

# Fallon Medicare Plus™ Summary of Benefits

January 1, 2021–December 31, 2021

Fallon Medicare Plus Orange HMO  
Fallon Medicare Plus Green HMO  
Fallon Medicare Plus Blue HMO

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



# Fallon Medicare Plus

## 2021 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Orange HMO, Fallon Medicare Plus Green HMO, and Fallon Medicare Plus Blue HMO, for January 1, 2021–December 31, 2021.

Fallon Health is an HMO plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the *Evidence of Coverage* which is available online at [fallonhealth.org/medicare](http://fallonhealth.org/medicare), or by calling the phone number at the end of this book.

To join Fallon Medicare Plus (FMP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for the plans listed in this Summary of Benefits includes all of the counties in Massachusetts except Dukes and Nantucket.

FMP Orange HMO, FMP Green HMO and FMP Blue HMO have a network of doctors, hospitals, pharmacies, and other providers throughout Massachusetts. If you use providers that are not in our network for these plans, the plan may not pay for these services.

<b>Fallon Medicare Plus (FMP) Costs</b>	<b>Monthly plan premium</b> <i>You must continue to pay your Part B premium.</i>	<b>Medical deductible</b> <i>This is the amount you must pay before your health plan pays for part of the cost of medical care and services.</i>	<b>Maximum out-of-pocket</b> <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>
<b>FMP Orange HMO</b>			
Franklin, Hampden and Hampshire counties	\$0	\$0	\$7,550
Bristol, Essex, Middlesex, Norfolk, Suffolk and Plymouth counties	\$0		
Barnstable and Berkshire counties	\$29		
Worcester County	\$0		
<b>FMP Green HMO</b>			
Franklin, Hampden and Hampshire counties	\$67	\$0	\$6,700
Bristol, Essex, Middlesex, Norfolk, Suffolk and Plymouth counties	\$89		
Barnstable and Berkshire counties	\$114		
Worcester County	\$120		
<b>FMP Blue HMO</b>			
Franklin, Hampden and Hampshire counties	\$116	\$0	\$3,400
Bristol, Essex, Middlesex, Norfolk, Suffolk and Plymouth counties	\$180		
Barnstable and Berkshire counties	\$227		
Worcester County	\$254		

## 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
FMP Orange HMO FMP Green HMO	Tiers 1, 2 and 6: \$0 Tiers 3–5: \$300
FMP Blue HMO	\$0

### Initial Coverage Stage

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

FMP Orange HMO, FMP Green HMO, FMP Blue 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	
<b>Tier 1:</b> Preferred generic drugs	\$0	\$6	Retail: \$0 Mail-order: \$0	Retail: \$18 Mail-order: \$12
<b>Tier 2:</b> Generic drugs	\$7	\$12	Retail: \$21 Mail-order: \$14	Retail: \$36 Mail-order: \$24
<b>Tier 3:</b> Preferred brand drugs	\$37	\$42	Retail: \$111 Mail-order: \$74	Retail: \$126 Mail-order: \$84
<b>Tier 4:</b> Non-preferred brand drugs	\$86	\$91	Retail: \$258 Mail-order: \$172	Retail: \$273 Mail-order: \$182
<b>Tier 5:</b> Specialty drugs	FMP Orange HMO FMP Green HMO 27% of the cost	FMP Orange HMO FMP Green HMO 27% of the cost	Not available for this tier	Not available for this tier
	FMP Blue HMO 33% of the cost	FMP Blue HMO 33% of the cost		
<b>Tier 6:</b> Select care drugs	\$0	\$0	Not available for this tier	Not available for this tier

### Coverage Gap Stage

After your total yearly drug costs reach \$4,130 (includes the costs paid by both you and Fallon Health), you will pay 25% coinsurance for generic and/or brand-name drugs, and you will be in this stage until your total yearly drug costs reach \$6,550.

### Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of: 5% coinsurance, or \$3.70 for generic or a preferred brand drug and \$9.20 for all other drugs.

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<b>Inpatient Hospital Care</b> Includes medical, surgical and rehabilitation services. <i>Requires prior authorization.</i>	\$370 per day (days 1-5) \$0 per day (days 6-90)	\$300 per day (days 1-5) \$0 per day (days 6-90)	\$200 per admission Separate \$400 out-of-pocket maximums per year for inpatient acute and rehabilitation stays.
<b>Outpatient Hospital Care</b> Includes: <ul style="list-style-type: none"> <li>Outpatient surgery in a hospital outpatient facility. <i>Requires prior authorization.</i></li> </ul>	\$350	\$275	\$120
<ul style="list-style-type: none"> <li>Observation services</li> </ul>	\$0	\$0	\$0
<b>Ambulatory Surgery Center</b> Includes surgery in an ambulatory surgical center. <i>Requires prior authorization.</i>	\$350	\$275	\$120
<b>Doctor Visits</b> Includes: <ul style="list-style-type: none"> <li>Primary Care Provider (PCP)</li> </ul>	\$10	\$25	\$10
<ul style="list-style-type: none"> <li>Annual Supplemental Physical Exam with PCP</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Annual Wellness Visit with PCP</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Specialists <i>May require referral.</i></li> </ul>	\$40	\$40	\$20
<ul style="list-style-type: none"> <li>Telehealth Services <i>May require referral.</i></li> </ul>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$40 Specialists, <i>except as noted above</i>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$40 Specialists, <i>except as noted above</i>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$20 Specialists, <i>except as noted above</i>
<ul style="list-style-type: none"> <li>Teladoc® provides 24/7 phone, video or mobile access to board-certified doctors</li> </ul>	\$0 primary care services	\$0 primary care services	\$0 primary care services
<b>Preventive Care</b> Includes Welcome to Medicare preventive visit, certain screenings, and immunizations for pneumonia and influenza, as well as other preventive care services. <i>May require prior authorization.</i>	\$0	\$0	\$0

<b>Fallon Medicare Plus (FMP) Medical Benefits</b>	<b>FMP Orange HMO</b>	<b>FMP Green HMO</b>	<b>FMP Blue HMO</b>
<p><b>Emergency Care</b> Copays are per visit at in- or out-of-network facilities. Coverage is worldwide.</p> <p>You will not pay the emergency copay if you are admitted to the hospital within 72 hours for the same condition.</p>	\$90	\$90	\$120
<p><b>Urgently Needed Services</b></p> <ul style="list-style-type: none"> <li>In the United States and its territories</li> </ul>	\$10	\$25	\$10
<ul style="list-style-type: none"> <li>Outside of the United States and its territories</li> </ul>	\$90	\$90	\$120
<p><b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</b> Includes Medicare-covered lab services, diagnostic procedures and tests, X-rays and therapeutic radiology services, as well as INR testing (anti-coagulant visit).</p> <p><i>Some services, tests, and supplies require prior authorization.</i></p>	\$0	\$0	\$0
<p><b>Outpatient Diagnostic Imaging</b> Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs and nuclear studies. <i>Requires prior authorization.</i></p>	\$300	\$250 \$1,000 out-of-pocket maximum per year	\$150 \$600 out-of-pocket maximum per year
<p><b>Hearing Services</b> Includes:</p> <ul style="list-style-type: none"> <li>One supplemental routine exam per year</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Hearing aid copays apply to purchases made through Amplifon, and vary by model and manufacturer. For coverage, purchases must be made through Amplifon.</li> </ul> <p><i>Limit 2 per member per year.</i></p>	\$695, \$795 or \$995	\$695, \$795 or \$995	\$695, \$795 or \$995
<ul style="list-style-type: none"> <li>Diagnostic exams</li> </ul>	\$40	\$40	\$20
<ul style="list-style-type: none"> <li>Hearing aids covered as part of the Benefit bank</li> </ul>	See Benefit Bank.	See Benefit Bank.	See Benefit Bank.

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<b>Dental Services</b> Includes: <ul style="list-style-type: none"> <li>Preventive care like exams and cleanings through Dental Benefit Providers.</li> </ul>	Not covered	\$25	\$25
<ul style="list-style-type: none"> <li>Dental services covered as part of the Benefit Bank</li> </ul>	See Benefit Bank.	See Benefit Bank.	See Benefit Bank.
<b>Vision Care</b> Includes: <ul style="list-style-type: none"> <li>Medicare-covered glaucoma tests</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>One supplemental routine exam per year</li> <li>Medicare-covered exams to treat diseases and conditions of the eye</li> </ul>	\$40	\$40	\$20
<ul style="list-style-type: none"> <li>\$150 coverage for one pair of non-Medicare-covered eyeglasses or contacts, every year, in-network only</li> </ul>	Costs above \$150	Costs above \$150	Costs above \$150
<ul style="list-style-type: none"> <li>Eyewear covered as part of the Benefit Bank</li> </ul>	See Benefit Bank.	See Benefit Bank.	See Benefit Bank.
<b>Mental Health Care</b> Inpatient: <i>Requires prior authorization.</i>	\$370 per day (days 1-4) \$0 per day (days 5-90)	\$300 per day (days 1-5) \$0 per day (days 6-90)	\$200 per admission \$400 out-of-pocket maximum per year
Outpatient: Individual and group therapy visits. <i>Certain services require prior authorization.</i>	\$40 in office \$0 telehealth	\$40 in office \$0 telehealth	\$20 in office \$0 telehealth

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<b>Skilled Nursing Facility (SNF) Care</b> <i>Requires prior authorization.</i> <ul style="list-style-type: none"> <li>• Per day cost, for days 1–20 per admission</li> </ul>	\$0	\$0	\$15
<ul style="list-style-type: none"> <li>• Per day cost, for days 21–44 per benefit period</li> </ul>	\$160	\$150	\$75
<ul style="list-style-type: none"> <li>• Per day cost, for days 45–100 per benefit period</li> </ul>	\$0	\$0	\$0
<b>Outpatient Rehabilitation Services</b> Physical and occupational therapy visits beyond 60 visits each <i>require prior authorization.</i> Speech language therapy visits beyond 35 visits <i>require prior authorization.</i>	\$20	\$20	\$15
<b>Ambulance</b> Copays are for one-way Medicare-covered transports. Coverage is worldwide. <i>Non-emergency ambulance services require prior authorization.</i>	\$300	\$225 \$900 out-of-pocket maximum per year	\$125 \$500 out-of-pocket maximum per year
<b>Transportation</b> One-way, non-emergent chairvan transport from hospital to skilled nursing facility.	\$35	\$35	\$35
<b>Medicare Part B Prescription Drugs</b> Drugs that usually aren't self-administered and are injected or infused while at a doctor's office, hospital or ambulatory/outpatient facility. <i>Certain drugs and step therapy require prior authorization.</i>	20% of the cost	20% of the cost	10% of the cost
<b>Podiatry</b> Includes medically necessary foot care services. <i>Requires referral.</i>	\$40	\$40	\$20



Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<b>Durable Medical Equipment and Related Supplies</b> <i>Requires prior authorization.</i>	20% of the cost	20% of the cost	10% of the cost
<b>Acupuncture for chronic low back pain</b> Includes up to 12 visits in 90 days. <i>Requires referral.</i> Visits 13-20 require prior authorization.	\$20	\$20	\$15
<b>Benefit Bank</b> Offers you flexibility and choice by providing you an annual maximum that can be used for dental services, eyewear, fitness memberships, and/or hearing aids. You receive a Benefit Bank card with an annual maximum to use toward the covered items and services. You may choose to use the Benefit Bank maximum for any one item or service or a combination of items and services.	Costs above \$500	Costs above \$250	Costs above \$125
Health and Wellness Programs			
<b>Fitness membership/classes</b> <ul style="list-style-type: none"> <li>SilverSneakers®—includes access to online classes and instructional videos, an at-home fitness kit and/or a gym membership.</li> </ul>	Not covered	\$0	\$0
<ul style="list-style-type: none"> <li>Fitness membership covered as part of the Benefit Bank</li> </ul>	See Benefit Bank.	See Benefit Bank.	See Benefit Bank.
<b>WW® (formerly Weight Watchers)</b> One 13-consecutive-week membership each year.	\$0	\$0	\$0
<b>Nurse Connect</b> 24/7 access to registered nurses by phone or online.	\$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](mailto: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](mailto: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៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អ្លល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ 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 નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-325-5669 (TTY: TRS 711).

# More information

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

<b>Fallon Medicare Plus</b>	Phone: <b>1-800-325-5669 (TRS 711)</b> Website: <b>fallonhealth.org/medicare</b> Hours: Monday–Friday, 8 a.m.–8 p.m. From October 1–March 31, we’re available seven days a week.
<b>Provider Directory</b>	<a href="http://fallonhealth.org/findphysician">fallonhealth.org/findphysician</a>
<b>Pharmacy Directory</b>	<a href="http://fallonhealth.org/medicare-pharmacy">fallonhealth.org/medicare-pharmacy</a>
<b>Prescription Drug Formulary</b>	<a href="http://fallonhealth.org/medicare-formulary">fallonhealth.org/medicare-formulary</a>
<b>Original Medicare</b> More information about coverage and costs	“Medicare & You” handbook • View online: <a href="http://www.medicare.gov">http://www.medicare.gov</a> • 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 all of these plans.**

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



# Fallon Medicare Plus™

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Fallon representative at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week).

### Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage (EOC)*, especially for those services for which you routinely see a doctor. Visit [fallonhealth.org/medicare](http://fallonhealth.org/medicare) or call 1-800-325-5669 (TRS 711) to view a copy of the *EOC*.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

