



Take control |

LASSO HEALTHCARE MSA WELCOME GUIDE



lasso[®]
Healthcare

THANK YOU

for joining Lasso Healthcare!

This guide helps you get started with your Lasso Healthcare MSA plan. Please read this booklet and retain it for future reference.

If you have any questions, please don't hesitate to contact our Member Services team. We're happy to help.



Electronic

lassohealthcare.com
info@lassohealthcare.com



Phone

1-866-766-2583 (TTY: 711) 8 a.m. - 8 p.m.
October 1 - March 31: 7 days a week
April 1 - September 30: Monday - Friday



Mail

P.O. Box 261113
Plano, TX 75026

Your health, your way. Lasso Healthcare MSA.

Keep an eye out...



Additional important plan documents may be on their way to you. Please note these documents may arrive separately.



Lasso Healthcare MSA
Member ID Card



Optum Bank MSA
Debit Card



For Your Health incentive
program information



Making the plan work for you

Take full advantage of what makes Medicare MSA plans so special. Use these guidelines to help extract the most value from your Lasso Healthcare MSA plan.



Have a plan to cover the difference between the deposit and deductible

Spend time planning how you'll cover the Member Responsibility amount *now* to minimize surprises *later*.



Have a plan to manage your health

It's expensive to be unhealthy! Work with your care team to establish an individualized care plan and focus your efforts on preventive medicine.



Avoid using MSA funds on non-qualified expenses

Unless you've accounted for the extra tax and penalty implications, aim for not spending the funds on any non-qualified expenses.



Consider investing excess balance

If your Optum Bank MSA account balance is over \$2,000, consider speaking with your financial advisor about investing the excess balance in other investment vehicles.



Be a savvy health shopper

For expenses not covered by Medicare, inquire about alternate care and pricing options before incurring a service. Ask other providers their cost for the same service to find lower pricing.

Using your MSA plan

1. Show your Plan Member ID card

Show your Lasso Healthcare MSA Member ID card at your provider's office and tell them to file the claim with Lasso Healthcare (filing info on card back).



It's important the provider files a claim with us even if you have not yet met your plan deductible so we can 1) ensure the service is within the Medicare-approved amount and 2) help track your progress to your deductible.

Do not show your Medicare card.



Make tax time easier! Keep receipts and any paperwork related to your medical expenses and MSA funds usage.



2. Copays typically not due at service

Our plan does not require a copay or other payment at time of service. Medicare does permit its providers to request a copay at time of service in some instances, even if not required by the plan.



3. Receive an EOB from us

Lasso Healthcare processes the provider's claim and determines your coverage. We mail you a monthly Explanation of Benefits (EOB) showing the coverage decision, progress toward the deductible and any amount you need to pay the provider.



4. Receive invoice from provider

The provider sends you a bill for your portion of the claim. It is good practice to compare the provider's bill with your EOB to match the billed amount to your determined liability.



5. Pay the provider

You can use funds in your MSA bank account to pay any amount due, via your Optum Bank debit card, pay out-of-pocket or use a combination of both.

If you no longer have funds in your MSA account, you will need to pay out-of-pocket. Once you reach the deductible, we pay 100% of any additional Medicare-covered expenses.

Providers opting-out of Medicare are not bound to Medicare reimbursement policies; they may charge you more than the Medicare-approved amount and may require payment at time of service. See page 13 for additional details.

Plan costs and responsibilities



We:

- Make the initial deposit of monies into your MSA bank account
- Pay 100% of Medicare-covered expenses incurred once you reach your deductible

You:

- Pay your monthly Medicare Part B premium (payment made to Medicare)
- Pay all health care costs until you reach your plan deductible. Use your MSA funds, out-of-pocket, or a combination of both
- Pay any non-Medicare-covered expenses after reaching your deductible

The major expense types and their impacts:



Medicare-covered Expenses

Count toward deductible: YES

Taxed & penalized by IRS: NO



Non-Medicare, IRS-Qualified Medical Expenses

Count toward deductible: NO

Taxed & penalized by IRS: NO



Non-qualified Expenses

Count toward deductible: NO

Taxed & penalized by IRS: YES

Refer to our Evidence of Coverage (EOC) document for more detailed information about Medicare-covered Expenses. See IRS Publication #502 for a detailed listing of Qualified Medical Expenses.



Some charges for services provided by providers not participating in or opting out of Medicare may not count toward your deductible. See page 13 for more information.

Earn up to \$250 in gift cards



Three simple activities, three opportunities to earn money! Get rewarded to manage your health with our *For Your Health* incentive program. Program kits are mailed shortly after your plan effective date.



Complete a health survey, earn a \$75 gift card

We'd like to get to know you better.

Completing our short health survey helps us make tailored suggestions on how to keep you healthy.



Obtain lab tests, earn a \$75 gift card

Assessing your health starts with basic lab tests. Have your provider order lab tests and discuss the results with them.



Create a care plan, earn a \$100 gift card

A frank, yearly discussion with your health care provider to create an individualized care plan is an important step in staying healthy.

Quick reminders...



Contact Optum Bank for:

- Replacement debit card requests
- Questions about your MSA bank account balance or activity
- 1-855-893-2300 (TTY:711) 24 hours a day, seven days a week, except major U.S. holidays



Contact Lasso Healthcare for:

- Replacement member ID card requests
- Questions about your plan coverage, benefits or deductible
- Contact methods listed on page 2 of this guide



Clinical access

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 are not as common as other Medicare plans, so it's understandable that some providers may not be aware of Lasso Healthcare MSA. Lasso Healthcare is outreaching to providers across the US, educating them on the MSA, and why it's 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 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'll 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 and accepting 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.

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'll determine if the amount you paid was within the Medicare-approved amount and apply the appropriate amount toward your plan deductible. If you've met your deductible, we'll 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.

To find Medicare providers, please visit:
www.medicare.gov/physiciancompare



Frequently asked questions

I didn't spend all the money in my account. What happens to it at the end of the year?

The money is yours and stays in your account until you use it or move it. If you renew with Lasso Healthcare, we'll add the next year's deposit to your account, increasing your account balance.

Can I use the funds on health care for someone else, like my spouse?

MSA funds used on someone else's expenses, health care or otherwise, do not count toward the plan deductible and are subject to tax and additional penalties.

I paid for a service directly, instead of having the provider file a claim. What should I do?

Provide us with documentation of the service and your payment; instructions are available on our website or by calling our Member Services team (see page 2). We'll determine if the amount you paid was within the Medicare-approved amount, and apply the payment toward your deductible. If you've met your deductible, we'll reimburse you the Medicare-allowed amount. You can use your EOB to determine if you overpaid and can seek reimbursement from the provider.

What should I do? My provider said they don't accept Lasso Healthcare MSA insurance.

MSA plans are not as common as other Medicare plans, so it's understandable that some providers may not be aware of Lasso Healthcare MSA. If your provider has any questions or is reluctant to accept 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'll determine if the amount you paid was within the Medicare-approved amount and apply the appropriate amount toward your plan deductible. If you've met your deductible, we'll 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.

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Can I deposit money into my MSA bank account?

No, current regulations prohibit you from adding funds to your MSA account. Only Lasso Healthcare can deposit money into your MSA account. However, you may combine funds from a previous MSA account of yours, if applicable.



Lasso Healthcare Insurance Company, established in 2018, is a growing Medicare-market health insurer based in Dallas, Texas. Our flagship product, Lasso Healthcare MSA (medical savings account) plan, launched to 17 states for Medicare Advantage coverage starting January 1, 2019. In an unprecedented expansion, Lasso Healthcare MSA is now in a majority of states. Additional geographic and product line expansions are planned in future years.



LassoHealthcare.com

Please keep this booklet for reference.