Brokers' briefing

Everything you need to know about MASA

masa

Using these FAQs

At MASA, we are here to answer any question you may have. In this document, you will get answers to some of the most frequent questions we receive from benefits brokers about our company, products and plan options. If you need further assistance and aren't sure who to contact, reach out to: salesb2bops@masaglobal.com

FAQs about our membership benefits

Which ambulance providers does MASA work with?

Any! In the event of an emergency, simply call 911 and get to the hospital. We have a no-network model where we work directly with the ambulance provider to settle the bill. Our members and their families are protected from out-of-pocket costs, no matter which provider completes the ambulance transport within the continental United States, Alaska, Hawaii, and Canada. Some solutions extend globally for members with expanded plans.

Does your protection extend to copays or deductibles?

Yes, when it is applicable to their ambulance bill. Our goal is to leave our members with peace of mind. MASA protection for out-of-pocket costs includes copays, coinsurance, and deductibles associated with their ambulance bill.

How does MASA work with my employee's primary health insurance?

The ambulance provider will submit their invoice to the enrollee's primary medical insurer first. In most cases, the insurer will pay the provider for the ambulance portion of the bill according to the details of the enrollee's specific primary insurance plan. Afterwards, the ambulance provider will send the enrollee a bill for the remaining balance, who can then forward that bill to MASA for processing. MASA does not interact directly with the member's health insurer.

How do employees qualify?

MASA has no medical qualifiers, which means:

- No health questions
- No age limits

Plus, there are:

- No claim forms (bill must be submitted within 180 days)
- No deductibles
- No network limitations

When should my client call you?

Your account managers and clients, including HR administrators, can reach out to our dedicated Client Success team anytime for assistance with ongoing administrative needs. To find more details, visit the MASA Client Success Team Infosheet.

Members should always call 911 for an emergency. Once they receive a bill, they can submit it to us through the member portal at masaaccess.com/member or via email to AmbulanceClaims@masaglobal.com.

Should they need to activate specialized transport services after an emergency — such as getting children, pets, or vehicles returned home, or if their physician needs help with medical transport coordination for an organ transplant or repatriation — they can reach out to us for support 24/7/365.

To find more details, visit our How to Use Access MASA infosheet.

How do customers request payment?

Submitting a request is easy. Once members receive a bill, they can submit it to us through the member portal at masaaccess.com/member or via email to AmbulanceClaims@masaglobal.com. If members include their Explanation of Benefits along with their bill, it can help expedite the process. After submission, they'll receive an auto-reply confirmation of receipt with basic details. We'll review their case and reach out if we need more information. Once their request is closed, they'll receive a letter notifying them of resolution.

They can also check the status of an existing request and what solutions are included in their membership in the portal, through the MASA app, or by calling (800) 643-9023.

To find more details, visit our How to Use Access MASA infosheet.

Who is covered by MASA membership plans?

We offer employee-only options, and we offer family memberships, which protect the employee, their partner, and all children under the age of 26 in their household. Plus, employees can extend protection to their parents, by upgrading with our Family+ endorsement during their employer's enrollment period.

Does MASA offer a solution ideal for executive carveouts?

Yes! Our Platinum plan with our Family+ endorsement enhance executive benefit packages with valuable protection for key leaders, their families, and parents. Our Platinum plan is our most comprehensive protection, with global access, first-class services, and much more.

How much does an ambulance ride cost?

The costs associated with ambulance services vary widely based on factors such as geographical location and the type of treatment provided. According to a report we released last year, Emergency medical transportation: The true costs — and how they're rising, the cost of emergency transportation has increased significantly in the last five years, outpacing medical inflation. Our internal claims data reveals averages of $2,086 for ground ambulance costs and $72,469* for air ambulances.[1]

How often do people require an ambulance?

1 in 15 U.S. families require an ambulance each year.[2] For more information utilization rates and costs, check out our white paper, Emergency medical transportation: The true costs — and how they're rising.

With passage of the Federal No Surprises Act (NSA), does MASA still offer necessary protection?

The No Surprises Act (NSA), enacted in 2022, aims to protect patients from unexpected medical bills. However, it only limits surprise billing for air ambulance services and does not cover ground ambulance transport. Some states offer limited protections for ground transport to supplement the NSA. Despite these measures, traditional insurance companies can still pass certain costs on to patients for both air and ground ambulance services.

MASA offers protection from claim denials, even from emergency transport bills that are adjudicated by the government's IDR (independent dispute resolution) process — activated when air ambulance providers don't have a network agreement with the patient's primary health insurance company.

Read our case studies on MASA's impact after NSA.

FAQs from brokers

Do you provide compensation to brokers?

Yes. Brokers are compensated through a commission pay for MASA plans sold and maintained as a renewal.

Do you offer options for large employers?

Yes. Our Essentials plan is an employer-paid option designed for companies with 5,000+ employees. Get more information here.

Can self-insured employers provide your membership benefits?

Yes. Our membership benefits are compatible with self-funded offerings and help to mitigate the financial volatility of emergency transportation claims. In other words, MASA helps employers reduce medical plan reimbursements for medical transports, while protecting their workforce from the remaining out-of-pocket costs after primary health coverage is applied by directly working with the ambulance providers.

What's the best way to build this product into my client's benefits?

Our solutions fit the needs of today's workforce, helping your clients provide a comprehensive benefits package. MASA plans can be built into a client's medical plan design or provided as a supplement to their voluntary portfolio. Employee-paid, employer-paid, tiered, and cost-share pricing are available.

Do you allow for off-cycle enrollments?

Yes. One of the great things about us is that you never need to wait for an enrollment period. Your clients can enroll at any point in the year with protection beginning as early as the start of the next month. Account managers and HR reps will be given a self-service portal link to manage their employee changes.

FAQs about compliance

How are MASA membership benefits categorized across the U.S.?

In most states we are regulated as a service or membership and provide member service agreements. In some states we adhere to insurance regulations under the accident and health (A&H) type and provide underwritten policies.

What if the employer situs is in a non-insurance state (also known as a membership state), and an employee resides in an insurance state?

In most cases, the employee would be issued a membership agreement based on where their employer is headquartered. For employees residing in MI, NJ, NY, WA or UT, special accommodation or exclusions may be required.

What if the employer situs is in an insurance state, and an employee resides in a non-insurance state?

If an employee does not reside in a restricted state, they would be issued an insurance policy based on where their employer is headquartered. For employees residing in MI, NJ, NY, WA or UT, special accommodation or exclusions may be required.

Does ERISA apply only to insurance states, or does it also impact membership states?

ERISA rules and regulations apply for both insurance states and membership states.

How would the Safe Harbor Exemption apply to your membership benefits?

If our membership benefits are in an insurance state and not employer-sponsored, then the Safe Harbor exemption will apply.

How does the Consolidated Omnibus Budget Reconciliation Act (COBRA) apply to your membership benefits?

If you offer MASA through the company's COBRA plan, the employee may choose to continue MASA coverage for up to 18 months after a qualifying event. At the end of the COBRA coverage, they can elect coverage from our consumer-direct solutions. Companies offering COBRA must have more than 20 eligible employees.

Who manages MASA membership benefits when COBRA is applied?

COBRA benefits are managed by the employer, typically through a COBRA designated administrator. The administrator will be given a self-service portal link for management of the employees.

Are you HIPAA compliant?

Yes. MASA is a covered entity and adheres to the physical, administrative, and technical safeguards outlined in HIPAA.

Is MASA considered a health plan by HIPAA?

While MASA offers membership benefits that are unique to traditional health insurance plans, we are considered by HIPAA to be a health plan in insurance states.

Are your membership benefits portable?

Members can call MASA up to three months prior to their last day of employment and elect protection from our consumer-direct solutions available in their state by calling (954) 820-4332. Our representatives are available from 9 am–5 pm EST to assist. MASA can make the new coverage effective on the date of group coverage termination.

How do you manage the HSA requirement?

Our enrollment file template includes a field for employers to notify us if a member is enrolled in an HSA eligible plan. When a member submits a claim, the claims representative will check the system to see if the member is enrolled in an HSA eligible plan per the file received. If the member is, then the claims representative will ask the member if they have met their IRS statutory minimum deductible. If the member confirms they have met their IRS statutory minimum deductible, then the claims representative will complete the payment and close the claim. *Note: Not all states allow this process. We complete as permitted.*

Sources:
1: MASA Internal Claims Data, Updated January 2025 | 2: Milliman data compiled December 2023

*Based upon the enactment of certain legal protections regarding surprise medical billing, actual member liability may be less than the provider's charges.

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