



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.



We care about your health needs and your wallet.

With Fallon Medicare Plus Saver No Rx, you have access to a network of high-quality providers throughout Massachusetts—from Boston to the Berkshires, and from the South Shore to the North Shore. And, you'll get a lot for \$0, like:



- Medical deductible
- Annual physical exam
- Annual wellness visit
- Preventive screenings
- Preventive dental
- Diagnostic tests, X-rays, lab work
- Meals delivered to your home after a hospital or skilled nursing facility stay
- Home health care services
- Telehealth visits (PCP and behavioral health)
- 24/7 access to registered nurses

Plus, Fallon Health will pay part of your Part B premium! Each month we'll pay up to \$40 of your Part B premium. That's up to **\$480 per year** back in your pocket! And, every year you'll get a **\$300 Benefit Bank allowance**, \$125 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.

The Benefit Bank

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

Each year, you'll get \$300 on your Benefit Bank card to pay for dental care, eyewear, fitness memberships, and hearing aids.

Fallon Health preloads money—\$300—onto your Benefit Bank 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 you choose 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 copay 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.

Plus, you'll get an extra \$125 per year on your Benefit Bank card to buy health care products. Make purchases through NationsOTC, by mail, online, or by phone.

That's \$425 per year to buy items that you need!



Save money with these extras.

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 card 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 card 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

Includes a free gym membership, on-demand library of classes, workouts, and instructional videos—all are available through SilverSneakers®. You can also use your Benefit Bank card to pay for fitness memberships of your choice.

WW® membership

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



Plan benefits

	Saver No Rx HMO
Monthly plan premium	\$35
Annual medical deductible	\$0
Benefits	
PCP visits	\$15
Telehealth—PCP and behavioral health visits, and approved telehealth vendor services	\$0
Specialist visits, in person or via telehealth—except as noted above	\$40
Routine eye exam	\$40
Inpatient hospital care—acute	\$315 per day (days 1–5) \$0 per day (days 6–90)
Ambulance—worldwide	\$250
Worldwide emergency room visits	\$90
Dental—preventive and comprehensive	Included
Part D prescriptions	Not included

We'll
give you
money back!

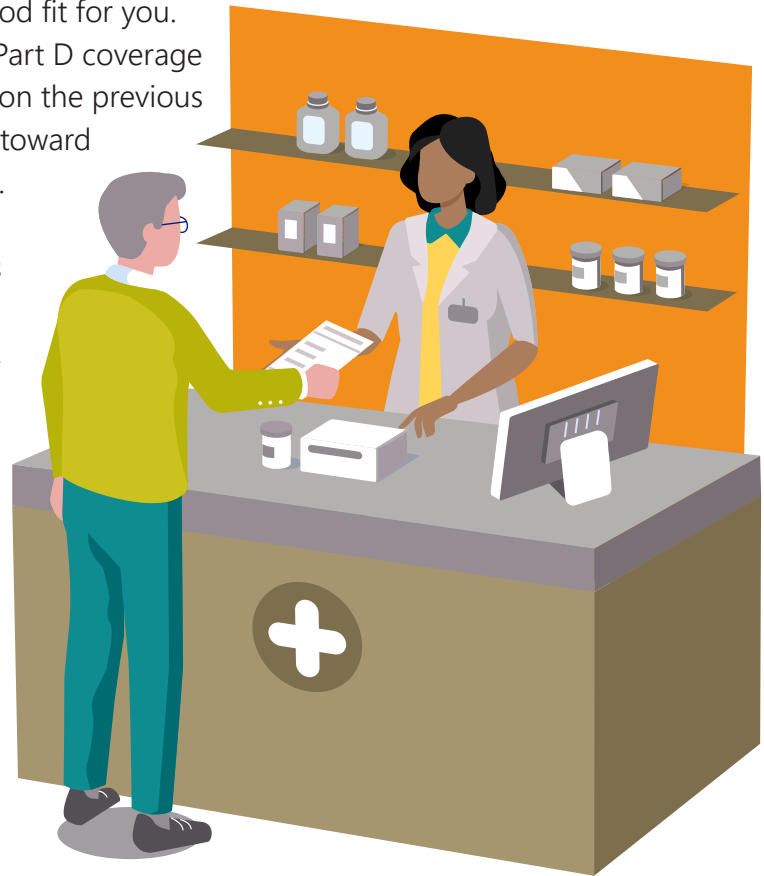
Each month, Fallon Health will pay up to \$40 of your Part B premium. That's an extra \$480 per year that you'll have to spend!



Need Rx coverage?

Fallon Medicare Plus has several options, including the Super Saver HMO plan, that may be a good fit for you. Our Super Saver plan includes Medicare Part D coverage in addition to many of the benefits listed on the previous pages, like a \$0 medical deductible, \$150 toward eyewear, hearing aid coverage, and more.

To learn more about Fallon Medicare Plus Super Saver HMO, see the Summary of Benefits that appears later in this booklet. To learn about our other plan options, visit fallonhealth.org/medicare or call us at 1-888-377-1980 (TRS 711).



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).

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 to confirm that your doctors and other providers are in the Fallon Medicare Plus network. Our plans include access to top-quality providers from across the state.

2. Do you need prescription drug coverage?

If you receive prescription drug coverage from another source, like the U.S. Department of Veteran's Affairs (VA benefits), then you may not need more coverage. In this case, our Saver No Rx plan may be the best plan for you. It includes rich benefits and extras that may not be available with other plans; but it doesn't include Medicare Part D coverage.

If you're interested in Medicare Part D coverage, you can view the list of prescription drugs that are covered with our other plan options including Fallon Medicare Plus Super Saver HMO. Simply visit our website at 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 Tier 1 medications, you can get a 100-day supply of your prescription and your copay remains \$0. For Super Saver HMO prescription copayment information, please see the Summary of Benefits that 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 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

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



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**
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™ Super Saver HMO and Fallon Medicare Plus™ Saver No Rx HMO 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 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

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	
FMP Super Saver HMO	<input type="checkbox"/> \$60/month (040-00)
FMP Saver No Rx HMO	<input type="checkbox"/> \$35/month (039-00)

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) (____) ____ - ____ <input type="checkbox"/> I authorize Fallon Health to send me text messages related to my plan benefits and services.		Email address: (optional) _____ <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:	
Your Medicare information:				
Medicare Number: ____ - ____ - ____				
Answer these important questions.				
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"/> I choose not to answer. |

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"/> I choose not to answer. |

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 PlusTM Summary of Benefits

January 1, 2024–December 31, 2024

Fallon Medicare Plus Super Saver HMO
Fallon Medicare Plus Saver No Rx HMO

Plans listed are available to residents of all Massachusetts counties
except Dukes and Nantucket.



Fallon Medicare Plus

2024 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Super Saver HMO and Fallon Medicare Plus Saver No Rx 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, 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 the plans listed in this Summary of Benefits includes all of the counties in Massachusetts except Dukes and Nantucket.

FMP Super Saver HMO and FMP Saver No Rx HMO have a network of doctors, hospitals, pharmacies, and other providers throughout Massachusetts. 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	<i>You must continue to pay your Part B premium.</i>	<i>This is the amount you must pay before your health plan pays for part of the cost of medical care and services.</i>	<i>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.</i>
FMP Super Saver HMO	\$60	\$0	\$7,550
FMP Saver No Rx HMO <i>(This plan does not include Part D prescription drug coverage.)</i>	\$35 <i>Part B Premium Reduction up to \$40 per month.</i>	\$0	\$6,700

Fallon Medicare Plus (FMP) Medical Benefits	FMP Super Saver HMO	FMP Saver No Rx HMO
Inpatient Hospital Care Includes medical, surgical, and rehabilitation services. <i>Requires prior authorization.</i>	\$370 per day (days 1-5) \$0 per day (days 6-90)	\$315 per day (days 1-5) \$0 per day (days 6-90)
Outpatient Hospital Care Includes: <ul style="list-style-type: none"> Outpatient surgery in a hospital outpatient facility and ambulatory surgical center. <i>Requires prior authorization.</i>	\$350	\$275
<ul style="list-style-type: none"> Observation services 	\$0	\$0
Doctor Visits Includes: <ul style="list-style-type: none"> Primary Care Provider (PCP) 	\$30	\$15
<ul style="list-style-type: none"> Annual supplemental physical exam with PCP 	\$0	\$0
<ul style="list-style-type: none"> Annual wellness visit with PCP 	\$0	\$0
<ul style="list-style-type: none"> Specialists <i>May require referral.</i> 	\$50	\$40
<ul style="list-style-type: none"> Telehealth services <i>May require referral.</i> 	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$50 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>
<ul style="list-style-type: none"> 24/7 phone, video, or mobile access to board-certified doctors 	\$0 primary care services	\$0 primary care services
Preventive Care 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

Fallon Medicare Plus (FMP) Medical Benefits	FMP Super Saver HMO	FMP Saver No Rx HMO
Emergency care 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
Urgently needed services <ul style="list-style-type: none"> In the United States and its territories 	\$30	\$15
<ul style="list-style-type: none"> Outside of the United States and its territories 	\$90	\$90
Outpatient diagnostic tests and therapeutic services and supplies 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
Outpatient diagnostic imaging Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs and nuclear studies. <i>Requires prior authorization.</i>	\$275	\$250 \$1,000 out-of-pocket maximum per year
Hearing services Includes: <ul style="list-style-type: none"> One supplemental routine exam per year 	\$0	\$0
<ul style="list-style-type: none"> 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 range from \$695 to \$2,645	Copays range from \$695 to \$2,645
<ul style="list-style-type: none"> Diagnostic exams 	\$50	\$40
<ul style="list-style-type: none"> Hearing aids covered as part of the Benefit Bank 	Not covered	See Benefit Bank

Fallon Medicare Plus (FMP) Medical Benefits	FMP Super Saver HMO	FMP Saver No Rx HMO
Dental services Includes: <ul style="list-style-type: none"> Preventive care like exams and cleanings through DentaQuest. 	Not covered	\$0
<ul style="list-style-type: none"> Comprehensive non-orthodontic care like root canals, fillings, and crowns. <i>Requires prior authorization.</i> 	Not covered	Copays vary from \$0-\$990
<ul style="list-style-type: none"> Dental services covered as part of the Benefit Bank 	Not covered	See Benefit Bank
Vision care Includes: <ul style="list-style-type: none"> Medicare-covered glaucoma tests 	\$0	\$0
<ul style="list-style-type: none"> One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery 	\$0	\$0
<ul style="list-style-type: none"> One supplemental routine exam per year Medicare-covered exams to treat diseases and conditions of the eye 	\$20	\$40
<ul style="list-style-type: none"> \$150 coverage for one pair of non-Medicare-covered eyeglasses or contacts, every year, in-network only 	Costs above \$150	Costs above \$150
<ul style="list-style-type: none"> Eyewear covered as part of the Benefit Bank 	Not covered	See Benefit Bank
Mental health care Inpatient: <i>Requires prior authorization.</i>	\$370 per day (days 1-4) \$0 per day (days 5-90)	\$315 per day (days 1-5) \$0 per day (days 6-90)
Outpatient: Individual and group therapy visits. <i>Certain services require prior authorization.</i>	\$40 in office \$0 telehealth	\$40 in office \$0 telehealth
Skilled Nursing Facility (SNF) care <i>Requires prior authorization.</i>	\$0 per day (days 1-20) \$160 per day (days 21-44) \$0 per day (days 45-100)	\$0 per day (days 1-20) \$203 per day (days 21-100)

Fallon Medicare Plus (FMP) Medical Benefits	FMP Super Saver HMO	FMP Saver No Rx HMO
Outpatient rehabilitation services 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
Ambulance Copays are for one-way Medicare-covered transports. Coverage is worldwide. <i>Non-emergency ambulance services require prior authorization.</i>	\$125	\$250
Transportation One-way, non-emergent chairvan transport from hospital to skilled nursing facility.	\$35	\$35
Medicare Part B prescription drugs 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 and step therapy require prior authorization.</i>	Up to 20% of the cost	Up to 20% of the cost
Medicare Part B insulin	Up to \$35 per month supply	Up to \$35 per month supply
Podiatry Includes medically necessary foot care services. <i>Requires referral.</i>	\$50	\$40
Durable Medical Equipment and related supplies <i>Requires prior authorization.</i>	20% of the cost	20% of the cost
Acupuncture for chronic low back pain Includes up to 12 visits in 90 days. <i>Requires referral.</i>	\$20	\$20
Meals 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

Fallon Medicare Plus (FMP) Medical Benefits	FMP Super Saver HMO	FMP Saver No Rx HMO
Benefit Bank 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.	Not covered	Costs above \$300
Over-the-counter items 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>	Not covered	Costs above \$125 per year
Health and Wellness Programs		
Fitness membership/classes <ul style="list-style-type: none"> SilverSneakers®—includes access to online classes and instructional videos, an at-home fitness kit and/or a gym membership. 	\$0	\$0
<ul style="list-style-type: none"> Fitness memberships and online fitness program services covered as part of the Benefit Bank. 	Not covered	See Benefit Bank
WW® (Weight Watchers) <ul style="list-style-type: none"> One 13-consecutive-week membership each year. 	\$0	\$0
<ul style="list-style-type: none"> WW online memberships covered as part of the Benefit Bank. 	Not covered	See Benefit Bank
Care Connect 24/7 phone access to registered nurses who will recommend where you should receive care or will connect you to your doctor.	\$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 Super Saver HMO	Tiers 1–5: \$545

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 Super Saver HMO			
	Retail and mail-order	Retail and mail-order	
	30-day supply	Tier 1: 100-day supply Tiers 2-4: 90-day supply	
Tier 1: Preferred generic drugs	\$0	Retail: \$0	Mail-order: \$0
Tier 2: Generic drugs	\$9	Retail: \$27	Mail-order: \$18
Tier 3: Preferred brand drugs	\$42	Retail: \$126	Mail-order: \$84
Tier 4: Non-preferred drugs	\$95	Retail: \$285	Mail-order: \$190
Tier 5: Specialty drugs	25% of the cost	Not available for this tier	
Tier 6: 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.

Note: Fallon Medicare Plus Saver No Rx HMO **does not** include Medicare Part D prescription drug coverage.

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.

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

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 panggagamot. 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 Dolmeterservice 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 답해 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، **بمساعتك.** 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: យើងមានសេវាកម្មអនុវត្តបកប្រែផ្ទៃទាបម៉ាកគតិកិច្ចលនៃវិទ្យុបីឆ្នាំនិយមសំណួរណាមួយ ដល់អ្នកអាចមានអំពើកម្មរោងសុខភាព ឬកម្មរោងឱសថរបស់អ្នក។ ដើម្បីទទួលបានអនុវត្តបកប្រែផ្ទៃទាបម៉ាកសូមទូរសព្ទទមកយើងតាមលេខ 1-800-325-5669។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសា អាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មមិនគិតថ្លៃ។

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.

Fallon Medicare Plus	Phone: 1-800-325-5669 (TRS 711) Website: fallonhealth.org/medicare Hours: Monday–Friday, 8 a.m.–8 p.m. From October 1–March 31, we’re available seven days a week.
Provider Directory	fallonhealth.org/findphysician
Pharmacy Directory	fallonhealth.org/pharmacyfinder
Prescription Drug Formulary	fallonhealth.org/medicare-formulary
Original Medicare More information about coverage and costs	“Medicare & You” handbook <ul style="list-style-type: none">• View online: http://www.medicare.gov• 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 our Fallon Medicare Plus Super Saver HMO plan.

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 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:

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 Super Saver HMO <input type="checkbox"/> Fallon Medicare Plus Saver No Rx 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 phone number:	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

* 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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23-686-136 Rev. 00 8/23

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

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.)

Fallon Health offers additional plans. For more information visit fallonhealth.org/medicare.

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