



# Fallon Preferred Care Premium Saver 2000/500

## Benefit Summary

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### Fallon Preferred Care network

Fallon Preferred Care is an extensive national and regional network comprised of hundreds of thousands of providers that gives our members the flexibility to receive care close to where they live and work.

### The FCHP difference

With Fallon Preferred Care Premium Saver 2000/500, you get everything you need to live a healthy life. This plan features comprehensive medical benefits for lower monthly premiums and slightly higher out-of-pocket expenses compared to our other plans. Your monthly premiums are reduced further through the use of an annual deductible for certain services and a copayment for hospital admissions. In addition, you get:

- **\$0 copayments for routine physical exams** 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.
- **A fitness reimbursement of up to \$400** for families (\$200 for individual contracts) for healthy activities including town and school sports, Weight Watchers®, gym memberships, yoga and Pilates.
- **Member discounts** on products and services to keep you healthy and features you won't find anywhere else.

### How to receive care

#### In-network and out-of-network coverage

Fallon Preferred Care is a preferred provider organization (PPO) plan, and as such, we contract with a network of participating providers who have agreed to provide health care services to our members—your use of participating providers is strictly voluntary.

When you obtain covered services from participating providers, you will receive the in-network level of benefits. We pay participating providers directly; you will not have to file claims when you use participating providers. When you obtain covered services from nonparticipating providers, you get the out-of-network level of benefits. You may need to submit a claim for covered services you receive from nonparticipating providers. For information on claims submission, refer to your Fallon Preferred 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 Fallon Preferred Care *Member Handbook/Evidence of Coverage*.

*Benefit may vary by employer group.  
Weight Watchers® is a registered trademark of Weight Watchers International, Inc.*

*Fallon Health & Life Assurance Company, Inc., is a wholly owned subsidiary of Fallon Community Health Plan.*

<b>Plan specifics</b>	<b>Your cost in-network</b>	<b>Your cost out-of-network (after your deductible)</b>
Calendar year deductible		\$2,000 individual \$4,000 family
Calendar year out-of-pocket maximum		\$5,000 individual \$10,000 family
Coinsurance	n/a	20%
Penalty for failure to follow medical management procedures*	\$200 per occurrence	\$500 per occurrence

<b>Benefits</b>	<b>Your cost in-network</b>	<b>Your cost out-of-network (after your deductible)</b>
<b>Office</b>		
Routine physical exams	\$0	20% coinsurance
Office visits (primary care provider)	\$25 per visit	20% coinsurance
Office visits (specialist)	\$40 per visit	20% coinsurance
Office visits (limited service clinics, e.g., Minute Clinic)	\$25 per visit	20% coinsurance
Routine eye exams (one every 12 months)	\$25 per visit	20% coinsurance
Short-term rehabilitative services (60 visits per calendar year)	\$25 per visit after deductible	20% coinsurance
Prenatal care	\$25 first visit only	20% coinsurance
Postnatal care	\$25 per visit	20% coinsurance
Preventive services	Covered in full	20% coinsurance
Diagnostic services	Covered in full after deductible	20% coinsurance
Imaging (CAT, PET, MRI)	Covered in full after deductible	20% coinsurance
Manual manipulation of the spine (\$500 benefit per calendar year)	\$25 per visit	20% coinsurance
<b>Prescriptions</b>		
	<b>Tier 1/Tier 2/Tier 3</b>	
Prescription drugs, including oral contraceptives, insulin and insulin syringes	\$15/\$50/\$100 (30-day supply)	20% coinsurance
Prescription medication refills obtained through the mail order program	\$30/\$100/\$200 (90-day supply)	20% coinsurance
<b>Inpatient hospital services</b>		
Room and board in a semiprivate room (private when medically necessary)	\$500 copayment after deductible	20% coinsurance
Physicians' and surgeons' services	Covered in full after deductible	20% coinsurance
Physical and respiratory therapy	Covered in full after deductible	20% coinsurance
Intensive care services	Covered in full after deductible	20% coinsurance
Maternity care	Covered in full after deductible	20% coinsurance

\* Some services require plan notification or preauthorization. A penalty will be applied for failure to follow the plan's medical management procedures. The penalty does not apply toward the deductible or out-of-pocket maximum.

<b>Benefits</b>	<b>Your cost in-network</b>	<b>Your cost out-of-network (after your deductible)</b>
<b>Same-day surgery</b>		
Same-day surgery in a hospital outpatient or ambulatory care setting	\$250 copayment after deductible	20% coinsurance
<b>Emergencies</b>		
Emergency room visit	\$200 per visit (waived if admitted)	
<b>Skilled nursing</b>		
Skilled care in a semiprivate room	\$500 copayment after deductible	20% coinsurance
<b>Substance abuse</b>		
Office visits	\$25 per visit	20% coinsurance
Detoxification in an inpatient setting	\$500 copayment after deductible	20% coinsurance
Rehabilitation in an inpatient setting	\$500 copayment after deductible	20% coinsurance
<b>Mental health</b>		
Office visits	\$25 per visit	20% coinsurance
Services in a general or psychiatric hospital	\$500 copayment after deductible	20% coinsurance
<b>Other health services</b>		
Skilled home health care services	Covered in full after deductible	20% coinsurance
Durable medical equipment (\$1,500 per calendar year)	Covered in full after deductible	20% coinsurance
Medically necessary ambulance services	Covered in full after deductible	20% coinsurance
<b>Value-added benefits and features</b>		
It Fits!, an annual fitness reimbursement (including school and town sports programs, gym memberships, Weight Watchers®, aerobics, Pilates and yoga classes)	\$200 individual \$400 family	
Oh Baby!, a program that provides prenatal vitamins, a convertible car seat and other "little extras" for expectant parents—all at no additional cost.	Included	
Free 24/7 nurse call line	Included	
Free chronic care management	Included	
Free stop-smoking program	Included	
Member discount program	Included	
Free online access to health and wellness encyclopedia	Included	

## Exclusions


Dental benefits and discounts, other than those listed in the Evidence of Coverage  
Hearing aids and the evaluation for a hearing aid  
Long-term rehabilitative services  
Nonprescription drugs and vitamins  
Cosmetic surgery  
Experimental procedures or services that are not generally accepted medical practice  
Routine foot care  
Custodial confinement

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A complete list of benefits and exclusions is in the Fallon Preferred Care *Member Handbook/Evidence of Coverage*, available by request. This is only a summary of benefits and exclusions.

## Questions?

If you have any questions, please contact Fallon Community Health Plan Customer Service at 1-888-468-1541 (TDD/TTY: 1-877-608-7677), or visit our Web site at [fchp.org](http://fchp.org).

 This health plan **meets minimum creditable coverage standards** and **will satisfy** the individual mandate that you have health insurance. As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years and older, must have health coverage that meets the minimum creditable coverage standards set by the Commonwealth Health Insurance Connector.

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