



2023 LASSO HEALTHCARE MSA OVERVIEW

What is the Lasso Healthcare Medicare Advantage MSA?

A high-deductible health plan plus a special medical savings account. We deposit money from Medicare into your account. You decide how to spend, save, and/or invest the funds. You are responsible for expenses until you reach the plan deductible, then we pay 100% of additional Medicare Part A and Part B expenses incurred. Any funds remaining at year-end belong to you and roll over to the next year. **Your money, your choice!**

A Unique Combination of Features



Only Medicare Advantage plan to give & grow money



No network: access to any Medicare-participating provider



Enhanced tax-free expense coverage

Extra Perks with our Rewards Program

Prioritize your health and also earn rewards just for completing three preventive health activities! Visit your provider for a wellness check to establish a care plan, order labs and discuss the results, or complete a health survey - do one, two, or all three to earn rewards.

You can use MSA funds tax-free on preventive services, and those services count toward your plan deductible.



Your 2023 Plan Options

All locations within our service area have a choice between two value-driven plans with \$0 premium.



GROWTH MSA

Deposit	\$2,000
Deductible	\$5,000
Your Responsibility	\$3,000

 **Lower risk option**

Higher reward option 



GROWTH PLUS MSA

Deposit	\$3,000
Deductible	\$8,000
Your Responsibility	\$5,000

As enrollment is generally for a full calendar year, the plan deposit and deductible amounts shown are full year amounts. Both the deposit and deductible amounts are prorated monthly for any enrollment or disenrollment happening within the year; the proration amount for the Growth MSA is \$166.67 per month and \$250 per month for the Growth Plus MSA. If you leave the plan before the end of the calendar year, you will owe a prorated portion of the current year's deposit amount back to Lasso Healthcare.



lassohealthcare.com

Using Your MSA Funds



Medicare-covered Expenses

Count toward deductible: YES
Taxed/penalized by IRS: NO



Non-Medicare QMEs

Count toward deductible: NO
Taxed/penalized by IRS: NO



Non-qualified Expenses

Count toward deductible: NO
Taxed/penalized by IRS: YES

Part D & Ancillary Coverages

Don't forget to select a stand-alone Medicare Part D prescription drug plan, and any other limited benefit policies, to fully customize coverage for your specific needs. Your MSA funds can be used to pay for items such as the plan copays, coinsurance, and deductibles, tax-free.

Clinical Access

The Lasso Healthcare MSA plans don't have a network of providers, so you choose your health care services and providers. Any Medicare participating provider can treat you and bill Lasso Healthcare. Thousands of providers already accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. 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.

QUESTIONS?

1-833-925-2776 TTY: 711
10/1-3/31: 8 a.m. to 8 p.m. 7 days/wk
4/1-9/30: 8 a.m. to 8 p.m. M-F

Lasso Healthcare MSA Enrollment Form

Medical Coverage Effective 2023



Please contact Lasso Healthcare at 1-833-925-2776 TTY: 711 if you have questions or need information in another format or language. Our hours are 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.

To enroll in the Lasso Healthcare MSA, please provide the following information:

Please check which plan you want to enroll in:

MSA Plan	Premium	Deductible	Deposit	Your Responsibility
<input type="checkbox"/> Growth MSA — PBP 001	\$0	\$5,000	\$2,000	\$3,000
<input type="checkbox"/> Growth Plus MSA — PBP 004	\$0	\$8,000	\$3,000	\$5,000

First name	Middle initial	Last name
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Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date	Primary phone number	Alternate phone number
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Email address

Permanent residence street address (P.O. box is not allowed)

County	City	State	Zip code
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Mailing address (only if different from your permanent residence address)

County	City	State	Zip code
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Please provide your Medicare insurance information:

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
- OR —
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card): _____

Medicare number: _____

Is entitled to: _____ Effective date: _____

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Please read and answer these important questions:

1. To enroll in the Lasso Healthcare MSA, you may not have other health coverage as described below. Please answer each of the following questions:

A. Are you enrolled in your State Medicaid program? Yes No

B. Are you receiving Medicare Hospice benefits? Yes No

C. Some individuals may have other health coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or other health benefits that cover all or part of the annual Medicare MSA deductible. If you have any other such coverage, you are not eligible to enroll in the Lasso Healthcare MSA.

Will you have other health coverage in addition to the Lasso Healthcare MSA at the time of your effective date? Yes No

If “yes”, please list your other coverage and your identification (ID) number(s) for this coverage so we can decide if you are eligible to enroll in the Lasso Healthcare MSA:

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

2. Will you reside in the United States for at least 183 days during each year you are enrolled in the Lasso Healthcare MSA? Yes No

3. Do you or your spouse work? Yes No

4. Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> I choose not to answer |

5. What's your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian of Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> I choose not to answer |

Please contact Lasso Healthcare at 1-833-925-2776 if you need information in an accessible format or other language. Our office hours are 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. TTY users should call 711.

Please read and sign below:

Lasso Healthcare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any health coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. I may leave this plan (“disenroll”) during the Annual

Enrollment Period that is October 15th through December 7th of every year (effective the following January 1st) or under certain limited special circumstances, by sending a request in writing to Lasso Healthcare. If I choose a Medicare MSA plan and haven't before joined an MSA plan, then change my mind, I may cancel my enrollment by December 15 of the same year by contacting my plan to cancel my enrollment request. I understand that my enrollment into an MSA plan isn't complete until the bank account is established. I understand that I am enrolling in a plan that doesn't pay for Medicare covered services until a high deductible is met, but Lasso Healthcare allows me to use funds in my MSA account to pay for health services. Withdrawals made from the MSA bank account aren't taxed when used for IRS-qualified medical expenses. I would owe income tax and up to a 50% penalty for withdrawals used for non-medical expenses. After the deductible is met the plan pays 100% of Medicare-covered services.

If I have any questions regarding the initial set-up of my MSA bank account or any of the information in this enrollment form, I should contact Lasso Healthcare at 1-833-925-2776.

Lasso Healthcare serves a specific service area. If I move out of the area that Lasso Healthcare serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Lasso Healthcare, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Lasso Healthcare when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Lasso Healthcare, he/she may be paid based on my enrollment in Lasso Healthcare.

I understand that if I disenroll before the end of the plan year (December 31st), Lasso Healthcare may debit my MSA bank account for a prorated share of the current year's deposit to be returned to Medicare. The debit amount is based on the number of months left in the year after the disenrollment date. I understand that, if I die, my estate will be responsible for any money owed to Medicare. My estate keeps any amount over what is owed to Medicare.

Release of information:

By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that Lasso Healthcare will release my information to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature	Today's date
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If you are the authorized representative, you must sign above and provide the following information:

Name	Phone		
Street address	City	State	Zip code

Relationship to enrollee

Keeping records — As an authorized representative, it is important that you keep records of when funds in the MSA account are used, as well as how the funds are used.

Before sending us your application, please take a moment to make sure you:

- Have filled out and completed each section of the application on Pages 1-3.
- Have filled out and completed the Optum Financial Agreement.
- Please send us your application promptly. We are not allowed to accept an enrollment application that is dated more than 30 days before we physically receive it.

You can mail or fax your completed application materials to us:

Mail: Lasso Healthcare
Attention: MSA Enrollment
225 West Washington St.
Suite 450
Chicago, IL 60606

Fax: 1-866-365-2776

What happens next?

- Watch your mail — we will send you a letter once we receive CMS approval.
- You will also receive welcome kits with helpful information about your Lasso Healthcare coverage as well as your Optum Financial medical savings account.

AGENT/OFFICE USE ONLY (Applicants do not complete)

Agents: Paper enrollment forms must be submitted within 24 hours of accepting the form from the enrollee.

Agent/broker name (if assisted in enrollment)

Agent #/NPN

Agent/broker signature

Date agent accepted application from enrollee

Date plan received application from agent

ICEP/IEP

AEP

SEP (type) _____

Not Eligible

Medicare Advantage Medical Savings Account (MSA) Authorized Agent Agreement

Member information

First name	Middle initial	Last name	
Residential street address (Not P.O. Box)	City	State	Zip code
Home phone number	Date of birth (mm/dd/yyyy)	Social Security number	
Email	Country of citizenship	Residency status (US Citizen or Permanent /Resident Alien or Non-Permanent/Non-Resident Alien)	

Certification

By signing below, I appoint _LASSO HEALTHCARE INSURANCE AGENCY_ (medical insurer provider name), as the agent for the purpose of opening and administering a Medicare Advantage Medical Savings Account (MSA) on my behalf. I also acknowledge and certify that:

- I wish to establish an MSA with Optum Bank® as custodian.
- I understand the eligibility requirements for deposits made to my MSA and state that I qualify to receive deposits to this account. I understand and agree that my MSA will be opened and governed by Optum Bank's Custodial and Deposit Agreement and that the terms and conditions therein will be binding on me. This document will be sent to me when my account is opened, along with Optum Bank's Truth in Savings New Account Disclosure, Privacy Notice and Schedule of Fees.
- I authorize Optum Bank to provide information about my MSA, including my account number, to my insurance plan and those acting on behalf of my insurance plan or Optum Bank, in connection with the establishment and maintenance of my MSA.
- I acknowledge that my insurance plan and all others acting on behalf of my insurance plan, may provide information on my behalf to establish and maintain my MSA and authorize my insurance plan and its designee to take such action deemed necessary and appropriate by my insurance plan to administer my MSA, including, but not limited to, making deposits and correcting errors where necessary.
- I understand my monthly account statements and all other MSA disclosures and documentation will be made available to me electronically. I agree to notify Optum Bank if I wish to have statements mailed to my home address. I acknowledge that I will provide and maintain a valid email address for delivery of electronic communications by logging into the account website and updating my account information. If I do not provide a valid email address or if electronic communications sent to me are returned as undeliverable, I acknowledge that information may be sent to me via paper, and that I may be charged a fee for such delivery as disclosed in the Schedule of Fees.
- I understand that I have requested a Optum Financial debit Mastercard®.
- I certify that the information provided in this application is true and complete.
- I certify that I have received or viewed the Bank's statement of the hardware and software requirements for access to and retention of electronic records and that I have the ability to access the Bank's website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other MSA notices, disclosures and information related to and governing my MSA to me online at optumbank.com. If I instruct the Bank to provide paper copies of notices, disclosures, or other information, or if paper copies are sent to me as a result of my not providing or maintaining a valid email address on the account website, I acknowledge that I may be charged a fee for such paper delivery as disclosed in the Schedule of Fees.
- I agree that the insurance plan will remain my agent unless and until Insurance plan and the Bank receive notice that the appointment of the insurance plan as my agent has been terminated, that I am no longer covered by this insurance plan provider, or that I am no longer an MSA eligible individual; or I receive a notice from the Bank that my application for an MSA has been declined.

Signature

Date

PER THE USA PATRIOT ACT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

To view the Optum Bank's hardware and software requirements, instructions for viewing and downloading copies of electronic documents, and instruction for updating an email address, click <https://www.optumbank.com/content/dam/optum3/optumbank3/resources/pdf/238-Hardware-and-Software-Requirements.pdf>.

Medicare Advantage Medical Savings Accounts (MSAs), are individual accounts offered or administered by Optum Bank® Member FDIC, a subsidiary of Optum Financial, Inc. MSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Federal and state laws and regulations are subject to change.

Scope of Sales Appointment Confirmation Form



(Please disregard if not working with an agent)

Beneficiary or Authorized Representative:

Please fill in the required information and select plans you would like to learn more about in the space below. By selecting one or more plans, you are confirming this form has been completed prior to the discussion of these plans and/or benefits. Signing this form does not obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan.

Name	Relationship (if you are not beneficiary)
Signature	Date

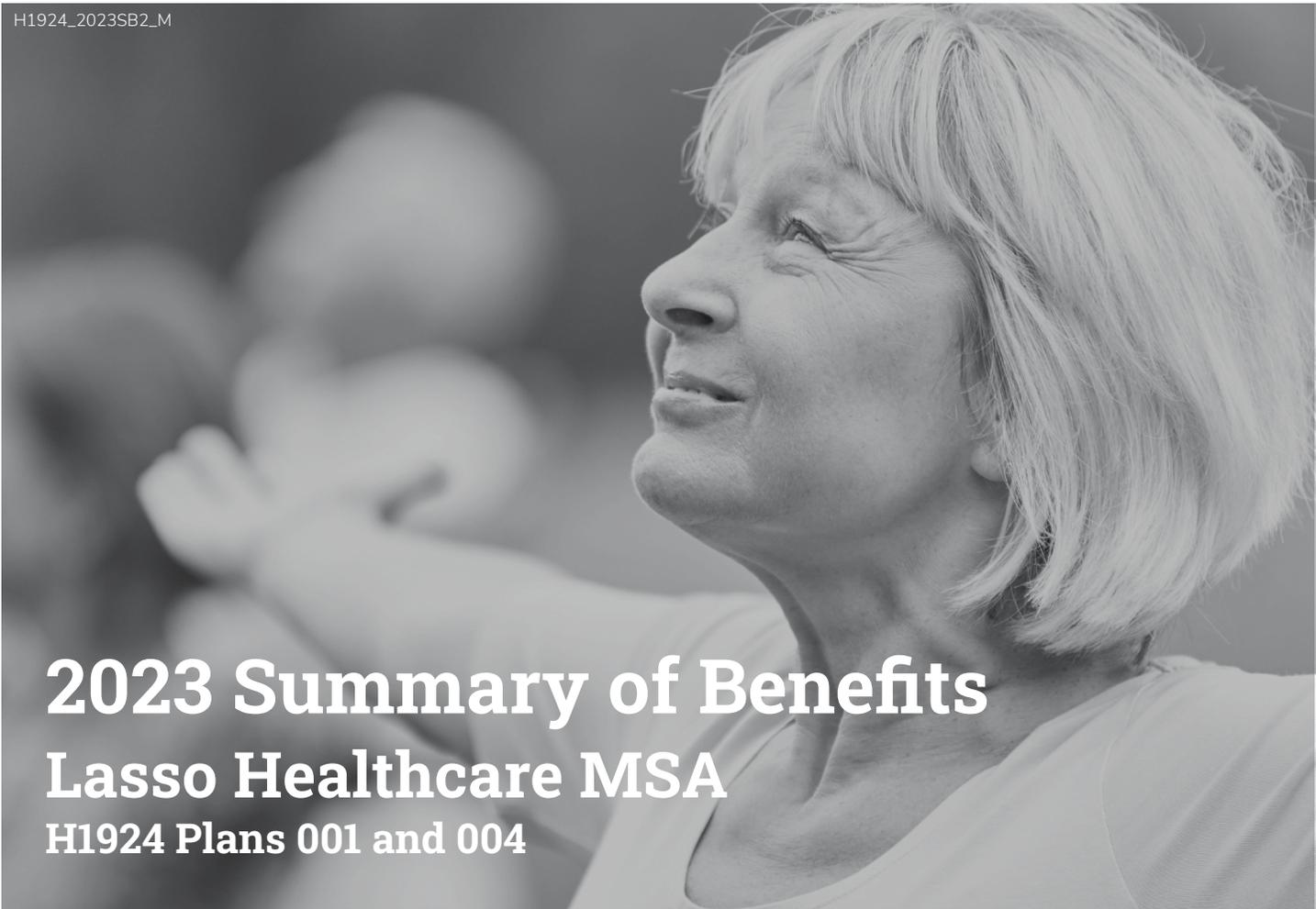
- | | |
|--|---|
| <input type="checkbox"/> Medicare Advantage Plans (Part C) | <input type="checkbox"/> Long-term Care Plans |
| <input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D) | <input type="checkbox"/> Cancer / Heart Attack / Stroke Plans |
| <input type="checkbox"/> Medicare Supplement Plans (Medigap) | <input type="checkbox"/> Hospital Indemnity Plans |
| <input type="checkbox"/> Dental / Vision / Hearing Plans | <input type="checkbox"/> Accident Plans |

Agent:

Please fill in the required information. You must be contracted for the plans selected above; a separate contract and appointment for each plan may be required. Retain this form — we may request a copy of it in the future.

Agent name & writing ID	Beneficiary name
Agent phone	Beneficiary phone
Agent signature	Beneficiary address
Date appointment completed	Initial method of contact

For more information, or for this document in another language or format, please call us at 1-833-925-2776 (TTY: 711), 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and Monday - Friday from April 1 through September 30. You can also visit lassohealthcare.com.



2023 Summary of Benefits

Lasso Healthcare MSA

H1924 Plans 001 and 004

YOUR MONEY...YOUR CHOICE

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.



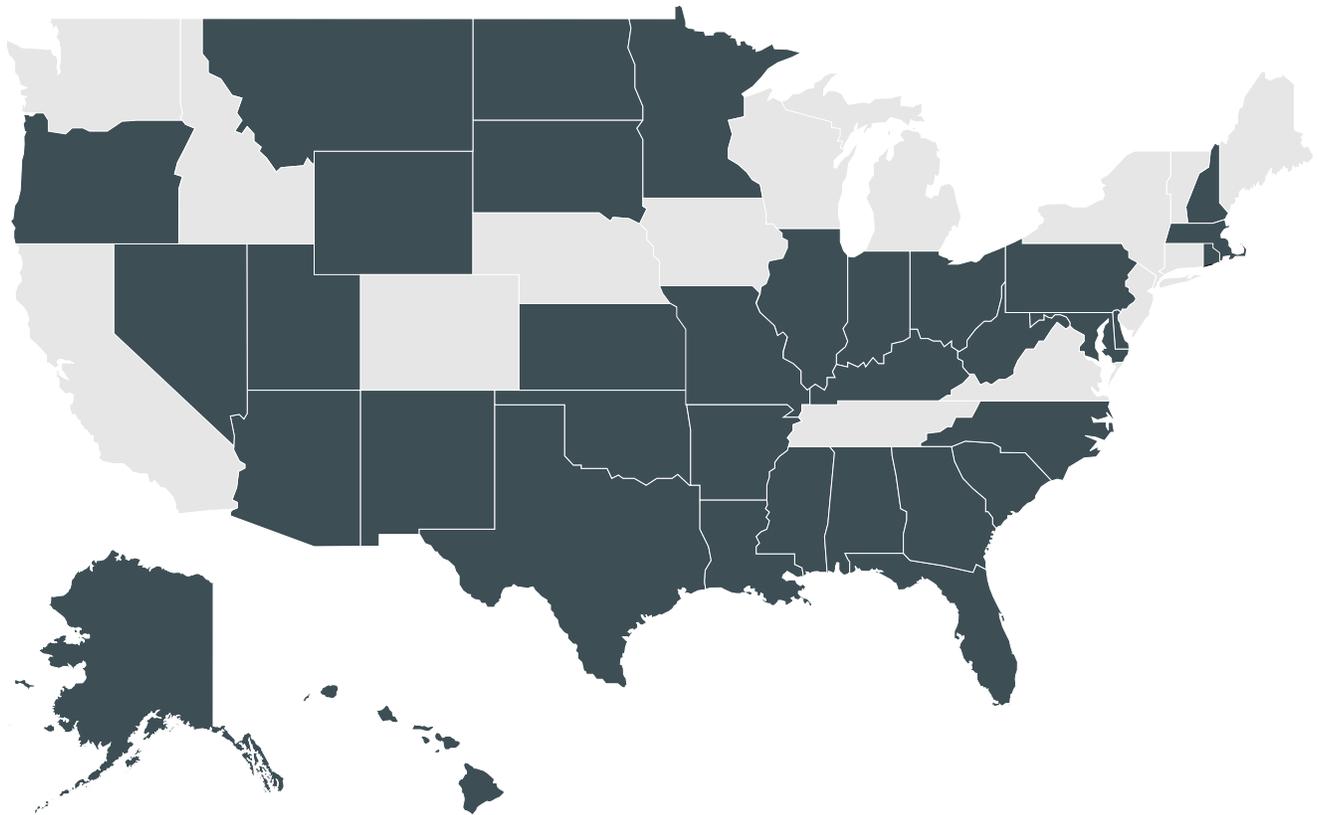
Deposit, Premium & Benefits	Lasso Healthcare	
	Growth MSA 001	Growth Plus MSA 004
Monthly Plan Premium	\$0	\$0
Deductible	\$5,000	\$8,000
Maximum Out-of-Pocket Responsibility (Deductible minus Deposit)	\$3,000	\$5,000
Deposit	\$2,000	\$3,000
Inpatient Hospital Coverage	<p>Until you meet your deductible, you pay up to 100% of the Medicare-approved amount.</p> <p>After you meet your deductible, you pay \$0 for Medicare-covered services.</p> <p>Prior authorizations and/or physician referrals are not required.</p> <p>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 1-833-925-2776 (TTY: 711) 8 a.m. - 8 p.m., seven days a week from October 1 through March 31, and Monday through Friday from April 1 through September 30.</p>	
Outpatient Hospital Coverage		
Ambulatory Surgery Center		
Doctor Visits (Primary and Specialists)		
Preventive Care		
Emergency Care		
Urgently Needed Services		
Diagnostic Services/Labs/Imaging		
Hearing Services		
Dental Services		
Vision Services		
Mental Health Services		
Skilled Nursing Facility		
Physical Therapy		
Ambulance		
Transportation		
Medicare Part B Drugs		

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

The Lasso Healthcare 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 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, the Provider 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 1-833-925-2776 (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.



**Your patients.
Our members.**
*Your support
makes a difference.*

PROVIDER GUIDE

Lasso Healthcare is the nation's MSA leader, offering MSAs in more locations and to more members than any other carrier.

Medicare Medical Savings Account (MSA) Plan from Lasso Healthcare

Medical Savings Accounts, or MSAs, are a type of Medicare Advantage plan.

The Lasso Healthcare MSA combines health coverage with a special medical savings account. We deposit money from Medicare into the member's savings account. The member decides what health services to spend it on.

CMS designed MSA plans to be consumer-driven, with open clinical access to all Medicare providers and reimbursement just like Original Medicare.



provider@lassohealthcare.com

lassohealthcare.com/providers

1-833-925-2776



MOST PROVIDERS ACCEPT THE MSA

Reimbursement Method

Medicare Participating (PAR)

Lesser of: billed charges
or 100% of Medicare allowable amount

Medicare Non-Participating (NON-PAR)

Same as PAR, but may include up to a 15% limiting charge
in certain states

Medicare OPT OUT

Private contract between you and the member



MSA Facts

- Medicare beneficiaries with an MSA may access any Medicare provider.
- Members are given funds from Medicare annually to help pay for their healthcare services.
- If a provider accepts assignment as Medicare-participating, reimbursement is the lesser of billed charges or 100% Medicare allowable amount.
- If a provider is NON-PAR, reimbursement is same as PAR, but with balance billing of the member (in applicable states). Allowed limiting charges may be up to 15% of the non-participating Medicare allowable amount.

Get paid in 3 easy steps



Submit claim to Lasso Healthcare.

We return Medicare-allowable pricing to you, along with any payment due from us and any patient liability amount.



Bill the patient directly for any balance due. The patient chooses to pay with their available MSA funds or out-of-pocket.

Don't forget to submit your W-9 with your first claim and/or when your taxpayer information changes.



Frequently asked questions

We do not contract with Lasso Healthcare. Can we submit claims for reimbursement?

Yes! Lasso Healthcare is a non-network MSA plan, so we have no "network" or "contracted providers" like other Medicare Advantage plans. Thousands of providers already accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. Claims submission does not require a contract and follows the same process used to submit out-of-network PPO claims.

We have had issues with non-paying patients in the past. What if the patient does not pay?

We want you to get paid! If you are having difficulty receiving payment from your patient/our member, please contact our Provider Service team.

How can I support MSA plan members to better manage their health?

Help your patient focus services on preventive versus corrective. Establish an annual care plan and see your patient periodically. Consider sharing clinical information via platforms such as OpenNotes.org. Finally, put yourself in your patient's shoes to understand how challenging navigating our overall health system can be; become an informed health consumer yourself with tools such as ChoosingWisely.org.

Get in touch



PROVIDER SERVICE



1-833-925-2776



provider@lassohealthcare.com



lassohealthcare.com/providers



CLAIMS

Our claims administrator is a national TPA paying millions of government program claims each year.



PO Box 981718 El Paso, TX 79998-1718



Payer ID# 10550

Lasso Healthcare Medical Savings Account (MSA) Pre-Enrollment Checklist



Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-833-925-2776 (TTY: 711) 8 a.m. – 8 p.m. seven days a week from Oct. 1 – Mar. 31, and Monday through Friday from Apr. 1 – Sep. 30.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit lassohealthcare.com or call 1-833-925-2776 to view a copy of the EOC.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1.
- MSA Plans combine a high-deductible Medicare Advantage Plan and a trust or custodial savings account (as defined and/or approved by the IRS). The plan deposits money from Medicare into the account. You can use this money to pay for your health care costs, but only Medicare-covered expenses count toward your deductible. The amount deposited is usually less than your deductible amount, so you generally have to pay money out of pocket before your coverage begins.

Medicare MSA Plans do not cover prescription drugs. If you join a Medicare MSA Plan, you can also join any separate Medicare Prescription Drug Plan.

There are additional restrictions to join an MSA plan, and enrollment is for a full calendar year unless you meet certain exceptions. Those who disenroll during the calendar year will owe a portion of the account deposit back to the plan. Contact the plan at 1-833-925-2776 for additional information.



Notice of Non-Discrimination

Discrimination is against the law.

Lasso Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Lasso Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Lasso Healthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-833-925-2776 (TTY 711).

If you believe that Lasso Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Lasso Healthcare
Civil Rights Coordinator
225 W. Washington Street, Suite 450
Chicago, Illinois 60606
Phone: 1-833-925-2776, TTY number 711
Fax: 1-866-946-4458
Email: civilrightscoordinator@myzinghealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Lasso Healthcare Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-925-2776 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-925-2776 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-925-2776 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-925-2776 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-925-2776. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-925-2776 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-925-2776 (TTY: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmeterscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-925-2776 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-925-2776 (TTY: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-925-2776 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم أسئلة تتعلق بالصحة أو جدول الأدوية لدينا، ليس عليك سوى الاتصال بنا على 1-833-925-2776 (TTY: 711) فوري، سيقوم شخص ما يتحدث العربية. بمساعدتك. هذه خدمة . سيقوم شخص ما يتحدث العربية. (TTY: 711) مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-925-2776 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-925-2776 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-925-2776 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-925-2776 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがあります。通訳をご用命になるには、1-833-925-2776 (TTY: 711). にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



Lasso Healthcare Insurance Company



Please keep this booklet for reference

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