

No network restrictions!

See any provider you want with our Fallon Medicare Plus™ Supplement plans.

When you're a member, you'll have:

- **No network restrictions**—see any provider who accepts Medicare and you as a patient.
- **No primary care provider** is required.
- **No referrals or copayments.***

Fallon Medicare Plus Supplement members also get:

- **\$150 toward eyewear** every year, plus an annual eye exam—at no extra cost.
- **SilverSneakers®** includes a free gym membership and access to online classes, workouts, and instructional videos.
- **Care Connect** which offers 24/7 phone access to registered nurses who will recommend where you should receive care or will help connect you to your doctor.
- **And more!**



Review the materials enclosed to see which Fallon Medicare Plus Supplement option is right for you.

Have questions?

Give us a call today! Massachusetts is our home, and our team is local. When you call us, you'll speak with someone who knows, and serves, this community. We believe that health care is personal and that you should be able to talk to a real person—not a computer. Because we want you to get the service you need, when you need it.

See the Outline of Coverage inside to see if you qualify for a 15% discount!



1-866-330-6380 (TRS 711)

8 a.m.–5 p.m., Monday–Friday

fallonhealth.org/medsupp

* With Fallon Medicare Plus Supplement Core, you have to meet your Part A and Part B deductibles before you have \$0 copayments. With Fallon Medicare Plus Supplement 1A, you have to meet your Part B deductible before you have \$0 copayments. Please see other cost sharing details in your Outline of Coverage.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

24-686-083 Rev. 00 7/24

Fallon Medicare PlusTM Supplement (Medigap) Options

With Fallon’s Medicare Supplement (Medigap) plans, you have the freedom to see who you want to see when you want to see them. There are no network restrictions and little to no out-of-pocket expenses. You can see any provider who accepts Medicare and you as a patient. No PCP. No referrals. No copayments.

Effective Jan. 1–Dec. 31, 2025	Fallon Medicare Plus Supplement Core	Fallon Medicare Plus Supplement 1A	Fallon Medicare Plus Supplement 1*
Monthly Plan Premiums You could qualify for a 15% discount. Call us or see the Outline of Coverage for details.	\$178	\$218.70	\$298
Benefit	Copayment		
Hospitalization	\$0 after you meet your \$1,632 Part A deductible ¹	\$0	\$0
Home health care	\$0	\$0	\$0
Doctor office visits	\$0 after you meet your \$240 Part B deductible ²	\$0 after you meet your \$240 Part B deductible ²	\$0
Specialist office visits			
Emergency room visits			
Same-day surgery			
Diagnostic tests (X-rays, MRI, CT, PET, and nuclear studies)			
Physical and speech therapy			
Part B outpatient drugs			
Eyewear discount program includes one routine eye exam every year and \$150 toward first pair of eyeglasses or contact lenses per calendar year.	\$0	\$0	\$0
SilverSneakers®—includes access to online classes and instructional videos, a free gym membership, and more.	\$0	\$0	\$0
Care Connect—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
Quit to Win program—our smoking cessation program offers one-on-one telephone coaching, group, and text support with individualized stop-smoking plans.	\$0	\$0	\$0
Naturally Well—discounts on acupuncture, chiropractic care, and massage therapy.	\$0	\$0	\$0
MyFallon app for smartphones—See your ID card and plan documents. The app is for both iPhones and Androids.	\$0	\$0	\$0
Foreign travel—emergency services while traveling outside the U.S.	Not covered	\$0	\$0
Part D drugs	You must enroll in Medicare Part D to be covered.		



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

* You must have turned 65 before Jan. 1, 2020 to apply for Fallon Medicare Plus Supplement 1.
¹ In 2024, the annual Part A deductible amount is \$1,632 and may change for 2025.
² In 2024, the annual Part B deductible amount is \$240 and may change for 2025.
SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.
Fallon Health & Life Assurance Company, Inc., is a wholly owned subsidiary of Fallon Community Health Plan.

Fallon Medicare Plus[™] Supplement Individual Enrollment Request Form



Fallon Health & Life Assurance Company, Inc., a wholly owned subsidiary of Fallon Community Health Plan.

To enroll in a Fallon Medicare Plus Supplement option, please provide the following information:

Check the Medicare Supplement plan of your choice:

☐ **Fallon Medicare Plus
Supplement Core**
\$178 per month

☐ **Fallon Medicare Plus
Supplement 1***
\$298 per month

☐ **Fallon Medicare Plus
Supplement 1A**
\$218.70 per month

You could qualify for a 15% discount. See the Outline of Coverage for details.

Last name _____ First name _____ M.I. _____ ☐ Mr. ☐ Mrs. ☐ Ms.

Birth date MM / DD / YYYY Sex ☐ M ☐ F Social Security Number _____ - _____ - _____

Permanent residence street address (P.O. Box not allowed)

City/town _____ State _____ ZIP _____

Home phone number (____) _____ - _____

Mobile phone number: *(optional)*
(____) _____ - _____

Email address: *(optional)*

☐ *I authorize Fallon Health to send me text
messages related to my plan benefits and services.*

☐ *I authorize Fallon Health to send me email messages
related to my plan benefits and services.*

Mailing address if different from above

City/town _____ State _____ ZIP _____

Written language preferred *(optional)* _____ Race *(optional)* _____

Spoken language preferred *(optional)* _____ Ethnicity *(optional)* _____

Are you Hispanic, Latino/a, or Spanish origin? *Select all that apply.*

☐ No, not of Hispanic, Latino/a, or Spanish origin

☐ Yes, Mexican, Mexican American, Chicano/a

☐ Yes, Puerto Rican

☐ Yes, Cuban

☐ Yes, another Hispanic, Latino/a, or Spanish origin

☐ **I choose not to answer.**

***If you became Medicare Eligible *on or after* January 1, 2020,**
you may enroll in the Fallon Medicare Supplement Core or 1A plans only.

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.

What's your race? *Select all that apply.*

☐ American Indian or Alaska Native

Asian:

☐ Asian Indian

☐ Korean

☐ Chinese

☐ Vietnamese

☐ Filipino

☐ Other Asian

☐ Japanese

☐ Black or African American

Native Hawaiian and Pacific Islander:

☐ Guamanian or Chamorro

☐ Native Hawaiian

☐ Samoan

☐ Other Pacific Islander

☐ White

☐ I choose not to answer.

What is your gender? Select one.

☐ Woman

☐ I use a different term: _____

☐ Man

☐ I choose not to answer.

☐ Non-binary

Which of the following best represents how you think of yourself? Select one.

☐ Lesbian or gay

☐ I use a different term: _____

☐ Straight, that is, not gay or lesbian

☐ I don't know

☐ Bisexual

☐ I choose not to answer.

Please provide your Medicare information. Use your red, white and blue Medicare card to complete this section.

Medicare Number

Medicare Part A (Hospital Insurance) effective date

Medicare Part B (Medical Insurance) effective date

Are you under 65 and eligible for Medicare coverage due solely to end-stage renal disease (ESRD)? ☐ Yes ☐ No

Note: If you are under age 65, you may only enroll in this plan if the disability that made you eligible for Medicare is a condition other than end-stage renal disease.

Are you currently a Fallon Health member? ☐ Yes ☐ No

If yes, please provide your Fallon Health member ID number

Do you or your spouse work? ☐ Yes ☐ No

Important Information

Please read the "Important Information" section. Then answer questions 1–5 on pages 3 and 4.

- You do not need more than one Medicare Supplement Insurance Policy.
- If you purchase this Policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for Medicaid benefits and may not need a Medicare Supplement Insurance Policy.
- The benefits and premiums under your Medicare Supplement Insurance Policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your Policy will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement Insurance Policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your Policy was suspended, the reinstituted Policy will not have outpatient prescription drug coverage, as you will be enrolled in the most comparable plan without outpatient prescription drug coverage.

- e. If you are eligible for and have enrolled in a Medicare Supplement Insurance Policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement Insurance Policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement Insurance Policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement Insurance Policy (or, if that is no longer available, a substantially equivalent Policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement Insurance Policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your Policy was suspended, the reinstituted Policy will not have outpatient prescription drug coverage, as you will be enrolled in the most comparable plan without outpatient prescription drug coverage.
- f. Counseling services are available in Massachusetts to provide advice concerning your purchase of Medicare Supplement Insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB). You may call the Massachusetts Executive Office of Elder Affairs insurance counseling program at 1-800-243-4636 (TTY: 1-800-872-0166) or write to that office at the following address for more information: One Ashburton Place, 5th Floor, Boston, MA 02108.

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement Insurance Policy, or that you had certain rights to buy such a Policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with your application.

Please answer all questions to the best of your knowledge. (Please mark Yes or No below with an "X".)

Question 1:

(a) Did you turn age 65 in the last 6 months? ☐ Yes ☐ No

(b) Did you enroll in Medicare Part B in the last 6 months?
☐ Yes ☐ No

(c) If yes, what is the effective date?

____ / ____ / ____
MM DD YYYY

Question 2:

Are you covered for medical assistance through the state Medicaid program? ☐ Yes ☐ No

[NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to this question.]

If yes,

(a) Will Medicaid pay your premiums for this Medicare Supplement Insurance Policy? ☐ Yes ☐ No

(b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?
☐ Yes ☐ No

Question 3:

(a) If you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates to the right. If you are still covered under this plan, leave "END" blank.

Start: ____ / ____ / ____
MM DD YYYY

End: ____ / ____ / ____
MM DD YYYY

(b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplemental policy? ☐ Yes ☐ No

(c) Was this your first time in this type of Medicare plan? ☐ Yes ☐ No

(d) Did you drop a Medicare Supplement Insurance Policy to enroll in the Medicare plan? ☐ Yes ☐ No

Question 4:

(a) Do you have another Medicare Supplement Insurance Policy in force? ☐ Yes ☐ No

(b) If so, with what company, and what plan do you have?

(c) If so, do you intend to replace your current Medicare Supplement Insurance Policy with this policy?

☐ Yes ☐ No If yes, please complete the Medicare Supplement Replacement form.

Question 5:

Have you had coverage under any other health insurance within the past 63 days?

(For example, an employer, union, or individual plan) ☐ Yes ☐ No

(a) If so, with what company, and what plan do you have?

(b) What are your dates of coverage under the other policy?

Start: ____ / ____ / ____ End: ____ / ____ / ____
MM DD YYYY MM DD YYYY

(If you are still covered under the other policy, leave "END" blank.)

Please read the following, and sign below:

I certify that the statements made and answers given are complete and true. If I am under age 65, I may only enroll in this plan if the disability that made me eligible for Medicare is a condition other than ESRD. I have read and carefully considered all of the "Important Information" on this form. I also certify that I received the "Outline of Medicare Supplement Coverage." I understand that no employer, former employer, health care provider, or private agency may sponsor, purchase, or contribute to the cost of this plan.

For the purpose of processing this application, for 30 months from the date this authorization is signed, and if I enroll in coverage, for as long as I am covered, I understand that all of my health care providers, other insurance companies, or my employer are authorized to release all of my medical records and other information to Fallon Health representatives for the purpose of determining my coverage and administering my benefits. I am, or my authorized representative is, entitled to receive a copy of this authorization form. I understand that the benefits for which I am eligible are those described in the applicable plan Subscriber Certificate. I understand that plan benefits and premium rates are subject to change as allowed by state law. I understand that enrollment in this plan is contingent upon payment of premium.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of Massachusetts) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, this signature certifies that: 1) this person is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by Fallon Health & Life Assurance Company, Inc.

Signature: _____ **Date:** _____

If you are the authorized representative, you must sign above and provide the following information:

Name: (print) _____

Relationship: _____

Address: _____

Phone #: _____ Alternate phone #: _____



BROKER/AGENT INFO: Agency name: _____ Broker/agent name: _____ Mass. Lic#: _____ Election type: _____ Requested effective date: _____ MSR form: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	ENROLLMENT DEPT. USE ONLY
FALLON HEALTH USE ONLY: RTS Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No QNXT sponsor needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date received: _____ Method of receipt: _____ Telephonic: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, confirmation number: _____ Name: _____ MA ID# _____	

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.

<p>Medicare Supplement Core <u>Standard Benefits</u> Basic Benefits</p> <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>Rates effective 1/1/2025: \$178.00 per month You could qualify for a 15% discount. See below for details.</p>	<p>Medicare Supplement 1 <u>Standard Benefits</u> Basic Benefits</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>Rates effective 1/1/2025: \$298.00 per month You could qualify for a 15% discount. See below for details.</p>	<p>Medicare Supplement 1A <u>Standard Benefits</u> Basic Benefits</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>Rates effective 1/1/2025: \$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
Hospitalization*			
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
Licensed mental hospital stays not covered by Medicare			
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
Skilled nursing facility care*			
(Participating with Medicare) 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
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care			
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
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			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)			
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
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)			
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
Blood			
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
Clinical laboratory services			
Blood Tests for Diagnostic Services	100%	\$0	\$0
Special mandated medical formulas			
Covered by Medicare			
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
Home health care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
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
Outpatient Prescription Drugs – Not Covered by Medicare	\$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
Hospitalization*			
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
Licensed mental hospital stays not covered by Medicare			
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
Skilled nursing facility care*			
(Participating with Medicare) 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
(Not participating with Medicare) 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
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care			
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
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			
First \$240 of Medicare-approved amounts	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)			
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
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First \$240 of Medicare-approved amounts	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)			
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
Blood			
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
Clinical laboratory services			
Blood Tests for Diagnostic Services	100%	\$0	\$0
Special mandated medical formulas			
Covered by Medicare			
First \$240 of Medicare-approved amounts	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Not covered by Medicare	\$0	All allowed charges for covered items	Balance

Medicare Supplement 1 Medicare (Parts A & B)

Services	Medicare pays	Plan pays	You pay
Home health care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
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
Foreign Travel – Not Covered by Medicare Emergency services only, while traveling outside the United States	\$0	Remainder of charges (including portion normally paid by Medicare)	\$0
Outpatient Prescription Drugs – Not Covered by Medicare	\$0	\$0	All costs

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

Services	Medicare pays	Plan pays	You pay
Hospitalization* 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 st through 90 th day of a benefit period	All but \$408 a day	\$408 a day	\$0
91 st 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
Licensed mental hospital stays not covered by Medicare			
First 60 days of a benefit period	\$0	100% of Medicare eligible expenses	\$0
61 st through 90 th day of a benefit period	\$0	100% of Medicare eligible expenses	\$0
91 st 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
Skilled Nursing Facility Care*			
(Participating with Medicare) 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 st through 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day through 365 th day of a benefit period	\$0	\$10 a day	Balance
Beyond the 365 th day of a benefit period	\$0	\$0	All costs
(Not Participating with Medicare) 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 st day through 365 th day of a benefit period	\$0	\$8 a day	Balance
Beyond the 365 th day of a benefit period	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
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
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			
First \$240 of Medicare-approved amounts**	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)			
First \$240 of allowed charges**	\$0	\$0	\$240 (Part B Deductible)
Remainder Medicare-approved amounts	80%	20%	\$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)			
First 24 visits per calendar year	\$0	100%	\$0
Visits 25 and after	\$0	\$0	All costs
Blood			
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
Clinical Laboratory Services			
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
Special Medical Formulas Mandated by Law			
Covered by Medicare			
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
Home health care			
Medicare-approved services			
Medically necessary skilled care services and medical services	100%	\$0	\$0
Durable medical equipment			
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

Services	Medicare pays	Plan pays	You pay
Foreign Travel – Not Covered by Medicare Emergency services only, while traveling outside the United States	\$0	Remainder of charges (including portion normally paid by Medicare)	\$0
Outpatient Prescription Drugs – Not Covered by Medicare	\$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 تساعدك 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 ហើយ អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន បោកនុងភាសា របស់អ្នក ដោយមិនគិតថ្លៃ ។

បើអ្នកមិនយល់ជាមួយអ្នករក្សាប្រ រួម 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 από 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 ઓ ઇર તો તમને મદદ અને મ ઉત્તી મે િ િ નો િઅવક ર છે. તે ખચ્ િવન તમ રી ભ ષ મ ા પ્ર ણત કરી શક ર છે. દ ભ વષ્ િ િત િકર મ ટે,આ 1-800-868-5200 પર કોલ કરો.

Laotian:

້າທ່ານ, ຫ ຼື ອົນທ ັທ່ານກໍາລັງຊ່ວຍເຫ ຼື ອ, ມ ອໍາຖາມກ່ຽວກັບ Fallon Health, ທ່ານມ ສິດທ ັຈະໄດ້ຮັບການຊ່ວຍເຫ ຼື ອແລະຂໍ້ມູນຂ່າວສານທ ັບັນພາສາຂອງທ່ານບໍ່ມ ອ່າໃຊ້ຈ່າຍ. ການໂອ້ນວິມັກບັນພາສາ, 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.

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: compliance@fallonhealth.org
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



Notice to applicant regarding replacement of Medicare Supplement insurance

Fallon Health & Life Assurance Company, Inc.
1 Mercantile St., Ste. 400
Worcester, MA 01608

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application/information you have furnished, you intend to terminate existing Medicare Supplement insurance and replace it with a policy to be issued by Fallon Health & Life Assurance Company, Inc. Your new policy will provide 30 days within which you may decide, without cost, whether you desire to keep the policy.

You have 30 days to review your policy and decide whether to keep it, EXCEPT that if you're newly enrolling in a Medicare Supplement 1 plan, then you're not permitted to switch within the same company into a Medicare Supplement 1A plan until you've been covered by the company's Medicare Supplement 1 plan for a period of at least 12 months.

You should review your new coverage carefully.

Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that the purchase of this Medicare Supplement insurance is a wise decision, you should terminate your present Medicare Supplement coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER, INSURANCE PRODUCER, OR OTHER REPRESENTATIVE:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement insurance policy will not duplicate your existing Medicare Supplement coverage because you intend to terminate your existing Medicare Supplement coverage. The replacement policy is being purchased for the following reason(s), (check one):

- _____ Additional benefits
- _____ No change in benefits, lower premiums
- _____ Fewer benefits and lower premiums
- _____ Other (please specify): _____



(more on other side)

Important:

- (1) State law provides that your replacement policy may not contain any pre-existing conditions, waiting periods, elimination periods, or probationary periods.
- (2) If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application. Failure to include all material information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.
- (3) Don't cancel your present policy until you have reviewed your new policy and are sure that you want to keep it. If you cancel your present policy and then decide that you don't want to keep your new policy, it may not be possible to get back the coverage of your present policy.

Signature:

Signature of applicant

Date



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.

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.

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.

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。

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.

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.

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.

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

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ មានសំណួរអំពី Fallon Health បេ, អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន បោកនិងភាសា អស់អ្នក បោកមិនអ្វីប៉ុណ្ណោះ ។ បើសិនជាអ្នកមានសំណួរអ្នកអាចទាក់ទង 1-800-868-5200 ។

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.

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.

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.

Eάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω από 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.

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.

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।

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં છો તેમ ાંથી કોઇને Fallon Health વિશે પ્રશ્નો હોય તો તમને મદદ અને મ હહતી મેળિિ નો અવિક ર છે. તે ખર્ચ વિન તમ રી ભ ષ મ ાં પ્ર પ્ત કરી શક ર છે. દ ભ વષરો િ ત કરિ મ ટે,આ 1-800-868-5200 પર કોલ કરો.

້າທ່ານ, ຫ ຼືອົນທ ັທ່ານກຳລັງຊ່ວຍເຫ ຼືອ, ມ ຄຳຖາມກ່ຽວກັບ Fallon Health, ທ່ານມ ສິດທ ັຈະໄດ້ຮັບການຊ່ວຍເຫ ຼືອແລະຂໍ້ມູນຂ່າວສານທ ັບັນພາສາຂອງທ່ານບໍ່ມ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນວິມັກບຸນພາສາ, ໃຫ້ໂທຫາ 1-800-868-5200.