

# Steward Community Care Choice 2000 (HSA)



Benefit Summary—*Benefits effective April 1, 2013 and beyond*

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## The FCHP difference

FCHP Steward Community Care is a limited network HMO plan designed in partnership by Fallon Community Health Plan and Steward Health Care. Providing world-class health care where you live, FCHP Steward Community Care includes the benefits and coverage you deserve at an affordable price. It also includes the extras that FCHP members have long enjoyed, including our rich It Fits! fitness benefit, \$0 wellness visits and eye exams, and other valuable member discounts.

## Introducing The Healthy Health Plan!\*

A program that rewards subscribers for being—and becoming—healthy. Simply click on the My Healthy Health Plan link on [fchp.org](http://fchp.org), fill out your health assessment, and you will be eligible to receive up to \$200 in financial incentives! See the Value-added features section for more details.

## How to receive care:

With FCHP Steward Community Care Choice 2000, you can choose to get your care from doctors, specialists, hospitals and health care facilities in the FCHP Steward Community Care network. For a complete list of FCHP Steward Community Care providers, visit our Web site at [fchp.org/Steward](http://fchp.org/Steward).

## Choosing a primary care provider (PCP)

Your relationship with your PCP is very important because he or she will work with FCHP to provide or arrange most of your care. As a member of FCHP Steward Community Care Choice 2000, you must select a PCP. To do this, just complete the section on your FCHP membership enrollment form. If you need help choosing a PCP, you can speak with a member of our Customer Service Department.

## 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 the FCHP Steward Community Care network: routine obstetrics/gynecology care, screening eye exams and behavioral health services. For medically necessary services that are not available at an FCHP Steward Community Care facility, you may receive care at either Brigham and Women's Hospital or Massachusetts General Hospital. For more information on referral procedures for specialty services, consult your FCHP Steward Community 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 FCHP Steward Community Care *Member Handbook/Evidence of Coverage*.

*FCHP Steward Community Care provides access to a network that is smaller than FCHP Select Care. In this plan, members have access to network benefits only from the providers in FCHP Steward Community Care. Please consult the FCHP Steward Community Care provider directory—a paper copy can be requested by calling our Customer Service Department at 1-800-868-5200—or visit the provider search tool at [fchp.org](http://fchp.org) to determine which providers are included in FCHP Steward Community Care.*

## Plan specifics

### Benefit period

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.

Varies by employer

### Deductible

A deductible is the amount of allowed charges you pay per benefit period before payment is made by the plan for certain covered services. The amount that is put toward your deductible is calculated based on the allowed charge or the provider’s actual charge—whichever is less.

\$2,000 individual/  
\$4,000 family

### Embedded deductible

Please note that once any one member in a family accumulates \$2,500 of services that are subject to the family deductible, that individual member’s deductible is considered met, and that family member will receive benefits for covered services less any applicable copayments.

\$2,500

### Out-of-pocket maximum

The out-of-pocket maximum is the total amount of deductible, coinsurance and copayments you are responsible for in a benefit period. The out-of-pocket maximum does not include your premium charge or any amounts you pay for services that are not covered by the plan.

\$5,000 individual/  
\$10,000 family

## Benefits

## Your cost

### Office

Routine physical exams (according to MHQP preventive guidelines)

\$0

Office visits (primary care provider)

\$25 per visit  
after deductible

Office visits (specialist)

\$40 per visit  
after deductible

Office visits (limited service clinics, e.g., Minute Clinic)

\$25 per visit  
after deductible

Routine eye exams (one every 12 months)

\$0

Short-term rehabilitative services (60 visits per benefit period)

\$25 per visit  
after deductible

Prenatal care

\$25 first visit only

Preventive services

Tests, immunizations and services geared to help screen for diseases and improve early detection when symptoms or diagnosis are not present

Covered in full

Diagnostic services

Tests, immunizations and services that are intended to diagnose, check the status of, or treat a disease or condition

Covered in full  
after deductible

Imaging (CAT, PET, MRI, Nuclear Cardiology)

Covered in full  
after deductible

Chiropractic care (12 visits per benefit period)

\$25 per visit  
after deductible

| Benefits                                                                                                                                                                                                     |  | Your cost                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|
| <b>Prescriptions</b>                                                                                                                                                                                         |  | <b>Tier 1/Tier 2/Tier 3/<br/>Tier 4</b>                                 |
| <i>Please note: Specialty medication that falls under the medical benefit will apply towards your deductible. For more information, please contact FCHP's Customer Service Department at 1-800-868-5200.</i> |  |                                                                         |
| Prescription drugs, insulin and insulin syringes                                                                                                                                                             |  | \$5/\$15/\$30/\$50<br>(30-day supply)<br>after deductible               |
| Generic contraceptives and contraceptive devices                                                                                                                                                             |  | \$0<br>(30-day supply)<br>after deductible                              |
| Brand contraceptives with no generic equivalent (prior authorization required)                                                                                                                               |  | With prior<br>authorization: \$0<br>(30-day supply)<br>after deductible |
| Brand contraceptives with a generic equivalent (prior authorization required)                                                                                                                                |  | Tier 3: \$30<br>Tier 4: \$50<br>(30-day supply)<br>after deductible     |
| Prescription medication refills obtained through the mail order program                                                                                                                                      |  | \$10/\$30/\$60/\$150<br>(90-day supply)<br>after deductible             |
| Prilosec OTC, Prevacid 24HR, omeprazole OTC (prescription required)                                                                                                                                          |  | \$5 after deductible                                                    |
| <b>Inpatient hospital services</b>                                                                                                                                                                           |  |                                                                         |
| Room and board in a semiprivate room (private when medically necessary)                                                                                                                                      |  | Covered in full<br>after deductible                                     |
| Physicians' and surgeons' services                                                                                                                                                                           |  | Covered in full<br>after deductible                                     |
| Physical and respiratory therapy                                                                                                                                                                             |  | Covered in full<br>after deductible                                     |
| Intensive care services                                                                                                                                                                                      |  | Covered in full<br>after deductible                                     |
| Maternity care                                                                                                                                                                                               |  | Covered in full<br>after deductible                                     |
| <b>Same-day surgery</b>                                                                                                                                                                                      |  |                                                                         |
| Same-day surgery in a hospital outpatient or ambulatory care setting                                                                                                                                         |  | Covered in full<br>after deductible                                     |
| <b>Emergencies</b>                                                                                                                                                                                           |  |                                                                         |
| Emergency room visit                                                                                                                                                                                         |  | \$100 copayment<br>after deductible<br>(waived if admitted)             |
| <b>Skilled nursing</b>                                                                                                                                                                                       |  |                                                                         |
| Skilled care in a semiprivate room                                                                                                                                                                           |  | Covered in full<br>after deductible                                     |

| <b>Benefits</b>                                                                                                                                                                                                                                                                                                                                  |  | <b>Your cost</b>                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| <b>Substance abuse</b>                                                                                                                                                                                                                                                                                                                           |  |                                  |
| Office visits                                                                                                                                                                                                                                                                                                                                    |  | \$25 per visit after deductible  |
| Detoxification in an inpatient setting                                                                                                                                                                                                                                                                                                           |  | Covered in full after deductible |
| Rehabilitation in an inpatient setting                                                                                                                                                                                                                                                                                                           |  | Covered in full after deductible |
| <b>Mental health</b>                                                                                                                                                                                                                                                                                                                             |  |                                  |
| Office visits                                                                                                                                                                                                                                                                                                                                    |  | \$25 per visit after deductible  |
| Services in a general or psychiatric hospital                                                                                                                                                                                                                                                                                                    |  | Covered in full after deductible |
| <b>Other health services</b>                                                                                                                                                                                                                                                                                                                     |  |                                  |
| Skilled home health care services                                                                                                                                                                                                                                                                                                                |  | Covered in full after deductible |
| Durable medical equipment                                                                                                                                                                                                                                                                                                                        |  | 30% coinsurance after deductible |
| Medically necessary ambulance services                                                                                                                                                                                                                                                                                                           |  | Covered in full after deductible |
| <b>Value-added features</b>                                                                                                                                                                                                                                                                                                                      |  |                                  |
| 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<br>\$400 family |
| The Healthy Health Plan!*, a program that rewards subscribers for being—and becoming—healthy If you're already in great health, terrific! If you could use a little help to get healthier, you can choose to enroll in a customized action health plan that may include regular health coaching, wellness workshops, interactive tools and more! |  | Included                         |
| Oh Baby!, a program that provides prenatal vitamins, a convertible car seat, breast pump 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                         |
| CVS Caremark ExtraCare Health Card – provides 20% discount on CVS/pharmacy-brand health related items.                                                                                                                                                                                                                                           |  | Included                         |
| FCHP Family Fun – provides discounts at Massachusetts and New Hampshire attractions                                                                                                                                                                                                                                                              |  | Included                         |
|                                                                                                                                                                                                                                                                                                                                                  |  |                                  |

## Exclusions

Hearing aids and the evaluation for a hearing aid (for age 22 and above)  
Long-term rehabilitative services  
Nonprescription drugs and vitamins  
Cosmetic surgery  
Experimental procedures or services that are not generally accepted medical practice  
Dental services not described in the FCHP Steward Community Care *Member Handbook/Evidence of Coverage*  
Routine foot care  
Custodial confinement

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**Some services may require prior authorization.** A complete list of benefits and exclusions is in the FCHP Steward Community Care *Member Handbook/Evidence of Coverage*, available by request. This is only a summary of benefits and exclusions.

## Questions?

If you have any questions, please contact Fallon Community Health Plan Customer Service at 1-800-868-5200 (TTY users, please call TRS Relay 711), or visit our Web site at [fchp.org](http://fchp.org).

*\* Pending DOI Approval*



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.

Benefits may vary by employer group.

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