

**Fallon Health & Life Assurance Company**  
**Fallon Medicare Plus Supplement**  
**Outline of Medicare Supplement Coverage – Cover Page:**  
**Benefit Plans Medicare Supplement Core and 1 and 1A**

Medicare Supplement Insurance can be sold in only standard plans. This chart shows the benefits included in each plan. Every company must make available the "Core" plan. For persons who became Medicare Eligible prior to January 1, 2020, companies which make Medicare Supplement 1A plans available are to also make Medicare Supplement 1 plans available. For persons who became Medicare Eligible after January 1, 2020, companies may make Medicare Supplement 1A plans available, but they are not permitted to make Medicare Supplement 1 plans available. Companies may add certain benefits to the standard benefits, if approved by the Commissioner. Look at each company's materials to find out what benefits, if any, the company has added to the standard benefits for each plan it offers.

**Basic benefits included in all plans:**

**Hospitalization:** Part A coinsurance coverage for the first 90 days per benefit period (not including the Medicare Part A deductible) and the 60 Medicare lifetime reserve days, plus coverage for 365 additional days after Medicare benefits end. This shall also include benefits for biologically-based mental disorders.

**Medical expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses), or, in the case of hospital outpatient department services paid under a prospective payment system, applicable copayments. This shall also include benefits for biologically-based mental disorders.

**Blood:** First three pints of blood each year.

<b>Medicare Supplement Core Standard Benefits Basic Benefits</b>	<b>Medicare Supplement 1 Standard Benefits Basic Benefits</b>	<b>Medicare Supplement 1A Standard Benefits Basic Benefits</b>
<p>Hospitalization: For biologically-based mental disorders, stays in a licensed mental hospital, less Part A deductibles; for other mental disorders: stays in a licensed mental hospital for at least 60 days per calendar year less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders, less Part A deductibles.</p> <p><b>Rates effective 1/1/2025:</b> \$178.00 per month You could qualify for a 15% discount. See below for details.</p>	<p>Hospitalization: For biologically-based mental disorders, stays in a licensed mental hospital; for other mental disorders: stays in a licensed mental hospital for a minimum of 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders.</p> <p>Skilled Nursing co-insurance Part A deductible Part B deductible Foreign Travel</p> <p><b>Rates effective 1/1/2025:</b> \$298.00 per month You could qualify for a 15% discount. See below for details.</p>	<p>Hospitalization: For biologically-based mental disorders, stays in a licensed mental hospital; for other mental disorders: stays in a licensed mental hospital for a minimum of 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders.</p> <p>Skilled Nursing co-insurance Part A deductible Foreign Travel</p> <p><b>Rates effective 1/1/2025:</b> \$218.70 per month You could qualify for a 15% discount. See below for details.</p>

# Massachusetts Medicare Supplement Insurance Outline of Coverage

Fallon Health & Life Assurance Company  
Medicare Supplement Core  
Medicare Supplement 1  
Medicare Supplement 1A  
Policy Category: Medicare Supplement Insurance

**NOTICE TO BUYER:** This Policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to carefully review all Policy limitations.

## **Premium information**

We, Fallon Health & Life Assurance Company, can only raise your premium if we raise the premium for all Policies like yours in Massachusetts, and if approved by the Commissioner of Insurance. If you choose to pay your premium on a quarterly, semiannual, or annual basis, upon your death, we will refund the unearned portion of the premium paid. If you choose to pay your premium on a quarterly, semiannual, or annual basis and you cancel your Policy, we will refund the unearned portion of the premium paid. In the case of death, the unearned portion of the premium will be refunded on a pro-rata basis.

If you enroll during the six-month period beginning at the time you become initially eligible for Medicare coverage after attaining age 65, or a higher age upon enrolling in Medicare Part B, you are eligible to receive an annual premium discount of 15% for up to 24 months. Premium discount 24-month period begins with Medicare Part B effective date not Fallon Medicare Supplement effective date.

## **Disclosures**

Use this outline to compare benefits and premiums among Policies.

## **Read your Policy very carefully**

This is only an outline describing your Policy's most important features. The Policy is your insurance contract. You must read the Policy itself to understand all the rights and duties of both you and your insurance company.

## **Right to return Policy**

If you find that you are not satisfied with your Policy, you may return it to Fallon Health & Life Assurance Company, Fallon Medicare Plus, 1 Mercantile St., Ste. 400, Worcester, MA 01608. If you send the Policy back to us within 30 days after you receive it, we will treat the Policy as if it had never been issued and return all your payments.

## **Policy replacement**

If you are replacing another health insurance Policy, do NOT cancel it until you have actually received your new Policy and are sure you want to keep it. If you cancel your present Policy and then decide that you do not want to keep your new Policy, it may not be possible to get back the coverage of the present Policy.

## **Notice**

This Policy may not fully cover all your medical costs. Fallon Health & Life Assurance Company is not connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

If you newly enroll in a Medicare Supplement 1 plan and you became Medicare eligible before January 1, 2020, you will not be able to switch into the same company's Medicare Supplement 1A plan until you have been covered under the Medicare Supplement 1 plan for a period of at least 12 months.

## **Complete answers are very important**

When you fill out the application for the new Policy, be sure to answer all questions truthfully and completely. The company may cancel your Policy and refuse to pay any claims if you leave out or falsify important information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

## **Massachusetts Summary**

The Commissioner of Insurance has set standards for the sale of Medicare Supplement Insurance Policies. Such Policies help you pay hospital and doctor bills, and some other bills, that are not covered in full by Medicare. Please note that the benefits provided by Medicare and this Medicare Supplement Insurance Policy may not cover all the costs associated with your treatment. It is important that you become familiar with the benefits provided by Medicare and your Medicare Supplement Insurance Policy. This Policy summary outlines the different coverages you have if, in addition to this Policy, you are also covered by Part A (hospital bills, mainly) and Part B (doctors' bills, mainly) of Medicare.

Under M.G.L. c. 112, § 2, no physician who agrees to treat a Medicare beneficiary may charge to or collect from that beneficiary any amount in excess of the reasonable charge for that service as determined by the United States Secretary of Health and Human Services. This prohibition is commonly referred to as the ban on balance billing. A physician is allowed to charge you or collect from your insurer a copayment or coinsurance for Medicare-covered services. However, if your physician charges you or attempts to collect from you an amount which together with your copayment or coinsurance is greater than the Medicare-approved amount, please contact the Board of Registration in Medicine at 1-781-876-8200.

We cannot explain everything here. Massachusetts law requires that personal insurance Policies be written in easy-to-read language. So, if you have questions about your coverage not answered here, read your Policy. If you still have questions, ask your agent or our company. You may also wish to get a copy of "Medicare & You", a small book put out by Medicare that describes Medicare benefits.

**The Benefits to Premium Ratio for Fallon Medicare Plus Supplement Core is 83.3%.** This means that during the anticipated life of your Policy and others just like it, the company expects to pay out \$92.50 in claims made by you and all other Policyholders for every \$100 it collects in premiums. The minimum ratio allowed for Policies of this type is 65%. A higher ratio is to your advantage as long as it allows the company a reasonable return so that the product remains available.

**The Benefits to Premium Ratio for Fallon Medicare Plus Supplement 1 is 88.7%.** This means that during the anticipated life of your Policy and others just like it, the company expects to pay out \$84.40 in claims made by you and all other Policyholders for every \$100 it collects in premiums. The minimum ratio allowed for Policies of this type is 65%. A higher ratio is to your advantage as long as it allows the company a reasonable return so that the product remains available.

**The Benefits to Premium Ratio for Fallon Medicare Plus Supplement 1A is 93.60%.** This means that during the anticipated life of your Policy and others just like it, the company expects to pay out \$93.40 in claims made by you and all other Policyholders for every \$100 it collects in premiums. The minimum ratio allowed for Policies of this type is 65%. A higher ratio is to your advantage as long as it allows the company a reasonable return so that the product remains available.

## **Complaints**

If you have a complaint, call us at 1-800-868-5200. If you are not satisfied, you may write the Massachusetts Division of Insurance, 1000 Washington St., Suite 810, Boston, MA 02118-6200, or call them at 1-617-521-7794.

## Medicare Supplement Core

### Medicare Part A—Hospital Services—Per Benefit Period

The information provided in this Outline of Coverage lists the 2024 cost-sharing for Original Medicare. Your Part A and Part B deductible amounts may change for 2025.

Services	Medicare pays	Plan pays	You pay
<b>Hospitalization*</b>			
Semiprivate room and board, general hospital nursing and miscellaneous services and supplies and licensed mental hospital stays for biologically-based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum			
First 60 days of a benefit period	All but \$1,632	\$0	\$1,632 Part A Deductible
61st through 90th day of a benefit period	All but \$408 a day	\$408 a day	\$0
91st day and after of a benefit period:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
- Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
- Beyond the additional 365 days	\$0	\$0	All costs
<b>Licensed mental hospital stays not covered by Medicare</b>			
First 60 days of a benefit period	\$0	All but \$1,632	\$1,632 Part A Deductible
61st through 90th day of a benefit period	\$0	100% of Medicare eligible expenses	\$0
91st day and after of a benefit period:			
- While using 60 lifetime reserve days	\$0	100% of Medicare eligible expenses	\$0
Once lifetime reserve days are used:			
- Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
- Beyond the additional 365 days	\$0	\$0	All costs

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and not received skilled care in any other facility for 60 days in a row.

**Medicare Supplement Core**  
**Medicare Part A—Hospital Services—Per Benefit Period**  
**(continued)**

Services	Medicare pays	Plan pays	You pay
<b>Skilled nursing facility care*</b>			
<b>(Participating with Medicare)</b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after having left the hospital			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$204 a day	\$0	Up to \$204 a day
101st day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice care</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	Coinsurance	\$0

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and not received skilled care in any other facility for 60 days in a row.

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the Policy's "Core Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Medicare Supplement Core**  
**Medicare Part B—Medical Services—Per Calendar Year**

Services	Medicare pays	Plan pays	You pay
<b>Medical expenses in or out of the hospital and outpatient hospital treatment, such as physician's services, certain telehealth services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment</b>			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)</b>			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Outpatient treatment for biologically-based mental disorders (for services not covered by Medicare)	\$0	100% of expenses	\$0
<b>Outpatient treatment for other mental health disorders (for services covered by Medicare)</b>			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Outpatient treatment for other mental health disorders (for services not covered by Medicare)</b>			
First 24 visits per calendar year	\$0	100%	\$0
Visits 25 and after	\$0	\$0	All costs

\*\*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

**Medicare Supplement Core**  
**Medicare Part B—Medical Services—Per Calendar Year**  
**(continued)**

Services	Medicare pays	Plan pays	You pay
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical laboratory services</b>			
Blood Tests for Diagnostic Services	100%	\$0	\$0
<b>Special mandated medical formulas</b>			
<b>Covered by Medicare</b>			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Not covered by Medicare	\$0	All allowed charges for covered items	Balance

\*\*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.



## Medicare Supplement Core Medicare (Parts A & B)

Services	Medicare pays	Plan pays	You pay
<b>Home health care</b>			
<b>Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b>			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

\*\*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

### Other Benefits—Not Covered by Medicare

Services	Medicare pays	Plan pays	You pay
<b>Outpatient Prescription Drugs – Not Covered by Medicare</b>	\$0	\$0	All costs

## Medicare Supplement 1

### Medicare Part A—Hospital Services—Per Benefit Period

The information provided in this Outline of Coverage lists the 2024 cost-sharing for Original Medicare. Your Part A and Part B deductible amounts may change for 2025.

Services	Medicare pays	Plan pays	You pay
<b>Hospitalization*</b>			
Semiprivate room and board, general hospital nursing and miscellaneous services and supplies and licensed mental hospital stays for biologically-based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum			
First 60 days of a benefit period	All but \$1,632	\$1,632 Part A Deductible	\$0
61st through 90th day of a benefit period	All but \$408 a day	\$408 a day	\$0
91st day and after of a benefit period:			
While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
- Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
- Beyond the additional 365 days	\$0	\$0	All costs
<b>Licensed mental hospital stays not covered by Medicare</b>			
First 60 days of a benefit period	\$0	100% of Medicare eligible expenses	\$0
61st through 90th day of a benefit period	\$0	100% of Medicare eligible expenses	\$0
91st day and after of a benefit period:			
- While using 60 lifetime reserve days	\$0	100% of Medicare eligible expenses	\$0
Once lifetime reserve days are used:			
- Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
- Beyond the additional 365 days	\$0	\$0	All costs

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**Medicare Supplement 1**  
**Medicare Part A—Hospital Services—Per Benefit Period**  
**(continued)**

Services	Medicare pays	Plan pays	You pay
<b>Skilled nursing facility care*</b>			
<b>(Participating with Medicare)</b>			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after having left the hospital			
First 20 days of a benefit period	All approved amounts	\$0	\$0
21st through 100th day of a benefit period	All but \$204 a day	Up to \$204 a day	\$0
101st through 365th day of a benefit period	\$0	\$10 a day	Balance
Beyond the 365th day of a benefit period	\$0	\$0	All costs
<b>(Not participating with Medicare)</b>			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and transferred to the facility within 30 days after having left the hospital			
1st through 365th day of a benefit period	\$0	\$8 a day	Balance
Beyond the 365th day of a benefit year	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice care</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	Coinsurance	\$0

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the Policy's "Core Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Medicare Supplement 1**  
**Medicare Part B—Medical Services—Per Calendar Year**

Services	Medicare pays	Plan pays	You pay
<b>Medical expenses in or out of the hospital and outpatient hospital treatment</b> , such as physician's services, certain telehealth services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First \$240 of Medicare-approved amounts	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)</b>			
First \$240 of Medicare-approved amounts	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Outpatient treatment for biologically-based mental disorders (for services not covered by Medicare)	\$0	100% of expenses	\$0
<b>Outpatient treatment for other mental health disorders (for services covered by Medicare)</b>			
First \$240 of Medicare-approved amounts	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Outpatient treatment for other mental health disorders (for services not covered by Medicare)</b>			
First 24 visits per calendar year	\$0	100%	\$0
Visits 25 and after	\$0	\$0	All costs

**Medicare Supplement 1**  
**Medicare Part B—Medical Services—Per Calendar Year**  
**(continued)**

Services	Medicare pays	Plan pays	You pay
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare-approved amounts	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical laboratory services</b>			
Blood Tests for Diagnostic Services	100%	\$0	\$0
<b>Special mandated medical formulas</b>			
<b>Covered by Medicare</b>			
First \$240 of Medicare-approved amounts	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Not covered by Medicare</b>	\$0	All allowed charges for covered items	Balance

## Medicare Supplement 1 Medicare (Parts A & B)

Services	Medicare pays	Plan pays	You pay
<b>Home health care</b>			
<b>Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b>			
First \$240 of Medicare-approved amounts	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

## Medicare Supplement 1 Other Benefits – Not Covered by Medicare

Services	Medicare pays	Plan pays	You pay
<b>Foreign Travel – Not Covered by Medicare</b> Emergency services only, while traveling outside the United States	\$0	Remainder of charges (including portion normally paid by Medicare)	\$0
<b>Outpatient Prescription Drugs – Not Covered by Medicare</b>	\$0	\$0	All costs

**Medicare Supplement 1A**  
**Medicare (Part A)—Hospital Services—Per Benefit Year**

Services	Medicare pays	Plan pays	You pay
<b>Hospitalization*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies and licensed mental hospital stays for biologically-based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum			
First 60 days of a benefit period	All but \$1,632	\$1,632 (Part A Deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day of a benefit period	All but \$408 a day	\$408 a day	\$0
91 <sup>st</sup> day of a benefit period and after:			
While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserves are used:			
- Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
- Beyond the additional 365 days	\$0	\$0	All costs
<b>Licensed mental hospital stays not covered by Medicare</b>			
First 60 days of a benefit period	\$0	100% of Medicare eligible expenses	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day of a benefit period	\$0	100% of Medicare eligible expenses	\$0
91 <sup>st</sup> day and after of a benefit period:			
- While using 60 lifetime reserve days	\$0	100% of Medicare eligible expenses	\$0
Once lifetime reserve days are used:			
- Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
- Beyond the additional 365 days	\$0	\$0	All costs

**Medicare Supplement 1A**  
**Medicare (Part A)—Hospital Services—Per Benefit Year**  
**(continued)**

Services	Medicare pays	Plan pays	You pay
<b>Skilled Nursing Facility Care*</b>			
<b>(Participating with Medicare)</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after having left the hospital			
First 20 days	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$204 a day	Up to \$204 a day	\$0
101 <sup>st</sup> day through 365 <sup>th</sup> day of a benefit period	\$0	\$10 a day	Balance
Beyond the 365 <sup>th</sup> day of a benefit period	\$0	\$0	All costs
<b>(Not Participating with Medicare)</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and transferred to the facility within 30 days after having left the hospital			
1 <sup>st</sup> day through 365 <sup>th</sup> day of a benefit period	\$0	\$8 a day	Balance
Beyond the 365 <sup>th</sup> day of a benefit period	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	Coinsurance	\$0

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the Policy's "Core Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.



**Medicare Supplement 1A**  
**Medicare (Part B)—Medical Services—Per Calendar Year**

Services	Medicare pays	Plan pays	You pay
<b>Medical expenses in or out of the hospital and outpatient hospital treatment</b> , such as physician's services, certain telehealth services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)</b>			
First \$240 of allowed charges**	\$0	\$0	\$240 (Part B Deductible)
Remainder Medicare-approved amounts	80%	20%	\$0
<b>Outpatient treatment for other mental health disorders (for services not covered by Medicare)</b>			
First 24 visits per calendar year	\$0	100%	\$0
Visits 25 and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
Blood Tests for Diagnostic Services	100%	\$0	\$0

\*\*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for the calendar year.

**Medicare Supplement 1A**  
**Medicare (Part B)—Medical Services—Per Calendar Year**  
**(continued)**

Services	Medicare pays	Plan pays	You pay
<b>Special Medical Formulas Mandated by Law</b>			
<b>Covered by Medicare</b>			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Not covered by Medicare	\$0	All allowed charges	Balance

\*\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met for a calendar year.

**Medicare Supplement 1A**  
**Medicare Parts A&B**

Services	Medicare pays	Plan pays	You pay
<b>Home health care</b>			
<b>Medicare-approved services</b>			
Medically necessary skilled care services and medical services	100%	\$0	\$0
<b>Durable medical equipment</b>			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

\*\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with a double asterisk), your Part B Deductible will have been met with the calendar year.

**Medicare Supplement 1A**  
**Other Benefits – Not Covered by Medicare**

<b>Services</b>	<b>Medicare pays</b>	<b>Plan pays</b>	<b>You pay</b>
<b>Foreign Travel – Not Covered by Medicare</b> Emergency services only, while traveling outside the United States	\$0	Remainder of charges (including portion normally paid by Medicare)	\$0
<b>Outpatient Prescription Drugs – Not Covered by Medicare</b>	\$0	\$0	All costs

# Important!

If you, or someone you're helping, has questions about Fallon Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-868-5200.

## Spanish:

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Fallon Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-868-5200.

## Portuguese:

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Fallon Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-868-5200.

## Chinese:

如果您，或是您正在協助的對象，有關於[插入項目的名稱 Fallon Health] 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-868-5200]。

## Haitian Creole:

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Fallon Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-868-5200.

## Vietnamese:

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Fallon Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-868-5200.

## Russian:

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Fallon Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-868-5200.

## Arabic:

إن كان لديك أو لدى شخص تساعدته أسئلة بخصوص Fallon Health، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-868-5200.

## Khmer/Cambodian:

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ មានសំណួរអំពី Fallon Health បើ, អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន បោកខុសគ្នា ឥតគិតថ្លៃ ទេ ។

បើអ្នកចង់បានជំនួយអ្នកអាចទាក់ទង 1-800-868-5200 ។

**French:**

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Fallon Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-868-5200.

**Italian:**

Se tu o qualcuno che stai aiutando avete domande su Fallon Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-868-5200.

**Korean:**

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Fallon Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-868-5200로 전화하십시오.

**Greek:**

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Fallon Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-868-5200.

**Polish:**

Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Fallon Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-868-5200.

**Hindi:**

यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Fallon Health [के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी िुभाषण से बात करने के लिए ,1-800-868-5200 पर कॉि करें।

**Gujarati:**

જો તમે અથવા તમે કોઇને મદદ કરી રહો તેમ ાથી કોઇને Fallon Health િ વશે પ્રો ળો તો તમને મદદ અને મ ઉત્તી મે િ િ નો િઅવક ર છે. તે ખર્ િ વન તમ રી ભ ષ મ ા પ્ર ળત કરી શક ર છે. દ ભ વર્ િ િ િકર મ ટે,આ 1-800-868-5200 પર કોલ કરો.

**Laotian:**

້າທ່ານ, ຫ ຼື ຄົນທ ັທ່ານກໍາລັງຊ່ວຍເຫ ຼື ອ, ມ ຄໍາຖາມກ່ຽວກັບ Fallon Health, ທ່ານມ ສິດທ ັຈະໄດ້ຮັບການຊ່ວຍເຫ ຼື ອແລະຂໍ້ມູນຂ່າວສານທ ັເປັນພາສາຂອງທ່ານບໍ່ມ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-800-868-5200.

## Notice of inclusion resources

At Fallon Health, we believe everyone deserves access to **health care without discrimination**. We work every day to help people of any age, income level, race, color, ethnicity, national origin, disability, religion, sexual orientation, sex, gender identity, and health status achieve their health goals.

To make sure you have access to all the resources and information necessary to understand and access your health plan benefits, we:

- Provide **free aids and services**—such as qualified sign language interpreters and written information in other formats, including large print, braille, accessible electronic formats, and other formats.
- Provide **free language services**—such as qualified interpreters and information written in other languages—to people whose primary language is not English.
- Have **dedicated resources, individuals, and teams** that specialize in reviewing our policies to ensure inclusion of the unique needs of our transgender and gender diverse members.

If you need access to or wish to discuss any of this information or resources, **please call us** at the phone number on the back of your member ID card. Or you can email us at [cs@fallonhealth.org](mailto:cs@fallonhealth.org).

If you believe Fallon Health or a provider has **discriminated against you or didn't provide these resources**, please tell us. You can write, call, or email us at:

Compliance Director	Phone: 1-508-368-9988 (TRS 711)
Fallon Health	Email: <a href="mailto:compliance@fallonhealth.org">compliance@fallonhealth.org</a>
1 Mercantile St., Ste. 400, Worcester, MA 01608	

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, D.C., 20201  
Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

22-731-046 Rev. 01 4/24

**1-866-330-6380 (TRS 711)**  
**8 a.m.– 5 p.m., Monday–Friday**  
**[fallonhealth.org/medsupp](https://fallonhealth.org/medsupp)**

