



fallon senior plan™

2009 Quick Reference Guide Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2

Because you are eligible for benefits from Medicaid, the state is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. These amounts may differ based on what kind of Medicaid benefits you have. The cost-sharing amounts you will pay are listed below. The actual copayment amounts that you pay depend on your Medicaid benefits. In addition, you will have to pay the copayment amounts listed below for Part D drug coverage. For more information on what you will be required to pay, contact the Massachusetts Medicaid office at 1-800-841-2900 (TTY: 1-800-497-4648). For additional information about Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2, contact Fallon Senior Plan at 1-888-377-1980 (TDD/TTY: 1-877-608-7677), seven days a week from 8 a.m. to 8 p.m.

Monthly plan premiums and other important information		
Original Medicare	Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2	
You pay the Medicare Part B premium of \$96.40 each month if not otherwise paid for under Medicaid or by another third party.	<ul style="list-style-type: none"> There is no premium for your plan benefits or your Medicare Part D prescription drug benefits. 	
Medical benefits and what you pay		
Benefit	Fallon Senior Plan Value 1	Fallon Senior Plan Value 2
Doctor office visits	<ul style="list-style-type: none"> \$0 or \$5 for Medicare-covered services. \$0 or \$10 for each specialist visit for Medicare-covered services. 	<ul style="list-style-type: none"> \$0 for Medicare-covered services. \$0 for each specialist visit for Medicare-covered services.
Inpatient hospital care	<ul style="list-style-type: none"> \$0 or \$50 for days 1 to 3 in a network acute, psychiatric or rehabilitation hospital. \$0 for subsequent days. \$0 for each stay in an acute, psychiatric or rehabilitation hospital for substance abuse care. 	<ul style="list-style-type: none"> \$0 for each stay in a network acute, psychiatric or rehabilitation hospital. \$0 for subsequent days. \$0 for each stay in an acute, psychiatric or rehabilitation hospital for substance abuse care.
Skilled nursing facility (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> \$0 for each stay in a network skilled nursing facility. 	<ul style="list-style-type: none"> \$0 for each stay in a network skilled nursing facility.
Emergency care (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> \$0 or \$50 copayment. Waived if admitted to the hospital within 72 hours for the same condition. Worldwide coverage 	<ul style="list-style-type: none"> \$0 copayment. Waived if admitted to the hospital within 72 hours for the same condition. Worldwide coverage
Podiatry services	<ul style="list-style-type: none"> \$0 for Medicare-covered (medically-necessary foot care) visits 	<ul style="list-style-type: none"> \$0 for Medicare-covered (medically-necessary foot care) visits - up to six routine visit(s) every year
Dental services	<ul style="list-style-type: none"> \$10 for dental checkup including: <ul style="list-style-type: none"> - oral exams up to one visit every six months - cleanings up to one visit every six months - fluoride treatment up to one visit every six months - dental X-rays up to one visit every six months \$0 to \$51 for filling 	<ul style="list-style-type: none"> In general, preventive dental benefits (such as cleanings) not covered.
Hearing services	<ul style="list-style-type: none"> \$0 or \$10 copayment for diagnostic hearing exams* \$0 to \$10 copayment for routine hearing tests \$0 to \$10 copayment for hearing aid fitting evaluations \$0 copayment for up to one hearing aid(s) every three years \$1,000 limit for routine hearing aids every three years 	<ul style="list-style-type: none"> Hearing aids not covered \$0 copayment for diagnostic hearing exams - up to one routine hearing test(s) every year
Vision services	<ul style="list-style-type: none"> \$0 for Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery) \$0 for glasses, limited to one pair of glasses every two years \$0 or \$10 for exams to diagnosis and treat diseases and conditions of the eye \$0 to \$10 for each routine eye exam, limited to one exam every two years 	<ul style="list-style-type: none"> \$0 for Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery) \$0 for glasses, limited to one pair of glasses every two years \$0 for exams to diagnosis and treat diseases and conditions of the eye \$0 for each routine eye exam, limited to one exam every two years
Benefit	Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2	
Prescription drug benefit	<p>For drugs covered under Medicare Part D:</p> <p>Before your yearly out-of-pocket drug costs reach \$4,350, depending on your income level you pay the following for retail and mail-order prescription drugs:</p> <ul style="list-style-type: none"> - You pay a \$1.10 or \$2.40 copayment for generic drugs (including brand drugs treated as generic). - You pay a \$3.20 or \$6.00 copayment for brand name drugs. <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay \$0 for your drugs.</p> <p>For drugs not covered under Medicare Part D (benzodiazepine and barbiturate therapeutic category drugs and drugs covered under Medicare Part B):</p> <p>You pay copayments for these prescription drugs for the entire 2009 calendar year.</p> <p>Tier 1: \$5 for a 30-day supply Tier 2: \$20 for a 30-day supply Tier 3: \$40 for a 30-day supply</p> <p>People who live in long-term care facilities will have \$0 copayments. Contact the plan for details.</p>	

For complete benefit information, please refer to the *Summary of Benefits*.

To enroll, you must be eligible for Medicare Parts A and B by age or disability. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. You must live in the plan's service area. Care must be provided or arranged by network providers, except in emergent or urgent care situations or for out-of-area dialysis services. Copayments are required for some services. The benefits, premiums, copayments and service areas are subject to change on an annual basis. Fallon Community Health Plan is a health plan with a Medicare Advantage contract that is renewed annually.