Fallon Medicare Plus™ Premier HMO

Worcester County

You've worked hard. Now, let us work for you!

Fallon Medicare Plus Premier HMO is Fallon Health's Medicare Advantage plan for retirees. Our plan offers comprehensive coverage, and more benefits than members would get with Original Medicare alone.

As a resident of Worcester County, you have two options. Copayments are the same in both plans. Your monthly premium, Benefit Bank amount and providers you see will be determined by the plan you choose.

1. With **Fallon Medicare Plus Central Premier HMO,** you must receive care and services from a tailored group of local providers that includes:

- All Reliant Medical Group providers
- St. Vincent Hospital
- Heywood Hospital and providers
- Select Steward Health Care providers

To join this plan, you must be a resident of Worcester County. You'll get a larger Benefit Bank amount and you will pay a lower monthly premium when you choose this plan.

2. Fallon Medicare Plus Premier HMO includes all of the providers listed in our "Central" plan above, plus all of our contracted physicians, hospitals and medical centers throughout the state—from Boston to the Berkshires.

With this plan, you'll have more choice around which providers you want to see.

(Turn over to learn about benefits)

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Both plans include rich benefits like:

- Benefit Bank—a card that can be used to pay for fitness memberships, dental care and/or eyewear. Use the card for one item or service, or a combination—it's your choice.
- Free SilverSneakers® gym membership—in addition to your Benefit Bank
- Free 13-consecutive-week Weight Watchers® membership
- Prescription drug coverage, with no coverage gap
- Hearing aid coverage with copayments ranging from $695–$995
- Coverage for dental care services like fillings, root canals and dentures—in addition to your Benefit Bank
- $150 toward eyewear, every year—in addition to your Benefit Bank

When you choose Fallon Medicare Plus Central Premier HMO, you get a larger amount in your Benefit Bank—$500 compared to $250 with our other plan option.

See inside this kit for additional information about Fallon Medicare Plus Premier HMO, as well as all the tools you need to enroll today!

1-866-231-3669 (TRS 711)
8 a.m.–8 p.m., Monday–Friday
(Oct. 1–March 31, seven days a week.)
fallonhealth.org/medicare

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

19-686-165 Rev. 00 9/19 H9001_200330_E

Fallon Medicare Plus™ Premier 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 1-866-231-3669 (TRS 711).

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 or call 1-866-231-3669 (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, 2021.

- ☐ 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).

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Fallon Medicare Plus™ Central Premier HMO Summary of Benefits

January 1, 2020–December 31, 2020

H9001_200328_E
19-686-292 Rev. 00 9/19

RPf0 H9001_PBP_804
RPm0 H9001_PBP_804

Fallon Medicare Plus Central Premier HMO

2020 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Central Premier HMO for January 1, 2020–December 31, 2020.

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

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

To join Fallon Medicare Plus Central Premier HMO, you and/or your spouse must be a member of an employer/union group and you and/or your spouse must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for Fallon Medicare Plus Central Premier HMO is Worcester County, Massachusetts.

Fallon Medicare Plus Central Premier HMO includes all Reliant Medical Group providers, as well as Heywood Hospital and its providers, St. Vincent Hospital and select Steward Health Care providers. If you use providers that are not in our network, the plan may not pay for these services.

Plan Costs	**Monthly plan premium** *You must continue to pay your Part B premium.*	**Medical deductible** *This is the amount you must pay before your health plan pays for part of the cost of medical care and services.*	**Maximum out-of-pocket** *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.*
Fallon Medicare Plus Central Premier HMO	If you pay a premium to your employer group, please contact your benefits administrator for 2020 premium information. If you pay a premium to Fallon Health, please contact Fallon for 2020 premium information.	$0	$3,400

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. There are four "drug payment stages" for Part D prescription drug coverage: deductible stage, initial coverage stage, coverage gap stage and catastrophic coverage stage.

Deductible Stage

Because there is no deductible for Fallon Medicare Plus Central Premier HMO, this stage does not apply to your Part D prescription drug coverage.

Initial Coverage Stage

You pay the following amounts until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total $6,350.

Fallon Medicare Plus Central Premier HMO						
	Retail			Mail-order		
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1: Preferred generic drugs	$10	$20	$30	$10	$20	$20
Tier 2: Generic drugs	$10	$20	$30	$10	$20	$20
Tier 3: Preferred brand drugs	$30	$60	$90	$30	$60	$60
Tier 4: Non-preferred brand drugs	$65	$130	$195	$65	$130	$162.50
Tier 5: Specialty drugs	$65	$130	$195	$65	$130	$162.50
Tier 6: Select care drugs	$0	Not available for this tier	Not available for this tier	$0	Not available for this tier	Not available for this tier

Specialty drugs are not available in an extended-day supply. These may be on any of the six tiers.

Coverage Gap Stage

You do not have a coverage gap.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach $6,350, you pay the greater of: 5% coinsurance, or $3.60 for generic or a preferred brand drug and $8.95 for all other drugs.

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.

Fallon Medicare Plus (FMP) Central Premier HMO Medical Benefits	FMP Central Premier HMO
Inpatient Hospital Care Includes medical, surgical and rehabilitation services. *Requires prior authorization.*	$250 per admission
Outpatient Hospital Care • Includes outpatient surgery in an ambulatory surgical center or hospital outpatient facility. *Requires prior authorization.*	$125
• Observation services	$0
Doctor Visits • Primary Care Provider (PCP)	$15
• Annual Supplemental Physical Exam with PCP	$0
• Annual Wellness Visit with PCP	$0
• Specialists. *May require referral.*	$25
• Telehealth services. *May require referral.*	$15 PCP or $25 specialist copay applies each time benefit is accessed.
Preventive Care Includes Welcome to Medicare preventive visit and immunizations for pneumonia and influenza, as well as other preventive care services. *May require prior authorization.*	$0
Emergency Care Copays are per visit at in- or out-of-network facilities. Coverage is worldwide. You will not pay the emergency copay if you are admitted to the hospital within 72 hours for the same condition.	$75
Urgently Needed Services • In the United States and its territories	$15
• Outside of the United States and its territories	$75
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). *Some services, tests and supplies require prior authorization.*	$0
Outpatient Diagnostic Imaging Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs and nuclear studies. *Requires prior authorization.*	$0
Hearing Services • One supplemental routine exam per year	$0
• Diagnostic exams	$25
• Hearing aid copays vary by model and manufacturer. Purchases must be made through Amplifon. *Limit 2 per member per year.*	$695, $795 or $995
Dental Services • Preventive care like exams and cleanings	$25
• Dental services covered as part of the Benefit Bank	See Benefit Bank
Vision Care Includes: • One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery • Medicare-covered glaucoma tests	$0
• One supplemental routine exam per year • Medicare-covered exams to treat diseases and conditions of the eye	$25

Fallon Medicare Plus (FMP) Central Premier HMO Medical Benefits	FMP Central Premier HMO
Vision Care, *continued* • $150 coverage for one pair of non-Medicare-covered eyeglasses or contact lenses, every year, in-network	Costs above $150
• Vision care covered as part of the Benefit Bank	See Benefit Bank
Mental Health Care Inpatient: *Requires prior authorization.*	$250 per admission
Outpatient: Individual and group therapy sessions beyond the 8th visit *require prior authorization.*	Without a psychiatrist: $15 With a psychiatrist: $25
Skilled Nursing Facility (SNF) Care *Requires prior authorization.* • Per day cost, for days 1–10 per admission	$20
• Per day cost, for days 11–100 per benefit period	$0
Outpatient Rehabilitation Services Physical and occupational therapy visits beyond 60 visits each *require prior authorization.* Speech language therapy visits beyond the 35th visit *require prior authorization.*	$15
Ambulance Copays are for one-way Medicare-covered transports. Ambulance services are covered worldwide. *Non-emergency ambulance services require prior authorization.*	$0
Transportation One-way, non-emergent chairvan transport from hospital to skilled nursing facility.	$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. *Certain drugs may require prior authorization.*	$10–$65
Podiatry Includes medically necessary foot care services. *Requires referral.*	$15
Durable Medical Equipment and Related Supplies *Requires prior authorization.*	$0
Benefit Bank Provides you flexibility and choice by providing you an annual maximum that can be used for dental services, eyewear and fitness memberships. You receive a Benefit Bank card with an annual maximum of $500 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
Health and Wellness Programs	
Fitness membership/classes • SilverSneakers® Fitness – includes basic membership costs at participating locations • 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
• Fitness membership covered as part of the Benefit Bank	See Benefit Bank
Weight Watchers® 13-consecutive-week membership each year.	$0
Nurse Connect 24/7 access to registered nurses by phone or online.	$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 ដោយមិនគិតលុយ 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 Central Premier HMO or to view plan documents, visit our web pages or call us using the information listed below.

Fallon Medicare Plus Central	Current members:	**1-800-325-5669 (TRS 711)**
	Prospective members:	**1-866-231-3669 (TRS 711)**
	Website:	**fallonhealth.org/medicare**
	Hours:	Monday–Friday, 8 a.m.–8 p.m. From Oct. 1–March 31, 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.	

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

SilverSneakers® is a registered trademark of Tivity Health, Inc.

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

Fallon Medicare Plus™ Premier HMO Summary of Benefits

January 1, 2020–December 31, 2020

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RWm0 H9001_PBP_803

Fallon Medicare Plus Premier HMO

2020 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Premier HMO for January 1, 2020–December 31, 2020.

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

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

To join Fallon Medicare Plus Premier HMO, you and/or your spouse must be a member of an employer/union group and you and/or your spouse 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: Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Our service area also includes some cities and towns—outside of Massachusetts—that border the previously named counties. For a listing of cities and towns in our service area outside of Massachusetts, please see pages 9-10.

Fallon Medicare Plus Premier HMO has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

Plan Costs	**Monthly plan premium** *You must continue to pay your Part B premium.*	**Medical deductible** *This is the amount you must pay before your health plan pays for part of the cost of medical care and services.*	**Maximum out-of-pocket** *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.*
Fallon Medicare Plus Premier HMO	If you pay a premium to your employer group, please contact your benefits administrator for 2020 premium information. If you pay a premium to Fallon Health, please contact Fallon for 2020 premium information.	$0	$3,400

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. There are four "drug payment stages" for Part D prescription drug coverage: deductible stage, initial coverage stage, coverage gap stage and catastrophic coverage stage.

Deductible Stage

Because there is no deductible for Fallon Medicare Plus Premier HMO, this stage does not apply to your Part D prescription drug coverage.

Initial Coverage Stage

You pay the following amounts until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total $6,350.

Fallon Medicare Plus Premier HMO						
	Retail			Mail-order		
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1: Preferred generic drugs	$10	$20	$30	$10	$20	$20
Tier 2: Generic drugs	$10	$20	$30	$10	$20	$20
Tier 3: Preferred brand drugs	$30	$60	$90	$30	$60	$60
Tier 4: Non-preferred brand drugs	$65	$130	$195	$65	$130	$162.50
Tier 5: Specialty drugs	$65	$130	$195	$65	$130	$162.50
Tier 6: Select care drugs	$0	Not available for this tier	Not available for this tier	$0	Not available for this tier	Not available for this tier

Specialty drugs are not available in an extended-day supply. These may be on any of the six tiers.

Coverage Gap Stage

You do not have a coverage gap.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach $6,350, you pay the greater of: 5% coinsurance, or $3.60 for generic or a preferred brand drug and $8.95 for all other drugs.

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.

Fallon Medicare Plus (FMP) Premier HMO Medical Benefits	FMP Premier HMO
Inpatient Hospital Care Includes medical, surgical and rehabilitation services. *Requires prior authorization.*	$250 per admission
Outpatient Hospital Care • Includes outpatient surgery in an ambulatory surgical center or hospital outpatient facility. *Requires prior authorization.*	$125
• Observation services	$0
Doctor Visits • Primary Care Provider (PCP)	$15
• Annual Supplemental Physical Exam with PCP	$0
• Annual Wellness Visit with PCP	$0
• Specialists. *May require referral.*	$25
• Telehealth services**.** *May require referral.*	$15 PCP or $25 specialist copay applies each time benefit is accessed.
Preventive Care Includes Welcome to Medicare preventive visit and immunizations for pneumonia and influenza, as well as other preventive care services. *May require prior authorization.*	$0
Emergency Care Copays are per visit at in- or out-of-network facilities. Coverage is worldwide. You will not pay the emergency copay if you are admitted to the hospital within 72 hours for the same condition.	$75
Urgently Needed Services • In the United States and its territories	$15
• Outside of the United States and its territories	$75
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). *Some services, tests and supplies require prior authorization.*	$0
Outpatient Diagnostic Imaging Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs and nuclear studies. *Requires prior authorization.*	$0

Fallon Medicare Plus (FMP) Premier HMO Medical Benefits	FMP Premier HMO
Hearing Services • One supplemental routine exam per year	$0
• Diagnostic exams	$25
• Hearing aid copays vary by model and manufacturer. Purchases must be made through Amplifon. *Limit 2 per member per year.*	$695, $795 or $995
Dental Services • Preventive care like exams and cleanings	$25
• Dental services covered as part of the Benefit Bank	See Benefit Bank
Vision Care Includes: • One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery • Medicare-covered glaucoma tests	$0
• One supplemental routine exam per year • Medicare-covered exams to treat diseases and conditions of the eye	$25
• $150 coverage for one pair of non-Medicare-covered eyeglasses or contact lenses, every year, in-network	Costs above $150
• Vision care covered as part of the Benefit Bank	See Benefit Bank
Mental Health Care Inpatient: *Requires prior authorization.*	$250 per admission
Outpatient: Individual and group therapy sessions beyond the 8th visit *require prior authorization.*	Without a psychiatrist: $15 With a psychiatrist: $25
Skilled Nursing Facility (SNF) Care *Requires prior authorization.* • Per day cost, for days 1–10 per admission	$20
• Per day cost, for days 11–100 per benefit period	$0
Outpatient Rehabilitation Services Physical and occupational therapy visits beyond 60 visits each *require prior authorization.* Speech language therapy visits beyond the 35th visit *require prior authorization.*	$15

Fallon Medicare Plus (FMP) Premier HMO Medical Benefits	FMP Premier HMO
Ambulance Copays are for one-way Medicare-covered transports. Ambulance services are covered worldwide. *Non-emergency ambulance services require prior authorization.*	$0
Transportation One-way, non-emergent chairvan transport from hospital to skilled nursing facility.	$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. *Certain drugs may require prior authorization.*	$10–$65
Podiatry Includes medically necessary foot care services. *Requires referral.*	$15
Durable Medical Equipment and Related Supplies *Requires prior authorization.*	$0
Benefit Bank Provides you flexibility and choice by providing you an annual maximum that can be used for dental services, eyewear and fitness memberships. You receive a Benefit Bank card with an annual maximum of $250 to use toward the covered items and services. You may choose to use the Benefit Bank for any one item or service or a combination of items and services.	Costs above $250
Health and Wellness Programs	
Fitness membership/classes • SilverSneakers® Fitness – includes basic membership costs at participating locations • 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
• Fitness membership covered as part of the Benefit Bank	See Benefit Bank
Weight Watchers® 13-consecutive-week membership each year.	$0
Nurse Connect 24/7 access to registered nurses by phone or online.	$0

Notice of nondiscrimination

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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 ដោយមិនគិតលុយ 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).

Fallon Medicare Plus Premier HMO service area
(ZIP codes listed represent the service area outside of Massachusetts)

MASSACHUSETTS

Barnstable County*
Berkshire County*
Bristol County*
Essex County*
Franklin County*
Hampden County*
Hampshire County*
Middlesex County*
Norfolk County*
Plymouth County*
Suffolk County*
Worcester County*

CONNECTICUT

Town	ZIP
Hartford County*	
East Granby	06026
East Windsor	06088
East Windsor Hill	06028
Enfield	06082
Enfield	06083
Granby	06035
Granby	06090
Hazardville	06082
North Granby	06060
N. Thompsonville	06082
Scitico	06082
Suffield	06078
Suffield	06080
Suffield	06093
Thompsonville	06082
West Granby	06090
West Suffield	06093
Windsor Locks	06096
Tolland County*	
Ellington	06029
Somers	06071
Stafford	06075
Stafford Springs	06076
Union	06076
Willington	06279
Windham County*	
Ashford	06278
Ballouville	06233
Danielson	06239
Dayville	06241
East Killingly	06243
East Woodstock	06244
Eastford	06242
Fabyan	06256
Killingly	06233
Killingly	06239
Killingly	06241
Killingly	06243
Killingly	06263
Mechanicsville	06277
North Grosvenordale	06255
North Windham	06256
Pomfret	06258
Pomfret Center	06259
Putnam	06260
Rogers	06263
South Woodstock	06267
Thompson	06277
Woodstock	06281
Woodstock Valley	06282

NEW HAMPSHIRE

Town	ZIP
Cheshire County*	
Fitzwilliam	03447
Rindge	03461
Hillsborough County*	
Brookline	03033
Greenville	03048
Hollis	03049
Hudson	03051
Jaffrey	03452
Mason	03048
Nashua	03060
Nashua	03061
Nashua	03062
Nashua	03063
Nashua	03064
New Ipswich	03071
Pelham	03076

Fallon Medicare Plus Premier HMO service area
(ZIP codes listed represent the service area outside of Massachusetts)

Rockingham County*	
Atkinson	03811
East Kingston	03827
Hampstead	03841
Hampton	03842
Hampton Beach	03843
Hampton Falls	03844
Plaistow	03865
Salem	03079
Seabrook	03874
South Hampton	03827
Windham	03087

NEW YORK

Town	ZIP
Columbia County*	
Austerlitz	12017
Canaan	12029
Chatham	12037
Chatham Center	12184
Copake	12516
Copake Falls	12517
Craryville	12521
East Chatham	12060
Hillsdale	12529
Malden Bridge	12115
New Lebanon	12125
Old Chatham	12136
West Lebanon	12195
Rensselaer County*	
Berlin	12022
Stephentown	12168
Stephentown	12169

RHODE ISLAND

Town	ZIP
Bristol County*	
Bristol	02809
Warren	02885
Newport County*	
Little Compton	02837
Tiverton	02878
Providence County*	
Burrillville	02826
Burrillville	02830
Burrillville	02839
Burrillville	02858
Cumberland	02864
Glendale	02826
Harrisville	02830
Mapleville	02839
North Smithfield	02824
North Smithfield	02876
North Smithfield	02896
Oakland	02858
Pawtucket	02860
Pawtucket	02861
Pawtucket	02862
Slatersville	02876
Smithfield	02917
Valley Falls	02864
Woonsocket	02895

** Partial County*
*** Full County*

More information

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

Fallon Medicare Plus	Current members:	**1-800-325-5669 (TRS 711)**
	Prospective members:	**1-866-231-3669 (TRS 711)**
	Website:	**fallonhealth.org/medicare**
	Hours:	Monday–Friday, 8 a.m.–8 p.m. From Oct. 1–March 31, 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.	

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

SilverSneakers® is a registered trademark of Tivity Health, Inc.

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

2020 Fallon Medicare Plus™ Premier HMO Enrollment Form – Worcester County

This section to be completed by benefits administrator.

Company name:	Group number:
Authorized signature:	Requested effective date:

To enroll, please provide the following information.

Select plan to enroll in:

☐ **Fallon Medicare Plus Premier HMO** ☐ **Fallon Medicare Plus Central Premier HMO** *(limited network)*

Last name:	First name:	Middle initial:

Birth date: (MM/DD/YYYY)	Sex:	Home phone number:	Alternate phone number:
_____ /_____ /_____	☐ M ☐ F	(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Permanent residence street address (P.O. Box is not allowed):

City/town:	State:	ZIP code:	County:

Mailing address if different from above:

Street address: _____

City/town: _____ State: _____ ZIP code: _____

Primary language (optional)	Race (optional)	Ethnicity (optional)

Please provide your Medicare insurance information.

Please use your 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:	Effective date:
☐ Hospital (Part A)	_____
☐ Medical (Part B)	_____

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 do not need regular dialysis anymore, **please attach a note or records** from your doctor showing you do not need dialysis or have had a successful kidney transplant. 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 Medicare Plus Premier HMO?** ☐ 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: _____

Please read and answer these important questions (continued).

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. **Are you the employee/former employee?** ❑ Yes ❑ No
   If yes and retired, retirement date (month/day/year): _____
   If no, name of employee/former employee: _____
   Employee's/former employee's retirement date: _____

6. **Do you or your spouse work?** ❑ Yes ❑ No

7. **Have you had Medicare prescription drug coverage or other drug coverage that was at least as good as standard Medicare prescription drug coverage since you became eligible to join a Medicare drug plan?** ❑ Yes ❑ No
   If yes, please attach evidence that some or all of your previous prescription drug coverage was at least as good as Medicare drug coverage. If no, you may pay a penalty.

8. **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: ❑

9. **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 accessible format:
❑ Braille ❑ Audio tape ❑ Large print

Please contact Fallon Health at 1-866-231-3669 (TRS 711) if you need information in another language or accessible format other than what is listed above.

Please read the important information on the following page and then 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 by Fallon Health or by Medicare.

X _____ _____
Your signature/authorized representative Today's date

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

_____ _____
Name (printed) Relationship to enrollee

_____
Address

Phone number: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

FALLON USE ONLY ❑ New enrollment ❑ Group to group
OEV required: _____ Sales staff initials: _____ OEV complete: _____
Name of staff member (if assisted in enrollment): _____
EGWP: _____ Not eligible: _____
Staff verification: _____ Effective date of coverage: _____
County code: _____ Previous insurance: _____
Broker name: _____ Broker ID: _____

Please read the important information below.

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

Fallon Health is an HMO 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. 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 Medicare Plus Premier HMO serves a specific service area. If I move out of the area that Fallon Medicare Plus Premier HMO 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 Medicare Plus Premier HMO, 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 Medicare Plus Premier HMO when I get it to know which rules I must follow to receive 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 Medicare Plus Premier HMO coverage begins, I must get all of my health care from Fallon Medicare Plus Premier HMO, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Fallon Medicare Plus Premier HMO and other services contained in my plan *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR FALLON MEDICARE PLUS PREMIER HMO WILL PAY FOR THE SERVICES.**

I understand that if I am receiving 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 Medicare Plus Premier HMO.

Release of information:

By joining this Medicare health plan, I acknowledge that Fallon Medicare Plus Premier HMO will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Fallon Medicare Plus Premier HMO 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 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 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 Railroad Retirement Board. DO NOT pay Fallon Health the Part D-IRMAA.

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

1-866-231-3669 (TRS 711)

8 a.m.–8 p.m., Monday–Friday.
(Oct. 1–March 31, seven days a week.)

19-686-354 Rev. 00 10/19 H9001_200414_C

2020 Star Ratings

Fallon Health - H9001

2020 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 2020, Fallon Health received the following Overall Star Rating from Medicare.

★★★★
4 Stars

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

Health Plan Services:	★★★½ 3.5 Stars
Drug Plan Services:	★★★★½ 4.5 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 December 31. Our hours of operation from January 1 to September 30 are Monday through Friday from 8:00 a.m. to 5:00 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.