

Fallon Medicare PlusTM Summary of Benefits

January 1, 2024–December 31, 2024

Fallon Medicare Plus Super Saver HMO
Fallon Medicare Plus Saver No Rx HMO

Plans listed are available to residents of all Massachusetts counties
except Dukes and Nantucket.



Fallon Medicare Plus

2024 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Super Saver HMO and Fallon Medicare Plus Saver No Rx 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, 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 the plans listed in this Summary of Benefits includes all of the counties in Massachusetts except Dukes and Nantucket.

FMP Super Saver HMO and FMP Saver No Rx HMO have a network of doctors, hospitals, pharmacies, and other providers throughout Massachusetts. If you use providers that are not in our network for these plans, the plan may not pay for these services.

	Monthly plan premium	Medical deductible	Maximum out-of-pocket
Fallon Medicare Plus (FMP) Costs	<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 Super Saver HMO	\$60	\$0	\$7,550
FMP Saver No Rx HMO <i>(This plan does not include Part D prescription drug coverage.)</i>	\$35 <i>Part B Premium Reduction up to \$40 per month.</i>	\$0	\$6,700

Fallon Medicare Plus (FMP) Medical Benefits	FMP Super Saver HMO	FMP Saver No Rx HMO
Inpatient Hospital Care Includes medical, surgical, and rehabilitation services. <i>Requires prior authorization.</i>	\$370 per day (days 1-5) \$0 per day (days 6-90)	\$315 per day (days 1-5) \$0 per day (days 6-90)
Outpatient Hospital Care Includes: <ul style="list-style-type: none"> Outpatient surgery in a hospital outpatient facility and ambulatory surgical center. <i>Requires prior authorization.</i>	\$350	\$275
<ul style="list-style-type: none"> Observation services 	\$0	\$0
Doctor Visits Includes: <ul style="list-style-type: none"> Primary Care Provider (PCP) 	\$30	\$15
<ul style="list-style-type: none"> Annual supplemental physical exam with PCP 	\$0	\$0
<ul style="list-style-type: none"> Annual wellness visit with PCP 	\$0	\$0
<ul style="list-style-type: none"> Specialists <i>May require referral.</i> 	\$50	\$40
<ul style="list-style-type: none"> Telehealth services <i>May require referral.</i> 	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$50 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>
<ul style="list-style-type: none"> 24/7 phone, video, or mobile access to board-certified doctors 	\$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

Fallon Medicare Plus (FMP) Medical Benefits	FMP Super Saver HMO	FMP Saver No Rx HMO
Emergency care 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
Urgently needed services <ul style="list-style-type: none"> In the United States and its territories 	\$30	\$15
<ul style="list-style-type: none"> Outside of the United States and its territories 	\$90	\$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.</i>	\$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.</i>	\$275	\$250 \$1,000 out-of-pocket maximum per year
Hearing services Includes: <ul style="list-style-type: none"> One supplemental routine exam per year 	\$0	\$0
<ul style="list-style-type: none"> 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> 	Copays range from \$695 to \$2,645	Copays range from \$695 to \$2,645
<ul style="list-style-type: none"> Diagnostic exams 	\$50	\$40
<ul style="list-style-type: none"> Hearing aids covered as part of the Benefit Bank 	Not covered	See Benefit Bank

Fallon Medicare Plus (FMP) Medical Benefits	FMP Super Saver HMO	FMP Saver No Rx HMO
Dental services Includes: <ul style="list-style-type: none"> Preventive care like exams and cleanings through DentaQuest. 	Not covered	\$0
<ul style="list-style-type: none"> Comprehensive non-orthodontic care like root canals, fillings, and crowns. <i>Requires prior authorization.</i> 	Not covered	Copays vary from \$0-\$990
<ul style="list-style-type: none"> Dental services covered as part of the Benefit Bank 	Not covered	See Benefit Bank
Vision care Includes: <ul style="list-style-type: none"> Medicare-covered glaucoma tests 	\$0	\$0
<ul style="list-style-type: none"> One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery 	\$0	\$0
<ul style="list-style-type: none"> One supplemental routine exam per year Medicare-covered exams to treat diseases and conditions of the eye 	\$20	\$40
<ul style="list-style-type: none"> \$150 coverage for one pair of non-Medicare-covered eyeglasses or contacts, every year, in-network only 	Costs above \$150	Costs above \$150
<ul style="list-style-type: none"> Eyewear covered as part of the Benefit Bank 	Not covered	See Benefit Bank
Mental health care Inpatient: <i>Requires prior authorization.</i>	\$370 per day (days 1-4) \$0 per day (days 5-90)	\$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	\$40 in office \$0 telehealth
Skilled Nursing Facility (SNF) care <i>Requires prior authorization.</i>	\$0 per day (days 1-20) \$160 per day (days 21-44) \$0 per day (days 45-100)	\$0 per day (days 1-20) \$203 per day (days 21-100)

Fallon Medicare Plus (FMP) Medical Benefits	FMP Super Saver HMO	FMP Saver No Rx HMO
Outpatient rehabilitation services 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
Ambulance Copays are for one-way Medicare-covered transports. Coverage is worldwide. <i>Non-emergency ambulance services require prior authorization.</i>	\$125	\$250
Transportation One-way, non-emergent chairvan transport from hospital to skilled nursing facility.	\$35	\$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 and step therapy require prior authorization.</i>	Up to 20% of the cost	Up to 20% of the cost
Medicare Part B insulin	Up to \$35 per month supply	Up to \$35 per month supply
Podiatry Includes medically necessary foot care services. <i>Requires referral.</i>	\$50	\$40
Durable Medical Equipment and related supplies <i>Requires prior authorization.</i>	20% of the cost	20% of the cost
Acupuncture for chronic low back pain Includes up to 12 visits in 90 days. <i>Requires referral.</i>	\$20	\$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	\$0

Fallon Medicare Plus (FMP) Medical Benefits	FMP Super Saver HMO	FMP Saver No Rx HMO
Benefit Bank 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.	Not covered	Costs above \$300
Over-the-counter items 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>	Not covered	Costs above \$125 per year
Health and Wellness Programs		
Fitness membership/classes <ul style="list-style-type: none"> SilverSneakers®—includes access to online classes and instructional videos, an at-home fitness kit and/or a gym membership. 	\$0	\$0
<ul style="list-style-type: none"> Fitness memberships and online fitness program services covered as part of the Benefit Bank. 	Not covered	See Benefit Bank
WW® (Weight Watchers) <ul style="list-style-type: none"> One 13-consecutive-week membership each year. 	\$0	\$0
<ul style="list-style-type: none"> WW online memberships covered as part of the Benefit Bank. 	Not covered	See Benefit Bank
Care Connect 24/7 phone access to registered nurses who will recommend where you should receive care or will connect you to your doctor.	\$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 Super Saver HMO	Tiers 1–5: \$545

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 Super Saver 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	\$9	Retail: \$27	Mail-order: \$18
Tier 3: Preferred brand drugs	\$42	Retail: \$126	Mail-order: \$84
Tier 4: Non-preferred drugs	\$95	Retail: \$285	Mail-order: \$190
Tier 5: Specialty drugs	25% of the cost	Not available for this tier	
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.

Note: Fallon Medicare Plus Saver No Rx HMO **does not** include Medicare Part D prescription drug coverage.

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.

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

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 Italianovi 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: យើងមានសេវាកម្មបកប្រែឥតគិតថ្លៃសម្រាប់ម្ចាស់ផែនការសុខភាពរបស់អ្នក ឬម្ចាស់ផែនការថ្នាំប្រឆាំងជំងឺ។ ដើម្បីទទួលបានសេវាកម្មបកប្រែឥតគិតថ្លៃសម្រាប់ម្ចាស់ផែនការសុខភាពរបស់អ្នក យើងស្វែងរកលេខ 1-800-325-5669។ អ្នកអាចទាក់ទងនឹងការស្វែងរកសេវា/ភាសា អាចជួយអ្នកបាន។ 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.

Fallon Medicare Plus	Phone: 1-800-325-5669 (TRS 711) Website: fallonhealth.org/medicare Hours: Monday–Friday, 8 a.m.–8 p.m. From October 1–March 31, we’re available seven days a week.
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: http://www.medicare.gov • 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 our Fallon Medicare Plus Super Saver HMO plan.

This document is available in other formats such as Braille, large print or audio.



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