

# Fallon Senior Plan™ Premier HMO Summary of Benefits

January 1, 2018–December 31, 2018



# Fallon Senior Plan™ Premier HMO

## 2018 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Senior Plan Premier HMO for January 1, 2018–December 31, 2018.

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](http://fallonhealth.org/seniorplan), or by calling the phone number at the end of this book.

To join Fallon Senior Plan 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 Senior Plan 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.

<b>Plan Costs</b>	<b>Monthly plan premium</b> <i>You must continue to pay your Part B premium.</i>	<b>Medical deductible</b> <i>This is the amount you must pay before your health plan pays for part of the cost of medical care and services.</i>	<b>Maximum out-of-pocket</b> <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>
<b>Fallon Senior Plan Premier HMO</b>	If you pay a premium to your employer group, please contact your benefits administrator for 2018 premium information. If you pay a premium to Fallon Health, please contact Fallon for 2018 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 and Coverage Gap Stage**

Because there is no deductible stage or coverage gap stage for Fallon Senior Plan Premier HMO, these stages do 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 \$5,000.

Fallon Senior Plan Premier HMO						
	Retail			Mail-order		
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
<b>Tier 1:</b> Preferred generic drugs	\$10	\$20	\$30	\$10	\$20	\$20
<b>Tier 2:</b> Preferred brand drugs	\$30	\$60	\$90	\$30	\$60	\$60
<b>Tier 3:</b> Non-preferred brand drugs	\$65	\$130	\$195	\$65	\$130	\$162.50

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

## Catastrophic Coverage Stage

The amount you pay after your year-to-date "total drug costs" total \$5,000. You pay the greater of 5% of the cost, or \$3.35 for generic (including brand drugs treated as generic), and \$8.35 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 Senior Plan (FSP) Medical Benefits	FSP Premier HMO
<b>Inpatient Hospital Care</b> Includes medical, surgical and rehabilitation services. <i>Requires prior authorization.</i>	\$250 per admission
<b>Outpatient Hospital Care</b> Includes outpatient surgery in an ambulatory surgical center or hospital outpatient facility. <i>Requires prior authorization.</i>	\$125
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary Care Provider (PCP)</li> </ul>	\$15
<ul style="list-style-type: none"> <li>• Annual Supplemental Physical Exam with PCP</li> </ul>	\$0
<ul style="list-style-type: none"> <li>• Annual Wellness Visit with PCP</li> </ul>	\$0
<ul style="list-style-type: none"> <li>• Specialists. <i>May require referral and/or prior authorization.</i></li> </ul>	\$25
<b>Preventive Care</b> Includes Welcome to Medicare preventive visit and immunizations for pneumonia and influenza, vaccines, as well as other preventive care services. <i>May require prior authorization.</i>	\$0
<b>Emergency Care</b> 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.	\$75
<b>Urgently Needed Services</b> <ul style="list-style-type: none"> <li>• In the United States and its territories</li> </ul>	\$15
<ul style="list-style-type: none"> <li>• Outside of the United States and its territories</li> </ul>	\$75
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</b> 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
<b>Outpatient Diagnostic Imaging</b> Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs and nuclear studies. <i>Requires prior authorization.</i>	\$0
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• One supplemental routine exam per year</li> </ul>	\$0
<ul style="list-style-type: none"> <li>• Diagnostic exams <i>require prior authorization</i></li> </ul>	\$25
<ul style="list-style-type: none"> <li>• Hearing aid copays vary by model and manufacturer. Purchases must be made through Amplifon.</li> </ul>	\$695, \$795 or \$995

Fallon Senior Plan (FSP) Medical Benefits	FSP Premier HMO
<b>Dental Services</b> Preventive care like exams and cleanings	\$25
<b>Vision Care</b> Includes: <ul style="list-style-type: none"> <li>• One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</li> <li>• One pair of eyeglasses or contacts every year in-network only</li> <li>• Medicare-covered glaucoma tests</li> </ul>	\$0
<ul style="list-style-type: none"> <li>• One supplemental routine exam per year</li> <li>• Medicare-covered exams to treat diseases and conditions of the eye</li> </ul>	\$25
\$150 coverage for non-Medicare eyewear, every year, in-network	Costs above \$150
<b>Mental Health Care</b> Inpatient: <i>Requires prior authorization.</i>	\$250 per admission
Outpatient: Individual and group therapy sessions beyond the 8 <sup>th</sup> visit <i>require prior authorization.</i>	Without a psychiatrist: \$15 With a psychiatrist: \$25
<b>Skilled Nursing Facility (SNF) Care</b> <i>Requires prior authorization.</i> <ul style="list-style-type: none"> <li>• Per day cost, for days 1–10 per admission</li> </ul>	\$20
<ul style="list-style-type: none"> <li>• Per day cost, for days 11–100 per benefit period</li> </ul>	\$0
<b>Outpatient Rehabilitation Services</b> Physical and occupational therapy visits beyond 60 combined visits <i>require prior authorization.</i> Speech language therapy visits beyond the 35 <sup>th</sup> visit <i>require prior authorization.</i>	\$15
<b>Ambulance</b> Copays are for one-way Medicare-covered transports. Ambulance services are covered worldwide.	\$0
<b>Transportation</b> One-way, non-emergent chairvan transport from hospital to skilled nursing facility.	\$35

Fallon Senior Plan (FSP) Medical Benefits	FSP Premier HMO
<b>Medicare Part B Prescription Drugs</b> Drugs that usually aren't self-administered and are injected or infused while at a doctor's office, hospital or ambulatory/outpatient facility.	\$10-\$65
<b>Podiatry</b> Includes medically necessary foot care services. <i>Requires referral.</i>	\$15
<b>Durable Medical Equipment and Related Supplies</b> <i>Requires prior authorization.</i>	\$0
<b>Health and Wellness Programs</b>	
<b>Gym membership</b> Includes basic membership costs at a participating SilverSneakers® Fitness location. More than 13,000 program locations to choose from.	\$0
<b>SilverSneakers Steps</b> 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
<b>Weight Watchers®</b> 13-consecutive-week membership each year.	\$0
<b>The Healthy Health Plan</b> Web-based program designed to help you meet your health goals.	\$10 gift card for members who complete an online health assessment.
<b>Teladoc®</b> 24/7 access to doctors to discuss non-emergency conditions by phone, mobile app or online.	\$15 PCP copay applies each time benefit is accessed.
<b>Nurse Connect</b> 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](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៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ 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 Senior Plan Premier HMO service area**  
**(ZIP codes listed represent the service area outside of Massachusetts)**

**MASSACHUSETTS**

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***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**

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**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**

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**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 Senior Plan 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**

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Town	ZIP
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***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**

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Town	ZIP
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***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 Senior Plan or to view plan documents, visit our web pages or call us using the information listed below.

<b>Fallon Senior Plan</b>	<p>Current members: <b>1-800-325-5669 (TRS 711)</b></p> <p>Prospective members: <b>1-866-231-3669 (TRS 711)</b></p> <p>Website: <b>fallonhealth.org/seniorplan</b></p> <p>Hours: Monday–Friday, 8 a.m.–8 p.m. From October 1–February 14, we’re available seven days a week.</p>
<b>Provider Directory</b>	<a href="http://fallonhealth.org/findphysician">fallonhealth.org/findphysician</a>
<b>Pharmacy Directory</b>	<a href="http://fallonhealth.org/medicare-pharmacy">fallonhealth.org/medicare-pharmacy</a>
<b>Prescription Drug Formulary</b>	<a href="http://fallonhealth.org/medicare-formulary">fallonhealth.org/medicare-formulary</a>
<b>Original Medicare</b> More information about coverage and costs	<p>“Medicare &amp; You” handbook</p> <ul style="list-style-type: none"> <li>• View online: <a href="http://www.medicare.gov">http://www.medicare.gov</a></li> <li>• 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.</li> </ul>

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

*This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. SilverSneakers® is a registered trademark of Tivity Health, Inc. Weight Watchers® is a registered trademark of Weight Watchers International, Inc.*

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