

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

Annual Notice of Change for 2027

You're enrolled as a member of Fallon Medicare Plus Saver No Rx HMO.

This material describes changes to your plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Fallon Medicare Plus Saver No Rx HMO.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You* 2027 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at fallonhealth.org/medicare or call Customer Service at 1-800-325-5669 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-800-325-5669 (TTY users call 711) for additional information. Hours are 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). This call is free.
- This information is available for free in alternate formats, such as braille, large print, or audio.

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 material 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.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Fallon Medicare Plus Saver No Rx HMO.** Starting January 1, 2027, you'll get your medical coverage through Fallon Medicare Plus Saver No Rx HMO. Go to Section 2 for more information about how to change plans and deadlines for making a change.

- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Table of Contents

Summary of Important Costs for 2027	4
SECTION 1 Changes to Benefits & Costs for Next Year	5
Section 1.1 Changes to the Monthly Plan Premium	5
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount	5
Section 1.3 Changes to the Provider Network	6
Section 1.4 Changes to Benefits & Costs for Medical Services	6
SECTION 2 How to Change Plans.....	8
Section 2.1 Deadlines for Changing Plans	9
Section 2.2 Are there other times of the year to make a change?	9
SECTION 3 Get Help Paying for Prescription Drugs	9
SECTION 4 Questions?	10
Get Help from Fallon Medicare Plus Saver No Rx HMO	10
Get Free Counseling about Medicare	11
Get Help from Medicare	11

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1 for details.)	\$6,700	\$6,700
Primary care office visits	\$0 per in-office or telehealth visit	\$0 per in-office or telehealth visit
Specialist office visits	\$40 per in-office or telehealth visit	\$40 per in-office or telehealth visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	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, detoxification 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, detoxification and rehabilitation services.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 There is no change in premium for the upcoming benefit year.
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$75	\$75

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've paid this amount, you generally pay nothing for covered services.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments count toward your maximum out-of-pocket amount.	\$6,700	\$6,700 Once you've paid \$6,700 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year. There is no change to your maximum out-of-pocket amount for the upcoming benefit year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* fallonhealth.org/medicare to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at fallonhealth.org/medicare.
- Call Customer Service at 1-800-325-5669 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can 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, call Customer Service at 1-800-325-5669 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Hearing services	You pay copayments varying from \$695 to \$2,645 for covered hearing aids from Amplifon. See the “List of Covered Hearing Aids and Copayments” for details on the specific hearing aid coverage through Amplifon on fallonhealth.org/medicare or call Customer Service.	You pay copayments varying from \$695 to \$1,795 for covered hearing aids from Amplifon. See the “List of Covered Hearing Aids and Copayments” for details on the specific hearing aid coverage through Amplifon on fallonhealth.org/medicare or call Customer Service.
Medicare Part B prescription drugs	Step Therapy is required for the following Part B prescription drugs: • Avsola • Boruxu • Durolane • Ontruzant • Riabni • Treanda	Step Therapy is required for the following Part B prescription drugs: • Armlupeg • Avgemsi/Inlexzo • Bendeka/Belrapzo (Bendamustine Apotex/Baxter)

	2026 (this year)	2027 (next year)
Medicare Part B prescription drugs, continued	Step Therapy is <u>not</u> required for the following Part B prescription drugs: • Armlupeg • Avgemsi/Inlexzo • Bendeka/Belrapzo (Bendamustine Apotex/Baxter) • Bilprevda/Bildyos/Aukelso/Bosaya/Xtrenbo/Enoby/Boncresa/Oziltus/Osvyrti/Jubereq • Exdensur • Eydenzelt • Kanjinti • Nufymco • Paclitaxel • Pemetrexed dipotassium/Pemrydi • Stelara/Imuldosa/Yesintek/Pyzchiva/Selsardi/Otulfi/Starjezma • Trazimera	• Bilprevda/Bildyos/Aukelso/Bosaya/Xtrenbo/Enoby/Boncresa/Oziltus/Osvyrti/Jubereq • Exdensur • Eydenzelt • Kanjinti • Nufymco • Paclitaxel • Pemetrexed dipotassium/Pemrydi • Stelara/Imuldosa/Yesintek/Pyzchiva/Selsardi/Otulfi/Starjezma • Trazimera Step Therapy is <u>not</u> required for the following Part B prescription drugs: • Avsola • Boruxu • Durolane • Ontruzant • Riabni • Treanda
Over-the-counter items	You pay \$0 for covered OTC items up to the benefit maximum of \$175 in credits per calendar year for Medicare-allowed OTC items. You pay all costs over \$175 in credits per calendar year.	You pay \$0 for covered OTC items up to the benefit maximum of \$250 in credits per calendar year for Medicare-allowed OTC items. You pay all costs over \$250 in credits per calendar year.

	2026 (this year)	2027 (next year)
Skilled nursing facility (SNF) care	You pay a \$0 a day copayment for days one through 20 of each skilled nursing facility admission per benefit period. You pay a \$203 a day copayment for days 21 through 100 each benefit period.	You pay a \$0 a day copayment for days one through 20 of each skilled nursing facility admission per benefit period. You pay a \$185 a day copayment for days 21 through 100 each benefit period.

SECTION 2 How to Change Plans

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

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Fallon Medicare Plus Saver No Rx HMO. Remember, not all Medicare health plans cover prescription drugs. Also be aware that for many plans you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Fallon Medicare Plus Saver No Rx HMO.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-800-325-5669 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to page 2).

- **To learn more about Original Medicare and the different types of Medicare plans,** visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Fallon Community Health Plan (Fallon Health) offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778 or
- Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** 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 (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help 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, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-228-2714 or 1-888-256-2712 or visit crihealth.org/drug-assistance/hdap. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 4 Questions?

Get Help from Fallon Medicare Plus Saver No Rx HMO

- **Call Customer Service at 1-800-325-5669. (TTY users call 711.)**

We're available for phone calls 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *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. Get the *Evidence of Coverage* on our website at fallonhealth.org/medicare or call Customer Service at 1-800-325-5669 (TTY users call 711) to ask us to mail you a copy.

- **Visit fallonhealth.org/medicare**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get 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.

Call SHINE to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHINE at 1-800-243-4636 (TTY: 1-877-610-0241). Learn more about SHINE by visiting mass.gov/shine-program.

Get Help 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 can call 1-877-486-2048.

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://www.medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2027**

The *Medicare & You* 2027 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.