



Member Frequently Asked Questions

This document does not replace or supersede the Member's Evidence of Coverage or the Internal Revenue Service (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?

You should receive your ID card prior to your effective date. If we receive or process your enrollment request at the end of the month, you will receive your ID card within 10 days of us receiving confirmation 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 a Lasso Healthcare ID 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 866-766-2583 to request materials.

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. There may be situations that will require you to be disenrolled prior to the end of the plan year, such as if you permanently leave the plan's service area or you no longer meet the qualifications of an MSA plan. In these situations, you will be required to repay the unearned portion of the current year's deposit.

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?

By law, MSAs are not allowed to 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. A provider guide is included



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within both your enrollment kit and welcome kit and should be shared with your providers prior to each visit.

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/care-compare/>.

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 already accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. Before receiving any services, we encourage you to share our detailed provider guide with your providers and confirm they'll accept our Plan. Should you require assistance speaking with your provider about the MSA, please contact Member Services at 866-766-2583. Providers can also view the provider guide, available in the [Documents section](#) of our website, or they can call the Lasso Healthcare Provider Services number at 800-579-0254, for further information.

8. Can I earn extra money for taking control of my health?

We encourage members to actively engage in and manage their health through our optional member rewards program. You can earn extra perks by completing a series of three preventive health activities:

- Health Survey
- Lab Work
- Annual Wellness Visit

9. 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. The limiting charges are not reimbursed by us and do not count toward your deductible.

10. 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.



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

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

12. 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.

13. 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.

14. Does Optum Financial charge an administrative fee?

Yes, however we pay the administrative fee associated with the MSA as long as you remain a Lasso Healthcare MSA plan member. If you were to leave the plan, you would be responsible for this fee. The price is subject to change at the discretion of Optum Financial. Please confirm the amount with them.

15. 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.

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

Optum Financial will have monthly statements showing account activity available to view online. Quarterly paper statements are available by request to Optum Financial, and you may be charged a fee. Please contact Optum Financial at 855-893-2300.

17. 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



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expenses **will not** count toward your Lasso Healthcare plan deductible. Only Medicare Part A & Part B covered services count toward your Lasso Healthcare 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).

18. 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.

19. Can I contribute to the medical savings account?

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

20. 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.

21. 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.

22. 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 or the back of your Lasso Healthcare Member ID card.

23. 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



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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, P.O. Box 261113, Plano, TX 75026.

24. 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 866-766-2583, 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 261115, Plano, TX 75026. For more information, please refer to Lasso Healthcare's Evidence of Coverage, available on the [Documents section](#) of our website.

25. 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>.

26. 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 866-766-2583. 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.

27. 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.



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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.

28. 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.

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

Lasso Healthcare intends to continue expanding the Medicare MSA product; however, 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 never be liable for any financial risk that was the insurance company's responsibility.