Employee FAQs

MASA membership benefits

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About MASA

Founded in 1974, Medical Access & Service Advantage (MASA®) is the leading emergency transportation protection built to enhance healthcare plans by protecting against out-of-pocket costs associated with emergency medical transport. Today, as a global organization with 14 international locations and services in all 50 states and Canada, MASA serves more than 2 million members with emergency and non-emergency transportation cost-reimbursement services and so much more. Our basic protection area includes the continental U.S., Hawaii, Alaska, Mexico, and Canada, with worldwide protection* offered for certain plans. For more information, visit masaaccess.com.

Membership benefits questions

Which ambulance providers does MASA work with?

Any! In the event of an emergency, simply call 911 and get to the hospital. We have a no-network model where we work directly with the ambulance provider to settle the bill. Our members and their families are protected from out-of-pocket costs, no matter which provider completes the ambulance transport within the continental United States, Alaska, Hawaii, and Canada. Some solutions extend globally* for members with expanded plans.

Does your protection extend to copays or deductibles?

Yes, when it is applicable to your ambulance bill. Our goal is to leave you with peace of mind. MASA protection for out-of-pocket costs includes copays, coinsurance, and deductibles associated with your ambulance bill.

How does MASA work with my health insurance?

The ambulance provider will submit your invoice to your primary medical insurer first. In most cases, the insurer will pay the provider for the ambulance portion of the bill according to the details of your specific primary insurance plan. Afterwards, the ambulance provider will send you a bill for the remaining balance and you can then forward that bill to MASA for processing. Including the Explanation of Benefits from your health insurance along with your bill can help expedite the process.

MASA does not interact directly with your health insurer.

Do I qualify?

Yes! MASA has no medical qualifiers, which means:

- No health questions
- No age limits

Plus, there are:

- No claim forms (bill must be submitted within 180 days)
- No deductibles
- No network limitations

When should I call you?

Always call 911 for an emergency. Once you receive a bill, you can submit it to us through the member portal at masaaccess.com/member or via email to AmbulanceClaims@masaglobal.com. Be sure to include your membership number.

After submission, you'll receive an auto-reply confirmation of receipt with basic details. We'll review your case and reach out if we need more information. Once your request is closed, you'll receive a letter notifying you of resolution.

Should you need to activate specialized transport services immediately after an emergency — such as getting children, pets, or vehicles returned home, or if your physician needs help with medical transport coordination for an organ transplant or repatriation — you can reach out to us for support 24/7/365.

You can also check the status of an existing request and what solutions are included in your membership in the portal at masaaccess.com/member, through the MASA app, or by calling (800) 643-9023.

To find more details, visit our How to Use Access MASA infosheet.

Who is covered by MASA membership plans?

With our family memberships, we cover you and your household, including your dependents, partner and children under the age of 26. If your company's plan selections include our Family+ endorsement, you can even extend protection to your parents.

How much does an ambulance ride cost?

The costs associated with ambulance services vary widely based on factors such as geographical location and the type of treatment provided. The cost of emergency transportation has increased significantly in the last five years, outpacing medical inflation.[2] Our internal claims data reveals averages of $2,086 for ground ambulance costs and $72,469** for air ambulances.[3]

Why might I have to pay more out-of-pocket for an ambulance bill?

You might have to pay out-of-pocket for an ambulance bill if the ambulance is out-of-network or if your health insurance denies your claim.

Out-of-network provider

Research shows that nearly 60% of ground ambulance rides are deemed out-of-network.[1] Health insurance typically covers out-of-network medical transport at a lesser rate, even if the ride is to an in-network hospital. This can lead to balance billing, where the ambulance company charges you the difference between what they billed and what your insurance paid. Even in emergency situations, some insurers may still impose limits on out-of-network coverage, depending on how your policy is written.

Claim denial

Claim denial can happen if the insurer determines the ambulance ride wasn't medically necessary* (even in emergency situations), if the provider didn't submit the correct codes or documentation, or if your policy requires preauthorization for non-emergency transport and it wasn't obtained. Additionally, the mode of transport can be challenged — for example, air transport may be deemed not medically necessary by your insurer if they conclude ground transportation would have been sufficient.

Public data on claim denial reasons is limited and does not include information from group health plans. What data is available shows an infrequency of denials based on a lack of medical necessity.

Visit these related articles in our Learning Center for more information:

Understanding ambulance costs

Emergency services: how much will it all really cost?

How to know if your ambulance is in-network

How do I request payment?

Requesting payment is easy. Within 180 days of the transport, submit your bill by either emailing it to ambulancelcaims@masagloal.com — be sure to note your member ID in the email — or by uploading it in the member portal online at masaaccess.com/member. Including your health insurance Explanation of Benefits along with your bill can help expedite the process. After submission, you'll receive an auto-reply confirmation of receipt with basic details. We'll review your request and reach out if we need more information. Once your request is closed, you'll receive a letter notifying you of resolution.

You can also check the status of an existing claim in the portal at masaaccess.com/member, through the MASA app, or by calling (800) 643-9023.

Enrollment questions

When can I enroll?

Typically, enrollment in MASA is available during your employer's annual open enrollment periods, during onboarding for new hires, and/or after qualifying life changes. Contact your Group Benefits Manager for specific details about your company's enrollment period.

I was a MASA member at my previous job, but my new employer doesn't offer it. What can I do?

Introduce your employer to us and send them the following link for more information: https://masaaccess.com/employers/contact/

If your new employer does not add MASA immediately, you can elect protection from our consumer-direct team by calling (954) 820-4332.

Sources:
1: FAIR Health, 2023 | 2: MASA, Emergency medical transportation: The true costs — and how they're rising, 2024 | 3: MASA Internal Claims Data, Updated January 2025

This material is for informational purposes only and does not provide any coverage. Not all MASA products and services are available to residents of all states. For a complete list of coverage and exclusions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, click or visit: https://info.masaglobal.com/disclaimers

*Worldwide protection includes any region with the exclusion of Antarctica (and not prohibited by U.S. law or under certain U.S. travel advisories) as long as the member has provided ten (10) day notice.

**Based upon the enactment of certain legal protections regarding surprise medical billing, actual member liability may be less than the provider's charges.

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