

Fallon Medicare Plus Freedom No Rx

Schedule of Benefits

January 1, 2020 through December 31, 2020



Fallon Medicare Plus Freedom
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This Schedule of Benefits describes the benefits and services available with Fallon Medicare Plus Freedom and your costs for health care. This policy provides coverage secondary to Medicare, as well as coverage for some additional services not covered by Medicare, for members enrolled through employer groups. Covered services under this policy generally fall into two categories: services for which the policy provides coverage secondary to Medicare, and non-Medicare services mandated by Massachusetts state law.

 This health plan alone does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. Enrollment in Original Medicare (Part A and Part B) satisfies Minimum Creditable Coverage standards, however. Since enrollment in Original Medicare is an eligibility requirement for this plan, any insured enrolled in this health plan should satisfy Minimum Creditable Coverage standards.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information, call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the insured's other health plans.

If you have questions about this notice, you may contact the Division of Insurance by calling 1-617-521-7794 or visiting its website at www.mass.gov/doi.

The benefits described here are available to all insureds provided that the criteria below are met. Covered services under this policy generally fall into two categories: services for which the policy provides coverage secondary to Medicare, and non-Medicare services mandated by Massachusetts state law.

For Medicare-covered services:

- The services are received from a provider or facility that is eligible to receive payments from Medicare.
- The services are covered by Medicare Part A or Part B.
- The charges for the services do not exceed the Medicare allowed amount.

For other services:

- The services are received from a properly licensed provider or facility.
- The services are described as a covered service in the *Member Handbook*, and are not limited or excluded elsewhere in the *Member Handbook*, in the Schedule of Benefits, or in an amendment to this *Member Handbook*.
- The services are medically necessary, or meet any other criteria described in the *Member Handbook*.
- The charges for the services do not exceed the reasonable and customary amount.

For Medicare-covered services, this policy provides secondary coverage for any service covered by Medicare Part A or B, including but not limited to the services listed in this Schedule of Benefits. Unless otherwise noted, coverage for services in this category is provided only if the services are covered by Medicare Part A or Part B, and only for the deductible, copayment and coinsurance amounts which are not paid by Medicare. Coverage is provided for 100% of the deductible, copayment and coinsurance, up to the Medicare-allowed amount, unless stated otherwise in this Schedule of Benefits, *Member Handbook* or in an amendment to the handbook. Note that Medicare coverage of certain services may be limited, or may be restricted to services which meet certain criteria. In some cases, providers who do not accept Medicare “assignment” may be able to bill you for charged amounts that exceed the Medicare-approved deductible or coinsurance amount. In such cases, this amount is the responsibility of the insured, and will not be covered by either Medicare or Fallon Medicare Plus Freedom. Fallon Medicare Plus Freedom will not provide coverage for any service not covered by Medicare unless specifically indicated otherwise in this Schedule of Benefits, *Member Handbook* or in an amendment to the handbook.

Those services mandated by Massachusetts state law listed in your *Member Handbook* are covered by Fallon Medicare Plus Freedom even if Medicare does not cover them or if they are received from providers who are not eligible to receive payment from Medicare. To the extent that Medicare does provide coverage for them, however, Fallon Medicare Plus Freedom’s coverage will be secondary to Medicare. All Fallon Medicare Plus Freedom coverage will be less any payments made by Medicare. Coverage is provided for 100% of the reasonable or customary amount, unless stated otherwise in this Schedule of Benefits, *Member Handbook* or in an amendment to the handbook.

We recommend that you do not rely solely on this Schedule of Benefits for information about the plan. Be sure to read all parts of the *Member Handbook*.

The chart on the following pages shows Medicare coverage for various services. Medicare coverage information is shown for purposes of illustration only and is not guaranteed by Fallon Medicare Plus Freedom. Medicare coverage guidelines may change from time to time, and the Medicare program makes the ultimate determination as to which services it will cover and in what manner.

Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
IMPORTANT INFORMATION			
<p>1 – Premium and Other Important Information</p>	<p>In 2019, the standard monthly Part B premium will be \$135.50. About 3.5% of Medicare beneficiaries will pay less than the full Part B standard monthly premium amount in 2019 due to the statutory hold harmless provision, which limits certain beneficiaries' increase in their Part B premium to be no greater than the increase in their Social Security benefits.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher 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>	<p>Part B premium must be paid in addition to your Medicare Plus Freedom premium. 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>	
<p>2 – Doctor and Hospital Choice</p> <p>(For more information, see Emergency – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	

Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
INPATIENT CARE			
3 - Inpatient Hospital Care (includes Substance Use and Rehabilitation Services)	<p>In 2019 the amounts for each benefit period are:</p> <p>Days 1-60: \$1,364 deductible Days 61-90: \$341 per day Days 91-150: \$682 per lifetime reserve day</p> <p>These amounts may change for 2020.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>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>	<p>100% coverage of any Medicare-allowed amount which was applied to a deductible or copayment.</p> <p>If you have exhausted your Medicare lifetime reserve days, 100% coverage of the reasonable and customary amount for up to 365 additional inpatient hospital days per lifetime (the 365-day limit applies to services received in both a general hospital and a mental or psychiatric hospital).</p>	<p>\$0 for inpatient hospital care.*</p>
4 - Inpatient Mental Health Care	<p>In 2019 the amounts for each benefit period are:</p> <p>Days 1-60: \$1,364 deductible Days 61-90: \$341 per day Days 91-150: \$682 per lifetime reserve day</p> <p>These amounts may change for 2020.</p>	<p>100% coverage of any Medicare allowed amount which was applied to a deductible or copayment.</p>	<p>\$0 for inpatient mental health care.*</p>

* For any services charged at the Medicare allowed amount.

Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
4 - Inpatient Mental Health Care, <i>continued</i>	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.	If you have exhausted your Medicare lifetime reserve days or reached your 190-day Medicare lifetime limit on care in a psychiatric hospital, 100% coverage of the reasonable and customary amount for up to 365 additional inpatient hospital days per lifetime (the 365-day limit applies to services received in both a general hospital and a psychiatric hospital).	
5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	In 2019 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1–20: \$0 per day Days 21 –100: \$170.50 per day These amounts may change for 2020. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. 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.	100% coverage of any Medicare allowed amount which was applied to a deductible or copayment for days 21-100.	\$0 for days 21-100 each benefit period for a skilled nursing facility stay.* 100% of the costs for days 101-365 for a skilled nursing facility stay.
6 - Home Health Care (includes medically-necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	\$0 copay.	100% coverage of any Medicare allowed amount which would normally be your responsibility.	\$0 for home health care.*

* For any services charged at the Medicare allowed amount.

Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	100% coverage of any Medicare allowed amount which would normally be your responsibility.	\$0 for hospice.*
OUTPATIENT CARE			
8 - Doctor Office Visits	20% coinsurance	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.	\$0 for doctor office visits.*
9 - Chiropractic Services	Supplemental routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.	\$0 for chiropractic care.* 100% of the cost for routine chiropractic care not covered by Medicare.
10 - Podiatry Services	Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.	\$0 for podiatry services.* 100% of the cost for routine podiatry care not covered by Medicare.
11 - Outpatient Mental Health Care	40% coinsurance for most outpatient mental health services.	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 40% of the Medicare allowed amount that Medicare does not pay.	\$0 for outpatient mental health care.*

* For any services charged at the Medicare allowed amount.

Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
11 - Outpatient Mental Health Care, continued	<p>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.</p> <p>"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>		
12 - Outpatient Substance Use Care	<p>20% coinsurance</p>	<p>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</p>	<p>\$0 for outpatient substance use care.*</p>
13 – Outpatient Services/Surgery	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</p>	<p>\$0 for outpatient services/surgery.*</p>
14 - Ambulance Services (medically necessary ambulance services)	<p>20% coinsurance</p>	<p>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</p>	<p>\$0 for worldwide ambulance services.*</p> <p>100% of the cost for ambulance services that are not covered by Medicare or Fallon Medicare Plus Freedom.</p>

* For any services charged at the Medicare allowed amount.

Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
14 - Ambulance Services, <i>continued</i>		Supplemental coverage for emergency-related transportation services received outside the United States is limited to road ambulance transportation to the nearest appropriate hospital.	
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>20% coinsurance for the 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 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</p> <p>Supplemental coverage for services received outside the United States excludes services that would not be covered by Medicare or Fallon Medicare Plus Freedom if they were received in the United States, services that are routine or preventive in nature, or services that could have been received or scheduled before leaving the United States.</p>	<p>\$0 for worldwide emergency care.*</p> <p>100% of the costs for emergency services that are not covered by Medicare or Fallon Medicare Plus Freedom.</p>
16 - Urgently Needed Care (This is NOT emergency care)	<p>20% coinsurance, or a set copay</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</p>	<p>\$0 for urgently needed care services received in the United States.*</p> <p>100% of the costs for urgently needed services received outside the United States (there are some limited exceptions).</p>
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	<p>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</p>	\$0 for outpatient rehabilitation services.*

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Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.	\$0 for durable medical equipment.*
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.	\$0 for prosthetic devices.*
20 - Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies 20% coinsurance for diabetic therapeutic shoes or inserts	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.	\$0 for diabetes self-management training and supplies.*
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	20% coinsurance for diagnostic tests and X-rays \$0 copay for Medicare-covered lab services	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.	\$0 for diagnostic tests, X-rays, and lab services.*

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Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services, <i>continued</i>	<p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p> <p>20% coinsurance for digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.</p>		
22 – Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</p>	<p>\$0 for cardiac and pulmonary rehabilitation services.*</p>

* For any services charged at the Medicare allowed amount.

Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
PREVENTIVE SERVICES			
23 - Preventive Services and Wellness/Education Programs	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. 	<p>100% coverage of any Medicare allowed amount which would normally be your responsibility.</p>	<p>\$0 for Preventive Services and some Wellness/Education Programs.*</p> <p>Fallon Health's Additional Supplemental Smoking Cessation Group conference calls, one-on-one telephone-based coaching and 3 community group support (8 week) programs offered by certified tobacco treatment counselors from our smoking cessation program, Quit to Win.</p> <p>You pay \$0 for Fallon Health's additional supplemental smoking cessation classes.</p>

* For any services charged at the Medicare allowed amount.

Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
<p>23 - Preventive Services and Wellness/Education Programs, <i>continued</i></p>	<ul style="list-style-type: none"> - Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. - "Welcome to Medicare" Preventive Visit The plan covers the one-time "Welcome to Medicare" preventive visit. The visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots), and referrals for other care if needed. 		

* For any services charged at the Medicare allowed amount.

Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
<p>23 - Preventive Services and Wellness/Education Programs, <i>continued</i></p>	<p>Important: We cover the “Welcome to Medicare” preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor’s office know you would like to schedule your “Welcome to Medicare” preventive visit.</p> <p>- Annual wellness visit</p> <p>If you’ve had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months.</p>		

* For any services charged at the Medicare allowed amount.

Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
24 - Kidney Disease and Conditions	20% coinsurance for renal dialysis 20% coinsurance for kidney disease education services	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.	\$0 for renal dialysis and kidney disease education.*
25 – Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	For Part B prescription drugs: 100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay. Non-Part B drugs are not covered in this plan.	\$0 for Part B prescription drugs.* 100% of the cost for non-Part B prescription drugs.
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.	\$0 for Medicare-covered oral surgery.* 100% of the cost for preventive dental services and other dental services not covered by Medicare.
27 - Hearing Services	Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.	\$0 for diagnostic hearing exams.* In general, supplemental routine hearing exams and hearing aids not covered.

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Benefit Category	Original Medicare	Fallon Medicare Plus Freedom	Your Responsibility
28 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</p>	<p>\$0 for Medicare-covered vision services.*</p>
Over-the-Counter Items	<p>Not covered.</p>	<p>This plan does not cover Over-the-Counter items.</p>	<p>This plan does not cover Over-the-Counter items.</p>
Transportation (Routine)	<p>Not covered</p>	<p>This plan does not cover supplemental routine transportation.</p>	<p>This plan does not cover supplemental routine transportation.</p>
Acupuncture	<p>Not covered.</p>	<p>This plan does not cover Acupuncture.</p>	<p>This plan does not cover Acupuncture.</p>
ADDITIONAL COVERAGE BEYOND MEDICARE			
Wellness Program	<p>You pay 100%.</p>	<p>You may access Fallon's It Fits! benefit which entitles you to \$200 to use toward gym memberships, new home cardiovascular equipment, Pilates and yoga classes, weight loss programs, and a variety of other healthy activities. Please contact the plan for more details.</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including newsletters - Additional Smoking Cessation (copayments may apply) - 24-hr/day Nursing Hotline 	<p>You pay 100% of the cost above the \$200 per year It Fits! reimbursement for gym memberships, new home cardiovascular equipment, weight loss programs, fitness classes and various other healthy activities.</p>

* For any services charged at the Medicare allowed amount.

STATE-MANDATED SERVICES

The services mandated by Massachusetts state law listed in your *Member Handbook* are covered as follows:

To the extent that services are covered by Medicare, 100% coverage of any Medicare allowed amount which was applied to a deductible, copayment or coinsurance.

To the extent that services listed are not covered by Medicare, 100% coverage of the reasonable and customary amount for the service.

- Autism services
- Bone-marrow transplants for breast cancer patients
- Contraceptive services and hormone replacement therapy
- Hearing aids
- HIV associated lipodystrophy treatment
- Home health care
- Hospice care
- Hypodermic needles and syringes
- Mammograms and Pap smears
- Mastectomy-related services
- Mental health and substance use services
- Scalp hair prosthesis
- Enteral formulas and low protein food products
- Speech hearing and language services
- Treatment of cleft lip and cleft palate
- Treatment of Lyme disease

PRESCRIPTION MEDICATION

Fallon Medicare Plus Freedom No Rx is a plan with no prescription drug coverage. You are responsible for 100% of any and all costs associated with prescription drugs.

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: 1-508-368-9382 (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>.

Important!

If you, or someone you're helping, has questions about Fallon Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-868-5200.

Spanish:

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Fallon Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-868-5200.

Portuguese:

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Fallon Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-868-5200.

Chinese:

如果您，或是您正在協助的對象，有關於[插入項目的名稱 Fallon Health] 面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-868-5200]。

Haitian Creole:

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Fallon Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-868-5200.

Vietnamese:

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Fallon Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-868-5200.

Russian:

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Fallon Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-868-5200.

Arabic:

(ب اتصل مترجم مع للتحدث .تكلفة اية دون من بلغتك الضرورية والمعلومات المساعدة على الحصول في الحق فلدك ، Fallon Health بخصوص أسئلة تساعده شخص لدى أو لديك كان إن)
1-800-868-5200.

Khmer/Cambodian:

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ ម្តងសំណួរអំពី Fallon Health បេ, ម្តងសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន ប្រាកដនិងភាសា របស់អ្នក ដោយមិនអ្វីប្រាក់ ។ បើរើមបីនិយាយជាមួយអ្នករកដប្រ សូម 1-800-868-5200 ។

French:

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Fallon Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-868-5200.

Italian:

Se tu o qualcuno che stai aiutando avete domande su Fallon Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-868-5200.

Korean:

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Fallon Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-868-5200로 전화하십시오.

Greek:

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Fallon Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-868-5200.

Polish:

Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Fallon Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-868-5200.

Hindi:

यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Fallon Health [के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी िुभाषण से बात करने के लिए ,1-800-868-5200 पर कॉि करें।

Gujarati:

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં છો તેમ ંંથી કોઇને Fallon Health વિશે પ્રશ્નો હોર્ તો તમને મદદ અને મ ઉહતી મેળિિ નો અવિક ર છે. તે ખર્ચ વિન તમ રી ભ ષ મ ંં પ્ર સ કરી શક ર છે. દ ભ વષર્ો િ ત કરિ મ ટે,આ 1-800-868-5200 પર કોલ કરો.

Laotian:

້າທ່ານ, ຫ ຼື ຄົນທ ັ່ທ່ານກໍາລັງຊ່ວຍເຫ ຼືອ, ມ ຄໍາຖາມກ່ຽວກັບ Fallon Health, ທ່ານມ ສິດທ ັ່ຈະໄດ້ຮັບການຊ່ວຍເຫ ຼືອແລະຂໍ້ມູນຂ່າວສານທ ັ່ບັນພາສາຂອງທ່ານບໍ່ມ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັມກັບພາສາ, ໃຫ້ໂທຫາ 1-800-868-5200.



10 Chestnut St.
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fallonhealth.org