



insurance with FLEXIBILITY & FREEDOM



LASSO HEALTHCARE MSA 2021 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

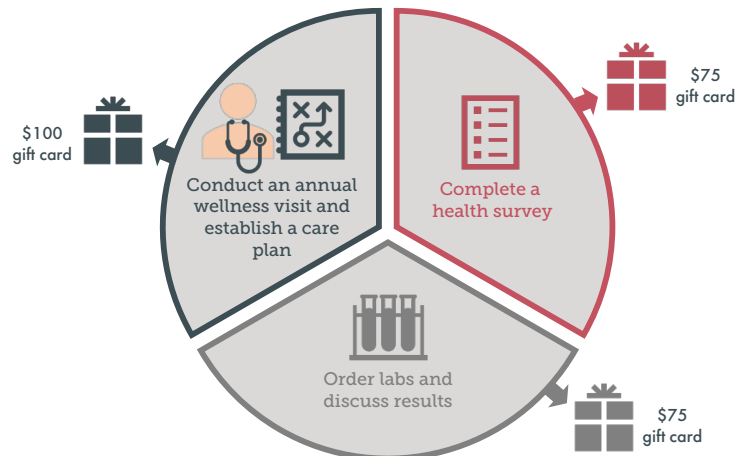


Enhanced tax-free expense coverage

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 2021 Plan Options

All service area locations have a choice between two plans: our Growth MSA for less financial risk and our Growth Plus MSA for more deposit funds.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Growth MSA \$0 Premium |
| Deposit | \$2,000 |
| Deductible | \$5,000 |
| Your Responsibility | \$3,000 |

↑ LOWER RISK OPTION

↓ HIGHER REWARD OPTION

| | |
|--------------------------|--|
| <input type="checkbox"/> | Growth Plus MSA \$0 Premium |
| Deposit | \$3,000 |
| Deductible | \$8,000 |
| Your Responsibility | \$5,000 |

As enrollment is generally for a full calendar year, the plan deposit and deductible amounts shown are full year amounts. Both the deposit and deductible amounts are prorated monthly for any enrollment or disenrollment happening within the year; the proration amount for the Growth MSA is \$166.67 per month and \$250 per month for the Growth Plus MSA. 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.



LassoHealthcare.com

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

Agent Name: _____ **Writing Number:** _____

Member Name: _____

Carrier:

Lasso Healthcare

Reminders:

A Scope of Appointment is required with all applications.

Lasso Healthcare – MSA applications are required to have an Optum Bank.

Fax, upload, or email this cover sheet, the application, and all other required forms to us.

Fax: 888-638-6943 **Upload Feature:** App.RitterIM.com/?Upload=Submission

Secure Email: biz@ritterim.com **New Business Phone:** 800-769-1847

Additional Comments:

Fax Confidentiality Notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the attached material is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error please notify us immediately by telephone at 800-769-1847.

Lasso Healthcare MSA Enrollment Form

Medical Coverage Effective 2021



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.

To enroll in Lasso Healthcare MSA, please provide the following information:

Please check which plan you want to enroll in:

| MSA Plan | Premium | Deductible | Deposit | Your Responsibility |
|--|---------|------------|---------|---------------------|
| <input type="checkbox"/> Growth MSA — PBP 001 | \$0 | \$5,000 | \$2,000 | \$3,000 |
| <input type="checkbox"/> Growth Plus MSA — PBP 004 | \$0 | \$8,000 | \$3,000 | \$5,000 |

| | | |
|------------|----------------|-----------|
| First name | Middle initial | Last name |
|------------|----------------|-----------|

| | | | |
|--|------------|----------------------|------------------------|
| Sex <input type="checkbox"/> M <input type="checkbox"/> F | Birth date | Primary phone number | Alternate phone number |
|--|------------|----------------------|------------------------|

Email address (optional)

Permanent residence street address (P.O. box is not allowed)

| | | | |
|--------|------|-------|----------|
| County | City | State | Zip code |
|--------|------|-------|----------|

Mailing address (only if different from your permanent residence address)

| | | | |
|--------|------|-------|----------|
| County | City | State | Zip code |
|--------|------|-------|----------|

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 Part A and Part B to join a Medicare Advantage plan.

Please read and answer these important questions:

1. To enroll in Lasso Healthcare MSA, you may not have other health coverage as described below. Please answer each of the following questions:

A. Are you enrolled in your State Medicaid program? Yes No

B. Are you receiving Medicare Hospice benefits? Yes No

C. Some individuals may have other health coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or other health benefits that cover all or part of the annual Medicare MSA deductible. If you have any other such coverage, you aren't eligible to enroll in Lasso Healthcare MSA.

Will you have other health coverage in addition to Lasso Healthcare MSA? Yes No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage so we can decide if you are eligible to enroll in Lasso Healthcare MSA:

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

2. Will you reside in the United States for at least 183 days during each year you are enrolled in Lasso Healthcare MSA? Yes No

3. Do you or your spouse work? Yes No

Please contact Lasso Healthcare MSA at 1-866-766-2583 if you need information in an accessible format or other language. Our office 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. TTY users should call 711.

Please read and sign below:

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 be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any health coverage that I have or may get in the future. 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 this plan ("disenroll") during the Annual Enrollment Period that is October 15th through December 7th of every year (effective the following January 1st) or under certain limited special circumstances, by sending a request in writing to Lasso Healthcare MSA. If I choose a Medicare MSA plan and haven't before joined an MSA plan, then change my mind, I may cancel my enrollment by December 15 of the same year by contacting my plan to cancel my enrollment request. I understand that my enrollment into an MSA plan isn't complete until the bank account is established. I understand that I am enrolling in a plan that doesn't pay for Medicare covered services until a high deductible is met, but Lasso Healthcare MSA allows me to use funds in my MSA account to pay for health services. Withdrawals made from the MSA bank account aren't taxed when used for IRS-qualified medical expenses. I would owe income tax and up to a 50% penalty for withdrawals used for non-medical expenses. After the deductible is met the plan pays 100% of Medicare-covered services.

If I have any questions regarding the initial set-up of my MSA bank account or any of the information in this enrollment form, I should contact Lasso Healthcare at 1-866-766-2583.

Lasso Healthcare MSA serves a specific service area. If I move out of the area that Lasso Healthcare MSA serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Lasso Healthcare MSA, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Lasso Healthcare when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Lasso Healthcare, he/she may be paid based on my enrollment in Lasso Healthcare MSA.

I understand that if I disenroll before the end of the plan year (December 31st), Lasso Healthcare MSA may debit my MSA bank account for a prorated share of the current year's deposit to be returned to Medicare. The debit amount is based on the number of months left in the year after the disenrollment date. I understand that, if I die, my estate will be responsible for any money owed to Medicare. My estate keeps any amount over what is owed to Medicare.

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. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally 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 | Today's Date |
|-----------|--------------|

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

| | | | |
|---------------------------|------|-------|----------|
| Name | | Phone | |
| Street address | City | State | Zip code |
| Relationship to applicant | | | |

Keeping records — As an authorized representative, it is important that you keep records of when funds in the MSA account are used, as well as how the funds are used.

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 1-3.
- Have filled out and completed the Optum Bank Agreement.
- Please send us 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?

- Watch your mail — we will send you a letter once we receive CMS approval.
- You will also receive welcome kits with helpful information about your Lasso Healthcare coverage as well as your Optum Bank MSA account.

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 #/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 _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 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.

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. Retain this form — we may request a copy of it in the future.

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

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.



2021 Summary of Benefits

Lasso Healthcare MSA
H1924 Plans 001 and 004

H1924_2021SB1_M

YOUR MONEY...YOUR CHOICE

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.



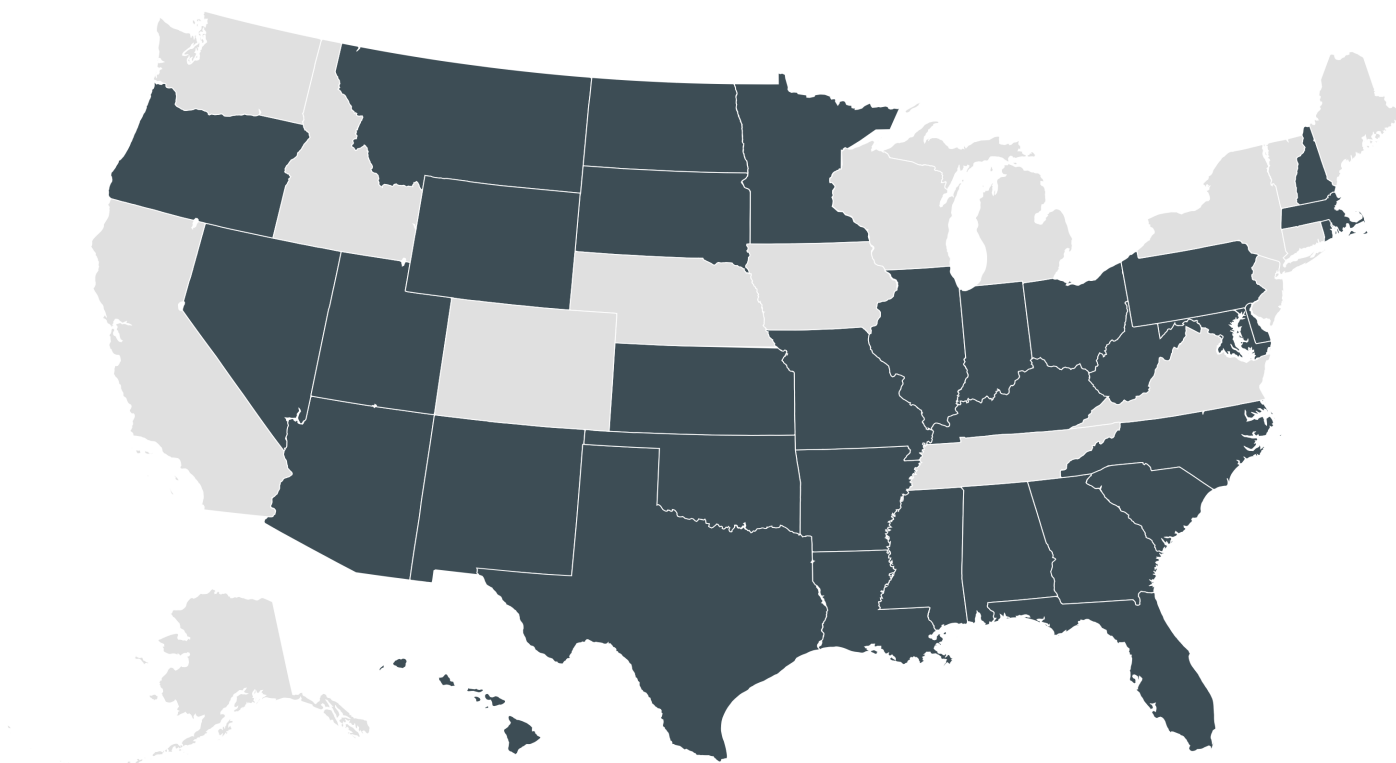
| Deposit, Premium & Benefits | Lasso Healthcare MSA | |
|--|---|------------------------|
| | Growth MSA 001 | Growth Plus MSA 004 |
| Monthly Plan Premium | \$0 | \$0 |
| Deductible | \$5,000 | \$8,000 |
| Maximum Out-of-Pocket Responsibility (Deductible minus Deposit) | \$3,000 | \$5,000 |
| Deposit | \$2,000 | \$3,000 |
| 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> <p>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.</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 | | |

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
- Live in our service area, shown in blue on the map and listed in the table below



| | | | | |
|----------|---------------|---------------|----------------|------------------|
| Alabama | Illinois | Minnesota | North Carolina | South Carolina |
| Arizona | Indiana | Mississippi | North Dakota | South Dakota |
| Arkansas | Kansas | Missouri | Ohio | Texas |
| Delaware | Kentucky | Montana | Oklahoma | Utah |
| Florida | Louisiana | Nevada | Oregon | Washington, D.C. |
| Georgia | Maryland | New Hampshire | Pennsylvania | West Virginia |
| Hawaii | Massachusetts | New Mexico | Rhode Island | Wyoming |

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.

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.



**Your patients.
Our members.
Your support
makes a difference.**

PROVIDER GUIDE

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.

**Medicare Medical Savings Account
Plan (MSA) from Lasso Healthcare**



Lasso Healthcare is the nation's MSA leader, offering MSAs in more locations and to more members than any other carrier.

provider@lassohealthcare.com
lassohealthcare.com/provider

1-800-579-0254

MOST PROVIDERS ACCEPT THE MSA



| MEDICARE PAR & ACCEPTING | Reimburse method | Impacts to member |
|--------------------------|---|---|
| | Lesser of: billed charges or 100% Medicare allowable amount | Medicare-covered services count toward plan deductible |
| MEDICARE NON-PAR | 95% Medicare allowable amount; balance bill allowed | Excess charges not reimbursed by plan, do not count to deductible |
| MEDICARE OPT-OUT | Private contract between you and member | No charges reimbursed by plan, do not count to deductible |



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



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.



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

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.

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.

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



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
<http://www.hhs.gov/ocr/office/file/index.html>.

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

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-766-2583 (TTY: 711).

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-766-2583 (TTY: 711)

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-766-2583 (TTY: 711).

Polski (Polish):

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-766-2583 (TTY: 711).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-766-2583 (TTY: 711).

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)。

Ilokano (Ilocano):

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-866-766-2583 (TTY: 711).

Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-766-2583 (TTY: 711).

한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-766-2583 (TTY: 711) 번으로 전화해 주십시오.

Français (French):

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-766-2583 (ATS: 711).

Hmoob (Hmong):

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-766-2583 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-766-2583 (رقم هاتف الصم والبكم: 711).

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。

Diné Bizaad (Navajo)

D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-866-766-2583.

Русский (Russian):

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