

Summary of Benefits
Fallon Senior Plan Premier
January 1, 2009 to December 31, 2009

Introduction to the Summary of Benefits for Fallon Senior Plan Premier

January 1, 2009 - December 31, 2009

Thank you for your interest in Fallon Senior Plan Premier. Our plans are offered by FALLON COMMUNITY HEALTH PLAN, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of our benefits, please call Fallon Community Health Plan and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Other options are Medicare health plans, like Fallon Senior Plan Premier. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. Please call your employer group benefits administrator for more information about when you may join or leave Fallon Senior Plan Premier.

HOW CAN I COMPARE MY OPTIONS?

You can compare Fallon Senior Plan Premier and the Original Medicare Plan using this Summary of Benefits and our *Original Medicare 2009* booklet. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what would be covered by Original Medicare only in our *Original Medicare 2009* booklet.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year. If you do not have a copy of our *Original Medicare 2009* booklet please call Fallon Community Health Plan and ask for a copy.

WHERE IS FALLON SENIOR PLAN PREMIER AVAILABLE?

The service area for this plan includes the following counties: Hampden County, Worcester County and portions of Franklin, Hampshire, Middlesex and Norfolk counties. It also includes some cities and towns bordering these counties, both in and outside of Massachusetts. For a complete listing of towns in the service area, please refer to the back of this book. You must live in one of these areas to join these plans. If you change your permanent residence to a location outside of the service area, Medicare or Fallon Community Health Plan may disenroll you.

WHO IS ELIGIBLE TO JOIN FALLON SENIOR PLAN PREMIER?

If you are a member of an employer/union group, you can join Fallon Senior Plan Premier if you are entitled to Medicare Part A and enrolled in Medicare Part B, and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Fallon Senior Plan Premier, unless they are already members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Fallon Senior Plan Premier has a contracted network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current provider directory, or for an up-to-date list visit us at <http://fchp.org/FindPhysician>. Our Customer Service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN THE NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Fallon Senior Plan nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Fallon Senior Plan Premier covers both Medicare Part B and Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Fallon Senior Plan Premier has a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://fchp.org/Extranet/Seniors/PharmacyFinder>. Our Customer Service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Fallon Senior Plan Premier uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.fchp.org/Extranet/Seniors/Formulary>. When you search the online formulary, you will need to select 'group,' and then select 'Fallon Senior Plan Premier – Group 1' from the drop-down menu.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Fallon Senior Plan Premier, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Fallon Senior Plan Premier, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact Fallon Senior Plan for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Fallon Senior Plan for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
 - Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
 - Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
 - Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
 - Injectable Drugs: Most injectable drugs administered incident to a physician's service.
 - Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
 - Some Oral Cancer Drugs: If the same drug is available in injectable form
 - Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and infusion drugs provided through DME.

Please call Fallon Community Health Plan for more information about this plan, or visit us online at fchp.org.

Prospective members should call toll-free 1-800-333-2535, ext. 69411, Monday through Friday from 8:30 a.m. to 5:00 p.m., or 1-888-377-1980 (TDD/TTY: 1-877-608-7677), seven days a week from 8 a.m. to 8 p.m.

Current members should call toll-free 1-800-868-5200 (TDD/TTY: 1-877-608-7677), seven days a week from 8 a.m. to 8 p.m.

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about these benefits or costs, please contact
Fallon Community Health Plan Customer Service.

Benefit Category	Fallon Senior Plan Premier
IMPORTANT INFORMATION	
1 Premium and Other Important Information	<p>If you pay a premium to your employer group, please contact your benefits administrator for 2009 premium information. You must continue to pay your monthly Medicare Part B premium of \$96.40 each month.</p> <p>\$3,350 in-network out-of-pocket limit for Medicare-covered services.</p>
2 Doctor and Hospital Choice (For more information, see Emergency – #15 and Urgently Needed Care – #16.)	<p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>This plan covers you when you travel in the U.S. for certain services.</p> <p>See page 11 for more information about Doctor and Hospital Choice.</p>
INPATIENT CARE	
3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	<p>\$0 copay for each hospital stay</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Inpatient rehabilitation care is covered for 100 days per benefit period.</p>
4 Inpatient Mental Health Care	<p>\$0 copay for each hospital stay</p> <p>You are covered up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>You are covered for an unlimited number of days in a general hospital when authorized by a contracting psychiatrist and the plan.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
5 Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>\$0 copay for each skilled nursing facility stay</p> <p>Plan covers up to 100 days each benefit period.</p> <p>Authorization rules may apply.</p> <p>No prior hospital stay is required.</p>
6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<p>\$0 copay for Medicare-covered home health visits.</p> <p>Authorization rules may apply.</p>
7 Hospice	<p>You must get care from a Medicare-certified hospice.</p>

If you have any questions about these benefits or costs, please contact
Fallon Community Health Plan Customer Service.

Benefit Category	Fallon Senior Plan Premier
OUTPATIENT CARE	
8 Doctor Office Visits	\$15 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each specialist visit for Medicare-covered benefits. See "Physical Exams," for more information. Authorization rules may apply.
9 Chiropractic Services	\$15 copay for Medicare-covered chiropractic visits for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. Authorization rules may apply.
10 Podiatry Services	\$15 copay for each Medicare-covered visit for medically-necessary foot care. Authorization rules may apply.
11 Outpatient Mental Health Care	\$15 copay for each Medicare-covered individual or group therapy visit. \$25 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.
12 Outpatient Substance Abuse Care	\$15 copay for Medicare-covered individual or group visits.
13 Outpatient Services/Surgery	\$0 copay for each Medicare-covered procedure in an ambulatory surgical center or outpatient hospital facility. Authorization rules may apply.
14 Ambulance Services (medically necessary ambulance services)	\$0 copay for Medicare-covered ambulance benefits. Authorization rules may apply.
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	\$50 copay for Medicare-covered emergency room visits. \$50 copay for an observation room stay and the emergency copay is waived. Worldwide coverage. If you are admitted to the hospital within 72-hours for the same condition, you pay \$0 for the emergency room visit.
16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	\$15 copay for Medicare-covered urgently needed care visits.

If you have any questions about these benefits or costs, please contact
Fallon Community Health Plan Customer Service.

Benefit Category	Fallon Senior Plan Premier
17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	\$15 copay for Medicare-covered Occupational Therapy visits. \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. Authorization rules may apply.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES	
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	\$0 copay for Medicare-covered items. Authorization rules may apply.
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	\$0 copay for Medicare-covered items. Authorization rules may apply.
20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	\$0 copay for Diabetes self-monitoring training and supplies. \$15 copay for Nutrition Therapy for Diabetes. Authorization rules may apply.
21 Diagnostic Tests, X-Rays, and Lab Services	\$0 copay for Medicare-covered: <ul style="list-style-type: none"> - lab services - diagnostic procedures and tests - X-rays - diagnostic radiology services (not including X-rays) - therapeutic radiology services Authorization rules may apply.
PREVENTIVE SERVICES	
22 Bone Mass Measurement (for people with Medicare who are at risk)	\$0 copay for Medicare-covered bone mass measurement.
23 Colorectal Screening Exams (for people with Medicare age 50 and older)	\$0 copay for Medicare-covered colorectal screenings.
24 Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu, Pneumonia, and Hepatitis B vaccines. No referral needed for Flu and pneumonia vaccines. Authorization rules may apply.

If you have any questions about these benefits or costs, please contact
Fallon Community Health Plan Customer Service.

Benefit Category	Fallon Senior Plan Premier
25 Mammograms (Annual Screening for women with Medicare age 40 and older)	\$0 copay for Medicare-covered screening mammograms.
26 Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Medicare-covered pap smears and pelvic exams and up to 1 additional pap smear and pelvic exam every year.
27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	\$0 copay for Medicare-covered prostate cancer screening.
28 End-Stage Renal Disease	\$0 copay for renal dialysis. \$15 copay for Nutrition Therapy for End-Stage Renal Disease.
29 Prescription Drugs	<p><u>Drugs covered under Medicare Part B</u></p> <p>\$7 to \$45 copay for Part B-covered drugs including Part B-covered chemotherapy drugs.</p> <p><u>Drugs Covered under Medicare Part D</u></p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Retail Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$7 copay for a 30-day supply - \$14 copay for a 60-day supply - \$21 copay for a 90-day supply <p>Tier 2</p> <ul style="list-style-type: none"> - \$25 copay for a 30-day supply - \$50 copay for a 60-day supply - \$75 copay for a 90-day supply <p>Tier 3</p> <ul style="list-style-type: none"> - \$45 copay for a 30-day supply - \$90 copay for a 60-day supply - \$135 copay for a 90-day supply <p>Long Term Care Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$7 copay for a 31-day supply <p>Tier 2</p> <ul style="list-style-type: none"> - \$25 copay for a 31-day supply <p>Tier 3</p> <ul style="list-style-type: none"> - \$45 copay for a 31-day supply

If you have any questions about these benefits or costs, please contact
Fallon Community Health Plan Customer Service.

Benefit Category	Fallon Senior Plan Premier
	<p>Mail Order</p> <p>Tier 1</p> <ul style="list-style-type: none">- \$7 copay for a 30-day supply- \$14 copay for a 60-day supply- \$14 copay for a 90-day supply <p>Tier 2</p> <ul style="list-style-type: none">- \$25 copay for a 30-day supply- \$50 copay for a 60-day supply- \$50 copay for a 90-day supply <p>Tier 3</p> <ul style="list-style-type: none">- \$45 copay for a 30-day supply- \$90 copay for a 60-day supply- \$90 copay for a 90-day supply <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or 5% coinsurance.</p> <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Fallon Senior Plan.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or 5% coinsurance.</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary online at http://fchp.org/Extranet/Seniors/Formulary. When you search the online formulary, you will need to select 'group,' and then select 'Fallon Senior Plan Premier – Group 1' from the drop-down menu.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none">-have limited incomes,-live in long term care facilities, or-have access to Indian/Tribal/Urban (Indian Health Service).

If you have any questions about these benefits or costs, please contact
Fallon Community Health Plan Customer Service.

Benefit Category	Fallon Senior Plan Premier
	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fallon Community Health Plan for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>See pages 11-12 for more information about Prescription Drugs.</p>
<p>30 Dental Services</p>	<p>\$10 to \$25 copay for Medicare-covered dental benefits.</p> <p>\$10 copay for an office visit that includes: - up to 1 oral exam, cleaning, fluoride treatment, and dental X-rays every six months</p> <p>Fillings are covered with copayments ranging from \$19 to \$51.</p> <p>No referral is necessary for network providers. Limited minor restorative services are covered. Call Fallon Community Health Plan for more details.</p>
<p>31 Hearing Services</p>	<p>\$15 to \$25 copay for Medicare-covered diagnostic hearing exams.</p> <p>You are covered for up to \$500 towards hearing aid purchase every 36 months.</p>
<p>32 Vision Services</p>	<p>\$15 to \$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$15 to \$25 copay for up to 1 routine eye exam every 24 months.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>You are covered for up to \$150 towards the purchase of eyewear every 24 months.</p>

If you have any questions about these benefits or costs, please contact
Fallon Community Health Plan Customer Service.

Benefit Category	Fallon Senior Plan Premier
33 Physical Exams	<p>\$15 copay for unlimited routine exams. \$15 copay for Medicare-covered benefits</p>
Health/Wellness Education	<p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline - Other Wellness Benefits <p>\$0 or \$15 copays may apply for these benefits. \$0 copay for each Medicare-covered smoking cessation counseling session. See pages 12-13 for more information about Health/Wellness Education.</p>
Transportation (Routine)	This plan does not cover routine transportation.
Acupuncture	This plan does not cover Acupuncture.

Doctor and Hospital Choice

There is unlimited coverage, and there are no referrals or authorizations required for certain services received from a provider that accepts Medicare when you are traveling in any State within the continental U.S. (including Hawaii and Alaska) except: Connecticut, District of Columbia, Delaware, Maine, Massachusetts, Maryland, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.

Doctor Office Visits are covered excluding preventive services (refer to the *Evidence of Coverage* for list), and the following:

- Chiropractic Services
- Outpatient Mental Health Care
- Outpatient Substance Abuse Care
- Outpatient Rehabilitation Services
- Routine Vision and Hearing Services

Diagnostic Tests, X-Rays, and Lab Services are covered for routine services. This excludes the following services:

- Diagnostic radiological services for nuclear studies, CAT scans, PET scans, and MRIs
- Therapeutic radiological services

All services, except emergency or urgently needed care, or out-of-area dialysis services, must be given or arranged by a network provider.

Prescription Drugs

You must receive your Medicare Part D prescription drug benefits through this plan. Please note that if you join another Medicare plan with Medicare Part D prescription drug coverage, you will be automatically disenrolled from this plan.

This plan covers drugs which are drugs not normally covered under Medicare Part D, such as benzodiazepine and barbiturate therapeutic category drugs. You pay copayments for these prescription drugs for the entire 2009 calendar year. Also, because these drugs are not normally covered by Medicare Part D, the amounts you pay when you fill a prescription for these drugs do not count toward your total drug costs. This means that the amount you pay does not help you qualify for catastrophic coverage. In addition, if you are receiving extra help from Medicare to pay for your prescriptions, you will not get any extra help from Medicare to pay for these drugs.

The prescription copayments are based on a three-tiered copayment structure. The drugs listed in the three tiers make up the formulary. The copayments are listed below for prescription drugs that you receive at an in-network pharmacy or by mail-order. For mail-order, please call our mail-order service at 1-800-978-3434.

Tier description	Retail (up to 30-day supply)	Retail (up to 60-day supply)	Retail (up to 90-day supply)
Tier 1: Preferred generic drugs	\$7	\$14	\$21
Tier 2: Non-preferred generic and preferred brand drugs	\$25	\$50	\$75
Tier 3: Non-preferred brand drugs	\$45	\$90	\$135

Tier description	Mail-order (up to 30-day supply)	Mail-order (up to 60-day supply)	Mail-order (up to 90-day supply)
Tier 1: Preferred generic drugs	\$7	\$14	\$14
Tier 2: Non-preferred generic and preferred brand drugs	\$25	\$50	\$50
Tier 3: Non-preferred brand drugs	\$45	\$90	\$90

In general, you may only receive covered prescription drugs at network pharmacies. Fallon Senior Plan’s pharmacy network includes retail, mail order, long term care, Indian health service/tribal/urban Indian health program, and Home Infusion pharmacies.

Please note, if you have limited income and resources and are receiving extra help from Medicare to pay for prescription drug costs, or you live in a long-term care facility, you may have different out-of-pocket drug costs. Also remember that prescription drug prices may change daily. Prescription drugs are generally dispensed for up to a 30-day supply. In some instances, the plan has established dispensing limitations. Contact the plan for details.

If you have a question about your Medicare Part D year-to-date prescription drug spending balance, you may call our Customer Service Department seven days a week from 8 a.m. to 8 p.m. at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), and a Customer Service Department research representative will research your inquiry and provide the information you need. You may also contact Customer Service for a list of in-network pharmacies.

Extra Help Available

If you enroll in a Medicare prescription drug plan, you may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, seven days a week
- The Massachusetts Medicaid office at 1-800-841-2900 (TTY: 1-800-497-4648)
- The Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778), Monday through Friday from 7 a.m. to 7 p.m.

Health/Wellness Education

Newsletter

Fallon Community Health Plan’s quarterly member magazine, *Healthy Communities*, is filled with information to help keep you well.

Nutritional Training

Depending on the type of class and its location, you may pay a fee. You must receive services from network providers. Contact Fallon Community Health Plan for complete class listings.

Additional Smoking Cessation

Our tobacco treatment program, Quit to Win, offers support meetings, where we’ll help you develop a stop-smoking plan that’s right for you. In addition, as a Fallon Senior Plan member, you may receive nicotine patches or gum at a reduced price, or even at no cost.

Health Club Membership/Fitness Classes

SilverSneakers® Fitness Program

As a member of Fallon Senior Plan, you can participate in the SilverSneakers Fitness Program. This is a health and fitness program that provides a basic membership to contracted fitness facilities in Massachusetts and across the nation, allowing members use of amenities such as cardiovascular, strength and exercise equipment, and fitness classes (available amenities may vary slightly from

facility to facility). You do not have a copayment, coinsurance or deductible for this program. Participation in the SilverSneakers Fitness Program is dependent upon the results of the Activity Readiness Assessment and, if necessary, a subsequent evaluation by your physician. *SilverSneakers is a registered trademark of Healthways.*

Weight Watchers®

We are pleased to offer our members one 12-consecutive-week Weight Watchers membership each calendar year at no additional cost beyond your monthly plan premium. Fallon Community Health Plan will pay the registration fee and the weekly fee for one 12-week series—a savings of up to \$175 per year.

Weight Watchers is a registered trademark of Weight Watchers International, Inc.

Nursing Hotline

Nurse Connect

We 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 1-800-609-6175 (TDD/TTY: 1-800-848-0160).

Getting Care from Your PCP

Your primary care provider (PCP) will provide most of your care and will help arrange or coordinate the rest of the covered services that you get as a plan member. This includes your X-rays, laboratory tests, therapies and care from providers who are specialists. It is very important to get a referral from your PCP before you see a plan specialist. There are a few exceptions that can be found in your *Evidence of Coverage*. If you don't have a referral before you receive services from a specialist, you may have to pay for these services yourself.

Limitations and Exclusions

The benefits listed in this Summary of Benefits may be subject to limitations and exclusions. When you become a member of Fallon Senior Plan Premier, you will receive an *Evidence of Coverage* that includes all limitations and exclusions. If you have any questions about limitations and exclusions, please call Customer Service.

Our Contract with CMS

Fallon Community Health Plan has a contract with the Centers for Medicare & Medicaid Services (CMS), the government agency that runs Medicare. This contract renews each year. At the end of each year, the contract is reviewed, and either Fallon Community Health Plan or CMS can decide to end it. You will get 90 days advance notice in this situation. It is also possible for our contract to end at some other time during the year, too. In these situations we will try to tell you 90 days in advance, but your advance notice may be as little as 30 or fewer days if CMS must end our contract in the middle of the year. If we leave the Medicare program or change our service area so that it no longer includes the area where you live, we will tell you in writing. If this happens, your membership in Fallon Senior Plan will end, and you will have to change to another way of getting your Medicare benefits.

Questions? Just Call!

We'll be happy to answer your questions about your coverage under Fallon Senior Plan Premier for the year 2009. We invite **current members** to call 1-800-868-5200 (TDD/TTY: 1-877-608-7677) for questions related to the Medicare Advantage program. Customer Representatives are available seven days a week from 8 a.m. to 8 p.m.

Prospective members should call toll-free 1-800-333-2535, ext. 69411, Monday through Friday from 8:30 a.m. to 5:00 p.m., or 1-888-377-1980 (TDD/TTY: 1-877-608-7677), seven days a week from 8 a.m. to 8 p.m.

You can also contact our Customer Service Department through our Web site at fchp.org on the Web. Fallon Community Health Plan is located at 10 Chestnut St., Worcester, Mass. 01608.

ZIP code list

Massachusetts

Essex County*

Town	ZIP
Andover	01810
Andover	01812
Andover	01899
Andover	05501
Andover	05544
Haverhill	01830
Haverhill	01831
Haverhill	01832
Haverhill	01835
Lawrence	01840
Lawrence	01841
Lawrence	01842
Lawrence	01843
Methuen	01844

Franklin County*

Town	ZIP
Erving	01344
New Salem	01355
Northfield	01360
North New Salem	01364
Orange	01364
Warwick	01378
Wendell	01379
Wendell Depot	01380

Hampden County**

Town	ZIP
Agawam	01001
Blandford	01008
Bondsville	01009
Brimfield	01010
Chester	01011
Chicopee	01013
Chicopee	01014
Chicopee	01020
Chicopee	01021
Chicopee	01022
East Longmeadow	01028
Feeding Hills	01030
Granville	01034
Hampden	01036
Holland	01521
Holyoke	01040
Holyoke	01041
Indian Orchard	01151
Longmeadow	01106
Longmeadow	01116
Ludlow	01056
Montgomery	01085
Monson	01057
Palmer	01069

Hampden County**

(continued)

Russell	01071
Southwick	01077
Springfield	01101
Springfield	01101
Springfield	01102
Springfield	01103
Springfield	01104
Springfield	01105
Springfield	01107
Springfield	01108
Springfield	01109
Springfield	01111
Springfield	01114
Springfield	01115
Springfield	01118
Springfield	01119
Springfield	01128
Springfield	01129
Springfield	01133
Springfield	01138
Springfield	01139
Springfield	01144
Springfield	01152
Springfield	01195
Springfield	01199
Thorndike	01079
Three Rivers	01080
Tolland	01034
Wales	01081
West Springfield	01089
West Springfield	01090
Westfield	01085
Westfield	01086
Wilbraham	01095
Woronoco	01097

Hampshire County*

Town	ZIP
Belchertown	01007
Easthampton	01027
Granby	01033
Huntington	01050
South Hadley	01075
Southampton	01073
Ware	01082
West Hatfield	01088

Middlesex County*

Town	ZIP
Acton	01720
Ashby	01431
Ashland	01721
Ayer	01432
Ayer	01434
Bedford	01730
Billerica	01821
Billerica	01822
Boxborough	01719
Burlington	01803
Burlington	01805
Carlisle	01741
Chelmsford	01824
Concord	01742
Dracut	01826
Dunstable	01827
Framingham	01701
Framingham	01702
Framingham	01703
Framingham	01704
Framingham	01705
Groton	01450
Groton	01470
Groton	01471
Hanscom AFB	01731
Holliston	01746
Hopkinton	01748
Hudson	01749
Littleton	01460
Lowell	01850
Lowell	01851
Lowell	01852
Lowell	01853
Lowell	01854
Marlborough	01752
Maynard	01754
Natick	01760
North Billerica	01862
North Chelmsford	01863
Nutting Lake	01865
Pepperell	01463
Pinehurst	01866
Sherborn	01770
Shirley	01464
Shirley Center	01464
Stow	01775
Sudbury	01776
Tewksbury	01876
Townsend	01469
Tyngsboro	01879
Village of Nagog Woods	01718

ZIP code list

Middlesex County* (continued)

Town	ZIP
Wayland	01778
West Groton	01472
West Townsend	01474
Westford	01886
Wilmington	01887
Woodville	01784

Norfolk County*

Town	ZIP
Bellingham	02019
Franklin	02038
Medway	02053
Millis	02054
Norfolk	02056
Sheldonville	02070
Wrentham	02093

Worcester County**

Town	ZIP
Ashburnham	01430
Athol	01331
Auburn	01501
Baldwinville	01436
Barre	01005
Berlin	01503
Blackstone	01504
Bolton	01740
Boylston	01505
Brookfield	01506
Charlton	01507
Charlton City	01508
Charlton Depot	01509
Cherry Valley	01611
Clinton	01510
Douglas	01516
Dudley	01571
East Brookfield	01515
East Princeton	01517
East Templeton	01438
Fayville	01745
Fiskdale	01518
Fitchburg	01420
Gardner	01440
Gardner	01441
Gilbertville	01031
Grafton	01519
Hardwick	01037
Harvard	01451
Holden	01520
Hopedale	01747
Hubbardston	01452
Jefferson	01522

Worcester County** (continued)

Lancaster	01523
Leicester	01524
Leominster	01453
Linwood	01525
Lunenburg	01462
Manchaug	01526
Mendon	01756
Milford	01757
Millbury	01527
Millville	01529
Morningdale	01505
New Braintree	01531
North Brookfield	01535
North Grafton	01536
North Oxford	01537
North Uxbridge	01538
Northborough	01532
Northbridge	01534
Oakdale	01539
Oakham	01068
Oxford	01540
Paxton	01612
Petersham	01366
Phillipston	01331
Princeton	01541
Rochdale	01542
Royalston	01331
Royalston	01368
Rutland	01543
Shrewsbury	01545
Shrewsbury	01546
South Barre	01074
South Grafton	01560
South Lancaster	01561
Southborough	01772
Southbridge	01550
Spencer	01562
Sterling	01564
Sterling Junction	01564
Still River	01467
Sturbridge	01566
Sutton	01590
Templeton	01468
Upton	01568
Uxbridge	01569
Warren	01083
Webster	01570
West Boylston	01583
West Brookfield	01585
West Millbury	01586
West Upton	01568
West Warren	01092
Westborough	01580

Worcester County** (continued)

Westborough	01581
Westborough	01582
Westminster	01473
Wheelwright	01094
Whitinsville	01588
Wilkinsonville	01590
Winchendon	01475
Winchendon	
Springs	01477
Worcester	01601
Worcester	01602
Worcester	01603
Worcester	01604
Worcester	01605
Worcester	01606
Worcester	01607
Worcester	01608
Worcester	01609
Worcester	01610
Worcester	01613
Worcester	01614
Worcester	01615
Worcester	01653
Worcester	01654
Worcester	01655

ZIP code list

Connecticut

Hartford County*

Town	ZIP
Enfield	06082
Enfield	06083
Granby	06035
Suffield	06078
Suffield	06080

Tolland County*

Town	ZIP
Somers	06071
Stafford	06075
Stafford Springs	06076

Windham County*

Town	ZIP
Union	06076
Thompson	06277
Woodstock	06281

New Hampshire

Cheshire County*

Town	ZIP
Fitzwilliam	03447
Rindge	03461

Hillsborough County*

Town	ZIP
Hudson	03051
Nashua	03060
Nashua	03061
Nashua	03062
Nashua	03063
Nashua	03064
Pelham	03076

Rockingham County*

Town	ZIP
Salem	03079
Windham	03087

Rhode Island

Providence County*

Town	ZIP
Cumberland	02864
Glendale	02826
Harrisville	02830
Mapleville	02839
North Smithfield	02896
Oakland	02858
Woonsocket	02895

* Partial County

** Full County



fchp.org