

Emergent Premier

Plan benefits	Explanation
<p>Emergency Air Ambulance Coverage³</p>	<p>MASA will cover up to \$20,000.00 in Out-of-Pocket Expenses incurred by the Insured Person resulting from Emergency Air Transportation, necessitated by a Medical Emergency, to the nearest and most appropriate Medical Facility readily capable of receiving the Insured Person and providing the necessary level of care, as may be required due to the Medical Emergency. Coverage for Emergency Air Transport by fixed-wing aircraft shall be due, exclusively, to: a. The unavailability and/or inefficiency of transport by rotary aircraft or ground transport; and b. Necessity of specialized treatment for a Medical Emergency not immediately available locally. Transport must result from the request or recommendation by a first-responder or transferring Physician who deems Emergency Air Transportation medically necessary. Services must be provided by a medically equipped helicopter or fixed-wing aircraft that is provided by a common air ambulance carrier.</p>
<p>Emergency Ground Ambulance Coverage³</p>	<p>MASA will cover Out-of-Pocket Expenses incurred by the Insured Person resulting from Emergency Ground Transportation, necessitated by a Medical Emergency, to the nearest and most appropriate Medical Facility readily capable of receiving an Insured Person and providing the necessary level of care, as may be required due to the Medical Emergency, or to a Suitable Airport for the purposes of Emergency Air Transportation, as may be required by the Medical Emergency.</p>
<p>Hospital to Hospital Ambulance Coverage³</p>	<p>MASA will cover Out-of-Pocket Expenses incurred by the Insured Person associated with the Insured Person's medically necessary hospital to hospital transfer, by a medically-equipped, ground ambulance, rotary (i.e., helicopter) or fixed-wing aircraft from a Medical Facility where the Insured Person is presently admitted to the nearest and most appropriate Medical Facility, capable of providing the necessary, specialized level of care, as may be required and that is not available at the sending facility and ordered by the treating physician.</p>

Plan benefits**Explanation****Repatriation to Hospital Near Home Coverage²**

MASA will provide services and Out-of-Pocket Expenses associated with the coordination of an Insured Person's non-emergency transport by a medically-equipped ground ambulance, rotary (i.e., helicopter) or fixed-wing aircraft in the event the Insured Person is hospitalized more than one hundred (100) statute miles from the Insured's Residence and the Insured Person's treating Physician and Transportation Services Administrator determine it is medically appropriate to transfer the Insured Person to a Medical Facility nearer to the Insured's Residence for continued care and recuperation. Although every effort will be made to transport the Insured Person to Medical Facility of the Insured Person's choice, some factors outside of the Transportation Services Administrator's control may limit ability to fulfill the Insured Person's request. Such factors include, but not limited to, no bed available at requested Medical Facility and required services for the Insured Person's condition are not available at requested facility. Such services may be provided by common carrier and/or ground ambulance, if appropriate. Such services shall be provided contingent upon: a. Certification by the Insured Person's treating Physician and the Transportation Services Director; and b. The Insured Person's compliance with the Access of Services provision of this Policy.

Post Admission Continued Care Transportation Coverage⁴

MASA will cover Out-of-Pocket Expenses incurred by the Insured Person resulting from medically necessary non-emergent ground transportation, ride sharing, or ride sharing health transports from an urgent care (such as any ambulatory or out-patient care) facility or a Medical Facility to a rehabilitation facility, skilled nursing facility, long-term disability care facility, hospice, or the Insured's Residence in an amount that shall not exceed \$500 per calendar year per Insured Person as long as policy is in effect. Expenses will be covered on a reimbursement basis. Such services shall be provided contingent upon: a. Insured Person's providing proof of admission as an in-patient or at a Medical Facility during the Policy period which requires further medically necessary non-emergent transportation as a result.

Plan benefits**Explanation****Minor Return Transportation Coverage²**

MASA will provide services and cover Out-of-Pocket Expenses associated with minor return transportation to a parent, legal guardian, or other person that can be responsible for the Minor in the event that the Minor is left unattended as a result of the Insured Person's utilizations of Emergency Air Ambulance Coverage, Emergency Ground Ambulance Coverage, Hospital to Hospital Ambulance Coverage, or Repatriation to Hospital Near Home Coverage benefits. The Company shall also provide for a qualified attendant to accompany such Minor en-route, in the event that the Minor's age and/or medical condition may necessitate such accompaniment. Fare and class for such transport and care is at the sole discretion of the Transportation Services Administrator. Such services may be provided by common carrier, if appropriate. The Company is not responsible for Minor's illness, injury or death during such return and/or care. Such services shall be provided contingent upon the Insured Person's compliance with the Access of Services provision of this Policy

Coverage territories

1: Worldwide- Worldwide coverage shall automatically extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda (collectively, "Basic Coverage Area") (excluding countries referenced by the Office of Foreign Assets Control ("OFAC"), and Antarctica) and extend elsewhere contingent upon ten (10) day prior notice of such travel.

2: Basic- United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

3: United States and Canada

4: United States Only

Qualifications for coverage:

- Must hold active primary health insurance at time of serious emergency. MASA applies after primary health insurance decision on claim and after any payment is made by primary health insurance. MASA will not pay out any benefits at time of claim if Insured person fails to carry primary health insurance.
- Must be 18 years or older to purchase a plan
- Must be primarily living at a US 50 states residence
- Notice of claim must be communicated to MASA within 30 days of incident or transport and proof of loss (i.e. invoice, EOB, run notes) must be furnished within 90 days of incident or transport **or as soon as reasonably possible**

Limitations for coverage:

- Treatment for mental illness or disease or any self-inflicted injury shall be limited to one (1) claim per Insured per year

Exclusions:

- Transport for elective and/or cosmetic surgery
- Occurrences related to military personnel during active-duty hours
- Air travel, other than as a passenger in an aircraft operated by a common-carrier airline, maintaining regular published schedules
- Under the influence of intoxicants and/or narcotics unless administered on the advice of a physician;
- Inherently dangerous activities such as participation in professional athletic events, motor sport or motor racing, bull-riding, skydiving, ATV riding, parachuting, hang gliding, bungee cord jumping, heli-skiing, spelunking, extreme snow skiing, etc.
- A serious emergency or out-of-pocket expense arising from employment where coverage is provided and approved under and Workers' Compensation Law, occupational disease/hazard law or similar legislation
- The Policyholder or an employer as a condition of employment
- Participation in a Riot, insurrection, rebellion, civil disobedience or unlawful assembly;
- Participation in declared or undeclared war or acts thereof
- MASA does not cover those participating in a Medicaid health insurance plan.