

Fallon Health

Fallon Medicare Plus Premier HMO Schedule of Benefits

This *Schedule of Benefits* is part of your
2021 Fallon Medicare Plus Premier HMO Evidence of Coverage.
It describes your costs for health care.

You are a member of Fallon Medicare Plus through an employer group. Under this group plan, you have copayments that are different from those shown in your *2021 Fallon Medicare Plus Premier HMO Evidence of Coverage*. The information in this document replaces any information in your *Evidence of Coverage* that conflicts with it. If you have any questions about your benefits, please call Customer Service at 1-800-325-5669 (TRS 711), Monday–Friday, 8 a.m.–8 p.m. (From Oct. 1–March 31, seven days a week.) Calls to these numbers are free.

The following changes apply to the following sections of your *2021 Fallon Medicare Plus Premier HMO Evidence of Coverage*:

Chapter 1: Getting started as a member explains your monthly plan premium, including ways you can pay your plan premiums.

SECTION 4 Your monthly premium for Fallon Medicare Plus Premier HMO

Section 4.1 How much is your plan premium?
--

As a member of our plan, you pay a monthly plan premium. For 2021, the monthly premium for Fallon Medicare Plus Premier HMO is \$440.00. In addition, you must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).

In some situations, your plan premium could be less

There are programs to help people with limited resources pay for their drugs. These include “Extra Help” and State Pharmaceutical Assistance Programs. Chapter 2, Section 7 tells more about these programs. If you qualify, enrolling in the program might lower your monthly plan premium.

If you are *already enrolled* and getting help from one of these programs, **the information about premiums in this *Evidence of Coverage* does not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug coverage. If you don’t have this insert, please call Customer Service and ask for the “LIS Rider.” (Phone numbers for Customer Service are printed on the back cover of this booklet.)

In some situations, your plan premium could be more

In some situations, your plan premium could be more than the amount listed above in Section 4.1. This situation is described below.

- Some members are required to pay a **late enrollment penalty** because they did not join a Medicare drug plan when they first became eligible or because they had a continuous period of 63 days or more when they didn't have "creditable" prescription drug coverage. ("Creditable" means the drug coverage is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage.) For these members, the Part D late enrollment penalty is added to the plan's monthly premium. Their premium amount will be the monthly plan premium plus the amount of their Part D late enrollment penalty.
 - If you are required to pay the Part D late enrollment penalty, the cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage. Chapter 1, Section 5 explains the Part D late enrollment penalty.
 - If you have a Part D late enrollment penalty and do not pay it, you could be disenrolled from the plan.
- Some members may be required to pay an extra charge, known as the Part D Income Related Monthly Adjustment Amount, also known as IRMAA, because, 2 years ago, they had a modified adjusted gross income, above a certain amount, on their IRS tax return. Members subject to an IRMAA will have to pay the standard premium amount and this extra charge, which will be added to their premium. Chapter 1, Section 6 explains the IRMAA in further detail.

Section 7.1 There are several ways you can pay your plan premium
--

There are four ways you can pay your plan premium. You select your payment option when you enroll, but you can change how you pay your premium by calling our Customer Service Department. (Phone numbers are printed on the back cover of this booklet.)

If you decide to change the way you pay your premium, it can take up to three months for your new payment method to take effect. While we are processing your request for a new payment method, you are responsible for making sure that your plan premium is paid on time.

Option 1: You can pay by check

You may decide to pay your monthly plan premium **directly to our plan**. If you pay by check monthly, your payment is due on the first day of the month. Prepayment is also an option. If your payment is returned for any reason, we will charge you a returned payment fee of \$25. We will also require you to pay by certified check for the next six months. Please mail your check made payable to Fallon Health to: Fallon Health, P.O. Box 847231, Boston, MA 02284-7231. If you prefer to drop off a payment in person, the address for our main office is Fallon Health, 10 Chestnut St., 8th Floor, Worcester, MA 01608.

Option 2: You can have your premium paid automatically

You can pay by automated clearing house (ACH) (checking and statement savings accounts only). Fallon Health will debit your account for each month's premium when it is due. *Note: This method of payment is paperless.*

You can pay your premium by credit card or debit card (Discover Card, MasterCard or Visa only). Fallon Health will bill your card when your monthly premium is due. *Note: This method of payment is paperless.*

To set up either recurring payments or schedule future one-time payments through ACH or credit/debit card, register with our partner Invoice Cloud by going online to invoicecloud.com/fallonhealth. You will then have 24-hour access to your invoice, account balances and payment history (for payments made through Invoice Cloud).

You can also call Fallon Health at 1-800-333-2535, ext. 69322, if you'd like to set up recurring payments.

If your payment is returned for any reason, we will charge you a returned payment fee of \$25. We will also require you to pay by certified check for the next six months. Please mail your check made payable to Fallon Health to: Fallon Health, P.O. Box 847231, Boston, MA 02284-7231.

Option 3: You can call in one-time payments

You can make one-time payments online or by phone.

To make one-time payments online, register with our partner Invoice Cloud by going to invoicecloud.com/fallonhealth. You will then have 24-hour access to your invoice, account balances and payment history (for payments made through Invoice Cloud). You will also be able to sign up for a pay-by-text option if you choose.

You may pay by check or credit/debit card (Discover, MasterCard or Visa only). *Note: This method of payment takes longer to process than payment by check.*

To phone in a one-time payment, please call 1-844-778-1818.

If your payment is returned for any reason, we will charge you a returned payment fee of \$25. We will also require you to pay by certified check for the next six months. Please mail your check made payable to Fallon Health to: Fallon Health, P.O. Box 847231, Boston, MA 02284-7231.

Option 4: You can have the plan premium taken out of your monthly Social Security check

You can have the plan premium taken out of your monthly Social Security check. Contact Customer Service for more information on how to pay your plan premium this way. We will be happy to help you set this up. (Phone numbers for Customer Service are printed on the back cover of this booklet.)

What to do if you are having trouble paying your plan premium

Your plan premium is due in our office by the first day of the month. If we have not received your premium payment by the first day of the month, we will send you a notice telling you that your plan membership will end if we do not receive your premium within two calendar months. If you are required to pay a late enrollment penalty, you must pay the penalty to keep your prescription drug coverage.

If you are having trouble paying your premium on time, please contact Customer Service to see if we can direct you to programs that will help with your plan premium. (Phone numbers for Customer Service are printed on the back cover of this booklet.)

If we end your membership because you did not pay your premium, you will have health coverage under Original Medicare.

If we end your membership with the plan because you did not pay your plan premium, then you may not be able to receive Part D coverage until the following year if you enroll in a new plan during the annual enrollment period. During the annual enrollment period, you may either join a stand-alone prescription drug plan or a health plan that also provides drug coverage. (If you go without “creditable” drug coverage for more than 63 days, you may have to pay a late enrollment penalty for as long as you have Part D coverage.)

At the time we end your membership, you may still owe us for plan premiums you have not paid. We have the right to pursue collection of plan premium you owe. In the future, if you want to enroll again in our plan (or another plan that we offer), you will need to pay the amount you owe before you can enroll.

If you think we have wrongfully ended your membership, you have a right to ask us to reconsider this decision by making a complaint. Chapter 9, Section 10 of this booklet tells how to make a complaint. If you had an emergency circumstance that was out of your control and it caused you to not be able to pay your premiums within our grace period, you can ask us to reconsider this decision by calling 1-800-325-5669 between 8 a.m. and 8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.) TTY users should call TRS 711. You must make your request no later than 60 days after the date your membership ends.

Chapter 10: Ending your membership in the plan explains situations in which our plan is required to end your membership.

SECTION 5 Fallon Medicare Plus Premier HMO must end your membership in the plan in certain situations

Section 5.1 When must we end your membership in the plan?

Fallon Medicare Plus Premier HMO must end your membership in the plan if any of the following happen:

- If you no longer have Medicare Part A and Part B.
- If you move out of our service area.

Questions? Contact Customer Service at: 1-800-325-5669 (TRS 711) or visit fallonhealth.org/medicare.

- If you are away from our service area for more than six months.
 - If you move or take a long trip, you need to call Customer Service to find out if the place you are moving or traveling to is in our plan's area. (Phone numbers for Customer Service are printed on the back cover of this booklet.)
 - If you have been a member of our plan continuously since before January 1999 and you were living outside of our service area before January 1999, you are still eligible as long as you have not moved since before January 1999. However, if you move and your move is to another location that is outside of our service area, you will be disenrolled from our plan.
- If you become incarcerated (go to prison).
- If you are not a United States citizen or lawfully present in the United States.
- If you lie about or withhold information about other insurance you have that provides prescription drug coverage.
- If you intentionally give us incorrect information when you are enrolling in our plan and that information affects your eligibility for our plan. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you continuously behave in a way that is disruptive and makes it difficult for us to provide medical care for you and other members of our plan. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you let someone else use your membership card to get medical care. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
 - If we end your membership because of this reason, Medicare may have your case investigated by the Inspector General.
- If you do not pay the plan premiums for two calendar months.
 - We must notify you in writing that you have two calendar months to pay the plan premium before we end your membership.
- If you are required to pay the extra Part D amount because of your income and you do not pay it, Medicare will disenroll you from our plan and you will lose prescription drug coverage.

Where can you get more information?

If you have questions or would like more information on when we can end your membership:

- You can call Customer Service for more information (phone numbers are printed on the back cover of this booklet).