

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

January 1, 2024–December 31, 2024

**Fallon Medicare Plus Orange HMO**

**Fallon Medicare Plus Green HMO**

**Fallon Medicare Plus Central Green HMO**

**Fallon Medicare Plus Blue HMO**

**Fallon Medicare Plus Central Blue HMO**



# Fallon Medicare Plus

## 2024 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, Fallon Medicare Plus Central Green HMO, Fallon Medicare Plus Blue HMO, and Fallon Medicare Plus Central Blue HMO for January 1, 2024–December 31, 2024.

Fallon Health is an HMO plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the Evidence of Coverage which is available online at [fallonhealth.org/medicare](https://fallonhealth.org/medicare), or by calling the phone number at the end of this book.

To join Fallon Medicare Plus (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 Central Green and FMP Central Blue is Worcester County, Massachusetts, and the service area for FMP Orange, FMP Green, and FMP Blue includes all of the counties in Massachusetts, except Dukes and Nantucket.

FMP Orange HMO, FMP Green HMO, FMP Central Green HMO, FMP Blue HMO, and FMP Central Blue HMO have a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not 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 will pay out-of-pocket for covered medical services. This amount does not include your monthly premium or any prescription drug costs.</i>
FMP Orange HMO			
All Massachusetts counties, except Dukes and Nantucket	\$0	\$0	\$7,550
FMP Green HMO			
Franklin, Hampden, and Hampshire counties	\$66	\$0	\$5,200
Barnstable, Berkshire, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$78		
Worcester County	\$99		
FMP Central Green HMO			
Worcester County residents only	\$33	\$0	\$5,200
FMP Blue HMO			
Franklin, Hampden, and Hampshire counties	\$110	\$0	\$3,400
Barnstable, Berkshire, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$174		
Worcester County	\$207		
FMP Central Blue HMO			
Worcester County residents only	\$123	\$0	\$3,400

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO and FMP Central Green HMO	FMP Blue HMO and FMP Central Blue HMO
<b>Inpatient hospital care</b> Includes medical, surgical, and rehabilitation services. <i>Requires prior authorization.</i>	\$370 per day (days 1-5) \$0 per day (days 6-90)	\$300 per day (days 1-5) \$0 per day (days 6-90)	\$200 per admission  Separate \$400 out-of-pocket maximums per year for inpatient acute and rehabilitation stays.
<b>Outpatient hospital care</b> Includes: <ul style="list-style-type: none"> <li>Outpatient surgery in a hospital outpatient facility and ambulatory surgical center. <i>Requires prior authorization.</i></li> </ul>	\$350	\$275	\$120
<ul style="list-style-type: none"> <li>Observation services</li> </ul>	\$0	\$0	\$0
<b>Doctor visits</b> Includes: <ul style="list-style-type: none"> <li>Primary Care Provider (PCP)</li> </ul>	\$0	\$5	\$10
<ul style="list-style-type: none"> <li>Annual supplemental physical exam with PCP</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Annual wellness visit with PCP</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Specialists <i>May require referral.</i></li> </ul>	\$40	\$40	\$20
<ul style="list-style-type: none"> <li>Telehealth services <i>May require referral.</i></li> </ul>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$40 Specialists, <i>except as noted above</i>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$40 Specialists, <i>except as noted above</i>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$20 Specialists, <i>except as noted above</i>
<ul style="list-style-type: none"> <li>24/7 phone, video, or mobile access to board-certified doctors</li> </ul>	\$0 primary care services	\$0 primary care services	\$0 primary care services
<b>Preventive care</b> Includes Welcome to Medicare preventive visit, certain screenings, and immunizations such as those for pneumonia and influenza, as well as other preventive care services. <i>May require prior authorization.</i>	\$0	\$0	\$0

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO and FMP Central Green HMO	FMP Blue HMO and FMP Central Blue HMO
<b>Emergency care</b> Copays are per visit at in- or out-of-network facilities. Coverage is worldwide. You will not pay the emergency copay if you are admitted to the hospital within 72 hours for the same condition.	\$90	\$90	\$120
<b>Urgently needed services</b> • In the United States and its territories	\$10	\$5	\$10
• Outside of the United States and its territories	\$90	\$90	\$120
<b>Outpatient diagnostic tests and therapeutic services and supplies</b> Includes Medicare-covered lab services, diagnostic procedures and tests, X-rays and therapeutic radiology services, as well as INR testing (anti-coagulant visit). <i>Some services, tests, and supplies require prior authorization.</i>	\$0	\$0	\$0
<b>Outpatient diagnostic imaging</b> Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs, and nuclear studies. <i>Requires prior authorization.</i>	\$300	\$250 \$1,000 out-of-pocket maximum per year	\$150 \$600 out-of-pocket maximum per year
<b>Hearing services</b> Includes: <ul style="list-style-type: none"> <li>• One supplemental routine exam per year</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>• Hearing aid copays apply to purchases made through Amplifon, and vary by model and manufacturer. For coverage, purchases must be made through Amplifon.  <i>Limit 2 per member, per year.</i></li> </ul>	Copays vary from \$695 to \$2,645	Copays vary from \$695 to \$2,645	Copays vary from \$695 to \$2,645
<ul style="list-style-type: none"> <li>• Diagnostic exams</li> </ul>	\$40	\$40	\$20
<ul style="list-style-type: none"> <li>• Hearing aids covered as part of the Benefit Bank</li> </ul>	See Benefit Bank	See Benefit Bank	See Benefit Bank

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO and FMP Central Green HMO	FMP Blue HMO and FMP Central Blue HMO
<b>Dental services</b> Includes: <ul style="list-style-type: none"> <li>Preventive care like exams and cleanings through DentaQuest.</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Comprehensive non-orthodontic care like root canals, fillings, and crowns. <i>Requires prior authorization.</i></li> </ul>	Copays vary from \$0-\$990	Copays vary from \$0-\$990	Copays vary from \$0-\$990
<ul style="list-style-type: none"> <li>Dental services covered as part of the Benefit Bank</li> </ul>	See Benefit Bank	See Benefit Bank	See Benefit Bank
<b>Vision care</b> Includes: <ul style="list-style-type: none"> <li>Medicare-covered glaucoma tests</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>One supplemental routine exam per year</li> </ul>	\$0	\$0	\$20
<ul style="list-style-type: none"> <li>Medicare-covered exams to treat diseases and conditions of the eye</li> </ul>	\$40	\$40	\$20
<ul style="list-style-type: none"> <li>\$150 coverage for one pair of non-Medicare-covered eyeglasses or contacts, every year, in-network only</li> </ul>	Costs above \$150	Costs above \$150	Costs above \$150
<ul style="list-style-type: none"> <li>Eyewear covered as part of the Benefit Bank</li> </ul>	See Benefit Bank	See Benefit Bank	See Benefit Bank
<b>Mental health care</b> <ul style="list-style-type: none"> <li>Inpatient: <i>Requires prior authorization.</i></li> </ul>	\$370 per day (days 1-4) \$0 per day (days 5-90)	\$300 per day (days 1-5) \$0 per day (days 6-90)	\$200 per admission \$400 out-of-pocket maximum per year
<ul style="list-style-type: none"> <li>Outpatient: Individual and group therapy visits. <i>Certain services require prior authorization.</i></li> </ul>	\$40 in office \$0 telehealth	\$40 in office \$0 telehealth	\$20 in office \$0 telehealth
<b>Skilled Nursing Facility (SNF) care</b> <i>Requires prior authorization.</i> <ul style="list-style-type: none"> <li>Per-day cost, for days 1–20 per admission</li> </ul>	\$0	\$0	\$15
<ul style="list-style-type: none"> <li>Per-day cost, per benefit period</li> </ul>	\$188 (days 21-100)	\$150 (days 21-44) \$0 (days 45-100)	\$75 (days 21-44) \$0 (days 45-100)

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO and FMP Central Green HMO	FMP Blue HMO and FMP Central Blue HMO
<b>Outpatient rehabilitation services</b> Physical and occupational therapy visits beyond 60 visits each <i>require prior authorization</i> . Speech language therapy visits beyond 35 visits <i>require prior authorization</i> .	\$20	\$20	\$15
<b>Ambulance</b> Copays are for one-way Medicare-covered transports. Coverage is worldwide. <i>Non-emergency ambulance services require prior authorization.</i>	\$295	\$225 \$900 out-of-pocket maximum per year	\$125 \$500 out-of-pocket maximum per year
<b>Transportation</b> One-way, non-emergent chair-van transport from hospital to skilled nursing facility.	\$35	\$35	\$35
<b>Medicare Part B prescription drugs</b> Drugs that usually aren't self-administered and are injected or infused while at a doctor's office, hospital, or ambulatory/outpatient facility. <i>Certain drugs require prior authorization and/or step therapy.</i>	Up to 20% of the cost	Up to 20% of the cost	Up to 10% of the cost
<b>Medicare Part B insulin</b>	Up to \$35 per month supply	Up to \$35 per month supply	Up to \$35 per month supply
<b>Podiatry</b> Includes medically necessary foot care services. <i>Requires referral.</i>	\$40	\$40	\$20
<b>Durable Medical Equipment and related supplies</b> <i>Requires prior authorization.</i>	20% of the cost	20% of the cost	10% of the cost
<b>Acupuncture for chronic low back pain</b> Includes up to 12 visits in 90 days. <i>Requires referral.</i>	\$20	\$20	\$15

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO and FMP Central Green HMO	FMP Blue HMO and FMP Central Blue HMO
<b>Meals</b> Up to 14 fully-prepared, home-delivered meals (2 meals/day for 7 days) upon discharge from an observation stay or inpatient admission at a hospital or skilled nursing facility.	\$0	\$0	\$0
<b>Benefit Bank</b> Pay for dental care, eyewear, fitness memberships, and hearing aids with your Benefit Bank card. We put money on the card, and you choose how to use it. Pay for a portion, or the full cost, of an item.	Costs above \$1,000	Costs above \$500	Costs above \$250
<b>Over-the-counter items</b> Receive credits each calendar year to spend on over-the-counter products through NationsOTC online, by mail, or by phone. <i>Credits will expire at the end of the calendar year.</i>	Costs above \$275 per year	Costs above \$255 per year	Not covered
<b>Health and Wellness Programs</b>			
<b>Fitness membership/classes</b> <ul style="list-style-type: none"> <li>SilverSneakers®—includes access to online classes and instructional videos, an at-home fitness kit and/or a gym membership.</li> </ul>	Not covered	\$0	\$0
<ul style="list-style-type: none"> <li>Fitness memberships and online fitness program services covered as part of the Benefit Bank.</li> </ul>	See Benefit Bank	See Benefit Bank	See Benefit Bank
<b>WW® (Weight Watchers)</b> <ul style="list-style-type: none"> <li>One 13-consecutive-week membership each year.</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>WW online memberships covered as part of the Benefit Bank.</li> </ul>	See Benefit Bank	See Benefit Bank	See Benefit Bank
<b>Care Connect</b> 24/7 phone access to registered nurses who will recommend where you should receive care or will connect you to your doctor.	\$0	\$0	\$0



# Part D Prescription Drug Benefits

These medications are ones that you need a prescription to receive, and that you typically get at a retail pharmacy or through mail order. 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.

Plan	Deductible	
FMP Orange HMO	Tiers 1, 2 and 6: \$0	Tiers 3–5: \$200
FMP Green HMO and FMP Central Green HMO	Tiers 1, 2 and 6: \$0	Tiers 3–5: \$175
FMP Blue HMO and FMP Central Blue HMO	\$0	

Deductible does not apply to covered Part D insulin drugs, regardless of tier.

## Initial Coverage Stage

Your share of the cost after your annual deductible has been met.

FMP Orange HMO, FMP Green HMO, FMP Central Green HMO, FMP Blue HMO, and FMP Central Blue HMO			
	Retail and mail-order	Retail and mail-order	
	30-day supply	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	\$37	Retail: \$111	Mail-order: \$74
Tier 4: Non-preferred drugs	\$86	Retail: \$258	Mail-order: \$172
Tier 5: Specialty drugs	FMP Orange HMO, FMP Green HMO, and FMP Central Green HMO 29% of the cost	Not available for this tier	
	FMP Blue HMO and FMP Central Blue HMO 33% of the cost		
Tier 6: Select care drugs	\$0	Not available for this tier	

Your copays for insulin drugs are: \$35 for a 30-day supply purchased at retail or through mail order; \$105 for a 90-day supply purchased at retail and \$70 for a 90-day supply purchased through mail order.

## Coverage Gap Stage

After your total yearly drug costs reach \$5,030 (includes the costs paid by both you and Fallon Health), you will pay 25% coinsurance for generic and/or brand-name drugs, and you will be in this stage until your total yearly drug costs reach \$8,000.

Exception: Your costs for insulin drugs will not change while you’re in the Coverage Gap Stage.

## Catastrophic Coverage Stage

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

# Notice of inclusion resources

At Fallon Health, we believe everyone deserves access to **health care without discrimination**. We work every day to help people of any age, income level, race, color, ethnicity, national origin, disability, religion, sexual orientation, sex, gender identity, and health status achieve their health goals.

To make sure you have access to all the resources and information necessary to understand and access your health plan benefits, we:

- Provide **free aids and services**—such as qualified sign language interpreters and written information in other formats, including large print, braille, accessible electronic formats, and other formats.
- Provide **free language services**—such as qualified interpreters and information written in other languages—to people whose primary language is not English.
- Have **dedicated resources, individuals, and teams** that specialize in reviewing our policies to ensure inclusion of the unique needs of our transgender and gender diverse members.

If you need access to or wish to discuss any of this information or resources, **please call us** at the phone number on the back of your member ID card. Or you can email us at [cs@fallonhealth.org](mailto:cs@fallonhealth.org).

If you believe Fallon or a provider has **discriminated against you or didn't provide these resources**, please tell us. You can write, call, or email us at:

Compliance Director  
Fallon Health

Phone: 1-508-368-9988 (TRS 711)  
Email: [compliance@fallonhealth.org](mailto:compliance@fallonhealth.org)

10 Chestnut St.  
Worcester, MA 01608

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, D.C., 20201  
Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

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## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-325-5669. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-325-5669. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-325-5669。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-325-5669。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-325-5669. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-325-5669. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-325-5669 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-325-5669. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-325-5669 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-325-5669. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية ليس عليك سوى الاتصال بنا على 1-800-325-5669. سيقوم شخص ما يتحدث العربية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-325-5669 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-325-5669. Un nostro incaricato che parla Italiani fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-325-5669. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-325-5669. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-325-5669. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-325-5669 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

**Khmer:** យើងមានសេវាកម្មអនុវត្តបកប្រែផ្ទាល់មាត់ឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយ ដល់អ្នក អាចមានអំពីកម្មវិធីសុខភាព ឬកម្មវិធីឱសថរបស់អ្នក។ ដើម្បីប្រើប្រាស់សេវាកម្មបកប្រែផ្ទាល់មាត់ ឬសូមទូរសព្ទមកយើងតាមលេខ 1-800-325-5669។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសា អាច ជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

# 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.

<b>Fallon Medicare Plus</b>	Phone: <b>1-800-325-5669 (TRS 711)</b> Website: <b>fallonhealth.org/medicare</b> Hours: Monday–Friday, 8 a.m.–8 p.m. From October 1–March 31, we’re available seven days a week.
<b>Provider Directory</b>	fallonhealth.org/findphysician
<b>Pharmacy Directory</b>	fallonhealth.org/pharmacyfinder
<b>Prescription Drug Formulary</b>	fallonhealth.org/medicare-formulary
<b>Original Medicare</b> More information about coverage and costs	“Medicare & You” handbook • View online: <a href="http://www.medicare.gov">http://www.medicare.gov</a> • Get a copy: Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**We cover Part D drugs with all of these plans.**

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