

Scope of Sales Appointment

Confirmation Form



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.

Name	Relationship (if you're not beneficiary)
Signature	Date

- | | |
|--|---|
| <input type="checkbox"/> Medicare Advantage Plans (Part C) | <input type="checkbox"/> Long-term Care Plans |
| <input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D) | <input type="checkbox"/> Cancer / Heart Attack / Stroke Plans |
| <input type="checkbox"/> Medicare Supplement Plans (Medigap) | <input type="checkbox"/> Hospital Indemnity Plans |
| <input type="checkbox"/> Dental / Vision / Hearing Plans | <input type="checkbox"/> 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.

Agent Name & Writing ID	Beneficiary Name
Agent Phone	Beneficiary Phone
Agent's Signature	Beneficiary Address
Date Appointment Completed	Initial Method of Contact

Lasso Healthcare MSA is an MSA with a Medicare contract. Enrollment in Lasso Healthcare MSA depends on contract renewal. For questions, or for information and/or this form in another format or language, please call Lasso Healthcare at 1-866-766-2583, 8 a.m. - 8 p.m., seven days a week from October 1 through March 31, and Monday - Friday from April 1 through September 30.

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, call and speak with 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 services you routinely see a doctor. Visit www.lassohealthcare.com or call the number listed above to view a copy of the EOC.
- Medicare MSA Plans are not allowed to limit what provider you choose for care. Access to clinicians follows the same non-network rules as Original Medicare:
 1. Medicare-participating providers — Required to see you if accepting new patients.
 2. Non-participating providers — Not required to see you. Where allowed by law, they may “balance bill” you up to a limiting charge; that excess charge will not be reimbursed by Lasso Healthcare MSA, nor will it count towards your plan deductible.
 3. Medicare opt-out providers — Not required to see you. If you see a Medicare opt-out provider, it is a private contract between you and the provider; the service will not be reimbursed by Lasso Healthcare MSA, nor will it count towards your plan deductible.

To find Medicare-participating providers, please visit www.medicare.gov/physiciancompare

- Medicare MSA Plans do not cover prescription drugs. If you join Lasso Healthcare MSA, you can also join any separate Medicare Prescription Drug (Part D) Plan.

Understanding Important Rules

- The monthly premium for Lasso Healthcare MSA is \$0. You must continue to pay your monthly Medicare Part B premium; this premium is typically taken out of your Social Security check each month.
- Benefits and premiums may change on January 1, 2020.
- Medicare 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.

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 the number listed above for additional information.



2019 Summary of Benefits

Lasso Healthcare MSA

H1924 Plans 001-003

H1924_2019SBAll4_M

MEDICARE...WELL SPENT

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.



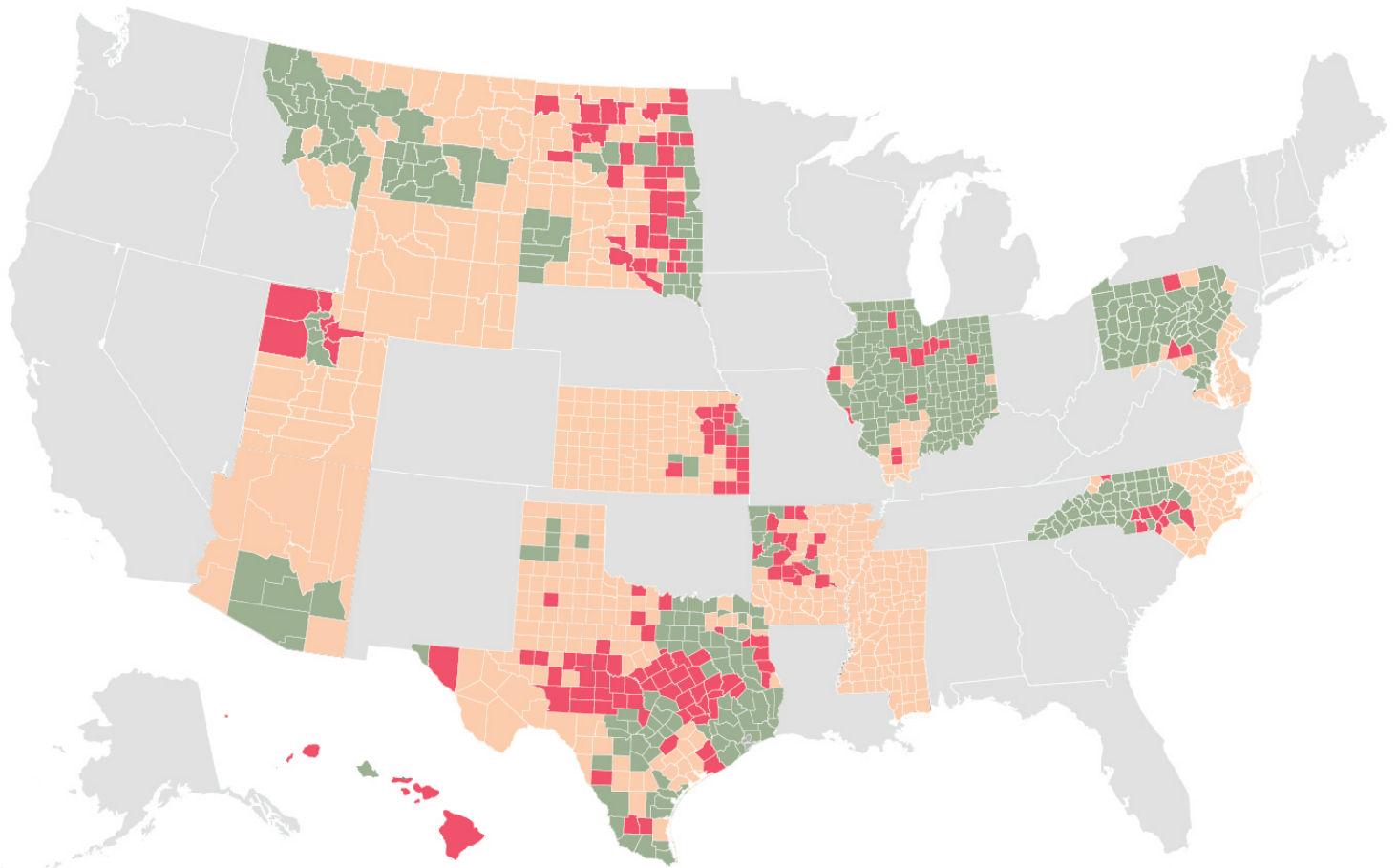
Deposit, Premium & Benefits	Lasso Healthcare MSA		
	Region 1	Region 2	Region 3
Monthly Plan Premium	\$0	\$0	\$0
Deductible	\$6,700	\$7,700	\$8,700
Maximum Out-of-Pocket Responsibility	\$4,180	\$5,180	\$6,180
Deposit	\$2,520	\$2,520	\$2,520
Inpatient Hospital Coverage	<p>Until you meet your yearly deductible, you pay up to 100% of the Medicare-approved amount.</p> <p>After you meet your deductible, you pay \$0 for Medicare-covered services.</p> <p>Prior authorizations and/or physician referrals are not required.</p>		
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			

This information is not a complete description of benefits. Call 1-866-766-2583 (TTY: 711) 8 a.m. - 8 p.m., seven days a week from October 1 through March 31, and M-F from April 1 through September 30 for more information. 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.

Eligibility and Service Area

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 us for more information)
- Live in one of our three service areas (see pages 4-7 for a detailed listing of service area counties)



Region 1 Service Area:

ARIZONA: Graham, Maricopa, Pima, Pinal, Santa Cruz

ARKANSAS: Benton, Carroll, Crawford, Franklin, Logan, Pulaski, Scott, Sebastian, Washington

HAWAII: Honolulu

ILLINOIS: Adams, Bond, Boone, Brown, Bureau, Carroll, Cass, Champaign, Christian, Clark, Clinton, Cook, Cumberland, De Witt, Douglas, DuPage, Edgar, Effingham, Fayette, Ford, Fulton, Greene, Grundy, Henderson, Henry, Jasper, Jersey, Jo Daviess, Kane, Kankakee, Kendall, Knox, Lake, Lee, Logan, McHenry, McLean, Macon, Macoupin, Madison, Marshall, Mason, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Piatt, Pike, Putnam, Randolph, Rock Island, St. Clair, Sangamon, Scott, Shelby, Stark, Stephenson, Tazewell, Vermilion, Warren, Washington, Whiteside, Will, Winnebago, Woodford

INDIANA: Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, De Kalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, La Porte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Putnam, Randolph, Ripley, Rush, St. Joseph, Scott, Shelby, Spencer, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warwick, Washington, Wells, White, Whitley

KANSAS: Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Wyandotte

MARYLAND: Anne Arundel, Baltimore, Baltimore City, Harford, Howard, Montgomery, Prince George's

MONTANA: 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

NORTH CAROLINA: Alamance, Alexander, Avery, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cherokee, Clay, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Gaston, Graham, Guilford, Haywood, Henderson, Iredell, Jackson, Johnston, Lincoln, McDowell, Macon, Madison, Mecklenburg, Mitchell, Orange, Person, Polk, Randolph, Richmond, Rockingham, Rowan, Rutherford, Stokes, Surry, Swain, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey

NORTH DAKOTA: Burleigh, Cass, Grand Forks, Morton, Richland, Stutsman

PENNSYLVANIA: Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Butler, Cambria,

Region 1 Service Area, Continued:

Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York

SOUTH DAKOTA: Bon Homme, Brookings, Butte, Clark, Clay, Codington, Custer, Davison, Deuel, Fall River, Grant, Hamlin, Hutchinson, Lake, Lawrence, Lincoln, Meade, Minnehaha, Moody, Pennington, Roberts, Turner, Union, Yankton

TEXAS: Angelina, Aransas, Atascosa, Austin, Bandera, Bastrop, Bee, Bexar, Bowie, Brazoria, Burnet, Caldwell, Cameron, Cass, Chambers, Cherokee, Collin, Comal, Cooke, Dallas, Deaf Smith, Delta, Denton, Ellis, El Paso, Fannin, Fort Bend, Galveston, Gillespie, Gray, Grayson, Guadalupe, Hardin, Harris, Hays, Henderson, Hidalgo, Hood, Jasper, Jefferson, Jim Wells, Johnson, Kaufman, Kendall, Kerr, Kleberg, Liberty, Medina, Montgomery, Moore, Nacogdoches, Newton, Nueces, Orange, Parker, Polk, Potter, Randall, Red River, Rockwall, Rusk, San Jacinto, San Patricio, Smith, Starr, Tarrant, Titus, Travis, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Williamson, Wilson, Wise, Wood

UTAH: Davis, Salt Lake, Utah, Weber

Region 2 Service Area:

ARKANSAS: Boone, Cleburne, Faulkner, Garland, Hot Spring, Jefferson, Johnson, Madison, Marion, Montgomery, Pope, Saline, Yell

HAWAII: Hawaii, Kauai, Maui

ILLINOIS: Calhoun, Coles, DeKalb, Franklin, Hancock, Iroquois, Livingston, Williamson

INDIANA: Grant, Jasper, Newton, Pulaski

KANSAS: Allen, Anderson, Atchison, Bourbon, Cherokee, Crawford, Franklin, Jackson, Jefferson, Labette, Linn, Lyon, Montgomery, Osage, Pottawatomie, Sedgwick, Shawnee, Wabaunsee

NORTH CAROLINA: Alleghany, Anson, Harnett, Hoke, Lee, Montgomery, Moore, Sampson, Scotland, Stanly

NORTH DAKOTA: Barnes, Dickey, Emmons, Foster, Griggs, Kidder, LaMoure, McHenry, McLean, Mercer, Pembina, Pierce, Ramsey, Ransom, Stark, Steele, Traill, Walsh, Ward, Williams

PENNSYLVANIA: Adams, Franklin, Tioga

SOUTH DAKOTA: Aurora, Beadle, Brown, Brule, Charles Mix, Day, Hand, Hanson, Hughes,

Region 2 Service Area, Continued:

Kingsbury, Lyman, McCook, Marshall, Miner, Spink

TEXAS: Bell, Blanco, Bosque, Brazos, Brooks, Burluson, Coke, Coleman, Concho, Coryell, Crockett, Dimmit, Ector, Falls, Gonzales, Gregg, Grimes, Hamilton, Harrison, Hill, Houston, Hudspeth, Jim Hogg, Kimble, Lampasas, Lee, Leon, Limestone, Llano, Lubbock, McCulloch, McLennan, Madison, Mason, Matagorda, Menard, Midland, Milam, Mills, Montague, Navarro, Palo Pinto, Panola, Rains, Reagan, Robertson, Runnels, San Augustine, San Saba, Schleicher, Shelby, Somervell, Sterling, Sutton, Taylor, Tom Green, Trinity, Washington, Wharton, Wichita, Young

UTAH: Box Elder, Cache, Morgan, Summit, Tooele, Wasatch

Region 3 Service Area:

ARIZONA: Apache, Cochise, Coconino, Gila, Greenlee, La Paz, Mohave, Navajo, Yavapai, Yuma

ARKANSAS: Arkansas, Ashley, Baxter, Bradley, Calhoun, Chicot, Clark, Clay, Cleveland, Columbia, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Drew, Fulton, Grant, Greene, Hempstead, Howard, Independence, Izard, Jackson, Lafayette, Lawrence, Lee, Lincoln, Little River, Lonoke, Miller, Mississippi, Monroe, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Prairie, Randolph, St. Francis, Searcy, Sevier, Sharp, Stone, Union, Van Buren, White, Woodruff

DELAWARE: All counties

HAWAII: Kalawao

ILLINOIS: Alexander, Clay, Crawford, Edwards, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, La Salle, Lawrence, McDonough, Marion, Massac, Perry, Pope, Pulaski, Richland, Saline, Schuyler, Union, Wabash, Wayne, White

INDIANA: Ohio, Wayne

KANSAS: Barber, Barton, Brown, Chase, Chautauqua, Cheyenne, Clark, Clay, Cloud, Coffey, Comanche, Cowley, Decatur, Dickinson, Doniphan, Edwards, Elk, Ellis, Ellsworth, Finney, Ford, Geary, Gove, Graham, Grant, Gray, Greeley, Greenwood, Hamilton, Harper, Haskell, Hodgeman, Jewell, Kearny, Kingman, Kiowa, Lane, Lincoln, Logan, McPherson, Marion, Marshall, Meade, Mitchell, Morris, Morton, Nemaha, Neosho, Ness, Norton, Osborne, Ottawa, Pawnee, Phillips, Pratt, Rawlins, Reno, Republic, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Sumner, Thomas, Trego, Wallace, Washington, Wichita, Wilson, Woodson

Region 3 Service Area, Continued:

MARYLAND: Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, Worcester

MISSISSIPPI: All counties

MONTANA: Beaverhead, Blaine, Carter, Daniels, Dawson, Fallon, Garfield, Glacier, Granite, Hill, Judith Basin, Liberty, McCone, Madison, Meagher, Park, Petroleum, Phillips, Powder River, Prairie, Richland, Roosevelt, Sheridan, Toole, Valley, Wibaux

NORTH CAROLINA: Ashe, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Tyrrell, Vance, Warren, Washington, Watauga, Wayne, Wilson

NORTH DAKOTA: Adams, Benson, Billings, Bottineau, Bowman, Burke, Cavalier, Divide, Dunn, Eddy, Golden Valley, Grant, Hettinger, Logan, McIntosh, McKenzie, Mountrail, Nelson, Oliver, Renville, Rolette, Sargent, Sheridan, Sioux, Slope, Towner, Wells

PENNSYLVANIA: Bradford, Bucks, Chester, Delaware, Fulton, Montgomery, Philadelphia, Pike

SOUTH DAKOTA: Bennett, Buffalo, Campbell, Corson, Dewey, Douglas, Edmunds, Faulk, Gregory, Haakon, Harding, Hyde, Jackson, Jerauld, Jones, McPherson, Mellette, Oglala Lakota, Perkins, Potter, Sanborn, Stanley, Sully, Todd, Tripp, Walworth, Ziebach

TEXAS: Anderson, Andrews, Archer, Armstrong, Bailey, Baylor, Borden, Brewster, Briscoe, Brown, Calhoun, Callahan, Camp, Carson, Castro, Childress, Clay, Cochran, Collingsworth, Colorado, Comanche, Cottle, Crane, Crosby, Culberson, Dallam, Dawson, DeWitt, Dickens, Donley, Duval, Eastland, Edwards, Erath, Fayette, Fisher, Floyd, Foard, Franklin, Freestone, Frio, Gaines, Garza, Glasscock, Goliad, Hale, Hall, Hansford, Hardeman, Hartley, Haskell, Hemphill, Hockley, Hopkins, Howard, Hunt, Hutchinson, Irion, Jack, Jackson, Jeff Davis, Jones, Karnes, Kenedy, Kent, King, Kinney, Knox, Lamar, Lamb, La Salle, Lavaca, Lipscomb, Live Oak, Loving, Lynn, McMullen, Marion, Martin, Maverick, Mitchell, Morris, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Presidio, Real, Reeves, Refugio, Roberts, Sabine, Scurry, Shackelford, Sherman, Stephens, Stonewall, Swisher, Terrell, Terry, Throckmorton, Upton, Uvalde, Val Verde, Victoria, Ward, Wheeler, Wilbarger, Winkler, Yoakum, Zapata, Zavala

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

WYOMING: All counties

Clinical Access Follows Original Medicare Rules

Medicare-participating Providers

Must see you if accepting new patients. Service charges are capped at 100% Medicare Fee-for-Services (FFS) rates, and count towards your deductible.

Medicare-non-participating Providers

Not required to see you. This provider 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 towards your plan deductible.

Providers Opting Out of Medicare

Not required to see you. This is a private contract between you and this provider; service charges are not reimbursed by the Plan, and do not count towards your plan deductible.

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., 7 days a week from October 1 – March 31, and Monday – Friday from April 1 – September 30. You can also visit www.lassohealthcare.com.

Lasso Healthcare MSA is a Medicare Advantage Medical Savings Account (MSA) plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.



lasso[™]
Healthcare

**On-the-go coverage.
Driven by you.**

LassoHealthcare.com

Lasso Healthcare MSA Enrollment Form

Medical Coverage Effective 2019



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 (Oct. 1 - Mar. 31) and 8 a.m. to 8 p.m. Monday through Friday (Apr. 1 - Sep. 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

MSA Region	Deductible	Deposit	Your Responsibility
<input type="checkbox"/> Region 1	[\$6,700]	[\$2,520]	[\$4,180]
<input type="checkbox"/> Region 2	[\$7,700]	[\$2,520]	[\$5,180]
<input type="checkbox"/> Region 3	[\$8,700]	[\$2,520]	[\$6,180]

First name	Middle initial	Last name
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Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date	Primary phone number	Alternate phone number
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Email address (optional)	 Opt-in to email communications. You may opt-out in the future by calling the plan. <input type="checkbox"/> Email me!
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Permanent residence street address (no P.O. box)	Mailing address (only if different than permanent)
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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 [2019]? 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 Advantage 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 [2019] monthly pro-rated amount for [each deposit and deductible is \$210.] 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 [\$210 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.
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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 [2019]. 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 can see any provider of my choosing. Any Medicare-participating providers accepting new patients are required to see me; I can search for these providers at www.Medicare.gov/physiciancompare. If I see a Medicare-non-participating provider, they may (where allowed by state law) "balance bill" me up to a "limiting charge." The limiting charge is not reimbursed by Lasso Healthcare MSA and does not count towards my deductible. If I see a provider who has opted-out of Medicare, any charges are not reimbursed by Lasso Healthcare MSA and do not count towards my 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.

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

Name	Phone
------	-------

Street address	City	State	Zip code
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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.

AGENT/OFFICE USE ONLY (Applicants do not complete)

Agents: Paper enrollment forms must be submitted within 24 hours of accepting the form from the enrollee.

Agent/broker name (if assisted in enrollment)

Agent # (NIPR/NPN)

Agent/broker signature

Date agent accepted application from enrollee

Date plan received application from agent



Medicare Advantage Medical Savings Account (MSA) Authorized Agent Agreement

Member information

First Name	Middle Initial	Last Name	
Residential Street Address (Not P.O. Box)	City	State	Zip Code
Home Phone Number	Date of Birth (mm/dd/yyyy)	Social Security Number	
Country of Citizenship	Residency Status (US Citizen or Permanent /Resident Alien or Non-Permanent/Non-Resident Alien)		

Certification

By signing below, I appoint _____ (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 as my agent 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.

Signature _____ Date _____

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.



TAKE CONTROL

of your health

2019 Lasso Healthcare MSA
Plan Overview

H1924_2019LeadPresTAA14_M

Lasso Healthcare is an MSA with a Medicare contract. Enrollment in Lasso Healthcare MSA depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Benefits may change on January 1 of each year.

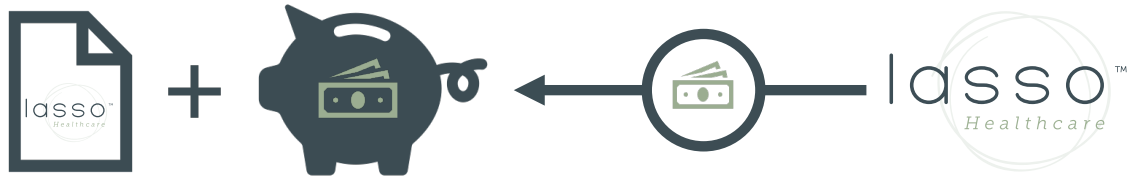
MSA Plans combine a high deductible Medicare Advantage Plan and a trust or custodial savings account (as defined and/or approved by the IRS). The plan deposits money from Medicare into the account. You can use this money to pay for your health care costs, but only Medicare-covered expenses count toward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

Medicare MSA Plans don't 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 generally 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/TTY: 711 8 a.m. - 8 p.m., seven days a week from Oct. 1 through Mar. 31, and Mon. - Fri. from Apr. 1 through Sep. 30 for additional information.



What is the Lasso Healthcare MSA?

A high-deductible health plan plus a special, medical savings account. We make an initial deposit of monies into your account. The monies are yours to spend, move to your own bank and/or invest.



Your Plan Amounts

Region 1	
Deposit	\$2,520
Deductible	\$6,700
Your Responsibility	\$4,180

Region 2	
Deposit	\$2,520
Deductible	\$7,700
Your Responsibility	\$5,180

Region 3	
Deposit	\$2,520
Deductible	\$8,700
Your Responsibility	\$6,180

You are also responsible for paying:

- Your monthly Part B premium
- 100% of any non-Medicare covered Qualified Medical Expenses (QMEs), via either your MSA bank account funds or out-of-pocket, before and after you reach the plan deductible.

Using Your MSA Funds



Medicare-covered Expenses

Count towards deductible: YES
Taxed/penalized by IRS: NO



Non-Medicare QMEs

Count towards deductible: NO
Taxed/penalized by IRS: NO



Non-qualified Expenses

Count towards deductible: NO
Taxed/penalized by IRS: YES

Once you reach the plan deductible, Lasso Healthcare MSA will pay 100% of any future Medicare-covered expenses you incur.

Don't Forget...

- Enrollment is generally for an entire year.
- Only limited disenrollment options exist.
- You can earn up to an additional \$225 via Lasso Healthcare's incentive program.

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