

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

Annual Notice of Changes for 2024

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

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

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

What to do now

1. ASK: Which changes apply to you

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

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2023, you will stay in Fallon Medicare Plus Saver No Rx HMO.

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Fallon Medicare Plus Saver No Rx HMO.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

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

About Fallon Medicare Plus Saver No Rx HMO

- Fallon Health is an HMO plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Fallon Community Health Plan (Fallon Health). When it says “plan” or “our plan,” it means Fallon Medicare Plus Saver No Rx HMO.

H9001_240012_M
23-670-026 Rev. 00 07/23

Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024	4
SECTION 1 Changes to Benefits and Costs for Next Year	5
Section 1.1 – Changes to the Monthly 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 and Costs for Medical Services	6
SECTION 2 Administrative Changes	13
SECTION 3 Deciding Which Plan to Choose.....	13
Section 3.1 – If you want to stay in Fallon Medicare Plus Saver No Rx HMO	13
Section 3.2 – If you want to change plans	13
SECTION 4 Deadline for Changing Plans.....	14
SECTION 5 Programs That Offer Free Counseling about Medicare	14
SECTION 6 Programs That Help Pay for Prescription Drugs	15
SECTION 7 Questions?.....	16
Section 7.1 – Getting Help from Fallon Medicare Plus Saver No Rx HMO.....	16
Section 7.2 – Getting Help from Medicare.....	16

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Fallon Medicare Plus Saver No Rx HMO in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$35	\$35
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$7,550	\$6,700
Doctor office visits	Primary care visits: \$25 per-in-office visit or \$0 per telehealth visit Specialist visits: \$40 per in-office or telehealth visit	Primary care visits: \$15 per-in-office visit or \$0 per telehealth visit Specialist visits: \$40 per in-office or telehealth visit
Inpatient hospital stays	You pay a \$300 a day copayment for days 1-5 and a \$0 a day copayment for days 6-90 for each inpatient admission per benefit period; this includes medical, surgical and rehabilitation services.	You pay a \$315 a day copayment for days 1-5 and a \$0 a day copayment for days 6-90 for each inpatient admission per benefit period; this includes medical, surgical and rehabilitation services.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$35	\$35
Part B premium reduction	A Part B premium reduction is <u>not</u> available.	You receive a \$40 reduction of your monthly Part B premium. The premium reduction applies only to amounts you pay toward your Medicare Part B premium.

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

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

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$7,550	\$6,700 Once you have paid \$6,700 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

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

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

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

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2023 (this year)	2024 (next year)
Ambulance services	<p>You pay a \$200 copayment for Medicare-covered ambulance transport services (one-way).</p> <p>There is an \$800 maximum out-of-pocket limit every year for ambulance services.</p>	<p>You pay a \$250 copayment for Medicare-covered ambulance transport services (one-way).</p> <p>There is <u>not</u> a maximum out-of-pocket limit every year for ambulance services.</p>
Benefit Bank	Benefit Bank <u>not</u> covered.	<p>You pay \$0 for covered Benefit Bank items and services up to the benefit maximum of \$300.</p> <p>Unused Benefit Bank amounts do not carry over.</p> <p>You pay all costs over \$300, and once the Benefit Bank is exhausted, you will be responsible for the entire cost of items and services not otherwise covered.</p> <p>Covered items and services include:</p>

Cost	2023 (this year)	2024 (next year)
<i>Benefit Bank, cont'd.</i>		<p data-bbox="972 319 1177 348"><i>Dental Services</i></p> <p data-bbox="972 357 1442 1045">Benefit Bank maximum may be used to cover preventive and comprehensive dental care when provided by a licensed dentist, dental surgeon, endodontist, oral pathologist, periodontist or prosthodontist, and the services must be provided by a business established to provide dental services. If you receive services covered under your supplemental dental benefits (see “Dental services” later in this chart and your “Addendum: Dental Services Copayments and Fees” for more details) from a network provider, your costs may be less than if you receive services from an out-of-network provider.</p> <p data-bbox="972 1087 1442 1302">The following exclusions apply: consultation fees for non-covered services, mouth guards, and cosmetic dentistry (including orthodontia, teeth whitening, and Invisalign[®]).</p> <p data-bbox="972 1344 1088 1373"><i>Eyewear</i></p> <p data-bbox="972 1381 1442 1885">Benefit Bank maximum may be used toward the purchase of prescription eyeglasses (frames and lenses), upgrades, and/or contact lenses from a licensed optometrist or ophthalmologist’s office or an eyeglass store primarily engaged in performing eye examinations, writing eyewear prescriptions, making and selling eyeglasses and other optical goods. You may also decide to purchase eyeglass frames or lenses separately for eyewear you already have and want to continue to</p>

Cost	2023 (this year)	2024 (next year)
<i>Benefit Bank, cont'd.</i>		<p data-bbox="972 317 1446 606">use. Additionally, you may use this benefit maximum to cover costs and items beyond your supplemental eyewear coverage (see “Vision care” later in this chart for more details) or to purchase upgrades for your Medicare-covered eyewear (post-cataract surgery).</p> <p data-bbox="972 646 1382 827">The following exclusions apply: non-prescription lenses and/or contact lenses, non-prescription sunglasses, low vision aids, and store promotions or coupons.</p> <p data-bbox="972 867 1435 1520"><i>Fitness Membership</i> Benefit Bank maximum may be used toward a membership at a qualifying fitness facility, approved online fitness classes or for WW[®] online membership. Qualifying fitness facilities are those not already covered through SilverSneakers[®], and which have a business category of a full-service health/fitness club with cardiovascular and strength-training equipment and accommodations for exercising and improving physical fitness. These include facilities such as health clubs, physical fitness centers, athletic clubs, racquetball clubs and tennis clubs.</p> <p data-bbox="972 1560 1419 1887">The following exclusions apply: recreational clubs, rod and gun clubs, country clubs, social clubs, public and private golf courses, ski lift tickets, lodging, meals, vitamins and supplements, physical therapy locations, home fitness equipment or equipment rentals (including replacement</p>

Cost	2023 (this year)	2024 (next year)
<i>Benefit Bank, cont'd.</i>		<p>parts, air walkers, bike stands, treadmills, weight benches, free weights, home gyms, rowing machines, stair climbing machines, stationary cycles, muscle-specific resistance equipment (including abdominal rollers, thigh or buttock machines), and total body weight resistance machines), recreational equipment (including bicycles, bowling balls, game balls, golf clubs, rollerblades, skates, skis, and tennis racquets), trampolines for indoor or outdoor use, Pilates ball or bands, yoga/exercise mats, exercise videos, spa services (including massage therapy), association memberships, fees (including warrantee, cancellation, and green fees), WW meals, and fitness clothing and shoes.</p>
		<p><i>Hearing Aids</i> Benefit Bank maximum may be used to cover Behind-The-Ear (BTE), Receiver-In-Canal (RIC), In-The-Ear (ITE), In-The-Canal (ITC), Completely-In-Canal (CIC) Invisible (IIC), and Open Fit models when purchased new from hearing aid sales and service providers. Additionally, you may use this benefit maximum to cover costs and items beyond your supplemental hearing aid coverage through Amplifon (see “Hearing services” later in this chart for more details on your supplemental hearing aid coverage).</p> <p>The following exclusions apply: Hearing magnifiers or amplifiers, personal sound boosters, sound</p>

Cost	2023 (this year)	2024 (next year)
<i>Benefit Bank, cont'd.</i>		<p>amplifiers, previously purchased hearing aids, warranty or service costs for hearing aid maintenance, replacement batteries, and recharging equipment.</p> <p>To be covered, items and services must be provided by practitioners and facilities who are not excluded from Medicare and who are licensed (when applicable) in the state where they perform services.</p>
Colorectal cancer screening	<p>There is no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam.</p>	<p>There is no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam, including barium enemas. If your doctor finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam. There is no coinsurance, copayment, or deductible for a covered diagnostic exam.</p>
Dental services	<p>For oral surgery services (with the exception of the removal or exposure of impacted teeth) to be covered in a provider's office, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</p> <p>You pay a \$25 copayment for each preventive dental visit.</p> <p>Additional dental services under Benefit Bank <u>not</u> covered.</p>	<p>For comprehensive dental, including endodontics, extractions, oral surgery services in a provider's office (with the exception of the removal or exposure of impacted teeth), periodontics, prosthodontics, restorative services, and other oral/maxillofacial surgery services to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</p> <p>You pay a \$0 copayment for each preventive dental visit.</p>

Cost	2023 (this year)	2024 (next year)
Dental services, cont'd.		For information on additional covered dental services, see the “Benefit Bank” section in this chart.
Health and wellness education programs	Additional fitness membership in health clubs/fitness classes under Benefit Bank <u>not</u> covered.	For information on the additional covered fitness membership in health clubs/fitness classes, see the “Benefit Bank” section in this chart.
Hearing services	Additional hearing services under Benefit Bank <u>not</u> covered.	For information on the additional hearing aid coverage, see the “Benefit Bank” section in this chart.
Hospice care	You pay a \$25 primary care doctor or \$40 specialist office visit copayment for hospice consultation services.	You pay a \$15 primary care doctor or \$40 specialist office visit copayment for hospice consultation services.
Inpatient hospital care	You pay a \$300 a day copayment for days 1-5 and a \$0 a day copayment for days 6-90 for each inpatient admission per benefit period; this includes medical, surgical and rehabilitation services.	You pay a \$315 a day copayment for days 1-5 and a \$0 a day copayment for days 6-90 for each inpatient admission per benefit period; this includes medical, surgical and rehabilitation services.
Inpatient services in a psychiatric hospital	You pay a \$300 a day copayment for days 1-5 and a \$0 a day copayment for days 6-90 for each inpatient psychiatric admission per benefit period.	You pay a \$315 a day copayment for days 1-5 and a \$0 a day copayment for days 6-90 for each inpatient psychiatric admission per benefit period.
Medicare Part B prescription drugs	You pay a \$25 primary care doctor or \$40 specialist office visit copayment.	You pay a \$15 primary care doctor or \$40 specialist office visit copayment.
Over-the-counter (OTC) items	You pay \$0 for up to four over-the-counter FDA-emergency use authorized COVID-19 tests up to \$48 per month.	You pay \$0 for covered OTC items up to the benefit maximum of \$125 per calendar year for Medicare-allowed OTC items.

Cost	2023 (this year)	2024 (next year)
<i>Over-the-counter (OTC) items, cont'd</i>	You pay all costs over \$48 per month.	You pay all costs over \$125 per calendar year. Over-the-counter FDA-emergency use authorized COVID-19 tests <u>not</u> covered unless purchased using your OTC card.
Physician/Practitioner services, including doctor's office visits	You pay a \$25 copayment for each primary care doctor visit for Medicare-covered benefits.	You pay a \$15 copayment for each primary care doctor visit for Medicare-covered benefits.
Skilled nursing facility (SNF) care	<p>You pay a \$0 a day copayment for days one through 20 of each skilled nursing facility admission per benefit period.</p> <p>You pay a \$150 a day copayment for days 21 through 44 each benefit period.</p> <p>You pay a \$0 a day copayment for days 45 through 100 each benefit period.</p>	<p>You pay a \$0 a day copayment for days one through 20 of each skilled nursing facility admission per benefit period.</p> <p>You pay a \$203 a day copayment for days 21 through 100 each benefit period.</p>
Urgently needed services	<p>You pay a \$25 copayment for each Medicare-covered urgently needed care visit in the United States and its territories.</p> <p>You pay a \$90 copayment for each urgently needed care visit outside of the United States and its territories.</p>	<p>You pay a \$15 copayment for each Medicare-covered urgently needed care visit in the United States and its territories.</p> <p>You pay a \$90 copayment for each urgently needed care visit outside of the United States and its territories.</p>
Vision care	Additional vision care under Benefit Bank <u>not</u> covered.	For information on the additional eyewear coverage, see the "Benefit Bank" section in this chart.

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Dental provider network	Members have access to the Dental Benefit Providers (DBP) network of dental providers.	Members have access to the DentaQuest network of dental providers.

SECTION 3 Deciding Which Plan to Choose

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

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

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

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

Step 2: Change your coverage

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

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

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

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

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

SECTION 5 Programs That Offer Free Counseling about Medicare

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

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

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Massachusetts HIV Drug Assistance Program (HDAP), AccessHealth MA. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. You can reach the ADAP at AccessHealth MA, Attn: HDAP, The Schrafft’s City Center, 529 Main St., Suite 301, Boston, MA 02129.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-228-2714.

SECTION 7 Questions?

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

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

Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for Fallon Medicare Plus Saver No Rx HMO. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at fallonhealth.org/medicare. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

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

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You* 2024

Read the *Medicare & You* 2024 handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.