



HR133/Membership Matters Talking Points

12.08.2021

Answering your AirMedCare Network Membership Questions:

AirMedCare Network is the nation's largest air medical flight membership program, comprised of an alliance of affiliated air ambulance providers—including Air Evac Lifeteam, Guardian Flight, Med-Trans Corporation and REACH Air Medical Services—providing you access to over 320 locations across 38 states.

Why does membership matter? An AirMedCare Network (AMCN) membership does not determine if you are flown, but, for the low cost of \$85/year (\$65/year for seniors over 60), it protects you from any financial burden if you are transported by an AMCN provider. You are **GUARANTEED TO HAVE NO OUT-OF-POCKET COST** if transported by us.

Some AMCN competitors, including Air Methods, have made the claim that there is no need for membership as a result of HR133. This is categorically false and an outright lie.

MANY COMMERCIAL INSURANCE POLICIES HAVE HIGH DEDUCTIBLES, WHICH APPLY WHETHER OR NOT YOUR AIR MEDICAL PROVIDER IS IN-NETWORK.

Air Ambulance Out of Pocket Costs

- A decade ago, only 55% of health benefit plans had a deductible. Today, 81% of them have some type of deductible and more than 24% of those are high-deductible plans. According to the Kaiser Family Foundation, families with high-deductible plans pay an average of \$4,332 out of pocket.
- The membership services offered by GMR's AirMedCare Network covers the cost of co-pays, deductibles and any transport declined by insurance providers as "not medically necessary." The membership offered by AMCN is truly meant to protect families when insurance fails to cover the full cost of a medical emergency; there will be no out-of-pocket expenses if flown by an AMCN provider.
- If you lose your insurance coverage or do not have insurance, membership still guarantees no out-of-pocket expense. Most of AMCN's competitors will not sell membership to uninsured individuals.
- Over 75% of the approximately 125,000 transports made each year by AMCN providers are Medicare, self-pay, or insurance paid, meaning more than ¾ of our patients have potential financial exposure.
- The average out-of-pocket emergent air cost when flown by a Global Medical Response air company provider is \$279. This is an average of all patients flown. **No air company can predict individual out-of-pocket costs as those are determined by insurance companies.** Medicare and many commercial insurers prohibit waiving or reducing patient copays, coinsurance, or deductibles.

AMCN Membership Matters

- Membership will still provide financial benefit to Medicare patients.
 - For individuals with MEDICARE PART A ONLY, air ambulance is not covered. An AMCN membership provides 100% coverage for the patient.
 - For individuals who have Medicare Part B, air ambulance transports are covered but the patient must pay a 20% copay, which averages between \$1,000-\$2,000. And, in that case, an AMCN membership covers the entire co-pay.
- We work every day to add new insurance companies to our extensive list of in-network carriers. AirMedCare Network providers are currently in-network with 139 insurance companies.
- AMCN membership helps keep our lifesaving air medical service in your area. Since we are all part of the Global Medical Response family of companies, your membership helps to fund the aircraft providing the lifesaving mission.

- Our tireless Patient Advocates do everything in their power to work with a patient's insurance company to ensure that the patient's financial exposure is as small as possible in every possible way.
- AMCN has partnered with Teladoc - the most trusted telehealth provider in the world to offer our members enhanced value with their AMCN membership. Serving over 20 million members, Teladoc is available to AMCN members at a discounted rate. Requesting a visit with a doctor is easy anytime, day or night, 24 hours a day, 365 days a year, by web, phone, or with the Teladoc app.

AMCN Membership FAQs

What is included in an AMCN membership?

Members receive a welcome packet complete with auto stickers and membership cards. Members have financial peace of mind knowing that they there will be no out-of-pocket expenses for air medical transport, when flown by an AMCN provider.

Membership offers several important benefits:

First, as one of more than 3 million members, AirMedCare Network providers will work on your behalf with your benefits provider to secure payment for your flight, with any uncovered amounts considered to be fully prepaid. As such, members who are transported by AirMedCare Network providers will not receive a bill for the flight. Importantly, your membership is valid in all of our service areas so you are covered while traveling in those areas. If they determine air medical transport is needed, and they dispatch one of our ambulance providers, your membership will provide financial coverage.

How can a membership be so inexpensive and yet still be able to cover the cost of a flight?

Membership fees alone are not enough to cover the cost of member transport. Those fees are prepaid protection against costs not covered by members' insurance, other benefits or third parties. Almost all of our members have some type of insurance, benefit or third-party responsibility that covers all or part of the cost of transport. Collecting enough from those sources is necessary to keep membership fees low. Of course, if there is no other source of payment for a member's transport, the transport is covered in full by the membership.

Can I cover all of my family on the membership?

With an AirMedCare Network membership, any person or persons who reside under one (residential) roof are covered. In the event we have a member who lives in a duplex or apartment complex, we designate the primary member's residence/address— that is considered the "one roof." Undergraduate college students can be covered under their parent's membership as well as anyone previously residing in the household who is then moved to a permanent care facility.

Do Medicare recipients need membership?

In many cases, Medicare and the supplemental insurance coverage should pay for the cost of transport if it is medically necessary and if Medicare believes you were taken to the closest appropriate hospital. However, AMCN has seen cases in which the supplemental insurance provider does not cover a remaining balance after Medicare has paid its portion. Many seniors have said they want a membership even if they have complete coverage, in the event that their insurance coverage changes in the future or if the claim is denied. Often, supplemental insurance won't pay if your primary insurance denies. In those circumstances, membership is very beneficial.

Is there a limit to the number of transports a member can have in a year?

There is no limit to the number of transports a member may take in a year. Each transport is handled the same way and must be a life-or-limb-threatening emergency as deemed by AMCN provider attending medical professionals.