

Fallon Senior Plan™ Summary of Benefits

January 1, 2019–December 31, 2019

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

Plans listed are available in Hampden and Hampshire counties.



Fallon Senior Plan™

2019 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Senior Plan Saver HMO, Fallon Senior Plan Flex Enhanced Rx HMO, Fallon Senior Plan Super Saver Rx HMO, Fallon Senior Plan Saver Enhanced Rx HMO and Fallon Senior Plan Plus Enhanced Rx HMO-POS for January 1, 2019–December 31, 2019.

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

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

To join Fallon Senior Plan HMO or HMO-POS, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area, for the plans listed in this Summary of Benefits, includes the following counties in Massachusetts: Hampden and Hampshire.

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

Fallon Senior Plan (FSP) Costs	Monthly plan premium <i>You must continue to pay your Part B premium.</i>	Medical deductible <i>This is the amount you must pay before your health plan pays for part of the cost of medical care and services.</i>	Maximum out-of-pocket <i>This is the yearly limit that you will pay out-of-pocket for covered medical services. This amount does not include your monthly premium or any prescription drug costs.</i>
FSP Saver HMO <i>(This plan does not include Part D prescription drug coverage)</i>	\$8	\$0	\$6,700
FSP Flex Enhanced Rx HMO	\$0	\$0	\$6,700
FSP Super Saver Rx HMO	\$16	\$0	\$6,700
FSP Saver Enhanced Rx HMO	\$50	\$0	\$6,700
FSP Plus Enhanced Rx HMO-POS	\$126	\$0	In-network: \$3,400 Out-of-network: \$5,000

Part D Prescription Drug Benefits

These medications are ones that you need a prescription to receive, and that you typically get at a retail pharmacy or through mail-order.

Deductible Stage

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

Plan	Deductible
FSP Super Saver Rx HMO	\$415
FSP Saver Enhanced Rx HMO FSP Flex Enhanced Rx HMO	Tiers 1–2: \$0 Tiers 3–5: \$300
FSP Plus Enhanced Rx HMO-POS	\$0

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

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

Initial Coverage Stage

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

FSP Super Saver Rx HMO				
	Preferred retail and mail-order	Standard retail and mail-order	Preferred retail and mail-order	Standard retail and mail-order
	30-day supply		90-day supply	
Tier 1: Preferred generic drugs	\$2	\$7	Retail: \$6 Mail-order: \$4	Retail: \$21 Mail-order: \$14
Tier 2: Generic drugs	\$9	\$14	Retail: \$27 Mail-order: \$18	Retail: \$42 Mail-order: \$28
Tier 3: Preferred brand drugs	\$42	\$47	Retail: \$126 Mail-order: \$84	Retail: \$141 Mail-order: \$94
Tier 4: Non-preferred brand drugs	\$95	\$100	Retail: \$285 Mail-order: \$190	Retail: \$300 Mail-order: \$200
Tier 5: Specialty drugs	25% of the cost	25% of the cost	Not available for this tier	Not available for this tier
FSP Saver Enhanced Rx HMO, FSP Flex Enhanced Rx HMO				
	Preferred retail and mail-order	Standard retail and mail-order	Preferred retail and mail-order	Standard retail and mail-order
	30-day supply		90-day supply	
Tier 1: Preferred generic drugs	\$1	\$6	Retail: \$3 Mail-order: \$2	Retail: \$18 Mail-order: \$12
Tier 2: Generic drugs	\$7	\$12	Retail: \$21 Mail-order: \$14	Retail: \$36 Mail-order: \$24
Tier 3: Preferred brand drugs	\$37	\$42	Retail: \$111 Mail-order: \$74	Retail: \$126 Mail-order: \$84
Tier 4: Non-preferred brand drugs	\$86	\$91	Retail: \$258 Mail-order: \$172	Retail: \$273 Mail-order: \$182
Tier 5: Specialty drugs	27% of the cost	27% of the cost	Not available for this tier	Not available for this tier
FSP Plus Enhanced Rx HMO-POS				
	Preferred retail and mail-order	Standard retail and mail-order	Preferred retail and mail-order	Standard retail and mail-order
	30-day supply		90-day supply	
Tier 1: Preferred generic drugs	\$1	\$6	Retail: \$3 Mail-order: \$2	Retail: \$18 Mail-order: \$12
Tier 2: Generic drugs	\$7	\$12	Retail: \$21 Mail-order: \$14	Retail: \$36 Mail-order: \$24
Tier 3: Preferred brand drugs	\$37	\$42	Retail: \$111 Mail-order: \$74	Retail: \$126 Mail-order: \$84
Tier 4: Non-preferred brand drugs	\$86	\$91	Retail: \$258 Mail-order: \$172	Retail: \$273 Mail-order: \$182
Tier 5: Specialty drugs	33% of the cost	33% of the cost	Not available for this tier	Not available for this tier

Fallon Senior Plan (FSP) Medical Benefits	FSP Saver HMO	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO-POS
Inpatient Hospital Care Includes medical, surgical and rehabilitation services. <i>Requires prior authorization.</i>	\$300 per day (days 1-5)	\$370 per day (days 1-5)	\$370 per day (days 1-5)	\$300 per day (days 1-5)	In-network: \$225 per admission Separate \$450 out-of-pocket maximums per year for inpatient acute and rehabilitation stays. Out-of-network: \$600 per admission
Outpatient Hospital Care Includes outpatient surgery in an ambulatory surgical center or hospital outpatient facility. <i>Requires prior authorization.</i>	\$275	\$350	\$350	\$275	In-network: \$120 Out-of-network: \$200
Doctor Visits Includes: <ul style="list-style-type: none"> • Primary Care Provider (PCP) 	\$25	\$20	\$30	\$25	In-network: \$10 Out-of-network: Not covered
<ul style="list-style-type: none"> • Annual Supplemental Physical Exam with PCP 	\$0	\$0	\$0	\$0	In-network: \$0 Out-of-network: Not covered
<ul style="list-style-type: none"> • Annual Wellness Visit with PCP 	\$0	\$0	\$0	\$0	In-network: \$0 Out-of-network: Not covered
<ul style="list-style-type: none"> • Specialists. <i>May require referral and/or prior authorization.</i> 	\$40	\$50	\$50	\$40	In- and Out-of-network: \$20
Preventive Care Includes Welcome to Medicare, certain screenings, preventive visit and immunizations for pneumonia and influenza, as well as other preventive care services. <i>May require prior authorization.</i>	\$0	\$0	\$0	\$0	In-network: \$0 Out-of-network: \$0 when provided by a specialist
Emergency Care Copays are per visit at in- or out-of-network facilities. You will not pay the copay for hospital admissions that occur within 72 hours for the same condition.	\$90	\$90	\$90	\$90	In- and Out-of-network: \$120

Fallon Senior Plan (FSP) Medical Benefits	FSP Saver HMO	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO-POS
Urgently Needed Services • In the United States and its territories	\$25	\$20	\$30	\$25	In- and Out-of-network: \$10
• Outside of the United States and its territories	\$90	\$90	\$90	\$90	\$120
Outpatient Diagnostic Tests and Therapeutic Services and Supplies Includes Medicare-covered lab services, diagnostic procedures and tests, X-rays and therapeutic radiology services, as well as INR testing (anti-coagulant visit). <i>Some services, tests, and supplies require prior authorization.</i>	\$0	\$0	\$0	\$0	In-network: \$0 Out-of-network: \$0 for tests, procedures and lab services 20% of the cost for X-rays and therapeutic radiology services
Outpatient Diagnostic Imaging Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs and nuclear studies. <i>Requires prior authorization.</i>	\$250 \$1,000 out-of-pocket maximum per year	\$275	\$275	\$250 \$1,000 out-of-pocket maximum per year	In-network: \$125 \$500 out-of-pocket maximum per year for in-network services Out-of-network: 20% of the cost
Hearing Services Includes: • One supplemental routine exam per year	\$0	\$0	\$0	\$0	In-network: \$0 Out-of-network: \$0 when provided by a specialist
• Hearing aid copays vary by model and manufacturer. Purchases must be made through Amplifon. <i>Limit 2 per member per year.</i>	\$695, \$795 or \$995	\$695, \$795 or \$995	\$695, \$795 or \$995	\$695, \$795 or \$995	In-network: \$695, \$795 or \$995 Out-of-network: Not covered
• Diagnostic exams	\$40	\$50	\$50	\$40	In-network: \$20 Out-of-network: \$20 when provided by a specialist
Dental Services Preventive care like exams and cleanings	\$25	Reimbursed up to \$180 per year	Not covered	\$25	In-network: \$25 Out-of-network: Not covered

Fallon Senior Plan (FSP) Medical Benefits	FSP Saver HMO	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO-POS
Vision Care Includes: <ul style="list-style-type: none"> Medicare-covered glaucoma tests 	\$0	\$0	\$0	\$0	In-network: \$0 Out-of-network: \$0 when provided by a specialist
<ul style="list-style-type: none"> One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery One pair of eyeglasses or contacts every year in-network only 	\$0	\$0	\$0	\$0	In-network: \$0 Out-of-network: Not covered
<ul style="list-style-type: none"> One supplemental routine exam per year Medicare-covered exams to treat diseases and conditions of the eye 	\$40	\$50	\$50	\$40	In-network: \$20 Out-of-network: \$20 when provided by a specialist
\$150 coverage for non-Medicare-covered eyewear, every year, in-network only	Costs above \$150	Costs above \$150	Costs above \$150	Costs above \$150	In-network: Costs above \$150 Out-of-network: Not covered
Mental Health Care Inpatient: <i>Requires prior authorization.</i>	\$300 per day (days 1-5)	\$370 per day (days 1-4)	\$370 per day (days 1-4)	\$300 per day (days 1-5)	In-network: \$225 per admission \$450 out-of-pocket maximum per year Out-of-network: \$600 per admission
Outpatient: Individual and group therapy sessions beyond the 8 th visit <i>require prior authorization.</i>	\$40	\$40	\$40	\$40	In-network: \$20 Out-of-network: Not covered
Skilled Nursing Facility (SNF) Care <i>Requires prior authorization.</i> <ul style="list-style-type: none"> Per day cost, for days 1–20 per admission 	\$0	\$0	\$0	\$0	In-network: \$15 Out-of-network: Not covered
<ul style="list-style-type: none"> Per day cost, for days 21–44 per benefit period 	\$150	\$160	\$160	\$150	In-network: \$75 Out-of-network: Not covered
<ul style="list-style-type: none"> Per day cost, for days 45–100 per benefit period 	\$0	\$0	\$0	\$0	In-network: \$0 Out-of-network: Not covered

Fallon Senior Plan (FSP) Medical Benefits	FSP Saver HMO	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO-POS
Outpatient Rehabilitation Services Physical and occupational therapy visits beyond 60 combined visits <i>require prior authorization.</i> Speech language therapy visits beyond the 35 th visit <i>require prior authorization.</i>	\$20	\$20	\$20	\$20	In- and Out-of-network: \$15
Ambulance Copays are for one-way Medicare-covered transports. Ambulance services are covered worldwide.	\$200 \$800 out-of-pocket maximum per year	\$250	\$275	\$225 \$900 out-of-pocket maximum per year	In- and Out-of-network: \$75 \$300 out-of-pocket maximum per year
Transportation One-way, non-emergent chairvan transport from hospital to skilled nursing facility.	\$35	\$35	\$35	\$35	In- and Out-of-network: \$35
Medicare Part B Prescription Drugs Drugs that usually aren't self-administered and are injected or infused while at a doctor's office, hospital or ambulatory/outpatient facility.	20% of the cost	20% of the cost	20% of the cost	20% of the cost	In-network: 10% of the cost Out-of-network: 20% of the cost
Podiatry Includes medically necessary foot care services. <i>Requires referral.</i>	\$40	\$50	\$50	\$40	In-network: \$20 Out-of-network: \$20 when provided by a specialist
Durable Medical Equipment and Related Supplies <i>Requires prior authorization.</i>	20% of the cost	20% of the cost	20% of the cost	20% of the cost	In-network: 10% of the cost Out-of-network: Not covered

Fallon Senior Plan (FSP) Medical Benefits	FSP Saver HMO	FSP Flex Enhanced Rx HMO	FSP Super Saver Rx HMO	FSP Saver Enhanced Rx HMO	FSP Plus Enhanced Rx HMO-POS
Health and Wellness Programs					
Gym membership Includes basic membership costs at a participating SilverSneakers® Fitness location. More than 14,000 program locations to choose from.	\$0	Not covered	\$0	\$0	In-network: \$0 Out-of-network: Not covered
Up to \$160 per calendar year fitness reimbursement toward gym membership in a qualified health club or fitness facility.	Not covered	Costs above \$160	Not covered	Not covered	Not covered
SilverSneakers Steps® At-home kits offered to those who want to work out at home or who can't get to a fitness facility due to injury, illness or being homebound.	\$0	Not covered	\$0	\$0	In-network: \$0 Out-of-network: Not covered
Weight Watchers® One 13-consecutive-week membership each year	\$0	\$0	\$0	\$0	In-network: \$0 Out-of-network: Not covered
Telehealth 24/7 access to doctors to discuss non-emergency conditions by phone, mobile app or online.	\$25 PCP copay applies each time benefit is accessed.	\$20 PCP copay applies each time benefit is accessed.	\$30 PCP copay applies each time benefit is accessed.	\$25 PCP copay applies each time benefit is accessed.	In-network: \$10 PCP copay applies each time benefit is accessed. Out-of-network: Not covered
Nurse Connect 24/7 access to registered nurses by phone or online.	\$0	\$0	\$0	\$0	In-network: \$0 Out-of-network: Not covered

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: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នកមានសំណប់បំណែងកាយ ត្រូវ 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 Senior Plan or to view plan documents, visit our web pages or call us using the information listed below.

Fallon Senior Plan	<p>Current members: 1-800-325-5669 (TRS 711)</p> <p>Prospective members: 1-888-377-1980 (TRS 711)</p> <p>Website: fallonhealth.org/seniorplan</p> <p>Hours: Monday–Friday, 8 a.m.–8 p.m. From October 1–March 31, we’re available seven days a week.</p>
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	<p>“Medicare & You” handbook</p> <ul style="list-style-type: none"> • View online: http://www.medicare.gov • Get a copy: Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We cover Part D drugs with the following plans:

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

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

This information is not a complete description of benefits. Call 1-888-377-1980 (TRS 711) for more information. SilverSneakers® is a registered trademark of Tivity Health, Inc. Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

Out-of-network/non-contracted providers are under no obligation to treat Fallon Senior Plan 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.

