

# Product Reference Guide

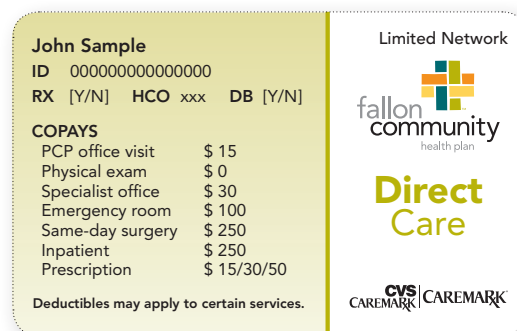
## Fallon Community Health Plan Member ID cards

Updated: February, 2012

Since July 2011, Fallon Community Health Plan has been issuing new ID cards to all members. As we make this transition, please use this guide to help you identify FCHP's new ID cards and the corresponding plan details such as the referral process, copayments and deductibles. Below, please find a sample of FCHP's existing member ID card, as some members will still be using this card during the upcoming months. If you have any questions, please call FCHP's Provider Relations Department at 1-866-ASK-FCHP (1-866-275-3247).

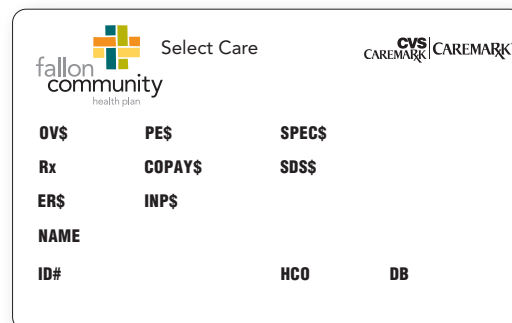
## New FCHP member ID card

In use: Staggered launch began July 1, 2011



## Existing FCHP member ID card

In use: Now through July 1, 2012



The cards shown are standard membership ID cards. Some information may vary on individual cards. **For more information, call 1-866-ASK-FCHP or visit [fchp.org](http://fchp.org).**

*Please note: The following plan details are accompanied by examples of the newly redesigned member ID cards.*



<b>John Sample</b>	
ID	0000000000000000
RX [Y/N]	HCO xxx DB [Y/N]
<b>COPAYS</b>	
PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50
Deductibles may apply to certain services.	




## FCHP Select Care

- Members choose a PCP from the FCHP Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



<b>John Sample</b>	
ID	0000000000000000
RX [Y/N]	HCO xxx DB [Y/N]
<b>COPAYS</b>	
PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50
Deductibles may apply to certain services.	




## FCHP Direct Care

- Members choose a PCP from the FCHP Direct Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



<b>John Sample</b>	
ID	0000000000000000
RX [Y/N]	HCO xxx DB [Y/N]
<b>COPAYS</b>	
PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50
Deductibles and coinsurances apply to certain services.	




## Fallon Preferred Care

- Preferred provider organization (PPO) product.
- \$0 copayment for routine physical exams in-network.
- Members have nationwide access to hospitals and physicians that are available through the Fallon Preferred Care and PHCS/Multiplan networks.
- Offers in-network and out-of-network benefit levels.



<b>John Sample</b>	
ID	0000000000000000
RX [Y/N]	HCO xxx DB [Y/N]
<b>COPAYS</b>	
PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50
Deductibles may apply to certain services.	



## FCHP Steward Community Care

- Members choose a PCP from the FCHP Steward Community Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.


**John Sample**  
 ID 0000000000000000  
 RX [Y/N] HCO xxx DB [Y/N]

**COPAYS** Tier 1/2/3


PCP office visit	\$
Physical exam	\$
Specialist office	\$
Emergency room	\$
Same-day surgery	\$
Inpatient	\$
Prescription	\$

Deductibles may apply to certain services.

Regional/Tiered network



**Tiered Choice**



## FCHP Tiered Choice

- Members choose a PCP from the FCHP Tiered Choice network.
- Providers are categorized into 1 of 3 tiers.
- PCPs and specialists are tiered with some plan designs, but not others.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Cost-sharing varies by tier. Members who see a Tier 1 provider will pay a lower cost-sharing amount than when they see a Tier 2 or Tier 3 provider.



**John Sample**  
 ID 0000000000000000  
 RX [Y/N] HCO xxx DB [Y/N]

**COPAYS**

PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 25/30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250

Deductibles may apply to certain services.

*The Employee Advantage*  
 Provided by UMass Memorial Health Care

An FCHP Select Care network plan

## The Employee Advantage

- Members choose a PCP from The Employee Advantage network, a tiered network based on the FCHP Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Specialists are categorized into 2 tiers. Copayments vary by tier.




**John Sample**  
 ID 0000000000000000  
 RX [Y/N] HCO xxx DB [Y/N]

**COPAYS**

PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 25
Emergency room	\$ 100
Same-day surgery	\$ 100
Inpatient	\$ 200

Deductibles may apply to certain services.



**Direct**

An FCHP Direct Care Network Plan

## The City of Worcester Advantage Direct Plan

- Members choose a PCP from The City of Worcester Advantage Direct network, which is based on the FCHP Direct Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.




**John Sample**  
 ID 0000000000000000  
 RX [Y/N] HCO xxx DB [Y/N]

**COPAYS** Tier 1/2

PCP office visit	\$ 15/20
Physical exam	\$ 0
Specialist office	\$ 25/30
Emergency room	\$ 100
Same-day surgery	\$ 150/300
Inpatient	\$ 250/500

Deductibles may apply to certain services.



**Advantage**

An FCHP Select Care Network Plan

## The City of Worcester Advantage Advantage Plan

- Members choose a PCP from The City of Worcester Advantage network, a tiered network based on the FCHP Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Providers are categorized into 2 tiers. Copayments vary by tier.




■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.

**John Sample**  
 ID 0000000000000000  
 RX [Y/N] HCO xxx DB [Y/N]


<b>COPAYS</b>	<b>Tier 1/2</b>
PCP office visit	\$ 20/30
Physical exam	\$ 0
Specialist office	\$ 40/50
Emergency room	\$ 150
Same-day surgery	\$ 10% / 30%
Inpatient	\$ 10% / 30%

Deductibles or coinsurance may apply to certain services.



fallon health & life  
assurance company, inc.

**The Advantage Plan**



An FCHP Select Care Network Plan

## The Advantage Plan


- Members choose a PCP from their employer group's The Advantage Plan network, which is based on the FCHP Select Care network.
- The provider tiering for The Advantage Plan–Hanover and The Advantage Plan–EMC networks may differ.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Providers are categorized into 1 of 2 tiers. Cost sharing varies by tier.
- Members who receive imaging services in a non-hospital setting pay less out of pocket than those who receive imaging services in a hospital setting.



**John Sample**  
 ID 0000000000000000  
 RX [Y/N] HCO xxx DB [Y/N]

<b>COPAYS</b>	<b>Tier 1/2</b>
PCP office visit	\$ 10/25
Physical exam	\$ 0
Specialist office	\$ 25/40
Emergency room	\$ 150
Same-day surgery	\$ 75/150
Inpatient	\$ 150

Deductibles may apply to certain services at Tier 2 providers.



fallon health & life  
assurance company, inc.

**The Advantage Plan**


**EMC<sup>2</sup>**

An FCHP Select Care Network Plan

**John Sample**  
 ID 0000000000000000  
 RX [Y/N] HCO xxx DB [Y/N]


<b>COPAYS</b>	
PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50

Deductibles may apply to certain services.



fallon  
community  
health plan

**Select Care**



Commonwealth Connector

CVS CAREMARK


## Commonwealth Choice

- Card will specify plan name: *Direct Care* or *Select Care*.
- Commonwealth Choice Direct Care/Select Care members choose a PCP within their network.
- All standard features and programs included.
- Young adult plan for 18- to 26-year-olds (only available through the Health Connector) utilizes the FCHP Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



**John Sample**  
 ID 0000000000000000  
 RX [Y/N] HCO xxx DB [Y/N]

<b>COPAYS</b>	
PCP office visit	\$ 10
Physical exam	\$ 0
Specialist office	\$ 18
Emergency room	\$ 50
Same-day surgery	\$ 50
Inpatient	\$ 50
Prescription	\$ 10/20/40



fallon  
community  
health plan

**Commonwealth Care**

CVS CAREMARK



## FCHP Commonwealth Care

- Members choose a PCP from the FCHP Commonwealth Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Copayments may apply.
- No retroactive member disenrollment.
- Members are **not** eligible for Peace of Mind Program™, Oh Baby! or infertility treatment.



■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.


● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.

<b>John Sample</b>		
ID 0000000000000000		
<b>COPAYS</b>		
PCP office visit	\$	<b>Fallon Senior Plan™ HMO</b>
Physical exam	\$	
Specialist office	\$	
Emergency room	\$	
Same-day surgery	\$	
<b>Part D Rx Y</b>	<b>Bin 004336</b>	
<b>PCN MEDDADV</b>	<b>GRP FCHP</b>	
<b>HCO</b>	<b>Issuer 80840</b>	
<b>DB</b>	<b>CMS H9001 xxx</b>	

## Fallon Senior Plan™ HMO-MAPD

- For individual consumers who are Medicare-eligible.
- Includes Medicare Part D prescription drug coverage (MAPD).
- Members choose a PCP from the Fallon Senior Plan (HMO) network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.




<b>John Sample</b>		
ID 0000000000000000		
<b>COPAYS</b>		
PCP office visit	\$	<b>Fallon Senior Plan™ HMO</b>
Physical exam	\$	
Specialist office	\$	
Emergency room	\$	
Same-day surgery	\$	
<b>Part D Rx N</b>	<b>Issuer 80840</b>	<b>MedicareRx</b> Prescription Drug Coverage X
<b>HCO</b>	<b>DB</b>	
<b>DB</b>	<b>CMS H9001 xxx</b>	

## Fallon Senior Plan™ HMO-MA-only

- For individual consumers who are Medicare-eligible.
- Excludes Medicare Part D prescription drug coverage (MA-only).
- Members choose a PCP from the Fallon Senior Plan (HMO) network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



<b>John Sample</b>		
ID 0000000000000000		
Providing secondary coverage to Medicare		
		<b>Fallon Senior Plan™ Medicare Supplement</b>

## Fallon Senior Plan™ Medicare Supplement

- For individual consumers who are Medicare-eligible.
- Excludes Medicare Part D prescription coverage.
- Members are not required to choose a PCP.
- Members may see any provider they choose who accepts Medicare.
- Referrals and prior plan authorizations are not required.




■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.

John Sample  
ID 00000000000000

**COPAYS**  
PCP office visit \$  
Physical exam \$  
Specialist office \$  
Emergency room \$  
Same-day surgery \$

Part D Rx Y Bin 004336  
PCN MEDDADV GRP FCHP  
HCO Issuer 80840  
DB CMS H9001 803



## Fallon Senior Plan™ Premier HMO–MAPD


- For Medicare-eligibles with retiree coverage through an employer group.
- Includes Medicare Part D prescription drug coverage (MAPD).
- Members choose a PCP from the Fallon Senior Plan (HMO) network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



John Sample  
ID 00000000000000

**COPAYS**  
PCP office visit \$  
Physical exam \$  
Specialist office \$  
Emergency room \$  
Same-day surgery \$  
Prescription \$

Rx Y HCO  
Issuer 80840  
DB CMS H9001 801



## Fallon Senior Plan™ Premier HMO–RDS


- For Medicare-eligibles with retiree coverage through an employer group.
- Includes retiree drug subsidy (RDS) coverage.
- Members choose a PCP from the Fallon Senior Plan (HMO) network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



John Sample  
ID 00000000000000

**COPAYS**  
PCP office visit \$  
Physical exam \$  
Specialist office \$  
Emergency room \$  
Same-day surgery \$

Part D Rx Y Bin 004336  
PCN MEDDADV GRP FCHP  
HCO Issuer 80840  
DB CMS H2411 803



## Fallon Senior Plan™ Premier Preferred PPO–MAPD


- For Medicare-eligibles with retiree coverage through an employer group.
- Includes Medicare Part D prescription drug coverage (MAPD).
- \$0 copayment for routine physical exams in-network.
- Offers in-network and out-of-network benefit levels.
- Referrals are not required.



John Sample  
ID 00000000000000

**COPAYS**  
PCP office visit \$  
Physical exam \$  
Specialist office \$  
Emergency room \$  
Same-day surgery \$  
Prescription \$

Rx Y HCO  
Issuer 80840  
DB CMS H2411 803




## Fallon Senior Plan™ Premier Preferred PPO–RDS

- For Medicare-eligibles with retiree coverage through an employer group.
- Includes retiree drug subsidy (RDS) coverage.
- \$0 copayment for routine physical exams in-network.
- Offers in-network and out-of-network benefit levels.
- Referrals are not required.



■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.


● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.

<p><b>John Sample</b> ID 0000000000000000</p> <p>Providing secondary coverage to Medicare</p> <p>Rx Y/N</p>	 <p>fallon health &amp; life assurance company, inc.</p> <p><b>Fallon Companion Care</b></p> <p>CVS CAREMARK   CAREMARK</p>
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## Fallon Companion Care

- For Medicare-eligibles with retiree coverage through an employer.
- Members are not required to choose a PCP.
- Members may see any provider they choose who accepts Medicare.
- Referrals and prior plan authorizations are not required.



<p><b>John Sample</b> ID 0000000000000000 RX [Y/N] HCO xxx DB [Y/N]</p> <p><b>COPAYS</b></p> <table border="0"> <tr><td>PCP office visit</td><td>\$ 0</td></tr> <tr><td>Physical exam</td><td>\$ 0</td></tr> <tr><td>Specialist office</td><td>\$ 0</td></tr> <tr><td>Emergency room</td><td>\$ 0</td></tr> <tr><td>Same-day surgery</td><td>\$ 0</td></tr> <tr><td>Inpatient</td><td>\$ 0</td></tr> <tr><td>Prescription</td><td>\$ 1 / 3.65 / 3.65</td></tr> </table> <p>MassHealth ID#:</p>	PCP office visit	\$ 0	Physical exam	\$ 0	Specialist office	\$ 0	Emergency room	\$ 0	Same-day surgery	\$ 0	Inpatient	\$ 0	Prescription	\$ 1 / 3.65 / 3.65	 <p><b>MassHealth</b></p> <p>CVS CAREMARK   CAREMARK</p>
PCP office visit	\$ 0														
Physical exam	\$ 0														
Specialist office	\$ 0														
Emergency room	\$ 0														
Same-day surgery	\$ 0														
Inpatient	\$ 0														
Prescription	\$ 1 / 3.65 / 3.65														

## MassHealth

- Members choose a PCP from the FCHP MassHealth network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Members are **not** eligible for Peace of Mind Program™, It Fits! or infertility treatment.



<p><b>John Sample</b> ID 0000000000000000 RX [Y/N] HCO xxx DB [Y/N]</p> <p><b>COPAYS</b></p> <table border="0"> <tr><td>PCP office visit</td><td>\$ 15</td></tr> <tr><td>Physical exam</td><td>\$ 0</td></tr> <tr><td>Specialist office</td><td>\$ 30</td></tr> <tr><td>Emergency room</td><td>\$ 100</td></tr> <tr><td>Same-day surgery</td><td>\$ 250</td></tr> <tr><td>Inpatient</td><td>\$ 250</td></tr> <tr><td>Prescription</td><td>\$ 15/30/50</td></tr> </table> <p>Deductibles may apply to certain services.</p>	PCP office visit	\$ 15	Physical exam	\$ 0	Specialist office	\$ 30	Emergency room	\$ 100	Same-day surgery	\$ 250	Inpatient	\$ 250	Prescription	\$ 15/30/50	 <p><b>Flex Care Select</b></p> <p>CVS CAREMARK   CAREMARK</p>
PCP office visit	\$ 15														
Physical exam	\$ 0														
Specialist office	\$ 30														
Emergency room	\$ 100														
Same-day surgery	\$ 250														
Inpatient	\$ 250														
Prescription	\$ 15/30/50														

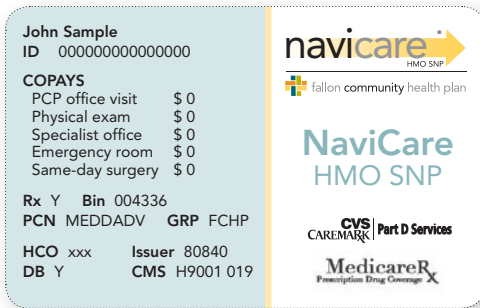
## FCHP Flex Care Select

- Members choose a PCP from the FCHP Select Care network.
- \$0 copayment for routine physical exams in-network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Members may self-refer (no PCP referral required) to out-of-network providers at a reduced benefit level.



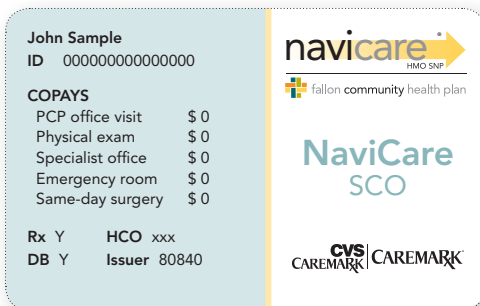
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● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.



## NaviCare<sup>®</sup> HMO SNP

- For Medicare and Medicaid (MassHealth Standard) eligibles.
- Includes all Medicare Parts A, B and D (Rx) benefits as well as Medicaid (MassHealth Standard) benefits.
- Members choose a PCP from the NaviCare SNP network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- No copayments, no coinsurance and no premium.
- Includes a Navigator who serves as the primary contact and guide for NaviCare enrollees. The Navigator ensures ongoing service provision and care coordination, consistent with the member's care plan.
- **Navigator contact number:**  
**1-877-700-6996 (TTY users: 1-877-795-6526).**



## NaviCare<sup>®</sup> SCO

- For Medicaid (MassHealth Standard) eligibles. (May have Medicare, but not required.)
- Includes all Medicare Parts A, B and D (Rx) benefits as well as Medicaid (MassHealth Standard) benefits.
- Members choose a PCP from the NaviCare network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- No copayments, no coinsurance and no premium.
- Includes a Navigator who serves as the primary contact and guide for NaviCare enrollees. The Navigator ensures ongoing service provision and care coordination, consistent with the member's care plan.
- **Navigator contact number:**  
**1-877-700-6996 (TTY users: 1-877-795-6526).**



fchp.org • 1-866-ASK-FCHP

*Program eligibility and benefits may vary by employer, plan and product. For a list of services that require prior authorization, please refer to the provider section of our Web site, fchp.org. See "Managing patient care" in the "Provider Manual" section, then click on "PCP referrals and prior authorization."*

■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.