

## CITY COUNCIL AGENDA REQUEST

MEETING TYPE

Mayor & Council Meeting

MEETING DATE

11/3/2025

AGENDA ITEM

MASA Access - Medical Transportation Coverage

**DEPARTMENT** 

**Human Resources** 

REQUESTED BY

Haliyma Jones

REVIEWED/APPROVED BY CITY ATTORNEY?

Yes

COST

No Employer Cost associated. This will be a voluntary cafeteria benefit where employees may elect coverage through payroll deduction.

FUNDING SOURCE IF NOT IN BUDGET

N/A

PLEASE PROVIDE A SUMMARY OF YOUR REQUEST, INCLUDING BACKGROUND INFORMATION TO EXPLAIN THE REQUEST

Human Resources is seeking approval to enter into an agreement with MASA Access to offer Medical Transport Coverage as a voluntary employee benefit. This program provides employees with access to emergency medical transportation services—including ground ambulance, air ambulance, and hospital—to—hospital transfers.



## **EMPLOYER BENEFIT AGREEMENT - MEMBERSHIP**

**Employer Provided & Payroll Deduction** 

Employer/Organization Name City of Dalton			Contact's Name Haliyama Jones			
Telephone 706-529-2421		Fax E-Mail hjones@daltonga.gov				
Physical Address 300 W Waugh St			City <b>Dalton</b>		State <b>GA</b>	Zip Code <b>30721</b>
Mailing Address (if different)		City		State	Zip Code	
Brokerage Name  Mark III	Producer's Name  Mark Browder		MASA Representative's Name Alex Williams			
		Invoicing Email vbrock@daltonga.gov		Eligible Employee 405	Count	

This Employer Benefit Agreement ("Agreement"), effective as of 1/1/2026	, ("Agreement Effective Date") as further defined below in
section 5, by and among City of Dalton	("Employer"), as described above, a(n)
Georgia, municipal corporation	(State, Entity), and Medical Air Services Association,

Inc., an Oklahoma corporation acting through its MASA Medical Transport Solutions division ("MASA") with its principal executive office at 1301 International Parkway, Suite 300, Sunrise, FL 33323. This Agreement supersedes and replaces any and all prior agreements, whether verbal or written, between Employer and MASA (individually, the "Party," collectively, the "Parties") and any of their affiliates concerning the subject matter set forth herein.

WHEREAS, MASA is in the business of providing single individual memberships and family memberships with certain benefits, including, but not limited to, covering a portion of the out of pocket-expenses incurred as a result of an emergent transport situation ("Services"); and

WHEREAS, MASA offers a "Platinum", "Emergent Premier", and "Emergent Plus" membership (collectively, "Memberships") that entitle members ("Members") to certain services and benefits ("Benefits") and Employer desires to offer Memberships to its employees ("Employees") as part of general benefit offering.

NOW, THEREFORE, MASA and Employer agree as follows:

- 1. Term and Termination. This Agreement shall have a term of one (1) year from Effective Date ("Initial Term"). Thereafter, this Agreement shall automatically renew for additional one (1) year terms (each a "Renewal Term") unless written notice is given by one Party to the other Parties of its intention not to renew the Agreement at least sixty (60) days before the expiration of the then current Renewal Term. Upon the termination of this Agreement, for any reason, it shall be the Employer's obligation to notify Employees of such termination and the impact on their membership coverage.
- 2. Membership Services Agreement ("MSA"). All Memberships resulting from this Agreement are subject to the terms and conditions of the MSA between MASA and Member Employees. Notwithstanding the terms and conditions of that MSA, those members purchasing the Platinum Membership under the monthly payment option via payroll deduction, "Worldwide Coverage" will be an included benefit without the full annual payment requirement of that respective MSA. All other Worldwide Coverage and Platinum Service Agreement Benefit requirements still apply.

## 3. Membership Fees & Rates.

	Offering	Product	Туре	Voluntary Price	Total Invoice
Volu	ntary	Emergent Plus	Single	\$8.00	\$8.00
Volu	intary	Emergent Plus	Family	\$17.00	\$17.00
Volu	ntary	Platinum	Single	\$22.00	\$22.00
Volu	intary	Platinum	Family	\$47.00	\$47.00

<u>4.</u>	Member Enrollment. The Employer shall begin the initial enrollment process on 11/10/2025 and shall end initial enrollment process on 11/17/2025 and shall end initial enrollment process on 11/17/2025 and shall end initial enrollment process on and/or new Employees.
	The Parties agree that the ongoing method for enrollment management shall be as follows: (select one)
	■ Electronic Data Interchange (EDI)
	Name of Platform: Selerix
	In the event that the enrollment will take place digitally via a benefit administration system (or similar digital platform) and the intent is for MASA to receive enrollment files via EDI (or similar type electronic files), it is the responsibility of Employer or their broker to ensure that an EDI connection is established for eligibility communication.
	In the event the enrollment will not take place in a manner that MASA will receive an EDI file (or similar type of electronic files) on a regular basis, Employer will have the option to submit enrollment changes via MASA's group management portal or by roster submission. If Employer opts to submit enrollment changes by roster, MASA will provide Employer with a template file used to process enrollments ("Enrollment Roster") to assist Employer in the enrollment process. Employer should populate the Employment Roster and submit the same directly to <a href="mailto:clientsuccess@masaglobal.com">clientsuccess@masaglobal.com</a> , or via Employer's broker.
	Additionally, Employer agrees to ensure proper changes to the enrollment will be submitted timely, whether submitted through a benefit administration system, MASA's group management portal, or by Enrollment Roster. In no event will changes be made effective after Sixty (60) days from the requested effective date of the change. MASA will only reimburse for a correction made to an Employment Roster that is sent to MASA within the Sixty (60) day period from the effective date of the change.
	If an Employer does not have an active member for more than a two-year period, MASA reserves the right to cancel this Agreement.
	Employer agrees to review the Enrollment Roster of Employees who have indicated a desire to enroll in the Membership and to identify on such Enrollment Roster any Employees who are enrolled in a high-deductible health plan that is compatible with a health savings account under Internal Revenue Code section 223. Employer shall conduct such review both at the time of initial enrollment and before the start of each subsequent plan year of the high-deductible health plan.
	Upon enrollment, MASA agrees to provide all new members an MSA, which provides an explanation of MASA benefits and services.
<u>5.</u>	Effective Dates. The Agreement Effective Date, which is the date the employer agrees to offer MASA Products, shall be the date which the last Party signs the agreement below. Each Members' benefits become effective as of the Member's membership effective date ("Membership Effective Date"), which must be after the Agreement Effective Date, and the Agreement Effective Date shall run through the of the last surviving membership date. The Membership Effective Date shall be no earlier than the first day of the month following the thirtieth (30 <sup>th</sup> ) day after the end of the Enrollment Period, unless prior written approval has been received from MASA. Additionally, for a new Employee or current Employee who enrolls after the Enrollment Period, their Membership Effective Date shall be no earlier than the first day of the month following the thirtieth (30 <sup>th</sup> ) day after the enrollment of the new Employee is completed, unless prior written approval has been received from MASA.
	For Employees that enroll as a Member during the initial Enrollment Period as defined in Section 3 above, the Membership Effective Date shall be the First day of
<u>6.</u>	Payment of Fees.  Employer acknowledges and agrees that MASA's Services, Memberships, and obligations under this Agreement shall be contingent on Employer's timely payment of Fees. In the event Employer is delinquent on its payment of Fees, MASA shall have the right to stop providing the Services/Products under this Agreement and terminate this agreement in its entirety. Fees shall be due to MASA monthly and must be paid to MASA within thirty (30) days from the end of each calendar month. Employer is obligated to all Membership Fees & Payment due and owed to MASA, regardless of Employer's selection to remit payment via either Payroll Deduction or Employer Paid. Waiver of such termination rights shall not prevent future enforcement of the same.

Employer desires MASA to (Employer – Please select one option):

PA") for payments, please	provide TPA contact information for billing purposes:
s from the reasonable a primary insurer's reimb ariety of factors, including practice, based on national trepresented and/or maintended to replace or talloyees, Employer represented of coverage for emergother levels of coverage with for emergency ground and be grounds for immediate by each the Employee, pursular meant exclusively to e, in the event that Employee than 20% of Employee's	that the Memberships offered by MASA were design and customary out-of-pocket expense associated was ursement. Reasonable and customary expenses as but not limited to, the primary insurer's determinational and regional norms, among other factors. The Particketed as a primary level of coverage but rather as see the place of primary insurance coverage. Its and warrants that Employer also offers health gency, ground and air transportation based on thin the same policies and plan options and that do reduce the terms and conditions of the respective Membership in the terms and conditions of the respective Membership is supplement Employee's health speed fails to carry primary health insurance at time of Out-of-Pocket Expenses, but in no event will MASA process.
the offer and/or provision	t MASA shall not be liable for any tax consequences on of the Memberships described in this Agreement inistration of all employee benefits.
nt as of the Agreement Effe	octive Date.
Signature	
Name: Authorized Signer, Title	
Email	Phone
Signature Effective Da	ate
	is acknowledge and agree is from the reasonable a primary insurer's reimberiety of factors, including practice, based on national trepresented and/or maintended to replace or talloyees, Employer represented of coverage for emergency ground and the grounds for immediated by each of the Employee, pursuation of the event that Employee than 20% of Employee's claim on an Emergent Plustonyer acknowledges (1) that is the offer and/or provision Employees for the admitted of the Agreement Effer ("EMPLOYER")  Signature  Name: Authorized Signalia