

Fallon Medicare PlusTM Summary of Benefits

January 1, 2025–December 31, 2025

Fallon Medicare Plus Orange HMO

Fallon Medicare Plus Green HMO

Fallon Medicare Plus Blue HMO

Fallon Medicare Plus

2025 Summary of Plan Benefits

This is a summary of drug and health services covered by Fallon Medicare Plus Orange HMO, Fallon Medicare Plus Green HMO, and Fallon Medicare Plus Blue HMO for January 1, 2025–December 31, 2025.

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 (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 FMP Orange HMO, FMP Green HMO, and FMP Blue HMO includes all of the counties in Massachusetts, except Dukes and Nantucket.

FMP Orange HMO, FMP Green HMO, and FMP Blue HMO have a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network for these plans, the plan may not pay for these services.

	Monthly plan premium	Medical deductible	Maximum out-of-pocket
Fallon Medicare Plus (FMP) Costs	<i>You must continue to pay your Part B premium.</i>	<i>This is the amount you must pay before your health plan pays for part of the cost of medical care and services.</i>	<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>

FMP Orange HMO			
All Massachusetts counties, except Dukes and Nantucket	\$0	\$0	\$7,550

FMP Green HMO			
Franklin, Hampden, and Hampshire counties	\$57	\$0	\$5,200
Barnstable, Berkshire, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$68		
Worcester County	\$90		

FMP Blue HMO			
Franklin, Hampden, and Hampshire counties	\$101	\$0	\$3,400
Barnstable, Berkshire, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$164		
Worcester County	\$197		

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
Inpatient hospital care Includes medical, surgical, and rehabilitation services. <i>Requires prior authorization and PCP referral.</i>	\$390 per day (days 1-5) \$0 per day (days 6-90)	\$300 per day (days 1-5) \$0 per day (days 6-90)	\$200 per admission Separate \$400 out-of-pocket maximums per year for inpatient acute and rehabilitation stays.
Outpatient hospital care Includes: <ul style="list-style-type: none"> • Outpatient surgery in a hospital outpatient facility and ambulatory surgical center. <i>Requires prior authorization and PCP referral.</i> 	\$350	\$275	\$120
<ul style="list-style-type: none"> • Observation services 	\$0	\$0	\$0
Doctor visits Includes: <ul style="list-style-type: none"> • Primary Care Provider (PCP) 	\$0	\$5	\$10
<ul style="list-style-type: none"> • Annual supplemental physical exam with PCP 	\$0	\$0	\$0
<ul style="list-style-type: none"> • Annual wellness visit with PCP 	\$0	\$0	\$0
<ul style="list-style-type: none"> • Specialists <i>May require prior authorization and PCP referral.</i> 	\$45	\$40	\$20
<ul style="list-style-type: none"> • Telehealth services <i>May require PCP referral.</i> 	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$45 Specialists, <i>except as noted above</i>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$40 Specialists, <i>except as noted above</i>	\$0 PCP \$0 Outpatient mental health \$0 Outpatient substance abuse \$20 Specialists, <i>except as noted above</i>

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<p>Doctor visits, <i>continued</i></p> <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	\$0 Primary care services	\$0 Primary care services
<p>Preventive care</p> <p>Includes Welcome to Medicare preventive visit, certain screenings, and immunizations, such as those for pneumonia and influenza, as well as other preventive care services.</p> <p><i>May require prior authorization.</i></p>	\$0	\$0	\$0
<p>Emergency care</p> <p>Copays are per visit at in- or out-of-network facilities. Coverage is worldwide.</p> <p>You will not pay the emergency copay if you are admitted to the hospital within 72 hours for the same condition.</p>	\$100	\$110	\$120
<p>Urgently needed services</p> <ul style="list-style-type: none"> • In the United States and its territories 	\$10	\$5	\$10
<ul style="list-style-type: none"> • Outside of the United States and its territories 	\$100	\$110	\$120

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<p>Outpatient diagnostic tests and therapeutic services and supplies</p> <p>Includes Medicare-covered lab services, diagnostic procedures and tests, X-rays and therapeutic radiology services, as well as INR testing (anti-coagulant visit).</p> <p><i>Some services, tests, and supplies require prior authorization and PCP referral.</i></p>	\$0	\$0	\$0
<p>Outpatient diagnostic imaging</p> <p>Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs, and nuclear studies.</p> <p><i>Requires prior authorization and PCP referral.</i></p>	\$300	\$250 \$1,000 out-of-pocket maximum per year	\$150 \$600 out-of-pocket maximum per year
<p>Hearing services</p> <p>Includes:</p> <ul style="list-style-type: none"> • One supplemental routine exam per year 	\$0	\$0	\$0
<ul style="list-style-type: none"> • 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. <p><i>Limit 2 per member, per year.</i></p>	Copays vary from \$695 to \$2,645	Copays vary from \$695 to \$2,645	Copays vary from \$695 to \$2,645
<ul style="list-style-type: none"> • Diagnostic exams <p><i>May require PCP referral.</i></p>	\$45	\$40	\$20
<ul style="list-style-type: none"> • Hearing aids covered as part of the Benefit Bank 	See Benefit Bank	See Benefit Bank	See Benefit Bank

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
Dental services Includes: <ul style="list-style-type: none"> Preventive care like exams and cleanings through DentaQuest. 	\$0	\$0	\$0
<ul style="list-style-type: none"> Comprehensive non-orthodontic care like root canals, fillings, and crowns. <i>Requires prior authorization.</i> 	Copays vary from \$0-\$990	Copays vary from \$0-\$990	Copays vary from \$0-\$990
<ul style="list-style-type: none"> Dental services covered as part of the Benefit Bank 	See Benefit Bank	See Benefit Bank	See Benefit Bank
Vision care Includes: <ul style="list-style-type: none"> Medicare-covered glaucoma tests 	\$0	\$0	\$0
<ul style="list-style-type: none"> One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery 	\$0	\$0	\$0
<ul style="list-style-type: none"> One supplemental routine exam per year 	\$0	\$0	\$20
<ul style="list-style-type: none"> Medicare-covered exams to treat diseases and conditions of the eye 	\$45	\$40	\$20
<ul style="list-style-type: none"> \$150 coverage for one pair of non-Medicare-covered eyeglasses or contacts, every year, in-network only 	Costs above \$150	Costs above \$150	Costs above \$150
<ul style="list-style-type: none"> Eyewear covered as part of the Benefit Bank 	See Benefit Bank	See Benefit Bank	See Benefit Bank

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<p>Mental health care</p> <ul style="list-style-type: none"> Inpatient: <i>Requires prior authorization.</i> 	<p>\$390 per day (days 1-4)</p> <p>\$0 per day (days 5-90)</p>	<p>\$300 per day (days 1-5)</p> <p>\$0 per day (days 6-90)</p>	<p>\$200 per admission</p> <p>\$400 out-of-pocket maximum per year</p>
<ul style="list-style-type: none"> Outpatient: Individual and group therapy visits. <i>Certain services require prior authorization.</i> 	<p>\$40 in office</p> <p>\$0 telehealth</p>	<p>\$40 in office</p> <p>\$0 telehealth</p>	<p>\$20 in office</p> <p>\$0 telehealth</p>
<p>Skilled Nursing Facility (SNF) care</p> <p><i>Requires prior authorization and PCP referral.</i></p> <ul style="list-style-type: none"> Per-day cost, for days 1–20 per admission 	<p>\$0</p>	<p>\$0</p>	<p>\$15</p>
<ul style="list-style-type: none"> Per-day cost, per benefit period 	<p>\$188 (days 21-100)</p>	<p>\$150 (days 21-44)</p> <p>\$0 (days 45-100)</p>	<p>\$75 (days 21-44)</p> <p>\$0 (days 45-100)</p>
<p>Outpatient rehabilitation services</p> <p>Physical and occupational therapy visits beyond 60 visits each <i>require prior authorization and PCP referral.</i></p> <p>Speech language therapy visits beyond 35 visits <i>require prior authorization.</i></p>	<p>\$20</p>	<p>\$20</p>	<p>\$15</p>
<p>Ambulance</p> <p>Copays are for one-way Medicare- covered transports. Coverage is worldwide.</p> <p><i>Non-emergency ambulance services require prior authorization.</i></p>	<p>\$295</p>	<p>\$225</p> <p>\$900 out-of-pocket maximum per year</p>	<p>\$125</p> <p>\$500 out-of-pocket maximum per year</p>

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
Transportation One-way, non-emergent chair-van transport from hospital to skilled nursing facility.	\$35	\$35	\$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>	Up to 20% of the cost	Up to 20% of the cost	Up to 10% of the cost
Medicare Part B insulin	Up to \$35 per month supply	Up to \$35 per month supply	Up to \$35 per month supply
Podiatry Includes medically necessary foot care services. <i>Requires PCP referral.</i>	\$45	\$40	\$20
Durable Medical Equipment and related supplies <i>Requires prior authorization.</i>	20% of the cost	20% of the cost	10% of the cost
Acupuncture for chronic low back pain Includes up to 12 visits in 90 days. <i>Requires PCP referral.</i>	\$20	\$20	\$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	\$0	\$0

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<p>Benefit Bank Pay for dental care, 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.</p>	Costs above \$946	Costs above \$750	Costs above \$500
<p>Over-the-counter items Receive funds each calendar year to spend on over-the-counter health care products at select retail locations or with our online partners. <i>Funds will expire at the end of the calendar year.</i></p>	Costs above \$150 per year	Costs above \$255 per year	Not covered
Health and Wellness Programs			
<ul style="list-style-type: none"> • Fitness memberships and online fitness program services covered as part of the Benefit Bank. 	See Benefit Bank	See Benefit Bank	See Benefit Bank
<ul style="list-style-type: none"> • WW® (Weight Watchers) online memberships covered as part of the Benefit Bank. 	See Benefit Bank	See Benefit Bank	See Benefit Bank
<p>Care Connect 24/7 phone access to registered nurses who will recommend where you should receive care or will connect you to your doctor.</p>	\$0	\$0	\$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. 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.

Plan	Deductible	
FMP Orange HMO	Tiers 1, 2 and 6: \$0	Tiers 3–5: \$200
FMP Green HMO	Tiers 1, 2 and 6: \$0	Tiers 3–5: \$175
FMP Blue HMO	\$0	

Deductible does not apply to covered Part D insulin drugs, regardless of tier.

Initial Coverage Stage

Your share of the cost after your annual deductible has been met.

FMP Orange HMO, FMP Green HMO, and FMP Blue HMO			
	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	\$42	Retail: \$126	Mail-order: \$84
Tier 4: Non-preferred drugs	\$95	Retail: \$285	Mail-order: \$190
Tier 5: Specialty drugs	FMP Orange HMO 30% of the cost	Not available for this tier	
	FMP Green HMO 31% of the cost		
	FMP Blue HMO 33% of the cost		
Tier 6: Select care drugs	\$0	Not available for this tier	

Your copays for insulin drugs are: \$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 \$2,000, 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 (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: http://www.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.

We cover Part D drugs with all of these plans.

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