



*Please read legal disclaimers at the end of this printout.

**Talk to a live representative at 1-800-977-8860 Monday-Friday 5am-9pm PT.
Sat & Sun 7am-4pm PT**

Live chat is also available at our website at www.ehealthinsurance.com 24x7.

Your Quote Summary

Coverage for: Applicant (M/44), Spouse (F/41), Child (M/12)
 State / Zip Code: MA / 02205
 County: SUFFOLK
 Coverage Start Date: 9/15/2009

Quotes generated on 8/19/2009



FCHP Select Care Premium Saver 2000/500 I

\$1,106.00
 Monthly Cost

APPLY

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Information below describes the in-network coverage for this plan. The amounts shown are your share of the costs for covered benefits.

Details at a Glance

<u>Plan Type</u>	HMO
<u>Office Visit for Primary Doctor</u>	\$25 Copay
<u>Office Visit for Specialist</u>	\$40 Copay
<u>Coinsurance</u>	None
<u>Annual Deductible</u>	Family:\$4,000(\$2,000 per person, 2 persons maximum)
<u>Separate Prescription Drugs Deductible</u>	None
<u>Prescription Drugs</u>	Generic: \$15 Copay (Tier 1 drugs as part of FCHP's formulary) Brand: \$50 Copay (Tier 2 drugs as part of FCHP's formulary) Non-Formulary: \$100 Copay (Tier 3 drugs as part of FCHP's formulary)
<u>Annual Out-of-Pocket Limit</u>	Family:\$10,000(\$5,000 per person, 2 persons maximum) Includes deductible
<u>Lifetime Maximum</u>	Unlimited
<u>Health Savings Account (HSA) Eligible</u>	No
<u>Out-of-Network Coverage</u>	No
<u>Out of Country Coverage</u>	

Emergency Care Only

 [Find Doctors](#) (Search to see if your doctors are part of this plan's network.)

Physicians

Primary Care Physician (PCP) Required Yes

Specialist Referrals Required Yes

Preventive Care Coverage

Periodic Health Exam No Charge

Periodic OB-GYN Exam No Charge

Well Baby Care No Charge

Prescription Drug Coverage

Generic Prescription Drugs \$15 Copay (Tier 1 drugs as part of FCHP's formulary)

Brand Prescription Drugs \$50 Copay (Tier 2 drugs as part of FCHP's formulary)

Non-Formulary Prescription Drugs Coverage \$100 Copay (Tier 3 drugs as part of FCHP's formulary)

Mail Order for Prescription Drugs

Generic: \$30 Copay (Tier 1 drugs as part of FCHP's formulary)

Brand: \$100 Copay (Tier 2 drugs as part of FCHP's formulary)

Non-Formulary: \$200 Copay (Tier 3 drugs as part of FCHP's formulary)

Days Supply: 90

Separate Prescription Drugs Deductible None

Hospital Services Coverage

Emergency Room \$200 Copay (waived if admitted)

Outpatient Lab/X-Ray Preventive - No Charge; Diagnostic - No Charge after deductible

Outpatient Surgery \$250 Copay after deductible

Hospitalization \$500 Copay after deductible

Maternity Coverage

Pre & Postnatal Office Visit Prenatal Care: \$25 first visit only; Postnatal: \$25 per visit

Labor & Delivery Hospital Stay \$500 Copay after deductible

Additional Coverage

Chiropractic Coverage \$25 Copay (20 Visits Per Year)

Mental Health Coverage

\$25 Copay

Additional Information

A.M. Best Rating N/A as of 05/23/2008

Application Fee No

Electronic Signature for Application Available Yes

Will insurance company obtain and pay for medical records? No

Additional information about this health insurance plan is available in the documents below.

[Plan Brochure \(PDF\)](#)

[Exclusions and Limitations](#)

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IMPORTANT NOTICES AND DISCLAIMERS

- **THE BENEFITS MATRIX IS A SUMMARY FOR INFORMATIONAL PURPOSES ONLY. REVIEW THE EVIDENCE OF COVERAGE AND INSURANCE POLICY (PLAN CONTRACT) FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS, LIMITATIONS, AND EXCLUSIONS. ONLY THE TERMS AND CONDITIONS OF COVERAGE BENEFITS LISTED IN THE POLICY ARE BINDING.**
- The benefits listed may be contingent on your use of physicians, hospitals, and services within the specific insurance company's provider network.
- The Copayment, Deductible, and Coinsurance amounts are your share of the costs for covered benefits. These amounts are subject to change.
- The quotes or rates shown above are estimates only. Your premium is subject to change based on your medical history, the underwriting practices of the insurance company, the optional benefits you selected, if any, and other relevant factors, such as changes in rates which take effect before your requested effective date. The insurance company always determines your actual premium. Insurance companies reserve the right to change the terms of a policy upon proper notification.