

Summary of Benefits



Fallon Senior Plan™ Premier HMO
January 1, 2014 to December 31, 2014

**Introduction to the *Summary of Benefits* for
Fallon Senior Plan Premier HMO
January 1, 2014 - December 31, 2014**

Thank you for your interest in Fallon Senior Plan Premier HMO. Our plan is offered by Fallon Community Health Plan, a Medicare Advantage Health Maintenance Organization (HMO). This *Summary of Benefits* tells you some features of our plan. It doesn't list every service that we cover or list 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. Another option is a Medicare Advantage health plan, like Fallon Senior Plan Premier HMO. 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 HMO.

How can I compare my options?

You can compare Fallon Senior Plan Premier HMO and the Original Medicare Plan using this *Summary of Benefits*. The chart in this booklet lists some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. 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.

Where is Fallon Senior Plan Premier HMO available?

The service area for this plan includes the following counties in Massachusetts: Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties, and portions of Franklin County. It also includes some cities and towns bordering these counties, outside of Massachusetts. For a listing of cities and towns in our service area outside of Massachusetts and in Massachusetts' Franklin County, please see the Fallon Senior Plan Premier HMO service area county and ZIP code list—at the back of this booklet. You must live in one of these areas to join this plan.

Who is eligible to join Fallon Senior Plan Premier HMO?

If you or your spouse are a member of an employer/union group, you can join Fallon Senior Plan Premier HMO if you are entitled to Medicare Part A, 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 HMO, unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

Fallon Senior Plan Premier HMO has formed a 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 *Fallon Senior Plan HMO Provider and Pharmacy Directory* or, for an up-to-date list, visit us at www.fchp.org/findphysician. Our Customer Service number is listed at the end of this introduction.

What happens if I go to a doctor who is not in your network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself, except in limited situations (for example, emergency care). Neither the plan nor Original Medicare will pay for these services.

Where can I get my prescriptions if I join this plan?

Fallon Senior Plan Premier HMO has formed 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 www.fchp.org/medicare-pharmacy. Our Customer Service number is listed at the end of this introduction.

What if my doctor prescribes less than a month's supply?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand [and generic] drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

Does my plan cover Medicare Part B or Part D drugs?

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

What is a prescription drug formulary?

Fallon Senior Plan Premier HMO 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 members before the change is made. We will send a formulary to you, and you can see our complete formulary on our website at www.fchp.org/medicare-formulary. When you search the online formulary, you will need to select 'Group,' and then select 'Fallon Senior Plan Premier HMO Group 1' from the drop-down menu.

If you are currently taking a drug that is not on our formulary or that is 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 my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week; and visit www.medicare.gov to see 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*; or
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- The Massachusetts Medicaid office at 1-800-841-2900 (TTY: 1-800-497-4648).

What are my protections in these plans?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Plan benefits and cost-sharing may change from year to year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your 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 HMO, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the *Evidence of Coverage* (EOC) for the QIO contact information.

As a member of Fallon Senior Plan Premier HMO, 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. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the *Evidence of Coverage* (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we 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 Community Health 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 Community Health Plan for more details.

- Some Antigenes: 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 osteoporosis drugs for some women.

- Erythropoietin: 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 took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- 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 Durable Medical Equipment.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you can find the Plan Ratings information by using the Find health & drug plans web tool on medicare.gov to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Fallon Community Health Plan for more information about Fallon Senior Plan Premier HMO.

Visit us at www.fchp.org/seniorplan, or call us:

Prospective members should call us toll-free at 1-866-231-3669 (TRS 711). We are available 8 a.m.–6 p.m., Monday–Friday. Or call 1-888-377-1980 (TRS 711), 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–Feb. 14, seven days a week.)

Current members should call us toll-free at 1-800-325-5669 (TRS 711). We are open 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–Feb. 14, seven days a week.)

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.

This document may be available in other formats, such as Braille, large print or other alternate formats. For additional information, call customer service at the phone number listed above.

IMPORTANT INFORMATION**1 - Premium and Other Important Information**

In 2013 the monthly Part B Premium was \$104.90 and may change for 2014 and the annual Part B deductible amount was \$147 and may change for 2014.

If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

If you pay a premium to your employer group, please contact your benefits administrator for 2014 premium information. If you pay a premium to FCHP, please contact FCHP for 2014 premium information.

Most people will pay the standard monthly Part B premium in addition to their Medicare Advantage plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

\$3,400 out-of-pocket limit for Medicare-covered services.

2 - Doctor and Hospital Choice
(For more information, see Emergency Care – #15 and Urgently Needed Care – #16.)

You may go to any doctor, specialist or hospital that accepts Medicare.

You must go to network doctors, specialists and hospitals.

Referral required for network hospitals and specialists (for certain benefits).

INPATIENT CARE**3 - Inpatient Hospital Care**
(includes Substance Abuse and Rehabilitation Services)

In 2013 the amounts for each benefit period were:

Days 1-60: \$1,184 deductible

Days 61-90: \$296 per day

Days 91-150: \$592 per lifetime reserve day

These amounts may change for 2014.

Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Lifetime reserve days can only be

\$0 copay for each hospital stay.

Inpatient acute hospital and substance abuse care are covered for unlimited days. Inpatient rehabilitation and long-term acute care are covered for 90 days per benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

| Benefit category | Original Medicare | Fallon Senior Plan Premier HMO |
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| 3 - Inpatient Hospital Care, <i>continued</i> | <p>used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> | |
| 4 - Inpatient Mental Health Care | <p>In 2013 the amounts for each benefit period were:</p> <p>Days 1-60: \$1,184 deductible</p> <p>Days 61-90: \$296 per day</p> <p>Days 91-150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> | <p>\$0 copay for each hospital stay.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</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 (SNF) (in a Medicare-certified skilled nursing facility) | <p>In 2013 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 – 20: \$0 per day</p> <p>Days 21 - 100: \$148 per day</p> <p>These amounts may change for 2014.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> | <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> |

| Benefit category | Original Medicare | Fallon Senior Plan Premier HMO |
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| 6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.) | \$0 copay. | \$0 copay for Medicare-covered home health visits. Authorization rules may apply. |
| 7 - Hospice | You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice. | You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice. |

OUTPATIENT CARE

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| 8 - Doctor Office Visits | 20% coinsurance | \$15 copay for each Medicare-covered primary care doctor visit. \$25 copay for each Medicare-covered specialist visit. Authorization rules may apply. |
| 9 - Chiropractic Services | Supplemental routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part). | \$15 copay for each Medicare-covered chiropractic visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part). |
| 10 - Podiatry Services | Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. | \$15 copay for each Medicare-covered podiatry visit. Medicare-covered podiatry visits are for medically necessary foot care. |
| 11 - Outpatient Mental Health Care | 20% coinsurance for most outpatient mental health services. Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible. "Partial hospitalization program" is | \$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. \$0 copay for Medicare-covered partial hospitalization program services. Authorization rules may apply. |

| Benefit category | Original Medicare | Fallon Senior Plan Premier HMO |
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| 11 - Outpatient Mental Health Care, continued | a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization. | |
| 12 - Outpatient Substance Abuse Care | 20% coinsurance | \$15 copay for Medicare-covered individual or group visits. Authorization rules may apply. |
| 13 - Outpatient Services | 20% coinsurance for the doctor's services Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility services | \$75 copay for each Medicare-covered ambulatory surgical center or outpatient hospital facility visit. Authorization rules may apply. |
| 14 - Ambulance Services (medically necessary ambulance services) | 20% coinsurance | \$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.) | 20% coinsurance for the doctor's services Specified copayment for outpatient hospital facility emergency services. Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit. Not covered outside the U.S. except under limited circumstances. | \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 72 hours for the same condition, you pay \$0 for the emergency room visit. |

| Benefit category | Original Medicare | Fallon Senior Plan Premier HMO |
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| 16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.) | 20% coinsurance, or a set copay Not covered outside the U.S. except under limited circumstances. | \$15 copay for Medicare-covered urgently needed care visits. |
| 17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy) | 20% coinsurance | \$15 copay for Medicare-covered occupational therapy, physical therapy and/or speech and language pathology visits. Authorization rules may apply. |

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

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| 18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.) See page 17 for more about Durable Medical Equipment. | 20% coinsurance | \$0 copay for Medicare-covered durable medical equipment. Authorization rules may apply. |
| 19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.) | 20% coinsurance 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints and other devices. | \$0 copay for Medicare-covered prosthetic devices. \$0 copay for Medicare-covered medical supplies related to prosthetics, splints and other devices. Authorization rules may apply. |
| 20 - Diabetes Programs and Supplies See page 17 for more about Diabetes Programs and Supplies. | 20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies 20% coinsurance for diabetic therapeutic shoes or inserts | \$0 copay for Medicare-covered: <ul style="list-style-type: none"> ▪ Diabetes self-management training ▪ Diabetes monitoring supplies ▪ Therapeutic shoes or inserts Diabetic supplies and services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies. If the doctor provides you services in addition to diabetes self-management training, separate cost sharing of \$15 to \$25 may apply. Authorization rules may apply. |

| Benefit category | Original Medicare | Fallon Senior Plan Premier HMO |
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| 21 - Diagnostic Tests, X-rays, Lab Services, and Radiology Services | <p>20% coinsurance for diagnostic tests and X-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p> | <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> ▪ Lab services ▪ Diagnostic procedures and tests ▪ X-rays ▪ Diagnostic and therapeutic radiology services <p>If the doctor provides you services in addition to outpatient diagnostic procedures, tests and lab services, separate cost sharing of \$15 to \$25 may apply.</p> <p>Authorization rules may apply.</p> |
| 22 - Cardiac and Pulmonary Rehabilitation Services | <p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> | <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> ▪ Cardiac rehabilitation services ▪ Intensive cardiac rehabilitation services ▪ Pulmonary rehabilitation services <p>Authorization rules may apply.</p> |

PREVENTIVE SERVICES

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| 23 - Preventive Services | <p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the | <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> |
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23 - Preventive
Services, *continued*

- infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.
- Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.
 - Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.
 - Personalized Prevention Plan Services (Annual Wellness Visits)
 - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.
 - Prostate Cancer Screening
 - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.
 - Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.
 - Screening and behavioral counseling interventions in primary care to reduce alcohol misuse.
 - Screening for depression in adults
 - Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs.
 - Intensive behavioral counseling for Cardiovascular Disease (bi-annual)
 - Intensive behavioral therapy for obesity
 - Welcome to Medicare Preventive

| Benefit category | Original Medicare | Fallon Senior Plan Premier HMO |
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| 23 - Preventive Services, continued | Visits (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows: During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. | |
| 24 - Kidney Disease and Conditions | 20% coinsurance for renal dialysis 20% coinsurance for kidney disease education services | \$0 copay for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services. |

PRESCRIPTION DRUG BENEFITS

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| 25 - Outpatient Prescription Drugs See pages 17-18 for more about Outpatient Prescription Drugs. | Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. | <p><u>Drugs covered under Medicare Part B:</u> \$10 to \$45 copay for Medicare Part B-covered drugs including Part B-covered chemotherapy drugs.</p> <p><u>Drugs covered under Medicare Part D:</u> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary online at www.fchp.org/medicare-formulary. When you search the online formulary, you will need to select 'Group,' and then select 'Fallon Senior Plan Premier HMO 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) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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 a Part D plan.</p> <p>The plan may require you to try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from</p> |
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Benefit category Original Medicare

25 - Outpatient Prescription Drugs, *continued*

Fallon Senior Plan Premier HMO

Fallon Community Health Plan for certain drugs.

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.

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.

If you request a formulary exception for a drug and Fallon Community Health Plan approves the exception, you will pay Tier 3: Non-Preferred Brand cost sharing for that drug.

Supplemental drugs don't count toward your out-of-pocket drug costs.

Not all drugs are available at this extended day supply. Please contact the plan for more information.

In network**Initial Coverage**

You pay the following until your yearly out-of-pocket drug costs reach \$4,550.

Retail Pharmacy

Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

You can get drugs the following way(s):

Tier 1: Preferred Generic

- \$10 copay for a 30-day supply
- \$20 copay for a 60-day supply
- \$30 copay for a 90-day supply

Tier 2: Preferred Brand

- \$25 copay for a 30-day supply
- \$50 copay for a 60-day supply
- \$75 copay for a 90-day supply

Tier 3: Non-Preferred Brand

- \$45 copay for a 30-day supply
- \$90 copay for a 60-day supply
- \$135 copay for a 90-day supply

Benefit category Original Medicare**Fallon Senior Plan Premier HMO**

25 - Outpatient Prescription Drugs, *continued*

Long Term Care Pharmacy

Tier 1: *Preferred Generic*

- \$10 copay for a 31-day supply

Tier 2: *Preferred Brand*

- \$25 copay for a 31-day supply

Tier 3: *Non-Preferred Brand*

- \$45 copay for a 31-day supply

Mail Order

Tier 1: *Preferred Generic*

- \$10 copay for a 30-day supply
- \$20 copay for a 60-day supply
- \$20 copay for a 90-day supply

Tier 2: *Preferred Brand*

- \$25 copay for a 30-day supply
- \$50 copay for a 60-day supply
- \$50 copay for a 90-day supply

Tier 3: *Non-Preferred Brand*

- \$45 copay for a 30-day supply
- \$90 copay for a 60-day supply
- \$90 copay for a 90-day supply

Additional Coverage Gap

After your total yearly drug costs reach \$2,850, you receive a discount on brand name drugs until your yearly out-of-pocket drug costs reach \$4,550.

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased up to the full cost of the drug minus your cost share, which is the greater of:

- 5% coinsurance, or
- A \$2.55 copay for generic (including brand drugs treated as generic) and a \$6.35 copay for all other drugs.

Out-of-Network

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 Community Health Plan.

Out-of-Network Catastrophic Coverage

After your total yearly drug costs reach

| Benefit category | Original Medicare | Fallon Senior Plan Premier HMO |
|------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25 - Outpatient Prescription Drugs, <i>continued</i> | | <p>\$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> ▪ 5% coinsurance, or ▪ A \$2.55 copay for generic (including brand drugs treated as generic) and a \$6.35 copay for all other drugs. |

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

| | | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>26 - Dental Services</p> <p>See page 18 for more about Dental Services.</p> | <p>Preventive dental services (such as cleaning) not covered.</p> | <p>\$25 copay for Medicare-covered dental benefits.</p> <p>\$25 copay for an office visit twice a year that includes:</p> <ul style="list-style-type: none"> ▪ Oral exam ▪ Cleaning ▪ Fluoride treatment ▪ Dental X-ray <p>Fillings, root canals, gum disease procedures, simple extractions and dentures are covered with copayments/fees ranging from \$0 to \$990.</p> |
| <p>27 - Hearing Services</p> | <p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p> | <p>\$0 copay for one supplemental routine hearing exam every year.</p> <p>\$25 for Medicare-covered diagnostic hearing exams.</p> <p>You are covered for up to \$500 toward the purchase of a hearing aid every 36 months.</p> |
| <p>28 - Vision Services</p> <p>See page 18 for more about Vision Services.</p> | <p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and eyeglasses (lenses and frames) not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> | <p>\$25 copay for Medicare-covered eye exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for Medicare-covered Glaucoma tests.</p> <p>\$25 copay for one supplemental routine eye exam every year.</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>You are covered for up to \$150 toward the purchase of eyewear every year.</p> |
| <p>Wellness/Education and Other Supplemental Benefits & Services</p> | <p>Not covered.</p> | <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> ▪ Health Education ▪ Nutritional Benefit |

| Benefit category | Original Medicare | Fallon Senior Plan Premier HMO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Wellness/Education and Other Supplemental Benefits & Services, <i>continued</i> See pages 18-19 for more about Wellness/Education and Other Supplemental Benefits & Services | | <ul style="list-style-type: none"> ▪ Additional Smoking and Tobacco Use Cessation Visits ▪ Health Club Membership/ Fitness Classes ▪ Nursing Hotline Copays may apply for these benefits. \$0 copay for additional supplemental benefits and additional health/wellness programs. Contact plan for details. |
| Over-the-Counter Items | Not covered. | Not covered. |
| Transportation (Routine) | Not covered. | Not covered. |
| Acupuncture and Other Alternative Therapies | Not covered. | Not covered. |

Durable Medical Equipment (DME)

If a member has Part D prescription drug coverage and resides in a long-term care facility, a Part D prescription medication copayment applies for drugs used with authorized DME. Otherwise, a Part B prescription medication copayment applies.

Diabetes Programs and Supplies

Coverage of Blood Glucose Meters is limited to OneTouch® glucose meters, Ultra2 and UltraMini, manufactured by LifeScan. Fallon Senior Plan members can obtain a OneTouch® glucose meter by calling LifeScan toll-free at 1-877-356-8480 (TTY: 711) or by going to the LifeScan website, www.onetouch.orderpoints.com. Members who have a severe visual impairment or who have impaired manual dexterity may require a blood glucose meter with adaptive features, such as an integrated voice synthesizer or integrated lancing device. Prior authorization is required for blood glucose meters with adaptive features.

Outpatient Prescription Drugs

You must receive your Medicare Part D prescription drug benefits through Fallon Senior Plan Premier HMO. Please note that if you join another Medicare plan with or without Medicare Part D prescription drug coverage, you will be automatically disenrolled from this plan.

Fallon Senior Plan Premier HMO includes Medicare Part D prescription drug coverage. In addition, this plan includes supplemental drug coverage not normally covered under Medicare Part D. You pay copayments or coinsurance for these prescription drugs for the entire 2014 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.

In general, you may only receive covered prescription drugs at network pharmacies. Fallon Senior Plan Premier HMO's pharmacy network includes retail, mail order, long-term care, Indian health service/tribal/urban (Indian health program), and Home Infusion pharmacies. All of the drugs on our formulary are available with an extended day supply except certain narcotics, which are prohibited under Massachusetts State Law from being dispensed in quantities greater than a 30-day supply.

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 questions about your Medicare Part D year-to-date prescription drug spending balance, you may call our Customer Service Department at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–Feb. 14, seven days a week), 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

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–Friday from 7 a.m. to 7 p.m.

Dental Services

The following services are covered with a copayment, without referrals, from participating network general dentists:

- Minor restorative (fillings)
- Major restorative (crowns)
- Endodontics (root canals)
- Periodontics (gum disease procedures)
- Oral surgery (simple extractions)
- Prosthodontics (dentures)

There are plan exclusions. For example, full-mouth debridement is limited to once every 36 months; periodontal maintenance after active therapy is limited to twice within 12 months after osseous surgery, or root planing and scaling. Relining dentures is limited to once per 36 months. Certain X-rays are allowed once per 36 months. Contact the plan for more details.

Vision Services

There is no copayment for Medicare-covered glaucoma tests. You are covered for one pair of eyeglasses with a standard frame or set of contact lenses after each cataract surgery that includes insertion of an intraocular lens. You are covered for corrective lenses with standard frames (and replacements) needed after a cataract removal without a lens implant.

In addition to Medicare-covered services, your benefit covers up to \$150 for new eyeglasses, contact lenses, lens replacement, fitting, adjustment or repair. You pay all charges over \$150 per calendar year. There are plan exclusions, for example, store promotions or coupons. Please contact Fallon Senior Plan for complete details.

Wellness/Education Programs and Other Supplemental Benefits & Services

Wigs

Fallon Senior Plan Premier HMO covers wigs that are not covered by Medicare. For members who suffer hair loss due to treatment for any form of cancer or leukemia, wigs are covered up to \$350 per calendar year. Members are responsible for amounts that exceed \$350. Authorization rules apply.

Anti-coagulant testing

There is no copayment for a PCP or RN/NP visit when a member is only going for INR testing (anti-coagulant visit) or other covered lab services.

Additional Medical Nutrition Therapy

There is no copayment for additional nutritional therapy and counseling services for the purpose of management of a medical condition provided by a registered dietitian or other nutrition professionals.

Newsletter

A communication that is filled with information to help keep you well.

Additional Smoking Cessation

Fallon Community Health Plan's smoking cessation program includes unlimited counseling sessions, telephone-based coaching and community group support programs offered by certified tobacco treatment counselors from our smoking cessation program, Quit to Win. The first week of nicotine replacement therapy (NRT) is free and included with the counseling. After the initial week of free NRT, counseling includes the following discounted smoking cessation supplies:

- One-week supply of nicotine transdermal patches (7 patches) is \$15
- Supplemental nicotine gum is \$5 for 14 pieces and \$15 for 50 pieces.

Health Club Membership/Fitness Classes

SilverSneakers® Fitness Program

As a member of Fallon Senior Plan, you are eligible and do not have a copayment, coinsurance or deductible to participate in the SilverSneakers Fitness Program or SilverSneakers Steps. With the SilverSneakers Fitness Program, you receive a basic fitness membership that includes an orientation to the facility and equipment with access to amenities and fitness classes including the signature SilverSneakers classes designed to improve muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination. For more information and a list of participating locations, visit www.silversneakers.com or call 1-888-423-4632 (TRS 711).

SilverSneakers Steps is available as an alternative for members residing outside the participating fitness location network (usually 15 miles from the nearest participating location). SilverSneakers Steps is a self-directed physical activity program that allows members to measure, track and increase physical activity while doing activities of their choice. SilverSneakers Steps provides the equipment, tools and motivation necessary for members to achieve a healthier lifestyle through increased physical activity.

SilverSneakers® is a registered trademark of Healthways, Inc.

Weight Watchers®

We are pleased to offer our members one 13-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 13-week series. Coverage is limited to one membership per member per calendar year, and is subject to all Weight Watchers rules and regulations.

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

Nursing Hotline

Nurse Connect

Members have access to registered nurses who serve as health coaches. This phone 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. Your PCP has certain hospitals, physician specialists, skilled nursing facilities, durable medical equipment providers and other selected providers they use for referrals. This means that the PCP you select will determine the specialists you may see. 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 listed in the *Evidence of Coverage* you will receive when you become a member. If you do not 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, 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 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 our coverage.

We invite current members to call 1-800-325-5669.

We invite prospective members to call 1-866-231-3669.

(TRS 711)

You can also visit our website at www.fchp.org/seniorplan.

Fallon Community Health Plan is located at 10 Chestnut St., Worcester, MA 01608

**Fallon Senior Plan Premier HMO service area
(ZIP codes listed include the service area outside of Massachusetts
and in Massachusetts' Franklin County)**

Massachusetts

Barnstable County**
Bristol County**
Essex County**
Hampden County**
Hampshire County**
Middlesex County**
Norfolk County**
Plymouth County**
Suffolk County**
Worcester County**

Franklin County*

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

Connecticut

Hartford County*

| Town | ZIP |
|---------------------|------------|
| East Granby | 06026 |
| East Windsor | 06088 |
| East Windsor Hill | 06028 |
| Enfield | 06082 |
| Enfield | 06083 |
| Granby | 06035 |
| Granby | 06090 |
| Hazardville | 06082 |
| North Granby | 06060 |
| North Thompsonville | 06082 |
| Scitico | 06082 |
| Suffield | 06078 |
| Suffield | 06080 |
| Suffield | 06093 |
| Thompsonville | 06082 |
| West Granby | 06090 |
| West Suffield | 06093 |
| Windsor Locks | 06096 |

Tolland County*

| Town | ZIP |
|------------------|------------|
| Ellington | 06029 |
| Somers | 06071 |
| Stafford | 06075 |
| Stafford Springs | 06076 |
| Union | 06076 |
| Willington | 06279 |

Connecticut

Windham County*

| Town | ZIP |
|---------------------|------------|
| Ashford | 06278 |
| Ballouville | 06233 |
| Danielson | 06239 |
| Dayville | 06241 |
| East Killingly | 06243 |
| East Woodstock | 06244 |
| Eastford | 06242 |
| Fabyan | 06256 |
| Killingly | 06233 |
| Killingly | 06239 |
| Killingly | 06241 |
| Killingly | 06243 |
| Killingly | 06263 |
| Mechanicsville | 06277 |
| North Grosvenordale | 06255 |
| North Windham | 06256 |
| Pomfret | 06258 |
| Pomfret Center | 06259 |
| Putnam | 06260 |
| Rogers | 06263 |
| South Woodstock | 06267 |
| Thompson | 06277 |
| Woodstock | 06281 |
| Woodstock Valley | 06282 |

New Hampshire

Cheshire County*

| Town | ZIP |
|-------------|------------|
| Fitzwilliam | 03447 |
| Rindge | 03461 |

Hillsborough County*

| Town | ZIP |
|-------------|------------|
| Brookline | 03033 |
| Greenville | 03048 |
| Hollis | 03049 |
| Hudson | 03051 |
| Mason | 03048 |
| Nashua | 03060 |
| Nashua | 03061 |
| Nashua | 03062 |
| Nashua | 03063 |
| Nashua | 03064 |
| New Ipswich | 03071 |
| Pelham | 03076 |

New Hampshire

Rockingham County*

| Town | ZIP |
|---------------|------------|
| Atkinson | 03811 |
| East Kingston | 03827 |
| Hampstead | 03841 |
| Hampton | 03842 |
| Hampton Beach | 03843 |
| Hampton Falls | 03844 |
| Plaistow | 03865 |
| Salem | 03079 |
| Seabrook | 03874 |
| South Hampton | 03827 |
| Windham | 03087 |

Rhode Island

Bristol County*

| Town | ZIP |
|-------------|------------|
| Bristol | 02809 |
| Warren | 02885 |

Newport County*

| Town | ZIP |
|----------------|------------|
| Little Compton | 02837 |
| Tiverton | 02878 |

Providence County*

| Town | ZIP |
|------------------|------------|
| Burrillville | 02826 |
| Burrillville | 02830 |
| Burrillville | 02839 |
| Burrillville | 02858 |
| Cumberland | 02864 |
| Glendale | 02826 |
| Harrisville | 02830 |
| Mapleville | 02839 |
| North Smithfield | 02824 |
| North Smithfield | 02876 |
| North Smithfield | 02896 |
| Oakland | 02858 |
| Pawtucket | 02860 |
| Pawtucket | 02861 |
| Pawtucket | 02862 |
| Slatersville | 22876 |
| Smithfield | 02917 |
| Valley Falls | 02864 |
| Woonsocket | 02895 |

* Partial County

** Full County

