

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

With this guide, you can compare multiple plan options to meet your needs. Plus, all of our Fallon Senior Plan™ options offer these preventive care services, in network:

- \$0 annual wellness visit
- \$0 supplemental annual physical exam
- \$0 Medicare-covered preventive services

Worcester and
Franklin counties

2019 Fallon Senior Plan™ Medicare Advantage MEDICAL coverage

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

Monthly plan premium by county	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver HMO	FSP Saver Enhanced Rx HMO-POS	FSP Standard Enhanced Rx HMO	FSP Plus Enhanced Rx HMO
Worcester and Franklin	\$0	\$22	\$93	\$103	\$218	\$275
Annual medical deductible	\$0	\$0	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum*	\$6,700	\$6,700	\$6,700	\$5,000 in-network \$5,000 out-of-network	\$6,700	\$3,400
Benefits						
Primary care office visits	\$20 per visit	\$30 per visit	\$25 per visit	\$25 per visit in-network Not covered out-of-network	\$15 per visit	\$10 per visit
Specialist office visits	\$50 per visit	\$50 per visit	\$40 per visit	\$40 per visit in- and out-of-network	\$30 per visit	\$20 per visit
Inpatient hospital care—acute	\$370 a day for days 1-5 per admission	\$370 a day for days 1-5 per admission	\$300 a day for days 1-5 per admission	\$300 a day for days 1-5 per admission in-network \$350 a day for days 1-5 per admission out-of-network	\$200 a day for days 1-5 per admission	\$225 per admission \$450 out-of-pocket maximum per year for acute admissions
Diagnostic services <i>(Tests, procedures, X-rays, labs)</i>	\$0 per diagnostic service	\$0 per diagnostic service	\$0 per diagnostic service	\$0 per diagnostic service in-network \$0 per diagnostic test, procedure and lab service out-of-network; 20% coinsurance per diagnostic X-ray out-of-network	\$0 per diagnostic service	\$0 per diagnostic service
Diagnostic imaging <i>(CT, PET, and MRI scans and nuclear studies)</i>	\$275 per diagnostic image	\$275 per diagnostic image	\$250 per diagnostic image (\$1,000 out-of-pocket maximum per year)	\$250 per diagnostic image in-network (\$1,000 out-of-pocket maximum per year for in-network services) 20% coinsurance per diagnostic image out-of-network	\$150 per diagnostic image (\$600 out-of-pocket maximum per year)	\$125 per diagnostic image (\$500 out-of-pocket maximum per year)
Outpatient surgery	\$350 per surgery	\$350 per surgery	\$275 per surgery	\$275 per surgery in-network \$325 per surgery out-of-network	\$160 per surgery	\$120 per surgery
Worldwide emergency room visits	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$120 per visit
Urgent care	\$20 per visit within the U.S. and its territories \$90 per visit outside of the U.S. and its territories	\$30 per visit within the U.S. and its territories \$90 per visit outside of the U.S. and its territories	\$25 per visit within the U.S. and its territories \$90 per visit outside of the U.S. and its territories	\$25 per visit within the U.S. and its territories \$90 per visit outside of the U.S. and its territories	\$15 per visit within the U.S. and its territories \$90 per visit outside of the U.S. and its territories	\$10 per visit within the U.S. and its territories \$120 per visit outside of the U.S. and its territories
Dental services <i>Preventive care like exams and cleanings</i>	Reimbursed up to \$180 for preventive services like cleanings and X-rays	Not covered	\$25 per visit	\$25 per visit in-network Not covered out-of-network	\$25 per visit	\$25 per visit
Ambulance <i>Copays are for one-way Medicare-covered transports</i>	\$250	\$275	\$200 \$800 out-of-pocket maximum per year	\$200 in- and out-of-network \$800 out-of-pocket maximum per year	\$150 \$600 out-of-pocket maximum per year	\$75 \$300 out-of-pocket maximum per year
Fitness benefit	Up to \$160 fitness reimbursement toward gym membership in a qualified health club or fitness facility	\$0 basic membership at a participating SilverSneakers® Fitness location	\$0 basic membership at a participating SilverSneakers® Fitness location	\$0 basic membership at a participating SilverSneakers® Fitness location in-network Not covered out-of-network	\$0 basic membership at a participating SilverSneakers® Fitness location	\$0 basic membership at a participating SilverSneakers® Fitness location
Part D prescription drug coverage	Included	Included	Not included	Included	Included	Included

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

2019 PART D PRESCRIPTION DRUG coverage

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

Deductible stage	FSP Super Saver Rx HMO \$415 deductible		FSP Flex Enhanced Rx HMO (Flex) FSP Saver Enhanced Rx HMO-POS (Saver) \$300 deductible (Tiers 3–5)	
			FSP Standard Enhanced Rx HMO (Standard) \$200 deductible (Tiers 3–5)	
			FSP Plus Enhanced Rx HMO (Plus) No deductible	
Initial coverage stage	Retail		Retail	
	Preferred	Standard	Preferred	Standard
Tier 1	\$2	\$7	\$1	\$6
Tier 2	\$9	\$14	\$7	\$12
Tier 3	\$42	\$47	\$37	\$42
Tier 4	\$95	\$100	\$86	\$91
Tier 5	25% of the cost	25% of the cost	Flex/Saver: 27% of the cost Standard: 29% of the cost Plus: 33% of the cost	Flex/Saver: 27% of the cost Standard: 29% of the cost Plus: 33% of the cost
Coverage gap stage				
After your total yearly drug costs—paid by both you and your plan—reach \$3,820, and until your payments reach \$5,100, you pay: 37% of the cost for covered generic drugs, 25% for covered brand drugs.				
Catastrophic coverage stage				
After your yearly out-of-pocket drug costs—including drugs purchased through retail pharmacy and mail-order—reach \$5,100, you pay the greater of: 5% coinsurance, or \$3.40 per prescription for generic or preferred brand drugs and \$8.50 for all other drugs.				

Tier 1 = preferred generic; Tier 2 = generic; Tier 3 = preferred brand;
 Tier 4 = non-preferred brand; Tier 5 = specialty tier
 Retail = up to a 30-day supply
 Up to a 90-day supply is available through mail-order (Tiers 1-4 only). The cost is equal to two times that of a 30-day prescription at a preferred retailer.
 The preferred FSP pharmacy network includes all CVS/pharmacy, Osco Pharmacy, Wal-Mart, Stop & Shop and Big Y Pharmacy locations, plus a selection of independent pharmacies and smaller pharmacy chains.
 For a complete list, go to fallonhealth.org/seniorplan.

Fallon Health is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal. This information is not a complete description of benefits. Call 1-888-377-1980 (TRS 711) for more information. Out-of-network/non-contracted providers are under no obligation to treat Fallon Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. SilverSneakers® is a registered trademark of Tivity Health, Inc.

1-888-377-1980 (TRS 711)
 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week.)
fallonhealth.org/seniorplan



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