

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

## **Introduction to the Summary of Benefits for Fallon Senior Plan Premier Preferred**

**January 1, 2009 - December 31, 2009**

Thank you for your interest in Fallon Senior Plan Premier Preferred. 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 Preferred. 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 Preferred.

### **HOW CAN I COMPARE MY OPTIONS?**

You can compare Fallon Senior Plan Premier Preferred and our Original Medicare Plan using this Summary of Benefits and the *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 PREFERRED 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 PREFERRED?**

If you are a member of an employer/union group, you can join Fallon Senior Plan Premier Preferred 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 Preferred, unless they are already members of our organization and have been since their dialysis began.

### **CAN I CHOOSE MY DOCTORS?**

Fallon Senior Plan Premier Preferred has a contracted network of doctors, specialists, and hospitals. You can use any doctors who are part of our network. You may also go to doctors outside 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?**

You can go to doctors, specialists, or hospitals in or out of our network. You have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the Customer Service number at the end of this introduction.

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

Fallon Senior Plan Premier Preferred 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 Preferred 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 Preferred 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://fchp.org/Extranet/Seniors/Formulary>. When you search the online formulary, you will need to select 'group,' and then select 'Fallon Senior Plan Premier Preferred– 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 Preferred, 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 Preferred, 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](http://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](http://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 Preferred	
	In-network	Out-of-network
IMPORTANT INFORMATION		
1 Premium and Other Important Information	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.	
	\$3,350 in-network out-of-pocket limit for Medicare-covered services.	\$500 yearly deductible. Contact the plan for services that apply.  \$7,500 out-of-network out-of-pocket limit for all plan services.
2 Doctor and Hospital Choice (For more information, see Emergency – #15 and Urgently Needed Care – #16.)	No referral required for network doctors, specialists, and hospitals.  You may have to pay a separate copay for certain doctor office visits.	
INPATIENT CARE		
3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	\$250 copay for each hospital stay  Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.  Inpatient rehabilitation care is covered for 100 days per benefit period.	20% of the cost for each hospital stay.
4 Inpatient Mental Health Care	\$250 copay for each hospital stay  You are covered up to 190 days in a Psychiatric Hospital in a lifetime.  You are covered for an unlimited number of days in a general hospital when authorized by a contracting psychiatrist and the plan.  Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	20% of the cost for each hospital stay.

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

Benefit Category	Fallon Senior Plan Premier Preferred	
	In-network	Out-of-network
5 Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	\$250 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.	20% of the cost for skilled nursing facility benefits.
6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay for Medicare-covered home health visits.	20% for home health visits.
7 Hospice	You must get care from a Medicare-certified hospice.	
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.	20% for each primary care doctor visit. 20% for each specialist visit.
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.	20% of the cost for chiropractic benefits.
10 Podiatry Services	\$15 copay for each Medicare-covered visit for medically-necessary foot care.	20% of the cost for podiatry benefits.
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.	20% of the cost for Mental Health benefits. 20% of the cost for Mental Health benefits with a psychiatrist.
12 Outpatient Substance Abuse Care	\$15 copay for Medicare-covered individual or group visits.	20% of the cost for outpatient substance abuse benefits.

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

Benefit Category	Fallon Senior Plan Premier Preferred	
	In-network	Out-of-network
<b>13 Outpatient Services/Surgery</b>	\$0 to \$75 copay for each Medicare-covered procedure in an ambulatory surgical center or outpatient hospital facility.  See page 12 for more information about Outpatient Services/Surgery.	20% of the cost for ambulatory surgical center and outpatient hospital facility benefits.
<b>14 Ambulance Services</b> (medically necessary ambulance services)	\$50 copay for Medicare-covered ambulance benefits.	\$50 copay for ambulance benefits.
<b>15 Emergency Care</b> (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.	\$50 copay for 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.
<b>16 Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	\$15 copay for Medicare-covered urgently needed care visits.	\$15 copay for Medicare-covered urgently needed care visits.
<b>17 Outpatient Rehabilitation Services</b> (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.	20% of the cost for Occupational Therapy visits.  20% of the cost for Physical and/or Speech/Language Therapy visits.
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18 Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	\$0 copay for Medicare-covered items.	20% of the cost for durable medical equipment.
<b>19 Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	\$0 copay for Medicare-covered items.	20% of the cost for prosthetic devices.

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

Benefit Category	Fallon Senior Plan Premier Preferred	
	In-network	Out-of-network
<b>20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (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.	20% of the cost for Diabetes self-monitoring training and supplies. 20% of the cost for Nutrition Therapy for Diabetes.
<b>21 Diagnostic Tests, X-Rays, and Lab Services</b>	\$0 copay for Medicare-covered: <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> <li>- X-rays.</li> <li>- therapeutic radiology services.</li> </ul> \$0 to \$50 copay for diagnostic radiology services. See page 12 for more information about Diagnostic Tests, X-Rays, and Lab Services.	20% of the cost for: <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> <li>- X-rays</li> <li>- diagnostic radiology services (not including X-rays)</li> <li>- therapeutic radiology services.</li> </ul>
<b>PREVENTIVE SERVICES</b>		
<b>22 Bone Mass Measurement</b> (for people with Medicare who are at risk)	\$0 copay for Medicare-covered bone mass measurement.	20% of the cost for Medicare-covered bone mass measurement.
<b>23 Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	\$0 copay for Medicare-covered colorectal screenings.	20% of the cost for colorectal screenings.
<b>24 Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu, Pneumonia, and Hepatitis B vaccines.	20% of the cost for immunizations.
<b>25 Mammograms</b> (Annual Screening for women with Medicare age 40 and older)	\$0 copay for Medicare-covered screening mammograms.	20% of the cost for screening mammograms.
<b>26 Pap Smears and Pelvic Exams</b> (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.	20% of the cost for pap smears and pelvic exams.



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

Benefit Category	Fallon Senior Plan Premier Preferred	
	In-network	Out-of-network
<b>27 Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	\$0 copay for Medicare-covered prostate cancer screening.	20% of the cost for prostate cancer screening.
<b>28 End-Stage Renal Disease</b>	\$0 copay for renal dialysis. \$15 copay for Nutrition Therapy for End-Stage Renal Disease.	20% of the cost for renal dialysis. 20% of the cost for Nutrition Therapy for End-Stage Renal Disease.
<b>29 Prescription Drugs</b>	<p><b><u>Drugs covered under Medicare Part B</u></b></p> <p>\$7 to \$45 copay for Part B-covered drugs including Part B-covered chemotherapy drugs.</p> <p><b><u>Drugs Covered under Medicare Part D</u></b></p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p><b>Retail Pharmacy</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$7 copay for a 30-day supply</li> <li>- \$14 copay for a 60-day supply</li> <li>- \$21 copay for a 90-day supply</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$25 copay for a 30-day supply</li> <li>- \$50 copay for a 60-day supply</li> <li>- \$75 copay for a 90-day supply</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$45 copay for a 30-day supply</li> <li>- \$90 copay for a 60-day supply</li> <li>- \$135 copay for a 90-day supply</li> </ul> <p><b>Long Term Care Pharmacy</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$7 copay for a 31-day supply</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$25 copay for a 31-day supply</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$45 copay for a 31-day supply</li> </ul>	

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

Benefit Category	Fallon Senior Plan Premier Preferred	
	In-network	Out-of-network
	<p><b>Mail Order</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$7 copay for a 30-day supply</li> <li>- \$14 copay for a 60-day supply</li> <li>- \$14 copay for a 90-day supply</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- \$25 copay for a 30-day supply</li> <li>- \$50 copay for a 60-day supply</li> <li>- \$50 copay for a 90-day supply</li> </ul> <p><b>Tier 3</b></p> <ul style="list-style-type: none"> <li>- \$45 copay for a 30-day supply</li> <li>- \$90 copay for a 60-day supply</li> <li>- \$90 copay for a 90-day supply</li> </ul> <p><b>Catastrophic Coverage</b></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><b>Out-of-Network</b></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><b>Out-of-Network Catastrophic Coverage</b></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><b>General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary online at <a href="http://fchp.org/Extranet/Seniors/Formulary">http://fchp.org/Extranet/Seniors/Formulary</a>. When you search the online formulary, you will need to select 'group,' and then select 'Fallon Senior Plan Premier Preferred– 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"> <li>-have limited incomes,</li> <li>-live in long term care facilities, or</li> <li>-have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <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>	

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

Benefit Category	Fallon Senior Plan Premier Preferred	
	In-network	Out-of-network
	<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 12-13 for more information about Prescription Drugs.</p>	
<b>30 Dental Services</b>	<p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$15 to \$25 copay for Medicare-covered dental benefits.</p>	20% of the cost for comprehensive dental benefits.
<b>31 Hearing Services</b>	<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>	20% of the cost for hearing exams.
<b>32 Vision Services</b>	<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>	20% of the cost for eye exams.

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

Benefit Category	Fallon Senior Plan Premier Preferred	
	In-network	Out-of-network
<b>33 Physical Exams</b>	<p>\$15 copay for unlimited routine exams.</p> <p>\$15 copay for Medicare-covered benefits</p>	20% of the cost for routine exams.
<b>Health/Wellness Education</b>	<p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> <li>- Additional Smoking Cessation</li> <li>- Health Club Membership/Fitness Classes</li> <li>- Nursing Hotline</li> <li>- Other Wellness Benefits</li> </ul> <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>See pages 13-14 for more information about Health/Wellness Education.</p>	<p>\$0 to \$10 copay for Health and Wellness services.</p> <p>See page 13 for more information about Health/Wellness Education.</p>
<b>Transportation (Routine)</b>	This plan does not cover routine transportation.	
<b>Acupuncture</b>	This plan does not cover Acupuncture.	

## Doctor and Hospital Choice

You can go to doctors, specialists, or hospitals in or out of our network. You have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network.

## Outpatient Services/Surgery

A \$75 copayment applies to same-day surgical procedures in an in-network hospital outpatient department and in an in-network ambulatory surgical center. The copayment is waived if you are admitted on the day of the surgical procedure from the hospital outpatient department only. If you have a same-day surgical procedure performed outside of the network, you will pay 20% of the cost of the surgical procedure.

## Diagnostic Tests, X-Rays and Lab Services

In-network, you pay a \$50 copayment for each diagnostic nuclear study, CAT scan, PET scan and MRI in an outpatient facility. If multiple diagnostic nuclear studies, CAT scans, PET scans or MRIs are performed on the same day in the same in-network facility for the same diagnosis, only one \$50 copayment applies. Out-of-network, once you have met the \$500 deductible for out-of-network services, you pay 20% of the cost for each diagnostic nuclear study, CAT scan, PET scan and MRI in an outpatient facility. If multiple diagnostic nuclear studies, CAT scans, PET scans or MRIs are performed out-of-network on the same day in the same facility for the same diagnosis, once you have met the \$500 deductible for out-of-network services, you pay 20% of the cost for each diagnostic nuclear study, CAT scan, PET scan and MRI. There is no copayment for in-network therapeutic nuclear studies, CAT scans, PET scans and MRIs.

## 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. 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.

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

<b>Tier description</b>	<b>Mail-order (up to 30-day supply)</b>	<b>Mail-order (up to 60-day supply)</b>	<b>Mail-order (up to 90-day supply)</b>
<b>Tier 1:</b> Preferred generic drugs	\$7	\$14	\$14
<b>Tier 2:</b> Non-preferred generic and preferred brand drugs	\$25	\$50	\$50
<b>Tier 3:</b> 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. Classes/services in-network may have a \$15 copayment. For out-of-network classes/services, there is maximum benefit coverage of \$15 for each class/service, and you will be responsible for the remainder of the total cost for each out-of-network class/service. Contact Fallon Community Health Plan for complete in-network 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®**

You can receive either the in-network or out-of-network Weight Watchers membership, but not both. In-network, members can receive one 12-consecutive-week Weight Watchers membership each calendar year at no additional cost beyond the 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. Out-of-network, members can receive a maximum benefit coverage of up to \$100 toward a Weight Watchers membership each calendar year. The maximum benefit coverage is the total amount that Fallon Community Health Plan will pay for a covered benefit. You are responsible for the difference between the amount billed for a covered benefit and the maximum benefit coverage. Therefore, you are responsible for the difference in the cost of a Weight Watchers membership and the maximum benefit coverage FCHP pays. *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 Preferred, 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 Preferred 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 Service 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](http://fchp.org) on the Web. Fallon Community Health Plan is located at 10 Chestnut St., Worcester, Mass. 01608.



## ZIP code list

### Massachusetts

#### Franklin County\*

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

#### Hampden County\*\*

Town	ZIP
Bondsville	01009
Brimfield	01010
Monson	01057
Palmer	01069
Russell	01071
Thorndike	01079
Three Rivers	01080
Wales	01081

#### Hampshire County\*

Town	ZIP
Ware	01082

#### Middlesex County\*

Town	ZIP
Acton	01720
Ashby	01431
Ashland	01721
Ayer	01432
Ayer	01434
Bedford	01730
Billerica	01821
Billerica	01822
Boxborough	01719
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
Wayland	01778
West Groton	01472
West Townsend	01474
Westford	01886
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
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

## ZIP code list

### **Worcester County\*\* (cont.)**

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
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

\* Partial County

\*\* Full County

