

Select Care

Benefit summary for WSHG “Rate Saver” Effective July 1, 2015 – June 30, 2016

Select Care network

Fallon Community Health Plan Select Care gives you access to an extensive network of doctors and community-based hospitals throughout Massachusetts. You can be seen at physician practices, community hospitals and medical facilities across our service area, giving you a wide choice of health care providers.

The Fallon difference

Select Care puts you in touch with thousands of doctors who are carefully chosen for their medical excellence, patient access and innovation. You can be seen at physician practices, community hospitals and medical facilities across our service area, giving you a wide choice of health care providers. You also receive comprehensive benefits and features, including:

- **A fitness reimbursement of up to \$400** for families (\$200 for individual contracts) that can be used for gym memberships at the gym of your choice with no limitations, school and town sports fees, home fitness equipment, exercise classes, ski lift tickets, and more!
- **\$0 copayments for routine physical exams** and other preventive services, including mammograms, cholesterol screenings and immunizations
- **\$0 copayments for routine annual eye exams**
- **Nurse Connect:** A free 24/7 nurse call line
- **Member discounts** on products and services to keep you healthy and features you won't find anywhere else.

How to receive care

Choosing a primary care provider (PCP)

Your relationship with your PCP is very important because he or she will work with Fallon to provide or arrange most of your care. To pick a PCP, just complete the section on your membership enrollment form.

Obtaining specialty care

When you want to visit a specialist, talk with your PCP first. He or she will help arrange specialty care for you. The following services do not require a referral when you see a provider in your plan's network: routine obstetrics/gynecology care, screening eye exams, behavioral health services and some dental services. For more information on referral procedures for specialty services, consult your Select 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 Select Care Member Handbook/Evidence of Coverage.

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

Benefits	Your cost
<p>Out-of-pocket maximum</p> <p>The out-of-pocket maximum is the total amount of coinsurance and copayments you are responsible for in a benefit period. The out-of-pocket maximum also does not include your premium charge or any amounts you pay for services that are not covered by the plan.</p>	<p>\$1,000 individual \$2,000 family</p>
<p>Benefit period</p> <p>The benefit period, sometimes referred to as a “benefit year,” is the 12-month span of plan coverage, and the time during which the deductible, out-of-pocket maximum and specific benefit maximums accumulate.</p>	<p>Jan 1 –Dec 30</p>
Office	
<p>Routine physical exams (according to MHQP preventive guidelines)</p>	<p>\$0</p>
<p>Office visits (primary care provider)</p>	<p>\$20 per visit</p>
<p>Office visits (specialist)</p>	<p>\$35 per visit</p>
<p>Routine eye exams (one every 12 months)</p>	<p>\$0 per visit</p>
<p>Short-term rehabilitative services (60 visits per illness or injury)</p>	<p>\$20 per visit</p>
<p>Prenatal care</p>	<p>\$20 first visit only</p>
<p>Postnatal care</p>	<p>\$20 per visit</p>
<p>Preventive services</p>	<p>Covered in full</p>
<p>Diagnostic services</p>	<p>Covered in full</p>
<p>Imaging (CAT, PET, MRI)</p>	<p>Covered in full</p>
<p>Chiropractic care (12 visits up to \$500 maximum per calendar year)</p>	<p>\$20 per visit</p>
Prescriptions	
<p>Prescription drugs, including oral contraceptives, insulin and insulin syringes</p>	<p>Tier 1/Tier 2/Tier 3 \$10/\$25/\$45 (30-day supply)</p>
<p>Generic contraceptives and contraceptive devices</p>	<p>\$0 (30-day supply)</p>
<p>Brand contraceptives with no generic equivalent (prior authorization required)</p>	<p>With prior authorization: \$0</p>
<p>Brand contraceptives with a generic equivalent (prior authorization required)</p>	<p>Tier 2: \$25 Tier 3: \$45 (30-day supply)</p>
<p>Prescription medication refills obtained through the mail order program</p>	<p>\$20/\$50/\$90 (90-day supply)</p>
Inpatient hospital services	
<p>Room and board in a semiprivate room (private when medically necessary)</p>	<p>\$250 copayment</p>
<p>Physicians’ and surgeons’ services</p>	<p>Covered in full</p>
<p>Physical and respiratory therapy</p>	<p>Covered in full</p>
<p>Intensive care services</p>	<p>Covered in full</p>
<p>Maternity care</p>	<p>Covered in full</p>

Benefits	Your cost
Same-day surgery	
Same-day surgery in a hospital outpatient or ambulatory care setting	\$125 per surgery
Emergencies	
Emergency room visit	\$75 per visit (waived if admitted)
Dental benefits and discounts	
Exams (twice annually) including cleanings and routine X-rays	\$10 copayment
Fillings (minor restorative) when performed by a general dentist	Variable copayments
Sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures when performed by a general dentist	25% to 50% discount
Specialist services such as periodontist, endodontist or prosthodontist	20% discounts
Skilled nursing	
Skilled care in a semiprivate room	\$250 copayment
Substance abuse	
Office visits	\$20 per visit
Detoxification in an inpatient setting	Covered in full
Up to 30 days rehabilitation in an inpatient setting	Covered in full
Mental health	
Office visits	\$20 per visit
Services in a general or psychiatric hospital	Covered in full
Other health services	
Skilled home health care services	Covered in full
Durable medical equipment	Covered in full
Medically necessary ambulance services	Covered in full
Value added features	
It Fits!, an annual benefit period fitness reimbursement (including school and town sports programs, gym memberships, home fitness equipment, 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	
Hearing aids and the evaluation for a hearing aid	
Long-term rehabilitative services	

Exclusions cont.

Nonprescription drugs and vitamins

Cosmetic surgery

Experimental procedures or services that are not generally accepted medical practice

Dental services not described in the Select Care Member Handbook/Evidence of Coverage

Routine foot care

Custodial confinement

A complete list of benefits and exclusions is in the *Select 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 Health Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), or visit our Web site at www.fallonhealth.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.