

fallon community health plan, inc.

direct care

premium saver 1000

benefit summary



fchp direct care

the convenient choice

Fallon Community Health Plan Direct Care is one of the best health care choices you can make today.

With FCHP Direct Care, Fallon Community Health Plan offers you a unique option built around several high-quality provider groups: Acton Medical Associates, Charles River Medical Associates, Fallon Clinic and Southboro Medical Group. You have the convenience of receiving your care close to where you live or work, from a group of primary care physicians (PCPs) and specialists who work together to efficiently coordinate your care.

Of course, your comprehensive medical coverage with FCHP Direct Care includes the freedom to seek care at high-quality community hospitals and medical facilities (see last page for complete list) as well as access to major pharmacy chains such as CVS, Brooks, Wal-Mart, Target and PharmaCare, plus thousands of pharmacies nationwide. And, no matter where you go, you're covered for **worldwide emergency care**.

But beyond "the basics," you can take advantage of benefits you'll find nowhere else!

- **Acute chiropractic care**
- **Preventive dental services** for the whole family
- Our **Peace of Mind Program™**, which lets you receive specialty care at several outstanding Boston medical centers
- Unique wellness programs like **It Fits!** and **Oh Baby!**
- Access to complementary health services, such as massage therapy and acupuncture through **Naturally Well**
- **Discounts** on eyewear and more!

When you choose FCHP Direct Care, you get a unique health plan that offers you high-quality health care, excellent value and convenience.

\$0 copayments help you to better health

Good preventive care is important to maintaining good health. Now, as a Fallon Community Health Plan member, you'll make **no copayments** for office visits with your primary care physician (internist, family practitioner or pediatrician) or gynecologist for routine physical exams. In addition, well-child visits for your dependent children are covered in full to age 19.

This unique feature makes preventive care easier and more affordable. With wellness visits covered in full, there's no reason to put off your yearly physical exam or your family's well-child visits.

FCHP follows the Massachusetts Health Quality Partners recommended guidelines for pediatric and adult wellness visits*. The guidelines can be accessed from our Web site by clicking on "Members," then "My Health Tools," and then "Preventive Health Care Guidelines."

* MHQP refers to these as health maintenance visits.



deductible*\$1,000 individual/\$2,000 family

understanding deductibles and copayments

A deductible is a dollar amount that must be paid before Fallon Community Health Plan starts to pay for certain covered services, such as hospital inpatient or ambulance services. For other covered services, FCHP will start to pay after you pay a copayment.

Your deductible is \$1,000 for each member or \$2,000 for the family, each calendar year. This means that you pay the first \$1,000 each year for certain services, and then FCHP begins to pay for covered services. If a family deductible applies, the deductible is met when any combination of members in a covered family incur expenses for services subject to the deductible up to \$2,000. No individual family member will pay more than the per-member deductible in a calendar year.

A copayment is a specified dollar amount that you must pay for a specific service at the time the service is rendered. For example, preventive services are not subject to the deductible, but they generally have a copayment for each service.

A deductible is not a copayment, and copayments do not count toward your deductible. Please refer to our *Guide to preventive and diagnostic services* on our Web site, www.fchp.org, for examples of when each would apply. For additional help determining which services are subject to the deductible and which services require a copayment, please refer to your *FCHP Direct Care Member Handbook/Evidence of Coverage* and rider, which describe covered services in detail.

office

- Routine physical exams (according to MHQP preventive guidelines)..... \$0
- Office visits (primary care provider or specialist) \$20 per visit
- Routine eye exams (one every 12 months)..... \$20 per visit
- Short-term rehabilitative services: speech therapy (no limit), physical and occupational therapy (up to 20 visits per illness or injury per calendar year) \$20 per visit (after deductible)
- Prenatal care\$20 first visit only
- Postnatal care \$20 per visit
- Lab and other preventive tests..... Covered in full
- Lab, X-ray, EKG and other diagnostic tests..... Covered in full (after deductible)
- Injections Covered in full (after deductible)
- Immunizations..... Covered in full
- Chiropractic care for the treatment of acute musculoskeletal conditions (up to 20 visits per calendar year)..... \$20 per visit
- Outpatient day surgery at hospital or surgical center..... Covered in full (after deductible)
- Outpatient day surgery in physician's office \$20 per visit

prescriptions

tier 1/tier 2/tier 3

- Prescription drugs, including oral contraceptives, insulin and insulin syringes..... \$10/\$25/\$50
(copayments reflect up to a 30-day supply)
- Prescription medication refills obtained through an FCHP Direct Care-affiliated mail-order program..... \$20/\$50/\$100
(copayments reflect up to a 90-day supply)
- Emergency prescription medication at a pharmacy not contracted with FCHP \$10/\$25/\$50
(copayments reflect up to a 14-day supply)

* \$1,000 per member/\$2,000 per family per calendar year for some benefits. There is no lifetime maximum on this FCHP HMO plan option. Copayments do not count toward your deductible.

inpatient hospital services

- Unlimited days for room and board in a semiprivate room (private room when medically necessary)..... Covered in full (after deductible)
- Physicians' and surgeons' services Covered in full (after deductible)
- Physical and respiratory therapy..... Covered in full (after deductible)
- Intensive care services Covered in full (after deductible)
- Maternity care..... Covered in full (after deductible)

emergencies

In the service area

- Emergency room services authorized in advance by a plan physician or when used in a life-threatening situation (Within 48 hours of receiving emergency care, you or someone acting on your behalf should notify the plan.)..... \$100 per visit (waived if admitted)

Out of the service area

- Initial treatment of an unexpected illness or injury anywhere in the world (Within 48 hours of receiving emergency care, you or someone acting on your behalf should notify the plan.)..... \$100 per visit (waived if admitted)

dental benefits and discounts

- **Exams** (one every six months) including cleanings and routine X-rays (bitewing and periapical) \$10 copayment

- **General dentist services**

Members are eligible for the following covered benefit when performed by a general dentist:

- Fillings (minor restorative) Variable copayments

The variable copayments represent 20% of the area's usual and customary fees.

Members are eligible for discounted rates* when the following services are performed by a general dentist:

- Sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures 25% to 50% discount

For details, please see your Fallon Community Health Plan addenda, *Covered Dental Services—Copayments and Discounted Dental Services—Fees*.

- **Specialist services**

Members receive this discount* when services are **performed**

- **by a specialist**, such as a periodontist, endodontist or prosthodontist, rather than a general dentist. The member copayments and discounts listed in our addenda, *Covered Dental Services—Copayments and Discounted Dental Services—Fees*, do not apply. 20% discount

* Discounts based on the area's usual and customary fees.

substance abuse

- Unlimited outpatient visits..... \$20 per visit
- Unlimited days for detoxification in an inpatient setting Covered in full
- Up to 30 days rehabilitation in an inpatient setting Covered in full

mental health

- Unlimited outpatient visits..... \$20 per visit
- Unlimited days in a general or psychiatric hospital Covered in full

skilled nursing

- Skilled care in a semiprivate room up to 100 days per calendar year Covered in full (after deductible)

other health services

- Skilled home health care services (not including meals and housekeeping services)..... Covered in full (after deductible)
- Prosthetic devices and durable medical equipment up to the limit of \$1,500 per calendar year Covered in full (after deductible)
- Medically necessary ambulance services in emergencies or when ordered by a plan physician..... Covered in full (after deductible)

exclusions

- Hearing aids and the evaluation for a hearing aid
- Long-term rehabilitative services; more than 20 visits per illness or injury per calendar year
- 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 Member Handbook/Evidence of Coverage*
- Routine foot care
- Custodial confinement

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.

important information

out-of-pocket maximum

You are responsible for the deductible and copayments up to a maximum of \$2,500 per member/\$5,000 per family each calendar year for all services except prescriptions, chiropractic care, mental and behavioral health services, and dental. Once you reach the maximum for all other services, you will not have to make a copayment for those services for the rest of the calendar year. **For further information, please see your *FCHP Direct Care Member Handbook/Evidence of Coverage*.**

scheduling appointments with your primary care provider (pcp)

To schedule an appointment, call your PCP's office directly.

scheduling appointments with specialists

If your PCP and the specialist you wish to visit are both Fallon Clinic providers, you may call the specialist's office directly to make an appointment. No referral is necessary. However, it's always a good idea to speak with your PCP first on any new health care issue. This helps to ensure that you are seeking care from the appropriate provider and that your overall health care is better coordinated. We encourage you to build a partnership with your PCP and work with him or her to determine the best care for you.

If either your PCP or the specialist you wish to see is not a Fallon Clinic provider, you must call your PCP's office and ask for a referral. Any unauthorized visits to providers will not be covered. 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*.

prescription medication

You are covered for any prescription medication that is listed on Fallon Community Health Plan's drug formulary and that is prescribed by a plan provider for a covered medical condition. You can have your prescription filled at any of the thousands of affiliated retail pharmacies nationwide, in addition to many community pharmacies and the PharmaCare pharmacies located in Fallon Medical Centers. You can fill prescriptions at the following major retail chains: CVS, Brooks, Walgreens, Target, Kmart, Wal-Mart, Shaw's and Stop & Shop.

Our formulary includes only medications that have been selected for safety, efficacy and cost-effectiveness after an extensive review process by our Pharmacy and Therapeutics Committee. Coverage of certain drugs is based on medical necessity. For these drugs, you will need prior authorization from the plan.

FCHP's prescription formulary is broken into three tiers, or levels, with a different copayment for each tier. Generally speaking:

- Tier-1 drugs are primarily generic medications and have the lowest copayment.
- Tier-2 drugs are primarily preferred brand-name medications.
- Tier-3 drugs are generally brand-name medications that have a generic or equally effective counterpart in a lower tier.

You also have the option of ordering up to a 90-day supply of most prescriptions by mail. This particularly benefits members who take long-term medications. You will pay two copayments for Tier-1, Tier-2 or Tier-3 medications, whether you request a 30-, 60- or 90-day supply. To order a 90-day supply, you must ask your physician to write the prescription for a 90-day supply.

peace of mind program™

Fallon Community Health Plan emphasizes affiliations with community hospitals, where our members can receive excellent care close to home. However, when needed, our unique *Peace of Mind Program™* lets members—at no extra cost—get a second opinion and receive specialty care at several renowned Boston medical centers: Massachusetts General Hospital, Brigham and Women's Hospital, New England Medical Center, Children's Hospital and the Dana-Farber Cancer Institute.

Members may only access the Peace of Mind Program™ for specialty care. Primary care, including internal medicine, family practice, pediatrics, and routine obstetrics and gynecology, is not included. The following services also are excluded: psychiatric, substance abuse and chiropractic services.

chiropractic coverage

You are covered for up to 20 visits per calendar year for the treatment of acute musculoskeletal conditions. For treatment to be covered, the condition must be new or an exacerbation of a previous condition. You must call your PCP who will review your case and, if appropriate, authorize your visit to a chiropractor who has contracted with FCHP to provide services to members.

annual eye exams

You are covered for one routine eye examination in each 12-month period. FCHP Direct Care members can receive eye examinations from any optometry provider listed in the *FCHP Direct Care Provider Network* directory. You do not need a referral. Just call the provider of your choice and make an appointment.

eyewear discounts

As an FCHP member, you are eligible to receive discounts from contracted service providers who participate in our eyewear discount program. When you use one of these contracted service providers, you will receive a 25% discount on your first purchase of frames and lenses, a 35% discount on additional frames and lenses if purchased at the same time as the initial pair, a 25% discount on non-prescription sunglasses, and a 10% discount on complete contact lens packages (including fittings). For a list of participating service providers, please visit our Web site at www.fchp.org.

it fits!

What's your picture of health? A daily workout at the local health club? Some tips on healthy eating? Maybe playing in a weekend soccer league? *It Fits!* lets you decide what fits best with your, or your family's, lifestyle. Eligible FCHP members can get reimbursed up to \$300 per family contract (\$150 per individual contract) for participating in a variety of healthy activities: membership at local fitness centers, aerobics, Pilates and yoga classes (by a certified instructor), Weight Watchers® programs, and local town and school sports programs for all ages (when they include an aerobic and instructional component).

oh baby!

FCHP's *Oh Baby!* is a health and wellness program that gives parents the information and resources they need to help take care of the "little things" in life. Participants will receive prenatal vitamins, a book on caring for their child, and a convertible car seat, plus a few little extras—all at no additional cost!

naturally well

Our *Naturally Well* program offers discounts on acupuncture, chiropractic care (in addition to any chiropractic benefit your plan may have) and massage therapy from the American Specialty Health Networks (ASHN), Inc., credentialed network of qualified providers. Health and wellness products also are available at a reduced rate through Healthyroads, an affiliate of ASHN.

healthwise® knowledgebase

Questions about your health? Get the answers you need—anytime you need them—from the Healthwise® Knowledgebase on www.fchp.org. This comprehensive online resource helps you look up various illnesses and conditions, understand them, get suggestions for home treatment, and find out when to call a health professional.

nurse connect

FCHP has joined with Health Dialog® to give our members access to registered nurses and other health care professionals who serve as health coaches. This phone and online service is available 24 hours a day, seven days a week at no additional cost. You can reach a Nurse Connect health coach by calling 800-609-6175 (TDD/TTY: 800-848-0160).

assessing new technologies and drugs

New technologies are those procedures or devices that have recently been developed for the treatment of specific diseases or conditions, or are new applications of existing procedures or devices.

Fallon Community Health Plan has a process for evaluating the status of new medical technologies and devices through our Technology Assessment Committee, which includes physicians from the relevant field. The committee performs literature reviews and makes use of research organizations. It also considers all pertinent policies from state and federal regulatory agencies regarding any mandates for coverage of specific procedures. The committee then recommends health plan coverage for those new procedures that can offer improved outcomes to our members without substantially increasing the risks of treatment.

We have a separate but similar process for evaluation of new drugs, with reviews performed by our Pharmacy and Therapeutics Committee.

managing your care

Utilization (or case) management is an important component of promoting wellness. Fallon Community Health Plan's case management program reviews and evaluates the health care that members receive to make sure their care is coordinated—that they receive the right care at the right time and place.

Using national, evidence-based criteria, our case managers, physician reviewers and specialists evaluate services through the processes of preauthorization and concurrent and retrospective review. In this way we can provide members (and their families) with the care management they need to get through major acute and chronic health problems.

Preauthorization allows the health plan to assess certain proposed services before it approves them to determine that they are both medically necessary and planned for the appropriate setting. Concurrent reviews determine the appropriateness of services as they are being rendered and help us to plan for a member's safe discharge from a care facility. We also may do retrospective reviews on a case-by-case basis to determine the appropriateness of services after they have been provided. Members may obtain information about the status or outcome of a utilization review decision by calling 800-868-5200, ext. 69138 (TDD/TTY: 877-608-7677).

confidentiality of health information

There are federal and state laws that protect the privacy of your personal health information. We keep your personal health information private as protected under these laws—including oral, written and electronic information, across the organization.

We make sure that unauthorized people do not see or change your records. However, we may share your personal health information with your plan sponsor, if it is needed to manage your plan. We may also share with or allow certain changes to be made by another adult on your policy involved in your care or payment for that care, unless you tell us, in writing, otherwise. Any measurement data we use for quality improvement activity does not include any member-specific information. You have the right to review and get a copy of certain personal health information. (There may be a fee for photocopies.)

For more details, please request a copy of our *Notice of Privacy Practices* by calling our Customer Service Department at 800-868-5200 (TDD/TTY: 877-608-7677), Monday through Friday, 8 a.m. to 6 p.m.

questions?

If you have any questions, please contact Fallon Community Health Plan Customer Service at 800-868-5200 (TDD/TTY: 877-608-7677) or visit our Web site at www.fchp.org.

Benefit may vary by employer group.
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