

# Fallon Medicare Plus<sup>TM</sup> Summary of Benefits

January 1, 2026–December 31, 2026

**Fallon Medicare Plus Orange HMO**

**Fallon Medicare Plus Green HMO**

**Fallon Medicare Plus Blue HMO**



# Fallon Medicare Plus

## **2026 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, 2026–December 31, 2026.

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](https://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.

Fallon Medicare Plus (FMP) Costs	Monthly plan premium	Medical deductible	Maximum out-of-pocket
	<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	\$67	\$0	\$5,200
Barnstable, Berkshire, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$78		
Worcester County	\$100		

FMP Blue HMO			
Franklin, Hampden, and Hampshire counties	\$111	\$0	\$3,400
Barnstable, Berkshire, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties	\$174		
Worcester County	\$207		

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<b>Inpatient hospital care</b> Includes medical, surgical, detoxification, and rehabilitation services. <i>Requires prior authorization and PCP referral.</i>	\$385 per day (days 1-7) \$0 per day (days 8-90)	\$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, detoxification, and rehabilitation stays.
<b>Outpatient hospital care</b> Includes: <ul style="list-style-type: none"> <li>Outpatient surgery in a hospital outpatient facility and ambulatory surgical center</li> </ul> <i>Requires prior authorization and PCP referral.</i>	\$450 hospital outpatient facility \$400 ambulatory surgical center	\$325 hospital outpatient facility \$300 ambulatory surgical center	\$200 hospital outpatient facility \$175 ambulatory surgical center
<ul style="list-style-type: none"> <li>Observation services</li> </ul>	\$0	\$0	\$0
<b>Doctor visits</b> Includes: <ul style="list-style-type: none"> <li>Primary Care Provider (PCP)</li> </ul>	\$10	\$10	\$10
<ul style="list-style-type: none"> <li>Annual supplemental physical exam with PCP</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Annual wellness visit with PCP</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Specialists</li> </ul> <i>May require prior authorization and PCP referral.</i>	\$50	\$40	\$20
<ul style="list-style-type: none"> <li>Telehealth services</li> </ul> <i>May require PCP referral.</i>	\$0 PCP \$0 outpatient mental health \$0 outpatient substance use disorder \$50 specialists, <i>except as noted above</i>	\$0 PCP \$0 outpatient mental health \$0 outpatient substance use disorder \$40 specialists, <i>except as noted above</i>	\$0 PCP \$0 outpatient mental health \$0 outpatient substance use disorder \$20 specialists, <i>except as noted above</i>

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<b>Doctor visits, continued</b> <ul style="list-style-type: none"> <li>• 24/7 access to doctors for non-emergency conditions by phone, mobile app, or online—with Teladoc®</li> </ul>	\$0 primary care services	\$0 primary care services	\$0 primary care services
<b>Preventive care</b> Includes Welcome to Medicare preventive visit, certain screenings and immunizations, such as those for pneumonia and influenza, as well as other preventive care services. <i>May require prior authorization.</i>	\$0	\$0	\$0
<b>Emergency care</b> Copays are per visit at in- or out-of-network facilities. Coverage is worldwide. You will not pay the emergency copay if you are admitted to the hospital within 72 hours for the same condition.	\$115	\$110	\$120
<b>Urgently needed services</b> <ul style="list-style-type: none"> <li>• In the United States and its territories</li> </ul>	\$40	\$25	\$10
<ul style="list-style-type: none"> <li>• Outside of the United States and its territories</li> </ul>	\$115	\$110	\$120

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<b>Outpatient diagnostic tests and therapeutic services and supplies</b> Includes Medicare-covered lab services, diagnostic procedures and tests, X-rays and therapeutic radiology services, as well as INR testing (anti-coagulant visit). <i>Some services, tests, and supplies require prior authorization and PCP referral.</i>	\$0	\$0	\$0
<b>Outpatient diagnostic imaging</b> Includes Medicare-covered diagnostic radiology services such as CT scans, PET scans, MRIs, and nuclear studies. <i>Requires prior authorization and PCP referral.</i>	\$350	\$250 \$1,000 out-of-pocket maximum per year	\$150 \$600 out-of-pocket maximum per year
<b>Hearing services</b> Includes: <ul style="list-style-type: none"> <li>One (1) supplemental routine exam per year</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>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.</li> </ul> <i>Limit 2 per member, per year.</i>	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"> <li>Diagnostic exams</li> </ul> <i>May require PCP referral.</i>	\$50	\$40	\$20
<ul style="list-style-type: none"> <li>Prescription hearing aids covered as part of the Benefit Bank</li> </ul>	Not covered	See Benefit Bank	See Benefit Bank

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<b>Dental services</b> Includes: <ul style="list-style-type: none"> <li>Preventive care like exams and cleanings through DentaQuest</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Comprehensive non-orthodontic care like root canals, fillings, and crowns <i>Requires prior authorization.</i></li> </ul>	Copays vary from \$0-\$990	Copays vary from \$0-\$990	Copays vary from \$0-\$990
<ul style="list-style-type: none"> <li>Dental services covered as part of the Benefit Bank</li> </ul>	Not covered	See Benefit Bank	See Benefit Bank
<b>Vision care</b> Includes: <ul style="list-style-type: none"> <li>Medicare-covered glaucoma tests</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>One (1) pair of Medicare-covered eyeglasses or contact lenses after cataract surgery</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>One (1) supplemental routine exam per year</li> </ul>	\$0	\$0	\$20
<ul style="list-style-type: none"> <li>Medicare-covered exams to treat diseases and conditions of the eye</li> </ul>	\$50	\$40	\$20
<ul style="list-style-type: none"> <li>\$150 coverage for 1 pair of non-Medicare-covered eyeglasses or contacts, every year, in-network only</li> </ul>	Costs above \$150	Costs above \$150	Costs above \$150
<ul style="list-style-type: none"> <li>Prescription eyewear covered as part of the Benefit Bank</li> </ul>	Not covered	See Benefit Bank	See Benefit Bank

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<b>Mental health care</b> • Inpatient <i>Requires prior authorization.</i>	\$385 per day (days 1-4) \$0 per day (days 5-90)	\$300 per day (days 1-5) \$0 per day (days 6-90)	\$200 per admission \$400 out-of-pocket maximum per year
• Outpatient: Individual and group therapy visits <i>Certain services require prior            authorization.</i>	\$40 in office \$0 telehealth	\$40 in office \$0 telehealth	\$20 in office \$0 telehealth
<b>Skilled Nursing Facility            (SNF) care</b> <i>Requires prior authorization            and PCP referral.</i> • Per-day cost, for days 1–20 per admission	\$0	\$0	\$15
• Per-day cost, per benefit period	\$188 (days 21-100)	\$150 (days 21-44) \$0 (days 45-100)	\$75 (days 21-44) \$0 (days 45-100)
<b>Outpatient rehabilitation            services</b> Physical and occupational therapy visits beyond 60 visits each <i>require prior authorization and            PCP referral.</i> Speech language therapy visits beyond 35 visits <i>require prior            authorization.</i>	\$20	\$20	\$15
<b>Ambulance</b> Copays are for one-way Medicare-covered transports. Coverage is worldwide. Non-emergency ambulance services <i>require prior            authorization.</i>	\$325	\$225 \$900 out-of-pocket maximum per year	\$125 \$500 out-of-pocket maximum per year

Fallon Medicare Plus (FMP) Medical Benefits	FMP Orange HMO	FMP Green HMO	FMP Blue HMO
<b>Transportation</b> One-way, non-emergent chair-van transport from hospital to skilled nursing facility.	\$35	\$35	\$35
<b>Medicare Part B prescription drugs</b> 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
<b>Medicare Part B insulin</b>	Up to \$35 per month supply	Up to \$35 per month supply	Up to \$35 per month supply
<b>Podiatry</b> Includes medically necessary foot care services. <i>Requires PCP referral.</i>	\$50	\$40	\$20
<b>Durable Medical Equipment and related supplies</b> <i>Requires prior authorization.</i>	20% of the cost	20% of the cost	10% of the cost
<b>Acupuncture for chronic low back pain</b> Includes up to 12 visits in 90 days. <i>Requires PCP referral.</i>	\$20	\$20	\$15
<b>Meals</b> 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
<b>Benefit Bank</b> Pay for dental care, prescription 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. <i>Funds will expire at the end of the calendar year.</i>	Not covered	Costs above \$500	Costs above \$250
<b>Over-the-counter items</b> Receive funds each calendar year to spend on health care items at select retail locations or with our online partners. <i>Funds will expire at the end of the calendar year.</i>	Not covered	Costs above \$175 per year	Not covered
<b>Care Connect</b> 24/7 phone access to registered nurses who will recommend where you should receive care or will connect you to your doctor.	\$0	\$0	\$0
<b>Health and wellness programs</b> <ul style="list-style-type: none"> <li>Fitness memberships and online fitness program services covered as part of the Benefit Bank</li> </ul>	Not covered	See Benefit Bank	See Benefit Bank
<ul style="list-style-type: none"> <li>WW® (Weight Watchers) online memberships covered as part of the Benefit Bank</li> </ul>	Not covered	See 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 does not apply to covered Part D insulin drugs, regardless of tier.

Plan	Deductible	
FMP Orange HMO	Tiers 1, 2 and 6: \$0	Tiers 3–5: \$400
FMP Green HMO	Tiers 1, 2 and 6: \$0	Tiers 3–5: \$300
FMP Blue HMO	\$0	

**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	
<b>Tier 1:</b> Preferred generic drugs	\$0	Retail: \$0	Mail-order: \$0
<b>Tier 2:</b> Generic drugs	\$7	Retail: \$21	Mail-order: \$14
<b>Tier 3:</b> Preferred brand drugs	\$47	Retail: \$141	Mail-order: \$94
<b>Tier 4:</b> Non-preferred drugs	FMP Orange HMO 35% of the cost	FMP Orange HMO 35% of the cost	
	FMP Green HMO 34% of the cost	FMP Green HMO 34% of the cost	
	FMP Blue HMO 35% of the cost	FMP Blue HMO 35% of the cost	
<b>Tier 5:</b> Specialty drugs	FMP Orange HMO 28% of the cost	Not available for this tier	
	FMP Green HMO 29% of the cost		
	FMP Blue HMO 33% of the cost		
<b>Tier 6:</b> 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 \$2,100, 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.

<b>Fallon Medicare Plus</b>	Phone: <b>1-800-325-5669 (TRS 711)</b> Website: <b>fallonhealth.org/medicare</b> Hours: 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31)
<b>Provider Directory</b>	fallonhealth.org/findphysician
<b>Pharmacy Directory</b>	fallonhealth.org/pharmacyfinder
<b>Prescription Drug Formulary</b>	fallonhealth.org/medicare-formulary
<b>Original Medicare</b> More information about coverage and costs	“Medicare & You” handbook • View online: 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.**

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



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