

Fallon Health

**Fallon Medicare Plus Premier HMO
Schedule of Benefits**

This *Schedule of Benefits* is part of your
2025 Fallon Medicare Plus Premier HMO Evidence of Coverage.
It describes your costs for health care.

You are a member of Fallon Medicare Plus through an employer group. Under this group plan, your monthly premium and remittance details are different from those shown in your *2025 Fallon Medicare Plus Premier HMO Evidence of Coverage*. The information in this document replaces any information in your Evidence of Coverage that conflicts with it. If you have any questions about your benefits, please call Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday, (7 days a week, Oct. 1–March 31). Calls to these numbers are free.

The following changes apply to the following sections of your *2025 Fallon Medicare Plus Premier HMO Evidence of Coverage*:

Chapter 1: Getting started as a member explains your monthly plan premium, including ways you can pay your plan premiums.

SECTION 4 Your monthly costs for Fallon Medicare Plus Premier HMO

Section 4.1 Plan premium

As a member of our plan, you pay a monthly plan premium. For 2025, the monthly premium for Fallon Medicare Plus Premier HMO is \$488.00.

SECTION 5 More information about your monthly premium

Section 5.1 There are several ways you can pay your plan premium

There are four ways you can pay your plan premium.

Option 1: Paying by check

You may decide to pay your monthly plan premium by check. Checks should be **made payable to our plan**. If you pay by check monthly, your payment is due on the first day of the month. Prepayment is also an option. If your payment is returned for any reason, we may charge you a returned payment fee of \$25. We may also require you to pay by certified check for the next six months. Please mail your check made payable to Fallon Health to: Fallon Health, P.O. Box 847231, Boston, MA 02284-7231. If you prefer to drop off a payment in person, the address for our main office is Fallon Health, 1 Mercantile St., Suite 400, Worcester, MA 01608.

Option 2: You can have your premium paid automatically

You can pay by automated clearing house (ACH) (checking and statement savings accounts only). Fallon Health will debit your account for each month's premium when it is due. *Note: This method of payment is paperless.*

You can also pay your premium by credit card or debit card (American Express, Discover, MasterCard or Visa only). Fallon Health will bill your card when your monthly premium is due. *Note: This method of payment is paperless.*

To set up either recurring payments or schedule future one-time payments through ACH or credit/debit card, register with our partner Invoice Cloud by going online to invoicecloud.com/fallonhealth. You will then have 24-hour access to your invoice, account balances and payment history (for payments made through Invoice Cloud).

You can also call Fallon Health at 1-800-333-2535, ext. 69322, if you'd like to set up recurring payments.

If your payment is returned for any reason, we may charge you a returned payment fee of \$25. We may also require you to pay by certified check for the next six months. Please mail your check made payable to Fallon Health to: Fallon Health, P.O. Box 847231, Boston, MA 02284-7231.

Option 3: You can make one-time payments

You can make one-time payments online or by phone.

To make one-time payments online, register with our partner Invoice Cloud by going to invoicecloud.com/fallonhealth. You will then have 24-hour access to your invoice, account balances and payment history (for payments made through Invoice Cloud). You will also be able to sign up for a pay-by-text option if you choose.

You may pay by check or credit/debit card (American Express, Discover, MasterCard or Visa only). *Note: This method of payment takes longer to process than payment made online.*

To phone in a one-time payment, please call 1-844-778-1818.

If your payment is returned for any reason, we may charge you a returned payment fee of \$25. We may also require you to pay by certified check for the next six months. Please mail your check made payable to Fallon Health to: Fallon Health, P.O. Box 847231, Boston, MA 02284-7231.

Option 4: Having your plan premium taken out of your monthly Social Security check**Changing the way you pay your premium.**

If you decide to change the option by which you pay your plan premium, it can take up to three months for your new payment method to take effect. While we are processing your request for a new payment method, you are responsible for making sure that your plan premium is paid on time. To change your payment method, please go online to Invoice Cloud at invoicecloud.com/fallonhealth, or contact Customer Service.

What to do if you are having trouble paying your plan premium

Your plan premium is due in our office by the first day of the month. If we have not received your payment by the 15th calendar day of the month, we will send you a notice telling you that your plan membership will end if we do not receive your premium within two calendar months. If you are required to pay a Part D late enrollment penalty, you must pay the penalty to keep your prescription drug coverage.

If you are having trouble paying your premium on time, please contact Customer Service to see if we can direct you to programs that will help with your costs.

If we end your membership because you did not pay your premium you will have health coverage under Original Medicare. In addition, you may not be able to receive Part D coverage until the following year if you enroll in a new plan during the annual enrollment period. (If you go without creditable drug coverage for more than 63 days, you may have to pay a Part D late enrollment penalty for as long as you have Part D coverage.)

At the time we end your membership, you may still owe us for premiums you have not paid. In the future, if you want to enroll again in our plan (or another plan that we offer), you will need to pay the amount you owe before you can enroll.

If you think we have wrongfully ended your membership, you can make a complaint (also called a grievance); see Chapter 9 for how to file a complaint. If you had an emergency circumstance that was out of your control and it caused you to not be able to pay your plan premium within our grace period, you can make a complaint. For complaints, we will review our decision again. Chapter 9, Section 10 of this document tells how to make a complaint, or you can call us at 1-800-325-5669 between 8 a.m. and 8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). TTY users should call TRS 711. You must make your request no later than 60 calendar days after the date your membership ends.

Chapter 10: Ending your membership in the plan explains situations in which our plan is required to end your membership.

SECTION 5 Fallon Medicare Plus Premier HMO must end your membership in the plan in certain situations

Section 5.1	When must we end your membership in the plan?
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Fallon Medicare Plus Premier HMO must end your membership in the plan if any of the following happen:

- If you no longer have Medicare Part A and Part B.
- If you move out of our service area.
- If you are away from our service area for more than six months.
 - If you move or take a long trip, call Customer Service to find out if the place you are moving or traveling to is in our plan's area.

Questions? Contact Customer Service at: 1-800-325-5669 (TRS 711) or visit fallonhealth.org/medicare.

- If you have been a member of our plan continuously prior to January 1999 *and* you were living outside of our service area before January 1999, you are still eligible as long as you have not moved since before January 1999. However, if you move and your move is to another location that is outside of our service area, you will be disenrolled from our plan.
- If you become incarcerated (go to prison).
- If you are no longer a United States citizen or lawfully present in the United States.
- If you lie or withhold information about other insurance you have that provides prescription drug coverage.
- If you intentionally give us incorrect information when you are enrolling in our plan and that information affects your eligibility for our plan. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you continuously behave in a way that is disruptive and makes it difficult for us to provide medical care for you and other members of our plan. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you let someone else use your membership card to get medical care. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
 - If we end your membership because of this reason, Medicare may have your case investigated by the Inspector General.
- If you do not pay the plan premiums for 2 calendar months.
 - We must notify you in writing that you have 2 calendar months to pay the plan premium before we end your membership.
- If you are required to pay the extra Part D amount because of your income and you do not pay it, Medicare will disenroll you from our plan and you will lose prescription drug coverage.

Where can you get more information?

If you have questions or would like more information on when we can end your membership call Customer Service.