

Welcome to Fallon Health

A health plan that helps to keep you moving forward—providing coverage options designed to meet your changing needs and budget. In this kit, you'll find descriptions of our Medicare Advantage HMO plan options, including a plan with a \$0 monthly premium.

All of our plans include these great benefits:

- **\$150** annual eyewear benefit
- **Teladoc**®—speak with a doctor by phone, video or mobile app 24 hours a day, 7 days a week. Teladoc® doctors can treat non-emergency health issues like cold and flu symptoms, respiratory and sinus infections and skin problems, as well as prescribe medications when needed.
- **Hearing aid** coverage through Amplifon with copayments varying from \$695 to \$995
- **Gym membership** benefit
 - Up to \$180 reimbursement for a qualified gym membership with our Fallon Senior Plan Flex Enhanced Rx HMO plan
 - All other plans include a free gym membership through the SilverSneakers® Fitness program
- **Worldwide** emergency, ambulance and urgent care coverage
- **Free** annual 13-consecutive-week membership for Weight Watchers®
- **The Healthy Health Plan**—a web-based program to help you meet your health and wellness goals

And, most of our plans also include:

- **Prescription drug coverage**
- **\$0 diagnostic** labs and therapeutic services
- **Dental care**—preventive and/or comprehensive

Want more information? Contact us. We're here to help.

1-888-377-1980 (TRS 711)

8 a.m.–8 p.m., Mon.–Fri. (Oct. 1–Feb. 14, seven days a week.)

fallonhealth.org/seniorplan



Fallon Health is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

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Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

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“I need health insurance. Where do I begin?”

With this guide, you can compare multiple plan options to meet your needs. These plans may include:

- A \$0 monthly plan premium
- Medicare Part D prescription drug coverage

Bristol, Essex,
Middlesex, Norfolk,
Plymouth and Suffolk
counties

2018 Fallon Senior Plan™ Medicare Advantage MEDICAL coverage

This chart highlights some commonly used services. For more detailed information, please see the Fallon Senior Plan (FSP) *Summary of Benefits* booklets.

Monthly plan premium by county	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO
Essex and Suffolk	\$0	\$24	\$43	\$72	\$172
Bristol, Middlesex, Norfolk and Plymouth	\$0	\$17	\$44	\$67	\$164
Annual medical deductible	\$0	\$0	\$0	\$0	\$0
Benefits					
Annual wellness visit, supplemental annual physical exam and Medicare-covered preventive services	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Primary care office visits	\$30 per visit	\$30 per visit	\$25 per visit	\$25 per visit	\$10 per visit
Specialist office visits	\$50 per visit	\$50 per visit	\$40 per visit	\$40 per visit	\$20 per visit
Inpatient hospital care—acute	\$360 a day for days 1-5 per admission	\$360 a day for days 1-5 per admission	\$300 a day for days 1-5 per admission	\$300 a day for days 1-5 per admission	\$225 per admission \$450 out-of-pocket maximum per year for acute admissions
Diagnostic services <i>(Tests, procedures, X-rays, labs)</i>	\$0 per diagnostic service	\$0 per diagnostic service	\$0 per diagnostic service	\$0 per diagnostic service	\$0 per diagnostic service
Diagnostic imaging <i>(CT, PET, and MRI scans and nuclear studies)</i>	\$275 per diagnostic image	\$275 per diagnostic image	\$225 per diagnostic image (\$900 out-of-pocket maximum per year)	\$225 per diagnostic image (\$900 out-of-pocket maximum per year)	\$125 per diagnostic image (\$500 out-of-pocket maximum per year)
Outpatient surgery	\$350 per surgery	\$350 per surgery	\$275 per surgery	\$275 per surgery	\$100 per surgery
Worldwide emergency room visits	\$80 per visit	\$80 per visit	\$80 per visit	\$80 per visit	\$100 per visit
Urgent care	\$30 per visit within the U.S. and its territories \$80 per visit outside of the U.S. and its territories	\$30 per visit within the U.S. and its territories \$80 per visit outside of the U.S. and its territories	\$25 per visit within the U.S. and its territories \$80 per visit outside of the U.S. and its territories	\$25 per visit within the U.S. and its territories \$80 per visit outside of the U.S. and its territories	\$10 per visit within the U.S. and its territories \$100 per visit outside of the U.S. and its territories
Dental services <i>Preventive care like exams and cleanings</i>	Reimbursed up to \$180 for preventive services like cleaning and X-rays	Not covered	\$25 per visit	\$25 per visit	\$25 per visit
Ambulance <i>Copays are for one-way Medicare-covered transports</i>	\$250	\$250	\$175 \$700 out-of-pocket maximum per year	\$175 \$700 out-of-pocket maximum per year	\$75 \$300 out-of-pocket maximum per year
Annual out-of-pocket maximum*	\$6,700	\$6,700	\$6,700	\$6,700	\$3,400
Part D prescription drug coverage	Included	Included	Not included	Included	Included

* The most you will pay per benefit year for medical services. Your plan premium and Part D prescription copays (if any) do not count toward this amount.

2018 PART D PRESCRIPTION DRUG coverage

This chart highlights Fallon Senior Plan (FSP) Medicare Advantage options with Part D prescription drug coverage.

Deductible stage	FSP Super Saver Rx HMO \$405		FSP Flex Enhanced Rx HMO (Flex) FSP Saver Enhanced Rx HMO (Saver) \$300 (Tiers 3–5)	
			FSP Plus Enhanced Rx HMO (Plus) No deductible	
Initial coverage stage	Retail		Retail	
	Preferred	Standard	Preferred	Standard
Tier 1	\$2	\$7	\$1	\$6
Tier 2	\$9	\$14	\$7	\$12
Tier 3	\$42	\$47	\$37	\$42
Tier 4	\$95	\$100	\$86	\$91
Tier 5	25% of the cost	25% of the cost	Flex/Saver: 27% of the cost Plus: 33% of the cost	Flex/Saver: 27% of the cost Plus: 33% of the cost
<p>Tier 1 = preferred generic; Tier 2 = generic; Tier 3 = preferred brand; Tier 4 = non-preferred brand; Tier 5 = specialty tier</p> <p>Retail = up to a 30-day supply</p> <p>Up to a 90-day supply is available through mail-order (Tiers 1-4 only). The cost is equal to three times that of a 30-day prescription at a preferred retailer.</p> <p>The preferred FSP pharmacy network includes all CVS/pharmacy, Wal-Mart, Shaw's, Stop & Shop and Big Y retail locations, plus a selection of independent pharmacies and smaller pharmacy chains. For a complete list, go to fallonhealth.org/seniorplan.</p>				
Coverage gap stage				
After your total yearly drug costs—paid by both you and your plan—reach \$3,750, and until your payments reach \$5,000, you pay: 44% of the cost for covered generic drugs, 35% for covered brand drugs.				
Catastrophic coverage stage				
After your yearly out-of-pocket drug costs—including drugs purchased through retail pharmacy and mail-order—reach \$5,000, you pay the greater of: 5% coinsurance, or \$3.35 per prescription for generic or preferred brand drugs and \$8.35 for all other drugs.				

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1-888-377-1980 (TRS 711)
fallonhealth.org/seniorplan



“I’m ready to enroll. What do I do now?”

We’re here to support you. Inside you’ll find enrollment forms, along with a handy checklist to help you get started.

You can also save time by enrolling on our website or over the phone. It’s fast. It’s easy. Check it out today and start your journey forward.

Everything you need to enroll today!

Thank you for applying for membership with Fallon Senior Plan™ Medicare Advantage.

When filling out the enrollment form please remember:

- Complete the entire enrollment form and be sure to **sign it**. (If we receive an incomplete form, it may not be processed and may be returned to you for additional information.)
- Press firmly with your pen when filling out the form.

Use this checklist to make sure you have filled out the following information on the enrollment form:

- ___ Your plan choice
- ___ Your full legal name as it appears on your Medicare card
- ___ Your date of birth
- ___ Your gender
- ___ Your telephone number
- ___ Your home address
- ___ Your mailing address (if different from your home address)
- ___ Your Medicare information (In order for your enrollment to be complete, you must either copy information from your Medicare card onto the enrollment form or you may attach a photocopy of your Medicare card or a copy of your Letter of Verification from the Social Security Administration or Railroad Retirement Board. If you do not have your Medicare information or have not been assigned a Medicare claim number at this time, call your local Social Security office to enroll or obtain proof of enrollment.)
- ___ Answers to the important questions on page two of the enrollment form
- ___ Your plan premium payment option
- ___ If you required assistance in completing this enrollment form, please include the assisting individual's signature, his or her relationship to you, his or her address, and his or her phone number.

Remember these three steps:

1. Sign and date the enrollment form after reading the back.
2. Pull out the pink copy of your signed and dated enrollment form for your records.
3. Return the rest of the form in the enclosed return envelope. If you misplaced the return envelope, mail your enrollment form to:

Fallon Health
Attn: Medicare Sales
10 Chestnut St.
Worcester, MA 01608-9971

Or, you may fax it to us at 1-508-757-0572.

If you need further information to complete this enrollment form, please call us at 1-888-377-1980 (TRS 711).

You can also enroll online at
fallonhealth.org/seniorplan or over the
phone at 1-888-377-1980 (TRS 711).



Once we have received your completed enrollment form, a member of our Medicare team may call you to make sure you understand how our plan works, and to answer any questions you may have.



Ready to enroll NOW?

Call us, or visit our website—when it's convenient for you.



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2018 Fallon Senior Plan™

Individual Enrollment Request Form



Please contact Fallon Health if you need information in another language or format (Braille).

To enroll in Fallon Senior Plan (FSP), please provide the following information.

Please check ☒ which plan you want to enroll in:

Fallon Senior Plan options	If you live in one of the following counties:					
	Worcester, Franklin	Hampden, Hampshire	Essex, Suffolk	Middlesex, Norfolk, Bristol, Plymouth	Barnstable	Berkshire
FSP Flex Enhanced Rx HMO	<input type="checkbox"/> \$0 month (034-06)	<input type="checkbox"/> \$0 month (034-05)	<input type="checkbox"/> \$0 month (034-01)	<input type="checkbox"/> \$0 month (034-02)	—	—
FSP Super Saver Rx HMO	<input type="checkbox"/> \$17 month (032-06)	<input type="checkbox"/> \$17 month (032-05)	<input type="checkbox"/> \$24 month (032-01)	<input type="checkbox"/> \$17 month (032-02)	<input type="checkbox"/> \$18 month (032-04)	<input type="checkbox"/> \$17 month (032-07)
FSP Saver HMO	<input type="checkbox"/> \$88 month (029-06)	<input type="checkbox"/> \$17 month (029-05)	<input type="checkbox"/> \$43 month (029-01)	<input type="checkbox"/> \$44 month (029-02)	<input type="checkbox"/> \$86 month (029-04)	<input type="checkbox"/> \$59 month (029-07)
FSP Saver Enhanced Rx HMO	—	<input type="checkbox"/> \$52 month (030-05)	<input type="checkbox"/> \$72 month (030-01)	<input type="checkbox"/> \$67 month (030-02)	<input type="checkbox"/> \$107 month (030-04)	<input type="checkbox"/> \$87 month (030-07)
FSP Saver Enhanced Rx HMO-POS	<input type="checkbox"/> \$97 month (013)	—	—	—	—	—
FSP Standard Enhanced Rx HMO	<input type="checkbox"/> \$207 month (015)	—	—	—	—	—
FSP Plus Enhanced Rx HMO	<input type="checkbox"/> \$264 month (031-06)	—	<input type="checkbox"/> \$172 month (031-01)	<input type="checkbox"/> \$164 month (031-02)	<input type="checkbox"/> \$222 month (031-04)	<input type="checkbox"/> \$197 month (031-07)
FSP Plus Enhanced Rx HMO-POS	—	<input type="checkbox"/> \$142 month (033)	—	—	—	—

Last name		
First name		Middle initial
Birth date ____ / ____ / ____		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home phone # (____) - ____ - ____		Alternate phone # (____) - ____ - ____
Permanent residence street address (P.O. Box not allowed)		
City/town	State	ZIP
Mailing address (if different from above)		
City/town	State	ZIP
Email address (optional)		

Please provide your Medicare insurance information.

Please take out your red, white and blue Medicare card to complete this section.

Fill out this information as it appears on your Medicare card.

OR

Attach a copy of your Medicare card or your letter from the Social Security Administration or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Name (as it appears on your Medicare card): _____

Medicare number: _____

Is entitled to:

☐ Hospital (Part A)

☐ Medical (Part B)

Effective date: _____

Please read and answer these important questions:

1. **Do you have End-Stage Renal Disease (ESRD)?** ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Fallon Senior Plan? ☐ Yes ☐ No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____

ID # for this coverage: _____ Group # for this coverage: _____

3. **Are you a resident in a long-term care facility, such as a nursing home?** ☐ Yes ☐ No

If "yes", please provide the following information:

Name of institution: _____

Phone number: _____

Address (number and street): _____

4. **Are you enrolled in the Massachusetts Medicaid (MassHealth) program?** ☐ Yes ☐ No

If "yes", please provide your Medicaid (MassHealth) number: _____

5. **Do you or your spouse work?** ☐ Yes ☐ No

6. **Name of chosen primary care provider (PCP):** _____

Please make sure your chosen PCP is in our network. If you are an existing patient, check here. ☐

7. **What is the name of your previous insurance carrier? (optional):**

Please check the box below if you would prefer us to send you information in another format:

☐ Braille ☐ Audio tape ☐ Large print

Please contact Fallon Health if you need information in another language or format than what is listed above.

Please contact us at 1-888-377-1980 (TRS 711), 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–Feb. 14, seven days a week.)

Paying your plan premium:

If you enroll in one of our plans with Medicare prescription drug coverage that does not have a monthly premium, and we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we will need to know how you would prefer to pay it. Please select a payment option from below to pay a late enrollment penalty.

If you enroll in a plan with Medicare prescription drug coverage that has a monthly premium and we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), you will pay this through the payment option you select below because it will be included with your monthly premium.

For more information on premiums and prescription drug costs based on your income, please see the back of this form.

If you don't select one of the following payment options, we will bill you monthly. Please select a premium payment option:

- ☐ Get a bill monthly.
- ☐ Automated clearinghouse (ACH) transfer from your checking or savings account each month. If you choose this option, we will contact you for more information.
- ☐ Credit card (Discover, MasterCard or VISA only.) If you choose this option, we will contact you for more information.
- ☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

I get monthly benefits from: ☐ Social Security ☐ RRB

STOP

Please read this important information.

STOP

If you currently have health coverage from an employer or union, joining Fallon Senior Plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Fallon Senior Plan. Read the communications your employer or union sends you. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Typically, you may enroll in a Medicare Advantage plan during the annual election period between October 15 and December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date): _____
- ☐ I recently was released from incarceration. I was released on (insert date): _____
- ☐ I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- ☐ I get extra help paying for Medicare prescription drug coverage.
- ☐ I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date): _____

- ☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date): _____
- ☐ I recently left a PACE program on (insert date): _____
- ☐ I recently, involuntarily, lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date): _____
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date): _____
- ☐ I am leaving employer or union coverage on (insert date): _____
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date): _____
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date): _____
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ None of these statements apply to me.*

* Please contact Fallon Health at 1-888-377-1980 (TRS 711) to see if you are eligible to enroll. We are open 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–Feb. 14, seven days a week.)

Please read the important information on the back and sign below.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Your signature/authorized representative

Date

If you are the authorized representative, you must provide the following information:

Name (print): _____

Address: _____

Phone number: _____

Relationship to enrollee: _____

<p>FALLON USE ONLY: RTS verification: <input type="checkbox"/> Yes <input type="checkbox"/> No QNXT attribute needed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date received: _____ Method of receipt: _____</p> <p>Telephonic: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, confirmation number: _____</p> <p><input type="checkbox"/> ICEP/IEP: _____ <input type="checkbox"/> AEP: _____ <input type="checkbox"/> SEP (type): _____ <input type="checkbox"/> Not eligible: _____</p> <p>Sales staff initials: _____ Plan ID#: _____ Effective date of coverage: _____</p>	<p>ENROLLMENT DEPT USE ONLY:</p>
<p>BROKER/AGENT INFO: Prior insurance: _____</p> <p>Requested effective date: _____ Election type: _____</p> <p>Agency name (if applicable): _____</p> <p>Broker/agent name: _____ Mass. Lic#: _____</p> <p>SOA form received: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why: _____</p>	

Please read the important information below.

By completing this enrollment application, I agree to the following:

Fallon Health is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal. I will need to keep my Medicare Parts A and B. (This means I must continue to pay my Medicare Part B premium.) I can be in only one Medicare Advantage Plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage Plan or Medicare Prescription Drug Plan. I understand that if I am enrolled in a Medicare Supplement Plan I must notify that plan to cancel my enrollment prior to an effective date of enrollment into a Medicare Advantage Plan or Medicare Prescription Drug Plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15–December 7 of every year), or under certain special circumstances.

Fallon Senior Plan serves a specific service area. If I move out of the area that Fallon Senior Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Fallon Senior Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the *Evidence of Coverage* document from Fallon Senior Plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage Plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that, beginning on the date Fallon Senior Plan coverage begins, I must get all of my health care from Fallon Senior Plan, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Fallon Senior Plan and other services contained in my Fallon Senior Plan *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR FALLON SENIOR PLAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Fallon Health, he or she may be paid based on my enrollment in Fallon Senior Plan.

Release of information: By joining this Medicare health plan, I acknowledge that Fallon Senior Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Fallon Senior Plan will release my information, including my prescription drug event data (if applicable) to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Information on premiums and prescription drug costs based on your income:

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you enroll in a plan with Medicare prescription drug coverage, and qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, you will be responsible for the amount that Medicare doesn't cover.

If you enroll in a plan with Medicare prescription drug coverage and you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay Fallon Health the Part D-IRMAA.

Talk to a doctor. Anytime. Anywhere.

Getting sick isn't something you plan for. At Fallon Health, we get it. That's why we offer Teladoc to our Fallon Senior Plan™ members.

What is Teladoc?



Teladoc is a free service that gives our members 24/7 access to doctors. This means you can get advice or treatment from a doctor when you need it, and you don't have to leave your home. It doesn't matter if it's a weekend, the middle of the night or a holiday—when you aren't feeling well, a doctor is available to help you.

What type of care does Teladoc provide?

Teladoc is available for non-emergency medical concerns. Doctors can provide advice, prescriptions and treatment for things like:

- Cold and flu symptoms
- Rashes
- Sore throat
- Allergies
- Sinus and skin problems
- Pink eye
- Respiratory infection
- And more

Why Teladoc?

It's convenient. Get a diagnosis or treatment from the comfort of your home, anytime you need it.

It's fast. Doctors typically respond to your request within 10 minutes. No long waits like those you may have at the Emergency Room (ER) or an urgent care center.

It's affordable. You pay the same cost for Teladoc as you pay for a PCP visit, and it saves you money when compared to the cost of a visit to the ER.

What does it cost?

You pay the same cost for a Teladoc visit as you would for a visit with your Primary Care Provider (PCP).

How can I get in touch with a doctor?

It's easy. Doctors are available to provide advice or treatment to you by phone, video or mobile app. If you have access to a phone or the internet, you can access one of the program's doctors.



—over please—

Get started today.

When you aren't feeling well, you want answers right away. That's why it's important that Fallon Senior Plan members register with Teladoc before treatment is needed.

Getting started is simple. If you're a Fallon Health member, just follow these steps:

1. Set up your account by phone, mobile app or online:



Call 1-800-835-2362 (TRS 711)
Or text "Get Started" to 1-469-844-5637



Go to www.Teladoc.com/fallon and click "Set up account"



Download the app and click "Activate account"

2. Provide medical history.

This information is secure and confidential. It will be used to help doctors make an accurate diagnosis.

3. Speak with a doctor.

Once your account is set up, you can request to speak with a doctor anytime you need care.

Not a plan member or want more information? Call Fallon Health today.

1-800-325-5669 (TRS 711)

8 a.m.–8 p.m., Monday–Friday (Oct. 1–Feb. 14, seven days a week.)

fallonhealth.org/seniorplan



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Fallon Senior Plan™ Summary of Benefits

January 1, 2018–December 31, 2018

Fallon Senior Plan Saver HMO
Fallon Senior Plan Flex Enhanced Rx HMO
Fallon Senior Plan Super Saver Rx HMO
Fallon Senior Plan Saver Enhanced Rx HMO
Fallon Senior Plan Plus Enhanced Rx HMO

Plans listed are available in Bristol, Essex, Middlesex,
Norfolk, Plymouth and Suffolk counties.



Fallon Senior Plan™

2018 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Senior Plan Saver HMO, Fallon Senior Plan Flex Enhanced Rx HMO, Fallon Senior Plan Super Saver Rx HMO, Fallon Senior Plan Saver Enhanced Rx HMO and Fallon Senior Plan Plus Enhanced Rx HMO for January 1, 2018–December 31, 2018.

Fallon Health is an HMO/HMO-POS 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/seniorplan, or by calling the phone number at the end of this book.

To join Fallon Senior Plan HMO, 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 the following counties in Massachusetts: Bristol, Essex, Middlesex, Norfolk, Plymouth and Suffolk.

Fallon Senior Plan Saver HMO, Fallon Senior Plan Flex Enhanced Rx HMO, Fallon Senior Plan Super Saver Rx HMO, Fallon Senior Plan Saver Enhanced Rx HMO and Fallon Senior Plan Plus Enhanced Rx HMO have a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network for these plans, the plan may not pay for these services.

Fallon Senior Plan (FSP) Costs	Monthly plan premium <i>You must continue to pay your Part B premium.</i>	Medical deductible <i>This is the amount you must pay before your health plan pays for part of the cost of medical care and services.</i>	Maximum out-of-pocket <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>
FSP Saver HMO (This plan does not include Part D prescription drug coverage)			
• Bristol, Middlesex, Norfolk and Plymouth counties	\$44	\$0	\$6,700
• Essex and Suffolk counties	\$43		
FSP Flex Enhanced Rx HMO			
• Bristol, Middlesex, Norfolk and Plymouth counties	\$0	\$0	\$6,700
• Essex and Suffolk counties	\$0		
FSP Super Saver Rx HMO			
• Bristol, Middlesex, Norfolk and Plymouth counties	\$17	\$0	\$6,700
• Essex and Suffolk counties	\$24		
FSP Saver Enhanced Rx HMO			
• Bristol, Middlesex, Norfolk and Plymouth counties	\$67	\$0	\$6,700
• Essex and Suffolk counties	\$72		
FSP Plus Enhanced Rx HMO			
• Bristol, Middlesex, Norfolk and Plymouth counties	\$164	\$0	\$3,400
• Essex and Suffolk counties	\$172		

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.

Deductible Stage

The amount you pay before your health plan pays for part of the cost.

Plan	Deductible
FSP Super Saver Rx HMO	\$405
FSP Saver Enhanced Rx HMO FSP Flex Enhanced Rx HMO	Tiers 1–2: \$0 Tiers 3–5: \$300
FSP Plus Enhanced Rx HMO	\$0

Cost-sharing may change when you enter another phase of the Part D benefit, like the Coverage Gap and Catastrophic Coverage phases.

For more information about cost-sharing specific to the different phases of the benefit, please use the contact information included on the back page to call us and request a printed *Evidence of Coverage*, or access your *Evidence of Coverage* on our website.

Initial Coverage Stage

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

FSP Super Saver Rx HMO				
	Preferred retail and mail-order	Standard retail and mail-order	Preferred retail and mail-order	Standard retail and mail-order
	30-day supply		90-day supply	
Tier 1: Preferred generic drugs	\$2	\$7	\$6	\$21
Tier 2: Generic drugs	\$9	\$14	\$27	\$42
Tier 3: Preferred brand drugs	\$42	\$47	\$126	\$141
Tier 4: Non-preferred brand drugs	\$95	\$100	\$285	\$300
Tier 5: Specialty drugs	25% of the cost	25% of the cost	Not available for this tier	Not available for this tier

FSP Saver Enhanced Rx HMO-POS, FSP Flex Enhanced Rx HMO				
	Preferred retail and mail-order	Standard retail and mail-order	Preferred retail and mail-order	Standard retail and mail-order
	30-day supply		90-day supply	
Tier 1: Preferred generic drugs	\$1	\$6	\$3	\$18
Tier 2: Generic drugs	\$7	\$12	\$21	\$36
Tier 3: Preferred brand drugs	\$37	\$42	\$111	\$126
Tier 4: Non-preferred brand drugs	\$86	\$91	\$258	\$273
Tier 5: Specialty drugs	27% of the cost	27% of the cost	Not available for this tier	Not available for this tier

FSP Plus Enhanced Rx HMO				
	Preferred retail and mail-order	Standard retail and mail-order	Preferred retail and mail-order	Standard retail and mail-order
	30-day supply		90-day supply	
Tier 1: Preferred generic drugs	\$1	\$6	\$3	\$18
Tier 2: Generic drugs	\$7	\$12	\$21	\$36
Tier 3: Preferred brand drugs	\$37	\$42	\$111	\$126
Tier 4: Non-preferred brand drugs	\$86	\$91	\$258	\$273
Tier 5: Specialty drugs	33% of the cost	33% of the cost	Not available for this tier	Not available for this tier

Fallon Senior Plan (FSP) Medical Benefits	FSP Saver HMO	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO
Inpatient Hospital Care Includes medical, surgical and rehabilitation services. <i>Requires prior authorization.</i>	\$300 per day (days 1-5)	\$360 per day (days 1-5)	\$360 per day (days 1-5)	\$300 per day (days 1-5)	\$225 per admission Separate \$450 out-of-pocket maximums per year for inpatient acute and rehabilitation stays.
Outpatient Hospital Care Includes outpatient surgery in an ambulatory surgical center or hospital outpatient facility. <i>Requires prior authorization.</i>	\$275	\$350	\$350	\$275	\$100
Doctor Visits Includes: • Primary Care Provider (PCP)	\$25	\$30	\$30	\$25	\$10
• Annual Supplemental Physical Exam with PCP	\$0	\$0	\$0	\$0	\$0
• Annual Wellness Visit with PCP	\$0	\$0	\$0	\$0	\$0
• Specialists. <i>May require referral and/or prior authorization</i>	\$40	\$50	\$50	\$40	\$20
Preventive Care Includes Welcome to Medicare, certain screenings, preventive visit and immunizations for pneumonia and influenza vaccines, as well as other preventive care services. <i>May require prior authorization.</i>	\$0	\$0	\$0	\$0	\$0
Emergency Care Copays are per visit at in- or out-of-network facilities. You will not pay the copay for hospital admissions that occur within 72 hours for the same condition.	\$80	\$80	\$80	\$80	\$100
Urgently Needed Services • In the United States and its territories	\$25	\$30	\$30	\$25	\$10
• Outside of the United States and its territories	\$80	\$80	\$80	\$80	\$100

Fallon Senior Plan (FSP) Medical Benefits	FSP Saver HMO	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO
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	\$0	\$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>	\$225 \$900 out-of-pocket maximum per year	\$275	\$275	\$225 \$900 out-of-pocket maximum per year	\$125 \$500 out-of-pocket maximum per year
Hearing Services Includes: • One supplemental routine exam per year	\$0	\$0	\$0	\$0	\$0
• Hearing aid copays vary by model and manufacturer. Purchases must be made through Amplifon.	\$695, \$795 or \$995	\$695, \$795 or \$995	\$695, \$795 or \$995	\$695, \$795 or \$995	\$695, \$795 or \$995
• Diagnostic exams	\$40	\$50	\$50	\$40	\$20
Dental Services Preventive care like exams and cleanings	\$25	Reimbursed up to \$180 per year	Not covered	\$25	\$25
Vision Care Includes: • Medicare-covered glaucoma tests • One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery • One pair of eyeglasses or contacts every year in-network only	\$0	\$0	\$0	\$0	\$0

Fallon Senior Plan (FSP) Medical Benefits	FSP Saver HMO	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO
Vision Care, <i>continued</i> • One supplemental routine exam per year • Medicare-covered exams to treat diseases and conditions of the eye	\$40	\$50	\$50	\$40	\$20
\$150 coverage for non-Medicare-covered eyewear, every year, in-network only	Costs above \$150	Costs above \$150	Costs above \$150	Costs above \$150	Costs above \$150
Mental Health Care Inpatient: <i>Requires prior authorization.</i>	\$300 per day (days 1-5)	\$360 per day (days 1-4)	\$360 per day (days 1-4)	\$300 per day (days 1-5)	\$225 per admission \$450 out-of-pocket maximum per year
Outpatient: Individual and group therapy sessions beyond the 8 th visit <i>require prior authorization.</i>	\$40	\$40	\$40	\$40	\$20
Skilled Nursing Facility (SNF) Care <i>Requires prior authorization.</i> • Per day cost, for days 1–20 per admission	\$0	\$0	\$0	\$0	\$15
• Per day cost, for days 21–44 per benefit period	\$150	\$160	\$160	\$150	\$75
• Per day cost, for days 45–100 per benefit period	\$0	\$0	\$0	\$0	\$0
Outpatient Rehabilitation Services Physical and occupational therapy visits beyond 60 combined visits <i>require prior authorization.</i> Speech language therapy visits beyond the 35 th visit <i>require prior authorization.</i>	\$20	\$20	\$20	\$20	\$15
Ambulance Copays are for one-way Medicare-covered transports. Ambulance services are covered worldwide.	\$175 \$700 out-of-pocket maximum per year	\$250	\$250	\$175 \$700 out-of-pocket maximum per year	\$75 \$300 out-of-pocket maximum per year

Fallon Senior Plan (FSP) Medical Benefits	FSP Saver HMO	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO
Transportation One-way, non-emergent chairvan transport from hospital to skilled nursing facility.	\$35	\$35	\$35	\$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.	20% of the cost	20% of the cost	20% of the cost	20% of the cost	10% of the cost
Podiatry Includes medically necessary foot care services. <i>Requires referral.</i>	\$40	\$50	\$50	\$40	\$20
Durable Medical Equipment and Related Supplies <i>Requires prior authorization.</i>	20% of the cost	20% of the cost	20% of the cost	20% of the cost	10% of the cost
Health and Wellness Programs					
Gym membership Includes basic membership costs at a participating SilverSneakers® Fitness location. More than 13,000 program locations to choose from.	\$0	Not covered	\$0	\$0	\$0
Up to \$180 per calendar year fitness reimbursement toward gym membership in a qualified health club or fitness facility.	Not covered	Costs above \$180	Not covered	Not covered	Not covered

Fallon Senior Plan (FSP) Medical Benefits	FSP Saver HMO	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO
SilverSneakers Steps® At-home kits offered to those who want to work out at home or who can't get to a fitness facility due to injury, illness or being homebound.	\$0	Not covered	\$0	\$0	\$0
Weight Watchers® 13-consecutive-week membership each year	\$0	\$0	\$0	\$0	\$0
The Healthy Health Plan Web-based program designed to help you meet your health goals.	\$10 gift card for members who complete an online health assessment.	\$10 gift card for members who complete an online health assessment.	\$10 gift card for members who complete an online health assessment.	\$10 gift card for members who complete an online health assessment.	\$10 gift card for members who complete an online health assessment.
Teladoc® 24/7 access to doctors to discuss non-emergency conditions by phone, mobile app or online.	\$25 PCP copay applies each time benefit is accessed.	\$30 PCP copay applies each time benefit is accessed.	\$30 PCP copay applies each time benefit is accessed.	\$25 PCP copay applies each time benefit is accessed.	\$10 PCP copay applies each time benefit is accessed.
Nurse Connect 24/7 access to registered nurses by phone or online.	\$0	\$0	\$0	\$0	\$0

Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Compliance Director
Fallon Health
10 Chestnut St.
Worcester, MA 01608
Phone: 1-508-368-9988 (TRS 711)
Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available 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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-325-5669 (TTY: TRS 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-325-5669 (TTY: TRS 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-325-5669 (TTY: TRS 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-325-5669 (TTY : TRS 711) 。

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-325-5669 (TTY: TRS 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-325-5669 (TTY: TRS 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-325-5669 (телетайп: TRS 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-325-5669 (رقم هاتف الصم والبكم: TRS 711).

Khmer/Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ជូរ ទូរស័ព្ទ 1-800-325-5669 (TTY: TRS 711)។

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-325-5669 (ATS : TRS 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-325-5669 (TTY: TRS 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-325-5669 (TTY: TRS 711)번으로 전화해 주십시오.

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-325-5669 (TTY: TRS 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-325-5669 (TTY: TRS 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-325-5669 (TTY: TRS 711) पर कॉल करें।

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-325-5669 (TTY: TRS 711).

More information

To learn more about Fallon Senior Plan or to view plan documents, visit our web pages or call us using the information listed below.

Fallon Senior Plan	Current members: 1-800-325-5669 (TRS 711) Prospective members: 1-888-377-1980 (TRS 711) Website: fallonhealth.org/seniorplan Hours: Monday–Friday, 8 a.m.–8 p.m. From October 1–February 14, we’re available seven days a week.
Provider Directory	fallonhealth.org/findphysician
Pharmacy Directory	fallonhealth.org/medicare-pharmacy
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 the following plans:

- Fallon Senior Plan Flex Enhanced Rx HMO
- Fallon Senior Plan Super Saver Rx HMO
- Fallon Senior Plan Saver Enhanced Rx HMO
- Fallon Senior Plan Plus Enhanced Rx HMO

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. SilverSneakers® is a registered trademark of Tivity Health, Inc. Weight Watchers® is a registered trademark of Weight Watchers International, Inc.



Fallon Health - H9001

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

- 1. An Overall Star Rating that combines all of our plan's scores.
- 2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Fallon Health received the following Overall Star Rating from Medicare.



We received the following Summary Star Rating for Fallon Health's health/drug plan services:

Health Plan Services:

4.5 Stars

Drug Plan Services:

4 Stars

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars - excellent
- ★★★★ 4 stars - above average
- ★★★ 3 stars - average
- ★★ 2 stars - below average
- ★ 1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 888-377-1980 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 800-325-5669 (toll-free) or 711 (TTY).

* Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Fallon Health is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal. Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

Original Medicare cost-sharing and deductibles

The cost-sharing for Original Medicare is not included in the *Summary of Benefits*. To assist you, we've highlighted key benefit categories and the 2018 Original Medicare cost-sharing amounts.

Benefit Category	Original Medicare
How much is the monthly premium?	<p>In 2018, some people who currently get Social Security benefits will pay a Part B premium of \$130 per month.</p> <p>However, the standard monthly Part B premium will be \$134. You'll pay this amount in 2018 if:</p> <ul style="list-style-type: none"> You enroll in Part B for the first time in 2018 You're directly billed for your Part B premium You don't get Social Security benefits You have Medicare and Medicaid, and Medicaid pays your premium Your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount (see below) <p>Some people will pay a higher Part B premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
How much is the deductible?	<p>In 2018, the annual Part B deductible amount is \$183.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>
Chiropractic Care	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>
Emergency Care	<p>20% coinsurance for doctor's services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within three days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>
Foot Care (podiatry services)	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>
Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>
Mental Health Care	<p>Inpatient:</p> <p>In 2018, the amounts for each benefit period are:</p> <p>Days 1–60: \$1,340 deductible</p> <p>Days 6–90: \$335 per day</p> <p>Days 9–150: \$670 per lifetime reserve day</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row</p>

Benefit Category	Original Medicare
Mental Health Care, <i>continued</i>	<p>without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>Outpatient: 20% coinsurance for most outpatient mental health services. Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible. “Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>
Outpatient Surgery	<p>20% coinsurance for the doctor’s services. Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility services.</p>
Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye including an annual glaucoma screening for people at risk. Supplemental routine eye exams and eyeglasses (lenses and frames) not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>
Inpatient Hospital Care	<p>In 2018, the amounts for each benefit period are: Days 1–60: \$1,340 deductible Days 61–90: \$335 per day Days 91–150: \$670 per lifetime reserve day Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>
Skilled Nursing Facility <i>(in a Medicare-certified skilled nursing facility)</i>	<p>In 2018, the amounts for each benefit period after at least a 3-day covered hospital stay: Days 1–20: \$0 per day Days 21–100: \$167.50 per day 100 days for each benefit period. A “benefit period” starts the day you go into a hospital or Skilled Nursing Facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>

Receive a description of Fallon Senior Plan™ benefits and operating procedures

Utilization Management procedures

- Pre-service review
- Urgent concurrent review
- Post-service review
- Filing an appeal

Case Management qualifications and support

Disease Management programs

Behavioral Health services

Pharmaceutical management procedures

- Pharmaceutical restrictions
- How to obtain pharmaceutical management procedures
- Checking coverage regarding a medication

Collection, use and disclosure of personal health information

- Routine notification of privacy practices
- The right to approve the release of information (use of authorizations)
- Access to medical records
- Protection of oral, written and electronic information across the organization
- Information for employers

Visit us at fallonhealth.org/fspprocedures to read a copy of
"Additional information about our health plan benefits and policies."

If you would like a printed copy, call Fallon Senior Plan™ Customer Service at

1-800-325-5669 (TRS 711),

Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–Feb. 14, seven days a week.)

