

Fallon Medicare Plus Saver No Rx HMO (a Medicare HMO) offered by Fallon Community Health Plan (Fallon Health)

Annual Notice of Changes for 2025

You are currently enrolled as a member of Fallon Medicare Plus Saver No Rx HMO. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

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

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers will be in our network next year.
- ☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2024, you will stay in Fallon Medicare Plus Saver No Rx HMO.

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Fallon Medicare Plus Saver No Rx HMO.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Customer Service number at 1-800-325-5669 for additional information. (TTY users should call TRS 711.) Hours are 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). This call is free.
- This information is available in alternate formats, such as braille, large print or audio tape.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Fallon Medicare Plus Saver No Rx HMO

- Fallon Health is an HMO plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Fallon Community Health Plan (Fallon Health). When it says “plan” or “our plan,” it means Fallon Medicare Plus Saver No Rx HMO.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Fallon Medicare Plus Saver No Rx HMO in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$35	\$35
Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for your covered services. (See Section 1.2 for details.)	\$6,700	\$6,700
Doctor office visits	Primary care visits: \$15 per in-office visit or \$0 per telehealth visit Specialist visits: \$40 per in-office or telehealth visit	Primary care visits: \$0 per in-office or telehealth visits Specialist visits: \$40 per in-office or telehealth visit
Inpatient hospital stays	You pay a \$315 a day copayment for days 1-5 and a \$0 a day copayment for days 6-90 for each inpatient admission per benefit period; this includes medical, surgical and rehabilitation services.	You pay a \$315 a day copayment for days 1-5 and a \$0 a day copayment for days 6-90 for each inpatient admission per benefit period; this includes medical, surgical and rehabilitation services.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$35	\$35 There is no change in premium for the upcoming benefit year.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$6,700	\$6,700 Once you have paid \$6,700 out of pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year. There is no change in the maximum out-of-pocket amount for the upcoming benefit year.

Section 1.3 – Changes to the Provider Network

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

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

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

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2024 (this year)	2025 (next year)
Dental services	Prior authorization (approval in advance) is required for comprehensive dental, including endodontics, extractions, oral surgery services (with the exception of the removal or exposure of impacted teeth), periodontics, prosthodontics, restorative services, and other oral/maxillofacial surgery.	Prior authorization (approval in advance) is required for Medicare dental services, restorative services, endodontics, periodontics, prosthodontics removable and fixed, oral and maxillofacial surgery (with the exception of the removal or exposure of impacted teeth), and adjunctive general services.
Health and wellness education programs	SilverSneakers® is covered. WW® – One 13-consecutive-week membership coupon book, including registration fee, per calendar year is covered.	SilverSneakers® is <u>not</u> covered. WW® – One 13-consecutive-week membership coupon book, including registration fee, per calendar year is <u>not</u> covered.

Cost	2024 (this year)	2025 (next year)
		For information on covered fitness memberships, approved online fitness program services and WW online memberships, see “Benefit Bank” in this chart.
Hospice care	You pay a \$15 primary care doctor or \$40 specialist office visit copayment for hospice consultation services.	You pay a \$0 primary care doctor or \$40 specialist office visit copayment for hospice consultation services.
Medicare Part B prescription drugs	You pay a \$15 primary care doctor or \$40 specialist office visit copayment.	You pay a \$0 primary care doctor or \$40 specialist office visit copayment.
Outpatient diagnostic tests and therapeutic services and supplies	<p>Referral is <u>not</u> required for outpatient diagnostic tests, procedures and lab tests.</p> <p>Prior authorization (approval in advance) is required for CT scans, PET scans, MRIs, nuclear studies, proton beam therapy, intensity modulated radiation of the breast, hyperbaric oxygen therapy, genetic testing, and sleep studies (polysomnography).</p>	<p>Referral is required for outpatient diagnostic tests, procedures and lab tests.</p> <p>Prior authorization (approval in advance) is required for CT scans, PET scans, MRIs, nuclear studies, proton beam therapy, intensity modulated radiation of the breast, hyperbaric oxygen therapy, genetic testing, sleep studies (polysomnography) and lab tests.</p>
Outpatient hospital services	Referral is <u>not</u> required for diagnostic procedures, tests and lab tests.	Referral is required for diagnostic procedures, test and lab tests.

Cost	2024 (this year)	2025 (next year)
Outpatient mental health care	Prior authorization (approval in advance) is required on Transcranial Magnetic Stimulation Therapy (TMS), Electro-Convulsive Therapy (ECT), Neuro-psychological Testing and Intensive Outpatient Therapy (IOP).	Prior authorization (approval in advance) is required on Transcranial Magnetic Stimulation Therapy (TMS), Electro-Convulsive Therapy (ECT), and Intensive Outpatient Therapy (IOP).
Physician/Practitioner services, including doctor's office visits	You pay a \$15 copayment for each primary care doctor visit for Medicare-covered benefits.	You pay a \$0 copayment for each primary care doctor visit for Medicare-covered benefits.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Over-the-counter (OTC) items	Each calendar year, your Benefit Bank card will be loaded with credits designated for purchase of covered OTC products. These credits will expire at the end of the calendar year. OTC products can be ordered from NationsOTC online, by mail or telephone and will be delivered directly to your home.	Each calendar year, your Benefit Bank card will be loaded with credits designated for purchase of covered OTC products. These credits will expire at the end of the calendar year. OTC products can be ordered from Medline online, by mail or telephone and will be delivered directly to your home. You may also purchase products at network retail locations.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Fallon Medicare Plus Saver No Rx HMO

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Fallon Medicare Plus Saver No Rx HMO.

Section 3.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

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

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Fallon Medicare Plus Saver No Rx HMO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Fallon Medicare Plus Saver No Rx HMO.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

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

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

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

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

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

SECTION 5 Programs That Offer Free Counseling about Medicare

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-243-4636. You can learn more about SHINE by visiting their website (www.mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program).

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual

deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
 - **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Massachusetts HIV Drug Assistance Program (HDAP), which is administered by the Community Resource Initiative. HDAP helps eligible state residents living with HIV to pay for medications and health insurance. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-228-2714 or visit <https://crihealth.org/drug-assistance/hdap/>. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 7 Questions?

Section 7.1 – Getting Help from Fallon Medicare Plus Saver No Rx HMO

Questions? We're here to help. Please call Customer Service at 1-800-325-5669. (TTY only, call TRS 711.) We are available for phone calls 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). Calls to these numbers are free.

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the 2025 *Evidence of Coverage* for Fallon Medicare Plus Saver No Rx HMO. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at fallonhealth.org/medicare. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at fallonhealth.org/medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 2025*

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