

Fallon Health

Fallon Medicare Plus Premier HMO Schedule of Benefits

This *Schedule of Benefits* is part of your
2027 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 *2027 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 (TTY users call 711), 8 a.m. to 8 p.m., Monday through Friday, (7 days a week, Oct. 1 through March 31). Calls to these numbers are free.

The following changes apply to the following sections of your *2027 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 Summary of Important Costs

	Your Costs in 2027
Monthly plan premium*	\$503.00
*Your premium can be higher or lower than this amount. Go to Section 4.1 for details.	

Section 4.1 Plan premium

As a member of our plan, you pay a monthly plan premium. For 2027, the monthly plan premium for Fallon Medicare Plus Premier HMO is \$503.00.

SECTION 5 More information about your monthly plan premium

Section 5.1 How to pay our plan premium

There are 4 ways you can pay your plan premium.

Option 1: Pay 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: 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: 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 pay by 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: Fallon Health, P.O. Box 847231, Boston, MA 02284-7231.

Option 4: Having plan premiums deducted from your monthly Social Security check

Changing the way you pay your premium.

If you decide to change how you pay your plan premium, it can take up to 3 months for your new payment method to take effect. While we process your new payment method, you're still responsible for making sure 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 at 1-800-325-5669 (TTY users call 711).

If you have trouble paying your plan premium

Your plan premium is due in our office by the first day of the month. If we don't get your payment by the 15th calendar day of the month, we'll send you a notice letting you know your plan membership will end if we don't get your premium within 2 calendar months. If you owe a Part D late enrollment penalty, you must pay the penalty to keep your drug coverage.

If you are having trouble paying your premium on time, please contact Customer Service at 1-800-325-5669 (TTY users call 711) 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'll have health coverage under Original Medicare. You may not be able to get Part D drug coverage until the following year if you enroll in a new plan during the Open 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 unpaid premiums. If you want to enroll again in our plan (or another plan that we offer) in the future, you'll need to pay the amount you owe before you can enroll.

If you think we wrongfully ended your membership, you can make a complaint (also called a grievance). If you had an emergency circumstance out of your control that made you unable to pay your plan premium within our grace period, you can make a complaint. For complaints, we'll review our decision again. Go to Chapter 9 to learn how to make a complaint or call us at 1-800-325-5669 between 8 a.m. and 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). TTY users should call 711. You must make your complaint no later than 60 calendar days after the date your membership ends.

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

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

Fallon Medicare Plus Premier HMO must end your membership in our 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're away from our service area for more than 6 months
 - If you move or take a long trip, call Customer Service at 1-800-325-5669 (TTY users call 711) to find out if the place you're moving or traveling to is in our plan's area.
 - If you've been a member of our plan continuously before January 1999 *and* you were living outside of our service area before January 1999, you're still eligible as long as you haven't moved since before January 1999. However, if you move to another location outside of our service area, you'll be disenrolled from our plan.
- If you become incarcerated (go to prison)
- If you're no longer a United States citizen or national, or an eligible noncitizen
- 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're enrolling in our plan, and that information affects your eligibility for our plan. (We can't make you leave our plan for this reason unless we get permission from Medicare first.)
- If you continuously behave in a way that's disruptive and makes it difficult for us to provide medical care for you and other members of our plan. (We can't 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 can't 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 don't pay your plan premiums for 2 calendar months.
 - We must notify you in writing that you have 2 calendar months to pay your plan premium before we end your membership.
- If you're required to pay the extra Part D amount because of your income and you don't pay it, Medicare will disenroll you from our plan and you'll lose drug coverage.

If you have questions or would like more information on when we can end your membership, call Customer Service at 1-800-325-5669 (TTY users call 711).