

# Emergent Premier



Plan benefits	Explanation
<p><b>Emergency Ground Ambulance Coverage<sup>2</sup></b></p>	<p>MASA shall cover Out-of-Pocket Expenses resulting from Emergency Ground Ambulance Transportation, necessitated by a Serious Emergency, to the nearest and most appropriate Medical Facility, as determined by the First Responder(s) and/or Physician(s), readily capable of receiving the Member and providing the necessary level of Medical Care, as may be required due to a Serious Emergency, or to a Suitable Airport for the purposes of Emergency Air Ambulance Transportation, as may be required due to a Serious Emergency.</p>
<p><b>Hospital to Hospital Ground Ambulance Coverage<sup>2</sup></b></p>	<p>MASA shall cover Out-of-Pocket Expenses resulting from a Medically Necessary Hospital-to-Hospital Transportation transfer by a Medically Equipped ground ambulance to the nearest most appropriate Medical Facility readily capable of receiving the Member and providing the specialized level of Medical Care required that is not available at the initial Medical Facility, as determined by the treating Physician(s) at the Medical Facility.</p>
<p><b>Emergency Air Ambulance Coverage<sup>2</sup></b></p>	<p>MASA shall cover up to \$20,000.00 in Out-of-Pocket Expenses resulting from Emergency Air Ambulance Transportation, necessitated by a Serious Emergency, to the nearest and most appropriate Medical Facility, as determined by the First Responder(s) and/or Physician(s), readily capable of receiving the Member and providing the necessary level of Medical Care, as may be required due to a Serious Emergency. Coverage for Emergency Air Ambulance Transportation by Medically Equipped 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 Serious Emergency not immediately available locally. Transport must result from the request or recommendation by a First Responder or treating Physician who deems Emergency Air Ambulance Transportation Medically Necessary. This service must be provided by a Medically Equipped rotary ambulance (e.g. helicopter) or Medically Equipped fixed-wing aircraft that is provided by a common air ambulance carrier</p>

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<p><b>Hospital to Hospital Air Ambulance Coverage<sup>2</sup></b></p>	<p>MASA shall cover up to \$20,000.00 in Out-of-Pocket Expenses resulting from a Medically Necessary Hospital-to-Hospital Transportation transfer by a medically equipped rotary ambulance (e.g. helicopter) or Medically Equipped fixed-wing aircraft to the nearest most appropriate Medical Facility readily capable of receiving the Member and providing the specialized level of Medical Care required that is not available at the initial Medical Facility, as determined by the treating Physician(s) at the Medical Facility.</p>
<p><b>Repatriation to Hospital Near Home Coverage<sup>2</sup></b></p>	<p>MASA shall coordinate and cover Out-of-Pocket Expenses related to a Member's Non-Emergency transport by a Medically Equipped ground ambulance, Medically Equipped rotary ambulance (e.g. helicopter), medically equipped fixed-wing aircraft, or by a common carrier airplane with a Paramedic, if appropriate, in the event the Member is hospitalized more than one hundred (100) statute miles from the Member's Residence. Although every effort will be made to transport the Member to Medical Facility of the Member's choice, some factors outside of MASA's control may limit ability to fulfill the Member's request. Such factors include, without limitation, no availability of a bed at requested Medical Facility and/or unavailability of required Medical Care for the Member's condition at requested Medical Facility. Such services shall be provided contingent upon (i) the Member being Inpatient at the time of the request, (ii) Member's ability to fly on a medically equipped fixed-wing aircraft or a common carrier airplane without causing further injury, (iii) continued Inpatient Medical Care is required at the Medical Facility nearest to the Member's home, (iv) written or recorded certification by Member's treating Physician and MASA's Medical Director that transfer is medically appropriate (e.g. fit to fly) and continued Inpatient Medical Care is needed for a period of five (5) days or greater, and (v) Member's compliance with the Access of Services provision of this Agreement</p>

**Plan benefits****Explanation****Post Admission Continued Care Transportation Coverage<sup>1</sup>**

MASA shall reimburse the Member up to \$500.00 in Out-of-Pocket Expenses incurred by the Member resulting from utilizing a Medically Necessary Non-Emergency ground transport, ride sharing, or ride sharing health transport to a rehabilitation facility, skilled nursing facility, long-term disability care facility, hospice, or the Member's Residence. Such reimbursement shall be provided contingent upon Member providing proof of first visiting an urgent care facility or a Medical Facility for a Serious Emergency which requires further Medically Necessary Non-Emergency transportation as recommended by the attending Physician. Such reimbursement shall be provided contingent upon Member providing MASA proof of invoice and Member's proof of Member's payment. This Benefit is limited to an amount equal to the amount the Member paid but shall not exceed \$500.00 per membership for each consecutive twelve (12) month period beginning from the Effective Date.

**Sick While Away From Home Expense Protection<sup>4</sup>**

MASA shall reimburse the Member up to \$5,000.00 in Out-of-Pocket Expenses incurred by the Member as a result of the Member contracting a Communicable Disease, Communicable Virus, or illness (e.g. flu, bacterial infection, sinus infection, chickenpox, malaria, dengue, typhoid fever, or chikungunya) while more than one hundred (100) statute miles from the Member's Residence which causes disruption and Out-of-Pocket Expenses before the Member is able to return to the Member's Residence. Such reimbursement shall be provided contingent upon Member providing proof of medical documentation (i.e. medical certificate, medical note, prescription, hospital record, travel restriction notice, positive pandemic test) from a Physician, clinic, urgent care stating Member is not able to return to Member's Residence due to sickness. MASA will reimburse expenses (e.g. hotel, meals, airfare re-booking, relevant tests, costs to attain medical documentation) relating to that stay. Such reimbursement shall be provided contingent upon Member providing MASA proof of invoice and Member's proof of Member's payment. This Benefit is limited to an amount equal to the amount the Member paid but shall not exceed two (2) claims per membership of \$5,000.00 for each consecutive twelve (12) month period beginning from the Effective Date.

**Plan benefits****Explanation****Minor Return Transportation Coverage<sup>3</sup>**

MASA shall assist the Member through the process of how to return a minor and reimburse the Member up to \$2,500.00 in transport expenses (e.g. airfare, rental car, taxi, ride sharing) incurred by the Member associated with a Minor's return transportation to a parent, legal guardian, or a person that can be responsible for a Minor in the event that a Minor is left unattended as a result of Member's utilizations of Emergency Ground Ambulance Coverage, Hospital to Hospital Ground Ambulance Coverage, Emergency Air Ambulance Coverage, Hospital to Hospital Air Ambulance Coverage, or Repatriation to Hospital Near Home Coverage. Such reimbursement shall be provided contingent upon Member providing MASA proof of invoice and Member's proof of Member's payment. This Benefit is limited to an amount equal to the amount the Member paid but shall not exceed \$2,500.00 per claim

**Pet Return Transportation Coverage<sup>3</sup>**

MASA shall assist the Member through the process of how to return a pet and reimburse the Member up to \$2,500.00 in transport expenses (e.g. airfare, rental car, taxi, ride sharing) incurred by the Member associated with a pet's return transportation of a Member's pet to the Member's Residence or a person that can be responsible for the pet, as a result of Member's utilization of Emergency Ground Ambulance Coverage, Hospital to Hospital Ground Ambulance Coverage, Emergency Air Ambulance Coverage, Hospital to Hospital Air Ambulance Coverage, Repatriation to Hospital Near Home Coverage, Patient Return Transport, or Mortal Remains Return Transport Benefits. Such reimbursement shall be provided contingent upon Member providing MASA proof of invoice and Member's proof of Member's payment. This Benefit is limited to an amount equal to the amount the Member paid but shall not exceed \$2,500.00 per claim

## **Coverage territories**

1: United States only

2: United States and Canada

3: United States, Canada, Mexico, and the Caribbean

4: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories. Contingent upon prior notice of travel.

## **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 only cover 20% of total bill if member does not carry primary health insurance at time of claim.
- Must be 18 years or older to purchase a plan
- Must be primarily living at a US 50 states residence
- Claims must be submitted within 180 days of incident or transport

## **Limitations for coverage:**

- If member has a pre-existing condition all non-emergency benefits will not apply during the first 90 days of enrollment if as a result of the pre-existing condition
- Treatment for mental illness or disease or any self-inflicted injury shall be limited to one (1) claim per membership for each consecutive twelve (12) month period beginning from the effective date
- If Member is diagnosed by a physician with a terminal illness that can reasonably be expected to result in death in one (1) month or less after the date of the certification following an inpatient admission, MASA will not provide coverage for Emergency Air Ambulance Coverage, Hospital to Hospital Air Ambulance Coverage, and Repatriation to Hospital Near Home Coverage.

## **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, parachuting, hang gliding, bungee cord jumping, heli-skiing, spelunking, 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
- Participation in a Riot, insurrection, rebellion, civil disobedience or unlawful assembly;
- Participation in declared or undeclared war or acts thereof
- A membership cannot be purchased while Member is Inpatient at a Medical Facility requesting benefits
- State laws may prevent a Medicaid participant participating in a medical transport membership and/or association, MASA does not cover those participating in a Medicaid health insurance plan.