



Member Frequently Asked Questions

This document does not replace or supersede the Member's Evidence of Coverage or the IRS tax code. Please refer to those documents for further details. Nothing in this document should be considered "Tax Advice" and you should consult the IRS or your Tax Professional in matters involving the taxation and/or penalties (or lack thereof) associated with the use of the Medical Savings Account (MSA). From time to time, Centers for Medicare and Medicaid Services (CMS) or the IRS may change or update guidance, and we endeavor to update this document as quickly as possible.

1. When will I receive my ID card?

Your member ID card along with a provider card and your welcome guide will be mailed to you within 10 days of your medical savings account being opened **and** confirmation of your eligibility from CMS. Typically, renewing members from the previous year will not receive a new card unless your information or your plan information changed for the upcoming year.

2. What plan materials can I expect to receive?

Along with letters that Medicare requires us to send, you will receive other materials such as an assigned Lasso Healthcare Member ID card, Provider card, Optum Financial debit card, a Member Welcome Guide and information on our rewards program. Plan materials are available for you to view and download from the [Documents section](#) of our website, and you may also call us at 1-833-925-2776 (TTY: 711) to request materials (including in alternate formats).

3. When can I enroll or disenroll?

Annual Election Period (AEP) and Initial Coverage Election Period (ICEP) are the only two times you can enroll into an MSA plan. Except for rare cases, the AEP is the only time you can disenroll from an MSA plan. If you permanently leave the plan's service area, you will be disenrolled and required to repay the unearned portion of the current year's deposit. You can also be disenrolled if you no longer meet the qualifications of an MSA plan (for example, gaining Medicaid eligibility). When disenrolling from the MSA, members are required to submit a disenrollment form to ensure the disenrollment is processed. Members are not automatically disenrolled when returning to Original Medicare to enroll in a Medicare Supplement. Disenrollment forms can be downloaded from the [Documents section](#) of our website, and you may also call us at 1-833-925-2776 (TTY: 711) to request the form be mailed to you.

4. Does the Lasso Healthcare MSA include prescription drug coverage?

By law, MSAs are not allowed to include prescription drug coverage. You are able to enroll in any stand-alone Medicare Prescription Drug Plan (PDP) offered in your service area.

5. Does Lasso Healthcare have any contracted providers in my area?

The Lasso Healthcare MSA does not contract with providers. You have access to any provider who accepts Medicare. 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. Thousands of providers already accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. You will receive a provider card and a provider guide explaining the MSA within your welcome materials. We encourage you to share one or both materials with your providers prior to each visit.



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6. How can I find out if a health care provider accepts Medicare?

You can search for Medicare providers on the Medicare Physician Compare Page located at <https://www.medicare.gov/physiciancompare/>.

7. Can a Medicare provider decide whether or not to treat an MSA plan member?

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. Thousands of providers have already chosen to accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. You will receive a provider card and a provider guide explaining the MSA within your welcome materials. We encourage you to share one or both materials with your providers prior to each visit. Should you require assistance speaking with your provider about the MSA, please contact Member Services at 1-833-925-2776 (TTY: 711). Providers can also view the provider guide, available in the [Documents section](#) of our website, or they can call the Lasso Healthcare Provider Services at 1-833-925-2776, for further information.

8. What is the rewards program?

We encourage members to actively engage in our member rewards program. You can earn extra perks by completing a series of three activities:

- Complete a health survey
- Complete a member experience survey
- Conduct an *Annual Wellness Visit with your provider

*New for 2023, Annual Wellness Visits are at no cost for Lasso Healthcare members.

Upon completion of an activity form, you will receive a Reloadable Rewards Card from our partner NationsBenefits with your rewards earned. You can use your rewards at most locations for: utilities, transportation services, hearing aids, pharmacy purchases, local retailers, restaurants, and more!

9. I have questions about my earned rewards, who can I contact?

Our partner NationsBenefits can be contacted with any questions regarding your reloadable rewards card or how to use your rewards funds. Please visit them at <https://members.nationsbenefits.com/login> or call them at 1-888-282-6853.

10. Do excess charges charged by non-participating providers go toward the deductible?

Some Medicare providers do not accept the Medicare allowed amount for services. These providers are called non-participating providers. If you see a Medicare non-participating provider, that provider may (where allowed by state law) balance bill you up to a limiting charge. While, the Medicare-allowed charges for your services are applied to your deductible, the limiting charges are not reimbursed by us and do not count toward your deductible.



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11. What happens if I see a provider who has opted out of Medicare?

You would be 100% responsible for any charges from providers who have opted out of Medicare. You can use your MSA funds to pay for these services (tax-free for any qualified medical expenses), but none of these charges are reimbursed by us and do not count toward your deductible.

12. Who can I contact to ask questions about my bank account?

Your initial medical savings account is established and managed through Optum Bank. You will receive a debit card and other important information from them. Optum Financial can be contacted at 1-855-893-2300. If you've moved your funds to a financial institution of your choice, please contact them directly.

13. When will I receive my deposit?

We will deposit funds into your MSA on or shortly after your effective date. Keep in mind, if you enroll mid-year, the deposit and deductible amounts will be prorated. Please see the [Learn section](#) of our website for more information.

14. Can I contribute to the medical savings account?

No, you are not allowed to contribute to your MSA, per IRS rules.

15. Can I choose a custodial account other than Optum Financial?

Upon initial enrollment, you must also enroll in Optum Financial. However, after the funds are deposited into your medical savings account, you are free to move your funds to a custodial account of your choosing, subject to a transfer fee and any applicable taxes. However, any custodial fees, minimum balance amounts, other fees and reporting requirements become your responsibility. We recommend keeping the Optum Financial account open so deposits for subsequent years can be deposited.

16. Does Optum Financial charge an administrative fee?

Yes, however we pay the administrative fee associated with the medical savings account as long as you remain a Lasso Healthcare plan member. If you were to leave the plan, you would be responsible for this fee, which is currently \$2.75 per month. This price is subject to change at the discretion of Optum Financial. Please confirm the amount with them.

17. Is the Optum Financial medical savings account interest bearing?

Yes. You can also invest funds in excess of \$2,000 in various investment vehicles offered through Optum Financial. For current rates and investment options, visit Optum Financial's website at www.optumbank.com.

18. Does Optum Financial provide online statements or paper statements?

Upon registering your account on www.optumbank.com, you will have access to view your monthly statements and account activity online. Paper statements are available by request to Optum Financial directly, and may be subject to an additional fee. Please contact Optum Financial at 1-855-893-2300.



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19. I'm enrolled in the Lasso Healthcare MSA and a Part D prescription drug plan (PDP). Can I use my deposit to pay for the Part D deductible, copays and coinsurance? Do these expenses count toward my MSA plan deductible?

Per IRS rules, you can use your MSA funds on a tax-free basis to pay for your Part D deductible, copays, and/or coinsurance; however, the funds used to pay for these expenses **will not** count toward your health plan deductible. Only Medicare Part A & Part B covered services count toward your health plan deductible.

You may not use your MSA funds to pay the Part D premium on a tax-free basis (taxes and penalties would apply).

20. Is the deposit an annual deposit or a one-time deposit?

The deposit is an annual deposit, provided you remain a Lasso Healthcare MSA member. Any balance accrued from previous year(s) is yours to keep. If you continue your membership with us, the next year's deposit is added to your medical savings account per the terms of that year's benefit design. If you leave the plan during the calendar year, you must repay a prorated portion of that year's deposit back to us.

21. What happens to the MSA funds if I die?

If you should pass away during the plan year the deposit would go to your beneficiary. We are required to collect any unearned deposit amounts for the current calendar months following a member's death. Any remaining funds would be passed to the named beneficiary. If the beneficiary is the spouse, there would be no tax implications. If the beneficiary is not the spouse, taxes may apply, subject to IRS rules. MSA beneficiary designation can be completed on the Optum Financial website. Custodial fees would be charged by Optum Financial; however, the account could also be moved to a custodial account of the beneficiary's choosing.

22. What happens if I use my MSA funds for non-medical expenses, and what is the tax penalty?

See IRS Form 8853, but generally, you will be taxed at your nominal tax rate plus incur a 50% penalty.

23. How does my provider submit a claim?

We offer paper and electronic options for providers to submit a claim. For more information, please check out the [Providers page](#) of our website, the provider guide, the back of your member ID, or the provider card.

24. How do I submit a request for reimbursement or for Lasso Healthcare to pay a bill I received from a provider?

Please review the [Members page](#) of our website, specifically the Pay for Healthcare section, for instructions on how to request reimbursement and the appropriate form. Until you reach your deductible, you are responsible for paying your provider. Once your deductible is met, we will pay your provider for Medicare-covered services. If you receive a bill after your deductible is met, you can mail it to Lasso Healthcare MSA, 225 West Washington St. Suite 450, Chicago, IL 60606.



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25. How can I file a grievance?

Member satisfaction is very important, and you can reach out to us at any time! If you need to file a complaint, you can contact Member Services at 1-833-925-2776, 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. If you do not wish to call (or you called and were not satisfied), you can put your complaint in writing and send it to us at Lasso Healthcare MSA, P.O. Box . For more information, please refer to the Lasso Healthcare Evidence of Coverage, available on the [Documents section](#) of our website.

26. I haven't met my deductible and paid my provider directly for a service. Should I still file a claim/submit a reimbursement request?

Yes. Even if you know you are financially responsible for paying for the service as you haven't met your deductible, you should still send us record of the service and your payment so we can ensure the correct amount was charged (the lesser of the billed charges or 100% Medicare fee-for-service rates) and track your progress toward your deductible.

27. How do I appoint a representative to speak on my behalf?

You may authorize us to allow the release of information about your membership, such as enrollment, claims, or benefit information, by completing the Authorization to Use/Disclose Protected Health Information form that is available on the [Documents section](#) of our website.

You may also name another person to act as your representative to ask for a coverage decision, make an appeal or file a grievance by completing the Appointment of Representative form located on Medicare's website at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf>.

28. Can I remain a member of the Lasso Healthcare MSA if I move during the year?

If you are going to move, it's important to tell us right away so we can help determine your coverage options. You can call our Member Services team at 1-833-925-2776. If you move outside of our plan service area, you cannot remain a member of our plan. In this instance, you will have a Special Election Period when you can join any Medicare plan available in your new area. Any unearned deposit amount will need to be repaid to Lasso Healthcare.

If you move within our plan service area, we still need to know so we can keep your membership record up to date and know how to contact you.

29. What happens if Lasso Healthcare goes out of business?

If we had to discontinue the MSA plan for any reason, CMS ensures MSA plan members will be protected. You will always receive a guaranteed issue to choose any available Medicare insurance plan in your service area and not be liable for any financial risk that was the insurance company's responsibility.



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30. Do I need to pay my provider at the time of service?

In most instances, your provider will process your service like any other \$0 copay Medicare Advantage plan – you receive the service, they submit the claim to Lasso Healthcare, we process the claim to ensure that it is priced correctly and determine payment liability; we either pay them if the service is covered and you've met the deductible, or we let you know the amount you need to pay the provider and the provider typically sends you a bill for the amount due. CMS does allow providers, in certain instances, to request payment from Medicare members at the time of service. In these instances, please keep receipts and all paperwork so you can file a reimbursement request with us.

31. Am I able to view my member information electronically?

Yes! Please create an account to access our [Member Portal](#) using your current Lasso Healthcare Member ID. Once your account has been created, you will be able to view your coverage and Plan information, claims, and explanation of benefits, and access member resources! For assistance registering for your member portal, please contact Member Services at 1-833-925-2776.