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# 2020/2021 INDIVIDUAL MSA CERTIFICATION TRAINING GUIDE

\$0 premium. The broadest clinical access in Medicare Advantage.  
The only plan to give members money and control of their own care.  
So many reasons to become certified with Lasso Healthcare MSA.



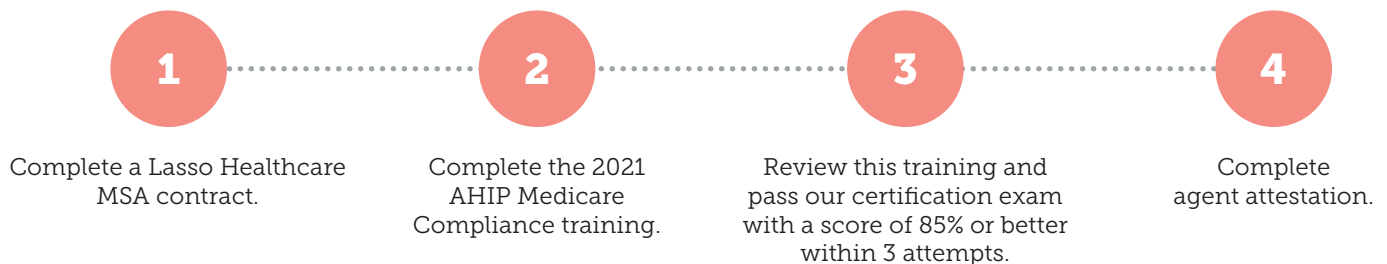
# Table of Contents

SECTION:	PAGE:
Lasso Healthcare MSA Certification	3
Medicare MSA Plans	4
MSA vs Other Medicare Advantage Plan Types	5
MSA Enrollment Eligibility	6
Unique Features and Appeal	7
Our 2020 Service Area and Plans	8
Our 2021 Service Area and Plans	9
The High Deductible Health Plan	10
The Trust/Custodial Savings Account	12
Using the MSA Funds	14
What Can the Deposit Really Cover?	15
Unused MSA Funds	16
Tax Implications of the MSA	17
How MSA Claims Work	18
Accessing Care With the MSA	19
Preventive Services	20
Prescription Drugs & Ancillary Coverage	21
Timing of MSA Enrollment & Disenrollment	22
Maximizing Value & Health with the MSA	24
Our Supporting Materials	25
Enrolling Your Clients	26

# Lasso Healthcare MSA Certification

You'll be ready to sell our Individual MSA in just four easy steps.

Thank you for your interest in Lasso Healthcare MSA (Medicare Medical Savings Account), the most innovative product choice in Medicare Advantage (MA). With a set of features unique to MA plans, the MSA supports informed and engaged consumers to control their health and care in a financially-responsible manner. Be ready to offer this consumer-friendly plan to your clients, and become a Lasso Healthcare-appointed agent today in four steps:



After reviewing this training booklet, please log in to the Lasso Healthcare Training & Certification platform to take your exam. If you would like to further review or discuss the material, please contact us or your upline. Our Broker Support Unit can be reached at 1-800-918-3859.

# Medicare MSA Plans

## What is an MSA? Fiscally-responsible flexibility and choice.

MSA stands for Medical Savings Account. MSAs are one type of Medicare Advantage (MA) plan that the Centers for Medicare and Medicaid Services (CMS) partners with private insurance companies to offer. MSAs combine a high deductible health plan covering Medicare A/B expenses with an IRS-approved trust/custodial savings account. They operate on four basic principles:

**1**

The plan deposits money into the member's medical savings account.

**2**

The member decides what health services to spend the funds on, and/or saves or invests the funds for future health needs.

**3**

The plan pays any Medicare-covered (Parts A & B) services once the member reaches their plan deductible amount.

**4**

Funds remaining at year-end belong to the member and roll over to the next year.

An MSA offers a combination of features unique to MA. It's the only Medicare product that gives the member money, and that money can potentially grow over time. It's also non-network, so members can receive services from any Medicare provider agreeing to see them. And, the funds can be used tax-free on any IRS-deemed Qualified Medical Expense (QME), enhancing overall coverage.

# MSA vs Other Medicare Advantage Plan Types

**\$0 premium, an initial deposit and the broadest clinical access in MA.**

Many plan types existing in both MA and commercial insurance, such as HMO, PPO and POS, function similarly in both spaces. However, there is no direct comparison for MSAs — MSAs do not exist outside of MA. HSAs (Health Savings Accounts) are the closest commercial comparative, but significant differences do exist, with the main difference that MSA members cannot make contributions to their custodial savings account like HSA members can. Also unlike HSA plans, MSA members cannot use their deposit funds to pay for a spouse's or dependent's Qualified Medical Expenses (QMEs) without incurring tax and penalties. Here are some key ways the MSA differs from major MA plan types:

Medicare Advantage	HMO	PPO	MSA
Network Access	Limited and gated	Broad, with flexibility of out-of-network option	Broadest, all of Medicare-participating providers
Member Premiums	Low (you pay for lower MOOP)	Mid to high	Always \$0 (by law)
Cost Sharing	Low or no OOP	Higher cost sharing	100% member up to deductible and then 100% insurance past deductible
Max Out of Pocket (MOOP) / Member Responsibility Costs	Lowest \$3,000- \$4,000 (varies by premium)	Normally at regulatory max of \$6,700 for 2020 and \$7,550 for 2021	Equivalent MOOP = deductible - deposit \$4,160 / \$5,160 / \$6,160 for 2020 plans \$3,000 or \$5,000 for 2021 plans
Deposit in Medical Savings Account (per year)	\$0	\$0	\$3,240 for all 2020 plans \$2,000 or \$3,000 for 2021 plans

As the MSA is an MA plan, it is **not** a type of Medigap plan and differs significantly. CMS regulations require agents marketing an MSA to follow the Medicare Communications and Marketing Guidelines (MCMGs). Also, MSA plans are filed on a calendar year basis and can change every year.

# MSA Enrollment Eligibility



Eligibility requirements for MSA enrollment differ from other MA plans.

All of the following must be true in order to enroll in the Lasso Healthcare MSA:

- Enrolled in both Medicare Parts A and B
- Not eligible for Medicaid (i.e., not dual-eligible)
- Live in the Lasso Healthcare MSA service area
- Reside in the US for 183 or more days during the calendar year
- Not have other coverage that covers the MSA plan deductible, including benefits under an employer or union group, TRICARE, the VA or FEHBP
- Not currently receiving Medicare hospice benefits

For 2020 plan year enrollees, there is an additional eligibility requirement: Not have end-stage renal disease, unless the member was enrolled with an MA plan that left Medicare and hasn't yet joined another MA plan. This requirement was removed by CMS for all 2021 plan year enrollees.

# Unique Features and Appeal

It can truly please a crowd.

With a combination of features unique to MA, many different types of individuals can find value in an MSA plan. Travelers, HSA fans, people with in-control chronic conditions, health enthusiasts, investment enthusiasts and Med Supp enrollees are just some of the populations who could benefit from an MSA.



Only MA product to give members money



No network — access to any Medicare provider



Enhanced tax-free expense coverage



Always \$0 premium (by law)

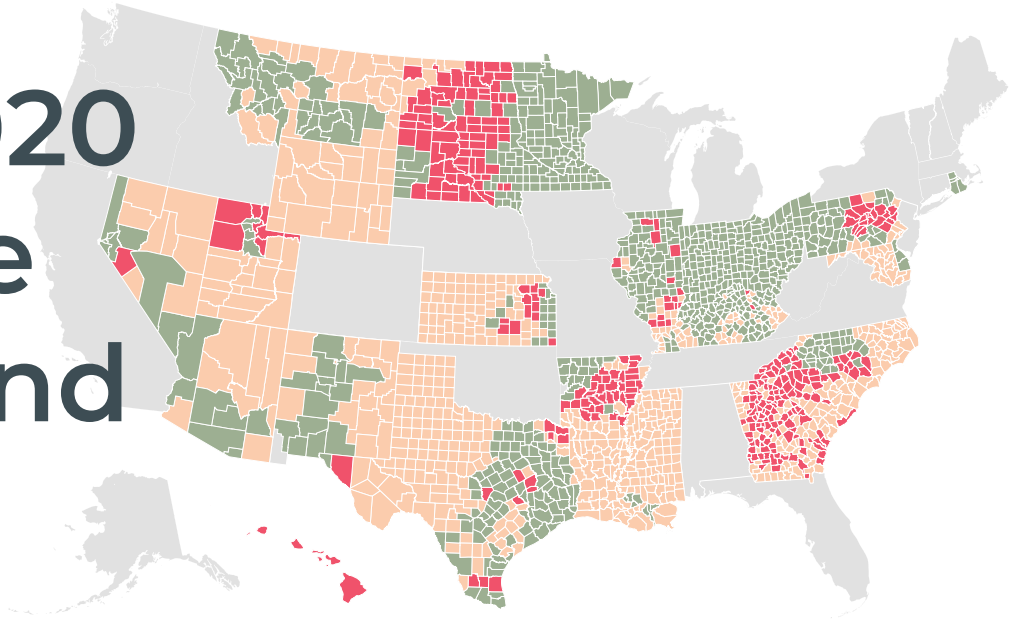


Flexibility to find the best Part D plan



\$250 in health incentive awards annually

# Our 2020 Service Area and Plans



An unprecedented second-year expansion to 26 states plus D.C.

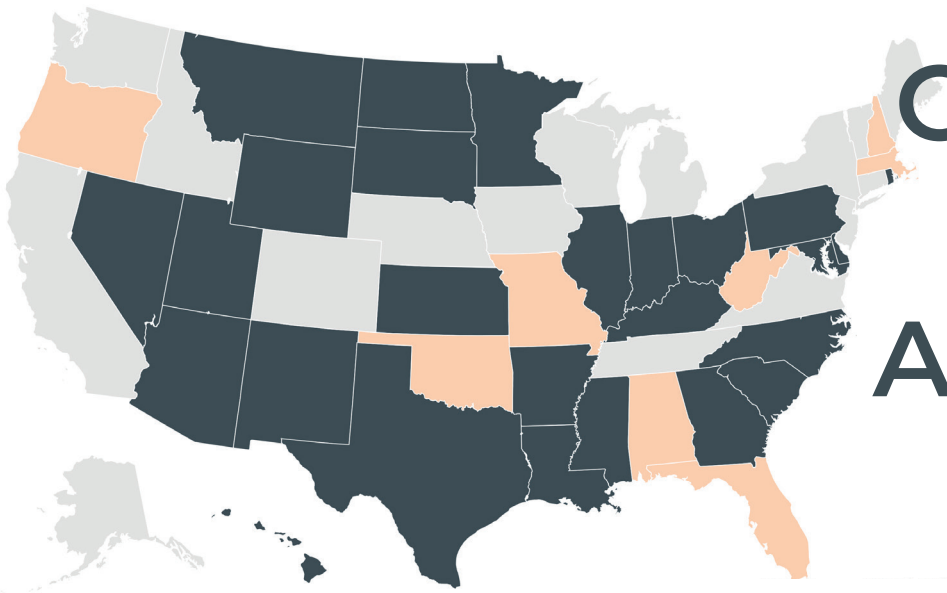
Lasso Healthcare expanded its 2020 MSA plan offering to another 9 states plus Washington, D.C., for a total of 26 states plus the District of Columbia. Each county in every covered state is assigned one of three regions.

Region 1		Region 2		Region 3	
Deposit	\$3,240	Deposit	\$3,240	Deposit	\$3,240
Deductible	\$7,400	Deductible	\$8,400	Deductible	\$9,400
Member Responsibility	\$4,160	Member Responsibility	\$5,160	Member Responsibility	\$6,160

Detailed 2020 Service Area and Region maps/listings are available upon request.



- Existing Service Area State
- New Service Area State for 2021



# Our 2021 Service Area and Plans

Available in more locations. No more regions. And, a choice of plans.

Lasso Healthcare expanded its 2021 MSA plan offering to another 8 states, for a total of 34 states plus Washington, D.C. Residents in these new locations (AL, FL, MA, MO, NH, OK, OR and WV) can have coverage effective dates starting January 1, 2021.

A big departure from 2019 and 2020, the 2021 plan designs are not county-driven. Instead, our 2021 plans are value-driven, allowing beneficiaries across the entire service area a choice between two plan designs.

**LOWER RISK OPTION!**

GROWTH MSA	
Deposit	\$2,000
Deductible	\$5,000
Member Responsibility	\$3,000

GROWTH PLUS MSA	
Deposit	\$3,000
Deductible	\$8,000
Member Responsibility	\$5,000

**HIGHER UPSIDE OPTION!**

Amounts listed are full-year amounts, based on full-year enrollments. Please see page 11 for further information on partial-year enrollments and amounts.

For the 2021 renewal process, current 2020 Lasso Healthcare MSA members (regardless of their 2020 plan design/region) will be placed into the 2021 Lasso Healthcare Growth MSA; further details, including instructions on how they can switch to the Growth Plus MSA during the AEP, will be provided around September.

# The High Deductible Health Plan



Our coverage is simple...we cover the same as Medicare covers.

## Premium

By law, MSA plan premium is \$0. As with all MA plans, the member must continue paying their Medicare Part B premium.

## Coverage

All additional Medicare A/B services are covered 100% after the member reaches the plan deductible.

## Benefit Year

MSA enrollment is based on the calendar year, with very limited within-year enrollment and disenrollment periods. As such, the plan design amounts presented here are full-year amounts. For any enrollment occurring within the calendar year, the deposit and deductible amounts are prorated monthly by the same amount. This means that the member responsibility amount (deductible minus deposit) remains constant regardless of when the enrollment occurs. More details are provided on the next page.

## Deductible

The deductible amount is prorated based on when coverage begins, and is prorated the same amount as the deposit. Only Medicare A/B services count toward the plan deductible; the member pays the lesser of the actual charges or 100% of the Medicare Fee for Service schedule. Deductible amounts vary by our plan designs: \$7,400, \$8,400 and \$9,400 for 2020 and \$5,000 or \$8,000 for 2021.



### No Network or Contracted Providers

By law, MSA plans cannot restrict clinical access for its members. Members can see any provider who agrees to see them, but will get the most value from their plan by selecting Medicare-participating providers.

### Member Responsibility

An MSA does not have a “maximum out of pocket” as defined by CMS. Instead, we use a term called “member responsibility,” which equals the deductible minus the deposit.

Because both the deductible and deposit are prorated by the same amount for any partial-year enrollment, the member responsibility does not vary by month. In other words, member responsibility is the same no matter when the enrollment occurs during the year: \$4,160, \$5,160 and \$6,160 for 2020 plan designs and \$3,000 or \$5,000 for 2021 designs.

Monthly Proration Amounts for Deposit and Deductible				
2021 Growth MSA	2021 Growth Plus MSA	2020 Region 1	2020 Region 2	2020 Region 3
\$166.67 / mo	\$250 / mo	\$270 / mo	\$270 / mo	\$270 / mo

Let’s use the 2021 Lasso Growth Plus plan as an example of how the member responsibility remains constant, but the deductible and deposit change, based on enrollment month. The table below shows the number of prorated months to be applied to the deposit and deductible, based on the effective month:

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
0 mos.	1 mo.	2 mos.	3 mos.	4 mos.	5 mos.	6 mos.	7 mos.	8 mos.	9 mos.	10 mos.	11 mos.

Jan 1 enrollment:

$\$8,000 - (\$250 \times 0 \text{ mos.}) = \$8,000 \text{ deductible}$   
 $\$3,000 - (\$250 \times 0 \text{ mos.}) = \$3,000 \text{ deposit}$   
 $\$8,000 - \$3,000 = \$5,000 \text{ member responsibility}$

Aug 1 enrollment:

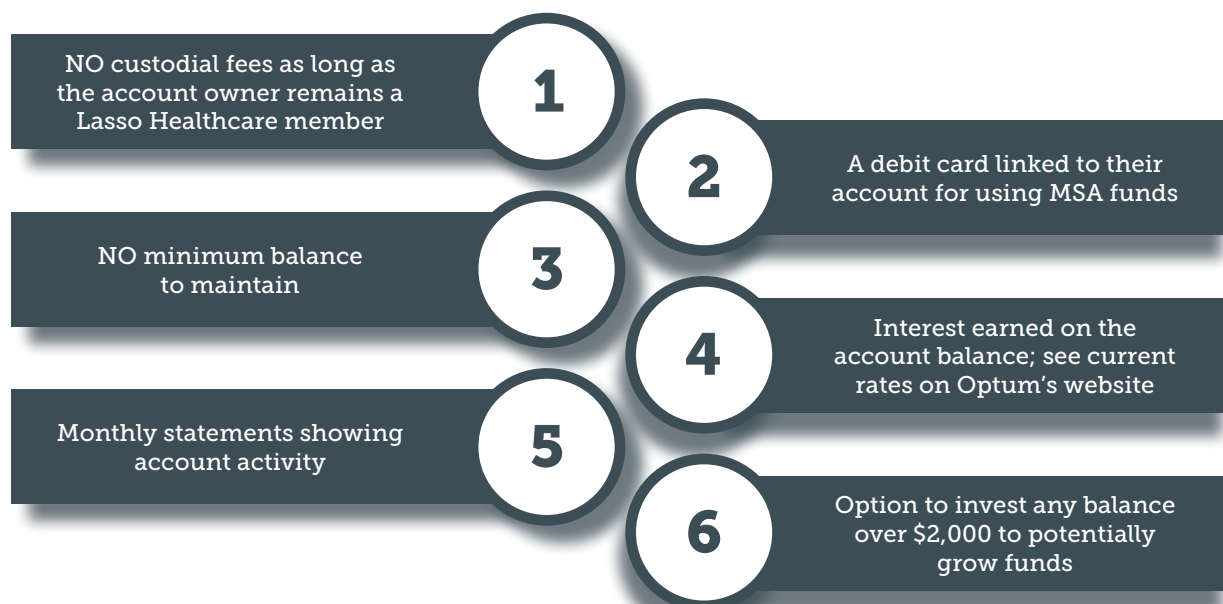
$\$8,000 - (\$250 \times 7 \text{ mos.}) = \$6,250 \text{ deductible}$   
 $\$3,000 - (\$250 \times 7 \text{ mos.}) = \$1,250 \text{ deposit}$   
 $\$6,250 - \$1,250 = \$5,000 \text{ member responsibility}$

If a member uses deposit funds on items that do not count toward their deductible, they will have a greater out-of-pocket expense than the listed member responsibility amount. For example, a 2021 Growth Plus MSA plan member spends \$1,500 of their \$3,000 deposit on house payments. In order to reach their plan deductible amount of \$8,000, they can use the remaining \$1,500 deposit funds but will need to apply \$6,500 (vs \$5,000) of their own funds.

# The Trust/ Custodial Savings Account

Administered by Optum Bank, but the member makes all the decisions.

Lasso Healthcare has partnered with Optum Bank, a market leader in health savings and spending accounts. The MSA enrollment process includes both the enrollment in the health plan and opening the savings account. Once the initial deposit has been made, members are free to move the funds to their choice of financial institution. However, Optum Bank provides special benefits to Lasso Healthcare MSA members:



Monthly maintenance fees are charged if the account holder is no longer a Lasso Healthcare MSA member; the account holder can transfer funds to a custodian of their choice, subject to a transfer fee.

It is important to note that MSA members cannot make contributions to their savings account. Only CMS/Lasso Healthcare can make the contribution.

Once CMS sends us the member funds and the member’s savings account is established, Lasso Healthcare deposits the funds early in the member’s effective coverage period. For January 1 effectives, due to the Federal/banking holiday and process timing from CMS, those deposits will be made by end of day on January 4. As mentioned earlier, the deposit amount is prorated based on when coverage begins, and is prorated the same amount as the deductible. The proration amount varies by plan design; see page 11 for the proration amounts for each plan design and an example of how the deposit and other plan amounts change for enrollments within the calendar year.

In the unlikely case a member disenrolls or leaves the plan prior to December 31, for any reason, the prorated portion of the current year’s deposit amount is owed back to Lasso Healthcare. If a member renews with Lasso Healthcare, that new year’s deposit amount is added to their savings account.

Let’s use 2021 Lasso Growth Plus MSA as an example of how recovery of the deposit would be calculated for someone leaving within the calendar year. The table below shows the number of prorated months to be applied, based on the effective month:

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
0 mos.	1 mo.	2 mos.	3 mos.	4 mos.	5 mos.	6 mos.	7 mos.	8 mos.	9 mos.	10 mos.	11 mos.

May disenrollment:

$$\$3,000 - (\$250 \times 4 \text{ mos.}) = \$2,000 \text{ repayment}$$

October disenrollment:

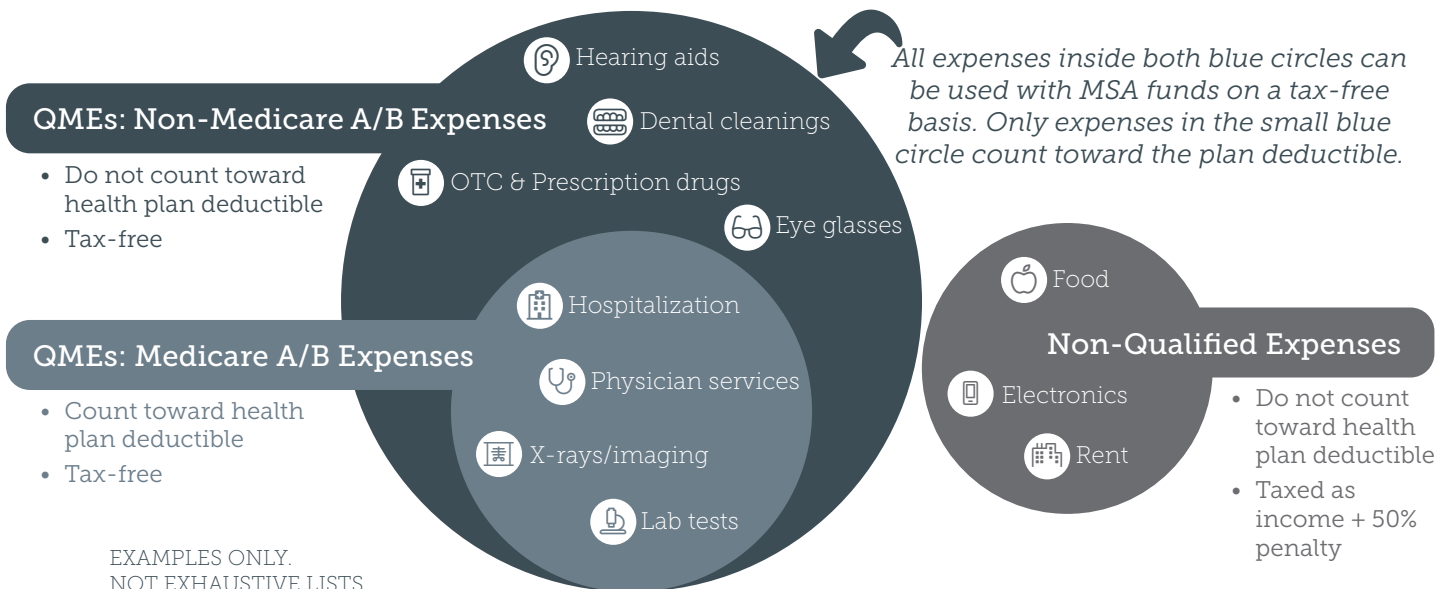
$$\$3,000 - (\$250 \times 9 \text{ mos}) = \$750 \text{ repayment}$$

See page 16 for further details on unused MSA funds.

# Using the MSA Funds

Members can spend, save and/or invest their MSA funds.

MSA funds can be used for any expense, medical or otherwise, but there are special rules on what expenses count toward the plan deductible and how they're taxed. Qualified Medical Expenses (QMEs) are defined by the IRS or Internal Revenue Service. All Medicare A/B expenses are QMEs, but not all QMEs are Medicare A/B expenses. Therefore, not all QMEs count toward the health plan deductible, even though MSA funds spent on any QMEs are tax-free. See IRS publication 502 for a complete list of expenses deemed as QMEs.



EXAMPLES ONLY.  
NOT EXHAUSTIVE LISTS.

# What Can the Deposit Really Cover?

The deposit amount stretches farther than you might think.

The Lasso Healthcare MSA plan deposit amount covers many common services...multiple times over. Here are some of our previous plan member frequently used procedures and claims costs. Please note these are illustrative and may not be representative of the full and final cost. For additional procedures and costs, please refer to the Medicare Procedure Price Lookup tool available at <https://www.medicare.gov/procedure-price-lookup/>.



Existing Patient Dr Visit

\$22 - \$148



New Patient Dr Visit

\$22 - \$210



Joint Aspiration/Injection

\$62



Dermatology Biopsies

\$68 - \$114



Eye and Cataract

\$104 - \$656



Ambulance

\$436



Colonoscopy-related

\$352 - \$437



Emergency Room

\$889

# Unused MSA Funds



## MSA funds are not “use it or lose it.”

Generally speaking, once deposited, MSA funds belong to the member.

### **Member remains in the plan through the end of the calendar year**

As long as the member stays in the plan through December 31, any unused funds from the current year’s deposit amount belong to the member and roll over to the next year. If the member then renews with Lasso Healthcare, the new year’s deposit amount is added to their account in early January; this is one way members can grow their money over time.

If the member stayed in the plan through December 31, but does not renew with Lasso Healthcare, all MSA funds in the account belong to and are retained by the member. They can keep the funds in their Optum Bank account, subject to a monthly maintenance fee charged to non-Lasso Healthcare members. Or, they can move the funds to a custodian of their choice, subject to a transfer fee. Contact Optum Bank for current fee amounts.

### **Member leaves the plan during the calendar year**

In the unlikely case a member leaves during the calendar year, for any reason, they owe a portion of that year’s deposit back to Lasso Healthcare/CMS; see page 13 for an example of how the recovery proration works. The current year deposit payback amount is owed regardless if the member has the funds in their savings account or not. The member retains any funds accumulated from previous years. The member also has the same option to keep remaining and/or accumulated funds in their Optum Bank account subject to a monthly maintenance fee charged to non-Lasso Healthcare members or move funds to a bank of their choice with a transfer fee.



# Tax Implications of the MSA

MSAs offer tax advantages unique to Medicare Advantage.

MSA account funds have a triple tax advantage:



If a member uses MSA account funds, in any amount and for any reason, during the year, he/she will receive a Form 1099-SA from Optum Bank by January 31 of the following year. The member must also include IRS Form 8853 when they file their taxes; both Forms 8853 and 1040 must be filed, even if the member is not otherwise required to file an income tax return.

In summary, IRS Form 8853 is only needed when a member used MSA funds during the year. For more information, members should speak with their tax advisor and review IRS Publications 969 and 502.

# How MSA Claims Work

The MSA works like any other MA plan with zero copay.



**1. Show the Lasso Healthcare MSA Member ID card**

Plan members should not show their Medicare card. Members should tell the provider to file the claim with Lasso Healthcare. It's important the provider files the claim with us, even if the member has not yet met their deductible so we can a) ensure the claim is priced at no more than the Medicare-approved amount and b) help track the member's progress to deductible.



**2. Do not pay a copay**

Copays are not due at time of service in most instances.



**3. Receive an EOB from us**

We process the claim and determine coverage. We mail Explanation of Benefit (EOB) statements, showing the coverage decision, progress toward deductible and any amount owed to the provider, monthly to the member.



**4. Receive an invoice from the provider**

The provider sends a bill to the member for their portion of the claim. The amount due should match the amount shown on the member's EOB, if the provider is Medicare-par.



**5. Pay the provider**

Members can use MSA funds, out-of-pocket monies or a combination of both. Remember, we pay 100% of any additional Medicare A/B services after reaching the deductible.

# Accessing Care With the MSA

MSA funds are maximized by seeing Medicare-par providers.

With no plan network, members are free to see any provider agreeing to see/treat the member. However, there are some special considerations regarding providers to understand.

	Medicare-Participating and Accepting	Medicare Non-participating	Medicare Opt-out
ACCESS TO PROVIDER	<p>MSA plans don't have a network of providers, so members choose their health care services and providers. Many providers accept the MSA, including some of the largest and most renowned health systems. Providers can decide at every visit whether to accept the Plan and agree to treat a member, however, a member cannot be denied emergency care due to their insurance plan. <i>Before receiving any services, we encourage you and your clients to share our detailed provider guide brochure with your clients' providers and confirm they'll accept our Plan.</i></p>		
SERVICE CHARGES	Pay lesser of billed charges or 100% Medicare rates	Can balance bill, where allowed by law, up to limiting charge	Private contract between member and provider; billing not limited by Medicare
PLAN HANDLING	Medicare-covered charges count toward deductible	Excess charges not reimbursed by plan, do not count toward deductible	Charges not reimbursed by plan, do not count toward deductible

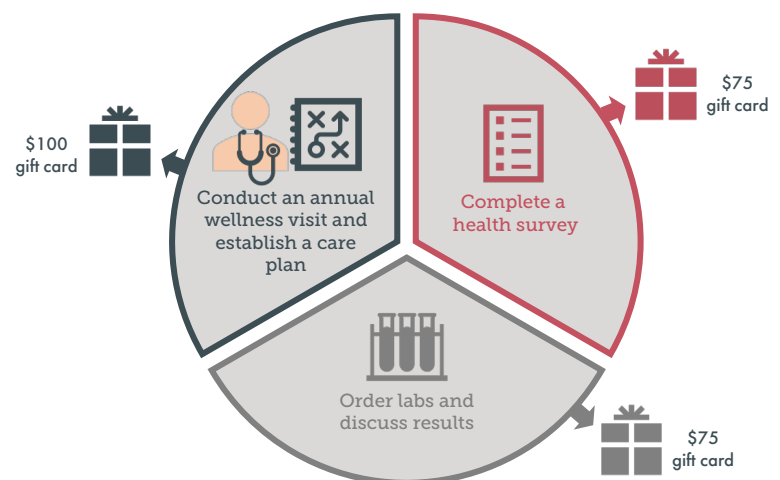
# Preventive Services

## Smart preventive care with our *For Your Health* incentive program.

Nearly all MA plans cover preventive services, such as annual wellness visits, mammograms and cancer screenings, with no cost sharing. However, as MSAs are the only plan type to provide members a deposit, preventive services are not covered prior to reaching the plan deductible amount. Members are able to use their MSA funds on preventive services tax-free, and those services count toward their plan deductible.

As Lasso Healthcare believes in the importance of seeking preventive care, we offer members our *For Your Health* program to assist in smart preventive care. Completing a series of preventive-focused activities allows members to earn their choice of gift card rewards from major brands like Amazon, Home Depot, Target, Walmart and more, or a Visa® prepaid card\*.

The graphic to the right shows an overview of the *For Your Health* program:



\*Entities mentioned are not affiliated with Lasso Healthcare, and are not endorsers and/or sponsors of the *For Your Health* program. Some restrictions apply. See our program terms and conditions for more information. Program subject to change without notice.



# Prescription Drugs & Ancillary Coverage

**MSAs offer flexibility to choose prescription drug/ancillary coverages.**

## **Prescription Drugs**

By law, MSAs may not cover Part D drugs. Those enrolling in an MSA may choose any Medicare Part D plan available in their area. MSA funds cannot be used to pay the PDP premium, but can be used tax-free on the PDP plan copays, coinsurance and deductibles (not counting toward the MSA plan deductible). The MSA does cover Part B prescription drugs, such as those administered in a provider's office.

## **Other Ancillary Coverage**

CMS regulations prohibit members from obtaining or using other insurance covering the Medicare-covered expenses portion of the MSA plan deductible. However, members can purchase additional limited benefit policies for non-covered items/services such as hospital indemnity, vision, dental, long-term care and more.

For these separate, limited benefit policies, members can use MSA funds, tax-free, to pay for plan items such as coinsurance and deductibles; those payments just won't count toward their MSA plan deductible. Please note MSA funds cannot be used to pay the premiums for limited benefit policies, except for long-term care policies where regulations allow MSA funds to be used.

# Timing of MSA Enrollment & Disenrollment

Times to enroll in/disenroll from MSAs differ from other MA plans.

Enrollment in an MSA plan is generally for a full calendar year, unless certain exceptions are met.

<i>Medicare Periods</i>	AEP Annual Enrollment Period	OEP Open Enrollment Period	ICEP Initial Coverage Election Period (at 65)	OEP NEW Open Enrollment Period — Newly Eligible	SEP Special Election Period
Period Timing	Oct 15 - Dec 7	Jan 1 - Mar 31	Birth (entitlement) month + 3 months pre birth month + 3 months post birth month	3 months following ICEP	Varies
Enroll in MSA?	Yes	No	Yes	No	No
Coverage Effective	Jan 1	N/A	<i>3-1 mos. prior</i> = first day of entitlement month  <i>Birth &amp; 1-3 mos. post</i> = first day of month after completed enrollment form received	N/A	N/A
Disenroll from MSA?	Yes	No	N/A	No	Yes, but limited



In summary, MSA enrollment is limited to AEP and ICEP. SEP cannot be utilized for MSA enrollment. OEP cannot be utilized for either MSA enrollment or disenrollment. Disenrollment is limited to AEP and a select set of SEP circumstances shown below:

- A permanent move out of the service area
- Gaining Medicaid eligibility
- Gaining other coverage duplicating Medicare A/B services
- Enrolling in a 5-star MA plan

CMS extends a special accommodation to first-time MSA enrollees who enroll during AEP. These “MSA-first-timers” are allowed to change their mind and cancel an MSA by December 15...after the AEP enrollment window has ended. Keep in mind if they cancel after December 7, their only option is to return to Original Medicare.

# Maximizing Value & Health with the MSA

A game plan helps members get the most out of their MSA plan.

With just a little discipline, the flexibility of the Lasso Healthcare MSA plan can be harnessed so members get the most financial value...and better health...from their plan.

1



Establish a plan to cover the member responsibility portion of health costs

2



Partner with providers, be a good patient and health care consumer...and live a healthier lifestyle

3



Limit MSA funds used on non-qualified expenses

4



Consider investing excess MSA funds to potentially grow money for future health expenses





# Our Supporting Materials

## Helping you help your clients.

Lasso Healthcare provides a variety of tools and materials to help you share the Lasso Healthcare MSA with your clients. Per CMS guidelines, any materials containing plan benefit information (deposit, deductible or member responsibility amounts) must be submitted and approved prior to use; additionally, any materials specifically mentioning Lasso Healthcare and/or our logo must be submitted for review and approval prior to use. Here are some preapproved materials we are working to make available for 2021 AEP:

- Sales presentation (PDF and video)
- “Leave behind” document (PDF)
- Postcard mailers
- Print and radio ads
- Social media images, text and ads
- Videos (teasers and in-depth)
- Digital ads (display and search)
- Email blast template

Lasso Healthcare has modified its “do-it-yourself” or custom-made materials process from previous years. If you have a custom need not satisfied by our preapproved materials, we recommend creating a generic MSA piece. Please work with your uplines for creation of these items.

# Enrolling Your Clients

Applicants can enroll via electronic, fax or mail channels.

Before you present the Lasso Healthcare MSA, the prospective member must complete a Scope of Appointment form (included in the enrollment kit and also available at LassoHealthcare.com). Retain this form, as it must be made available to Lasso Healthcare upon our request.

If the prospect chooses to enroll after you present the Lasso Healthcare MSA product, they can use one of three methods to submit their enrollment request:

## Electronic



- Direct the prospect to LassoHealthcare.com, where they can self-enroll using your National Producer Number (NPN).
- Both the Optum Bank MSA Account application and the Lasso Healthcare MSA enrollment form are available electronically.

## Paper via Fax



- Fax the completed Optum Bank MSA account application and the Lasso Healthcare MSA enrollment form to 1-888-638-6943.

## Paper via Mail



- Mail the completed Optum Bank MSA account application and the Lasso Healthcare MSA enrollment form to:  
Lasso Healthcare MSA  
Attention: Enrollment  
P.O. Box 60690  
Harrisburg, PA 17106-0690

Lasso Healthcare Insurance Company is a new and growing Medicare-market health insurer based in Dallas, Texas. Established in 2018, Lasso Healthcare launched its flagship Lasso Healthcare MSA plan to 17 states for Medicare Advantage coverage starting January 1, 2019. In 2021, the individual MSA plan has expanded to 34 states plus Washington, D.C., with additional geographic and product line expansions also planned. Cost-effective group MSA plans are also available for eligible group entities with working Medicare-eligible employees and/or retirees in all 50 states.



Lasso Healthcare Insurance Company  
[lassohealthcare.com](http://lassohealthcare.com)

