

Ambulance & Helicopter Coverage



FOR EMPLOYEES

Any Ground Ambulance. Any Air Ambulance. Nationwide.

Covers out-of-pocket costs for **ANY** Emergency Ground Ambulance or Emergency Medical Helicopter transport, *regardless of provider!*



What is covered?

Out-of-pocket costs for Emergency Air & Ground transports!

BENEFIT	EMERGENT Plus	PLATINUM
	\$14 Per Month	\$39 Per Month
Emergency Air Medical Transport	✓ (U.S. Only)	✓
Emergency Ground Ambulance Transport	✓ (U.S. Only)	✓
Repatriation <small>-We'll fly you back home!</small>	✓ (U.S. Only)	✓
Non-Emergent Air Transport		✓
Organ Retrieval		✓
Minor Child/Grandchild Return		✓
Organ Recipient Transport		✓
Non-injury Transport		✓
Pet Return		✓
Vehicle Return		✓
Return Transportation		✓
Escort Transportation		✓
Mortal Remains Transport		✓
Worldwide Coverage		✓

Pricing includes Family Coverage!

Emergent Memberships: In the rare event that a provider refuses MASA' offer to settle the balance, MASA will pay \$20,000 directly to the member and continue to advocate to make every effort where member will owe nothing over the \$20,000.

THE TRUTH....

Insurance doesn't fully cover ground & air transports...

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most policies now will only pay based off the "Maximum Allowable Amount."

Many providers in the state and throughout the country are **OUT OF NETWORK** with virtually all insurance carriers. Even if "In Network", providers still leave you owing *thousands* in Co-Pays and Deductibles.

You face the possibility that your medical coverage will deny the claim leaving you responsible for the **ENTIRE** bill.

With MASA, you will have **COMPREHENSIVE** financial protection for any emergent air or ground transport, **REGARDLESS** who transports you! **JOIN TODAY!**

Any Ground or Air Ambulance!

*Medical Repatriation (We'll fly you back)- If member is hospitalized while away from home, MASA will fly the member home, to a hospital of their choice. At no cost!

"All I had to do was send the bill which was never paid by TriCare for Life, and the rest is history. When MASA received that bill, it was paid and all amounts owed satisfied." --- MASA Member, 2015

MASA MTS for Employees Ensures...

- Coverage in all 50 states
- Unlimited Usage
- NO claim forms or deductibles
- Covers Employee +Spouse/domestic partner & dependents up to age 26

Questions? Please contact:

Matt Ellis-Regional Director
304-792-9401
mellis@masamts.com

Ambulance & Helicopter Coverage!



Business Name: _____ Effective Date: _____ Date of Hire: _____

MASA MEMBER INFORMATION

NAME (Last, First, Middle): _____ DOB: ____ / ____ / ____

SPOUSE (Last, First, Middle): _____ DOB: ____ / ____ / ____

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Phone: (____) ____ - ____ Alt. Phone: (____) ____ - ____ Email: _____

Dependent Name*: _____ DOB: ____ / ____ / ____

Dependent Name*: _____ DOB: ____ / ____ / ____

Dependent Name*: _____ DOB: ____ / ____ / ____

Dependent Name*: _____ DOB: ____ / ____ / ____

Dependent Name*: _____ DOB: ____ / ____ / ____

*Legal Dependents up to age 26 may be included on the same membership.

EMPLOYEE PAYMENT OPTIONS FOR MASA MTS MEMBERSHIP	
Platinum Membership	Emergent Plus Membership
<p>_____ \$39 Monthly</p> <p>Same Rate for Employee Only and Employee + Family</p> <p>(\$60 Initiation Fee Waived)</p>	<p>_____ \$14 Monthly</p> <p>Same Rate for Employee Only and Employee + Family</p>

I authorize my employer to do a payroll deduction equivalent to the selected amount from my payroll check for my MASA MTS membership. I further understand that in the event that my employment with my employer is terminated, whether voluntarily or involuntarily, my employer has the right to deduct from my final paycheck any amounts paid upfront by my employer that has yet to be deducted from my paycheck(s).

▶ _____
 Member's Signature Name (Printed) Date

I acknowledge that I have been offered the opportunity to enroll into the MASA MTS membership program via a payroll deduction and have decided to opt out. Additionally, I understand the potential out of pocket exposure resulting from an emergent air or ground ambulance transport and willingly assume the responsibility of such balance bill.

▶ _____
 Employee's Signature Name (Printed) Date

MASA MTS Rep	Other