

# Family + Endorsement

Plan benefits	Explanation
<p><b>Family+ Emergency Ground Ambulance Transport Protection<sup>1</sup></b></p>	<p>MASA shall provide payment for 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>Family+ Hospital to Hospital Ground Ambulance Transport Protection<sup>1</sup></b></p>	<p>MASA shall provide payment for 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>Family+ Emergency Air Ambulance Transport Protection<sup>1</sup></b></p>	<p>MASA shall provide payment up for 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>

Plan benefits	Explanation
<p><b>Family+ Hospital to Hospital Air Ambulance Transport Protection<sup>1</sup></b></p>	<p>MASA shall provide payment for 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>Family+ Treat and No Transport<sup>1</sup></b></p>	<p>MASA shall reimburse the Member up to \$500.00 in Out-of-Pocket Expenses resulting from emergency medical treatment provided by a licensed Paramedic even when it is determined that Emergency Ground Ambulance Transportation or Emergency Air Ambulance Transportation is not Medically Necessary and no such transport occurs. This determination must be made by the treating Paramedic or First Responder based on their clinical judgement that the Member's condition has been adequately stabilized on scene and that transport to a Medical Facility is not required. This Benefit shall not exceed two (2) claims per membership of \$500.00 for each consecutive twelve (12) month period beginning from the Effective Date.</p>
<p><b>Family+ Post-Admission Continued Care Transport Protection<sup>1</sup></b></p>	<p>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</p>

## 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:

- Additional Adults shall be defined as a maximum of up to two (2) or four (4) individuals that each independently are (i) the Member's and/or spouse's biological parent, stepparent, or legal parent, and (ii) has primary health insurance 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 Transport Protection, Hospital to Hospital Air Ambulance Transport Protection, and Repatriation to Hospital Near Home Transport.

## Exclusions:

- Transport for elective and/or cosmetic surgery
- Occurrences related to military personnel during active-duty hours
- 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.