leftover antibiotics from the medicine cabinet. Antibiotics do not cure croup.

There's cause for concern if your child has persistent coughing, wheezing noises, fast breathing, difficulty swallowing, fever uncontrollable by the usual means, or is looking very ill. Get your child to the doctor or emergency room immediately. ●

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Be one in a million

The Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services last fall launched the “Million Hearts” campaign, which aims to prevent 1 million heart attacks and strokes over the next five years.

According to the campaign, heart disease causes 1 of every 3 American deaths and constitutes 17% of overall national health spending. The initiative puts a national focus on educating and engaging Americans to take preventive steps to control such risk. To learn how you can be one in a million to prevent heart disease and stroke, go to <http://millionhearts.hhs.gov>. ●

An app for emergency preparedness

Angry Birds is entertaining, but will it save your life? For under \$4, here’s an app that could do just that—the American Heart Association’s (AHA) Pocket First Aid and CPR Guide for your iPhone, iPad or iPod touch.

The application has the most up-to-date emergency information from the AHA that you can access anywhere—instructions for responding to choking, bites, bruises, seizures, diabetic emergencies and more. Add personal medical info and contacts for quick reference, too. To learn more, the AHA refers you to the Jive Media site, <http://jive.me/apps/firstaid>. ●

Read us online!

Want to read more health tips or look back on Fallon Community Health Plan programs and news updates? It’s easy! We have current and past issues of *Healthy Communities* on our Web site. To look back on past articles or share this publication with a friend, just go to fchp.org/members/resources/healthy-communities.aspx. Enjoy! ●



General health and wellness tips:

twitter.com/fchp_tips

Managing asthma:

twitter.com/fchp_asthma

Managing diabetes:

twitter.com/fchp_diabetes

General FCHP news:

twitter.com/fchp_news

Jobs at FCHP:

twitter.com/fchp_careers

Also, facebook.com/MoreFCHP ●



Having a baby in 1930

Here’s an interesting excerpt from a September piece in Well Now, our health and wellness blog.

Today, \$66 might buy you a half a cart of groceries, a pair of dress pants or an informal dinner out for two.

In 1930, \$66 bought a mom in Kansas a 10-day hospital stay and delivery of her new baby. A coworker showed us a scan of her grandmother’s bill, and we were all in awe.

She noted: The first time I looked at this I read \$6,600 as the total. But NO! Only \$66! \$4 per day, drugs only \$4.85, and the fan was \$1.25 (but only for 6 days out of the 10 day admission!) Oh, how times have changed.

Today, the average hospital costs for having a baby are anywhere between \$9,000 and \$13,000 (according to data from 2008 from WebMD).

To see this neat original bill, go to fchp.org/blog/posts.aspx. ●

What to expect as brand-name drugs go generic

Many popular brand-name prescription drugs in the United States are getting competition. Their patents are coming to an end. That means a drug company no longer has the only right to make and sell its drug. As a result, other companies will bring to market generic copies that cost less.

For example, last fall patents ended for Lipitor (treats high cholesterol) and Zyprexa (treats bipolar disorder and schizophrenia) and soon will end for Lexapro (an antidepressant), Seroquel (an antipsychotic), Plavix (blood clot prevention) and Singulair (to treat asthma/allergy), among many others in 2012. Many brands sell billions of dollars worth of their drug in the U.S. every year. The new generics, which over time will be much cheaper, will save a lot of money.

Fallon Community Health Plan is carefully watching this trend and, as needed, changing our formularies—the lists of drugs we cover for our members.*

Our approach is to put new generic drugs on either Tier 1 (cost much less than brand; the lowest copayment) or Tier 2 of our drug lists. At first, generic versions of expensive brand-name drugs are only 10% to 15% cheaper, so we expect to put most of them on Tier 2 and later move them to Tier 1 as they meet our guidelines.

Women's health and cancer rights*

Fallon Community Health Plan provides benefits for mastectomy-related services. Under the Women's Health and Cancer Rights Act of 1998, we cover members for the following procedures: Reconstruction of the breast that was removed by mastectomy; surgery and reconstruction of the other breast to make the breasts look symmetrical or balanced after mastectomy; any external breast prostheses; and any physical complications at all stages of mastectomy, including lymphedema.

For more information, see the brochure at the U.S. Department of Labor Web site, dol.gov/ebsa/pdf/whcra.pdf, or call FCHP Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), Monday through Friday, 8 a.m. to 6 p.m. ●

** Please note that this information does not apply to our Fallon Senior Plan™, NaviCare® HMO SNP and MassHealth plans. For more information about your benefits in these plans, refer to your Member Handbook/Evidence of Coverage.*

The brand-name drugs will be moved to, or remain on, Tier 3 of our drug lists according to our usual practice.**

When a generic drug is available, pharmacies usually will fill a prescription for a brand-name medication with its matching generic drug to comply with state law. To keep taking a brand-name drug, members will need a new prescription from their doctor that says "no substitutions." They will pay the brand-name (usually highest) copayment.

Be sure to talk with your doctor about any change in your prescriptions. If you have questions about the drugs we cover, please call FCHP Customer Service at 1-800-868-5200 (TTY users, please call TRS Relay 711), Monday through Friday from 8 a.m. to 6 p.m.

** These formulary changes will not apply to members of our MassHealth and Commonwealth Care Plan Type 1 plans.*

*** Fallon Senior Plan™ and NaviCare® members—If we move the brand-name drug to a higher tier, we will send you a letter notifying you of the negative formulary change 60 days before the change.*

A Coordinated Care plan with a Medicare Advantage contract and a contract with the Massachusetts Medicaid program. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013. Limitations, continued on page 10

Give yourself a heart

At the beginning of 2012, we were barraged with new-year-resolution messages to eat better, exercise more, stop smoking and generally change our unhealthy ways. Some of us listened, some of us acted, and many of us continued in our old habits.

As January fades, we may need new motivation to overhaul our behaviors—which is great timing for February’s “American Heart Month” agenda. It’s a time for raising awareness about heart disease and joining the fight against it, especially by making lifestyle changes to prevent it in ourselves.

The average heart, an organ only about the size of two fists, beats more than 100,000 times a day, pumping about 2,000 gallons of blood (enough to fill a small above-ground swimming pool). Even at rest, the muscles of the heart work hard—twice as hard as the leg muscles of a person sprinting.

The Centers for Disease Control and Prevention reports that at least one in three American adults have some form of heart disease—and every minute someone dies from a heart disease-related event. It’s not just men, either—heart disease is the No. 1 killer of women age 20 and over.

Taking good care of your heart isn’t just a matter of looking or feeling good—it’s often a matter of *living*.

Is it time for your makeover?

There are some risk factors for heart disease, such as family history, that cannot be changed. But many others are under our control—such as exercise, weight loss, quitting smoking, following a low-fat, low-cholesterol diet, or taking cholesterol or blood pressure medicines—which all work together to help your heart.

Let’s look at the risk factors and healthy ways to tackle them head-on.

Heart attackers

Many factors can combine to raise your overall risk for heart disease. Some of these can be treated, modified or controlled.

Inactivity: Getting exercise is one of the most important things you can do to keep your heart fit. Exercising your heart muscle means exercising your body. Aerobic exercise is best—such as walking, jogging, biking, swimming—for at least 30 to 60 minutes at a time, three to four times a week. Exercise also helps to control other major risk factors for heart disease. With any new exercise plan, check with your doctor if you are at risk and follow his/her advice.

Smoking: Nicotine and carbon monoxide (CO) combine to give the heart a one-two punch—nicotine makes the heart need more oxygen, while the CO reduces the amount of oxygen available. Quitting—even if you’ve smoked for decades—will help your heart. Fallon Community

FCHP is here to help

FCHP is your partner in heart health. We encourage preventive care and education through many programs and services—for example, our online Personal Wellness Profile and access to the Healthwise® Knowledgebase library, our It Fits! program that offers reimbursement for heart-healthy activities, our Quit to Win program, \$0 copayment for routine physicals and our Wellness Works program with employers. See fchp.org for details—and look for our Heart Health flyers at fchp.org/employers/resources/wellness-flyers.aspx.

We also have a Heart Disease Management Program to help our members with heart disease to better manage their condition and improve their quality of life. Call 1-800-333-2535, ext. 69898, to learn more.

FCHP also is a strong supporter of the American Heart Association’s mission through our activities like Go Red For Women Day and Valentine’s Day carnation sale. Plus, each year we participate in the AHA’s fund-raising walk. See our president’s letter on page 2 for more details. And, for more information about the AHA or heart disease, visit heart.org.

Benefits and coverage may vary by product, plan design and employer.

Heart-healthy makeover

Foods to avoid for heart health

Many of these foods are high in salt or saturated fat.

- **Canned foods:** soups, beans, tuna and vegetables
- **Frozen:** pizza or TV dinners
- **Pre-packaged:** noodles, pasta and rice dishes
- **Salted snacks:** pretzels, chips, nuts, crackers
- **Sauces and condiments:** ketchup, soy sauce, barbeque sauce
- **Bubbly liquids:** soda, over-the-counter medicines that “fizz”
- **Lunch/deli meats**
- **Vegetable and tomato juice**
- **Pickles**

Health Plan offers a highly successful Quit to Win stop-smoking program with group support or telephone counseling. Call 1-888-807-2908 to learn more.

High LDL cholesterol: Cholesterol plays many healthy roles in the body, but when LDL, or “bad,” cholesterol levels are too high, it can clog arteries like a drain and slow the oxygen-rich blood traveling from your heart to the rest of the body. Your LDL cholesterol number should be lower than 130, ideally below 100. Diet can make a difference. Avoid eating foods high in saturated fat (desserts, regular cheese and milk, red/processed meats) and choose

more fruits and veggies, fish and fiber foods (beans, whole-wheat bread, brown rice, oatmeal). Your doctor may recommend medication.

High blood pressure: It makes your heart work harder, leaving your heart and arteries more prone to injury. Over 76 million Americans have high blood pressure, and many don’t know it—so get yours checked every year. According to the American Heart Association, a normal reading is less than 120 over 80. Control blood pressure by being a healthy weight and eating a low-salt diet (pay attention to food labels!), exercising regularly, managing stress, not smoking and drinking alcohol in moderation. If these don’t help enough, medication may be prescribed.

Excess body fat: People with too much body fat—especially in the waist area—are more likely to develop heart disease even when they have no other risk factors. Body Mass Index, or BMI, is a tool to calculate the amount of body fat you have based on your height and weight (there are many free calculators on the Web). Obesity (a BMI of 30 or greater) increases strain on the heart and raises many other risk factors. Losing just 5% to 10% of your weight through diet and exercise can have a positive impact on these risks.

As you can see, a healthy diet and regular exercise can help prevent or control many of the risk factors for heart disease (as well as many other conditions). Making changes in these areas are a good place to start for your heart-healthy makeover. Start now—and see what you can accomplish in 2012! ●



generic continued from page 7

copayments and restrictions may apply. Except in emergent and urgent care situations, you must use network pharmacies to access the prescription drug benefit. Quantity limits and restrictions may apply. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or The Massachusetts Medicaid office at 1-800-841-2900 (TTY: 1-800-497-4648). You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. This information is available for free in other languages. Please contact our customer service number at 1-800-325-5669 for additional information.

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Commercial plan members New year reminders

Take advantage in 2012 of the many programs and benefits Fallon Community Health Plan offers to keep you healthy. Here are a few:

It Fits!—FCHP reimburses \$400 for families and \$200 for individuals for many health activities each benefit year. See our insert for details.

Weight Watchers® program changes

The process for our Weight Watchers benefit for some members has switched from a coupon to a reimbursement program through It Fits!, effective January 1, 2012.

If you are an FCHP commercial plan member (FCHP Direct Care, FCHP Select Care, Fallon Preferred Care, Flex Care Select, Commonwealth Care and Advantage Plan members), you no longer request Weight Watchers coupons from Customer Service or online that, in turn, reduced your available It Fits! reimbursement for your benefit year.

Now, you can sign up with Weight Watchers directly, and you'll be reimbursed by submitting the It Fits! form with proof of purchase. FCHP reimburses \$400 for families and \$200 for individuals for many health activities.* For more information and a registration form, go to: fchp.org/members/wellness/It-Fits-fitness-reimbursement.aspx.

This approach gives you more flexibility to either attend local Weight Watchers meetings or sign up for Weight Watchers Online or Weight Watchers Monthly Pass online at weightwatchers.com. For information, call Weight Watchers directly at 1-800-767-8021.

Here's more great news—FCHP commercial plan members now can be reimbursed for registration costs for **Jenny Craig®** or the membership fee for **TOPS®** (Take Off Pounds Sensibly) through the It Fits! program.

Attention Fallon Senior Plan™ and NaviCare® members: Please refer to your *Evidence of Coverage* for details about your Weight Watchers benefit, which has not changed. ●

** It Fits! program eligibility and benefits may vary by employer, plan and product. Weight Watchers® is a registered trademark of Weight Watchers International, Inc. This program is not available to FCHP MassHealth members.*

\$0 copayments—Stay well! Schedule your doctor visits for routine physicals, gynecological exams and well-child care. You pay nothing!

Quit to Win—Stop smoking this year. We provide counseling in a group setting or by phone, and discounted nicotine patches and gum. Go to fchp.org/members/wellness/smoking-cessation.aspx.

Oh, Baby!—Parents-to-be get great information, plus perks like a free car seat, prenatal vitamins and reimbursement toward the cost of childbirth classes. Go to fchp.org/members/wellness/Oh-Baby.aspx. ●

** Benefits and coverage may vary by product, plan design and employer. For details, call Customer Service at 1-800-868-5200 (TTY users, please call TRS Relay 711).*



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For our MassHealth and Commonwealth Care Plan Type 1 members

Prescription copayment and cap changes reminder

We'd like to remind you about some changes in the MassHealth and Commonwealth Care Plan Type 1 pharmacy benefits announced last fall.

Copayments

As of October 1, 2011, members of these plans had an **increase in copayments** for most generic, over-the-counter and brand-name drugs from \$3.00 to \$3.65. These changes apply to both first-time prescriptions and refills.

The \$1 copayment remained the same for generic prescription and over-the-counter drugs (generic and brand-name) used to treat diabetes, high blood pressure and high cholesterol.

Caps

The \$200 annual out-of-pocket cap that a non-exempt member age 19 and older must pay is changing this year to \$250. **The increase was effective January 1, 2012, for MassHealth members and will go into effect July 1, 2012, for Commonwealth Care Plan Type 1 members.**

This amount is the most you will have to pay in

pharmacy copayments in a calendar year (January 1 through December 31) if you are a MassHealth member or in a benefit year (July 1 through June 30) if you are a Commonwealth Care member.

Exemptions

In some cases, you may be exempt from paying a copayment for any pharmacy service covered by your health plan.

- **MassHealth members:** For a full list of exemptions, see the Pharmacy Benefits section of the FCHP MassHealth *Member Handbook* at fchp.org/find-insurance/masshealth.aspx.
- **Commonwealth Care Plan Type 1 members:** For a full list of exemptions, see the Pharmacy Benefits section of Type 1 *Member Handbook* at fchp.org/find-insurance/commonwealth-care.aspx.

If you have any questions, you may speak with any member of our Customer Service team. We're open Monday through Friday from 8 a.m. to 6 p.m. MassHealth members may call 1-800-341-4848. Commonwealth Care Plan Type 1 members may call 1-800-868-5200. (For all TTY users, please call TRS Relay 711). ●

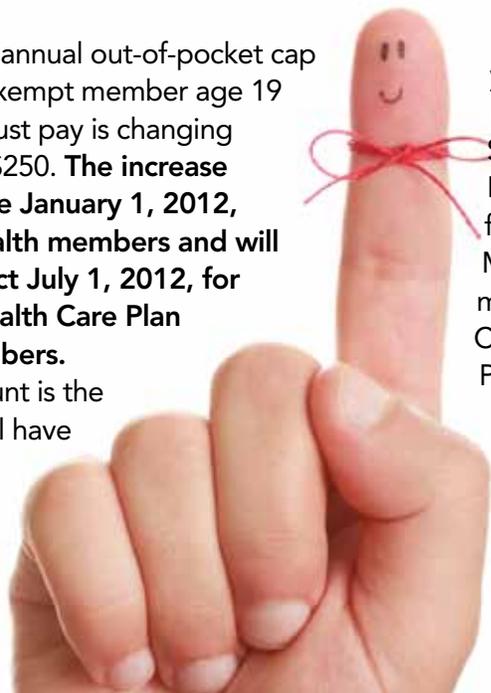
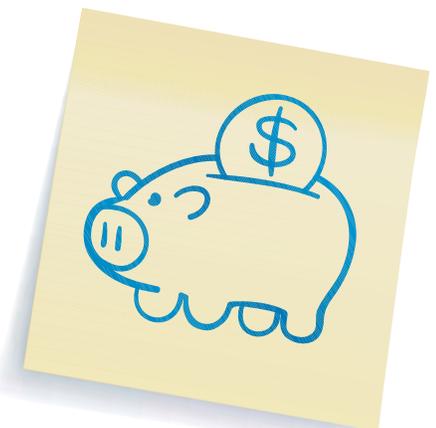
Our Medicare Supplement options better than ever

Great news! Fallon Senior Plan's two Medicare Supplement (Medigap) insurance options for individual consumers are being offered at a **decreased premium in 2012.**

Medicare Supplement insurance is an option for individuals enrolled in Original Medicare to cover the gaps in Medicare coverage, such as the 20% coinsurance on medical expenses, and the cost of Part A and B deductibles.

Our two Medicare Supplement plans ("Core" and "1") have different levels of coverage and premiums. They both cover Medicare and state-defined benefits, plus a fitness benefit through SilverSneakers®, a nurse hotline benefit through Nurse Connect, and more. This year, we also have a **new vision benefit**, which includes one routine eye exam every year and a \$150 allowance for one pair of eyeglasses or contact lenses every calendar year.

continued



Medicare *continued*

In addition, we are applying a **15% premium discount for the first two years** to members who enroll during the six-month period beginning at the time they become initially eligible for Medicare coverage after attaining age 65. This discount will be applied to the 2012 decreased premium,

which is great news for most people turning 65 soon.

Our Medicare Supplement plans have no network restrictions and little to no out-of-pocket expenses. You can see any provider that accepts Medicare, and the services are covered. No referrals. No copays. No hassles and practically no paperwork!

To find out more about these Medicare Supplement plans, please check our Web site at fchp.org/medicare-choices or call 1-866-330-6380 (TTY users, please call TRS Relay 711), 8 a.m. to 6 p.m., Monday through Friday. ●

SilverSneakers® is a registered trademark of Healthways.

FCHP plans among nation's best

According to the 2011-12 health insurance plan rankings of the National Committee for Quality Assurance (NCQA), Fallon Community Health Plan continued to have a strong performance nationwide for quality and member satisfaction:

- #1 Medicaid health plan (out of 99 plans)**
- #12 Medicare HMO plan (out of 341 plans)**
- #13 Commercial HMO plan (out of 390 plans)**

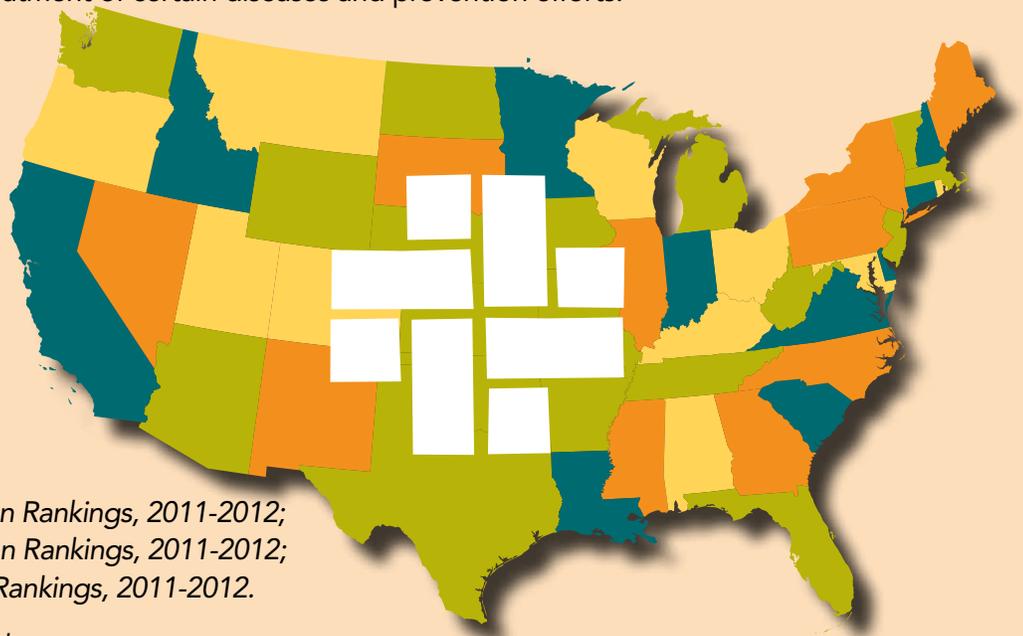
The NCQA compares and ranks health plans across the country based on a variety of quality and customer satisfaction measures, including access to care, treatment of certain diseases and prevention efforts.

"Being recognized as one of the highest-rated health plans in America is not something we're taking for granted," said Patrick Hughes, FCHP President and CEO. "We'll continue working to ensure all FCHP members receive the highest quality of care and services."

NCQA is a private, non-profit organization dedicated to improving health care quality.

*NCQA's Medicaid Health Insurance Plan Rankings, 2011-2012;
NCQA's Medicare Health Insurance Plan Rankings, 2011-2012;
NCQA's Private Health Insurance Plan Rankings, 2011-2012.*

A Health plan with a Medicare contract.



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Where does your FCHP premium dollar go?

Health insurance costs a lot. Health care costs a lot. How is the money spent?

We recently conducted a survey with our online community of 300 individuals in Massachusetts, made up of one-third FCHP members and two-thirds members of other health plans. We asked them: "Where do you think your premium dollar goes? What are your insurance companies actually spending your money on?"

"If you were to take \$1 of your premium cost in the form of 100 pennies, where would each of those pennies go?"

Here are a few of their answers (in pennies). Think first how you would respond, then check off those answers you agree with most.

- 80¢ Services used by members (doctor visits, testing, hospitalization)
- 15¢ administrative costs
- 5¢ for everything else (taxes, licensing, etc.)
-

- 100¢ to salaries of executives
-
- 45¢ administrative costs
- 5¢ charitable giving
- 5¢ programs to promote wellness
- 35¢ paying medical claims
-
- 70¢ health care providers
- 25¢ corporate operation
- 2¢ charities
- 3¢ profits
-
- 10¢ doctor visits
- 25¢ medical procedures
- 5¢ prescriptions
- 30¢ insurance company salaries
- 30¢ insurance company overhead
-
- 10¢ support care to uninsured/underinsured
- 3¢ management
- 10¢ energy
- 10¢ documentation and added government-imposed bureaucracy
- 45¢ salaries and benefits of employees
- 20¢ technology and training
- 2¢ legal representation

No clue! ... No idea! ... I don't know! ... Hmmm, this is tough!

....

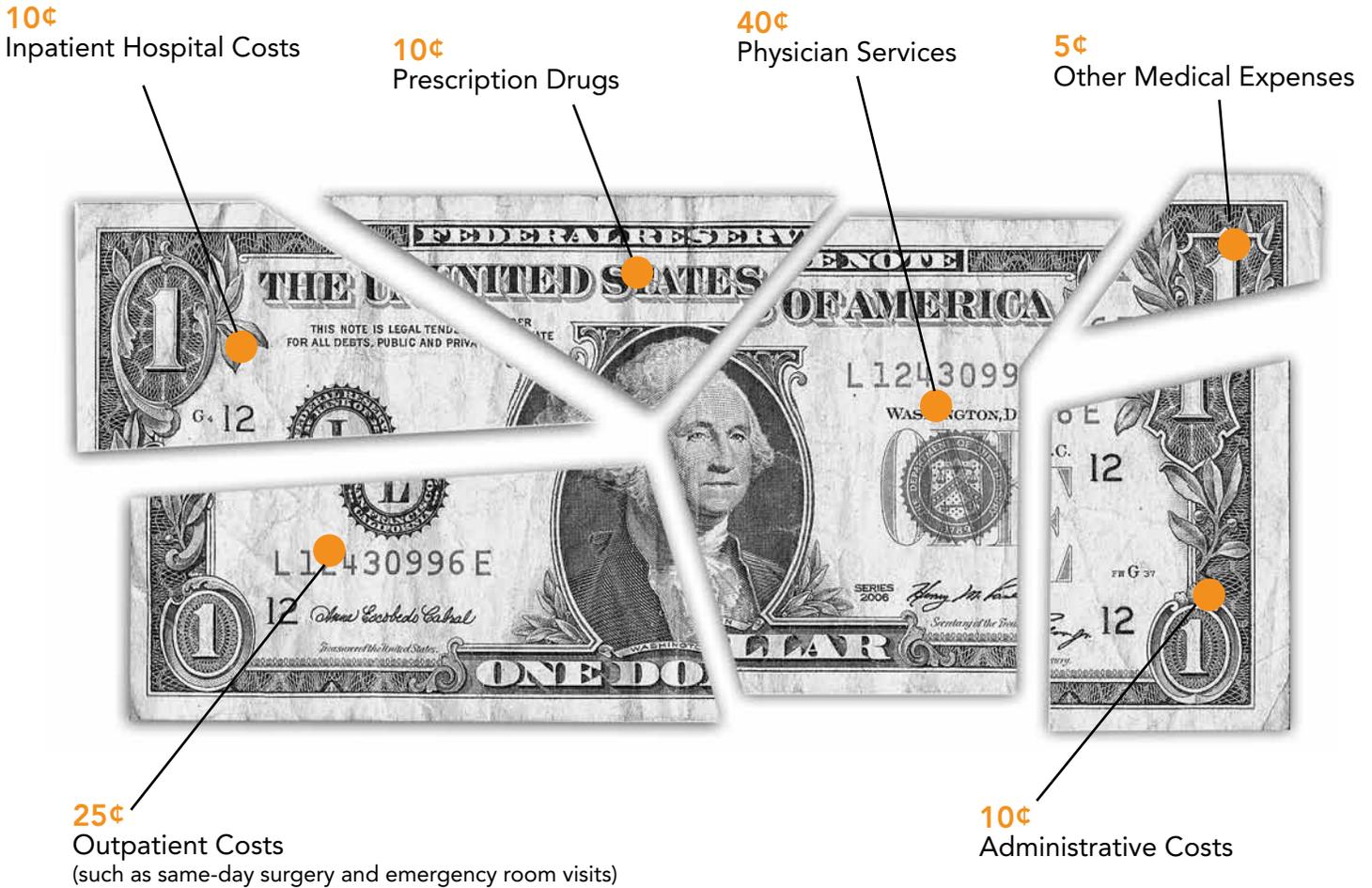
Once everyone had their say, we showed our survey respondents a brochure that FCHP published in 2010 to educate our members and their employers about where their health insurance dollars actually go. After reviewing the brochure, 84% of our participants suggested we share this information with our members as a good way to understand what we do with your premium dollar. So, we're happy to do that here!

How accurate is your guess? If you want the real scoop on how your money is spent, look at the next page!

continued

dollar continued

Expenses and costs are approximate based on 2009 data.



Here are some of the survey comments we received after participants saw the brochure:

“

It's amazing that only 10% goes to administrative fees.

I thought the fat cats were getting fatter on my buck!

I never would have thought that 90% of every dollar goes to cover health care costs.

I did not realize how large a percentage goes to medical expenses.

It is an eye-opener. I never stopped to think about it before.

I was shocked FCHP only claims a 10% cost in administration.

I really like the breakdown!

I love this!

Interesting and surprising to see how the costs are distributed.

”

Your pennies go further at FCHP

90 cents

As a not-for-profit organization, Fallon Community Health Plan operates in the most cost-efficient manner possible to deliver on our commitment to give members the most value for their health care dollar. In a typical year, FCHP spends 90 cents of each premium dollar on our members' medical expenses—expenses such as doctor visits, prescription drugs and hospital stays. [See the dollar graphic at left.]

10 cents

FCHP uses the remaining 10 cents to support all aspects of our operations, pay our employees' salaries and benefits, make charitable donations and produce the high quality programs and services our members expect—like chronic care support, reminders of important cancer screenings and childhood immunizations, and programs that encourage tobacco cessation, weight management and active lifestyles. FCHP's administrative costs are less than both the national and state averages. Now, let us know what you think! Send comments to healthycommunities@fchp.org. ●

Commercial plan members*

Update on paying non-contracted providers

Fallon Community Health Plan generally partners with network providers who have agreed to our negotiated rates for their service, which helps us keep quality health care as affordable as possible.

When certain providers are not contracted with us, as in the case of certain **emergency room providers**, FCHP pays them the reasonable and customary cost for that service in the community, minus any copayment/coinsurance a member has. Some providers may bill you for the difference between what they charged and the amount paid by FCHP.

For other non-contracted providers, such as certain **ambulance providers and specialists in pathology and anesthesiology**, FCHP now directly reimburses the member the entire billed amount for services, minus an copayment/coinsurance/deductible the member has. You, in turn, will be responsible for directly paying the provider's bill.

Note: If the person who received the service is under the age of 18, we will send this payment to the

subscriber on the policy, unless there are alternate arrangements in place.

If you have any questions, please feel free to contact FCHP Customer Service at 1-800-868-5200 (TTY users, please call TRS Relay 711), Monday through Friday from 8 a.m. to 6 p.m. ●



** Please note that these negotiated rates do not apply to our Fallon Senior Plan™, NaviCare® HMO SNP, Commonwealth Care and MassHealth plans. For more information about your benefits in these plans, refer to your Member Handbook/Evidence of Coverage.*

Fallon Community Health Plan's health guide for members is produced by the health plan's Communications Department. The content of this magazine has been reviewed by our physicians and administrators. This publication does not advance any particular medical treatment, nor does it endorse the management of medical problems without the advice and care of health care professionals. We are not responsible for the content of Web sites referenced in this publication. Please note that some of the articles included in this magazine may describe services and/or procedures that are not covered benefits. Also, eligibility for programs and benefits may vary by employer, plan and product.

For clarification of your covered benefits, please contact Fallon Community Health Plan's Customer Service Department at 1-800-868-5200 (TTY users, please call TRS Relay 711), or contact customerservice@fchp.org.

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Visit our Web site at fchp.org.

Si usted desea que se traduzca al español alguna información en esta publicación, favor de llamar a Departamento de Servicio al Cliente de FCHP al 1-800-868-5200 (si tiene problemas de audición, llame a 1-877-608-7677) de lunes a viernes de 8 a.m. a 6 p.m.



Commercial plan members **Provider network news**

FCHP Direct Care network expansion

We have expanded our FCHP Direct Care network into Boston and to the southeastern region of the state with the addition of Tufts NEQCA providers, the Southcoast Health System and the Jordan Health Systems.

Based on a limited network of efficient, high-quality provider groups and community-based hospitals, our Direct Care product is able to offer members the same benefits and extras of a larger network, but at a more affordable premium.

We are pleased to have within our Direct Care network Tufts Medical Center in Boston and many physicians from its physician organization, the New England Quality Care Alliance (NEQCA). Many of these NEQCA physicians are located in the southeast region of the

state while others are based in the greater Boston metro area.

Our new FCHP Direct Care providers in the southeast region are Jordan Hospital in Plymouth and Jordan Physician Associates, the hospital's physician group, Plymouth Bay Primary Care, the Southcoast Physicians Network and hospitals of the Southcoast Health System—St. Luke's in New Bedford, Tobey in Wareham and Charlton Memorial in Fall River. Many of the physician groups for these hospitals are part of NEQCA.

We look forward to collaborating in your care with these outstanding providers.

FCHP Select Care network expansion

Beth Israel Deaconess Medical Center in Boston is now an in-network medical facility for our Select Care members, effective January 1, 2012. Our Direct Care members also have access* to Beth Israel Deaconess through our Peace of Mind Program™.

At the same time, FCHP Select Care members have access to in-network providers in the Beth Israel Deaconess Physician Organization (BIDPO), the independent physician network affiliated with Beth Israel Deaconess Medical Center.

BIDPO's physicians use local hospitals for care, including key community hospitals such as Beth Israel Deaconess Hospital-Needham, Milton Hospital, Anna Jaques Hospital and Lawrence General Hospital. Currently, BIDPO has over 450 primary care physicians and 1,300 specialists in their physician organization.

If you have any questions, please call FCHP Customer Service at 1-800-868-5200 (TTY users, please call TRS Relay 711), Monday through Friday from 8 a.m. to 6 p.m. ●

** Some restrictions apply. Members may only access the Peace of Mind Program for specialty care.*

FCHP Direct Care provides access to a network that is smaller than FCHP Select Care. In this plan, members have access to network benefits only from the providers in FCHP Direct Care. Please consult the FCHP Direct Care provider directory—a paper copy can be requested by calling our Customer Service Department at 1-800-858-5200—or visit the provider search tool at fchp.org to determine which providers are included in FCHP Direct Care.