Fallon Medicare Plus™ Summary of Benefits

Jan. 1, 2027–Dec. 31, 2027

Fallon Medicare Plus Saver No Rx 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 Saver No Rx 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 all counties in Massachusetts except Dukes and Nantucket.

FMP Saver No Rx 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 Saver No Rx costs *(This plan **doesn't** include Part D prescription drug coverage.)*		
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.*
$0 *Part B premium reduction up to $75 per month.*	**$0**	**$6,700**

Fallon Medicare Plus Saver No Rx HMO medical benefits	You pay
Inpatient hospital care Includes medical, surgical, detoxification, and rehabilitation services. *Requires prior authorization and PCP referral.*	$315 per day (days 1–5) $0 per day (days 6–90)
Outpatient hospital care Includes: • Outpatient surgery in a hospital outpatient facility or ambulatory surgical center *Requires prior authorization and PCP referral.*	$275
• Observation services	$0
Doctor visits Includes: • Primary care provider (PCP)	$0
• Annual supplemental physical exam with PCP	$0
• Annual wellness visit with PCP	$0
• Specialists *May require prior authorization and PCP referral.*	$40
• Telehealth services *May require PCP referral.*	$0 PCP $0 outpatient mental health $0 outpatient substance use disorder $40 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 Saver No Rx 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.	$90
Urgently needed services • In the United States and its territories	$15
• Outside of the United States and its territories	$90
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.*	$250 $1,000 out-of-pocket maximum per year

Fallon Medicare Plus Saver No Rx 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.*	$40
• 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 • Medicare-covered exams to treat diseases and conditions of the eye	$40
• $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 Saver No Rx HMO medical benefits	You pay
Mental health care • Inpatient *Requires prior authorization.*	$315 per day (days 1–5) $0 per day (days 6–90)
• Outpatient: Individual and group therapy visits *Certain services require prior authorization.*	$40 in office $0 telehealth
Skilled Nursing Facility (SNF) care *Requires prior authorization and PCP referral.*	$0 per day (days 1–20) per admission $185 per day (days 21–100) per benefit period
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.*	$20
Ambulance Copays are for one-way Medicare-covered transports. Coverage is worldwide. Non-emergency ambulance services *require prior authorization.*	$250
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 *Certain drugs require prior authorization and/or step therapy.*	Up to 20% of the cost
Medicare Part B insulin	Up to $35 per month supply
Podiatry Includes medically necessary foot care services *Requires PCP referral.*	$40

Fallon Medicare Plus Saver No Rx HMO medical benefits	You pay
Durable medical equipment and related supplies *Requires prior authorization.*	20% of the cost
Acupuncture for chronic low back pain Includes up to 12 visits in 90 days *Requires PCP referral.*	$20
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, 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 $300
Over-the-counter items Receive funds each calendar year to spend on health care items at select retail locations or with our online partners. *Funds will expire at the end of the calendar year.*	Costs above $250 per year
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

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 (1-800-663-4227) TTY users can call 1-877-486-2048 24 hours a day, 7 days a week

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

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