

Fallon Medicare Plus™ Central Premier HMO Summary of Benefits

January 1, 2022–December 31, 2022



Fallon Medicare Plus Central Premier HMO

2022 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Central Premier HMO for January 1, 2022–December 31, 2022.

Fallon Health is an HMO 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/medicare or by calling the phone number at the end of this book.

To join Fallon Medicare Plus Central 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 Fallon Medicare Plus Central Premier HMO is Worcester County, Massachusetts.

Fallon Medicare Plus Central Premier HMO includes all Reliant Medical Group providers, as well as Heywood Hospital and its providers, St. Vincent Hospital and select Steward Health Care providers. If you use providers that are not in our network, the plan will not pay for these services except in certain circumstances.

Plan 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>
Fallon Medicare Plus Central Premier HMO	Because you pay a premium to your employer group, please contact your benefits administrator for 2022 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

Because there is no deductible for Fallon Medicare Plus Central Premier HMO, this stage does 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 \$7,050.

Fallon Medicare Plus Central Premier HMO						
	Retail			Mail-order		
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1: Preferred generic drugs	\$10	\$20	\$30	\$10	\$20	\$20
Tier 2: Generic drugs	\$10	\$20	\$30	\$10	\$20	\$20
Tier 3: Preferred brand drugs	\$30	\$60	\$90	\$30	\$60	\$60
Tier 4: Non-preferred brand drugs	\$65	\$130	\$195	\$65	\$130	\$162.50
Tier 5: Specialty drugs	\$65	Not available for this tier	Not available for this tier	\$65	Not available for this tier	Not available for this tier
Tier 6: Select care drugs	\$0	Not available for this tier	Not available for this tier	\$0	Not available for this tier	Not available for this tier

Certain drugs are not available in an extended-day supply. These drugs may be included within Tiers 1–5.

Coverage Gap Stage

You do not have a coverage gap.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of: 5% coinsurance, or \$3.95 for generic or a preferred brand drug and \$9.85 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 Medicare Plus (FMP) Central Premier HMO Medical Benefits	You pay
Inpatient Hospital Care Includes medical, surgical and rehabilitation services. <i>Requires prior authorization.</i>	\$250 per admission
Outpatient Hospital Care <ul style="list-style-type: none"> Includes outpatient surgery in an ambulatory surgical center or hospital outpatient facility. <i>Requires prior authorization.</i> 	\$125
<ul style="list-style-type: none"> Observation services 	\$0
Doctor Visits <ul style="list-style-type: none"> Primary Care Provider (PCP) 	\$15
<ul style="list-style-type: none"> Annual Supplemental Physical Exam with PCP 	\$0
<ul style="list-style-type: none"> Annual Wellness Visit with PCP 	\$0
<ul style="list-style-type: none"> Specialists. <i>May require referral.</i> 	\$25
<ul style="list-style-type: none"> Telehealth services. <i>May require referral.</i> 	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$25 Specialists, <i>except as noted above</i>
<ul style="list-style-type: none"> 24/7 phone, video or mobile access to board-certified doctors. 	\$0 primary care services
Preventive Care Includes Welcome to Medicare preventive visit, certain screenings, and immunizations for pneumonia and influenza, as well as other preventive care services. <i>May require prior authorization.</i>	\$0
Emergency Care Copays are per visit at in- or out-of-network facilities. Coverage is worldwide. You will not pay the emergency copay if you are admitted to the hospital within 72 hours for the same condition.	\$75
Urgently Needed Services <ul style="list-style-type: none"> In the United States and its territories 	\$15
<ul style="list-style-type: none"> Outside of the United States and its territories 	\$75
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

Fallon Medicare Plus (FMP) Central Premier HMO Medical Benefits	You pay
Outpatient Diagnostic Imaging Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs and nuclear studies. <i>Requires prior authorization.</i>	\$0
Hearing Services <ul style="list-style-type: none"> • One supplemental routine exam per year 	\$0
<ul style="list-style-type: none"> • Diagnostic exams 	\$25
<ul style="list-style-type: none"> • Hearing aid copays apply to purchases made through Amplifon, and vary by model and manufacturer. For coverage, purchases must be made through Amplifon. <i>Limit 2 per member per year.</i> 	\$695, \$795 or \$995
<ul style="list-style-type: none"> • Hearing aids covered as part of the Benefit Bank. 	See Benefit Bank.
Dental Services <ul style="list-style-type: none"> • Preventive care like exams and cleanings through Dental Benefit Providers 	\$25
<ul style="list-style-type: none"> • Dental services covered as part of the Benefit Bank. 	See Benefit Bank.
Vision Care Includes: <ul style="list-style-type: none"> • One pair of Medicare-covered standard eyeglasses with standard frames or contact lenses after cataract surgery, when obtained by an EyeMed provider. • Medicare-covered glaucoma tests 	\$0
<ul style="list-style-type: none"> • One supplemental routine exam per year • Medicare-covered exams to treat diseases and conditions of the eye 	\$25
<ul style="list-style-type: none"> • \$150 coverage for one pair of non-Medicare-covered eyeglasses or contact lenses, every year, in-network only. Excludes the one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. 	Costs above \$150
<ul style="list-style-type: none"> • Eyewear covered as part of the Benefit Bank. 	See Benefit Bank.
Mental Health Care Inpatient: <i>Requires prior authorization.</i>	\$250 per admission
Outpatient: Individual and group therapy visits. <i>Prior authorization is required for Transcranial Magnetic Stimulation Therapy (TMS), Electro-Convulsive Therapy (ECT), Neuropsychological Testing, and Intensive Outpatient Therapy (IOP).</i>	In office without a psychiatrist: \$15 In office with a psychiatrist: \$25 Telehealth visit, with or without a psychiatrist: \$0
Skilled Nursing Facility (SNF) Care <i>Requires prior authorization.</i> <ul style="list-style-type: none"> • Per day cost, for days 1–10 per admission 	\$20
<ul style="list-style-type: none"> • Per day cost, for days 11–100 per benefit period 	\$0

Fallon Medicare Plus (FMP) Central Premier HMO Medical Benefits	You pay
Outpatient Rehabilitation Services <i>Physical and occupational therapy visits beyond 60 visits each require prior authorization. Speech language therapy visits beyond 35 visits require prior authorization.</i>	\$15
Ambulance Copays are for one-way Medicare-covered transports. Ambulance services are covered worldwide. <i>Non-emergency ambulance services require prior authorization.</i>	\$0
Transportation One-way, non-emergent chairvan transport from hospital to skilled nursing facility.	\$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. <i>Certain drugs require step therapy and/or prior authorization.</i>	\$10–\$65
Podiatry Includes medically necessary foot care services. <i>Requires referral.</i>	\$15
Durable Medical Equipment and Related Supplies <i>Requires prior authorization.</i>	\$0
Acupuncture for chronic low back pain Includes up to 12 visits in 90 days. <i>Requires referral.</i>	\$15
Meals Up to 14 fully-prepared, home-delivered meals (2 meals/day for 7 days) upon discharge from an inpatient hospital or skilled nursing facility.	\$0
Benefit Bank Pay for dental care, eyewear, fitness memberships, online fitness program services, WW® online memberships and hearing aids—with the Benefit Bank card. Your card is preloaded with money and you choose how to use it. Pay a portion—or the full cost—of an item, or buy a combination of items.	Costs above \$500
Health and Wellness Programs	
Fitness membership/classes <ul style="list-style-type: none"> SilverSneakers®—includes access to online classes and instructional videos, an at-home fitness kit and/or a gym membership 	\$0
<ul style="list-style-type: none"> Fitness memberships and online fitness program services covered as part of the Benefit Bank. 	See Benefit Bank.
WW® (formerly Weight Watchers) <ul style="list-style-type: none"> One 13-consecutive-week membership each year. 	\$0
<ul style="list-style-type: none"> WW online memberships covered as part of the Benefit Bank. 	See Benefit Bank.
Care Connect 24/7 phone access to registered nurses who will recommend where you should receive care or will connect you to your doctor.	\$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.

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, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល 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).

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More information

To learn more about Fallon Medicare Plus Central Premier HMO or to view plan documents, visit our web pages, or call us using the information listed below.

Fallon Medicare Plus Central	<p>Current members: 1-800-325-5669 (TRS 711)</p> <p>Prospective members: 1-866-231-3669 (TRS 711)</p> <p>Website: fallonhealth.org/medicare</p> <p>Hours: Monday–Friday, 8 a.m.–8 p.m. From Oct. 1–March 31, we’re available seven days a week.</p>
Provider Directory	fallonhealth.org/findphysician
Pharmacy Directory	fallonhealth.org/pharmacyfinder
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.

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

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

