

The Lasso Healthcare MSA is a high-deductible health plan plus a special medical savings account. We deposit money from Medicare into your account. You decide what health services to spend it on.

Or, save and/or invest the funds for future health expenses.



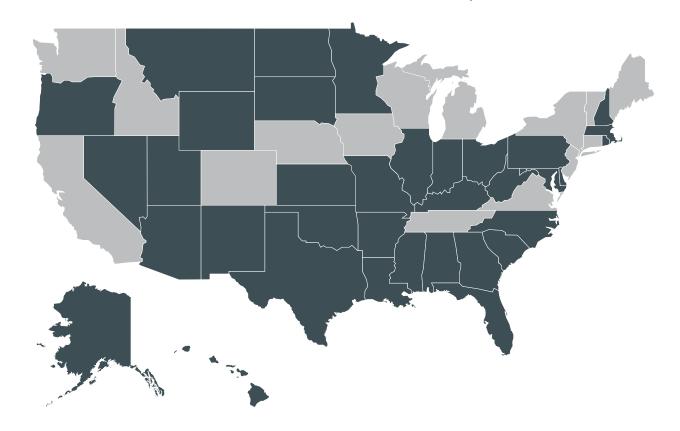
Deposit, Premium & Benefits	Lasso Healthcare		
	Growth MSA 001	Growth Plus MSA 004	
Monthly Plan Premium	\$0	\$0	
Deductible	\$5,000	\$8,000	
Maximum Out-of-Pocket Responsibility (Deductible minus Deposit)	\$3,000	\$5,000	
Deposit	\$2,000	\$3,000	
Inpatient Hospital Coverage			
Outpatient Hospital Coverage			
Doctor Visits (Primary and Specialists)			
Preventive Care			
Emergency Care	Until you meet your deductible, you pay up to 100% of the Medicare-approved amount. After you meet your deductible, you pay \$0 for Medicare-covered services. Prior authorizations and/or physician referrals are not required. The complete list of services is found in the Evidence of Coverage (EOC). The EOC can be viewed and/or downloaded by visiting lassohealthcare.com, or requested by calling Lasso Healthcare at 1-866-766-2583 (TTY: 711) 8 a.m 8 p.m., seven days a week from October 1 through March 31, and Monday through Friday from		
Urgently Needed Services			
Diagnostic Services/Labs/Imaging			
Hearing Services			
Dental Services			
Vision Services			
Mental Health Services			
Skilled Nursing Facility			
Physical Therapy	April 1 through September 30 for more information.		
Ambulance			
Transportation			
Medicare Part B Drugs			
Ambulatory Surgery Center			

For coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Eligibility and Service Area

To enroll in our Plan, you must:

- Be Medicare eligible
- Reside in the U.S. for 183 days or more during the calendar year
- Not have other medical coverage below the Plan deductible, including but not limited to benefits under an employer or union group, the Department of Defense/TRICARE, the Department of Veteran Affairs (VA) or the Federal Employee Health Benefit Plan (FEHBP)
- Not be eligible for Medicaid
- Not currently receive Medicare hospice benefits
- Live in our service area, shown as the darker shaded states on the map and listed in the table below



Alabama	Illinois	Missouri	Oregon
Alaska	Indiana	Montana	Pennsylvania
Arizona	Kansas	Nevada	Rhode Island
Arkansas	Kentucky	New Hampshire	South Carolina
Delaware	Louisiana	New Mexico	South Dakota
District of Columbia	Maryland	North Carolina	Texas
Florida	Massachusetts	North Dakota	Utah
Georgia	Minnesota	Ohio	West Virginia
Hawaii	Mississippi	Oklahoma	Wyoming

Clinical Access in the MSA

MSA plans don't have a network of providers, so you choose your health care services and providers. Most providers accept the MSA. Providers can decide at every visit whether to accept the Plan and agree to treat you; however, you cannot be denied emergency care due to your insurance plan.

MSA plans aren't as common as other Medicare plans, so it's understandable that some providers may not be aware of the Lasso Healthcare MSA. Lasso Healthcare is outreaching to providers across the US, educating them on the MSA, and why it is important they see you as a Lasso Healthcare MSA member. Thousands of providers already accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. Some providers may be reluctant to accept the MSA and other high-deductible plan patients, as they believe the patients will not pay their portions of the service cost. Please pay any owed amounts to your providers timely and fully. Your cooperation in paying will ultimately help more providers accept more high-deductible plan patients.

Before you receive any services, we encourage you to share our detailed provider guide brochure with your providers and confirm they will accept our Plan. Multiple printed copies of the guide are included in our enrollment and member materials, and it is also available electronically on our website. Providers may also call our Provider Services team for assistance; the phone number is on the back of your Member ID card and on our website.

You can get the most value out of your MSA plan by choosing Medicare-participating providers, as service charges for Medicare-covered services are capped at 100% Medicare Fee-for-Service (FFS) rates and count toward your plan deductible. If you see a Medicare non-participating provider, they may "balance bill" you, where allowed by state law, up to a "limiting charge" that may be higher than Medicare FFS rates; these excess charges are not reimbursed by the Plan and do not count toward your plan deductible. If you see a provider opting out of Medicare, this becomes a private contract between you and the provider; any service charges are not reimbursed by the Plan and do not count toward your plan deductible.

If your provider has any questions or is reluctant to accept the Lasso Healthcare MSA, please ask your provider to call us, or you may call us and request we speak to your provider. We will work with your provider and request they see you. You can also try to be seen as a self-pay patient. In this instance, you will pay for/be billed for the entire service. You then submit the claim/service information to us. We will determine if the amount you paid was within the Medicare-approved amount and apply the appropriate amount toward your plan deductible. If you have met your deductible, we will reimburse you the Medicare-approved amount. Once we process your claim, we will send you an Explanation of Benefits (EOB), which explains the processing of the claim and can be used to seek any reimbursement for overpayment.

For more information, or for this document in another language or format, please call us at 1-866-766-2583 (TTY: 711) 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and Monday through Friday from April 1 through September 30. You can also visit lassohealthcare.com.

Lasso Healthcare is an MSA plan with a Medicare contract. Enrollment in Lasso Healthcare depends on contract renewal.