

NaviCare[®] HMO SNP (a Medicare HMO Special Needs Plan) offered by Fallon Community Health Plan (Fallon Health)

Annual Notice of Changes for 2025

You are currently enrolled as a member of NaviCare HMO SNP. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Changes.*** NOTE: NaviCare members have no costs for covered services.

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at fallonhealth.org/navicare. You may also call Enrollee Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you. NOTE: NaviCare members have no costs for covered services.
 - Review the changes to medical care costs (doctor, hospital). NOTE: NaviCare members have no costs for covered services.
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing. NOTE: NaviCare members have no costs for covered services.
 - Think about how much you will spend on premiums, deductibles, and cost sharing. NOTE: NaviCare members have no costs for covered services.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your Massachusetts State Health Insurance Assistance Program (SHIP) to speak with a trained counselor. NOTE: NaviCare members have no costs for covered services.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website. NOTE: NaviCare members have no costs for covered services.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in NaviCare HMO SNP.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with NaviCare HMO SNP.
- Look in section 2.2, page 12 to learn more about your choices.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Enrollee Services number at 1-877-700-6996 for additional information. (TTY users should call TRS 711.) Hours are 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). This call is free.
- This information is available for free in alternate formats, such as braille, large print or audio.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About NaviCare HMO SNP

- Fallon Health is an HMO plan with a Medicare contract and a contract with the Massachusetts Medicaid program. Enrollment in Fallon Health depends on contract renewal. NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS. The plan also has a written agreement with the Massachusetts Medicaid program to coordinate your MassHealth (Medicaid) benefits.

NOTE: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estatercovery.

- When this document says “we,” “us,” or “our,” it means Fallon Community Health Plan (Fallon Health). When it says “plan” or “our plan,” it means NaviCare HMO SNP.

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Summary of Important Changes for 2025

The table below compares the 2024 costs and 2025 costs for NaviCare HMO SNP in several important areas. **Please note this is only a summary of costs.** Because you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium NOTE: NaviCare members have no premium.	\$0	\$0
Part D prescription drug coverage (See Section 1.4 for details.)	\$0	\$0

SECTION 1 Changes to Benefits for Next Year

Section 1.1 – Changes to the Monthly Premium – There is no premium for NaviCare members

Cost	2024 (this year)	2025 (next year)
<p>Monthly premium</p> <p>(You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid).)</p>	\$0	\$0
<p>Medicare Part B premium reduction</p>	<p>A Part B premium reduction is <u>not</u> available.</p>	<p>You receive a \$1.06 reduction of your monthly Part B premium. The premium reduction applies only to amounts you or others on your behalf pay toward your Medicare Part B premium.</p>

Section 1.2 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. NOTE: NaviCare members have no costs for covered services.

Updated directories are located on our website at fallonhealth.org/navicare. You may also call Enrollee Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider and Pharmacy Directory (fallonhealth.org/navicare) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Provider and Pharmacy Directory (fallonhealth.org/navicare) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Enrollee Services so we may assist.

Section 1.3 – Changes to Benefits for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and MassHealth (Medicaid) benefits and costs. NOTE: NaviCare members have no costs for covered services.

We are making changes to benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<p>Dental services</p>	<p>You pay \$0 for dental implant covered services.</p> <p>Prior authorization (approval in advance) is required for comprehensive dental, including endodontics, extractions, oral surgery services (with the exception of the removal or exposure of impacted teeth), periodontics, prosthodontics, restorative services, and other oral/maxillofacial surgery.</p> <p>Covered services include: Addition, repair or removal of fixed or removable space maintainers, pulpal regeneration, extraction or splint of coronal remnants, root removal without root canal therapy, anatomical crown, bone replacement graft, tissue regeneration and grafts, occlusal guard appliance and repair, transseptal fibrotomy, surgical reduction of fibrous tuberosity, replacement of all</p>	<p>You pay \$0 for dental implant covered services for up to 4 implants per calendar year. Dental implants are limited to one every 5 years per tooth.</p> <p>Prior authorization (approval in advance) is required for adjunctive general services, diagnostics, endodontics, implants and related services, Medicare dental services, oral/maxillofacial surgery (with the exception of the removal of impacted teeth), periodontics, prosthodontics (removable and fixed), and restorative services.</p> <p>Covered services do <u>not</u> include: Addition, repair or removal of fixed or removable space maintainers, pulpal regeneration, extraction or splint of coronal remnants, root removal without root canal therapy, anatomical crown, bone replacement graft,</p>

Cost	2024 (this year)	2025 (next year)
	teeth on maxillary or mandibular dentures, and tooth reimplantation.	tissue regeneration and grafts, occlusal guard appliance and repair, transeptal fiberotomy, surgical reduction of fibrous tuberosity, replacement of all teeth on maxillary or mandibular dentures, and tooth reimplantation.
Health and wellness education programs	SilverSneakers® is covered. WW® is covered.	SilverSneakers® is <u>not</u> covered. WW® is <u>not</u> covered.
Outpatient behavioral health care	Prior authorization is required on Transcranial Magnetic Stimulation Therapy (TMS), Electro-Convulsive Therapy (ECT), Neuro-psychological Testing and Intensive Outpatient Therapy (IOP).	Prior authorization is required on Transcranial Magnetic Stimulation Therapy (TMS), Electro-Convulsive Therapy (ECT), and Intensive Outpatient Therapy (IOP).
Outpatient diagnostic tests and therapeutic supplies	Referral is <u>not</u> required for outpatient diagnostic tests, procedures and lab tests. Prior Authorization is required for CT scans, PET scans, MRIs, nuclear studies, proton beam therapy, intensity modulated radiation of the breast, hyperbaric oxygen therapy, genetic testing, and sleep studies (polysomnography).	Referral is required for outpatient diagnostic tests, procedures and lab tests. Prior Authorization is required for CT scans, PET scans, MRIs, nuclear studies, proton beam therapy, intensity modulated radiation of the breast, hyperbaric oxygen therapy, genetic testing, sleep studies (polysomnography) and lab tests.
Outpatient hospital services	Referral is <u>not</u> required for diagnostic procedures, tests and lab tests.	Referral is required for diagnostic procedures, test and lab tests.

Cost	2024 (this year)	2025 (next year)
<p>Over-the-Counter items</p>	<p>You pay \$0 for approved over-the-counter items with the Save Now card, up to \$162 every quarter. You pay all costs over \$162 per quarter.</p> <p>You pay \$0 for approved personal care and grocery items per quarter. You pay all costs over \$50 per quarter.</p>	<p>You pay \$0 for approved over-the-counter items with the Save Now card, up to \$275 every quarter. You pay all costs over \$275 per quarter.</p> <p>Personal care and grocery items are <u>not</u> covered. For members with chronic illnesses, you may use the Save Now card to purchase healthy and nutritious food products similar to the Supplemental Nutrition Assistance Program (SNAP) benefit offering. Members without chronic illness can only use the Save Now card towards the purchase of Medicare-approved OTC items. Please see SSBCI benefit below for more information.</p>
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p>	<p>Special Supplemental Benefits for the Chronically Ill are <u>not</u> covered.</p>	<p>Special Supplemental Benefits for the Chronically Ill are covered.</p> <p>Enrollees with chronic condition(s) that meet certain criteria may be eligible for supplemental benefits for the chronically ill. Qualifying members will have access to \$100 of the OTC funds per calendar quarter through their Save Now card for healthy food and produce items at network retailers.</p> <p>Chronic conditions include: Chronic alcohol and other drug dependence, autoimmune disorders, cancer,</p>

Cost	2024 (this year)	2025 (next year)
		<p>cardiovascular disorders, chronic heart failure, chronic and disabling behavioral health conditions, chronic lung disorders, dementia, diabetes, end-stage liver disease, end-stage renal disease, severe hematologic disorders, HIV/AIDS, neurologic disorders, and stroke. Not all members with an eligible condition will qualify. Other eligibility and coverage criteria also apply.</p> <p>Chronic diseases are generally conditions that require ongoing medical attention or limit activities of daily living. The condition is diagnosed by a licensed medical professional, including your primary care physician, nurse practitioner and similar providers.</p>
Transportation (non-emergent non-medical)	You pay \$0 for up to 140 MassHealth (Medicaid)-covered one-way transports per year.	You pay \$0 for up to 130 MassHealth (Medicaid)-covered one-way transports per year.
Vision care	You pay \$0 for up to 2 pairs of supplemental eyewear up to \$570. There is a \$570 plan coverage limit for supplemental eyewear every year. You pay all charges over \$570 each year.	You pay \$0 for up to 2 pairs of supplemental eyewear up to \$403. There is a \$403 plan coverage limit for supplemental eyewear every year. You pay all charges over \$403 each year.

Section 1.4 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 5 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Enrollee Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 11 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website:

<https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>.

You may also contact Enrollee Services or ask your health care provider, prescriber, or pharmacist for more information.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in NaviCare HMO SNP

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our NaviCare HMO SNP.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your Massachusetts Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Fallon Community Health Plan (Fallon Health) offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from NaviCare HMO SNP.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from NaviCare HMO SNP.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Enrollee Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with MassHealth (Medicaid), those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have MassHealth (Medicaid), you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your MassHealth (Medicaid) benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can also switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 4 Programs That Offer Free Counseling about Medicare and MassHealth (Medicaid)

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called Serving the Health Insurance Needs of Everyone (SHINE) Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-243-4636, TTY/ASCII: 1-

800-439-2370. You can learn more about SHINE by visiting their website (www.mass.gov/health-insurance-counseling).

For questions about your MassHealth (Medicaid) benefits, contact MassHealth (Medicaid) at 1-800-841-2900, TTY: 1-800-497-4648, Monday–Friday, 8 a.m.–5 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **Extra Help™ from Medicare.** Because you have MassHealth (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “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;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your Massachusetts Medicaid Office.
- **Help from your Massachusetts pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your Massachusetts State Health Insurance Assistance Program.

SECTION 6 Questions?

Section 6.1 – Getting Help from NaviCare HMO SNP

Questions? We’re here to help. Please call Enrollee Services at 1-877-700-6996. (TTY only, call TRS 711.) We are available for phone calls 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). Calls to these numbers are free.

Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for NaviCare HMO SNP. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the

rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at fallonhealth.org/navicare. You may also call Enrollee Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at fallonhealth.org/navicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 – Getting Help from MassHealth (Medicaid)

To get information from MassHealth (Medicaid) you can call MassHealth (Medicaid) at 1-800-841-2900. TTY users should call 1-800-497-4648.