



Employer FAQs about MASA coverage



About MASA

Did you know there are 28M emergency transports dispatched by 911 each year? That means every one second, an ambulance is dispatched in the U.S.⁴ with an average cost of more than \$2,000¹ and a 80% chance of having an out-of-network bill³, a ground ambulance ride can be unexpected and costly. That's why there's MASA, the industry-leading medical transportation coverage provider. No one should have to worry about unexpected bills during or after an emergency. By signing up for MASA, you protect yourself and your family from medical transportation emergencies and get coverage built to shield against sudden financial shock.

Coverage questions

Which ambulance company can my employees use?

We work hand-in-hand with the benefits health plan administrators and transport companies to ensure your employee and their family have no out-of-pocket costs** no matter which provider completes the ambulance transport within the continental United States, Alaska, Hawaii, and while traveling in Canada. Coverage extends globally for those with a plan that includes global coverage. Additionally, our coverage applies regardless of network. In the event of an emergency, your employee will simply call 911 and get to the hospital.

Will you pay my employee's copay or deductible?

Yes! Our goal is to leave your employees with complete peace of mind. We will cover out-of-pocket costs including copays and deductibles.

What do you guarantee?

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

When should my employee call MASA?

They should call us after they receive a bill from any emergency medical transportation ambulance provider.

Who is covered by your plans?

With our family plans, we cover your employee, their partner, and all children under the age of 26 in their household.

How much does an ambulance ride cost?

The average cost of a ground ambulance is \$2,008¹. Depending on the provider, the personnel on board, and the amount of miles traveled, your employee's bill can get expensive.

Why would an ambulance be out-of-network?

There are over 27,000 ambulance companies operating in the United States.² Some companies are run by cities and states, others are run by local or national companies. Many insurance plans only cover in-network ambulance companies. Even if your employee is heading to an in-network hospital, the ground ambulance itself could be out-of-network and leave them with a "balance bill". We offer coverage for ALL ambulance companies operating within the continental United States, Alaska, Hawaii and while traveling in Canada.

Why might an employee have to pay out-of-pocket for an ambulance bill?

The ambulance that picks your employee up may be out-of-network, the reason for their trip may not be deemed a medical necessity, or your employee might still have to meet their health insurance deductible. Research shows that there's nearly an 80% chance your employee could be responsible for a large portion of their ground emergency transportation bill.³

What is medical necessity?

Medical necessity is established when any other transportation method (besides an ambulance) would endanger the patient's life. For example, let's say your employee is experiencing symptoms associated with a heart attack and ends up taking an ambulance to the hospital. If their health insurance decides that the cause of their symptoms (perhaps indigestion, heartburn, or a panic attack) doesn't meet the insurance company's requirements for an ambulance, the claim could be denied and potentially leave your employee on the hook for thousands of dollars.

Employer questions

How do you differ from a membership with my local ambulance providers?

Memberships offered by local ambulance providers may only help your employees in the event they are picked up by that local provider. We offer coverage for **ALL** ambulance companies operating within the continental United States, Alaska, Hawaii and while traveling in Canada. With over 27,000 ambulance companies operating in the United States, the chances of you getting picked up by only one provider are very slim.²

How do I know which coverage is right for my employees?

We recommend talking with a MASA representative to find the right coverage for you and your business before selecting your plan.

What kind of cost share options do you offer?

We offer a variety of options for companies and individuals to purchase coverage. You can provide coverage by taking on the full cost, you can participate in split cost sharing, or our benefit can be voluntary. You can also use payroll deductions, or bundle us into your benefits package.

When can my employees enroll?

One of the great things about us is that your employees never need to wait for an enrollment period. Our benefit can be offered at open enrollment, during new hire onboarding and during off-cycle enrollment events. Employers can offer our coverage anytime throughout the year!

Do you work with self-insured employers?

Yes we do! We work alongside most group healthcare plans offering all our coverage options at affordable rates.

Can I include your benefits in my current health insurance package?

We are a flexible and easy addition to any benefits package. You can offer any of our benefits separately or bundle with any of your general health insurance plans.

How do I identify if my employees' health insurance fully covers emergency transportation?

Your health benefits broker and MASA representatives specialize in reviewing coverage. Set up a consultation with your broker to determine where you and your employees are most exposed. Our representatives will work with your broker to identify different coverage options as well as answer any questions you may have.

How do my employees file a claim?

Filing a claim is easy. Your employees simply send the ambulance bill to us with their member number clearly written on the front. They can either email their bill to ambulanceclaims@masaglobal.com, fax it to 817-681-2399, or mail the invoice to: MASA – Claims Department, 1301 International Pkwy, Suite 300, Sunrise, FL 33323. They can also log in and upload their bill or check the status of an existing claim in the “Members” section of our website.

Compliance questions

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

The employee would be issued a membership certificate based on where their employer is headquartered (with the exception of employees residing in restricted states WA, NY, NJ, whereby they cannot receive anything from us).

What if our 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.

What is the Employee Retirement Income Security Act (ERISA)?

ERISA sets minimum standards for retirement, health, life, disability, and other welfare plans within the private sector. Under ERISA, plan administrators must meet certain standards and provide detailed requirements. Employers are not required to establish a plan, but it does require employers that meet certain requirements to do so.

Does ERISA apply to just insurance states, or does it also impact certificate states?

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

How does the Safe Harbor Exemption apply to your benefit?

Employer sponsored health benefits are generally subject to ERISA, however regulations provide a safe harbor under which ERISA does not apply for voluntary insurance arrangements that meet specific criteria. If our benefit is 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 coverage?

COBRA is an employee's right to continue coverage for a set period of time after a qualifying event. MASA will continue coverage when an employer lets us know that they have elected COBRA.

Who manages benefits when COBRA is applied?

COBRA benefits are managed by the employer, typically through a COBRA designated administrator.

What does it mean to be Health Information Portability and Accountability Act (HIPAA) compliant and are you considered HIPAA compliant?

HIPAA compliant means covered entities and business associates adhere to the physical, administrative, and technical safeguards outlined in HIPAA. MASA is HIPAA compliant.

What is a HIPAA covered entity, and is MASA a covered entity?

Yes, we are a covered entity. HIPAA covered entities include health plans, clearinghouses, and certain healthcare providers.

What is a HIPAA Business Associate Agreement (BAA)?

A business associate is any individual or entity that performs functions or activities on behalf of a covered entity that requires the business associate to access protected health information.

Is MASA considered a health plan by HIPAA?

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

Is your coverage portable?

Yes. We offer portability that gives members access, without pre-existing conditions, should they leave their group.

Do you offer products in NY or NJ?

We are currently pending product approval in NY, with availability expected January 1, 2024. We are also working with the state of NJ to gain product approval, but an availability date has not yet been determined.

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 deductible. If the member confirms they have met their deductible, then the claims representative will complete the payment and close the claim. *Note: Not all states allow this process. We complete as permitted.*

Do you continue coverage while the employee is on medical leave as defined in the Family and Medical Leave Act (FMLA)?

Yes, we offer a grace period of 90 days for non-payment. If more time is needed, the employer may pay the fees for the certificate/policy holder as an advance, which they would recoup upon the return of the employee; the certificate/policy holder may also pay the fees independently.

This material is for informational purposes only and does not provide any coverage. Not all MASA products and services are available to residents of all states. For a complete list of coverage and exclusions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, click or visit: <https://info.masamts.com/masa-mts-disclaimers>

** If a member has a high deductible health plan ("HDHP") that is compatible with a health savings account ("HSA"), benefits may become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code (IRC) section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for HDHP coverage that is compatible with a HSA.

Out-Of-Pocket Expenses are costs that remain after applying any primary insurance that needs to be paid for by the insured with personal financial resources.

Sources:

1: MASA Ground Ambulance Charges; Average Group Capture Rate; March 2023

2: IBISWorld - Industry Market Research - Ambulance Services Industry Report, 2023

3: Consumer Reports, 2021

4: National Association of State EMS Officials, 2020



MASA Medical Transport Solutions
1301 International Pkwy, Suite 300, Sunrise, FL 33323
800-643-9023 | www.masamts.com