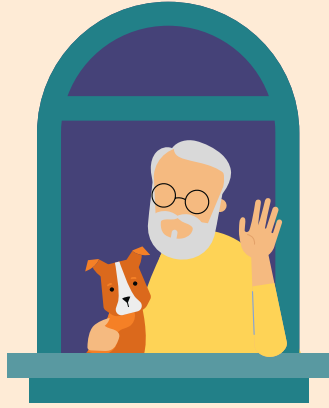




care.

It's what we believe in.





Welcome to Fallon Health.

We think you'll like the rich benefits and plan designs you'll find on the pages ahead. Before you continue, here's a little bit about us.

Who we are

- A not-for-profit health care services organization
- Based in Worcester, MA
- Provider of health care solutions that meet different needs and budgets

Our experience

- 50 years providing health care coverage
- First health plan in the country to offer a Medicare Advantage plan
- Both a health insurance plan and provider of care

Our commitment

- Deliver care and coverage that goes further than traditional health insurance
- Develop plans and benefits that support the needs of our members
- Support our members so they get the care they need, when they need it

Questions?

Give us a call. Our team is local. From 8 a.m. to 8 p.m., Monday through Friday, you'll speak with someone who knows and serves the community.



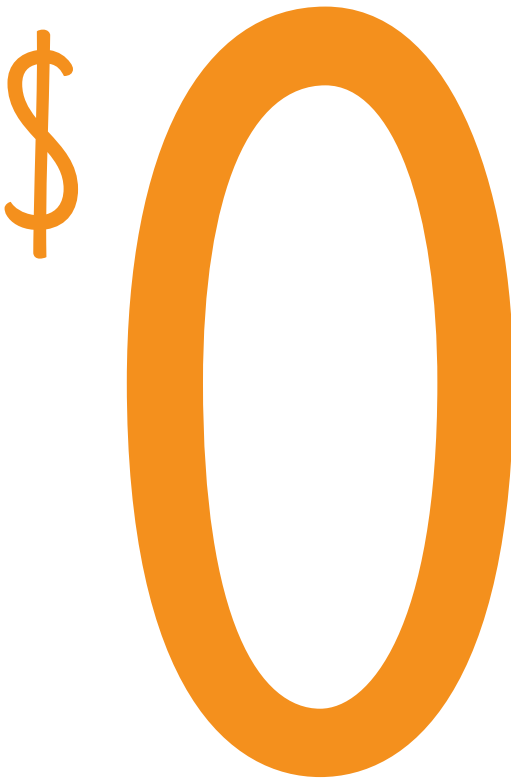
This booklet covers plans that are available in the following Massachusetts counties: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester.

Your health matters.

At Fallon Health, our priority is making sure our members get the care they need. That's why we offer plans that give you more benefits than you'd get with Original Medicare alone, and extras that help you stay healthy and well.

We understand that health care costs can add up quickly. With our Medicare Advantage plans, you have 4 plan options with monthly premiums starting at \$0, as well as \$0 copays for several types of care.

With all of our Fallon Medicare Plus plans, you'll pay \$0 for:



- Medical deductible
- Annual physical exam
- Telehealth visits with your PCP or Teladoc® doctors
- 24/7 phone access to registered nurses
- Routine preventive screenings
- X-rays, labs, tests
- Preventive dental
- Prescriptions (Tiers 1 and 6)*

Save more with the Benefit Bank

The Benefit Bank card is preloaded with money to pay for dental care, prescription eyewear and hearing aids, and fitness/gym memberships. Use the card to pay a portion, or the full cost, of an item.

Allowances range from \$90 to \$400, depending on the plan you choose.

The Benefit Bank is available with our Fallon Medicare Plus Green HMO, Fallon Medicare Plus Blue HMO, and Fallon Medicare Plus Saver No Rx HMO plans.

** Medicare Part D prescriptions aren't available with our Saver No Rx plan.*

The Benefit Bank

Pay for dental care, prescription eyewear and hearing aids, and fitness/gym memberships with the Benefit Bank.

The Benefit Bank is included with our Green, Blue, and Saver No Rx plans. We preload 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, our Medicare Advantage plans include a \$150 eyewear benefit. If you buy a pair of \$200 eyeglasses, your eyewear benefit covers the first \$150. You can use your Benefit Bank card to pay the remaining \$50. And you'll have money left on the card to use for something else.

Benefit Bank allowances range from \$90 to \$400, depending on the plan you choose.

And, if you join our Green or Saver No Rx plans, you'll get extra money each year on your Benefit Bank card to buy health care items like pain relievers and cold/allergy medicine. Green plan members get \$175, Saver No Rx members get \$250. Use the money to shop at select retail locations or with our online partner.



Save money with these extras.

Dental

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

Eyewear

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

Hearing aids

Pay between \$695 and \$1,795 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 prescription hearing aids purchased from other providers.

Teladoc®

24/7 access to treatment from board-certified doctors, by phone or video—with a \$0 copay.

Care Connect

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

** The Benefit Bank is available to members of our Green, Blue, and Saver No Rx plans. It's not available with the Fallon Medicare Plus Orange HMO plan.*

We'll give you money back!

When you join our Fallon Medicare Plus Saver No Rx plan, we'll pay up to \$75 of your Medicare Part B premium each month. That's an extra \$900 per year that you'll have to spend!

Plus, as a member of our Saver No Rx plan, you'll pay a \$0 monthly plan premium.

Choose your plan.

With Fallon Medicare Plus, you have 4 Medicare Advantage HMO options—Orange, Green, Blue, and Saver No Rx. All plans are designed to offer rich benefits that meet your health care needs and budget.

These plans offer access to a high-quality network that includes thousands of providers—from Springfield to Boston and from the South Shore to the North Shore.

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

Monthly premium for residents of ...	Orange	Green	Blue	Saver No Rx
Franklin, Hampden, and Hampshire counties	\$0	\$72	\$117	\$0
Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$0	\$83	\$185	\$0
Worcester County	\$0	\$105	\$217	\$0

Highlighted benefits	Orange	Green	Blue	Saver No Rx
Benefit Bank	n/a	\$400/year	\$90/year	\$300/year
Over-the-counter benefit	n/a	\$175/year	n/a	\$250/year
Eyewear	\$150/year	\$150/year	\$150/year	\$150/year
Dental—preventive and comprehensive	Included	Included	Included	Included
Hearing aid coverage	Included	Included	Included	Included
Part B payback	n/a	n/a	n/a	Up to \$75/month
Prescription drug coverage	Included	Included	Included	n/a

Get rich benefits.

Benefits and copayments	Orange	Green	Blue	Saver No Rx
Annual physical and wellness visits	\$0	\$0	\$0	\$0
Primary care provider (PCP) office visits	\$20	\$10	\$10	\$0
Telehealth: PCP, behavioral health, and Teladoc	\$0	\$0	\$0	\$0
Specialty office visits, in person or via telehealth—(except as noted above)	\$60	\$50	\$30	\$40
Preventive dental (cleanings, exams, and X-rays)	\$0	\$0	\$0	\$0
Routine eye exam	\$15	\$0	\$20	\$40
Ambulance	\$305	\$300 (\$1,200 out-of-pocket maximum/year)	\$250 (\$1,000 out-of-pocket maximum/year)	\$250
Inpatient hospital care—acute	\$385/day (days 1-7) \$0/day (days 8-90)	\$300/day (days 1-5) \$0/day (days 6-90)	\$300/admission (\$600 out-of-pocket maximum/year)	\$315/day (days 1-5) \$0/day (days 6-90)
Diagnostic services (tests, procedures, X-rays, labs)	\$0	\$0	\$0	\$0
High-tech imaging (CT, PET, and MRI scans and nuclear studies)	\$350	\$250 (\$1,000 out-of-pocket maximum/year)	\$200	\$250 (\$1,000 out-of-pocket maximum/year)
Outpatient surgery Hospital/Ambulatory surgical center	\$550/\$400	\$325/\$300	\$200/\$175	\$275/\$275
Worldwide ER visits	\$115	\$130	\$140	\$90
Urgent care Inside/Outside the U.S. and its territories	\$40/\$115	\$25/\$130	\$10/\$140	\$15/\$90

Prescription drug coverage

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

	Orange	Green	Blue
Deductible*	\$595 (Tiers 3–5)	\$300 (Tiers 3–5)	\$0
Retail (30/60/90-day supply)			
Tier 1†	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
Tier 2	\$7/\$14/\$21	\$7/\$14/\$21	\$7/\$14/\$21
Tier 3	\$47/\$94/\$141	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4	25% of the cost	25% of the cost	35% of the cost
Tier 5	27% of the cost (30-day supply only)	29% of the cost (30-day supply only)	33% of the cost (30-day supply only)
Tier 6	\$0 (30-day supply only)	\$0 (30-day supply only)	\$0 (30-day supply only)

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

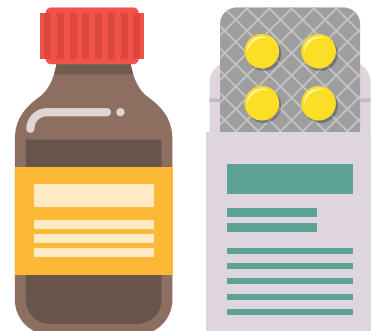
Our plan covers most Part D vaccines at no cost to you—even if you haven't paid your deductible (if your plan has one).

* Deductible doesn't apply to covered Part D insulin drugs, regardless of tier.

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

Mail order: Medications for Tiers 2, 3, and 4 are available for up to a 90-day supply through mail order, for the cost of a 60-day supply. Medications for Tiers 5 and 6 are limited to a 30-day mail-order supply. Your copay for insulin drugs is \$70 for a 90-day mail-order supply.

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



Before you enroll

To make sure you choose the Fallon Medicare Plus plan that's right for you, it's important to ask yourself these 2 questions:

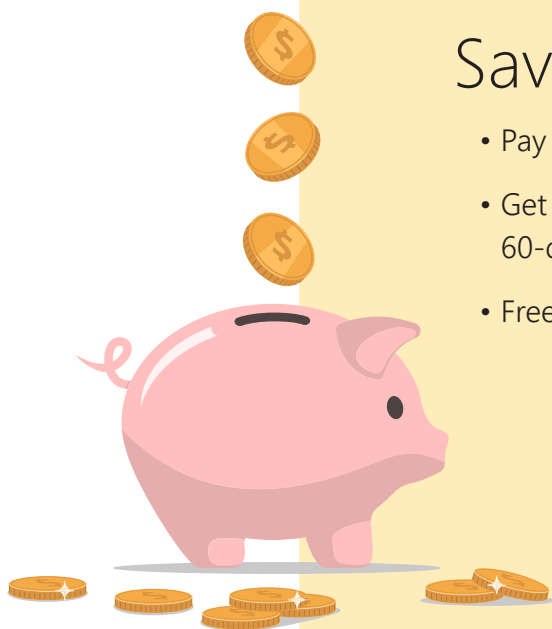
1. Are my doctors in the network?

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 you'll have to choose new doctors for your care. Visit fallonhealth.org/findphysician to confirm that your doctors and other providers are in our network. Our network includes 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 Orange, Green, and Blue plans 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 more detailed prescription copayment information, please see the Summary of Benefits, that appears later in this booklet.



Save money on your meds

- Pay \$0 for Tiers 1 and 6 medicines
- Get a 90-day or 100-day fill (Tiers 2–4), for the cost of a 60-day supply
- Free home delivery

We're here to help.

If you'd like to learn more about the plans covered in this booklet, you can connect with us online, over the phone, or in-person.

Call us

1-888-377-1980 (TTY 711)

- We're available 8 a.m. to 8 p.m., 7 days a week (Monday through Friday, April through September).
- Get your questions answered when you speak with a member of our Medicare team.
- Find out if you're eligible for our plan coverage.
- Learn when and where you can join an informational meeting near you.
- 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 in section 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 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week (Monday through Friday, April through September).
3. **Mail the enclosed form** to: Fallon Health, Attn: Internal Medicare Sales, 1 Mercantile St., Ste. 400 Worcester, MA 01608. 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
- Pre-enrollment checklist
- Enrollment form
- Receipt of enrollment
- Medicare Star ratings

Fallon Medicare Plus™

Pre-Enrollment Checklist

Before making an enrollment decision, it's 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 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday, (7 days a week, Oct. 1 through March 31).

Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It's important to review plan coverage, costs, and benefits before you enroll. Visit fallonhealth.org/medicare or call 1-800-325-5669 (TTY 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're 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, 2028.
- ☐ 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're currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care 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'll be paying for coverage you cannot use.



2027 Fallon Medicare Plus™

Individual Enrollment Request Form

Who can use this form?

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

To join a plan, you must:

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

Important:

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

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

When do I use this form?

You can join a plan:

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

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

What do I need to complete this form?

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

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

Reminders:

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

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

What happens next?

Send your completed and signed form to:

Fallon Health

Attn: Medicare Sales

1 Mercantile St., Ste. 400

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 (TTY 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 (TTY 711).

O a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

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

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

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

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

Please select the plan you want to join.

Fallon Medicare Plus (FMP) options	If you live in one of the following counties:		
	Worcester	Franklin, Hampden, Hampshire	Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk
FMP Orange HMO	☐ \$0/month (041-15)	☐ \$0/month (041-16)	☐ \$0/month (041-19)
FMP Green HMO	☐ \$105/month (030-15)	☐ \$72/month (030-16)	☐ \$83/month (030-19)
FMP Blue HMO	☐ \$217/month (031-15)	☐ \$117/month (031-16)	☐ \$185/month (031-19)
FMP Saver No Rx HMO	☐ \$0/month (039-00)		

FIRST name:		LAST name:		Middle initial: <i>(optional)</i>
Birth date: ____ / ____ / ____ M M D D Y Y Y Y		Sex: ☐ Male ☐ Female	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> _____		
☐ I authorize Fallon Health to send me text messages related to my plan benefits and services.		☐ I authorize Fallon Health to send me email messages related to my plan benefits and services.		
Permanent residence street address <i>(Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):</i>				
City/town:		County: <i>(optional)</i>	State:	ZIP code:
Mailing address <i>(if different from your permanent address (PO Box allowed):</i>				
Street address:				
City/town:		County: <i>(optional)</i>	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? ☐ Yes ☐ 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'll 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.

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

☐ Braille ☐ Large print ☐ Audio CD* ☐ Data CD

**Audio messages will not be encrypted, which means they could be intercepted by others. By selecting audio, you agree to receive these audio messages without encryption.*

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. to 8 p.m., 7 days a week (April through September, Monday through Friday). TTY users can call TTY 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 (EFT), 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're certifying that, to the best of your knowledge, you're eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I'm new to Medicare.
- ☐ I'm 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 have new options available to 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 Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).
- ☐ I'm 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'm leaving employer or union coverage on (insert date): _____
- ☐ I'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- ☐ 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 applies to you or you're not sure, please contact Fallon Health at 1-888-377-1980 (TTY 711) to see if you're eligible to enroll. We're open 8 a.m.–8 p.m., 7 days a week (April–September, Monday–Friday).

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name:

Relationship to enrollee:

Signature:

National Producer Number (Agents/Brokers only):

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

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

ENROLLMENT DEPT USE ONLY:

Fallon Medicare Plus™ Summary of Benefits

Jan. 1, 2027–Dec. 31, 2027

Fallon Medicare Plus Orange HMO
Fallon Medicare Plus Green HMO
Fallon Medicare Plus Blue HMO



Fallon Medicare Plus

2027 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Orange HMO, Fallon Medicare Plus Green HMO, and Fallon Medicare Plus Blue HMO for Jan. 1, 2027–Dec. 31, 2027.

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 doesn't 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 booklet.

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

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

Fallon Medicare Plus (FMP) costs	Monthly plan premium	Medical deductible	Maximum out-of-pocket
	<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'll pay out-of-pocket for covered medical services. This amount doesn't include your monthly premium or any prescription drug costs.</i>
FMP Orange HMO			
All Massachusetts counties except Barnstable, Berkshire, Dukes, and Nantucket	\$0	\$0	\$9,850
FMP Green HMO			
Franklin, Hampden, and Hampshire counties	\$72	\$0	\$6,000
Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$83		
Worcester County	\$105		
FMP Blue HMO			
Franklin, Hampden, and Hampshire counties	\$117	\$0	\$3,400
Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$185		
Worcester County	\$217		

Fallon Medicare Plus (FMP) medical benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
Inpatient hospital care Includes medical, surgical, detoxification, and rehabilitation services. <i>Requires prior authorization and PCP referral.</i>	\$385 per day (days 1–7) \$0 per day (days 8–90)	\$300 per day (days 1–5) \$0 per day (days 6–90)	\$300 per admission Separate \$600 out-of-pocket maximums per year for inpatient acute, detoxification, and rehabilitation services.
Outpatient hospital care Includes: Outpatient surgery in a hospital outpatient facility or ambulatory surgical center <i>Requires prior authorization and PCP referral.</i>	\$550 hospital outpatient facility \$500 ambulatory surgical center	\$325 hospital outpatient facility \$300 ambulatory surgical center	\$200 hospital outpatient facility \$175 ambulatory surgical center
Observation services	\$0	\$0	\$0
Doctor visits Includes: Primary care provider (PCP)	\$20	\$10	\$10
Annual supplemental physical exam with PCP	\$0	\$0	\$0
Annual wellness visit with PCP	\$0	\$0	\$0
Specialists <i>May require prior authorization and PCP referral.</i>	\$60	\$50	\$30
Telehealth services <i>May require PCP referral.</i>	\$0 PCP \$0 outpatient mental health \$0 outpatient substance use disorder \$60 specialists <i>except as noted above</i>	\$0 PCP \$0 outpatient mental health \$0 outpatient substance use disorder \$50 specialists <i>except as noted above</i>	\$0 PCP \$0 outpatient mental health \$0 outpatient substance use disorder \$30 specialists <i>except as noted above</i>

Fallon Medicare Plus (FMP) medical benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
Doctor visits, continued • 24/7 access to doctors by phone or video—with Teladoc®—for non-emergency conditions	\$0 primary care services	\$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	\$0
Emergency care Copays are per visit at in- or out-of-network facilities. Coverage is worldwide. You won't pay the emergency copay if you're admitted to the hospital within 72 hours for the same condition.	\$115	\$130	\$140
Urgently needed services • In the United States and its territories	\$40	\$25	\$10
• Outside of the United States and its territories	\$115	\$130	\$140

Fallon Medicare Plus (FMP) medical benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
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 and PCP referral.</i>	\$0	\$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 and PCP referral.</i>	\$350	\$250 \$1,000 out-of-pocket maximum per year	\$200
Hearing services Includes: One (1) supplemental routine exam per year	\$0	\$0	\$0
Hearing aid copays apply to purchases made through Amplifon with a prescription 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 \$1,795	Copays vary from \$695 to \$1,795	Copays vary from \$695 to \$1,795
Diagnostic exams <i>May require PCP referral.</i>	\$60	\$50	\$30
Prescription hearing aids covered as part of the Benefit Bank	Not covered	See Benefit Bank	See Benefit Bank

Fallon Medicare Plus (FMP) medical benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
Dental services Includes: Preventive care, like exams and cleanings, through DentaQuest	\$0	\$0	\$0
Comprehensive non-orthodontic care, like root canals, fillings, and crowns <i>Requires prior authorization.</i>	Copays vary from \$0 to \$990	Copays vary from \$0 to \$990	Copays vary from \$0 to \$990
Dental services covered as part of the Benefit Bank	Not covered	See Benefit Bank	See Benefit Bank
Vision care Includes: Medicare-covered glaucoma tests	\$0	\$0	\$0
One (1) pair of Medicare-covered eyeglasses or contact lenses after cataract surgery	\$0	\$0	\$0
One (1) supplemental routine exam per year	\$15	\$0	\$20
Medicare-covered exams to treat diseases and conditions of the eye	\$60	\$50	\$30
\$150 coverage for 1 pair of non-Medicare-covered eyeglasses or contacts, every year, in-network only	Costs above \$150	Costs above \$150	Costs above \$150
Prescription eyewear covered as part of the Benefit Bank	Not covered	See Benefit Bank	See Benefit Bank

Fallon Medicare Plus (FMP) medical benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
Mental health care • Inpatient <i>Requires prior authorization.</i>	\$385 per day (days 1–4) \$0 per day (days 5–90)	\$300 per day (days 1–5) \$0 per day (days 6–90)	\$300 per admission \$600 out-of-pocket maximum per year
• Outpatient: Individual and group therapy visits <i>Certain services require prior authorization.</i>	\$50 in office \$0 telehealth	\$40 in office \$0 telehealth	\$20 in office \$0 telehealth
Skilled Nursing Facility (SNF) care <i>Requires prior authorization and PCP referral.</i> • Per-day cost, for days 1–20 per admission	\$0	\$0	\$15
• Per-day cost, per benefit period	\$184 (days 21–100)	\$150 (days 21–44) \$0 (days 45–100)	\$75 (days 21–44) \$0 (days 45–100)
Outpatient rehabilitation services Physical and occupational therapy visits beyond 60 visits each <i>require prior authorization and PCP referral.</i> Speech language therapy visits beyond 35 visits <i>require prior authorization.</i>	\$35	\$20	\$15
Ambulance Copays are for one-way Medicare-covered transports. Coverage is worldwide. Non-emergency ambulance services <i>require prior authorization.</i>	\$305	\$300 \$1,200 out-of-pocket maximum per year	\$250 \$1,000 out-of-pocket maximum per year

Fallon Medicare Plus (FMP) medical benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
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 require prior authorization and/or step therapy.</i>	Up to 20% of the cost	Up to 20% of the cost	Up to 10% of the cost
Medicare Part B insulin	Up to \$35 per month supply	Up to \$35 per month supply	Up to \$35 per month supply
Podiatry Includes medically necessary foot care services. <i>Requires PCP referral.</i>	\$60	\$50	\$30
Durable medical equipment and related supplies <i>Requires prior authorization.</i>	20% of the cost	20% of the cost	10% of the cost
Acupuncture for chronic low back pain Includes up to 12 visits in 90 days <i>Requires PCP referral.</i>	\$20	\$20	\$15

Fallon Medicare Plus (FMP) medical benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
Benefit Bank Pay for dental care, prescription eyewear, prescription hearing aids, and fitness/gym memberships with your Benefit Bank card. We preload money onto the card, and you choose how to use it. Pay for a portion, or the full cost, of an item. <i>Funds will expire at the end of the calendar year.</i>	Not covered	Costs above \$400	Costs above \$90
Over-the-counter items Receive funds each calendar year to spend on health care items at select retail locations or with our online partners. <i>Funds will expire at the end of the calendar year.</i>	Not covered	Costs above \$175 per year	Not covered
Care Connect 24/7 phone access to registered nurses who will recommend where you should receive care or connect you to your doctor.	\$0	\$0	\$0
Health and wellness programs • Fitness memberships and online fitness program services covered as part of the Benefit Bank	Not covered	See Benefit Bank	See Benefit Bank
• WW® (Weight Watchers) online memberships covered as part of the Benefit Bank	Not covered	See Benefit Bank	See Benefit Bank

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. Deductible doesn't apply to covered Part D insulin drugs, regardless of tier.			
Plan	Deductible		
FMP Orange HMO	Tiers 1, 2, and 6: \$0	Tiers 3, 4, and 5: \$595	
FMP Green HMO	Tiers 1, 2, and 6: \$0	Tiers 3, 4, and 5: \$300	
FMP Blue HMO	\$0		
Initial coverage stage: Your share of the cost after your annual deductible has been met.			
	Retail and mail order 30-day supply	Retail and mail order 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	\$7	Retail: \$21	Mail order: \$14
Tier 3: Preferred brand drugs	\$47	Retail: \$141	Mail order: \$94
Tier 4: Non-preferred drugs	FMP Orange HMO 25% of the cost	FMP Orange HMO 25% of the cost	
	FMP Green HMO 25% of the cost	FMP Green HMO 25% of the cost	
	FMP Blue HMO 35% of the cost	FMP Blue HMO 35% of the cost	
Tier 5: Specialty drugs	FMP Orange HMO 27% of the cost	Not available for this tier	
	FMP Green HMO 29% of the cost		
	FMP Blue HMO 33% of the cost		
Tier 6: Select care drugs	\$0	Not available for this tier	
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.			
Catastrophic coverage stage: After your yearly out-of-pocket drug costs reach \$2,400, you pay \$0 for all covered prescription drugs.			

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: 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31)
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 • View online: medicare.gov • Get a copy: Call 1-800-MEDICARE (1-800-633-4227) TTY users can call 1-877-486-2048 24 hours a day, 7 days a week

We cover Part D drugs with all these plans.

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



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Fallon Medicare PlusTM Summary of Benefits

Jan. 1, 2027–Dec. 31, 2027

Fallon Medicare Plus Saver No Rx HMO



Fallon Medicare Plus

2027 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Saver No Rx HMO for Jan. 1, 2027–Dec. 31, 2027.

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 doesn't 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 booklet.

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 plan listed in this Summary of Benefits includes all counties in Massachusetts except Dukes and Nantucket.

FMP Saver No Rx HMO has a network of doctors, hospitals, pharmacies, and other providers throughout Massachusetts. If you use providers that aren't in our network for this plan, the plan may not pay for these services.

Fallon Medicare Plus Saver No Rx costs (This plan doesn't include Part D prescription drug coverage.)		
Monthly plan premium	Medical deductible	Maximum out-of-pocket
<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'll pay out-of-pocket for covered medical services. This amount doesn't include your monthly premium.</i>
\$0 <i>Part B premium reduction up to \$75 per month.</i>	\$0	\$6,700

Fallon Medicare Plus Saver No Rx HMO medical benefits	You pay
Inpatient hospital care Includes medical, surgical, detoxification, and rehabilitation services. <i>Requires prior authorization and PCP referral.</i>	\$315 per day (days 1–5) \$0 per day (days 6–90)
Outpatient hospital care Includes: • Outpatient surgery in a hospital outpatient facility or ambulatory surgical center <i>Requires prior authorization and PCP referral.</i>	\$275
• Observation services	\$0
Doctor visits Includes: • Primary care provider (PCP)	\$0
• Annual supplemental physical exam with PCP	\$0
• Annual wellness visit with PCP	\$0
• Specialists <i>May require prior authorization and PCP referral.</i>	\$40
• Telehealth services <i>May require PCP referral.</i>	\$0 PCP \$0 outpatient mental health \$0 outpatient substance use disorder \$40 specialists <i>except as noted above</i>
• 24/7 access to doctors by phone or video—with Teladoc®--for non-emergency conditions	\$0 primary care services

Fallon Medicare Plus Saver No Rx HMO medical benefits	You pay
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
Emergency care Copays are per visit at in- or out-of-network facilities. Coverage is worldwide. You won't pay the emergency copay if you're admitted to the hospital within 72 hours for the same condition.	\$90
Urgently needed services • In the United States and its territories	\$15
• Outside of the United States and its territories	\$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 and PCP referral.</i>	\$0
Outpatient diagnostic imaging Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs, and nuclear studies. <i>Requires prior authorization and PCP referral.</i>	\$250 \$1,000 out-of-pocket maximum per year

Fallon Medicare Plus Saver No Rx HMO medical benefits	You pay
Hearing services Includes: • One (1) supplemental routine exam per year	\$0
• Hearing aid copays apply to purchases made through Amplifon with a prescription 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 \$1,795
• Diagnostic exams <i>May require PCP referral.</i>	\$40
• Prescription hearing aids covered as part of the Benefit Bank	See Benefit Bank
Dental services Includes: • Preventive care like exams and cleanings through DentaQuest	\$0
• Comprehensive non-orthodontic care like root canals, fillings, and crowns <i>Requires prior authorization.</i>	Copays vary from \$0 to \$990
• Dental services covered as part of the Benefit Bank	See Benefit Bank
Vision care Includes: • Medicare-covered glaucoma tests	\$0
• One (1) pair of Medicare-covered eyeglasses or contact lenses after cataract surgery	\$0
• One (1) supplemental routine exam per year • Medicare-covered exams to treat diseases and conditions of the eye	\$40
• \$150 coverage for 1 pair of non-Medicare-covered eyeglasses or contacts, every year, in-network only	Costs above \$150
• Prescription eyewear covered as part of the Benefit Bank	See Benefit Bank

Fallon Medicare Plus Saver No Rx HMO medical benefits	You pay
Mental health care Inpatient <i>Requires prior authorization.</i>	\$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
Skilled Nursing Facility (SNF) care <i>Requires prior authorization and PCP referral.</i>	\$0 per day (days 1–20) per admission \$185 per day (days 21–100) per benefit period
Outpatient rehabilitation services Physical and occupational therapy visits beyond 60 visits each <i>require prior authorization and PCP referral.</i> Speech language therapy visits beyond 35 visits <i>require prior authorization.</i>	\$20
Ambulance Copays are for one-way Medicare-covered transports. Coverage is worldwide. Non-emergency ambulance services <i>require prior authorization.</i>	\$250
Transportation One-way, non-emergent chairvan transport from hospital to skilled nursing facility.	\$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 require prior authorization and/or step therapy.</i>	Up to 20% of the cost
Medicare Part B insulin	Up to \$35 per month supply
Podiatry Includes medically necessary foot care services <i>Requires PCP referral.</i>	\$40

Fallon Medicare Plus Saver No Rx HMO medical benefits	You pay
Durable medical equipment and related supplies <i>Requires prior authorization.</i>	20% of the cost
Acupuncture for chronic low back pain Includes up to 12 visits in 90 days <i>Requires PCP referral.</i>	\$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
Benefit Bank Pay for dental care, prescription eyewear, prescription hearing aids, and fitness/gym memberships with your Benefit Bank card. We preload money onto the card, and you choose how to use it. Pay for a portion, or the full cost, of an item. <i>Funds will expire at the end of the calendar year.</i>	Costs above \$300
Over-the-counter items Receive funds each calendar year to spend on health care items at select retail locations or with our online partners. <i>Funds will expire at the end of the calendar year.</i>	Costs above \$250 per year
Care Connect 24/7 phone access to registered nurses who will recommend where you should receive care or connect you to your doctor.	\$0
Health and wellness programs • Fitness memberships and online fitness program services covered as part of the Benefit Bank.	See Benefit Bank
• WW® (Weight Watchers) online memberships covered as part of the Benefit Bank.	See Benefit Bank

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 (TTY 711) Website: fallonhealth.org/medicare Hours: 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31)
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 • View online: medicare.gov • Get a copy: Call 1-800-MEDICARE (1-800-663-4227) TTY users can call 1-877-486-2048 24 hours a day, 7 days a week

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



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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 their authorized representative.

Please initial in the box beside the type of product you would like to discuss with the agent.

Medicare Advantage Plans (Part C)	
☐	Medicare Special Needs Plan (SNP) —A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
☐	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 Medicare Advantage.

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: ☐ Fallon Medicare Plus Orange HMO ☐ Fallon Medicare Plus Green HMO ☐ Fallon Medicare Plus Blue HMO ☐ 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 agency:	Agent/Broker ID:



What happens next?

We will call you.

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

You will get mail.

Once your enrollment has been accepted, your plan materials will 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:

1-888-377-1980 (TTY 711)

8 a.m.–8 p.m., 7 days a week

(Monday–Friday, April–September)



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.

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Fallon Health - H9001

For 2026, 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.

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).

The number of stars show how well a plan performs.

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



fallonhealth.org/medicare

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(Monday–Friday, April–September)

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.

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