insurance that Puts You in Control

LASSO HEALTHCARE MSA 2020 OVERVIEW

What is the Lasso Healthcare Medicare Advantage MSA?

A high-deductible health plan plus a special medical savings account. We deposit money from Medicare into your account. You decide how to spend, save and/or invest the funds. You are responsible for expenses until you reach the plan deductible, then we pay 100% of additional Medicare A/B expenses incurred. Any funds remaining at year-end belong to you and roll over to the next year. It’s your money, your choice.

A Unique Combination of Features

- Only Medicare Advantage plan to give...and grow...money
- No network — access to any Medicare provider
- Enhanced tax-free expense coverage

Earn up to $250 in Gift Card Rewards!

Our *For Your Health* program rewards you for seeking smart, preventive care. Complete our three preventive health activities and earn up to $250 in gift card rewards to major brands like Amazon, Walmart and more, or a Visa® prepaid card.

You can use MSA funds tax-free on preventive services, and those services count toward your plan deductible.
### Your 2020 Plan Amounts

<table>
<thead>
<tr>
<th>Region 1 - $0 Premium</th>
<th>Region 2 - $0 Premium</th>
<th>Region 3 - $0 Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deposit</td>
<td>Deposit</td>
<td>Deposit</td>
</tr>
<tr>
<td>$3,240</td>
<td>$3,240</td>
<td>$3,240</td>
</tr>
<tr>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
</tr>
<tr>
<td>$7,400</td>
<td>$8,400</td>
<td>$9,400</td>
</tr>
<tr>
<td>Your Responsibility</td>
<td>Your Responsibility</td>
<td>Your Responsibility</td>
</tr>
<tr>
<td>$4,160</td>
<td>$5,160</td>
<td>$6,160</td>
</tr>
</tbody>
</table>

As enrollment is generally for a full calendar year, the plan deposit and deductible amounts shown are full year amounts. Both are prorated $270/month for any enrollment or disenrollment happening within the calendar year. If you leave the plan before the end of the calendar year, you will owe a prorated portion of the current year’s deposit amount back to Lasso Healthcare.

### Using Your MSA Funds

#### Medicare-covered Expenses
- Count toward deductible: YES
- Taxed/penalized by IRS: NO

#### Non-Medicare QMEs
- Count toward deductible: NO
- Taxed/penalized by IRS: NO

#### Non-qualified Expenses
- Count toward deductible: NO
- Taxed/penalized by IRS: YES

### Part D & Ancillary Coverages
Don’t forget to select a standalone Medicare Part D prescription drug plan, and any other limited benefit policies to fully customize coverage for your specific needs. Your MSA funds can be used to pay for items such as the plan copays, coinsurance and deductibles, tax-free.

### Clinical Access
Medicare MSA Plans are not allowed to limit what provider you choose for care. Any Medicare-approved provider can treat you and bill Lasso Healthcare. Thousands of providers already accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. Providers can decide at every visit whether to accept the Plan and agree to treat you, however, you cannot be denied emergency care due to your insurance plan.

### QUESTIONS?
1-866-766-2583  TTY: 711
- 10/1-3/31: 8 a.m. to 8 p.m. 7 days/wk
- 4/1-9/30: 8 a.m. to 8 p.m. M-F

LassoHealthcare.com

Lasso Healthcare is an MSA plan with a Medicare contract. Enrollment in Lasso Healthcare depends on contract renewal.
Lasso Healthcare MSA Enrollment Form
Medical Coverage Effective 2020

Please call Lasso Healthcare at 1-866-766-2583 TTY: 711 if you have questions or need information in another format or language. Our hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and Monday through Friday from April 1 through September 30.

1. Complete the following to enroll in Lasso Healthcare MSA

Mark the region you are enrolling in, based on your county and state of permanent residence. Please use the Service Area maps available from your licensed sales agent or online at www.lassohealthcare.com to select your Lasso Healthcare MSA Region.

**All Lasso Healthcare MSA Regions are $0 Premium**

<table>
<thead>
<tr>
<th>MSA Region</th>
<th>Deductible</th>
<th>Deposit</th>
<th>Your Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>$7,400</td>
<td>$3,240</td>
<td>$4,160</td>
</tr>
<tr>
<td>Region 2</td>
<td>$8,400</td>
<td>$3,240</td>
<td>$5,160</td>
</tr>
<tr>
<td>Region 3</td>
<td>$9,400</td>
<td>$3,240</td>
<td>$6,160</td>
</tr>
</tbody>
</table>

First name   | Middle initial | Last name
Sex [M] [F]   | Birth date | Primary phone number | Alternate phone number
Email address (optional) | Opt-in to email communications. You may opt-out in the future by calling the plan. | Email me!
Permanent residence street address (no P.O. box) | Mailing address (only if different than permanent)
City | State | City | State
County | Zip code | County | Zip code

2. Please provide your Medicare insurance information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
  — OR —
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare number: 

Is entitled to: Effective date:

HOSPITAL (Part A)

MEDICAL (Part B)

You must have Medicare Parts A and B to join a Medicare Advantage (MA) Plan.
3. Please read and answer these important eligibility questions

Enrollment in an MSA plan is generally for a full calendar year, unless you meet certain exceptions. Typically, joining a Medicare MSA plan is limited to the Annual Election Period (AEP) from October 15 - December 7 each year, or an Initial Coverage Election Period (ICEP) during the year for those newly eligible for Medicare. As compared to other MA plans, there are additional restrictions to join an MSA plan.

Please read the following statements carefully and answer the questions to help us confirm your eligibility to enroll. If you have any questions while completing this section or about your eligibility to enroll, please call Lasso Healthcare at the number and during the hours provided on Page 1.

A You must meet certain residency requirements to enroll. Please answer the following question.

Will you reside outside the U.S. for 182 or more days in 2020?  
☑ Yes  ☐ No

B You cannot have other health coverage that covers part or all of the Lasso Healthcare MSA deductible. Please answer each of the following questions.

- Are you eligible for or enrolled in your state Medicaid program?  
  ☐ Yes  ☐ No
- Are you receiving Medicare hospice benefits?  
  ☐ Yes  ☐ No
- Do you receive benefits under the Department of Defense/TRICARE?  
  ☐ Yes  ☐ No
- Do you receive benefits under the Department of Veteran Affairs?  
  ☐ Yes  ☐ No
- Do you receive benefits under the Federal Employee Health Benefit Plan?  
  ☐ Yes  ☐ No
- Do you receive health benefits under any individual, employer, group or union plan?  
  ☐ Yes  ☐ No

*If you answered “Yes” to any of these questions, please list your other coverage below to help us determine if you are eligible to enroll in Lasso Healthcare MSA.

Name of other coverage:  
ID # for this coverage:  
Group # for this coverage:

C Do you have end-stage renal disease (ESRD)?  
☐ Yes  ☐ No

*If you answered “Yes,” you are not eligible to enroll in Lasso Healthcare MSA unless you were previously enrolled with a MA plan that left Medicare and you haven’t yet joined another MA plan (list below).

Previously enrolled with MA plan:  
Disenrollment date:  

*If you have had a successful kidney transplant and/or you no longer need regular dialysis, please attach a supporting statement or records from your physician.

D Do you or your spouse work?  
☐ Yes  ☐ No
4. Please read, mark and sign

By completing this enrollment application, I agree to the following:

☐ Lasso Healthcare MSA is a Medicare Advantage plan and has a contract with the federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage health plan. As Medicare MSA plans do not cover prescription drugs, I may join any separate Medicare Prescription Drug plan (which may have its own eligibility and enrollment rules, benefits, costs, etc.) while enrolled in Lasso Healthcare MSA. I understand that if I don’t have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare’s), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.

☐ Enrollment in this plan is generally for the entire year. I may leave, or disenroll, from this plan during the AEP from October 15 through December 7 each year or under certain limited special circumstances, by sending a request in writing to Lasso Healthcare. If I enroll during AEP and this is my first time ever joining an MSA plan and I change my mind, I may cancel my enrollment by December 15 of the same year by contacting the plan; I acknowledge that between December 8 and December 15, I cannot select a different Medicare Advantage plan and can only return to Original Medicare. While a member of the plan, if I no longer meet the eligibility/enrollment requirements to belong to the plan, Lasso Healthcare MSA may terminate my enrollment. Lasso Healthcare MSA serves a specific service area. If I have a change in my permanent address, I will notify the plan.

☐ I understand that my enrollment into an MSA plan is not complete until the bank account is established. The yearly deposit and deductible amounts are pro-rated based on when my enrollment begins. The full, annual deposit amount is deposited into the MSA bank account once at the beginning of the calendar year. If I enroll during the year, the pro-rated deposit will be deposited into my MSA bank account the first month my coverage begins. The 2020 monthly pro-rated amount for each deposit and deductible is $270. If I leave the plan before the end of the plan year (December 31), I will need to pay part of the most recent yearly deposit back to Lasso Healthcare MSA; the re-payment amount is pro-rated at $270 per month, and based on the number of months left in the current year. Repayment of the deposit also applies in the event of death, and my estate will pay back the pro-rated deposit amount.

☐ I understand that I am enrolling in a plan that does not pay for any Medicare-covered services, including preventive services, until I meet a high deductible. It is my choice to use the funds in my MSA bank account, or out-of-pocket, to pay for my health services. As the plan deductible is greater than the amount deposited into my MSA bank account, I will need to pay out-of-pocket before the plan pays for Medicare-covered services. After I meet the plan deductible, Lasso Healthcare MSA pays 100% of additional Medicare-covered services I incur. Only Medicare-covered service expenses, regardless if I pay those expenses from my MSA bank account funds or out-of-pocket, count towards the plan deductible. Monies spent on non-Medicare-covered expenses do not count towards my plan deductible. Once I reach my plan deductible, I remain responsible for paying any non-Medicare-covered expenses.

☐ Withdrawals made from my MSA bank account are not taxed when used for IRS-qualified medical expenses. I will owe income tax and an additional penalty for withdrawals used for non-IRS qualified medical expenses. I understand I will need to file IRS Forms 8853 and 1040 if I have made withdrawals from my MSA bank account during the year. I will seek guidance from IRS publications 969 and 502 and my tax/accounting professional on further tax implications.
Once the plan deposits the funds into my MSA bank account, I may move it to an account offered through a financial institution of my choosing. If I move the funds, I understand tracking and reporting on the funds becomes my full responsibility.

Any balance in my MSA bank account can be rolled over into the next year. If I choose not to renew with Lasso Healthcare MSA, the funds in the account are mine to keep. They are subject to the same IRS rules as when I was part of the plan. I can choose to keep the account with the plan’s banking partner, Optum Bank, subject to additional custodial fees, or move the balance to a financial institution of my choosing.

Lasso Healthcare MSA has selected Optum Bank as its banking partner for 2020. They remain separate entities, and I have a contract with each. For any health plan-related question (e.g., benefits, deductible, claims, etc.), I will contact Lasso Healthcare MSA. For any banking-related question (e.g., MSA bank account balance, account activity, debit card replacement, etc.), I will contact Optum Bank.

Once I am a member of Lasso Healthcare MSA, I have the right to appeal plan decisions about payments or services if I disagree. I will read the Evidence of Coverage (EOC) document from Lasso Healthcare MSA when it is made available to know which rules I must follow to obtain and keep coverage with this Medicare Advantage plan. I understand that people with Medicare are not usually covered under Medicare while out-of-the-country except for limited coverage near the U.S. border.

Lasso Healthcare MSA will email certain documentation to the provided email address, if I opt-in. Undeliverable email may result in the documentation being mailed. The U.S. Centers for Medicare and Medicaid Services (CMS) requires plans to physically mail certain documents. My communication preferences can be changed and managed by calling Lasso Healthcare.

I understand that if I am receiving assistance from a sales agent, broker or other individual employed by or contracted with Lasso Healthcare MSA, I acknowledge he/she has reviewed the Summary of Benefits and Pre-Enrollment Checklist documents with me prior to me signing this enrollment form. I have been made aware of how I can access these documents online at www.lassohealthcare.com, and how to request printed copies be mailed to me by calling Lasso Healthcare MSA at the number and during the hours on Page 1. Also, he/she may be paid based on my enrollment with Lasso Healthcare MSA.

I choose my health care services and providers. Providers can decide at every visit whether to accept the Plan and agree to treat me, however, I cannot be denied emergency care due to my insurance plan. I understand I am encouraged to confirm my providers will accept Lasso Healthcare MSA prior to obtaining services. I will pay any amount owed to my providers timely and fully. Service charges for Medicare-covered services performed by Medicare-participating and accepting providers are capped at 100% Medicare Fee-for-Service (FFS) rates and count toward my plan deductible. If I see a Medicare-non-participating provider, they may “balance bill” me, where allowed by state law, up to a “limiting charge” that may be higher than Medicare FFS rates; these excess charges are not reimbursed by the Plan and do not count toward my plan deductible. If I see a provider opting out of Medicare, this becomes a private contract between the provider and me; any service charges are not reimbursed by the Plan and do not count toward my plan deductible.
Release of information:
By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Lasso Healthcare MSA will release my information to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. I understand that if I provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), 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 from Medicare.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*If you are the enrollee's authorized representative, you must sign above and provide the following information:*

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address</td>
<td>City</td>
</tr>
</tbody>
</table>

| Relationship to applicant |

**Before sending us your application, please take a moment to make sure you:**
- Have filled out and completed each section of the application on Pages 1-5.
- Mail your application promptly. We are not allowed to accept an enrollment application that is dated more than 30 days before we physically receive it.

**You can mail or fax your completed application materials to us:**
- **Mail:** Lasso Healthcare MSA
  - Attention: Enrollment
  - P.O. Box 60690
  - Harrisburg, PA 17106-0690
- **Fax:** 1-888-638-6943

**What happens next?**
- We will send you a letter confirming your enrollment within 10 days of CMS approving your application.
- You will also receive a welcome kit/information packet with helpful information about your Lasso Healthcare coverage.
AGENTS: Paper enrollment forms must be submitted within 24 hours of accepting the form from the enrollee.

<table>
<thead>
<tr>
<th>Agent/broker name (if assisted in enrollment)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent # (NIPR/NPN)</td>
<td>Agent/broker signature</td>
</tr>
<tr>
<td>Date agent accepted application from enrollee</td>
<td>Date plan received application from agent</td>
</tr>
</tbody>
</table>
Medicare Advantage Medical Savings Account (MSA) Authorized Agent Agreement

Member information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Street Address (Not P.O. Box)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Citizenship</th>
<th>Residency Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(US Citizen or Permanent/Resident Alien or Non-Permanent/Non-Resident Alien)</td>
</tr>
</tbody>
</table>

Certification

By signing below, I appoint ___LASSO HEALTHCARE INSURANCE COMPANY___ (medical insurer provider name), as the agent for the purpose of opening and administering a Medicare Advantage Medical Savings Account (MSA) on my behalf. I also acknowledge and certify that:

☐ I wish to establish an MSA with Optum Bank® as custodian.

☐ I understand the eligibility requirements for deposits made to my MSA and state that I qualify to receive deposits to this account. I understand and agree that my MSA will be opened and governed by Optum Bank’s Custodial and Deposit Agreement and that the terms and conditions therein will be binding on me. This document will be sent to me when my account is opened, along with Optum Bank’s Truth in Savings New Account Disclosure, Privacy Notice and Schedule of Fees.

☐ I authorize Optum Bank to provide information about my MSA, including my account number, to my insurance plan and those acting on behalf of my insurance plan or Optum Bank, in connection with the establishment and maintenance of my MSA.

☐ I acknowledge that my insurance plan and all others acting on behalf of my insurance plan, may provide information on my behalf to establish and maintain my MSA and authorize my insurance plan and its designee to take such action deemed necessary and appropriate by my insurance plan to administer my MSA, including, but not limited to, making deposits and correcting errors where necessary.

☐ I understand my monthly account statements will be made available to me electronically. I agree to notify Optum Bank if I wish to have statements mailed to my home address.

☐ I understand that I have requested a Optum bank debit Mastercard®.

☐ I certify that the information provided in this application is true and complete.

☐ I certify that I have received or viewed the Bank’s statement of the hardware and software requirements for access to and retention of electronic records and that I have the ability to access the Bank’s website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other MSA notices, disclosures and information related to and governing my MSA to me online at optumbank.com.

☐ I agree that the insurance plan will remain my agent unless and until Insurance plan and the Bank receive notice that the appointment of the insurance plan has been terminated, that I am no longer covered by this insurance plan provider, or that I am no longer an MSA eligible individual; or I receive a notice from the Bank that my application for an MSA has been declined.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PER THE USA PATRIOT ACT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

To view the Optum Bank’s hardware and software requirements, instructions for viewing and downloading copies of electronic documents, and instruction for updating an email address, follow the link below: https://www.optumbank.com/content/dam/optumbank/resources/ns/238-Hardware-and-Software-Requirements.pdf

Medicare Advantage Medical Savings Accounts (MSAs) are individual accounts offered or administered by Optum Bank®, Member FDIC, and are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. The content in this document is not intended as legal or tax advice. Federal and state laws and regulations are subject to change.

© 2018 Optum Bank, Inc. All rights reserved. 77204-082018
Lasso Healthcare MSA is a high-deductible health plan plus a special medical savings account. We deposit money from Medicare into your account. You decide what health services to spend it on. Or, save and/or invest the funds for future health expenses.
<table>
<thead>
<tr>
<th>Deposit, Premium &amp; Benefits</th>
<th>Lasso Healthcare MSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Region 1</td>
</tr>
<tr>
<td><strong>Monthly Plan Premium</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$7,400</td>
</tr>
<tr>
<td><strong>Maximum Out-of-Pocket Responsibility (Deductible minus Deposit)</strong></td>
<td>$4,160</td>
</tr>
<tr>
<td><strong>Deposit</strong></td>
<td>$3,240</td>
</tr>
</tbody>
</table>

**Inpatient Hospital Coverage**

- Until you meet your yearly deductible, you pay up to 100% of the Medicare-approved amount.
- After you meet your deductible, you pay $0 for Medicare-covered services.
- Prior authorizations and/or physician referrals are not required.

- The complete list of services is found in the Evidence of Coverage (EOC). The EOC can be viewed and/or downloaded by visiting www.lassohealthcare.com, or requested by calling Lasso Healthcare at 1-866-766-2583 (TTY: 711) 8 a.m. - 8 p.m., seven days a week from October 1 through March 31, and Monday through Friday from April 1 through September 30 for more information.

**Outpatient Hospital Coverage**

- Doctor Visits (Primary and Specialists)
- Preventive Care
- Emergency Care
- Urgently Needed Services
- Diagnostic Services, Labs & Imaging
- Hearing Services
- Dental Services
- Vision Services
- Mental Health Services
- Skilled Nursing Facility
- Physical Therapy
- Ambulance
- Transportation
- Medicare Part B Drugs

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
To enroll in our Plan, you must:

• Be Medicare eligible
• Reside in the U.S. for 183 days or more during the calendar year
• Not have other medical coverage below the Plan deductible, including but not limited to benefits under an employer or union group, the Department of Defense/TRICARE, the Department of Veteran Affairs (VA) or the Federal Employee Health Benefit Plan (FEHBP)
• Not be eligible for Medicaid
• Not currently receive Medicare hospice benefits
• Not have end-stage renal disease (ESRD) unless you meet certain criteria (please call for more information)
• Live in one of our three service areas (see pages 3-7 for a detailed listing of service area counties)

ARIZONA
Region 1: Graham, La Paz, Maricopa, Mohave, Pima, Pinal, Santa Cruz
Region 3: Apache, Cochise, Coconino, Gila, Greenlee, Navajo, Yavapai, Yuma

ARKANSAS
Region 1: Baxter, Benton, Boone, Carroll, Crawford, Franklin, Fulton, Jefferson, Johnson, Logan, Madison, Marion, Newton, Pope, Scott, Searcy, Sebastian, Washington
Region 2: Clark, Clay, Cleburne, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Faulkner, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Lee, Lincoln, Lonoke, Monroe, Montgomery, Perry, Phillips, Poinsett, Polk, Prairie, Pulaski, Randolph, Saline, St. Francis, Stone, Van Buren, White, Woodruff, Yell
Region 3: Arkansas, Ashley, Bradley, Calhoun, Chicot, Cleveland, Columbia, Drew, Hempstead, Howard, Izard, Lafayette, Lawrence, Little River, Miller, Mississippi, Nevada, Ouachita, Pike, Sevier, Sharp, Union

DELWARE
Region 1: All counties

GEORGIA
Region 3: Atkinson, Bacon, Ben Hill, Berrien, Bleckley, Brantley, Brooks, Bulloch, Calhoun, Camden, Candler, Carroll, Catoosa, Charlton, Chattooga, Clinch, Cook, Crawford, Dade, Decatur, Dodge, Early, Echols, Emanuel, Floyd, Glascock, Gordon, Grady, Greene, Hall, Haralson, Houston, Jeff Davis, Jefferson, Jenkins, Lanier, Long, Lowndes, Lumpkin, Miller, Mitchell, Montgomery, Murray, Paulding, Pierce, Polk, Pulaski, Putnam, Rabun, Screven,
ILLINOIS


Region 2: Clay, Coles, Crawford, DeKalb, Edwards, Franklin, Hancock, Iroquois, Jackson, La Salle, Ogle, Richland, Saline, Wabash, Wayne, Williamson

Region 3: Alexander, Gallatin, Hamilton, Hardin, Jefferson, Johnson, Lawrence, Marion, Massac, McDonough, Perry, Pope, Pulaski, Schuyler, Union, White

KANSAS


Region 2: Butler, Cherokee, Coffey, Harvey, Jackson, Jefferson, Lyon, Osage, Pottawatomie, Sedgwick, Shawnee, Wabaunsee


KENTUCKY


Region 2: Bracken, Montgomery

Region 3: Ballard, Barren, Boyle, Caldwell, Carlisle, Christian, Clinton, Crittenden, Cumberland, Estill, Floyd, Fulton, Green, Hickman, Hopkins, Johnson, Knott, Larue, Letcher, Lincoln, Lyon, Magoffin, Marion, Martin, Mason, Mercer, Metcalfe, Monroe, Morgan, Nicholas, Owsley, Pike, Robertson, Russell, Todd, Trigg, Trimble, Union, Washington, Wayne
LOUISIANA
Region 1: Ascension, East Baton Rouge, Jefferson, Livingston, Orleans, St. Charles, West Baton Rouge
Region 3: Acadia, Allen, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Carroll, West Feliciana, Winn

MARYLAND
Region 3: All counties

MINNESOTA
Region 1: All counties

MISSISSIPPI
Region 3: All counties

MONTANA
Region 1: Big Horn, Broadwater, Carbon, Cascade, Chouteau, Custer, Deer Lodge, Fergus, Flathead, Gallatin, Golden Valley, Jefferson, Lake, Lewis and Clark, Lincoln, Mineral, Missoula, Musselshell, Pondera, Powell, Ravalli, Rosebud, Sanders, Silver Bow, Stillwater, Sweet Grass, Teton, Treasure, Wheatland, Yellowstone

NEVADA
Region 1: Carson City, Churchill, Clark, Douglas, Lyon, Nye, Storey, Washoe
Region 2: Mineral
Region 3: Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Pershing, White Pine

NEW MEXICO
Region 1: Bernalillo, Cibola, Dona Ana, Grant, Hidalgo, Luna, Otero, Rio Arriba, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Torrance, Valencia
Region 3: Catron, Chaves, Colfax, Curry, DeBaca, Eddy, Guadalupe, Harding, Lea, Lincoln, Los Alamos, McKinley, Mora, Quay, Roosevelt, San Juan, Taos, Union

NORTH CAROLINA
Region 1: Alamance, Alexander, Anson, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Stanly, Stokes, Surry, Union, Wake, Wilkes, Yadkin
Region 2: Avery, Bladen, Buncombe, Cherokee, Clay, Graham, Harnett, Haywood, Hoke, Jackson, Lee, Macon, Madison, McDowell, Mitchell, Montgomery, Moore, Polk, Richmond, Robeson, Rutherford, Sampson, Scotland, Swain, Transylvania, Yancey
Region 3: Alleghany, Ashe, Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck,
NORTH CAROLINA, CONTINUED

NORTH DAKOTA
Region 1: Burleigh, Cass, Grand Forks, Morton, Richland, Stutsman
Region 2: Adams, Barnes, Benson, Billings, Bowman, Cavalier, Dickey, Dunn, Eddy, Emmons, Foster, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McHenry, McIntosh, McLean, Mercer, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Rolette, Sargent, Sheridan, Sioux, Slope, Stark, Steele, Towner, Traill, Walsh, Ward, Wells, Williams
Region 3: Bottineau, Burke, Divide, Golden Valley, McKenzie, Mountrail, Renville

OHIO
Region 1: All counties

PENNSYLVANIA
Region 2: Berks, Carbon, Centre, Clinton, Columbia, Juniata, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Sullivan, Tioga, Union
Region 3: Adams, Bradford, Bucks, Chester, Delaware, Franklin, Fulton, Montgomery, Philadelphia, Pike

RHODE ISLAND
Region 1: All counties

SOUTH CAROLINA
Region 2: Abbeville, Anderson, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Fairfield, Greenville, Greenwood, Lancaster, Laurens, Lexington, Oconee, Pickens, Saluda, Spartanburg, Union, York
Region 3: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Florence, Georgetown, Hampton, Horry, Jasper, Kershaw, Lee, Marion, Marlboro, McCormick, Newberry, Orangeburg, Richland, Sumter, Williamsburg

SOUTH DAKOTA
Region 1: Aurora, Bon Homme, Brookings, Butte, Clark, Clay, Codington, Custer, Davison, Day, Deuel, Fall River, Grant, Hamlin, Hutchinson, Kingsbury, Lake, Lawrence, Lincoln, Meade, Miner, Minnehaha, Moody, Pennington, Roberts, Sanborn, Spink, Turner, Union, Yankton
Region 2: Beadle, Bennett, Brown, Brule, Buffalo, Campbell, Charles Mix, Corson, Dewey, Douglas, Edmunds, Faulk, Gregory, Haakon, Hand, Hanson, Harding, Hughes, Hyde, Jackson, Jerauld, Jones, Lyman, Marshall, McCook, McPherson, Mellette, Oglala Lakota, Perkins, Potter, Stanley, Sully, Todd, Tripp, Walworth, Ziebach

TEXAS
Region 1: Anderson, Angelina, Aransas, Atascosa, Austin, Bandera, Bastrop, Bee, Bell, Bexar, Bosque, Brazoria, Brazos, Caldwell, Cameron, Chambers, Cherokee, Collin, Comal, Cooke, Coryell, Dallas, Delta, Denton, El Paso,
TEXAS, CONTINUED


Region 2: Bowie, Brooks, Burleson, Burnet, Cass, Hudspeth, Jim Hogg, Kenedy, Leon, Limestone, Madison, Red River, Titus


UTAH

Region 1: Davis, Salt Lake, Utah, Weber

Region 2: Box Elder, Cache, Daggett, Morgan, Rich, Summit, Tooele, Wasatch

Region 3: Beaver, Carbon, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Uintah, Washington, Wayne

WASHINGTON, D.C.

Region 3: District of Columbia

WYOMING

Region 3: All counties
Clinical Access in the MSA

MSA plans don’t have a network of providers, so you choose your health care services and providers. Most providers accept the MSA. Providers can decide at every visit whether to accept the Plan and agree to treat you, however, you cannot be denied emergency care due to your insurance plan.

MSA plans are not as common as other Medicare plans, so it’s understandable that some providers may not be aware of Lasso Healthcare MSA. Lasso Healthcare is outreaching to providers across the US, educating them on the MSA, and why it’s important they see you as a Lasso Healthcare MSA member. Thousands of providers already accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. Some providers may be reluctant to accept MSA and other high-deductible plan patients, as they believe the patients will not pay their portions of the service cost. Please pay any owed amounts to your providers timely and fully. Your cooperation in paying will ultimately help more providers accept more high-deductible plan patients.

Before you receive any services, we encourage you to share our detailed provider guide brochure with your providers and confirm they’ll accept our Plan. Multiple printed copies of the guide are included in our enrollment and member materials, and it is also available electronically on our website. Providers may also call our Provider Services team for assistance; the phone number is on the back of your Member ID card and on our website.

You can get the most value out of your MSA plan by choosing Medicare-participating and accepting providers, as service charges for Medicare-covered services are capped at 100% Medicare Fee-for-Service (FFS) rates and count toward your plan deductible. If you see a Medicare-non-participating provider, they may “balance bill” you, where allowed by state law, up to a “limiting charge” that may be higher than Medicare FFS rates; these excess charges are not reimbursed by the Plan and do not count toward your plan deductible. If you see a provider opting out of Medicare, this becomes a private contract between you and the provider; any service charges are not reimbursed by the Plan and do not count toward your plan deductible.

If your provider has any questions or is reluctant to accept Lasso Healthcare MSA, please ask your provider to call us, or you may call us and request we speak to your provider. We will work with your provider and request they see you. You can also try to be seen as a self-pay patient. In this instance, you will pay for/be billed for the entire service. You then submit the claim/service information to us. We’ll determine if the amount you paid was within the Medicare-approved amount and apply the appropriate amount toward your plan deductible. If you’ve met your deductible, we’ll reimburse you the Medicare-approved amount. Once we process your claim, we will send you an Explanation of Benefits (EOB), which explains the processing of the claim and can be used to seek any reimbursement for overpayment.

For more information, or for this document in another language or format, please call us at 1-866-766-2583 (TTY: 711) 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and Monday through Friday from April 1 through September 30. You can also visit www.lassohealthcare.com.

Lasso Healthcare is an MSA plan with a Medicare contract. Enrollment in Lasso Healthcare depends on contract renewal.
## Beneficiary or Authorized Representative:

Please fill in the required information and select plans you would like to learn more about in the space below. By selecting one or more plans, you are confirming this form has been completed prior to the discussion of these plans and/or benefits. Signing this form does not obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (if you're not beneficiary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

- Medicare Advantage Plans (Part C)
- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Supplement Plans (Medigap)
- Dental / Vision / Hearing Plans
- Long-term Care Plans
- Cancer / Heart Attack / Stroke Plans
- Hospital Indemnity Plans
- Accident Plans

## Agent:

Please fill in the required information. You must be contracted for the plans selected above; a separate contract and appointment for each plan may be required. Retain this form — we may request a copy of it in the future.

<table>
<thead>
<tr>
<th>Agent Name &amp; Writing ID</th>
<th>Beneficiary Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent Phone</td>
<td>Beneficiary Phone</td>
</tr>
<tr>
<td>Agent's Signature</td>
<td>Beneficiary Address</td>
</tr>
<tr>
<td>Date Appointment Completed</td>
<td>Initial Method of Contact</td>
</tr>
</tbody>
</table>

For more information, or for this document in another language or format, please call us at 1-866-766-2583 (TTY: 711), 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and Monday - Friday from April 1 through September 30. You can also visit lassohealthcare.com.
Lasso Healthcare MSA Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-766-2583 (TTY: 711) 8 a.m. – 8 p.m. seven days a week from Oct. 1 – Mar. 31, and Monday through Friday from Apr. 1 – Sep. 30.

Understanding the Benefits

Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit https://www.lassohealthcare.com/ or call 1-866-766-2583 to view a copy of the EOC.

Understanding Important Rules

You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Benefits, premiums and/or copayments/co-insurance may change on January 1.

MSA Plans combine a high-deductible Medicare Advantage Plan and a trust or custodial savings account (as defined and/or approved by the IRS). The plan deposits money from Medicare into the account. You can use this money to pay for your health care costs, but only Medicare-covered expenses count toward your deductible. The amount deposited is usually less than your deductible amount, so you generally have to pay money out of pocket before your coverage begins.

Medicare MSA Plans do not cover prescription drugs. If you join a Medicare MSA Plan, you can also join any separate Medicare Prescription Drug Plan.

There are additional restrictions to join an MSA plan, and enrollment is for a full calendar year unless you meet certain exceptions. Those who disenroll during the calendar year will owe a portion of the account deposit back to the plan. Contact the plan at 1-866-766-2583 for additional information.
Medical Savings Accounts, or MSAs, are a type of Medicare Advantage plan.

Lasso Healthcare MSA combines health coverage with a special medical savings account. We deposit money from Medicare into the member’s savings account. The member decides what health services to spend it on.

CMS designed MSA plans to be consumer-driven, with open clinical access to all Medicare providers and reimbursement just like Original Medicare.
Saddle up, Partner!

**Frequently asked questions**

We do not contract with Lasso Healthcare. Can we submit claims for reimbursement?

Yes! CMS prohibits us from restricting clinical access, so we have no "network" or "contracted providers" like other Medicare Advantage plans. Thousands of providers already accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. Claims submission does not require a contract and follows the same process used to submit out-of-network PPO claims.

**What does CMS say?**

- Medicare beneficiaries with an MSA may access any Medicare provider. Insurance companies offering MSA Plans cannot limit an MSA member's provider choice.
- Insurance companies offering Medicare MSA Plans are required to pay as Medicare pays.
- If a provider accepts assignment as Medicare-participating, reimbursement is the lesser of billed charges or 100% Medicare allowable amount.
- If a provider is non Medicare-participating, reimbursement is 95% of the Medicare allowable amount with balance billing of the member (where allowed by state law) allowed up to 15% of the non-participating Medicare allowable amount.

**Get paid in 3 easy steps**

1. Submit claim to Lasso Healthcare via clearinghouse information on the patient’s plan ID card.
   - We return Medicare-allowable pricing to you, along with any payment due from us and any patient liability amount.
   - Bill the patient directly for any balance due. The patient chooses to pay with their available MSA funds or out-of-pocket.

2. **MSA patient not paying their amount due?** Contact us and we’ll help you get paid.

**Get in touch**

**PROVIDER SERVICE**

- 1-800-579-0254
- provider@lassohealthcare.com
- lassohealthcare.com/provider

**CLAIMS**

Our claims administrator is a national TPA paying millions of government program claims each year.

- PO Box 261709, Plano, TX 75026
- https://goo.gl/FCxy3m  Payer ID# 10550

**We’ve had issues with non-paying patients in the past. What if the patient doesn’t pay?**

We want you to get paid! If you are having difficulty receiving payment from your patient/our member, please contact our Provider Service team.

**How can I support MSA plan members to better manage their health?**

Help your patient focus services on preventive versus corrective. Establish an annual care plan and see your patient periodically. Consider sharing clinical information via platforms such as OpenNotes.org. Finally, put yourself in your patient’s shoes to understand how challenging navigating our overall health system can be; become an informed health consumer yourself with tools such as ChoosingWisely.org.
Discrimination is Against the Law

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

Lasso Healthcare:
• 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 the Civil Rights Coordinator.
If you believe that Lasso Healthcare 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:
Lasso Healthcare
P.O. Box 261115
Plano, TX 75026
FAX 800-419-6475

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 Ave, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at:

Language assistance services, free of charge, are available to you. Call 1-866-766-2583 (TTY: 711).

Español (Spanish):

繁體中文 (Chinese):
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-766-2583 (TTY:711)。

Tiếng Việt (Vietnamese):

한국어 (Korean):

Tagalog (Tagalog – Filipino):

Polski (Polish):

العربية (Arabic):
تنبيه: إذا كنت تتحدث العربية، فتوفر لك خدمات المساعدة اللغوية، مجانًا، اتصل بالرقم 1-866-766-2583 (TTY: 711).
Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-766-2583 (телетайп: 711).

Français (French):


Deutsch (German):


ગુજરાતી (Gujarati):


日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-766-2583（TTY:711）まで、お電話にてご連絡ください。

اردو (Urdu):


Ilokano (Ilocano):


हिंदी (Hindi):

ध्यान दः यद आप हंदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-866-766-2583 (TTY: 711) पर कॉल कर।