

# Summary of Benefits



## Fallon Senior Plan™ Premier HMO January 1, 2012 to December 31, 2012

**Introduction to the *Summary of Benefits* for  
Fallon Senior Plan™ Premier HMO  
January 1, 2012 - December 31, 2012**

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 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: Hampden and Worcester counties 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 our service area, please see our 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 is 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 <http://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 the Original Medicare Plan 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 <http://www.fchp.org/Extranet/Seniors/PharmacyFinder/>. Our Customer Service number is listed at the end of this introduction.

**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 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://www.fchp.org/Extranet/Seniors/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/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD 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 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 Alfa 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.

#### **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 may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug

Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans for the individual market in your area. You can also call us directly to obtain a copy of the plan ratings. 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/medicare-choices](http://www.fchp.org/medicare-choices), or call us:

**Prospective members** should call toll-free 1-866-231-3669, Monday through Friday from 8:30 a.m. to 5:00 p.m., or 1-888-377-1980, Monday through Friday from 8 a.m. to 8 p.m. (From October 15 – February 14, we're available seven days a week.) TTY users, please call TRS Relay 711.

**Current members** should call toll-free 1-800-868-5200, Monday through Friday from 8 a.m. to 8 p.m. (From October 15 – February 14, we're available seven days a week.) TTY users, please call TRS Relay 711.

**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.

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 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.

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 2012 premium information. If you pay a premium to FCHP, please contact FCHP for 2012 premium information.

Most people will pay the standard monthly Part B premium in addition to their MA 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**

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

You must go to network doctors, specialists and hospitals.

A referral is required for network hospitals and specialists (for certain benefits).

## INPATIENT CARE

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

In 2011 the amounts for each benefit period were:

Days 1-60: \$1132 deductible

Days 61-90: \$283 per day

Days 91-150: \$566 per lifetime reserve day

These amounts may change for 2012.

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 is 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   |
|--|---|--|
| <b>3 - Inpatient Hospital Care, continued</b>  | <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>   |  |
| <b>4 - Inpatient Mental Health Care</b>  | <p>In 2011 the amounts for each benefit period were:</p> <p>Days 1-60: \$1132 deductible</p> <p>Days 61-90: \$283 per day</p> <p>Days 91-150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</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>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |
| <b>5 - Skilled Nursing Facility (SNF)<br/>(in a Medicare-certified skilled nursing facility)</b> | <p>In 2011 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: \$141.50 per day</p> <p>These amounts may change for 2012.</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</p>  | <p>\$0 copay for each skilled nursing facility stay.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>Authorization rules may apply.</p>   |

| <b>Benefit category</b>  | <b>Original Medicare</b>  | <b>Fallon Senior Plan Premier HMO</b>   |
|--|---|---|
| <b>5 - Skilled Nursing Facility (SNF),<br/><i>continued</i></b>  | inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.               |   |
| <b>6 - Home Health Care<br/>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</b> | \$0 copay.  | \$0 copay for Medicare-covered home health visits.<br><br>Authorization rules may apply.                                    |
| <b>7 - Hospice</b>   | You pay part of the cost for outpatient drugs and inpatient respite care.<br><br>You must get care from a Medicare-certified hospice. | You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice. |

## OUTPATIENT CARE

|   |   |  |
|---|---|--|
| <b>8 - Doctor Office Visits</b>           | 20% coinsurance   | \$10 copay for each primary care doctor or specialist visit for Medicare-covered benefits.<br><br>\$10 copay for each in-area, network urgent care Medicare-covered visit.<br><br>Authorization rules may apply. |
| <b>9 - Chiropractic Services</b>          | Supplemental routine care not covered<br><br>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. | \$10 copay for Medicare-covered chiropractic visits for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.  |
| <b>10 - Podiatry Services</b>             | Supplemental routine care not covered.<br><br>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.   | \$10 copay for each Medicare-covered visit for medically-necessary foot care.<br><br>Authorization rules may apply.  |
| <b>11 - Outpatient Mental Health Care</b> | 40% coinsurance for most outpatient mental health services.<br><br>Specified copayment for outpatient partial hospitalization   | \$10 copay for each Medicare-covered individual or group therapy visit with or without a psychiatrist.<br><br>\$0 copay for Medicare-covered partial   |

| Benefit category  | Original Medicare   | Fallon Senior Plan Premier HMO  |
|---|---|---|
| <b>11 - Outpatient Mental Health Care, continued</b>  | <p>program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>"Partial hospitalization program" is 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.</p>  | <p>hospitalization program services.</p> <p>Authorization rules may apply.</p>  |
| <b>12 - Outpatient Substance Abuse Care</b>   | <p>20% coinsurance</p>  | <p>\$10 copay for Medicare-covered individual or group visits.</p> <p>Authorization rules may apply.</p>  |
| <b>13 – Outpatient Services/Surgery</b>   | <p>20% coinsurance for the doctor’s services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>  | <p>\$0 copay for each Medicare-covered ambulatory surgical center or outpatient hospital facility visits.</p> <p>Authorization rules may apply.</p>   |
| <b>14 - Ambulance Services</b><br><br>(medically necessary ambulance services)  | <p>20% coinsurance</p>  | <p>\$0 copay for Medicare-covered ambulance benefits.</p> <p>Authorization rules may apply.</p>   |
| <b>15 - Emergency Care</b><br><br>(You may go to any emergency room if you reasonably believe you need emergency care.) | <p>20% coinsurance for the doctor’s services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>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.</p> <p>Not covered outside the U.S. except under limited circumstances.</p> | <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 72 hours for the same condition, you pay \$0 for the emergency room visit.</p> |

| Benefit category  | Original Medicare   | Fallon Senior Plan Premier HMO  |
|---|---|---|
| <b>16 - Urgently Needed Care</b><br>(This is NOT emergency care, and in most cases, is out of the service area.)        | 20% coinsurance, or a set copay<br>Not covered outside the U.S. except under limited circumstances. | \$10 copay for Medicare-covered urgently needed care visits.  |
| <b>17 - Outpatient Rehabilitation Services</b><br>(Occupational Therapy, Physical Therapy, Speech and Language Therapy) | 20% coinsurance   | \$10 copay for Medicare-covered Occupational, Physical and/or Speech and Language therapy visits.<br><br>Authorization rules may apply. |

### OUTPATIENT MEDICAL SERVICES AND SUPPLIES

|  |  |   |
|--|--|---|
| <b>18 - Durable Medical Equipment</b><br>(includes wheelchairs, oxygen, etc.)<br><br>See page 17 for more about Durable Medical Equipment. | 20% coinsurance  | \$0 copay for Medicare-covered items.<br><br>Authorization rules may apply.   |
| <b>19 - Prosthetic Devices</b><br>(includes braces, artificial limbs and eyes, etc.)   | 20% coinsurance  | \$0 copay for Medicare-covered items.<br><br>Authorization rules may apply.   |
| <b>20 - Diabetes Programs and Supplies</b>   | 20% coinsurance for diabetes self-management training<br><br>20% coinsurance for diabetes supplies<br><br>20% coinsurance for diabetic therapeutic shoes or inserts  | \$0 copay for: <ul style="list-style-type: none"> <li>▪ Diabetes self-management training</li> <li>▪ Diabetes monitoring supplies</li> <li>▪ Therapeutic shoes or inserts</li> </ul> If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$10 may apply.<br><br>Authorization rules may apply. |
| <b>21 - Diagnostic Tests, X-rays, Lab Services, and Radiology Services</b>   | 20% coinsurance for diagnostic tests and X-rays<br><br>\$0 copay for Medicare-covered lab services<br><br>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your | \$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>▪ Diagnostic and therapeutic radiology services</li> </ul> If the doctor provides you services in addition  |

| Benefit category  | Original Medicare  | Fallon Senior Plan Premier HMO   |
|---|--|--|
| <b>21 - Diagnostic Tests, X-rays, Lab Services, and Radiology Services, continued</b> | 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.<br><br>20% coinsurance for digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50 | to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$10 may apply.<br><br>Authorization rules may apply.  |
| <b>22 – Cardiac and Pulmonary Rehabilitation Services</b>                             | 20% coinsurance for Cardiac Rehabilitation services<br>20% coinsurance for Pulmonary Rehabilitation services<br>20% coinsurance for Intensive Cardiac Rehabilitation services<br><br>This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.  | \$0 copay for Medicare-covered: <ul style="list-style-type: none"> <li>▪ Cardiac Rehabilitation Services</li> <li>▪ Intensive Cardiac Rehabilitation Services</li> <li>▪ Pulmonary Rehabilitation Services</li> </ul> Authorization rules may apply. |

## PREVENTIVE SERVICES

|  |   |  |
|--|---|--|
| <b>23 - Preventive Services and Wellness/Education Programs</b><br><br>See page 18 for more about Preventive Services and Wellness/Education Programs. | No coinsurance, copayment or deductible for the following: <ul style="list-style-type: none"> <li>– Abdominal Aortic Aneurysm screening</li> <li>– Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>– Cardiovascular Screening</li> <li>– Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>– Colorectal Cancer Screening</li> <li>– Diabetes Screening</li> <li>– Influenza Vaccine</li> <li>– Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>– 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</li> </ul> | \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> <li>▪ Abdominal Aortic Aneurysm screening</li> <li>▪ Bone Mass Measurement</li> <li>▪ Cardiovascular Screening</li> <li>▪ Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>▪ Colorectal Cancer Screening</li> <li>▪ Diabetes Screening</li> <li>▪ Influenza Vaccine</li> <li>▪ Hepatitis B Vaccine</li> <li>▪ HIV Screening</li> <li>▪ Breast Cancer Screening (Mammogram)</li> <li>▪ Medical Nutrition Therapy Services</li> <li>▪ Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>▪ Pneumococcal Vaccine</li> <li>▪ Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> <li>▪ Smoking Cessation (Counseling to stop smoking)</li> <li>▪ Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</li> </ul> |
|--|---|--|

| Benefit category   | Original Medicare  | Fallon Senior Plan Premier HMO   |
|--|--|--|
| <p><b>23 - Preventive Services and Wellness/Education Programs, <i>continued</i></b></p> | <p>people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <ul style="list-style-type: none"> <li>-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.</li> <li>-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.</li> <li>-Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>-Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>-Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>-Smoking Cessation (counseling to stop smoking). 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.</li> <li>-Welcome to Medicare Physical Exam (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 Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</li> </ul> | <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact the plan for details.</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>▪ Written health education materials, including Newsletters</li> <li>▪ Additional Smoking Cessation</li> <li>▪ Health Club Membership/Fitness Classes</li> <li>▪ Nursing Hotline</li> </ul> <p>Copays may apply for these benefits.</p> |
| <p><b>24 - Kidney Disease and Conditions</b></p>   | <p>20% coinsurance for renal dialysis<br/>20% coinsurance for kidney disease education services</p>  | <p>\$0 copay for renal dialysis and kidney disease education services.</p>   |

| Benefit category   | Original Medicare  | Fallon Senior Plan Premier HMO  |
|--|--|---|
| <p><b>25 - Outpatient Prescription Drugs</b></p> <p>See page 17 for more about Prescription Drugs.</p> | <p>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> | <p><b><u>Drugs covered under Medicare Part B:</u></b><br/>\$10 to \$40 copay for Part B-covered drugs including Part B-covered chemotherapy drugs.</p> <p><b><u>Drugs covered under Medicare Part D:</u></b><br/>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary online at <a href="http://www.fchp.org/Extranet/Seniors/Formulary/">http://www.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 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"> <li>▪ Have limited incomes</li> <li>▪ Live in long-term care facilities, or</li> <li>▪ Have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <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>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 Web site, 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>If you request a formulary exception for a drug and Fallon Community Health Plan approves the exception, you will pay Tier 3: <i>Non-Preferred Brand Drugs</i> cost sharing for that drug.</p> |

| Benefit category  | Original Medicare | Fallon Senior Plan Premier HMO   |
|---|-------------------|--|
| <p>25 - Outpatient Prescription Drugs, <i>continued</i></p> |                   | <p>Supplemental drugs don't count toward your out-of-pocket drug costs.</p> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p><b>In-network</b></p> <p><b>Initial Coverage</b></p> <p>You pay the following until total yearly drug costs reach \$4,700:</p> <p><b>Retail Pharmacy</b></p> <p>Tier 1: <i>Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> <li>▪ \$10 copay for a 30-day supply</li> <li>▪ \$20 copay for a 60-day supply</li> <li>▪ \$30 copay for a 90-day supply</li> </ul> <p>Tier 2: <i>Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>▪ \$20 copay for a 30-day supply</li> <li>▪ \$40 copay for a 60-day supply</li> <li>▪ \$60 copay for a 90-day supply</li> </ul> <p>Tier 3: <i>Non-Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>▪ \$40 copay for a 30-day supply</li> <li>▪ \$80 copay for a 60-day supply</li> <li>▪ \$120 copay for a 90-day supply</li> </ul> <p><b>Long Term Care Pharmacy</b></p> <p>Tier 1: <i>Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> <li>▪ \$10 copay for a 31-day supply</li> </ul> <p>Tier 2: <i>Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>▪ \$20 copay for a 31-day supply</li> </ul> <p>Tier 3: <i>Non-Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>▪ \$40 copay for a 31-day supply</li> </ul> <p><b>Mail Order Pharmacy</b></p> <p>Tier 1: <i>Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> <li>▪ \$10 copay for a 30-day supply</li> <li>▪ \$20 copay for a 60-day supply</li> <li>▪ \$20 copay for a 90-day supply</li> </ul> <p>Tier 2: <i>Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>▪ \$20 copay for a 30-day supply</li> <li>▪ \$40 copay for a 60-day supply</li> <li>▪ \$40 copay for a 90-day supply</li> </ul> <p>Tier 3: <i>Non-Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>▪ \$40 copay for a 30-day supply</li> <li>▪ \$80 copay for a 60-day supply</li> <li>▪ \$80 copay for a 90-day supply</li> </ul> <p><b>Medicare Coverage Gap Discount</b></p> <p>After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs</p> |

| Benefit category  | Original Medicare   | Fallon Senior Plan Premier HMO  |
|---|---|---|
| <p>25 - Outpatient Prescription Drugs, <i>continued</i></p> |   | <p>until your yearly out-of-pocket drug costs reach \$4,700.</p> <p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ 5% coinsurance , or</li> <li>▪ A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</li> </ul> <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 Community Health Plan.</p> <p><b>Out-of-Network Initial Coverage</b></p> <p>You will be reimbursed up to the plan's cost of the drug minus the cost-sharing listed above under <i>Initial Coverage</i> until your total yearly drug costs reach \$4,700:</p> <p><b>Out-of-Network Medicare Coverage Gap Discount</b></p> <p>After your total yearly drug costs reach \$2,930, you will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p> <p><b>Out-of-Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,700, 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"> <li>▪ 5% coinsurance, or</li> <li>▪ A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</li> </ul> |
| <p>26 - Dental Services</p>                                 | <p>Preventive dental services (such as cleaning) not covered.</p> | <p>\$10 copay for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleanings) not covered.</p>  |

| Benefit category         | Original Medicare  | Fallon Senior Plan Premier HMO   |
|--------------------------|--|--|
| 27 - Hearing Services    | <p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>   | <p>In general, supplemental routine hearing exams are not covered.</p> <p>\$10 for Medicare-covered diagnostic hearing exams.</p> <p>\$500 plan coverage limit for hearing aids every 36 months.</p>   |
| 28 - Vision Services     | <p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p> | <p>\$10 copay for eye exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for Medicare-covered Glaucoma tests.</p> <p>\$10 copay for up to one supplemental routine eye exam every year.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$150 plan coverage limit for eyewear every year.</p> <p>Authorization rules may apply.</p> |
| Over-the-Counter Items   | Not covered.   | This plan does not cover Over-the-Counter items.   |
| Transportation (Routine) | Not covered.   | This plan does not cover supplemental routine transportation.  |
| Acupuncture              | Not covered.   | This plan does not cover Acupuncture.  |

### **Other Supplemental Benefits**

We cover wigs that are not covered by Medicare. For members who suffer hair loss as a result of the treatment for any form of cancer or leukemia, wigs are covered. FCHP will cover up to \$350 per calendar year. Members are responsible for amounts that exceed \$350. Authorization rules apply.

### **Durable Medical Equipment**

If a member 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.

### **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.

This plan includes drugs not normally covered under Medicare Part D. This additional coverage is known as supplemental drug coverage and includes such drugs as benzodiazepine and barbiturate therapeutic category drugs. These drugs are not normally covered by Medicare Part D, and therefore 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 a question about your Medicare Part D year-to-date prescription drug spending balance, you may call our Customer Service Department at 1-800-868-5200 (TTY users, please call TRS Relay 711), Monday through Friday, 8 a.m. to 8 p.m. (From October 15 – February 14, we're available 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 through Friday from 7 a.m. to 7 p.m.

## **Preventive Services and Wellness/Education Programs and Other Health/Wellness Programs**

### *Newsletter*

FCHP's member magazine is filled with information to help keep you well.

### *Nutritional Training & Health/Wellness Education*

Depending on the type of class and its location, you may pay a fee. You must receive services from network providers. Contact Fallon Community Health Plan for complete 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. Smoking cessation classes and the first week of nicotine replacement therapy (NRT) are free. After the free NRT, the following costs apply:

- \$15 for one week's supply of patches (7 patches)
- \$5 for supplemental gum (14 pieces)
- \$25 for one box of gum (100 pieces)

## **Health Club Membership/Fitness Classes**

### *SilverSneakers® Fitness Program or SilverSneakers® Steps*

As a member of Fallon Senior Plan HMO, 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 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](http://www.silversneakers.com) or call 1-888-423-4632 (TTY users, please call TRS Relay 711).

SilverSneakers Steps is available as an alternative for members residing outside the participating fitness location network (usually 15 miles from nearest participating location). SilverSneakers Steps is a self-directed physical activity program that allows members to measure, track and increase physical activity 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.*

### *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—a savings of up to \$175 per year.

*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 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. 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 1-800-868-5200, Monday through Friday, 8 a.m. to 8 p.m. (From October 15 – February 14, we're available seven days a week.) TTY users, please call TRS Relay 711.

We invite prospective members to call 1-866-231-3669, Monday through Friday from 8:30 a.m. to 5 p.m., or 1-888-377-1980, Monday through Friday, 8 a.m. to 8 p.m. (From October 15 – February 14, we're available seven days a week.) TTY users, please call TRS Relay 711.

You can also visit our Web site at [www.fchp.org/medicare-choices](http://www.fchp.org/medicare-choices).

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

**Fallon Senior Plan Premier HMO Service area  
(ZIP code list)**

**Massachusetts**

**Essex County\***

| <b>Town</b> | <b>ZIP</b> |
|-------------|------------|
| Andover     | 01810      |
| Andover     | 01812      |
| Andover     | 01899      |
| Andover     | 05501      |
| Andover     | 05544      |
| Haverhill   | 01830      |
| Haverhill   | 01831      |
| Haverhill   | 01832      |
| Haverhill   | 01833      |
| Haverhill   | 01835      |
| Lawrence    | 01840      |
| Lawrence    | 01841      |
| Lawrence    | 01842      |
| Lawrence    | 01843      |
| Methuen     | 01844      |

**Franklin County\***

| <b>Town</b>     | <b>ZIP</b> |
|-----------------|------------|
| Erving          | 01344      |
| New Salem       | 01355      |
| Northfield      | 01360      |
| Northfield      |            |
| Mount Hermon    | 01354      |
| North New Salem | 01364      |
| Orange          | 01364      |
| Warwick         | 01378      |
| Wendell         | 01379      |
| Wendell Depot   | 01380      |

**Hampden County\*\***

| <b>Town</b>     | <b>ZIP</b> |
|-----------------|------------|
| Agawam          | 01001      |
| Blandford       | 01008      |
| Bondsville      | 01009      |
| Brimfield       | 01010      |
| Chester         | 01011      |
| Chicopee        | 01013      |
| Chicopee        | 01014      |
| Chicopee        | 01020      |
| Chicopee        | 01021      |
| Chicopee        | 01022      |
| East Longmeadow | 01028      |
| Feeding Hills   | 01030      |
| Granville       | 01034      |
| Hampden         | 01036      |
| Holland         | 01521      |

**Hampden County\*\***

***continued***

| <b>Town</b>      | <b>ZIP</b> |
|------------------|------------|
| Holyoke          | 01040      |
| Holyoke          | 01041      |
| Indian Orchard   | 01151      |
| Longmeadow       | 01106      |
| Longmeadow       | 01116      |
| Ludlow           | 01056      |
| Montgomery       | 01085      |
| Monson           | 01057      |
| Palmer           | 01069      |
| Russell          | 01071      |
| Southwick        | 01077      |
| Springfield      | 01101      |
| Springfield      | 01102      |
| Springfield      | 01103      |
| Springfield      | 01104      |
| Springfield      | 01105      |
| Springfield      | 01107      |
| Springfield      | 01108      |
| Springfield      | 01109      |
| Springfield      | 01111      |
| Springfield      | 01114      |
| Springfield      | 01115      |
| Springfield      | 01118      |
| Springfield      | 01119      |
| Springfield      | 01128      |
| Springfield      | 01129      |
| Springfield      | 01133      |
| Springfield      | 01138      |
| Springfield      | 01139      |
| Springfield      | 01144      |
| Springfield      | 01152      |
| Springfield      | 01195      |
| Springfield      | 01199      |
| Thorndike        | 01079      |
| Three Rivers     | 01080      |
| Tolland          | 01034      |
| Wales            | 01081      |
| West Springfield | 01089      |
| West Springfield | 01090      |
| Westfield        | 01085      |
| Westfield        | 01086      |
| Wilbraham        | 01095      |
| Woronoco         | 01097      |

**Hampshire County\***

| <b>Town</b>   | <b>ZIP</b> |
|---------------|------------|
| Belchertown   | 01007      |
| Easthampton   | 01027      |
| Granby        | 01033      |
| Huntington    | 01050      |
| South Hadley  | 01075      |
| Southampton   | 01073      |
| Ware          | 01082      |
| West Hatfield | 01088      |

**Middlesex County\***

| <b>Town</b> | <b>ZIP</b> |
|-------------|------------|
| Acton       | 01720      |
| Ashby       | 01431      |
| Ashland     | 01721      |
| Ayer        | 01432      |
| Ayer        | 01434      |
| Bedford     | 01730      |
| Billerica   | 01821      |
| Billerica   | 01822      |
| Boxborough  | 01719      |
| Burlington  | 01803      |
| Burlington  | 01805      |
| 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      |

**Massachusetts cont.**

**Middlesex County\***  
**continued**

| <b>Town</b>      | <b>ZIP</b> |
|------------------|------------|
| 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      |
| Wilmington       | 01887      |
| Woodville        | 01784      |

**Norfolk County\***

| <b>Town</b>  | <b>ZIP</b> |
|--------------|------------|
| Bellingham   | 02019      |
| Franklin     | 02038      |
| Medway       | 02053      |
| Millis       | 02054      |
| Norfolk      | 02056      |
| Sheldonville | 02070      |
| Wrentham     | 02093      |

**Worcester County\*\***

| <b>Town</b>    | <b>ZIP</b> |
|----------------|------------|
| 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      |

**Worcester County\*\***  
**continued**

| <b>Town</b>      | <b>ZIP</b> |
|------------------|------------|
| 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      |

**Worcester County\*\***  
**continued**

| <b>Town</b>       | <b>ZIP</b> |
|-------------------|------------|
| Shrewsbury        | 01545      |
| Shrewsbury        | 01546      |
| South Barre       | 01074      |
| South Grafton     | 01560      |
| South Lancaster   | 01561      |
| Southborough      | 01772      |
| 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      |

**Connecticut****Hartford County\***

| <b>Town</b>   | <b>ZIP</b> |
|---------------|------------|
| Enfield       | 06082      |
| Enfield       | 06083      |
| Granby        | 06035      |
| Granby        | 06090      |
| Hazardville   | 06083      |
| North Granby  | 06060      |
| North         |            |
| Thompsonville | 06083      |
| Scitico       | 06083      |
| Suffield      | 06078      |
| Suffield      | 06080      |
| Suffield      | 06093      |
| Thompsonville | 06083      |
| West Granby   | 06090      |
| West Suffield | 06093      |

**Tolland County\***

| <b>Town</b>      | <b>ZIP</b> |
|------------------|------------|
| Somers           | 06071      |
| Stafford         | 06075      |
| Stafford Springs | 06076      |
| Union            | 06076      |

**Windham County\***

| <b>Town</b>      | <b>ZIP</b> |
|------------------|------------|
| East Woodstock   | 06244      |
| North            |            |
| Grosvenordale    | 06255      |
| North            |            |
| Grosvenordale    | 06256      |
| South Woodstock  | 06267      |
| Thompson         | 06277      |
| Woodstock        | 06281      |
| Woodstock Valley | 06282      |

\* Partial County

\*\* Full County

**New Hampshire****Cheshire County\***

| <b>Town</b> | <b>ZIP</b> |
|-------------|------------|
| Fitzwilliam | 03447      |
| Rindge      | 03461      |

**Hillsborough County\***

| <b>Town</b> | <b>ZIP</b> |
|-------------|------------|
| Hudson      | 03051      |
| Nashua      | 03060      |
| Nashua      | 03061      |
| Nashua      | 03062      |
| Nashua      | 03063      |
| Nashua      | 03064      |
| Pelham      | 03076      |

**Rockingham County\***

| <b>Town</b> | <b>ZIP</b> |
|-------------|------------|
| Salem       | 03079      |
| Windham     | 03087      |

**Rhode Island****Providence County\***

| <b>Town</b>      | <b>ZIP</b> |
|------------------|------------|
| 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      |
| Slatersville     | 02876      |
| Smithfield       | 02917      |
| Valley Falls     | 02864      |
| Woonsocket       | 02895      |



[www.fchp.org/medicare-choices](http://www.fchp.org/medicare-choices)