

# 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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## 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.



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, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ 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.)

