

Fallon Medicare PlusTM Premier HMO Summary of Benefits

January 1, 2026–December 31, 2026



Fallon Medicare Plus Premier HMO

2026 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Premier HMO for January 1, 2026–December 31, 2026.

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 doesn't 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 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 plan 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 page 6.

Fallon Medicare Plus Premier HMO has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan won't 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'll pay out-of-pocket for covered medical services. This amount doesn't include your monthly premium or any prescription drug costs.</i>
Fallon Medicare Plus Premier HMO	Because you pay a premium to your employer group, please contact your benefits administrator for 2026 premium information.	\$0	\$3,400

Fallon Medicare Plus Premier HMO medical benefits	You pay
Inpatient hospital care Includes medical, surgical, detoxification, and rehabilitation services. <i>Requires prior authorization and Primary Care Provider (PCP) referral.</i>	\$125 per admission
Outpatient hospital care Includes: <ul style="list-style-type: none"> Outpatient surgery provided in a hospital outpatient facility and ambulatory surgical center <i>Requires prior authorization and PCP referral.</i> 	\$100
<ul style="list-style-type: none"> Observation services 	\$0
Doctor visits Includes: <ul style="list-style-type: none"> 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 prior authorization and PCP referral.</i> 	\$25
<ul style="list-style-type: none"> Telehealth services <i>May require PCP referral.</i> 	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance use disorder \$25 Specialists <i>except as noted above</i>
<ul style="list-style-type: none"> 24/7 access to doctors for non-emergency conditions by phone, mobile app, or online—with Teladoc® 	\$0 primary care services
Preventive care Includes Welcome to Medicare preventive visit, certain screenings, and immunizations, such as those 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 won't pay the emergency copay if you are admitted to the hospital within 72 hours for the same condition.	\$65
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 	\$65
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 and PCP referral.</i>	\$0

Fallon Medicare Plus 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 and PCP referral.</i>	\$0
Hearing services • One (1) supplemental routine exam per year.	\$0
• Diagnostic exams. <i>May require PCP referral.</i>	\$25
• Hearing aid copays apply to purchases made through Amplifon, with a prescription, and vary by model and manufacturer. For coverage, purchases must be made through Amplifon. <i>Limit 2 per member per year.</i>	Copays vary from \$695 to \$2,645
• Hearing aids covered as part of the Benefit Bank.	See Benefit Bank
Dental services Includes:	\$0
• Preventive care, like exams and cleanings, through DentaQuest	
• Comprehensive non-orthodontic care, like root canals, fillings, and crowns <i>May require prior authorization.</i>	Copays vary from \$0 to \$990
• Dental services covered as part of the Benefit Bank	See Benefit Bank
Vision care Includes:	\$0
• One (1) pair of Medicare-covered standard eyeglasses with standard frames or contact lenses after cataract surgery, when obtained from an EyeMed provider. • Medicare-covered glaucoma tests.	
• One (1) supplemental routine exam per year. • Medicare-covered exams to treat diseases and conditions of the eye.	\$25
• \$150 coverage for 1 pair of non-Medicare-covered prescription eyeglasses or contact lenses, every year, in-network only. Excludes the 1 pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	Costs above \$150
• Eyewear covered as part of the Benefit Bank.	See Benefit Bank
Mental health care • Inpatient: <i>Requires prior authorization</i>	\$125 per admission
• Outpatient: Individual and group therapy visits <i>Certain services require prior authorization.</i>	In-office without a psychiatrist: \$15 In-office with a psychiatrist: \$25 Telehealth visit, with or without a psychiatrist: \$0

Fallon Medicare Plus Premier HMO medical benefits	You pay
Skilled Nursing Facility (SNF) care <i>Requires prior authorization and PCP referral.</i> <ul style="list-style-type: none"> Per-day cost, for days 1–6 per admission 	\$20
<ul style="list-style-type: none"> Per-day cost, for days 7–100 per benefit period 	\$0
Outpatient rehabilitation services <i>Physical and occupational therapy visits beyond 60 visits each require prior authorization and PCP referral. Speech language therapy visits beyond 35 visits require prior authorization and PCP referral.</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 chair van 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 prior authorization and/or step therapy.</i>	\$10–\$50
Medicare Part B insulin	Up to \$35 per month supply
Podiatry Includes medically necessary foot care services. <i>Requires PCP 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 PCP referral.</i>	\$15
Meals Up to 14 fully prepared, home-delivered meals (2 meals/day for 7 days) upon discharge from an observation stay or inpatient admission at a hospital or skilled nursing facility.	\$0
Benefit Bank Pay for dental care, prescription eyewear, fitness/gym memberships, and prescription hearing aids with your Benefit Bank card. We put money on the card, and you choose how to use it. Pay for a portion, or the full cost, of an item.	Costs above \$250
Health and wellness programs	
Fitness membership/classes Fitness memberships and online fitness program services covered as part of the Benefit Bank.	See Benefit Bank
WW® (Weight Watchers) 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

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 3 “drug payment stages” for Part D prescription drug coverage: deductible stage, initial coverage stage, and catastrophic coverage stage.

Our plan covers most Part D vaccines at no cost to you in all coverage stages. You’ll pay no more than \$35 for a 30-day supply of covered insulin drugs, regardless of the drug coverage stage.

Deductible Stage

Because there is no deductible for Fallon Medicare Plus Premier HMO, this stage doesn’t apply to your Part D prescription drug coverage.

Initial Coverage Stage

You pay the following amounts until your yearly out-of-pocket drug costs (your payments or those paying on your behalf) total \$2,100.

Fallon Medicare Plus Premier HMO						
	Retail			Mail order		
	30-day supply	60-day supply	Tier 1: 100-day supply	30-day supply	60-day supply	Tier 1: 100-day supply
			Tiers 2-4: 90-day supply			Tiers 2-4: 90-day supply
Tier 1: Preferred generic drugs	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic drugs	\$10	\$20	\$30	\$10	\$20	\$20
Tier 3: Preferred brand drugs	\$25	\$50	\$75	\$25	\$50	\$50
Tier 4: Non-preferred drugs	\$50	\$100	\$150	\$50	\$100	\$100
Tier 5: Specialty drugs	\$50	Not available for this tier		\$50	Not available for this tier	
Tier 6: Select care drugs	\$0	Not available for this tier		\$0	Not available for this tier	

Certain drugs are not available in an extended-day supply. These drugs may be included within Tiers 1-6.

Your copays for insulin drugs are no more than: \$35 for a 30-day supply purchased at retail or through mail order; \$105 for a 90-day supply purchased at retail, and \$70 for a 90-day supply purchased through mail order.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach \$2,100, you pay \$0 for all covered prescription 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 Premier HMO service area

(ZIP codes listed represent the service area outside of Massachusetts)

MASSACHUSETTS			
Barnstable County**	Essex County**	Hampshire County**	Plymouth County**
Berkshire County**	Franklin County**	Middlesex County**	Suffolk County**
Bristol County**	Hampden County**	Norfolk County**	Worcester County**

CONNECTICUT	
Town	ZIP
Hartford County*	
East Granby	06026
East Windsor	06088
East Windsor Hill	06028
Enfield	06082
	06083
Granby	06035
	06090
Hazardville	06082
North Granby	06060
N. Thompsonville	06082
Scitico	06082
Suffield	06078
	06080
	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

CONNECTICUT, cont.	
East Woodstock	06244
Eastford	06242
Fabyan	06256
Killingly	06233
	06239
	06241
	06243
	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	
Town	ZIP
Cheshire County*	
Fitzwilliam	03447
Rindge	03461
Hillsborough County*	
Brookline	03033
Greenville	03048
Hollis	03049
Hudson	03051
Jaffrey	03452
Mason	03048

NEW HAMPSHIRE, cont.	
Nashua	03060
	03061
	03062
	03063
	03064
New Ipswich	03071
Pelham	03076
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	
Town	ZIP
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

NEW YORK, cont.	
Rensselaer County*	
Berlin	12022
Stephentown	12168
	12169
RHODE ISLAND	
Town	ZIP
Bristol County*	
Bristol	02809
Warren	02885
Newport County*	
Little Compton	02837
Tiverton	02878
Providence County*	
Burrillville	02826
	02830
	02839
	02858
Cumberland	02864
Glendale	02826
Harrisville	02830
Mapleville	02839
North Smithfield	02824
	02876
	02896
Oakland	02858
Pawtucket	02860
	02861
	02862
Slatersville	02876
Smithfield	02917
Valley Falls	02864
Woonsocket	02895

* Partial County

** Full County

More information

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

Fallon Medicare Plus	Current members: 1-800-325-5669 (TRS 711) Prospective members: 1-866-231-3669 (TRS 711) Website: fallonhealth.org/medicare Hours: 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31)
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	“Medicare & You” handbook • View online: 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, audio CD, or data CD.



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fallonhealth.org/medicare

1-866-231-3669 (TRS 711)

8 a.m.–8 p.m., 7 days a week

(April–September, Monday–Friday)

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