Fallon Medicare Plus™ Summary of Benefits

Jan. 1, 2027–Dec. 31, 2027

Fallon Medicare Plus Blue HMO



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Fallon Medicare Plus

2027 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Blue HMO for Jan. 1, 2027–Dec. 31, 2027.

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 booklet.

To join Fallon Medicare Plus (FMP), you 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 Barnstable and Berkshire counties.

FMP Blue HMO has a network of doctors, hospitals, pharmacies, and other providers throughout Massachusetts. If you use providers that aren't in our network for this plan, the plan may not pay for these services.

Fallon Medicare Plus Blue HMO costs		
Monthly plan premium	**Medical deductible**	**Maximum out-of-pocket**
You must continue to pay your Part B premium.	*This is the amount you must pay before your health plan pays for part of the cost of medical care and services.*	*This is the yearly limit that you'll pay out-of-pocket for covered medical services. This amount doesn't include your monthly premium.*
$192	**$0**	**$3,400**

Fallon Medicare Plus Blue HMO medical benefits	You pay
Inpatient hospital care Includes medical, surgical, detoxification, and rehabilitation services. *Requires prior authorization and PCP referral.*	$300 per admission Separate $600 out-of-pocket maximums per year for inpatient acute, detoxification, and rehabilitation services.
Outpatient hospital care Includes: • Outpatient surgery in a hospital outpatient facility or ambulatory surgical center *Requires prior authorization and PCP referral.*	$200 hospital outpatient facility $175 ambulatory surgical center
• Observation services	$0
Doctor visits Includes: • Primary care provider (PCP)	$10
• Annual supplemental physical exam with PCP	$0
• Annual wellness visit with PCP	$0
• Specialists *May require prior authorization and PCP referral.*	$30
• Telehealth services *May require PCP referral.*	$0 PCP $0 outpatient mental health $0 outpatient substance use disorder $30 specialists *except as noted above*
• 24/7 access to doctors by phone or video—with Teladoc®—for non-emergency conditions	$0 primary care services

Fallon Medicare Plus Blue HMO medical benefits	You pay
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. *May require prior authorization.*	$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're admitted to the hospital within 72 hours for the same condition.	$140
Urgently needed services • In the United States and its territories	$10
• Outside of the United States and its territories	$140
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). *Some services, tests, and supplies require prior authorization and PCP referral.*	$0
Outpatient diagnostic imaging Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs, and nuclear studies. *Requires prior authorization and PCP referral.*	$200

Fallon Medicare Plus Blue HMO medical benefits	You pay
Hearing services Includes: • One (1) supplemental routine exam per year	$0
• 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. *Limit 2 per member, per year.*	Copays range from $695 to $1,795
• Diagnostic exams *May require PCP referral.*	$30
• Prescription hearing aids covered as part of the Benefit Bank	See Benefit Bank
Dental services Includes: • Preventive care like exams and cleanings through DentaQuest	$0
• Comprehensive non-orthodontic care like root canals, fillings, and crowns *Requires prior authorization.*	Copays vary from $0 to $990
• Dental services covered as part of the Benefit Bank	See Benefit Bank
Vision care Includes: • Medicare-covered glaucoma tests	$0
• One (1) pair of Medicare-covered eyeglasses or contact lenses after cataract surgery	$0
• One (1) supplemental routine exam per year	$20
• Medicare-covered exams to treat diseases and conditions of the eye	$30
• $150 coverage for 1 pair of non-Medicare-covered eyeglasses or contacts, every year, in-network only	Costs above $150
• Prescription eyewear covered as part of the Benefit Bank	See Benefit Bank

Fallon Medicare Plus Blue HMO medical benefits	You pay
Mental health care • Inpatient *Requires prior authorization.*	$300 per admission $600 out-of-pocket maximum per year
• Outpatient: Individual and group therapy visits *Certain services require prior authorization.*	$20 in office $0 telehealth
Skilled Nursing Facility (SNF) care *Requires prior authorization and PCP referral.* • Per-day cost, for days 1–20 per admission	$15
• Per-day cost, per benefit period	$75 (days 21–44) $0 (days 45–100)
Outpatient rehabilitation services 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.*	$15
Ambulance Copays are for one-way Medicare-covered transports. Coverage is worldwide. Non-emergency ambulance services *require prior authorization.*	$250 $1,000 out-of-pocket maximum per year
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. *Certain drugs require prior authorization and/or step therapy.*	Up to 10% of the cost
Medicare Part B insulin	Up to $35 per month supply

Fallon Medicare Plus Blue HMO medical benefits	You pay
Podiatry Includes medically necessary foot care services *Requires PCP referral.*	$30
Durable medical equipment and related supplies *Requires prior authorization.*	10% of the cost
Acupuncture for chronic low back pain Includes up to 12 visits in 90 days *Requires PCP referral.*	$15
Benefit Bank Pay for dental care, prescription eyewear, prescription hearing aids, and fitness/gym memberships with your Benefit Bank card. We preload money onto the card, and you choose how to use it. Pay for a portion, or the full cost, of an item. *Funds will expire at the end of the calendar year.*	Costs above $90
Care Connect 24/7 phone access to registered nurses who will recommend where you should receive care or connect you to your doctor	$0
Health and wellness programs • Fitness memberships and online fitness program services covered as part of the Benefit Bank	See Benefit Bank
• WW® (Weight Watchers) online memberships covered as part of the Benefit Bank	See Benefit Bank

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. Our plan covers most Part D vaccines at no cost to you, regardless of coverage stage.

Deductible stage: The amount you pay before your health plan pays for part of the cost. Deductible doesn't apply to covered Part D insulin drugs, regardless of tier.			
Fallon Medicare Plus Blue Part D deductible:	$0		
Initial coverage stage: Your share of the cost after your annual deductible has been met.			
	Retail and mail order 30-day supply	**Retail and mail order** Tier 1: 100-day supply Tiers 2-4: 90-day supply	
Tier 1: Preferred generic drugs	$0	Retail: $0	Mail order: $0
Tier 2: Generic drugs	$7	Retail: $21	Mail order: $14
Tier 3: Preferred brand drugs	$47	Retail: $141	Mail order: $94
Tier 4: Non-preferred drugs	35% of the cost	35% of the cost	
Tier 5: Specialty drugs	33% of the cost	Not available for this tier	
Tier 6: Select care drugs	$0	Not available for this tier	
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 $2,400, you pay $0 for all covered prescription drugs.			

More information

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

Fallon Medicare Plus	Phone: **1-800-325-5669 (TTY 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) TTY users can call 1-877-486-2048 24 hours a day, 7 days a week

We cover Part D drugs with this plan.

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



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