



## 2025 Fallon Medicare Plus™ Premier Group Rate and Benefits Agreement

Company name: \_\_\_\_\_ Group number: \_\_\_\_\_

Monthly premium: \_\_\_\_\_

Benefit	Member cost
<b>Plan year</b>	January 1, 2025 – December 31, 2025
<b>Effective date</b>	January 1, 2025
<b>Plan code</b>	{RWf0, RPf0, RWm0 or RPm0}
<b>Annual deductible / OOP max</b>	\$0 medical deductible / \$3,400 annual out-of-pocket maximum
<b>Office visits</b>	\$15 copay PCP / \$25 copay specialty care
<b>Inpatient admissions</b>	\$250 copay per hospital stay
<b>Skilled nursing facility</b>	\$20 copay per day for days 1-10, \$0 for days 11-100
<b>Worldwide emergency care</b>	\$75 copay
<b>Urgently needed care</b>	\$15 copay in the U.S. and its territories; \$75 outside the U.S. and its territories
<b>Outpatient surgery</b>	\$125 copay
<b>Lab and imaging services</b>	\$0 copay per service
<b>Vision care</b>	\$25 copay for annual supplemental routine exam
<b>Hearing care</b>	\$0 copay for annual supplemental routine exam
<b>Part D prescriptions</b> <i>No deductible</i>  <i>Some prescriptions may have utilization management applied to them, such as limited order quantities and/or require prior authorization.</i>	<b>Retail pick-up (up to a 30-day supply)</b> Tier 1: \$0; Tier 2: \$10; Tier 3: \$30; Tiers 4 and 5: \$65; Tier 6: \$0 Insulin (regardless of tier): No more than \$35  <b>Mail-order delivery (90-day supply)</b> Tier 1: \$0; Tier 2: \$20; Tier 3: \$60; Tier 4: \$162.50; Tiers 5 and 6: up to a 30-day supply only Insulin (regardless of tier): No more than \$70  Most Part D vaccines are covered at no cost to members in all coverage stages. Members will pay no more than \$35 for a 30-day supply of covered insulin drugs, regardless of the drug coverage stage.
<b>Plan highlights</b>	<b>The Benefit Bank:</b> Members can pay for dental care, prescription eyewear, fitness memberships, approved online fitness classes, and prescription hearing aids—with the Benefit Bank card.  Fallon preloads money onto the card, and members choose how to use it. They can pay a portion—or the full cost—of an item, or buy a combination of items. Annual allowances are \$500 for “Central” plan members, and \$250 for all other members.  In addition to the Benefit Bank, plans include the following benefits: <ul style="list-style-type: none"> <li>• Preventive and comprehensive dental care</li> <li>• Hearing aid coverage with copays ranging from \$695 to \$2,645</li> <li>• \$150 toward eyewear, every year</li> </ul>

*To complete plan agreement, please see reverse side.*

Would you like to offer Fallon Medicare Plus Central Premier HMO (\${insert monthly premium amount} per month) to eligible retirees/employees who live in Worcester County—in addition to Fallon Medicare Plus Premier HMO (\${insert monthly premium amount} per month)?

☐ Yes ☐ No

## Company information

Company name: \_\_\_\_\_ Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Total number of employees: \_\_\_\_\_

Your organization type is: ☐ DBA ☐ LLP ☐ LLC ☐ Inc ☐ Other \_\_\_\_\_

This Plan is offered to: ☐ Active employees ☐ Retired employees ☐ Both

What is the employer contribution? \_\_\_\_\_

CONTACTS	TITLE	PHONE	EMAIL
Executive/Owner			
Billing Contact			
Benefits Administrator			

## BROKER INFORMATION (IF APPLICABLE)

Primary Broker Name: \_\_\_\_\_

Broker Agency: \_\_\_\_\_

*This agreement is an outline of benefits and services available with this Medicare Advantage HMO benefit plan. Details about specific coverage and service limitations are found in the plan's Evidence of Coverage. Eligibility and participation are subject to CMS enrollment and termination guidelines.*

**Signature on this agreement, and/or receipt by Fallon Health of the first new-year premium, acknowledges the following:** *The plan will renew as offered in this document; Employer accepts Fallon Health's Administrative Guidelines; Employer is a public agency or private enterprise with an official business office in Massachusetts; Employer follows Medicare Secondary Payer rules related to the use of this plan for Medicare beneficiaries; Employer will allow Fallon Health to share the Employer's Federal Employer ID Number (FEIN) with federal and state agencies for required auditing and other purposes; benefit designs are subject to change each January 1. Fallon Health is an HMO plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal.*

I certify that the above information is correct to the best of my knowledge. I also acknowledge acceptance of the rates and corresponding designs and have read and acknowledge The Administrative Guidelines.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This is not an approved marketing, advertising or outreach document. It is not intended for use with plan members/Medicare beneficiaries.*