

# Fallon Senior Plan™ Premier HMO

The plan that works for you



You've worked your entire life. Now, let us do the work for you! Fallon Senior Plan Premier HMO is Fallon Health's Medicare Advantage plan for retirees. Our plan offers comprehensive coverage, and members receive more benefits than they would with Original Medicare alone. Read on to learn how Fallon Senior Plan can work for you.

Fallon Senior Plan Premier HMO works hard to help you ...

## Focus on your vision

Annual supplemental routine eye exam—no referral needed.  
Up to \$150 toward the purchase of eyewear every year.

## Keep your hearing sharp

\$0 annual supplemental routine hearing exam.  
Hearing aid coverage through Amplifon with copayments ranging from \$695 to \$995.

## Smile

Two preventive dental exams per year, including cleanings and X-rays.  
Coverage for dental care services like fillings, root canals and dentures.

## Get care when you need it

Worldwide emergency, ambulance and urgent care coverage.  
Teladoc®—speak with a doctor by phone, video or mobile app 24 hours a day, 7 days a week.

## Stay on top of fitness and weight management

Free basic gym membership through the SilverSneakers® Fitness program.  
A free 13-consecutive-week Weight Watchers® membership.

## Keep money in your wallet

\$0 supplemental annual physical exam.  
\$0 annual wellness exam.  
Prescription drug coverage, with **no coverage gap**.  
Free access to registered nurses 24 hours/day, 365 days/year—by phone or online.

**1-866-231-3669 (TRS 711)**

8 a.m.–8 p.m., Monday–Friday (Oct. 1–Feb. 14, seven days a week)

**[fallonhealth.org/seniorplan](http://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. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits may change on January 1 of each year.*

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

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

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# Enrollment Instructions

Thank you for applying for membership in Fallon Senior Plan™. Please complete the entire enclosed enrollment form and sign it. If we receive an incomplete form, it may not be processed and may be returned to you for additional information. (Remember to press firmly when filling out the form.)

**The following checklist is to help make sure that your enrollment form is complete. Please check that you have filled out the following:**

- Your full legal name as it appears on your Medicare card.
- Your date of birth.
- Your gender.
- Your phone number.
- Your home address.
- Your mailing address. (If different from your home address.)
- Your Medicare information. (In order for your enrollment to be complete, you must either copy information from your Medicare card to the form or you may attach a photocopy of your Medicare card or your Letter of Verification from the Social Security Administration or Railroad Retirement Board. If you do not have your Medicare information or have not been assigned a Medicare claim number at this time, call your local Social Security office to enroll or obtain proof of enrollment.)
- Answers to the important questions on pages one and two of the form.
- If you required assistance in completing this application, please include the assisting individual's signature, his or her relationship to you, his or her address, and his or her phone number.

After reading the back of your enrollment form, please remember to sign and date your enrollment form. Pull out the pink copy of your signed and dated enrollment form for your records. Please return your enrollment form to your benefits administrator, or directly to Fallon Health if instructed to do so by your employer. If mailing to Fallon Health, please use the enclosed business reply envelope. If you misplace the return envelope, please mail your enrollment form to:

**Fallon Health  
Attn: Medicare Group Sales  
10 Chestnut St., Suite 800  
Worcester, MA 01608-9771**



*Continued on back*

Once we have received your completed enrollment form, a Fallon Senior Plan representative may be calling you to make sure you understand how our plan works, and to answer any questions you may have.

If you need further information to complete this enrollment form, please call us at:

**1-888-377-1980 (TRS 711),**  
8 a.m.–8 p.m., Monday–Friday (Oct. 1–Feb. 14, seven days a week.)



Please read the important information below.

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

Fallon Health is an HMO/HMO-POS 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. I understand that if I am enrolled in a Medicare Supplement Plan, I must notify that plan to cancel my enrollment prior to an effective date of enrollment into a 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 Senior Plan Premier HMO serves a specific service area. If I move out of the area that Fallon Senior Plan 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 Senior Plan 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 Senior Plan 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 Senior Plan Premier HMO coverage begins, I must get all of my health care from Fallon Senior Plan Premier HMO, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Fallon Senior Plan 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 SENIOR PLAN 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 Senior Plan Premier HMO.

**Release of information:**

By joining this Medicare health plan, I acknowledge that Fallon Senior Plan 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 Senior Plan 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](https://www.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.

## Fallon Health - H9001

### 2018 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 2018, Fallon Health received the following Overall Star Rating from Medicare.

★★★★★  
4.5 Stars

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

Health Plan Services: ★★★★★  
4.5 Stars

Drug Plan Services: ★★★★★  
4 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](http://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 February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 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.

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## Original Medicare cost-sharing and deductibles

The cost-sharing for Original Medicare is not included in the 2017 *Summary of Benefits*. To assist you, we've highlighted key benefit categories and the 2017 Original Medicare cost-sharing amounts.

Benefit Category	Original Medicare
<b>1 – How much is the monthly premium?</b>	<p>In 2017, most people who currently get Social Security benefits will pay a Part B premium of \$109 or less each month.</p> <p>However, the standard monthly Part B premium will be \$134. You'll pay this amount in 2017 if:</p> <ul style="list-style-type: none"> <li>• You enroll in Part B for the first time in 2017</li> <li>• You're directly billed for your Part B premium</li> <li>• You don't get Social Security benefits</li> <li>• You have Medicare and Medicaid, and Medicaid pays your premium</li> <li>• Your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount (see below)</li> </ul> <p>Some people will pay a higher Part B premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
<b>2 – How much is the deductible?</b>	<p>In 2017, the annual Part B deductible amount is \$183.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>
<b>3 – Chiropractic Care</b>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>
<b>4 – Emergency Care</b>	<p>20% coinsurance for doctor's services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within three days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>
<b>5 – Foot Care (podiatry services)</b>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>
<b>6 – Hearing Services</b>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>
<b>7 – Mental Health Care</b>	<p><b>Inpatient:</b></p> <p>In 2017, the amounts for each benefit period are:</p> <p>Days 1–60: \$1,316 deductible</p> <p>Days 6–90: \$329 per day</p> <p>Days 9–150: \$658 per lifetime reserve day</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row</p>

Benefit Category	Original Medicare
<b>7 – Mental Health Care, continued</b>	<p>without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p><b>Outpatient:</b>  20% coinsurance for most outpatient mental health services.  Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.  “Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>
<b>8 – Outpatient Surgery</b>	<p>20% coinsurance for the doctor’s services.  Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.  20% coinsurance for ambulatory surgical center facility services.</p>
<b>9 – Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye including an annual glaucoma screening for people at risk.  Supplemental routine eye exams and eyeglasses (lenses and frames) not covered.  Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>
<b>10 – Inpatient Hospital Care</b>	<p>In 2017, the amounts for each benefit period are:  Days 1–60: \$1,316 deductible  Days 61–90: \$329 per day  Days 91–150: \$658 per lifetime reserve day  Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>
<b>11 – Skilled Nursing Facility</b> <i>(in a Medicare-certified skilled nursing facility)</i>	<p>In 2017, the amounts for each benefit period after at least a 3-day covered hospital stay:  Days 1–20: \$0 per day  Days 21–100: \$164.50 per day  100 days for each benefit period.  A “benefit period” starts the day you go into a hospital or Skilled Nursing Facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>

# 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, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ 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).

# Receive a description of Fallon Senior Plan™ benefits and operating procedures

## Utilization Management procedures

- Pre-service review
- Urgent concurrent review
- Post-service review
- Filing an appeal

## Case Management qualifications and support

## Disease Management programs

## Behavioral Health services

## Pharmaceutical management procedures

- Pharmaceutical restrictions
- How to obtain pharmaceutical management procedures
- Checking coverage regarding a medication

## Collection, use and disclosure of personal health information

- Routine notification of privacy practices
- The right to approve the release of information (use of authorizations)
- Access to medical records
- Protection of oral, written and electronic information across the organization
- Information for employers

Visit us at [fallonhealth.org/fspprocedures](http://fallonhealth.org/fspprocedures) to read a copy of  
**"Additional information about our health plan benefits and policies."**

If you would like a printed copy, call Fallon Senior Plan™ Customer Service at

**1-800-325-5669 (TRS 711),**

Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–Feb. 14, seven days a week.)

