

CITY OF WORCESTER

Fallon Medicare Plus™ Premier HMO  
Fallon Medicare Plus™ Central Premier HMO

Jan. 1, 2024–Dec. 31, 2024

care.  
It's what we believe in.

RPw0/RWw0



# 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 you'll find on the pages ahead.



# Pay \$0. Get a lot!

With Fallon Medicare Plus Premier HMO and Fallon Medicare Plus Central Premier HMO, you'll get benefits that are designed to help you stay healthy and save money.



- Prescription deductible
- Prescriptions (Tiers 1 and 6 drugs)
- Annual physical exam
- Telehealth visits (primary care provider, behavioral health, and approved telehealth vendor)
- 24/7 phone access to registered nurses
- Supplemental routine hearing exam
- Preventive dental
- Preventive screenings
- Hi-tech imaging: MRIs, nuclear studies, and PET and CT scans
- X-rays, labs, and tests

Plus, every year you'll get either a **\$250 or \$500 Benefit Bank allowance**, 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 money on your Benefit Bank card to pay for dental care, eyewear, fitness memberships, and hearing aids.

Fallon Health preloads money 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 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—either \$250 or \$500—depending on the network plan you choose. If you join our "broad" network, we will load your card with \$250. If you join our "central" network, we will load your card with \$500.

**We'll give you either \$250 or \$500! Spend it how you want on eligible items or services!**



# Save money with these extras.

## Dental

**New for 2024!** You pay \$0 for preventive dental like cleanings, exams, and X-rays. Comprehensive dental care, like root canals, fillings, and crowns are also covered—at network dentists—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

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

## WW® membership

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



# Medical benefits

Benefits that work for your needs and budget.

Benefits and copayments	
Annual supplemental physical exam	\$0
Primary care provider (PCP) office visits	\$10
Telehealth: PCP, behavioral health, and approved telehealth vendor	\$0
Specialty office visits, in person or via telehealth—except as noted above	\$15
Preventive dental (cleanings, exams, and X-rays)	\$0
Routine eye exam	\$15
Ambulance	\$50
Inpatient hospital care—acute	\$300 annual deductible
Diagnostic services (Tests, procedures, X-rays, labs)	\$0
Hi-tech imaging (CT, PET, and MRI scans and nuclear studies)	\$0
Outpatient surgery	\$50
Worldwide ER visits	\$75
Urgent care Inside/Outside the U.S. and its territories	\$10/\$75
Part D prescription drug coverage	Included

# Prescription drug coverage

	Retail (30/60/90-day supply)	Mail order (30/60/90-day supply)
Tier 1*	\$0/\$0/\$0	\$0/\$0/\$0
Tier 2	\$10/\$20/\$30	\$10/\$20/\$20
Tier 3	\$25/\$50/\$75	\$25/\$50/\$50
Tier 4	\$50/\$100/\$150	\$50/\$100/\$100
Tier 5	\$50 (30-day supply only)	\$50 (30-day supply only)
Tier 6	\$0 (30-day supply only)	\$0 (30-day supply only)

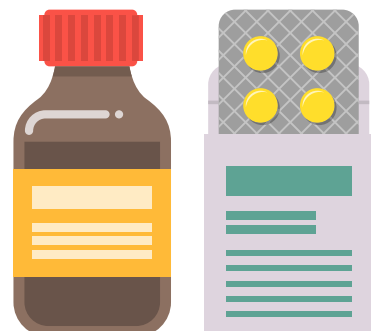
Your copays for insulin drugs purchased at a retail location are no more than: \$35 for a 30-day supply; \$70 for a 60-day supply; \$105 for a 90-day supply. Your copay for insulin drugs is no more than \$70 for a 90-day mail-order supply.

Our plan covers most Part D vaccines at no cost to you.

\* Up to a 100-day supply for Tier 1 medications through mail order or at a retail location.

**Mail Order:** Pay \$0 for up to a 100-day supply of Tier 1 medications. 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.

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



# Two networks. Same rich benefits.

With Fallon Health, you have a choice of two plan networks:

1. Fallon Medicare Plus Premier HMO, which we refer to as our "broad" network
2. Fallon Medicare Plus Central Premier HMO, which we call our "central" network

Our "broad" network is available to those who live anywhere within our service area. This network gives members \$250 on their Benefit Bank card, each year. And, it includes access to thousands of providers, from the Berkshires to Boston, and from the South Shore to the North Shore.



# Do you live in Worcester County?

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

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

If you choose the “central” 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 “central” network, you'll pay a lower monthly premium and you'll get a larger Benefit Bank—**\$500 each year!** And, you'll get all of the same benefits listed on the previous pages—with the same copays and out-of-pocket costs.

## Remember:

Residents of Worcester County can choose to join either of our networks. No matter what network you choose you'll have a \$0 prescription drug deductible, and you'll get the same benefits and coverage.



# Before you enroll

To make sure that you choose the 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 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 our plans by visiting 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 and 3 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  
1-866-231-3669 (TRS 711)

# 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 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 1-2 of the enrollment form



Please be sure you complete all required fields and sign and date the enrollment form.

# Enrollment materials

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

- Enrollment form
- Summary of Benefits
- Pre-enrollment checklist
- Medicare Star ratings

# 2024 Fallon Medicare Plus™ Premier HMO Enrollment Form – Worcester County

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

To enroll, please provide the following information.

Company name:		Group number:	
Authorized signature:		Requested effective date:	
Select plan to enroll in: <input type="checkbox"/> <b>Fallon Medicare Plus Premier HMO</b> <input type="checkbox"/> <b>Fallon Medicare Plus Central Premier HMO</b> <i>(limited network)</i>			
Last name:		First name:	Middle initial: <i>(optional)</i>
Birth date: (MM/DD/YYYY) ____ / ____ / ____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home phone number: ( ____ ____ ) ____ ____ - ____ ____	
Preferred written language: <i>(optional)</i>		Preferred spoken language: <i>(optional)</i>	
Mobile phone number: <i>(optional)</i> ( ____ ____ ) ____ ____ - ____ ____		Email address: <i>(optional)</i> _____	
<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 (P.O. Box is not allowed): _____			
City/town:	State:	ZIP code:	County: <i>(optional)</i>
Mailing address if different from above:			
Street address: _____			
City/town: _____ State: _____ ZIP code: _____			

Please provide your Medicare insurance information.

Please take out your red, white and blue Medicare card to complete this section.

Fill out this information as it appears on your Medicare card. <b>OR</b> Attach a copy of your Medicare card or your letter from the Social Security Administration or the Railroad Retirement Board. <b>You must have Medicare Part A and Part B to join a Medicare Advantage plan.</b>	Name (as it appears on your Medicare card): _____	
	Medicare number: _____	
	Is entitled to:	Effective date:
	<input type="checkbox"/> Hospital (Part A) <input type="checkbox"/> Medical (Part B)	_____

Please read and answer these important questions.

- Are you the retiree?**    ☐ Yes    ☐ No  
 If yes, retirement date (month/date/year): \_\_\_\_\_  
 If no, name of retiree: \_\_\_\_\_
- Are you covering a spouse or dependents under this employer or union plan?**    ☐ Yes    ☐ No  
 If yes, name of spouse: \_\_\_\_\_  
 Name(s) of dependent(s): \_\_\_\_\_

Please read and answer these important questions (continued).

3. Do you or your spouse work? ☐ Yes ☐ No

4. Some individuals may have other drug coverage, including other private insurance, Workers' Compensation, VA benefits or State pharmaceutical assistance programs.

Will you have other **prescription** drug coverage in addition to Fallon Health? ☐ Yes ☐ No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

\_\_\_\_\_

Name of other coverage: \_\_\_\_\_

ID # for coverage: \_\_\_\_\_

5. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If "yes" please provide the following information:

Name of Institution: \_\_\_\_\_

Address & Phone Number of Institution (number and street):

\_\_\_\_\_

6. Please choose a primary care physician (PCP), clinic or health center: *(optional)*

\_\_\_\_\_

Please check the box below if you would prefer us to send you information in another accessible format:

☐ Braille ☐ Audio CD ☐ Large print

Please contact Fallon Health at 1-866-231-3669 (TRS 711) if you need information in an accessible format other than what is listed above.

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

☐ Evidence of Coverage ☐ Formulary Email address: \_\_\_\_\_

Please read the important information on the following page and then sign below.

**I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application.** If signed by an authorized individual (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 Fallon Health or by Medicare.

X \_\_\_\_\_

Your signature/authorized representative

\_\_\_\_\_  
Today's date

If you are the authorized representative, you must sign above and provide the following information:

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Relationship to enrollee

\_\_\_\_\_  
Address

Phone number: ( \_\_\_\_ \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_

## 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"/> Black or African American        | <input type="checkbox"/> White                          |
|   | <input type="checkbox"/> <b>I choose not to answer.</b> |

## SECTION 3 – Read this important information.

### By completing this enrollment application, I agree to the following:

Fallon Health is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal. I will need to keep my Medicare Parts A and B. (This means I must continue to pay my Medicare Part B premium.) I can only be in one Medicare Advantage Plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15–December 7 of every year), or under certain special circumstances.

Fallon Medicare Plus Premier HMO and Fallon Medicare Plus Central Premier HMO serve a specific service area. If I move out of the area that Fallon Medicare Plus Premier HMO or Fallon Medicare Plus Central Premier HMO serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Fallon Medicare Plus Premier HMO or Fallon Medicare Plus Central Premier HMO, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Fallon Medicare Plus Premier HMO or Fallon Medicare Plus Central Premier HMO when I get it to know which rules I must follow to receive coverage with this Medicare Advantage Plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Fallon Medicare Plus Premier HMO or Fallon Medicare Plus Central Premier HMO coverage begins, I must get all of my health care from Fallon Medicare Plus Premier HMO or Fallon Medicare Plus Central Premier HMO, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Fallon Medicare Plus Premier HMO or Fallon Medicare Plus Central Premier HMO and other services contained in my plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR FALLON MEDICARE PLUS PREMIER HMO NOR FALLON MEDICARE PLUS CENTRAL PREMIER HMO WILL PAY FOR THE SERVICES.**

I understand that if I am receiving assistance from a sales agent, broker, or other individual employed by or contracted with Fallon Health, they may be paid based on my enrollment in Fallon Medicare Plus Premier HMO or Fallon Medicare Plus Central Premier HMO.

**Release of information:**

By joining this Medicare health plan, I acknowledge that Fallon Medicare Plus Premier HMO or Fallon Medicare Plus Central Premier HMO will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Fallon Medicare Plus Premier HMO or Fallon Medicare Plus Central Premier HMO will release my information including my prescription drug event data (if applicable) to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this 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.



**1-866-231-3669 (TRS 711)**

8 a.m.–8 p.m., seven days a week  
(Apr.–Sept., 8 a.m.–8 p.m., Mon.–Fri.)

**FALLON HEALTH USE ONLY**☐ New enrollment☐ Group to group

OEV required: \_\_\_\_\_ Sales staff initials: \_\_\_\_\_ OEV complete: \_\_\_\_\_

Name of staff member (if assisted in enrollment): \_\_\_\_\_

EGWP: \_\_\_\_\_ ICEP/IEP: \_\_\_\_\_ AEP: \_\_\_\_\_ SEP (type): \_\_\_\_\_ Not eligible: \_\_\_\_\_

Staff verification: \_\_\_\_\_ Effective date of coverage: \_\_\_\_\_

County code: \_\_\_\_\_ Previous insurance: \_\_\_\_\_

Broker name: \_\_\_\_\_ Broker ID: \_\_\_\_\_

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

January 1, 2024–December 31, 2024



# Fallon Medicare Plus Premier HMO

## 2024 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Premier 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 Premier HMO, you and/or your spouse must be a member of an employer/union group and you and/or your spouse 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 the following counties in Massachusetts: Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester. Our service area also includes some cities and towns—outside of Massachusetts—that border the previously named counties. For a listing of cities and towns in our service area outside of Massachusetts, please see page 10.

Fallon Medicare Plus Premier HMO has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan will not pay for these services except in certain circumstances.

<b>Plan Costs</b>	<b>Monthly plan premium</b> <i>You must continue to pay your Part B premium.</i>	<b>Maximum out-of-pocket</b> <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>
<b>Fallon Medicare Plus Premier HMO</b>	Because you pay a premium to your employer group, please contact your benefits administrator for 2024 premium information.	\$3,400

<b>Fallon Medicare Plus Premier HMO Medical Benefits</b>	<b>You pay</b>
<b>Inpatient Hospital Care</b> Includes medical, surgical, and rehabilitation services <i>Requires prior authorization</i>	\$300 annual deductible Covered in full after the deductible is met
<b>Outpatient Hospital Care</b> Includes: <ul style="list-style-type: none"> <li>• Outpatient surgery provided in a hospital outpatient facility and ambulatory surgical center <i>Requires prior authorization</i></li> </ul>	\$50
<ul style="list-style-type: none"> <li>• Observation services</li> </ul>	\$0
<b>Doctor Visits</b> Includes: <ul style="list-style-type: none"> <li>• Primary Care Provider (PCP)</li> </ul>	\$10
<ul style="list-style-type: none"> <li>• Annual Supplemental Physical Exam with PCP</li> </ul>	\$0
<ul style="list-style-type: none"> <li>• Annual Wellness Visit with PCP</li> </ul>	\$0
<ul style="list-style-type: none"> <li>• Specialists <i>May require referral</i></li> </ul>	\$15
<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 \$15 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

Fallon Medicare Plus Premier HMO Medical Benefits	You pay
<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
<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.	\$75
<b>Urgently Needed Services</b> <ul style="list-style-type: none"> <li>• In the United States and its territories</li> </ul>	\$10
<ul style="list-style-type: none"> <li>• Outside of the United States and its territories</li> </ul>	\$75
<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
<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>	\$0
<b>Hearing Services</b> Includes: <ul style="list-style-type: none"> <li>• One supplemental routine exam per year</li> </ul>	\$0
<ul style="list-style-type: none"> <li>• Diagnostic exams</li> </ul>	\$15
<ul style="list-style-type: none"> <li>• 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></li> </ul>	Copays vary from \$695 to \$2,645
<ul style="list-style-type: none"> <li>• Hearing aids covered as part of the Benefit Bank</li> </ul>	See Benefit Bank
<b>Dental Services</b> Includes: <ul style="list-style-type: none"> <li>• Preventive care, like exams and cleanings, through DentaQuest</li> </ul>	\$0
<ul style="list-style-type: none"> <li>• Comprehensive non-orthodontic care, like root canals, fillings, and crowns  <i>May require prior authorization</i></li> </ul>	Copays vary from \$0 to \$990
<ul style="list-style-type: none"> <li>• Dental services covered as part of the Benefit Bank</li> </ul>	See Benefit Bank
<b>Vision Care</b> Includes: <ul style="list-style-type: none"> <li>• One pair of Medicare-covered standard eyeglasses with standard frames or contact lenses after cataract surgery, when obtained from an EyeMed provider</li> <li>• Medicare-covered glaucoma tests</li> </ul>	\$0
<ul style="list-style-type: none"> <li>• One supplemental routine exam per year</li> <li>• Medicare-covered exams to treat diseases and conditions of the eye</li> </ul>	\$15
<ul style="list-style-type: none"> <li>• \$150 coverage for one pair of non-Medicare-covered eyeglasses or contact lenses, every year, in-network only. Excludes the one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</li> </ul>	Costs above \$150
<ul style="list-style-type: none"> <li>• Eyewear covered as part of the Benefit Bank</li> </ul>	See Benefit Bank

Fallon Medicare Plus Premier HMO Medical Benefits	You pay
<b>Mental Health Care</b> • Inpatient: <i>Requires prior authorization</i>	\$300 annual deductible Covered in full after the deductible is met
• Outpatient: Individual and group therapy visits <i>Prior authorization is required for:</i> <i>Transcranial Magnetic Stimulation (TMS) Therapy</i> <i>Electroconvulsive Therapy (ECT)</i> <i>Neuropsychological Testing</i> <i>Intensive Outpatient (IOP) Therapy</i>	In-office without a psychiatrist: \$10 In-office with a psychiatrist: \$15 Telehealth visit, with or without a psychiatrist: \$0
<b>Skilled Nursing Facility (SNF) Care</b> <i>Requires prior authorization</i> • Per-day cost, for days 1–10 per admission	\$20
• Per-day cost, for days 11–100 per benefit period	\$0
<b>Outpatient Rehabilitation Services</b> <i>Physical and occupational therapy visits beyond 60 visits each require prior authorization</i> <i>Speech language therapy visits beyond 35 visits require prior authorization</i>	\$10
<b>Ambulance</b> Copays are for one-way Medicare-covered transports. Ambulance services are covered worldwide <i>Non-emergency ambulance services require prior authorization</i>	\$50
<b>Transportation</b> One-way, non-emergency chair van transport from hospital to skilled nursing facility	\$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>	\$10–\$50
<b>Medicare Part B insulin</b>	Up to \$35 per month supply
<b>Podiatry</b> Includes medically necessary foot care services <i>Requires referral</i>	\$15
<b>Durable Medical Equipment and Related Supplies</b> <i>Requires prior authorization</i>	\$0
<b>Acupuncture for chronic low back pain</b> Includes up to 12 visits in 90 days <i>Requires referral</i>	\$10

Fallon Medicare Plus Premier HMO Medical Benefits	You pay
<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
<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 \$250
<b>Health and Wellness Programs</b>	
<b>Fitness membership/classes</b> • SilverSneakers® – Includes access to online classes and instructional videos, an at-home fitness kit, and/or a gym membership	\$0
• Fitness memberships and online fitness program services covered as part of the Benefit Bank	See Benefit Bank
<b>WW® (Weight Watchers)</b> • One 13-consecutive-week membership each year	\$0
• WW online memberships covered as part of the 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

## 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. There are four “drug payment stages” for Part D prescription drug coverage: deductible stage, initial coverage stage, coverage gap stage and catastrophic coverage stage.

Our plan covers most Part D vaccines at no cost to you in all coverage stages. You will pay no more than \$35 for a 30-day supply of covered insulin drugs, regardless of the drug coverage stage.

### Deductible Stage

Because there is no deductible for Fallon Medicare Plus Premier HMO, this stage does not apply to your Part D prescription drug coverage.

### Initial Coverage Stage

You pay the following amounts until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$8,000.

Fallon Medicare Plus Premier HMO						
	Retail			Mail order		
	30-day supply	60-day supply	Tier 1: 100-day supply	30-day supply	60-day supply	Tier 1: 100-day supply
			Tiers 2-4: 90-day supply			Tiers 2-4: 90-day supply
<b>Tier 1:</b> Preferred generic drugs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2:</b> Generic drugs	\$10	\$20	\$30	\$10	\$20	\$20
<b>Tier 3:</b> Preferred brand drugs	\$25	\$50	\$75	\$25	\$50	\$50
<b>Tier 4:</b> Non-preferred drugs	\$50	\$100	\$150	\$50	\$100	\$100
<b>Tier 5:</b> Specialty drugs	\$50	Not available for this tier	Not available for this tier	\$50	Not available for this tier	Not available for this tier
<b>Tier 6:</b> Select care drugs	\$0	Not available for this tier	Not available for this tier	\$0	Not available for this tier	Not available for this tier

Certain drugs are not available in an extended-day supply. These drugs may be included within Tiers 1-6.

Your copays for insulin drugs are no more than: \$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

You do not have a coverage gap.

### Catastrophic Coverage Stage

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

For more information about cost-sharing specific to the different phases of the benefit, please use the contact information included on the back page to call us.

# 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	Phone: 1-508-368-9988 (TRS 711)	10 Chestnut St.
Fallon Health	Email: <a href="mailto:compliance@fallonhealth.org">compliance@fallonhealth.org</a>	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)

# 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।

# Multi-language Interpreter Services, *continued*

**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:** យើងមានសេវាកម្មអ្នកបកប្រែផ្ទៃទាល់មាត់ភាសាខ្មែរឱ្យបានដឹងបន្ថែមលើការណែនាំរបស់យើងអ្នកអាចមានអំពីកម្មវិធីសុខភាព ឬកម្មវិធីឱសថរបស់អ្នក។ ដើម្បីបន្តទទួលបានអ្នកបកប្រែផ្ទៃទាល់មាត់មុនាក់សូមទូរសព្ទមកយើងតាមលេខ 1-800-325-5669។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសា អាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មមិនគិតថ្លៃ។

H9001\_221329\_C 22-686-039 Rev. 01 2/23

# Fallon Medicare Plus Premier HMO service area

(ZIP codes listed represent the service area outside of Massachusetts)

MASSACHUSETTS			
Barnstable County**	Essex County**	Hampshire County**	Plymouth County**
Berkshire County**	Franklin County**	Middlesex County**	Suffolk County**
Bristol County**	Hampden County**	Norfolk County**	Worcester County**

CONNECTICUT	
Town	ZIP
<b>Hartford County*</b>	
East Granby	06026
East Windsor	06088
East Windsor Hill	06028
Enfield	06082 06083
Granby	06035 06090
Hazardville	06082
North Granby	06060
N. Thompsonville	06082
Scitico	06082
Suffield	06078 06080 06093
Thompsonville	06082
West Granby	06090
West Suffield	06093
Windsor Locks	06096
<b>Tolland County*</b>	
Ellington	06029
Somers	06071
Stafford	06075
Stafford Springs	06076
Union	06076
Willington	06279
<b>Windham County*</b>	
Ashford	06278
Ballouville	06233
Danielson	06239
Dayville	06241
East Killingly	06243

CONNECTICUT, cont.	
East Woodstock	06244
Eastford	06242
Fabyan	06256
Killingly	06233 06239 06241 06243 06263
Mechanicsville	06277
North Grosvenordale	06255
North Windham	06256
Pomfret	06258
Pomfret Center	06259
Putnam	06260
Rogers	06263
South Woodstock	06267
Thompson	06277
Woodstock	06281
Woodstock Valley	06282
NEW HAMPSHIRE	
Town	ZIP
<b>Cheshire County*</b>	
Fitzwilliam	03447
Rindge	03461
<b>Hillsborough County*</b>	
Brookline	03033
Greenville	03048
Hollis	03049
Hudson	03051
Jaffrey	03452
Mason	03048

NEW HAMPSHIRE, cont.	
Nashua	03060 03061 03062 03063 03064
New Ipswich	03071
Pelham	03076
<b>Rockingham County*</b>	
Atkinson	03811
East Kingston	03827
Hampstead	03841
Hampton	03842
Hampton Beach	03843
Hampton Falls	03844
Plaistow	03865
Salem	03079
Seabrook	03874
South Hampton	03827
Windham	03087
NEW YORK	
Town	ZIP
<b>Columbia County*</b>	
Austerlitz	12017
Canaan	12029
Chatham	12037
Chatham Center	12184
Copake	12516
Copake Falls	12517
Craryville	12521
East Chatham	12060
Hillsdale	12529
Malden Bridge	12115
New Lebanon	12125

NEW YORK, cont.	
Old Chatham	12136
West Lebanon	12195
<b>Rensselaer County*</b>	
Berlin	12022
Stephentown	12168 12169
RHODE ISLAND	
Town	ZIP
<b>Bristol County*</b>	
Bristol	02809
Warren	02885
<b>Newport County*</b>	
Little Compton	02837
Tiverton	02878
<b>Providence County*</b>	
Burrillville	02826 02830 02839 02858
Cumberland	02864
Glendale	02826
Harrisville	02830
Mapleville	02839
North Smithfield	02824 02876 02896
Oakland	02858
Pawtucket	02860 02861 02862
Slatersville	02876
Smithfield	02917
Valley Falls	02864
Woonsocket	02895

\* Partial County

\*\* Full County

# More information

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

<b>Fallon Medicare Plus Premier HMO</b>	Current members: <b>1-800-325-5669 (TRS 711)</b> Prospective members: <b>1-866-231-3669 (TRS 711)</b> Website: <b>fallonhealth.org/medicare</b> Hours: Monday–Friday, 8 a.m.–8 p.m. From Oct. 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.

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



*Fallon Health and Amplifon Hearing Health Care are independent, unaffiliated companies. Hearing services are administered by Amplifon Hearing Health Care, Corp. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. WeightWatchers logo and WeightWatchers are the trademarks of WW International, Inc. ©2023 WW International, Inc. All rights reserved.*

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

January 1, 2024–December 31, 2024



# Fallon Medicare Plus Central Premier HMO

## 2024 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Central Premier 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 Central Premier HMO, you and/or your spouse must be a member of an employer/union group and you and/or your spouse must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for Fallon Medicare Plus Central Premier HMO is Worcester County, Massachusetts.

Fallon Medicare Plus Central Premier HMO includes all Reliant Medical Group providers, as well as Heywood Hospital and its providers, St. Vincent Hospital and select Steward Health Care providers. If you use providers that are not in our network, the plan will not pay for these services except in certain circumstances.

<b>Plan Costs</b>	<b>Monthly plan premium</b> <i>You must continue to pay your Part B premium.</i>	<b>Maximum out-of-pocket</b> <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>
<b>Fallon Medicare Plus Central Premier HMO</b>	Because you pay a premium to your employer group, please contact your benefits administrator for 2024 premium information.	\$3,400

<b>Fallon Medicare Plus Central Premier HMO Medical Benefits</b>	<b>You pay</b>
<b>Inpatient Hospital Care</b> Includes medical, surgical, and rehabilitation services <i>Requires prior authorization</i>	\$300 annual deductible Covered in full after the deductible is met
<b>Outpatient Hospital Care</b> Includes: • Outpatient surgery provided in a hospital outpatient facility and ambulatory surgical center <i>Requires prior authorization</i>	\$50
• Observation services	\$0
<b>Doctor Visits</b> Includes: • Primary Care Provider (PCP)	\$10
• Annual Supplemental Physical Exam with PCP	\$0
• Annual Wellness Visit with PCP	\$0
• Specialists <i>May require referral</i>	\$15
• Telehealth services <i>May require referral</i>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$15 Specialists <i>except as noted above</i>
• 24/7 phone, video, or mobile access to board-certified doctors	\$0 primary care services

Fallon Medicare Plus Central Premier HMO Medical Benefits	You pay
<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
<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.	\$75
<b>Urgently Needed Services</b> • In the United States and its territories	\$10
• Outside of the United States and its territories	\$75
<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
<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>	\$0
<b>Hearing Services</b> Includes: • One supplemental routine exam per year	\$0
• Diagnostic exams	\$15
• 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
• Hearing aids covered as part of the Benefit Bank	See Benefit Bank
<b>Dental Services</b> Includes: • Preventive care, like exams and cleanings, through DentaQuest	\$0
• Comprehensive non-orthodontic care, like root canals, fillings, and crowns <i>May require prior authorization</i>	Copays vary from \$0 to \$990
• Dental services covered as part of the Benefit Bank	See Benefit Bank
<b>Vision Care</b> Includes: • One pair of Medicare-covered standard eyeglasses with standard frames or contact lenses after cataract surgery, when obtained from an EyeMed provider • Medicare-covered glaucoma tests	\$0
• One supplemental routine exam per year • Medicare-covered exams to treat diseases and conditions of the eye	\$15

Fallon Medicare Plus Central Premier HMO Medical Benefits	You pay
<b>Vision Care, <i>continued</i></b> • \$150 coverage for one pair of non-Medicare-covered eyeglasses or contact lenses, every year, in-network only. Excludes the one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	Costs above \$150
• Eyewear covered as part of the Benefit Bank	See Benefit Bank
<b>Mental Health Care</b> • Inpatient: <i>Requires prior authorization</i>	\$300 annual deductible Covered in full after the deductible is met
• Outpatient: Individual and group therapy visits <i>Prior authorization is required for:</i> <i>Transcranial Magnetic Stimulation (TMS) Therapy</i> <i>Electroconvulsive Therapy (ECT)</i> <i>Neuropsychological Testing</i> <i>Intensive Outpatient (IOP) Therapy</i>	In-office without a psychiatrist: \$10 In-office with a psychiatrist: \$15 Telehealth visit, with or without a psychiatrist: \$0
<b>Skilled Nursing Facility (SNF) Care</b> <i>Requires prior authorization</i> • Per-day cost, for days 1–10 per admission	\$20
• Per-day cost, for days 11–100 per benefit period	\$0
<b>Outpatient Rehabilitation Services</b> <i>Physical and occupational therapy visits beyond 60 visits each require prior authorization</i> <i>Speech language therapy visits beyond 35 visits require prior authorization</i>	\$10
<b>Ambulance</b> Copays are for one-way Medicare-covered transports. Ambulance services are covered worldwide <i>Non-emergency ambulance services require prior authorization</i>	\$50
<b>Transportation</b> One-way, non-emergency chair van transport from hospital to skilled nursing facility	\$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>	\$10–\$50
<b>Medicare Part B insulin</b>	Up to \$35 per month supply
<b>Podiatry</b> Includes medically necessary foot care services <i>Requires referral</i>	\$15
<b>Durable Medical Equipment and Related Supplies</b> <i>Requires prior authorization</i>	\$0

Fallon Medicare Plus Central Premier HMO Medical Benefits	You pay
<b>Acupuncture for chronic low back pain</b> Includes up to 12 visits in 90 days <i>Requires referral</i>	\$10
<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
<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 \$500
<b>Health and Wellness Programs</b>	
<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>	\$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
<b>WW® (Weight Watchers)</b> <ul style="list-style-type: none"> <li>One 13-consecutive-week membership each year</li> </ul>	\$0
<ul style="list-style-type: none"> <li>WW online memberships covered as part of the Benefit Bank</li> </ul>	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

## 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. There are four “drug payment stages” for Part D prescription drug coverage: deductible stage, initial coverage stage, coverage gap stage and catastrophic coverage stage.

Our plan covers most Part D vaccines at no cost to you in all coverage stages. You will pay no more than \$35 for a 30-day supply of covered insulin drugs, regardless of the drug coverage stage.

### Deductible Stage

Because there is no deductible for Fallon Medicare Plus Central Premier HMO, this stage does not apply to your Part D prescription drug coverage.

### Initial Coverage Stage

You pay the following amounts until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$8,000.

Fallon Medicare Plus Central Premier HMO						
	Retail			Mail order		
	30-day supply	60-day supply	Tier 1: 100-day supply	30-day supply	60-day supply	Tier 1: 100-day supply
			Tiers 2-4: 90-day supply			Tiers 2-4: 90-day supply
<b>Tier 1:</b> Preferred generic drugs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2:</b> Generic drugs	\$10	\$20	\$30	\$10	\$20	\$20
<b>Tier 3:</b> Preferred brand drugs	\$25	\$50	\$75	\$25	\$50	\$50
<b>Tier 4:</b> Non-preferred drugs	\$50	\$100	\$150	\$50	\$100	\$100
<b>Tier 5:</b> Specialty drugs	\$50	Not available for this tier	Not available for this tier	\$50	Not available for this tier	Not available for this tier
<b>Tier 6:</b> Select care drugs	\$0	Not available for this tier	Not available for this tier	\$0	Not available for this tier	Not available for this tier

Certain drugs are not available in an extended-day supply. These drugs may be included within Tiers 1-6.

Your copays for insulin drugs are no more than: \$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

You do not have a coverage gap.

### Catastrophic Coverage Stage

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

For more information about cost-sharing specific to the different phases of the benefit, please use the contact information included on the back page to call us.

# 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	Phone: 1-508-368-9988 (TRS 711)	10 Chestnut St.
Fallon Health	Email: <a href="mailto:compliance@fallonhealth.org">compliance@fallonhealth.org</a>	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)

# 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 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।

# Multi-language Interpreter Services, *continued*

**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:** យើងមានសេវាកម្មអ្នកបកប្រែផ្ទៃទាល់មាត់ឥតគិតថ្លៃដែលប្រើប្រាស់ភាសាខ្មែរ ដើម្បីជួយអ្នក អាចមានអំពីគម្រោងសុខភាព ឬគម្រោងឱសថរបស់អ្នក។ ដើម្បីប្រើប្រាស់សេវាកម្មបកប្រែផ្ទៃទាល់មាត់មុន ពេលស្វែងរកព័ត៌មានយើងតាមលេខ 1-800-325-5669។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសា អាច ជួយអ្នកបាន។ នេះគឺជាសេវាកម្មមិនគិតថ្លៃ។

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# More information

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

<b>Fallon Medicare Plus Central Premier HMO</b>	Current members: <b>1-800-325-5669 (TRS 711)</b> Prospective members: <b>1-866-231-3669 (TRS 711)</b> Website: <b>fallonhealth.org/medicare</b> Hours: Monday–Friday, 8 a.m.–8 p.m. From Oct. 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 <ul style="list-style-type: none"><li>• View online: <a href="http://www.medicare.gov">http://www.medicare.gov</a></li><li>• 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.</li></ul>

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



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# Fallon Medicare Plus™ Premier

## 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 1-866-231-3669 (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 1-866-231-3669 (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 your monthly plan premium, 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.



## IMPORTANT INFORMATION:

### 2024 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



#### Fallon Health - H9001

For 2024, 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

The number of stars show how well a plan performs.

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

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

#### 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 888-377-1980 (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).



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

**1-866-231-3669 (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 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.*