

Fallon Medicare Plus™

Jan. 1, 2024–Dec. 31, 2024



care.

It's what we believe in.





# Welcome to Fallon Health.

Fallon Health is a not-for-profit health care services organization that has been improving health and inspiring hope for more than 45 years. As the first health plan in the country to offer a Medicare Advantage plan, we're committed to providing care and coverage that goes further. We build our products and benefits to make sure that you receive the care you need and deserve.

Massachusetts is our home, and our team is local. When you call us, you'll speak with someone who knows, and serves, this community. We believe that health care is personal and that you should be able to talk to a real person—not a computer. Because we want you to get the service you need, when you need it.

Please keep reading. We think you'll like the rich benefits and affordable plan designs you'll find on the pages ahead.





# Save money with Orange!

With our Orange plan, you get a lot for \$0.



- Monthly premium
- Medical deductible
- Annual physical exam
- Annual wellness exam
- Prescriptions (Tiers 1 and 6 drugs)
- Preventive dental
- Preventive screenings
- Routine eye exam
- Telehealth visits (PCP and behavioral health)
- X-rays, labs, and tests
- 24/7 phone access to registered nurses

Plus, every year you'll get a **\$1,000 Benefit Bank allowance**, \$275 to buy health care products, and a free 13-consecutive-week WW® (Weight Watchers) membership—all at no extra cost!

Keep reading to learn more about our Orange plan, as well as our Green and Blue plan options.



# The Benefit Bank

**Pay for dental care, eyewear, fitness memberships, and hearing aids—  
with the Benefit Bank card.**

The Benefit Bank card is included with all of our Orange, Green, and Blue plans. Fallon Health preloads money onto your card and you choose how to use it. Pay a portion—or the full cost—of an eligible item, or buy a combination of items. It's your card, and your choice how to use it.

For example, if you need a filling and see a dentist in our network, you can use your Benefit Bank to cover your co-pay and have money left on the card to pay for something else. If you see an out-of-network dentist, you can use your Benefit Bank card to pay for the cost of the filling.

The amount we load onto your Benefit Bank card varies depending on the plan you choose. Allowances range from \$250 to \$1,000.

Plus, if you join our Orange or Green plans, you get extra money to buy health care products. You'll get either \$275 or \$255—depending on your plan—that you can use to shop through NationsOTC, online or by phone.





# Save money with these extras.

All of our Orange, Green, and Blue plans also include the below benefits.

## Dental

You pay \$0 for routine preventive dental like cleanings, exams, and X-rays. Comprehensive dental care, like root canals, fillings, and crowns are also covered—with a copay. Your Benefit Bank can be used to pay for copays and out-of-network dental services.

## Eyewear

\$150 toward eyewear, every year. You can also use your Benefit Bank toward additional—or out-of-network—eyewear costs.

## Hearing aids

Pay between \$695 and \$2,645 when you make purchases through Amplifon. Copays vary by hearing aid type and technology. You can use your Benefit Bank toward these copayments or on hearing aids purchased from other providers.

## Care Connect

24/7 access to registered nurses by phone, at a \$0 copay. Nurses provide guidance on where to go for care and/or they can connect you with your doctor.

## Fitness benefit

All of our Green and Blue plans include a free gym membership, on-demand library of classes, workouts, and instructional videos—all are available through SilverSneakers®. Plus, all of our Orange, Green, and Blue plan members can use the Benefit Bank to pay for fitness memberships of their choice.

## WW® membership

Free 13-consecutive-week WW (Weight Watchers) membership.





# Choose your plan: Orange,

## Choose your plan

With Fallon Medicare Plus, you have three Medicare Advantage HMO options—Orange, Green, and Blue. All plans are designed to offer rich benefits that meet your health care needs and budget.

These plans are available to members across our entire service area. And they are part of our “broad” network—a high-quality network that includes thousands of providers—from the Berkshires to Boston, and from the South Shore to the North Shore.

**Your medical deductible is \$0**, no matter where you live or what plan you choose!

Monthly premium for residents of...	Orange	Green	Blue
Franklin, Hampden, and Hampshire counties	\$0	\$66	\$110
Barnstable, Berkshire, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$0	\$78	\$174
Worcester County	\$0	\$99	\$207

## Are you a U.S. veteran?

**Thank you for your service.**

At Fallon Health, we appreciate you and care about your health. We want you to know that with Fallon Health's Saver No Rx plan, you can receive more health care benefits and will have more flexibility on where you receive your care. You can join our Saver No Rx plan and it won't impact the benefits you receive from the U.S. Department of Veterans Affairs (VA). Learn more at [fallonhealth.org/medicare](https://fallonhealth.org/medicare).



# Green, or Blue. It's that simple.

## Get rich benefits

The below are just some of the benefits included with our plans. These are available to members throughout our service area.

Benefits	Orange	Green	Blue
Benefit Bank	\$1,000	\$500	\$250
Over-the-counter benefit	\$275 per calendar year	\$255 per calendar year	n/a
Dental—preventive and comprehensive	Included	Included	Included
Fitness—free gym membership, online classes, and more—through SilverSneakers®.	n/a	Included	Included

To learn more about the benefits and extras available with all of our plans, keep reading.





# Do you live in Worcester County?

You can save money when you join a plan in our “central” network.

## The “central” network: Fallon Medicare Plus™ Central HMO

The “central” network is a high-quality network that is **only available to those who live in Worcester County**.

If you choose this network, you must receive care from a limited provider network, which includes:

- Reliant Medical Group
- Heywood Hospital and providers
- Saint Vincent Hospital
- Select Steward Health Care providers
- And other contracted providers





## What you'll pay

With our Green and Blue "central" plans, you'll pay a lower monthly premium and you'll get all of the same benefits listed on the previous pages—with the same copays and out-of-pocket costs.

The monthly premiums for the "central" network plans are:

- \$33 for Fallon Medicare Plus™ Central Green
- \$123 for Fallon Medicare Plus™ Central Blue



## Remember:

Residents of Worcester County can choose to join a plan in either of our networks. You'll get the same benefits and coverage no matter what network you choose.



# Plan options and benefits

Choose a plan—Orange, Green, or Blue—that works for your needs and budget.

Benefits and copayments	Orange	Green	Blue
Annual supplemental physical exam	\$0	\$0	\$0
Primary care provider (PCP) office visits	\$0	\$5	\$10
Telehealth: PCP, behavioral health, and approved telehealth vendor	\$0	\$0	\$0
Specialty office visits, in person or via telehealth—except as noted above	\$40	\$40	\$20
Preventive dental (cleanings, exams, and X-rays)	\$0	\$0	\$0
Routine eye exam	\$0	\$0	\$20
Ambulance	\$295	\$225 (\$900 out-of-pocket maximum per year)	\$125 (\$500 out-of-pocket maximum per year)
Inpatient hospital care—acute	\$370 per day (days 1-5) \$0 per day (days 6-90)	\$300 per day (days 1-5) \$0 per day (days 6-90)	\$200 per admission (\$400 out-of-pocket maximum per year)
Diagnostic services (Tests, procedures, X-rays, labs)	\$0	\$0	\$0
Hi-tech imaging (CT, PET, and MRI scans and nuclear studies)	\$300	\$250 (\$1,000 out-of-pocket maximum per year)	\$150 (\$600 out-of-pocket maximum per year)
Outpatient surgery	\$350	\$275	\$120
Worldwide ER visits	\$90	\$90	\$120
Urgent care Inside/Outside the U.S. and its territories	\$10/\$90	\$5/\$90	\$10/\$120
Part D prescription drug coverage	Included	Included	Included



# Prescription drug coverage

All of our Orange, Green, and Blue plans include  
Medicare Part D prescription drug coverage.

	Orange	Green	Blue
Deductible <sup>1</sup>	\$200 (Tiers 3-5)	\$175 (Tiers 3-5)	\$0
Retail (30/60/90-day supply)			
Tier 1 <sup>2</sup>	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
Tier 2	\$7/\$14/\$21	\$7/\$14/\$21	\$7/\$14/\$21
Tier 3	\$37/\$74/\$111	\$37/\$74/\$111	\$37/\$74/\$111
Tier 4	\$86/\$172/\$258	\$86/\$172/\$258	\$86/\$172/\$258
Tier 5	29% of the cost (30-day supply only)	29% of the cost (30-day supply only)	33% of the cost (30-day supply only)
Tier 6	\$0 (30-day supply only)	\$0 (30-day supply only)	\$0 (30-day supply only)

Your copays for insulin drugs purchased at a retail location are no more than: \$35 for a 30-day supply; \$70 for a 60-day supply; \$105 for a 90-day supply.

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible—if your plan has one.

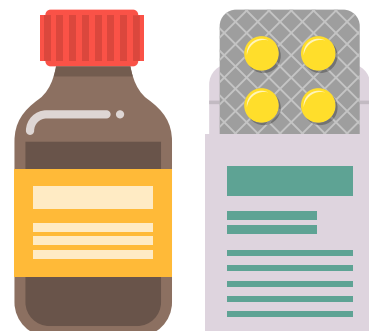
<sup>1</sup> Deductible does not apply to covered Part D insulin drugs, regardless of tier.

<sup>2</sup> Up to a 100-day supply for Tier 1 medications through mail order or at a retail location.

**Mail Order:** Tiers 2, 3, and 4 medications are available for up to a 90-day supply through mail order, for the cost of a 60-day supply. Tiers 5 and 6 medications are limited to a 30-day supply.

Your copay for insulin drugs is \$70 for a 90-day mail-order supply.

For more information see the Summary of Benefits, which appears later in this booklet.





# Before you enroll

To make sure that you choose the Fallon Medicare Plus plan that is right for you, it's important to ask yourself these two important questions:

## 1. Are my doctors in the network?

You should always check to make sure you can continue to see your doctors before enrolling in a plan. If your doctors aren't in the plan you choose, you won't be able to see them and will have to choose new doctors for your care. Visit [fallonhealth.org/findphysician](https://fallonhealth.org/findphysician) to confirm that your doctors and other providers are in the network of the plan that you choose. Our networks include top quality providers from across the state.

## 2. Are my prescription drugs covered?

You can view the list of Part D prescription drugs that are covered with all of our Orange, Green, and Blue plans on our website at [fallonhealth.org/medicare-formulary](https://fallonhealth.org/medicare-formulary). While you're there, you can also make sure that your pharmacy is in our network.

Prescription cost-sharing starts at \$0 for Tier 1 drugs at network retail and mail-order pharmacies. For Tiers 2—4 medications that are available in a long-term supply, you can use mail order to get up to 90 days' worth for the cost of a 60-day supply.

For more detailed prescription copayment information, please see the Summary of Benefits, which appears later in this booklet.



**Call us at  
1-888-377-1980 (TRS 711)**



# We're always here to help

If you'd like to learn more about the plans in this booklet, or about the other Medicare plans we offer, our Medicare team is here for you. You can connect with us online, over the phone, or in-person.

## Call us

**1-888-377-1980 (TRS 711)**

- We're available 8 a.m.–8 p.m., seven days a week. (April–Sept., 8 a.m.–8 p.m., Mon.–Fri.)
- Get your questions answered when you speak with a member of our Medicare team.
- Find out if you're eligible for our plan coverage.
- We can enroll you, over the phone.

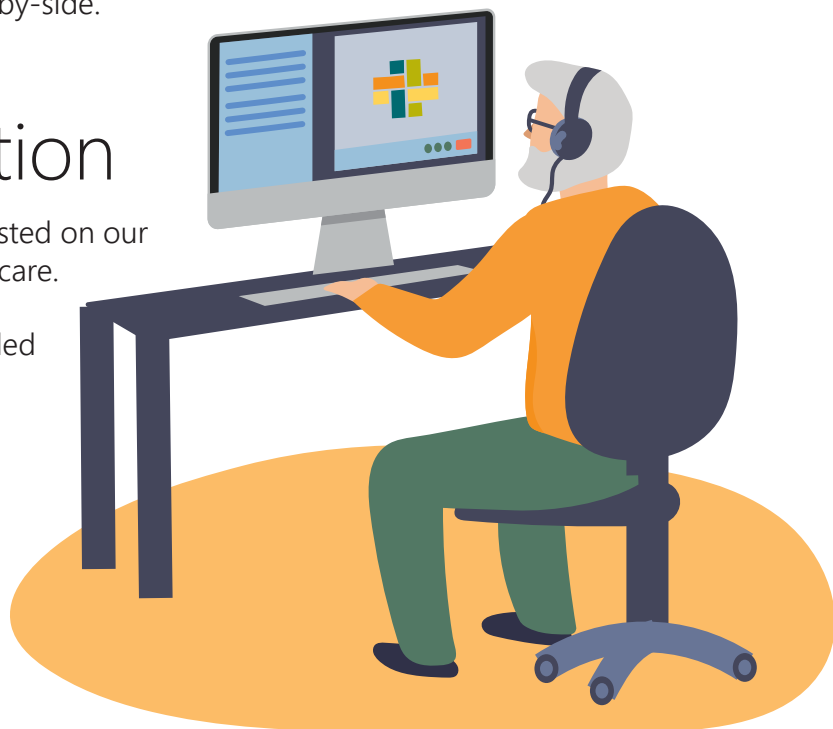
## Visit our website

**[fallonhealth.org/medicare](https://fallonhealth.org/medicare)**

- Learn more about our coverage options available to you.
- Shop and compare plans side-by-side.

## Join a presentation

- Meeting dates and times are listed on our website, [fallonhealth.org/medicare](https://fallonhealth.org/medicare).
- You can also view a pre-recorded presentation any time online.





# Let's get started!

We look forward to having you as a member. Before you submit any paperwork, please review the checklist below. Having this information will help us process your request faster.

## Did you tell us ...

- ☐ Your plan choice
- ☐ Your full legal name as it appears on your Medicare card
- ☐ Your date of birth
- ☐ Your telephone number
- ☐ Your home address
- ☐ Your Medicare information  
If needed, you may attach a photocopy of your Medicare card or your Letter of Verification from the Social Security Administration or Railroad Retirement Board. If you don't have your Medicare information, call your local Social Security office to obtain proof of enrollment.
- ☐ Answers to the important questions on pages 2-4 of the enrollment form
- ☐ Your plan premium payment option
- ☐ The name, contact information, and signature of the individual who helped you complete the form, if applicable



Please be sure you complete all required fields and sign and date the form before sending it to us.

## Enroll now!

1. Online at **[fallonhealth.org/medicare](http://fallonhealth.org/medicare)**
2. Call us at **1-888-377-1980 (TRS 711)**. We're available 8 a.m.–8 p.m., seven days a week. (April–Sept., 8 a.m.–8 p.m., Mon.–Fri.)
3. **Mail the enclosed form** to: Fallon Health, Attn: Medicare Sales, 10 Chestnut St. Worcester, MA 01608-9971. A postage-paid envelope is included in the back of this booklet.



# Enrollment materials

In this section you'll find everything you need to enroll, including:

- Summary of Benefits
- Medicare Star ratings
- Enrollment form
- Receipt of enrollment



## 2024 Fallon Medicare Plus™

# Individual Enrollment Request Form

### Who can use this form?

People with Medicare who want to join a Fallon Medicare Plus Medicare Advantage Plan

### To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

### Important:

To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

### When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

### What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

### Reminders:

- If you want to join Fallon Health during fall open enrollment (October 15–December 7), we must get your completed form by December 7.

- Fallon Health will send you a bill for your plan premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

### What happens next?

Send your completed and signed form to:

Fallon Health

Attn: Medicare Sales

10 Chestnut St.

Worcester, MA 01608 or

Fax to: 1-508-757-0572 or

Email it to: [MedicareSalesOperations@fallonhealth.org](mailto:MedicareSalesOperations@fallonhealth.org)

Once we process your request to join, we'll contact you.

### How do I get help with this form?

Call Fallon Health at 1-888-377-1980 (TRS 711).

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**En español:** Llame a Fallon Health al 1-888-377-1980 (TRS 711).

O a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

### Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*

**IMPORTANT:** Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.



## SECTION 1 – All fields on this page are required (unless marked optional).

Please select the plan you want to join.

Fallon Medicare Plus (FMP) options	If you live in one of the following counties:		
	Worcester	Franklin, Hampden, Hampshire	Barnstable, Berkshire, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk
FMP Orange HMO	<input type="checkbox"/> \$0/month (038-00)	<input type="checkbox"/> \$0/month (038-00)	<input type="checkbox"/> \$0/month (038-00)
FMP Green HMO	<input type="checkbox"/> \$99/month (030-15)	<input type="checkbox"/> \$66/month (030-16)	<input type="checkbox"/> \$78/month (030-18)
FMP Central Green HMO	<input type="checkbox"/> \$33/month (036-00)	—	—
FMP Blue HMO	<input type="checkbox"/> \$207/month (031-15)	<input type="checkbox"/> \$110/month (031-16)	<input type="checkbox"/> \$174/month (031-18)
FMP Central Blue HMO	<input type="checkbox"/> \$123/month (035-00)	—	—

FIRST name:		LAST name:		Middle initial: (optional)
Birth date: ____ / ____ / ____ M M D D Y Y Y Y		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home phone number: ( ____ ) ____ - ____	
Preferred written language: (optional)		Preferred spoken language: (optional)		
Mobile phone number: (optional) ( ____ ) ____ - ____		Email address: (optional) _____		
<input type="checkbox"/> I authorize Fallon Health to send me text messages related to my plan benefits and services.		<input type="checkbox"/> I authorize Fallon Health to send me email messages related to my plan benefits and services.		
Permanent residence street address (Don't enter a P.O. Box): _____				
City/town:	County: (optional)	State:	ZIP code:	
Mailing address (if different from your permanent address (P.O. Box allowed)): Street address: _____				
City/town:	County: (optional)	State:	ZIP code:	
<b>Your Medicare information:</b>				
Medicare Number: ____ - ____ - ____				
<b>Answer these important questions.</b>				
Will you have other prescription drug coverage (like VA, TRICARE) in addition to Fallon Medicare Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of other coverage: _____		
Member number for this coverage:		Group number for this coverage:		



**IMPORTANT: Read and sign below.**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Fallon Medicare Plus.
- By joining this Medicare Advantage Plan, I acknowledge that Fallon Health will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one Medicare Advantage plan at a time—and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for Medicare Advantage Private Fee-for-Service and Medicare Medical Savings Account plans).
- I understand that when my Fallon Health coverage begins, I must get all of my medical and prescription drug benefits from Fallon Health. Benefits and services provided by Fallon Health and contained in my Fallon Health “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Fallon Health will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare.

**Signature:**

**Today's date:**

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Primary phone number:

Relationship to enrollee:

**SECTION 2 – All fields in this section are optional.**

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? *Select all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin   | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican                                  | <input type="checkbox"/> Yes, Cuban                                |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> <b>I choose not to answer.</b>            |

What's your race? *Select all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | Native Hawaiian and Pacific Islander:                   |
| Asian:  | <input type="checkbox"/> Guamanian or Chamorro          |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Native Hawaiian                |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Samoan                         |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Other Pacific Islander         |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> White                          |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> <b>I choose not to answer.</b> |



Select one if you want us to send you information in an accessible format.

☐ Braille    ☐ Large print    ☐ Audio CD

Please contact Fallon Health at 1-888-377-1980 if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m.–8 p.m., seven days a week (Apr.–Sept., 8 a.m.–8 p.m., Mon.–Fri.) TTY users can call TRS 711.

Do you work?    ☐ Yes    ☐ No

Does your spouse work?    ☐ Yes    ☐ No

List your primary care provider (PCP), clinic, or health center:

I want to get the following materials via email. Select one or more.

☐ Evidence of Coverage    ☐ Formulary

Email address: \_\_\_\_\_

### SECTION 3 – Paying your plan premium.

You can pay any monthly plan premium you may have (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer, or credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

**If you have to pay a Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to any monthly plan premium you may have. DON'T pay Fallon Health the Part D-IRMAA.**

#### PRIVACY ACT STATEMENT

*The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.*

### SECTION 4 – Read this important information.

**Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year.** There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date): \_\_\_\_\_
- ☐ I recently was released from incarceration. I was released on (insert date): \_\_\_\_\_
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date): \_\_\_\_\_



- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date): \_\_\_\_\_
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date): \_\_\_\_\_
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date): \_\_\_\_\_
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home). I moved/will move into/out of the facility on (insert date): \_\_\_\_\_
- ☐ I recently left a PACE program on (insert date): \_\_\_\_\_
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date): \_\_\_\_\_
- ☐ I am leaving employer or union coverage on (insert date): \_\_\_\_\_
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date): \_\_\_\_\_
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date): \_\_\_\_\_
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements apply to you or you're not sure, please contact Fallon Health at 1-888-377-1980 (TRS 711) to see if you are eligible to enroll. We are open 8 a.m.–8 p.m., seven days a week (Apr.–Sept., we are available 8 a.m.–8 p.m., Mon.–Fri.)

**BROKER/AGENT INFO:** Agency name: \_\_\_\_\_  
 Broker/agent name: \_\_\_\_\_ Mass. Lic#: \_\_\_\_\_  
 Prior insurance: \_\_\_\_\_  
 Requested effective date: \_\_\_\_\_  
 SOA form: ☐ Yes ☐ No

**FALLON HEALTH USE ONLY:** RTS verification: ☐ Yes ☐ No  
 QNXT attribute needed: \_\_\_\_\_  
 Date received: \_\_\_\_\_ Method of receipt: \_\_\_\_\_  
 Telephonic: ☐ No ☐ Yes If yes, confirmation number: \_\_\_\_\_  
☐ ICEP/IEP: \_\_\_\_\_ ☐ AEP: \_\_\_\_\_ ☐ SEP (type): \_\_\_\_\_ ☐ Not eligible: \_\_\_\_\_  
 Sales staff initials: \_\_\_\_\_ Plan ID#: \_\_\_\_\_ Effective date of coverage: \_\_\_\_\_

**ENROLLMENT DEPT USE ONLY:**



# Fallon Medicare Plus<sup>TM</sup> Summary of Benefits

January 1, 2024–December 31, 2024

**Fallon Medicare Plus Orange HMO**

**Fallon Medicare Plus Green HMO**

**Fallon Medicare Plus Central Green HMO**

**Fallon Medicare Plus Blue HMO**

**Fallon Medicare Plus Central Blue HMO**





# Fallon Medicare Plus

## 2024 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Orange HMO, Fallon Medicare Plus Green HMO, Fallon Medicare Plus Central Green HMO, Fallon Medicare Plus Blue HMO, and Fallon Medicare Plus Central Blue HMO for January 1, 2024–December 31, 2024.

Fallon Health is an HMO plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the Evidence of Coverage which is available online at [fallonhealth.org/medicare](https://fallonhealth.org/medicare), or by calling the phone number at the end of this book.

To join Fallon Medicare Plus (FMP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for FMP Central Green and FMP Central Blue is Worcester County, Massachusetts, and the service area for FMP Orange, FMP Green, and FMP Blue includes all of the counties in Massachusetts, except Dukes and Nantucket.

FMP Orange HMO, FMP Green HMO, FMP Central Green HMO, FMP Blue HMO, and FMP Central Blue HMO have a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network for these plans, the plan may not pay for these services.



	Monthly plan premium	Medical deductible	Maximum out-of-pocket
Fallon Medicare Plus (FMP) Costs	You must continue to pay your Part B premium.	This is the amount you must pay before your health plan pays for part of the cost of medical care and services.	This is the yearly limit that you will pay out-of-pocket for covered medical services. This amount does not include your monthly premium or any prescription drug costs.
FMP Orange HMO			
All Massachusetts counties, except Dukes and Nantucket	\$0	\$0	\$7,550
FMP Green HMO			
Franklin, Hampden, and Hampshire counties	\$66	\$0	\$5,200
Barnstable, Berkshire, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$78		
Worcester County	\$99		
FMP Central Green HMO			
Worcester County residents only	\$33	\$0	\$5,200
FMP Blue HMO			
Franklin, Hampden, and Hampshire counties	\$110	\$0	\$3,400
Barnstable, Berkshire, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$174		
Worcester County	\$207		
FMP Central Blue HMO			
Worcester County residents only	\$123	\$0	\$3,400



Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO and FMP Central Green HMO	FMP Blue HMO and FMP Central Blue HMO
<b>Inpatient hospital care</b> Includes medical, surgical, and rehabilitation services. <i>Requires prior authorization.</i>	\$370 per day (days 1-5) \$0 per day (days 6-90)	\$300 per day (days 1-5) \$0 per day (days 6-90)	\$200 per admission  Separate \$400 out-of-pocket maximums per year for inpatient acute and rehabilitation stays.
<b>Outpatient hospital care</b> Includes: <ul style="list-style-type: none"> <li>• Outpatient surgery in a hospital outpatient facility and ambulatory surgical center. <i>Requires prior authorization.</i></li> </ul>	\$350	\$275	\$120
<ul style="list-style-type: none"> <li>• Observation services</li> </ul>	\$0	\$0	\$0
<b>Doctor visits</b> Includes: <ul style="list-style-type: none"> <li>• Primary Care Provider (PCP)</li> </ul>	\$0	\$5	\$10
<ul style="list-style-type: none"> <li>• Annual supplemental physical exam with PCP</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>• Annual wellness visit with PCP</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>• Specialists <i>May require referral.</i></li> </ul>	\$40	\$40	\$20
<ul style="list-style-type: none"> <li>• Telehealth services <i>May require referral.</i></li> </ul>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$40 Specialists, <i>except as noted above</i>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$40 Specialists, <i>except as noted above</i>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$20 Specialists, <i>except as noted above</i>
<ul style="list-style-type: none"> <li>• 24/7 phone, video, or mobile access to board-certified doctors</li> </ul>	\$0 primary care services	\$0 primary care services	\$0 primary care services
<b>Preventive care</b> Includes Welcome to Medicare preventive visit, certain screenings, and immunizations such as those for pneumonia and influenza, as well as other preventive care services. <i>May require prior authorization.</i>	\$0	\$0	\$0



Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO and FMP Central Green HMO	FMP Blue HMO and FMP Central Blue HMO
<b>Emergency care</b> Copays are per visit at in- or out-of-network facilities. Coverage is worldwide. You will not pay the emergency copay if you are admitted to the hospital within 72 hours for the same condition.	\$90	\$90	\$120
<b>Urgently needed services</b> • In the United States and its territories	\$10	\$5	\$10
• Outside of the United States and its territories	\$90	\$90	\$120
<b>Outpatient diagnostic tests and therapeutic services and supplies</b> Includes Medicare-covered lab services, diagnostic procedures and tests, X-rays and therapeutic radiology services, as well as INR testing (anti-coagulant visit). <i>Some services, tests, and supplies require prior authorization.</i>	\$0	\$0	\$0
<b>Outpatient diagnostic imaging</b> Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs, and nuclear studies. <i>Requires prior authorization.</i>	\$300	\$250 \$1,000 out-of-pocket maximum per year	\$150 \$600 out-of-pocket maximum per year
<b>Hearing services</b> Includes:	\$0	\$0	\$0
• One supplemental routine exam per year			
• Hearing aid copays apply to purchases made through Amplifon, and vary by model and manufacturer. For coverage, purchases must be made through Amplifon. <i>Limit 2 per member, per year.</i>	Copays vary from \$695 to \$2,645	Copays vary from \$695 to \$2,645	Copays vary from \$695 to \$2,645
• Diagnostic exams	\$40	\$40	\$20
• Hearing aids covered as part of the Benefit Bank	See Benefit Bank	See Benefit Bank	See Benefit Bank



Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO and FMP Central Green HMO	FMP Blue HMO and FMP Central Blue HMO
<b>Dental services</b> Includes: <ul style="list-style-type: none"> <li>Preventive care like exams and cleanings through DentaQuest.</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Comprehensive non-orthodontic care like root canals, fillings, and crowns. <i>Requires prior authorization.</i></li> </ul>	Copays vary from \$0-\$990	Copays vary from \$0-\$990	Copays vary from \$0-\$990
<ul style="list-style-type: none"> <li>Dental services covered as part of the Benefit Bank</li> </ul>	See Benefit Bank	See Benefit Bank	See Benefit Bank
<b>Vision care</b> Includes: <ul style="list-style-type: none"> <li>Medicare-covered glaucoma tests</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>One supplemental routine exam per year</li> </ul>	\$0	\$0	\$20
<ul style="list-style-type: none"> <li>Medicare-covered exams to treat diseases and conditions of the eye</li> </ul>	\$40	\$40	\$20
<ul style="list-style-type: none"> <li>\$150 coverage for one pair of non-Medicare-covered eyeglasses or contacts, every year, in-network only</li> </ul>	Costs above \$150	Costs above \$150	Costs above \$150
<ul style="list-style-type: none"> <li>Eyewear covered as part of the Benefit Bank</li> </ul>	See Benefit Bank	See Benefit Bank	See Benefit Bank
<b>Mental health care</b> <ul style="list-style-type: none"> <li>Inpatient: <i>Requires prior authorization.</i></li> </ul>	\$370 per day (days 1-4) \$0 per day (days 5-90)	\$300 per day (days 1-5) \$0 per day (days 6-90)	\$200 per admission \$400 out-of-pocket maximum per year
<ul style="list-style-type: none"> <li>Outpatient: Individual and group therapy visits. <i>Certain services require prior authorization.</i></li> </ul>	\$40 in office \$0 telehealth	\$40 in office \$0 telehealth	\$20 in office \$0 telehealth
<b>Skilled Nursing Facility (SNF) care</b> <i>Requires prior authorization.</i> <ul style="list-style-type: none"> <li>Per-day cost, for days 1–20 per admission</li> </ul>	\$0	\$0	\$15
<ul style="list-style-type: none"> <li>Per-day cost, per benefit period</li> </ul>	\$188 (days 21-100)	\$150 (days 21-44) \$0 (days 45-100)	\$75 (days 21-44) \$0 (days 45-100)



Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO and FMP Central Green HMO	FMP Blue HMO and FMP Central Blue HMO
<b>Outpatient rehabilitation services</b> Physical and occupational therapy visits beyond 60 visits each <i>require prior authorization</i> . Speech language therapy visits beyond 35 visits <i>require prior authorization</i> .	\$20	\$20	\$15
<b>Ambulance</b> Copays are for one-way Medicare-covered transports. Coverage is worldwide. <i>Non-emergency ambulance services require prior authorization.</i>	\$295	\$225 \$900 out-of-pocket maximum per year	\$125 \$500 out-of-pocket maximum per year
<b>Transportation</b> One-way, non-emergent chair-van transport from hospital to skilled nursing facility.	\$35	\$35	\$35
<b>Medicare Part B prescription drugs</b> Drugs that usually aren't self-administered and are injected or infused while at a doctor's office, hospital, or ambulatory/outpatient facility. <i>Certain drugs require prior authorization and/or step therapy.</i>	Up to 20% of the cost	Up to 20% of the cost	Up to 10% of the cost
<b>Medicare Part B insulin</b>	Up to \$35 per month supply	Up to \$35 per month supply	Up to \$35 per month supply
<b>Podiatry</b> Includes medically necessary foot care services. <i>Requires referral.</i>	\$40	\$40	\$20
<b>Durable Medical Equipment and related supplies</b> <i>Requires prior authorization.</i>	20% of the cost	20% of the cost	10% of the cost
<b>Acupuncture for chronic low back pain</b> Includes up to 12 visits in 90 days. <i>Requires referral.</i>	\$20	\$20	\$15



Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO and FMP Central Green HMO	FMP Blue HMO and FMP Central Blue HMO
<b>Meals</b> Up to 14 fully-prepared, home-delivered meals (2 meals/day for 7 days) upon discharge from an observation stay or inpatient admission at a hospital or skilled nursing facility.	\$0	\$0	\$0
<b>Benefit Bank</b> Pay for dental care, eyewear, fitness memberships, and hearing aids with your Benefit Bank card. We put money on the card, and you choose how to use it. Pay for a portion, or the full cost, of an item.	Costs above \$1,000	Costs above \$500	Costs above \$250
<b>Over-the-counter items</b> Receive credits each calendar year to spend on over-the-counter products through NationsOTC online, by mail, or by phone. <i>Credits will expire at the end of the calendar year.</i>	Costs above \$275 per year	Costs above \$255 per year	Not covered
Health and Wellness Programs			
<b>Fitness membership/classes</b> <ul style="list-style-type: none"> <li>SilverSneakers®—includes access to online classes and instructional videos, an at-home fitness kit and/or a gym membership.</li> </ul>	Not covered	\$0	\$0
<ul style="list-style-type: none"> <li>Fitness memberships and online fitness program services covered as part of the Benefit Bank.</li> </ul>	See Benefit Bank	See Benefit Bank	See Benefit Bank
<b>WW® (Weight Watchers)</b> <ul style="list-style-type: none"> <li>One 13-consecutive-week membership each year.</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>WW online memberships covered as part of the Benefit Bank.</li> </ul>	See Benefit Bank	See Benefit Bank	See Benefit Bank
<b>Care Connect</b> 24/7 phone access to registered nurses who will recommend where you should receive care or will connect you to your doctor.	\$0	\$0	\$0



# Part D Prescription Drug Benefits

These medications are ones that you need a prescription to receive, and that you typically get at a retail pharmacy or through mail order. Our plan covers most Part D vaccines at no cost to you, regardless of coverage stage.

## Deductible Stage

The amount you pay before your health plan pays for part of the cost.

Plan	Deductible	
FMP Orange HMO	Tiers 1, 2 and 6: \$0	Tiers 3–5: \$200
FMP Green HMO and FMP Central Green HMO	Tiers 1, 2 and 6: \$0	Tiers 3–5: \$175
FMP Blue HMO and FMP Central Blue HMO	\$0	

Deductible does not apply to covered Part D insulin drugs, regardless of tier.

## Initial Coverage Stage

Your share of the cost after your annual deductible has been met.

FMP Orange HMO, FMP Green HMO, FMP Central Green HMO, FMP Blue HMO, and FMP Central Blue HMO			
	Retail and mail-order	Retail and mail-order	
	30-day supply	Tier 1: 100-day supply Tiers 2-4: 90-day supply	
<b>Tier 1:</b> Preferred generic drugs	\$0	Retail: \$0	Mail-order: \$0
<b>Tier 2:</b> Generic drugs	\$7	Retail: \$21	Mail-order: \$14
<b>Tier 3:</b> Preferred brand drugs	\$37	Retail: \$111	Mail-order: \$74
<b>Tier 4:</b> Non-preferred drugs	\$86	Retail: \$258	Mail-order: \$172
<b>Tier 5:</b> Specialty drugs	FMP Orange HMO, FMP Green HMO, and FMP Central Green HMO 29% of the cost	Not available for this tier	
	FMP Blue HMO and FMP Central Blue HMO 33% of the cost		
<b>Tier 6:</b> Select care drugs	\$0	Not available for this tier	

Your copays for insulin drugs are: \$35 for a 30-day supply purchased at retail or through mail order; \$105 for a 90-day supply purchased at retail and \$70 for a 90-day supply purchased through mail order.

## Coverage Gap Stage

After your total yearly drug costs reach \$5,030 (includes the costs paid by both you and Fallon Health), you will pay 25% coinsurance for generic and/or brand-name drugs, and you will be in this stage until your total yearly drug costs reach \$8,000.

Exception: Your costs for insulin drugs will not change while you're in the Coverage Gap Stage.

## Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach \$8,000, you pay \$0 for all covered prescription drugs.



# Notice of inclusion resources

At Fallon Health, we believe everyone deserves access to **health care without discrimination**. We work every day to help people of any age, income level, race, color, ethnicity, national origin, disability, religion, sexual orientation, sex, gender identity, and health status achieve their health goals.

To make sure you have access to all the resources and information necessary to understand and access your health plan benefits, we:

- Provide **free aids and services**—such as qualified sign language interpreters and written information in other formats, including large print, braille, accessible electronic formats, and other formats.
- Provide **free language services**—such as qualified interpreters and information written in other languages—to people whose primary language is not English.
- Have **dedicated resources, individuals, and teams** that specialize in reviewing our policies to ensure inclusion of the unique needs of our transgender and gender diverse members.

If you need access to or wish to discuss any of this information or resources, **please call us** at the phone number on the back of your member ID card. Or you can email us at [cs@fallonhealth.org](mailto:cs@fallonhealth.org).

If you believe Fallon or a provider has **discriminated against you or didn't provide these resources**, please tell us. You can write, call, or email us at:

Compliance Director  
Fallon Health

Phone: 1-508-368-9988 (TRS 711)  
Email: [compliance@fallonhealth.org](mailto:compliance@fallonhealth.org)

10 Chestnut St.  
Worcester, MA 01608

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, D.C., 20201  
Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

Form Approved  
OMB# 0938-1421

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-325-5669. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-325-5669. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-325-5669。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-325-5669。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-325-5669. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.



**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-325-5669. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-325-5669 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-325-5669. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-325-5669 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-325-5669. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية ليس عليك سوى الاتصال بنا على 1-800-325-5669. سيقوم شخص ما يتحدث العربية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-325-5669 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-325-5669. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-325-5669. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-325-5669. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-325-5669. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-325-5669 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

**Khmer:** យើងមានសេវាកម្មបកប្រែឥតគិតថ្លៃសម្រាប់ម្ចាស់ផែនការសុខភាពរបស់យើង ដើម្បីឆ្លើយតបនូវសំណួរណាមួយ ដល់អ្នក អាចមានអំពីកម្មវិធីសុខភាព ឬកម្មវិធីបង់ប្រាក់សុខភាព។ ដើម្បីទទួលបានសេវាកម្មបកប្រែឥតគិតថ្លៃសម្រាប់ម្ចាស់ផែនការសុខភាពរបស់យើង តាមលេខ 1-800-325-5669។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសា អាច ជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។



# More information

To learn more about Fallon Medicare Plus or to view plan documents, visit our webpages or call us using the information listed below.

<b>Fallon Medicare Plus</b>	Phone: <b>1-800-325-5669 (TRS 711)</b> Website: <b>fallonhealth.org/medicare</b> Hours: Monday–Friday, 8 a.m.–8 p.m. From October 1–March 31, we’re available seven days a week.
<b>Provider Directory</b>	fallonhealth.org/findphysician
<b>Pharmacy Directory</b>	fallonhealth.org/pharmacyfinder
<b>Prescription Drug Formulary</b>	fallonhealth.org/medicare-formulary
<b>Original Medicare</b> More information about coverage and costs	“Medicare & You” handbook • View online: <a href="http://www.medicare.gov">http://www.medicare.gov</a> • Get a copy: Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**We cover Part D drugs with all of these plans.**

This document is available in other formats such as Braille, large print, or audio.



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# Fallon Medicare Plus™

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Fallon Health representative at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week).

### Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [fallonhealth.org/medicare](https://fallonhealth.org/medicare) or call 1-800-325-5669 (TRS 711) to view or request a copy of the EOC.
- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

### Understanding important rules

- ☐ Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2025.
- ☐ In addition to any monthly premium for your plan, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).
- ☐ **Effect on current coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.







# Scope of Sales Appointment Confirmation Form

**This form should only be completed when you have an in-person meeting with a health insurance agent or broker, or a Fallon Health representative.**

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please initial below beside the type of product you want the agent to discuss.**

☐

## **Medicare Advantage Plans (Part C)**

**Medicare Health Maintenance Organization (HMO)**—A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**By signing this form, you agree to a meeting with a sales agent to discuss the product you initialed above.** Please note, the person who will discuss the product is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or automatically enroll you in a Medicare plan.

**Beneficiary or Authorized Representative Signature and Signature Date:**

Signature: \_\_\_\_\_

Signature date: \_\_\_\_\_

*If you are the authorized representative, please sign above and print below:*

*Representative's name:* \_\_\_\_\_

*Your relationship to the beneficiary:* \_\_\_\_\_



**To be completed by Agent:**

Agent name <i>(required)</i> :	Agent phone <i>(required)</i> :
Beneficiary name <i>(required)</i> :	Beneficiary phone <i>(required)</i> :
Beneficiary address <i>(required)</i> :	
Initial method of contact <i>(indicate here if beneficiary was a walk-in)</i> :	
Agent's signature:	
Plan the agent represented during this meeting:	
Date appointment completed <i>(required)</i> :	
Plan use only:	

\*Scope of Appointment documentation is subject to CMS record retention requirements\*

Agent: if the form was signed by the beneficiary at time of appointment provide explanation why SOA was not documented prior to meeting:

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# Enrollment Receipt

Thank you for enrolling in Fallon Medicare Plus. Please fill out this page and keep it as a record of your enrollment request. **This receipt is for your records only.**

See the back side of this page to learn what happens next.

Name:	
Enrolled in:  <input type="checkbox"/> Fallon Medicare Plus Orange HMO <input type="checkbox"/> Fallon Medicare Plus Central Green HMO ( <i>Worcester County residents only</i> ) <input type="checkbox"/> Fallon Medicare Plus Green HMO <input type="checkbox"/> Fallon Medicare Plus Central Blue HMO ( <i>Worcester County residents only</i> ) <input type="checkbox"/> Fallon Medicare Plus Blue HMO	
Today's date (including the year):	Effective date (including the year):
<i>Please note that the effective date is the date that is requested for coverage to begin. Your actual coverage date will be determined by your Medicare eligibility, as well as your eligibility for Fallon Health's Medicare Advantage plan.</i>	
If you worked with a representative from Fallon Health, a health insurance agent, or a broker, please have that person fill in the following:	
Agent/Representative name:	
Agent/Representative agency:	Agent/Broker ID:





# What happens next?

## **We will call you.**

Once we have received your completed enrollment form, a member of Fallon Health's Medicare Team will call you to make sure you understand how the plan works and to answer any questions you may have.

## **You will get mail.**

Once your enrollment has been accepted, your plan materials should arrive in the mail. Please check your mail for the following documents:

- Confirmation letter
- Fallon Health member ID card and a member guide with helpful information about how to use your plan

## **If you have a Medicare Supplement plan**

If you are currently enrolled in a Medicare Supplement plan, please call the plan to request a cancellation. Medicare Supplement plans are not canceled automatically.

If you would like a copy of your entire enrollment form or if you have questions, please contact Fallon Health at:

**1-800-325-5669 (TRS 711)**

8 a.m.–8 p.m., seven days a week.

(Apr.–Sept., we are available 8 a.m.–8 p.m., Mon.–Fri.)



*This receipt is not a guarantee of enrollment. Once your Medicare Part A and Part B coverage has been verified and your Fallon Medicare Plus enrollment has been approved, you will receive a confirmation letter that includes your effective date of coverage.*



# Looking for more doctors, or more flexibility?

**With a Fallon Medicare Plus™ Supplement plan, you have no network restrictions.**

When you're a member, you'll have:

- **No network restrictions**—see any provider who accepts Medicare and you as a patient
- **No primary care provider** is required
- **No referrals or copayments\***

Fallon Medicare Plus Supplement members also get:

- **\$150 toward eyewear** every year, plus an annual eye exam—at no extra cost.
- **A free gym membership** and access to free online classes, workouts, and instructional videos—through SilverSneakers®.
- **Care Connect** which offers 24/7 phone access to registered nurses who will recommend where you should receive care or will help connect you to your doctor.
- **And more!**

**Call us today  
to see if you  
qualify for a  
15% discount!**

## **Want to learn more?**

Give us a call today! When you call us, you'll speak with a member of our local team—someone who knows, and serves, this community. We believe that health care is personal and that you should be able to talk to a real person—not a computer. Because we want you to get the service you need, when you need it.



**1-866-330-6380 (TRS 711)**

8 a.m.–5 p.m., Monday–Friday

**[fallonhealth.org/medsupp](https://fallonhealth.org/medsupp)**

\* With Fallon Medicare Plus Supplement Core, you have to meet your Part A and Part B deductibles before you have \$0 copayments. With Fallon Medicare Plus Supplement 1A, you have to meet your Part B deductible before you have \$0 copayments. Please see other cost sharing details in the 2024 Fallon Medicare Plus Supplement Outline of Coverage.

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## IMPORTANT INFORMATION:

### 2023 Medicare Star Ratings

#### Fallon Health - H9001



For 2023, Fallon Health - H9001 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★



Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact Fallon Health 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 800-325-5669 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-325-5669 (toll-free) or 711 (TTY).



## NOTES

[illegible]





**[fallonhealth.org/medicare](https://fallonhealth.org/medicare)**

**1-888-377-1980 (TRS 711)**

8 a.m.–8 p.m., seven days a week.

(From April.–Sept., 8 a.m.–8 p.m., Mon.–Fri.)

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*Fallon Health offers additional plans. For more information visit [fallonhealth.org/medplans](https://fallonhealth.org/medplans).*

*Fallon Health is an HMO plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal. Other providers are available in our network. Fallon Health and Amplifon Hearing Health Care are independent, unaffiliated companies. Hearing services are administered by Amplifon Hearing Health Care, Corp. WeightWatchers logo and WeightWatchers are the trademarks of WW International, Inc. ©2023 WW International, Inc. All rights reserved. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved.*