Fallon Medicare Plus Freedom
Schedule of Benefits
January 1, 2020 through December 31, 2020

Town of Palmer
Fallon Medicare Plus Freedom
Schedule of Benefits
January 1, 2020 through December 31, 2020

This Schedule of Benefits describes the benefits and services available with Fallon Medicare Plus Freedom and your costs for health care. This policy provides coverage secondary to Medicare, as well as coverage for some additional services not covered by Medicare, for members enrolled through employer groups. Covered services under this policy generally fall into two categories: services for which the policy provides coverage secondary to Medicare, and non-Medicare services mandated by Massachusetts state law.

This health plan alone does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. Enrollment in Original Medicare (Part A and Part B) satisfies Minimum Creditable Coverage standards, however. Since enrollment in Original Medicare is an eligibility requirement for this plan, any insured enrolled in this health plan should satisfy Minimum Creditable Coverage standards.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:
As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information, call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This plan is not intended to provide comprehensive health care coverage and does not meet Minimum Creditable Coverage standards, even if it does include services that are not available in the insured’s other health plans.

If you have questions about this notice, you may contact the Division of Insurance by calling 1-617-521-7794 or visiting its website at www.mass.gov/doi.

The benefits described here are available to all insureds provided that the criteria below are met. Covered services under this policy generally fall into two categories: services for which the policy provides coverage secondary to Medicare, and non-Medicare services mandated by Massachusetts state law.

For Medicare-covered services:
- The services are received from a provider or facility that is eligible to receive payments from Medicare.
- The services are covered by Medicare Part A or Part B.
- The charges for the services do not exceed the Medicare allowed amount.

For other services:
- The services are received from a properly licensed provider or facility.
- The services are described as a covered service in the Member Handbook, and are not limited or excluded elsewhere in the Member Handbook, in the Schedule of Benefits, or in an amendment to the Member Handbook.
- The services are medically necessary, or meet any other criteria described in the Member Handbook.
- The charges for the services do not exceed the reasonable and customary amount.
For Medicare-covered services, this policy provides secondary coverage for any service covered by Medicare Part A or B, including but not limited to the services listed in this Schedule of Benefits. Unless otherwise noted, coverage for services in this category is provided only if the services are covered by Medicare Part A or Part B, and only for the deductible, copayment and coinsurance amounts which are not paid by Medicare. Coverage is provided for 100% of the deductible, copayment and coinsurance, up to the Medicare-allowed amount, unless stated otherwise in this Schedule of Benefits, Member Handbook or in an amendment to the handbook. Note that Medicare coverage of certain services may be limited, or may be restricted to services which meet certain criteria. In some cases, providers who do not accept Medicare “assignment” may be able to bill you for charged amounts that exceed the Medicare-approved deductible or coinsurance amount. In such cases, this amount is the responsibility of the insured, and will not be covered by either Medicare or Fallon Medicare Plus Freedom. Fallon Medicare Plus Freedom will not provide coverage for any service not covered by Medicare unless specifically indicated otherwise in this Schedule of Benefits, Member Handbook or in an amendment to the handbook.

Those services mandated by Massachusetts state law listed in your Member Handbook are covered by Fallon Medicare Plus Freedom even if Medicare does not cover them or if they are received from providers who are not eligible to receive payment from Medicare. To the extent that Medicare does provide coverage for them, however, Fallon Medicare Plus Freedom’s coverage will be secondary to Medicare. All Fallon Medicare Plus Freedom coverage will be less any payments made by Medicare. Coverage is provided for 100% of the reasonable or customary amount, unless stated otherwise in this Schedule of Benefits, Member Handbook or in an amendment to the handbook.

We recommend that you do not rely solely on this Schedule of Benefits for information about the plan. Be sure to read all parts of the Member Handbook.

The chart on the following pages shows Medicare coverage for various services. Medicare coverage information is shown for purposes of illustration only and is not guaranteed by Fallon Medicare Plus Freedom. Medicare coverage guidelines may change from time to time, and the Medicare program makes the ultimate determination as to which services it will cover and in what manner.
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<tr>
<td><strong>1 - Premium and Other Important Information</strong></td>
<td>In 2019, the standard monthly Part B premium will be $135.50. About 3.5% of Medicare beneficiaries will pay less than the full Part B standard monthly premium amount in 2019 due to the statutory hold harmless provision, which limits certain beneficiaries’ increase in their Part B premium to be no greater than the increase in their Social Security benefits. Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over $85,000 for singles, $170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</td>
<td>Part B premium must be paid in addition to your Medicare Plus Freedom premium. For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</td>
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</tr>
<tr>
<td><strong>2 - Doctor and Hospital Choice</strong></td>
<td>You may go to any doctor, specialist or hospital that accepts Medicare.</td>
<td>You may go to any doctor, specialist or hospital that accepts Medicare.</td>
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(For more information, see Emergency – #15 and Urgently Needed Care – #16.)
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<td><strong>INPATIENT CARE</strong></td>
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<tr>
<td>3 - Inpatient Hospital Care</td>
<td>In 2019 the amounts for each benefit period are:</td>
<td>100% coverage of any Medicare-allowed amount which was applied to a deductible or copayment.</td>
<td>$0 for inpatient hospital care.*</td>
</tr>
<tr>
<td>(includes Substance Use and Rehabilitation Services)</td>
<td>Days 1-60: $1,364 deductible</td>
<td>If you have exhausted your Medicare lifetime reserve days, 100% coverage of the reasonable and customary amount for up to 365 additional inpatient hospital days per lifetime (the 365-day limit applies to services received in both a general hospital and a mental or psychiatric hospital).</td>
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<td>Days 61-90: $341 per day</td>
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<td></td>
<td>Days 91-150: $682 per lifetime reserve day</td>
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<td>These amounts may change for 2020.</td>
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<td></td>
<td>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</td>
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<td>Lifetime reserve days can only be used once.</td>
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<td>A &quot;benefit period&quot; starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</td>
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<td>4 - Inpatient Mental Health Care</td>
<td>In 2019 the amounts for each benefit period are:</td>
<td>100% coverage of any Medicare-allowed amount which was applied to a deductible or copayment.</td>
<td>$0 for inpatient mental health care.*</td>
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<td></td>
<td>Days 1-60: $1,364 deductible</td>
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<td>Days 91-150: $682 per lifetime reserve day</td>
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<td>These amounts may change for 2020.</td>
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<td>4 - Inpatient Mental Health Care, continued</td>
<td>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</td>
<td>If you have exhausted your Medicare lifetime reserve days or reached your 190-day Medicare lifetime limit on care in a psychiatric hospital, 100% coverage of the reasonable and customary amount for up to 365 additional inpatient hospital days per lifetime (the 365-day limit applies to services received in both a general hospital and a psychiatric hospital).</td>
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<tr>
<td>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</td>
<td>In 2019 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1–20: $0 per day Days 21–100: $170.50 per day These amounts may change for 2020. 100 days for each benefit period. A &quot;benefit period&quot; starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or copayment for days 21-100.</td>
<td>$0 for days 21-100 each benefit period for a skilled nursing facility stay.* 100% of the costs for days 101-365 for a skilled nursing facility stay.</td>
</tr>
<tr>
<td>6 - Home Health Care (includes medically-necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)</td>
<td>$0 copay.</td>
<td>100% coverage of any Medicare allowed amount which would normally be your responsibility.</td>
<td>$0 for home health care.*</td>
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<td>7 - Hospice</td>
<td>You pay part of the cost for outpatient drugs and inpatient respite care.</td>
<td>100% coverage of any Medicare allowed amount which would normally be your responsibility.</td>
<td>$0 for hospice.*</td>
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<td>You must get care from a Medicare-certified hospice.</td>
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<tr>
<td></td>
<td><strong>OUTPATIENT CARE</strong></td>
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<tr>
<td>8 - Doctor Office Visits</td>
<td>20% coinsurance</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for doctor office visits.*</td>
</tr>
<tr>
<td></td>
<td><strong>9 - Chiropractic Services</strong></td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for chiropractic care.*</td>
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<td>Supplemental routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>100% of the cost for routine chiropractic care not covered by Medicare.</td>
</tr>
<tr>
<td>10 - Podiatry Services</td>
<td>Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for podiatry services.*</td>
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<tr>
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<td><strong>11 - Outpatient Mental Health Care</strong></td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 40% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for outpatient mental health care.*</td>
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<td>40% coinsurance for most outpatient mental health services.</td>
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<tr>
<td><strong>11 - Outpatient Mental Health Care, continued</strong></td>
<td>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible. &quot;Partial hospitalization program&quot; is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</td>
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<tr>
<td><strong>12 - Outpatient Substance Use Care</strong></td>
<td>20% coinsurance</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for outpatient substance use care.*</td>
</tr>
<tr>
<td><strong>13 – Outpatient Services/Surgery</strong></td>
<td>20% coinsurance for the doctor's services Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility services</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for outpatient services/surgery.*</td>
</tr>
<tr>
<td><strong>14 - Ambulance Services (medically necessary ambulance services)</strong></td>
<td>20% coinsurance</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for worldwide ambulance services.* 100% of the cost for ambulance services that are not covered by Medicare or Fallon Medicare Plus Freedom.</td>
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<td><strong>14 - Ambulance Services, continued</strong></td>
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<td>Supplemental coverage for emergency-related transportation services received outside the United States is limited to road ambulance transportation to the nearest appropriate hospital.</td>
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<td><strong>15 - Emergency Care</strong> (You may go to any emergency room if you reasonably believe you need emergency care.)</td>
<td>20% coinsurance for the doctor’s services. Specified copayment for outpatient hospital facility emergency services. Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. You don’t have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit. Not covered outside the U.S. except under limited circumstances.</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay. Supplemental coverage for services received outside the United States excludes services that would not be covered by Medicare or Fallon Medicare Plus Freedom if they were received in the United States, services that are routine or preventive in nature, or services that could have been received or scheduled before leaving the United States.</td>
<td>$0 for worldwide emergency care.*</td>
</tr>
<tr>
<td><strong>16 - Urgently Needed Care</strong> (This is NOT emergency care)</td>
<td>20% coinsurance, or a set copay Not covered outside the U.S. except under limited circumstances.</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay. $0 for urgently needed services received in the United States.* 100% of the costs for urgently needed services received outside the United States (there are some limited exceptions).</td>
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<tr>
<td><strong>17 - Outpatient Rehabilitation Services</strong> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</td>
<td>20% coinsurance</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for outpatient rehabilitation services.*</td>
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<td><strong>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</strong></td>
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<tr>
<td>18 - Durable Medical Equipment</td>
<td>20% coinsurance</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for durable medical equipment.*</td>
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<td>(includes wheelchairs, oxygen, etc.)</td>
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<tr>
<td>19 - Prosthetic Devices</td>
<td>20% coinsurance</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for prosthetic devices.*</td>
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<tr>
<td>(includes braces, artificial limbs and eyes, etc.)</td>
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<tr>
<td>20 - Diabetes Programs and Supplies</td>
<td>20% coinsurance for diabetes self-management training</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for diabetes self-management training and supplies.*</td>
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<td>20% coinsurance for diabetes supplies</td>
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<td>20% coinsurance for diabetic therapeutic shoes or inserts</td>
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<tr>
<td>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</td>
<td>20% coinsurance for diagnostic tests and X-rays</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for diagnostic tests, X-rays, and lab services.*</td>
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<td>$0 copay for Medicare-covered lab services</td>
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<td><strong>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services, continued</strong></td>
<td>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol. 20% coinsurance for digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.</td>
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<td><strong>22 – Cardiac and Pulmonary Rehabilitation Services</strong></td>
<td>20% coinsurance for Cardiac Rehabilitation services 20% coinsurance for Pulmonary Rehabilitation services 20% coinsurance for Intensive Cardiac Rehabilitation services This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.</td>
<td>100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.</td>
<td>$0 for cardiac and pulmonary rehabilitation services.*</td>
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| **23 - Preventive Services and Wellness/Education Programs** | No coinsurance, copayment or deductible for the following:  
- Abdominal Aortic Aneurysm Screening  
- Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.  
- Cardiovascular Screening  
- Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.  
- Colorectal Cancer Screening  
- Diabetes Screening  
- Influenza Vaccine  
- Hepatitis B Vaccine for people with Medicare who are at risk  
- HIV Screening. $0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.  
- Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. | 100% coverage of any Medicare allowed amount which would normally be your responsibility. | $0 for preventive services and some wellness education services.*  
**Fallon Health’s Additional Supplemental Smoking Cessation** – Group conference calls, one-on-one telephone-based coaching and 3 community group support (8 week) programs offered by certified tobacco treatment counselors from our smoking cessation program, Quit to Win. You pay $0 for Fallon Health’s additional supplemental smoking cessation classes. |

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| 23 - Preventive Services and Wellness/Education Programs, continued | - Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease  
- Personalized Prevention Plan Services (Annual Wellness Visits)  
- Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.  
- Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.  
- Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.  
- Welcome to Medicare” Preventive Visit  
  The plan covers the one-time “Welcome to Medicare” preventive visit. The visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots), and referrals for other care if needed. |                                                                           |                               |

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| 23 - Preventive Services and Wellness/Education Programs, continued | Important: We cover the “Welcome to Medicare” preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor’s office know you would like to schedule your “Welcome to Medicare” preventive visit. - Annual wellness visit.
If you've had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months.
- Note: Your first annual wellness visit can't take place within 12 months of your “Welcome to Medicare” preventive visit. However, you don't need to have had a “Welcome to Medicare” visit to be covered for annual wellness visits after you've had Part B for 12 months. | | |

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| 24 - Kidney Disease and Conditions | 20% coinsurance for renal dialysis  
20% coinsurance for kidney disease education services | 100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay. | $0 for renal dialysis and kidney disease education.*                              |
| 25 – Outpatient Prescription Drugs | Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. | For Part B prescription drugs: 100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay.  
For non-Part B covered prescription drugs: Full coverage of medically-necessary prescription drugs. Members are responsible for copayments. | $0 for Part B prescription drugs.*  
Your employer group has elected a non-Part B prescription drug benefit through Fallon Medicare Plus Freedom for medically-necessary, covered medications.  
Your copayments under this benefit are shown below.  
Retail pharmacy:  
Tier 1: $10  
Tier 2: $20  
Tier 3: $35  
Tier 4: $35  
Copayment for up to a 30-day supply  
Mail-order pharmacy:  
Tier 1: $20  
Tier 2: $40  
Tier 3: $70  
Tier 4: $70  
Copayment for up to a 90-day supply  
See the Prescription Medication section at the end of this document for more information on this benefit. |

* For any services charged at the Medicare allowed amount.
<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Original Medicare</th>
<th>Fallon Medicare Plus Freedom</th>
<th>Your Responsibility</th>
</tr>
</thead>
</table>
| 26 - Dental Services  | Preventive dental services (such as cleaning) not covered.                         | 100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay. | $0 for oral surgery and dental services.*  
100% of the cost for preventive dental services and other dental services not covered by Medicare. |
| 27 - Hearing Services | Supplemental routine hearing exams and hearing aids not covered.  
20% coinsurance for diagnostic hearing exams. | 100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay. | $0 for diagnostic hearing exams.*  
In general, supplemental routine hearing exams and hearing aids are not covered. |
| 28 - Vision Services  | 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.  
Supplemental routine eye exams and glasses not covered.  
Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.  
Annual glaucoma screenings covered for people at risk. | 100% coverage of any Medicare allowed amount which was applied to a deductible or coinsurance. This means we will pay your annual deductible and the remaining 20% of the Medicare allowed amount that Medicare does not pay. | $0 for vision services.* |
| Over-the-Counter Items | Not covered.                                                                       | This plan does not cover Over-the-Counter items.                                             | This plan does not cover Over-the-Counter items.                                    |
| Transportation (Routine) | Not covered.                                                                      | This plan does not cover supplemental routine transportation.                               | This plan does not cover supplemental routine transportation.                        |
| Acupuncture           | Not covered.                                                                       | This plan does not cover Acupuncture.                                                        | This plan does not cover Acupuncture.                                                |

* For any services charged at the Medicare allowed amount.
### ADDITIONAL COVERAGE BEYOND MEDICARE

<table>
<thead>
<tr>
<th>Benefit Category</th>
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</tr>
</thead>
</table>
| Wellness Program | You pay 100%.     | You may access Fallon's It Fits! benefit which entitles you to $200 to use toward gym memberships, new home cardiovascular equipment, Pilates and yoga classes, weight loss programs, and a variety of other healthy activities. Please contact the plan for more details. The plan also covers the following supplemental education/wellness programs:  
- Written health education materials, including newsletters  
- Additional Smoking Cessation (copayments may apply)  
- 24-hr/day Nursing Hotline | You pay 100% of the cost above the $200 per year It Fits! reimbursement for gym memberships, new home cardiovascular equipment, weight loss programs, fitness classes and various other healthy activities. |

*For any services charged at the Medicare allowed amount.*
STATE-MANDATED SERVICES

The services mandated by Massachusetts state law listed in your Member Handbook are covered as follows:

To the extent that services are covered by Medicare, 100% coverage of any Medicare allowed amount which was applied to a deductible, copayment or coinsurance.

To the extent that services listed are not covered by Medicare, 100% coverage of the reasonable and customary amount for the service.

- Autism services
- Bone-marrow transplants for breast cancer patients
- Contraceptive services and hormone replacement therapy
- Hearing aids
- HIV associated lipodystrophy treatment
- Home health care
- Hospice care
- Hypodermic needles and syringes
- Mammograms and Pap smears
- Mastectomy-related services
- Mental health and substance use services
- Scalp hair prosthesis
- Enteral formulas and low protein food products
- Speech hearing and language services
- Treatment of cleft lip and cleft palate
- Treatment of Lyme disease

PRESCRIPTION MEDICATION

Fallon Medicare Plus Freedom covers medically necessary prescription drugs according to the requirements and guidelines discussed below, subject to the copayments on page 14. Fallon Medicare Plus Freedom prescription coverage is considered creditable prescription drug coverage.

Who can write your prescription
Fallon Medicare Plus Freedom covers medically necessary prescription drugs that are prescribed by a licensed health care provider, according to the requirements and guidelines discussed below. All drugs and supplies must be approved by the U.S. Food and Drug administration and used for the purposes indicated.

Where you can fill your prescription
You must fill your prescription at a pharmacy, a pharmacy mail-order program, or a specialty pharmacy affiliated with Fallon Health & Life Assurance Company. (Please note that there are some medications that are not available through the mail-order program). Some medications may only be available through the affiliated specialty pharmacy, and will only be available as a one-month supply at a time. We may allow a one-time fill of a specialty drug at a local pharmacy; after the one-time fill, you will receive a letter and a call to set up delivery of your drug through specialty pharmacy network. For a list of affiliated pharmacies, contact Customer Service at 1-800-868-5200 (TRS 711) or visit fallonhealth.org. The pharmacy will process your prescription at the point of service in accordance with the requirements and guidelines discussed in this section. You will pay your copayment to the pharmacy.
The formulary

The Fallon Medicare Plus Freedom formulary is a list of covered medications that shows the copayment tier, prior authorization requirements, and any other limitation for each medication. We have selected the formulary, the tiers and determined the criteria for prior authorization based on the medication's efficacy and cost-effectiveness. The prescription drug formulary uses the commercial 4-tier formulary available online at fallonhealth.org. If you do not have access to our website or if you have any questions about the formulary, call Customer Service. A committee of doctors and pharmacists reviews and updates the formulary regularly.

The Fallon Medicare Plus Freedom prescription drug formulary has a multi-tiered copayment structure. We have selected the tiers based on efficacy and cost-effectiveness. There is a different copayment for each tier. A tier exception is not allowed. The Fallon Medicare Plus Freedom formulary may include drugs used for the off-label treatment of cancer or HIV/AIDS, in accordance with Massachusetts state law.

Only medications on our formulary are covered. Medications not on the formulary are considered non-formulary and are excluded and are not covered. There is a Non-formulary exception process* if your provider feels that the medications on our formulary are not appropriate for your condition. This request must be approved by Fallon before we will pay for the drug.

*Please see “Non-Covered Items” below.

Utilization Management

Utilization management includes Prior Authorization, Quantity Limits, and Step Therapy as described below.

Prior Authorizations

Coverage of certain formulary medications is based on medical necessity. For these drugs, you will need prior authorization. They are noted on the formulary as “PA.” Your doctor should request prior authorization before he or she writes the prescription and give us the clinical information that we need to make our decision. We will review the prior authorization request according to our criteria for medical necessity.

Opioid Management Program

Opioid painkillers provide needed relief to those with acute or chronic pain. But given their potential for harm, and the very real – and pervasive – problem of misuse and abuse, ensuring appropriate use is more critical now than ever before. Our standard opioid management program is aligned with the “Guideline for Prescribing Opioids for Chronic Pain” issued by the Centers for Disease Control and Prevention (CDC) in March 2016 and will:

- **Limit days supply**
  The length of the first fill (when appropriate) will be limited to 3 days for members 19 and under and 7 days for members over 19 years of age for immediate release, new, acute prescriptions for members who do not have a history of prior opioid use, based on their prescription claims. A physician can submit a prior authorization (PA) request if it is important to exceed the seven-day limit.

- **Limit quantity of opioids**
  The quantity of opioid products prescribed (including those that are combined with acetaminophen, ibuprofen or aspirin) will be limited up to 90 Morphine Milligram Equivalent (MME) per day (based on a 30-day supply). Prescribers who believe their patient should exceed CDC Guideline recommendations can submit a PA request for up to 200 MME per day unless minimum FDA-labeled strength/dose/frequency exceeds 200 MME per day. Quantities higher than that would require an appeal. Opioid products containing acetaminophen, aspirin, or ibuprofen will be limited to 4 grams of acetaminophen or aspirin, and 3.2 grams of ibuprofen per day.
• **Require step therapy**
  Use of an immediate-release (IR) formulation will be required before moving to an extended-release (ER) formulation, unless the member has a previous claim for an IR or ER product, or the prescriber submits a PA.

**Dispensing limitations**
Prescription drugs are generally dispensed for up to a 30-day supply. A one-month copayment will be charged for up to a 30-day supply. In some instances, the plan has established dispensing limitations (They are noted on the formulary as “QL.”), which may include a quantity limit on certain medications. Occasionally, for safety reasons or as directed by your provider, the length of therapy may be less than 30 days. If your doctor prescribes an amount of medication that is less than a 30-day supply (or for other prescription items, such as inhalers, that are dispensed as single units), you must still pay the corresponding cost-sharing for each prescription. For maintenance medication, you may obtain up to a 90-day supply unless the medication must be obtained from the specialty vendor (noted as “SP” on the on-line formulary). Per Massachusetts state law, certain contraceptives may be available for up to a 12 month supply. We follow FDA, state and federal dispensing guidelines. You cannot obtain a refill until most or all of the previous supply has been used.

Please note: Your doctor may prescribe medication in a dose that is not available through the purchase of a single prescription. In these cases, you may need to fill more than one prescription and pay a copayment for each to achieve the desired dose.

**Step therapy**
There are certain medications for which you will be required to have previously used certain other formulary medications. This is called step-therapy. They are noted on the formulary as “ST”.

Step therapy is a strategy where drugs for a given condition are dispensed using a logical sequence beginning with Step 1 drugs (most cost-effective) moving to Step 2 drugs (less cost-effective), based on accepted medical guidelines and standards.

**Generic and brand-name drugs**
Brand-name drugs are drugs that are approved by the U.S. Food and Drug Administration and produced and sold under the original manufacturer’s brand name. A generic drug is a drug product that meets the approval of the U.S. Food and Drug Administration and is equivalent to a brand-name product in terms of quality and performance. It may differ in certain other characteristics (e.g., shape, flavor, or preservatives). By law, generic drug products must contain identical amounts of the same active drug ingredient as the brand-name product.

Generic drugs cost less than their brand name counterpart. You should discuss generic drug alternatives with your physician or pharmacist. You will receive a generic drug from affiliated pharmacies anytime one is available, unless your doctor has directed the pharmacist to only dispense a specific brand-name drug. However, some brand-name drugs do not have a generic equivalent. In both these cases, you will receive the brand-name drug if on the Fallon formulary or if approved through the non-formulary exception process and will be responsible for the appropriate tiered copayment for that drug.

**Mail-order prescriptions**
You may also get your prescription medication refill(s) through a pharmacy mail-order program affiliated with Fallon Health & Life Assurance Company. You may have your prescription mailed directly to you at home or at any other location if you are traveling within the country. Most medications can be mailed; however, there are some that may not. (Medications cannot be mailed to other countries.)
When you fill your prescription through our mail-order program, you may order up to a 90-day supply of most medications. Certain narcotic medications cannot be filled for a 90-day supply per Massachusetts law. Per Massachusetts state law, certain contraceptives may be available for up to a 12 month supply. You will be responsible for the appropriate copayment amount.

Medications required to be obtained from the affiliated specialty pharmacy (noted as “SP” on the on-line formulary) can only be obtained up to one-month supply at a time.

New members
If you are a new member and need to have an existing prescription refilled, we encourage you to see your PCP to review your prescriptions. If you are currently taking a drug that requires prior authorization, your doctor will need to submit a request for prior authorization. We will determine coverage of that drug based on our criteria for medical necessity. If the drug you are currently taking is a higher-tier medication or a brand medication, you may want to discuss lower-tier or generic alternatives with your doctor.

Prior Authorization Process
Prior authorization (PA) is required for any medication exceeding the cost threshold and any medication noted with a “PA,” “QL,” or “ST” on the Fallon Medicare Plus Freedom formulary. A PA is also required for a drug that exceeds our Opioid Management Strategy limits and for formulary exception requests. Before we will pay for these medications, your provider must fill out a Fallon Health prescription prior authorization form. This form will be reviewed by clinical pharmacists and compared to our clinical criteria. Routine requests are processed within 2 business days from the date of receipt of a complete request. Urgent/emergency requests are processed within one business day of the date of receipt of a complete request. Both the provider and member will receive written confirmation of approval or denial of the request. If the request is approved, you may fill your prescription at an affiliated pharmacy. If the request is denied, you and your provider will receive detailed denial information that includes your rights to appeal our decision.

Covered items (some of these medications and covered items may require prior authorization.)
This list includes formulary medications only, unless otherwise stated or excluded below.

- Prescription medication
- Prescription contraceptive drugs and devices
- Hormone replacement therapy
- Injectable agents (self-administered*)
- Insulin
- Syringes (including insulin syringes) or needles when medically necessary
- Orally administered anticancer medications used to kill or slow the growth of cancerous cells
- Supplies for the treatment of diabetes, as required by Massachusetts state law, including, but not limited to:
  - Blood glucose monitoring strips
  - Urine glucose strips
  - Lancets
  - Ketone strips
• Long-term antibiotic therapy for a patient with Lyme disease when determined to be medically necessary and ordered by a licensed physician after making a thorough evaluation of the patient’s symptoms, diagnostic test results or response to treatment. An experimental drug shall be covered as a long-term antibiotic therapy if it is approved for an indication by the United States Food and Drug Administration.

• Preferred Blood Glucose Meters covered are limited to OneTouch® glucose meters and test strips manufactured by LifeScan. You can obtain a OneTouch® glucose meter at network pharmacies or by calling LifeScan at 1-877-356-8480, (TTY: 711), order code number 160FCH002 or by going to the LifeScan website, www.onetouch.orderpoints.com and input order code 160FCH002.

* Injectables administered in the doctor’s office or under other professional supervision are not covered as a prescription benefit, but may be covered as a medical benefit if they are covered by Medicare Part A or Part B, or are otherwise covered under the benefits described in your Member Handbook.

Claims for Pharmacy Services
Pharmacy Reimbursement requests must be submitted within 1 year of date of service. Send claims to:
Write: CVS/Caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Submit through CVS/Caremark Portal: http://www.caremark.com/wps/portal
Submit through Mobile Application: Caremark Mobil App

Non-Covered Items
Medications not on the formulary are considered non-formulary and are not covered. If your provider feels that the medications on our formulary are not appropriate for your condition, there is a formulary exception request process available. Your prescriber must support the request by providing clinical information and a statement that provides justification for supporting the need for the non-formulary drug to treat your condition, including a statement that all covered formulary drugs on any tier will be or have been ineffective, would not be as effective as the non-formulary drug, or would have adverse effects. This request must be approved by Fallon Health before we will pay for the drug.

Exclusions (the following items are not covered)
1. Drugs that you can buy without a prescription, unless included on the Fallon Medicare Plus Freedom formulary or specifically described as covered above.
2. Drugs not on our formulary, unless non-formulary prior authorization has been granted.
3. Drugs that are specifically excluded from the formulary, unless an exception has been granted.
4. Drugs that are investigational or that have not been approved for general sale and distribution by the U.S. Food and Drug Administration
5. Drugs that are not used or prescribed in accordance with FDA-approved labeling (unless compendia supported), including, but not limited to: unapproved doses, unapproved duration of therapy and unapproved indications. (This does not include the off-label uses of covered prescription drugs used in the treatment of HIV/AIDS or cancer when used in accordance with state law. This also does not include bone marrow transplants for breast cancer as required by state law.)
6. Drugs that require prior authorization, if prior authorization is not received
7. Drugs prescribed for purposes that are not medically necessary. This includes, but is not limited to, drugs for cosmetic purposes, to enhance athletic performance, for appetite suppression, or for other non-covered conditions. This also includes drugs that do not meet medical criteria. Cosmetic includes, but is not limited to, melasma, vitiligo, and alopecia.

8. Non-emergency prescriptions obtained at a non-affiliated pharmacy

9. Vitamins and minerals, whether or not a prescription is required, are excluded from coverage, unless listed in the drug formulary or under the Oh Baby! program

10. Over-the-counter birth control preparations or devices, unless specifically described as covered in the above

11. Medications used for preference or convenience

12. Medications new to the market that have not been reviewed by Fallon for safety and adverse events. These medications are not covered by Fallon until they have been reviewed and guidelines for their use have been developed. This could take up to 180 days post-marketing.

13. Replacement of more than one lost/mishandled medication per benefit period

14. Prescription drugs that are a combination of a covered prescription item and an item that is specifically excluded, such as vitamins, minerals, or medical foods/formulas.

15. Bio-identical hormone replacement therapy.

16. The following Prescription Proton Pump Inhibitors: Prevacid (brand name capsules), Protonix (brand name), Zegerid, Prilosec (brand name) and others not on the Fallon formulary

17. Tier cost-sharing exceptions.

18. The following are not covered benefits:
   - Topical emollients
   - Medical wound dressings for maintenance or long term care of a condition
   - Work-required vaccines

19. The following non-sedating antihistamines: Allegra, Allegra ODT, cetirizine HCl, Clarinex, Claritin, Claritin Reditabs, fexofenadine HCl, Xyzal and Zyrtec.

20. Products used for any dental condition that is not covered by Fallon Medicare Plus Freedom

21. Vimovo

22. Medical marijuana

23. Duexis (ibuprofen/famotidine)

24. Omeclamox (amoxicillin/clarithromycin/omeprazole) Therapy Pack

25. Vascepa (icosapent ethyl)

26. Liptruzet (atorvastatin/ezetimibe)

27. Diclegis (doxylamine/pyridoxine)

28. Acticlate (doxycycline Hyclate)

29. Jublia (efinaconazole soln)
30. Durlaza (aspirin 162.5mg)
31. Cuprimine (penicillamine) capsules
32. Glumetza (metformin) tablets
33. Fortamet (metformin SR 24h osmotic) tablets
34. Sernivo (betamethasone dipropionate spray emulsion) 1.5% Spray
35. Bonjesta (doxylamine/pyridoxine)
36. Yosprala (aspirin/omeprazole)
37. Ybuphen (ibuprofen 600mg & acetaminophen 500mg)
Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:
  Compliance Director
  Fallon Health
  10 Chestnut St.
  Worcester, MA 01608
  Phone: 1-508-368-9988 (TRS 711)
  Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available 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)

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 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 лицо, 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 اللازمة بغض النظر عن الكلفة. للتحدث مع مرجم اتصل ب 1-800-868-5200-1.

Khmer/Cambodian:
ប្រសិនបើអ្នកមានសំណល់លើអំពីFallon Health ឬអ្នកដែលអ្នកមានសំណល់លើអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភាពនឹងអំពីFallon Health ឬអ្នកដែលអ្នកសុវត្ថិភប

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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.