

Fallon Senior Plan™ Premier HMO Summary of Benefits

January 1, 2016 to December 31, 2016



Summary of Benefits

January 1, 2016 – December 31, 2016

This booklet gives you 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, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan such as **Fallon Senior Plan Premier HMO**.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Fallon Senior Plan Premier HMO** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to know about **Fallon Senior Plan Premier HMO**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-866-231-3669.

Things to Know About Fallon Senior Plan Premier HMO

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Fallon Senior Plan Premier HMO Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-800-325-5669.
- If you are not a member of this plan, call toll-free 1-866-231-3669.
- Our website: <http://www.fallonhealth.org/seniorplan>

Who can join?

To join **Fallon Senior Plan Premier HMO**, you or your spouse must be a member of an employer/union group and you or your spouse must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Massachusetts: Barnstable, 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 and in Massachusetts' Franklin County, please see the Fallon Senior Plan Premier HMO service area and county ZIP code list at the back of this booklet.

*denotes partial county

Which doctors, hospitals and pharmacies can I use?

Fallon Senior Plan Premier HMO has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider directory at our website (<http://www.fallonhealth.org/FindPhysician>).

You can see our plan's pharmacy directory at our website (<http://www.fallonhealth.org/medicare-pharmacy>).

Or call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

Fallon Senior Plan Premier HMO covers Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.fallonhealth.org/medicare-formulary>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of three "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Benefit Category	Fallon Senior Plan Premier (HMO) RWiO
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly premium?	<p>If you pay a premium to your employer group, please contact your benefits administrator for 2016 premium information. If you pay a premium to Fallon Health, please contact Fallon for 2016 premium information.</p> <p>In addition, you must keep paying your Medicare Part B premium.</p>
How much is the deductible?	\$0 per year for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$3,400 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, and you keep getting covered hospital and medical services, we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
COVERED MEDICAL AND HOSPITAL BENEFITS Note: <ul style="list-style-type: none"> • Services with a ¹ may require prior authorization. • Services with a ² may require a referral from your doctor. 	
<i>Outpatient Care and Services</i>	
Acupuncture and Other Alternative Therapies	Not covered
Ambulance¹	\$0 copay
Chiropractic Care²	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$15 copay
Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth): \$25 copay</p> <p>Dental services: \$25 copay for a single office visit</p>

Benefit Category	Fallon Senior Plan Premier (HMO) RWiO
Dental Services, continued	<p>that includes:</p> <ul style="list-style-type: none"> • Cleaning (up to 2 every year) • Dental X-ray(s) (up to 2 every year) • Fluoride treatment (up to 2 every year) • Oral exam (up to 2 every year) <p>See the dental addendum for coverage of supplemental dental benefits, including restorative services, endodontics, periodontics and prosthodontics.</p>
Diabetes Supplies and Services¹	<p>Diabetes monitoring supplies: You pay nothing.</p> <p>Diabetes self-management training: You pay nothing.</p> <p>Therapeutic shoes or inserts: You pay nothing.</p> <p>Blood Glucose Meters are limited to OneTouch[®] glucose meters (Ultra2, UltraMini and Verio) and test strips manufactured by LifeScan.</p> <p>Members with severe visual impairment or impaired manual dexterity must get prior approval for a meter with adaptive features, such as integrated voice synthesizer or lancing device.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays^{1,2}	<p>Diagnostic radiology services (such as MRIs, CT scans): You pay nothing.</p> <p>Diagnostic tests and procedures: You pay nothing.</p> <p>Lab services: You pay nothing.</p> <p>Outpatient X-rays: You pay nothing.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing.</p>
Doctor's Office Visits^{1,2}	<p>Primary care provider visit: \$15 copay</p> <p>Specialist visit: \$25 copay</p>
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)¹</i>	<p>You pay nothing.</p>
Emergency Care	<p>\$75 copay</p> <p>If you are admitted to the hospital within 72 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p> <p>Worldwide coverage.</p>

Benefit Category	Fallon Senior Plan Premier (HMO) RWiO
Foot Care (<i>podiatry services</i>) ²	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$15 copay
Hearing Services ²	Exam to diagnose and treat hearing and balance issues: \$25 copay Routine hearing exam (for up to 1 every year): You pay nothing. You are covered for up to \$500 toward the purchase of a hearing aid every 36 months.
Home Health Care ^{1,2}	You pay nothing.
Mental Health Care ^{1,2}	Inpatient visit: <ul style="list-style-type: none"> • \$0 copay per stay. Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers 90 days for an inpatient hospital stay. Outpatient individual or group therapy visit without a psychiatrist: \$15 copay Outpatient individual or group therapy visit with a psychiatrist: \$25 copay
Outpatient Rehabilitation ^{1,2}	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing. Occupational therapy visit: \$15 copay Physical therapy and speech and language therapy visit: \$15 copay

Benefit Category	Fallon Senior Plan Premier (HMO) RWiO
Outpatient Substance Abuse ¹	Group therapy visit: \$15 copay Individual therapy visit: \$15 copay
Outpatient Surgery ^{1,2}	Ambulatory surgical center: \$75 copay Outpatient hospital: \$75 copay
Over-the-Counter Items	Not covered
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>) ¹	Prosthetic devices: You pay nothing. Related medical supplies: You pay nothing. For members who suffer hair loss as a result of the treatment for any form of cancer or leukemia, wigs are covered up to \$350 per calendar year. Members are responsible for amounts that exceed \$350. Authorization rules apply.
Renal Dialysis	You pay nothing.
Transportation	Not covered
Urgently Needed Services	\$15 copay \$75 for urgently needed services outside of the United States.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$25 copay Routine eye exam (for up to 1 every year): \$25 copay There is no copayment for: <ul style="list-style-type: none"> • One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery • One pair of eyeglasses or contacts every year There is a \$150 plan coverage limit for eyewear every year. Coverage includes new eyeglasses, contact lenses, lens replacement, fitting, adjustment or repair. Exclusions may apply.
<i>Preventive Care</i>	
Preventive Care	You pay nothing. Our plan covers many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling

Benefit Category	Fallon Senior Plan Premier (HMO) RWiO
Preventive Care, continued	<ul style="list-style-type: none"> • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>You pay \$0 for a supplemental annual physical exam. Includes a detailed medical/family history and a head to toe assessment with hands-on examination of all body systems to assess overall general health and detect abnormalities or signs that could indicate a disease process that should be addressed.</p>
<i>Hospice</i>	
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
<i>Inpatient Care</i>	
Inpatient Hospital Care^{1,2}	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in

Benefit Category	Fallon Senior Plan Premier (HMO) RWiO
Inpatient Hospital Care, <i>continued</i>	<p>a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$0 copay per stay. <p>There is no copayment for substance abuse admissions. Inpatient rehabilitation care is covered for 90 days per benefit period.</p>
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF) ^{1,2}	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • You pay a \$0 copay per day for days 1 through 100.
PRESCRIPTION DRUG BENEFITS	
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹: \$10 to \$65 copay</p> <p>Other Part B drugs¹: \$10 copay to \$65 copay</p>
<i>Initial Coverage</i>	
Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$4,850.</p> <p>Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>Retail Cost-Sharing</p> <p>Tier 1 (Preferred Generic)</p> <ul style="list-style-type: none"> • \$10 copay for up to 30-day supply • \$20 copay for up to 60-day supply • \$30 copay for up to 90-day supply <p>Tier 2 (Non-Preferred Generic and Preferred Brand)</p> <ul style="list-style-type: none"> • \$30 copay for up to 30-day supply • \$60 copay for up to 60-day supply • \$90 copay for up to 90-day supply <p>Tier 3 (Non-Preferred Brand)</p> <ul style="list-style-type: none"> • \$65 copay for up to 30-day supply • \$130 copay for up to 60-day supply

Benefit Category	Fallon Senior Plan Premier (HMO) RWiO
Initial Coverage, continued	<ul style="list-style-type: none"> • \$195 copay for up to 90-day supply <p>Mail-Order Cost-Sharing</p> <p>Tier 1 (Preferred Generic)</p> <ul style="list-style-type: none"> • \$10 copay for up to 30-day supply • \$20 copay for up to 60-day supply • \$20 copay for up to 90-day supply <p>Tier 2 (Non-Preferred Generic and Preferred Brand)</p> <ul style="list-style-type: none"> • \$30 copay for up to 30-day supply • \$60 copay for up to 60-day supply • \$60 copay for up to 90-day supply <p>Tier 3 (Non-Preferred Brand)</p> <ul style="list-style-type: none"> • \$65 copay for up to 30-day supply • \$130 copay for up to 60-day supply • \$162.50 copay for up to 90-day supply <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>
<i>Coverage Gap</i>	
Coverage Gap	<p>You do not have a coverage gap, but after the total yearly drug costs (including what our plan has paid and what you have paid) reaches \$3,310, you pay the lesser of 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs or applicable copayment until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<i>Catastrophic Coverage</i>	
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.

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<i>Additional Supplemental Benefits</i>	
Additional Supplemental Benefits**	<p>Copays may apply for the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Health Education • Nutrition Education • Additional Smoking and Tobacco Cessation Visits • Health Club Membership/Fitness Classes • Nursing Hotline • Wigs • Additional Medical Nutrition Therapy

Additional Information About Fallon Senior Plan Premier HMO

- Unlimited group/individual nutritional therapy counseling provided by a network registered dietician or other network nutrition professional.
- Three one-hour visits the first year and 1 one-hour visit the second year of additional one-on-one medical nutrition therapy counseling provided by a network registered dietician/other nutrition professional.
- Additional smoking and tobacco cessation counseling offered by certified tobacco treatment counselors from our Quit to Win program.
- Healthways SilverSneakers® Fitness provides a basic fitness membership with access to amenities and fitness classes. SilverSneakers Steps is a self-directed program for members living outside the participating fitness location network (usually 15 miles from nearest location).
SilverSneakers® is a registered trademark of Healthways, Inc.
- Health Education: Members may pay a copayment. One 13-consecutive-week Weight Watchers® membership at no additional cost beyond your monthly plan premium. Includes registration and weekly fees for one 13-week series. Limit one membership per member per calendar year; subject to all Weight Watchers rules and regulations.
Weight Watchers® is a registered trademark of Weight Watchers International, Inc.
- Nurse Connect offers 24/7 access to registered nurses and other health care professionals who serve as health coaches.

Fallon Senior Plan Premier HMO service area
(ZIP codes listed include the service area outside of Massachusetts
and in Massachusetts' Franklin County)

Massachusetts

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

Franklin County*

Town	ZIP
Erving	01344
Gill	01354
New Salem	01355
Orange	01364
Warwick	01378
Wendell	01379
Wendell Depot	01380

Connecticut

Hartford County*

Town	ZIP
East Granby	06026
East Windsor	06088
East Windsor Hill	06028
Enfield	06082
Enfield	06083
Granby	06035
Granby	06090
Hazardville	06082
North Granby	06060
North Thompsonville	06082
Scitico	06082
Suffield	06078
Suffield	06080
Suffield	06093
Thompsonville	06082
West Granby	06090
West Suffield	06093
Windsor Locks	06096

Tolland County*

Town	ZIP
Ellington	06029
Somers	06071
Stafford	06075
Stafford Springs	06076
Union	06076
Willington	06279

Connecticut

Windham County*

Town	ZIP
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

Cheshire County*

Town	ZIP
Fitzwilliam	03447
Rindge	03461

Hillsborough County*

Town	ZIP
Brookline	03033
Greenville	03048
Hollis	03049
Hudson	03051
Mason	03048
Nashua	03060
Nashua	03061
Nashua	03062
Nashua	03063
Nashua	03064
New Ipswich	03071
Pelham	03076

New Hampshire

Rockingham County*

Town	ZIP
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

Rhode Island

Bristol County*

Town	ZIP
Bristol	02809
Warren	02885

Newport County*

Town	ZIP
Little Compton	02837
Tiverton	02878

Providence County*

Town	ZIP
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	22876
Smithfield	02917
Valley Falls	02864
Woonsocket	02895

* Partial County

** Full County

Questions? Just Call!

We'll be happy to answer your questions about our coverage.

We invite current members to call 1-800-325-5669.

**We invite prospective members to call 1-866-231-3669.
(TRS 711)**

**You can also visit our website at fallonhealth.org/seniorplan.
Fallon Health is located at 10 Chestnut St., Worcester, MA 01608.**