apexhealth

2022 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Concierge Services representative at 1-844-279-0508 (TTY 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit apexhealth.com or call 1-844-279-0508 (TTY 711) to view a copy of the EOC.

- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor

- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.

- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).

If you have any questions, please contact ApexHealth at 1-844-279-0508 (TTY users should call 711) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., local time, seven days a week from October 1 through March 31 with the exception of Thanksgiving and Christmas, and 8 a.m. to 8 p.m., local time, Monday through Friday from April 1 through September 30. A voice mailbox will be available on federal holidays and weekends between April 1 through September 30. Our online portals are available 24 hours a day, seven days a week for self-service options.

ApexHealth is an HMO with a Medicare contract. Enrollment in ApexHealth depends on contract renewal.

2022 Summary of Benefits

ApexBold (HMO)
H9828 Plan 001

H9828_2201SB_M

apexhealth

Welcome to a

you ~~new~~ kind of Medicare

This is a summary of the drug and healthcare services covered by Apex Health, Inc. (ApexHealth) from January 1, 2022 through December 31, 2022. You can use this Summary of Benefits to learn more about our ApexBold (HMO) plan (H9828-001). The benefit information provided does not list every service that we cover, nor does it list every limitation or exclusion. The Evidence of Coverage can provide you with a complete list of the services and benefits that we cover, including limitations and exclusions. The Evidence of Coverage is available on our website or you may call us to request a copy.

ApexBold (HMO) is an HMO plan. This is a Medicare Advantage plan that covers prescription drugs. To join ApexBold (HMO), you must be entitled to Medicare Part A, enrolled in Medicare Part B, and live in our service area.

Our service area for ApexBold (HMO) H9828-001 includes these counties in North Carolina:
Cabarrus, Gaston, Iredell, Mecklenburg, Polk, Stanly, Stokes, Wilkes, and Yadkin

Like all Medicare health plans, ApexBold (HMO) covers everything that Original Medicare covers, and offers additional supplemental benefits ("ApexExtras"). ApexHealth has a network of doctors, hospitals, pharmacies, and other providers. Except for in emergency situations, if you use providers that are not in network, we may not pay for these services.

Call our Concierge Services team or go online for more information.

1-844-279-0508 (TTY 711)
October 1 to March 31: 7 days a week from 8 a.m. - 8 p.m. local time
April 1 to September 30: Monday - Friday from 8 a.m. - 8 p.m. local time

www.**apex**health.com

You have choices about how to get your Medicare benefits. Compare our plan to Original Medicare:

To learn more about the coverage and costs of Original Medicare, look in your "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048

Definitions to know:

Coinsurance: An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

Copayment (or "copay"): An amount you may be required to pay as your share of the cost for a medical service or a prescription drug. A copayment is a set dollar amount, rather than a percentage.

Primary Care Physician (PCP): Your PCP is the doctor or other provider you see first for most health problems. When you enroll, we'll ask who your PCP is. If you don't tell us, we'll assign one to you. You can always change the PCP by calling us. ApexBold (HMO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior authorization: Some in-network medical services and drugs are covered only if your doctor or other network provider gets approval in advance from our plan. Benefits that may require a prior authorization will say "Prior Authorization rules may apply" in the benefit grid below.

You can find more details on each benefit listed below in the Evidence of Coverage.

Plan Details	Your Costs for In-Network Care
Monthly Premium, Deductible, and Maximum Out-of-Pocket Limit	
Monthly Plan Premium	**$0**
	You must continue to pay your Medicare Part B premium
Plan Deductible	**$0**
Maximum Out-of-Pocket Responsibility (Does not include prescription drugs)	**$5,900**
	The most you pay for copayments, coinsurance, and other costs for medical services for the year. Once you reach the maximum out-of-pocket, we pay 100% of covered medical services. Your premium and prescription drugs don't count toward the maximum out-of-pocket.

Plan Details	Your Costs for In-Network Care
Inpatient Hospital and Outpatient Hospital Care	
(Prior Authorization rules may apply)	
Inpatient Hospital Care	**$335** per day for days 1-6
	$0 per day for days 7 -90
Outpatient Hospital Observation Services	**$275** per stay
Outpatient Hospital Services	You pay **$35-$335** for Medicare-covered Hospital Services
	The lower cost-share applies for specialist visits performed in an outpatient hospital setting. The highest cost-share applies to surgery.
Ambulatory Surgical Center	**$275** copayment
Doctor Visits	
Primary Care Physician (PCP) Office Visits	**$0**
Specialist Office Visits	**$35** per visit
Annual Physical Exam	**$0**
Preventive Care Services (Medicare-covered screenings)	**$0**
	Any preventive services approved by Medicare during the contract year will be covered. There are some items not covered at a $0 cost.

Plan Details	Your Costs for In-Network Care
Emergency and Urgently Needed Care	
Emergency Care in the United States	**$90** per visit (Copayment is waived if admitted to the hospital within 24 hours)
Urgently Needed Care in the United States	**$35** per visit (Copayment is waived if admitted to the hospital within 24 hours)
Worldwide Emergency Coverage	**$90** per visit Copayment is **not** waived if admitted to the hospital
	$50,000 maximum benefit for worldwide emergency care
Diagnostic Services, Labs, and Imaging	
(Prior Authorization rules may apply)	
Diagnostic Radiology (e.g., CT and MRI)	**20%** coinsurance
Lab Services	**$5** copayment
Diagnostic Tests & Procedures	**$5** copayment
Outpatient X-Rays	**$20** copayment

Plan Details	Your Costs for In-Network Care
Hearing Services	
Routine Hearing Exam	**$0** We cover 1 exam every year. All appointments must be scheduled through NationsHearing
Fitting and Evaluation for Hearing Aids	**$0** We cover 1 every year. All appointments must be scheduled through NationsHearing
Hearing Aids	We pay up to **$1,350 for both ears combined, every year.** You are responsible for any costs over this amount
	NationsHearing will manage your hearing aids benefit. All hearing aids must be purchased through NationsHearing
Dental Services	
Preventive Dental Oral Exam Fluoride Treatment Cleaning X-Rays	**$0** We cover 1 visit every 6 months We cover 1 treatment every year We cover 2 visits every year We cover 1 visit every year
Comprehensive Dental	**$1,500** allowance for comprehensive dental (e.g., Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery).
	Prior Authorization rules may apply
Vision Services	
Routine Eye Exams	**$0** We cover 1 exam every year
Contacts and Eyeglasses	We reimburse you up to **$150** every year

Plan Details	Your Costs for In-Network Care
Mental Health Services	
(Prior Authorization rules may apply)	
Inpatient Psychiatric Stay	**$595** per day, days 1-3;
	$0 per day, days 4-90
Outpatient Mental Health Therapy (individual or group)	**$35** per visit
Outpatient Psychiatric Therapy (individual or group)	**$35** per visit
Skilled Nursing	
(Prior Authorization rules may apply)	
Skilled Nursing Facility (SNF)	**$0** per day, days 1–20;
	$188 per day, days 21-100 We cover up to 100 days per benefit period
Therapies	
(Prior Authorization rules may apply)	
Physical, Occupational, and Speech Therapy	**$35** per visit
Ambulance and Routine Transportation	
(Prior Authorization rules may apply for non-emergency use of ambulance services per one-way trip and air ambulance per one-way trip)	
Ground Ambulance	**$290** per one-way trip
Air Ambulance	**20% coinsurance** per one-way trip
Non-Emergency Transport	**Not a covered benefit**

Plan Details	Your Costs for In-Network Care
Medicare Part B Drugs	
(Prior Authorization rules may apply)	
Chemotherapy and other Medicare Part B drugs	**20% coinsurance**
Outpatient Prescription Drugs	
Your costs may be lower if you qualify for Extra Help. Prior Authorization rules may apply	
Stage 1: Deductible You pay the full cost of drugs until you reach your deductible.	**$0** This plan doesn't have a deductible, so your coverage begins at Stage 2.

Stage 2: Initial Coverage

You pay the costs below until your total drug costs reach **$4,430.** You pay the copayment listed below or the cost of the drug, whichever is lower. These cost shares may also apply to Home Infusion drugs when obtained through your Part D benefit. For Long-term care, you'll get a 31-day supply and pay the standard cost-share.

Drug Tier	30-day supply Retail	90-day supply Retail	30-day supply Mail Order	90-day supply Mail Order
Tier 1 Preferred Generic	$0	$0	Not Covered	$0
Tier 2 Generic	$10	$30	Not Covered	$30
Tier 3 Preferred Brand	$47	$141	Not Covered	$141
Tier 4 Non-Preferred Brand	$100	$300	Not Covered	$300
Tier 5 Specialty	33% coinsurance	Not Covered	33% coinsurance	Not Covered
Tier 6 Select Care Drugs	$0	$0	Not Covered	$0

Plan Details	Your Costs for In-Network Care
Stage 3: Coverage Gap We offer some coverage in this stage. The coverage gap lasts until your out-of-pocket drug costs reach **$7,050.**	
Generic Drugs	You pay **25%** of the plan's cost
Brand Drugs	You pay **25%** of the plan's cost
Select Care Drugs (Tier 6)	**$0**
Stage 4: Catastrophic Coverage You pay a small cost-share for each drug after your yearly out-of-pocket drug costs reach **$7,050**.	
Generic Drugs	You pay the **greater of 5%** of the cost of the drug **or $3.95**
Brand Drugs	You pay the **greater of 5%** of the cost of the drug **or $9.85**
Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access the Evidence of Coverage online.	

Plan Details	Your Costs for In-Network Care
Equipment, Prosthetics, and Supplies	
(Prior Authorization rules may apply)	
Diabetic Supplies	**$0-20% coinsurance** We have partnered with Abbott for members to receive diabetic testing supplies, such as blood glucose test strips and glucometers. We also cover the Dexcom G6 Continuous Glucose Monitoring (CGM) System for members who meet the Medicare coverage criteria and have a Prior Authorization approved beforehand.
Durable Medical Equipment	**20% coinsurance**
Prosthetics	**20% coinsurance**
Other Medicare-Covered Benefits	
(Prior Authorization rules may apply)	
Medicare-Covered Chiropractic Visits	**$20** per visit
Medicare-Covered Podiatry	**$35** per visit
Medicare-Covered Acupuncture	**$30** per visit up to 20 visits
Telehealth Services	You can receive primary care and certain specialist visits via a virtual visit for the same cost as an in-person visit.

Plan Details	Your Costs for In-Network Care
More Supplemental Benefits - Your "ApexExtras"	
Fitness	**$0** for a single-center gym membership
Over-the-Counter items (OTC)	There is a quarterly **$30 allowance** for Medicare-eligible OTC drugs and health-related items. This amount rolls over to the next quarter if unused. Remaining allowance must be used by December 31, 2022. Amount does not roll over after the end of the contract year. NationsOTC will manage your OTC benefit. See the OTC Catalog for a list of eligible items.
Erectile Dysfunction Coverage (Generic Viagra)	**$0** for up to six (6) tablets per month *(Reference Tier 1 outpatient prescription drug coverage above for more details)*
Chiropractic/Acupuncture/ Therapeutic Massage	**$30** per visit This is a bundled benefit for up to 20 total visits per year.
Routine Foot Care	**$20** per visit for up to 8 visits per year
The added benefits of dental, vision, and hearing are explained in their sections above.	

ApexHealth is a Medicare Advantage HMO with a Medicare contract. Enrollment in ApexHealth depends on contract renewal.

This information is not a complete description of benefits. For more information, please call our Concierge Services team toll-free at 1-844-279-0508, TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. local time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. local time.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. You can find our plan's Evidence of Coverage, Formulary, Provider and Pharmacy Directories on our website at www.**apex**health.com or you can contact ApexHealth to request a copy be mailed to you by calling our Concierge Services team. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat ApexHealth members, except in emergency situations. Please call our Concierge Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

96 Kercheval Avenue, Suite 200
Grosse Pointe Farms, MI 48236

1-844-279-0508 (TTY: 711)
www.**apex**health.com

2022 Summary of Benefits

ApexEnrich (HMO)
H9828 Plan 002

H9828_2202SB_M

apexhealth

Welcome to a

you ~~new~~ kind of Medicare

This is a summary of the drug and healthcare services covered by Apex Health, Inc. (ApexHealth) from January 1, 2022 through December 31, 2022. You can use this Summary of Benefits to learn more about our ApexEnrich (HMO) plan (H9828-002). The benefit information provided does not list every service that we cover, nor does it list every limitation or exclusion. The Evidence of Coverage can provide you with a complete list of the services and benefits that we cover, including limitations and exclusions. The Evidence of Coverage is available on our website or you may call us to request a copy.

ApexEnrich (HMO) is an HMO plan. This is a Medicare Advantage plan that covers prescription drugs. To join ApexEnrich (HMO), you must be entitled to Medicare Part A, enrolled in Medicare Part B, and live in our service area.

Our service area for ApexEnrich (HMO) H9828-002 includes these counties in North Carolina:
Cabarrus, Gaston, Iredell, Mecklenburg, Polk, Stanly, Stokes, Wilkes, and Yadkin

Like all Medicare health plans, ApexEnrich (HMO) covers everything that Original Medicare covers, and offers additional supplemental benefits ("ApexExtras"). ApexHealth has a network of doctors, hospitals, pharmacies, and other providers. Except for in emergency situations, if you use providers that are not in network, we may not pay for these services.

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1-844-279-0508 (TTY 711)
October 1 to March 31: 7 days a week from 8 a.m. - 8 p.m. local time
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www.**apex**health.com

You have choices about how to get your Medicare benefits. Compare our plan to Original Medicare:

To learn more about the coverage and costs of Original Medicare, look in your "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048

Definitions to know:

Coinsurance: An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

Copayment (or "copay"): An amount you may be required to pay as your share of the cost for a medical service or a prescription drug. A copayment is a set dollar amount, rather than a percentage.

Primary Care Physician (PCP): Your PCP is the doctor or other provider you see first for most health problems. When you enroll, we'll ask who your PCP is. If you don't tell us, we'll assign one to you. You can always change the PCP by calling us. ApexEnrich (HMO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior authorization: Some in-network medical services and drugs are covered only if your doctor or other network provider gets approval in advance from our plan. Benefits that may require a prior authorization will say "Prior Authorization rules may apply" in the benefit grid below.

You can find more details on each benefit listed below in the Evidence of Coverage.

Plan Details	Your Costs for In-Network Care
Monthly Premium, Deductible, and Maximum Out-of-Pocket Limit	
Monthly Plan Premium	**$40**
	You must continue to pay your Medicare Part B premium
Plan Deductible	**$0**
Maximum Out-of-Pocket Responsibility (Does not include prescription drugs)	**$4,900**
	The most you pay for copayments, coinsurance, and other costs for medical services for the year. Once you reach the maximum out-of-pocket, we pay 100% of covered medical services. Your premium and prescription drugs don't count toward the maximum out-of-pocket.

Plan Details	Your Costs for In-Network Care
Inpatient Hospital and Outpatient Hospital Care	
(Prior Authorization rules may apply)	
Inpatient Hospital Care	**$335** per day for days 1-6
	$0 per day for days 7 -90
Outpatient Hospital Observation Services	**$275** per stay
Outpatient Hospital Services	You pay **$30-$335** for Medicare-covered Hospital Services
	The lower cost-share applies for specialist visits performed in an outpatient hospital setting. The highest cost-share applies to surgery.
Ambulatory Surgical Center	**$245** copayment
Doctor Visits	
Primary Care Physician (PCP) Office Visits	**$0**
Specialist Office Visits	**$30** per visit
Annual Physical Exam	**$0**
Preventive Care Services (Medicare-covered screenings)	**$0**
	Any preventive services approved by Medicare during the contract year will be covered. There are some items not covered at a $0 cost.

Plan Details	Your Costs for In-Network Care
Emergency and Urgently Needed Care	
Emergency Care in the United States	**$90** per visit (Copayment is waived if admitted to the hospital within 24 hours)
Urgently Needed Care in the United States	**$35** per visit (Copayment is waived if admitted to the hospital within 24 hours)
Worldwide Emergency Coverage	**$90** per visit Copayment is **not** waived if admitted to the hospital
	$50,000 maximum benefit for worldwide emergency care
Diagnostic Services, Labs, and Imaging	
(Prior Authorization rules may apply)	
Diagnostic Radiology (e.g., CT and MRI)	**20%** coinsurance
Lab Services	**$5** copayment
Diagnostic Tests & Procedures	**$5** copayment
Outpatient X-Rays	**$20** copayment

Plan Details	Your Costs for In-Network Care
Hearing Services	
Routine Hearing Exam	**$0** We cover 1 exam every year. All appointments must be scheduled through NationsHearing
Fitting and Evaluation for Hearing Aids	**$0** We cover 1 every year. All appointments must be scheduled through NationsHearing
Hearing Aids	We pay up to **$1,350 for both ears combined, every year.** You are responsible for any costs over this amount
	NationsHearing® will manage your hearing aids benefit. All hearing aids must be purchased through NationsHearing
Dental Services	
Preventive Dental Oral Exam Fluoride Treatment Cleaning X-Rays	**$0** We cover 1 visit every 6 months We cover 1 treatment every year We cover 2 visits every year We cover 1 visit every year
Comprehensive Dental	**$2,000** allowance for comprehensive dental (e.g., Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery).
	Prior Authorization rules may apply
Vision Services	
Routine Eye Exams	**$0** We cover 1 exam every year
Contacts and Eyeglasses	We reimburse you up to **$200** every year

Plan Details	Your Costs for In-Network Care
Mental Health Services	
(Prior Authorization rules may apply)	
Inpatient Psychiatric Stay	**$595** per day, days 1-3;
	$0 per day, days 4-90
Outpatient Mental Health Therapy (individual or group)	**$30** per visit
Outpatient Psychiatric Therapy (individual or group)	**$30** per visit
Skilled Nursing	
(Prior Authorization rules may apply)	
Skilled Nursing Facility (SNF)	**$0** per day, days 1–20;
	$188 per day, days 21-100 We cover up to 100 days per benefit period
Therapies	
(Prior Authorization rules may apply)	
Physical, Occupational, and Speech Therapy	**$30** per visit
Ambulance and Routine Transportation	
(Prior Authorization rules may apply for non-emergency use of ambulance services per one-way trip and air ambulance per one-way trip)	
Ground Ambulance	**$290** per one-way trip
Air Ambulance	**20% coinsurance** per one-way trip
Non-Emergency Transport	**Not a covered benefit**

Plan Details	Your Costs for In-Network Care
Medicare Part B Drugs	
(Prior Authorization rules may apply)	
Chemotherapy and other Medicare Part B drugs	**20% coinsurance**
Outpatient Prescription Drugs	
Your costs may be lower if you qualify for Extra Help. Prior Authorization rules may apply	
Stage 1: Deductible You pay the full cost of drugs until you reach your deductible.	**$0** This plan doesn't have a deductible, so your coverage begins at Stage 2.

Stage 2: Initial Coverage

You pay the costs below until your total drug costs reach **$4,430.** You pay the copayment listed below or the cost of the drug, whichever is lower. These cost shares may also apply to Home Infusion drugs when obtained through your Part D benefit. For Long-term care, you'll get a 31-day supply and pay the standard cost-share.

Drug Tier	30-day supply Retail	90-day supply Retail	30-day supply Mail Order	90-day supply Mail Order
Tier 1 Preferred Generic	$0	$0	Not Covered	$0
Tier 2 Generic	$8	$24	Not Covered	$24
Tier 3 Preferred Brand	$40	$120	Not Covered	$120
Tier 4 Non-Preferred Brand	$95	$285	Not Covered	$285
Tier 5 Specialty	33% coinsurance	Not Covered	33% coinsurance	Not Covered
Tier 6 Select Care Drugs	$0	$0	Not Covered	$0

Plan Details	Your Costs for In-Network Care
Stage 3: Coverage Gap We offer some coverage in this stage. The coverage gap lasts until your out-of-pocket drug costs reach **$7,050.**	
Generic Drugs	You pay **25%** of the plan's cost
Brand Drugs	You pay **25%** of the plan's cost
Select Care Drugs (Tier 6)	**$0**
Stage 4: Catastrophic Coverage You pay a small cost-share for each drug after your yearly out-of-pocket drug costs reach **$7,050**.	
Generic Drugs	You pay the **greater of 5%** of the cost of the drug **or $3.95**
Brand Drugs	You pay the **greater of 5%** of the cost of the drug **or $9.85**
Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access the Evidence of Coverage online.	

Plan Details	Your Costs for In-Network Care
Equipment, Prosthetics, and Supplies	
(Prior Authorization rules may apply)	
Diabetic Supplies	**$0-20% coinsurance** We have partnered with Abbott for members to receive diabetic testing supplies, such as blood glucose test strips and glucometers. We also cover the Dexcom G6 Continuous Glucose Monitoring (CGM) System for members who meet the Medicare coverage criteria and have a Prior Authorization approved beforehand.
Durable Medical Equipment	**20% coinsurance**
Prosthetics	**20% coinsurance**
Other Medicare-Covered Benefits	
(Prior Authorization rules may apply)	
Medicare-Covered Chiropractic Visits	**$20** per visit
Medicare-Covered Podiatry	**$30** per visit
Medicare-Covered Acupuncture	**$30** per visit up to 20 visits
Telehealth Services	You can receive primary care and certain specialist visits via a virtual visit for the same cost as an in-person visit.

Plan Details	Your Costs for In-Network Care
More Supplemental Benefits - Your "ApexExtras"	
Fitness	**$0** for a single-center gym membership
Over-the-Counter items (OTC)	There is a quarterly **$50 allowance** for Medicare-eligible OTC drugs and health-related items. This amount rolls over to the next quarter if unused. Remaining allowance must be used by December 31, 2022. Amount does not roll over after the end of the contract year. NationsOTC will manage your OTC benefit. See the OTC Catalog for a list of eligible items.
Erectile Dysfunction Coverage (Generic Viagra)	**$0** for up to six (6) tablets per month *(Reference Tier 1 outpatient prescription drug coverage above for more details)*
Chiropractic/Acupuncture/ Therapeutic Massage	**$30** per visit This is a bundled benefit for up to 20 total visits per year.
Routine Foot Care	**$20** per visit for up to 8 visits per year
The added benefits of dental, vision, and hearing are explained in their sections above.	

ApexHealth is a Medicare Advantage HMO plan with a Medicare contract.
Enrollment in ApexHealth depends on contract renewal.

This information is not a complete description of benefits. For more information, please call our Concierge Services team toll-free at 1-844-279-0508, TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. local time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. local time.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. You can find our plan's Evidence of Coverage, Formulary, Provider and Pharmacy Directories on our website at www.**apex**health.com or you can contact ApexHealth to request a copy be mailed to you by calling our Concierge Services team. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. Out-of-network/ non-contracted providers are under no obligation to treat ApexHealth members, except in emergency situations. Please call our Concierge Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

96 Kercheval Avenue, Suite 200
Grosse Pointe Farms, MI 48236

1-844-279-0508 (TTY: 711)
www.**apex**health.com

2022 Enrollment Form
ApexBold (HMO) & ApexEnrich (HMO)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfullypresent in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan,you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (forcoverage starting January1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed tojoin or switch plans

Visit Medicare.gov to learn more about when youcan sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on yourred, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't bedenied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the planmust get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security(or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

ApexHealth
96 Kercheval Ave. Suite 200
Grosse Pointe Farms, MI 48236

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call ApexHealth at 844-279-0508. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE(1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a ApexHealth al 844-279-0508 TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia enespañol y un representante estará disponible paraasistirle.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

OMB No. 0938-1378 Expires:7/31/2023
H9828_220102EnrlForm_C CMS Approved 09/17/2021

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join: Check below to enroll in an ApexHealth HMO plan.

☐ ApexBold (HMO) - $0 per month

☐ ApexEnrich (HMO) – $40 per month

First name:	Last name:	Middle Initial:
Birth date: (MM/DD/YYYY)	Sex: ☐ Male ☐ Female	Phone number:
Permanent Residence Street Address (Don't enter a PO Box):		

City	County (Optional)	State	ZIP Code
Mailing Address, if different from your Permanent Address (PO Box allowed):			
City	County (Optional)	State	ZIP Code

Your Medicare information:

Medicare Number:	___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to ApexHealth?

☐ Yes ☐ No

Name of other coverage:	Member number for this coverage:	Group number for this coverage:

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in ApexHealth.
- By joining this Medicare Advantage Plan, I acknowledge that ApexHealth will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my ApexHealth coverage begins, I must get all of my medical and prescription drug benefits from ApexHealth. Benefits and services provided by ApexHealth and contained in my ApexHealth "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor ApexHealth will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1) This person is authorized under State law to complete this enrollment, and
  2) Documentation of this authority is available upon request by Medicare.

Signature:	**Today's date:**

If you're the authorized representative, sign above and fill out these fields:	
Name:	Address:
Phone number:	Relationship to enrollee:

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select below if you want us to send you information in a language other than English.

☐ Other: _____

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large print ☐ Audio CD

Please contact ApexHealth at 1-844-279-0508 if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m.-8 p.m. local time, 7 days a week from October 1st through March 31st, and 8 a.m.-8 p.m. local time, Monday-Friday from April 1st through September 30th. TTY users can call 711.

Do you work? ☐Yes ☐No Does your spouse work? ☐Yes ☐No

Please choose a Primary Care Physician (PCP). Please verify that your PCP is a contracted provider with the ApexHealth plan that you're choosing.

Name of PCP: _____ City: _____

Are you a current patient of this doctor? ☐Yes ☐No

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or online each month. **You can also choose to pay your premium by having it automatically taken out ofyour Social Security or Railroad Retirement Board (RRB) benefit each month.**

Please select a premium payment option:

☐Get a bill each month. You may choose from the following payment methods:

Pay online: To learn how to pay your premium online, go to www.apexhealth.com

Pay by mail: Mail your check, cashier's check or money order by following instructions on your payment coupon.

☐Automatic deduction from your monthly Social Security benefit check

☐Automatic deduction from your monthly Railroad Retirement Board benefit check

(The Social Security/Railroad Retirement Board deduction may take two or more months to begin after Social Security or Railroad Retirement Board approves the deduction. In most cases, if Social Security or Railroad Retirement Board accepts your request for automatic deduction, the first deduction from your Social Security or Railroad Retirement Board benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amountis usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay ApexHealth the Part D-IRMAA.

Privacy Act Statement
The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

For Agent/Office Use Only (Applicants do not need to complete this section)

Name of Agent/Broker: _____
(Please Print Name) *First Name* *Last Name*

Enrolling Agent/Broker Signature: _____

NPN: _____ **Phone Number:** _____

Date: _____ **Effective Date of Coverage:** _____

Attestation of Eligibility for an Enrollment Period

Typically you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect,you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during theMedicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved andthis plan is a new option for me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. Ireturned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insertdate) _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage(newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.

☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) orI get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.

☐ I recently left a PACE program on (insert date) _____.

☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.

☐ I am leaving employer or union coverage on (insert date) _____.

☐ I belong to a pharmacy assistance program provided by my state.

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.
My enrollment in that plan started on (insert date)_____.

☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.

☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact ApexHealth at 1-844-279-0508 (TTY users should call 711) to see if you are eligible to enroll.We are open 8 a.m. to 8 p.m., local time, seven days a week from October 1 through March 31 with the exception of Thanksgiving and Christmas, and 8 a.m. to 8 p.m., local time, Monday through Friday from April 1 through September 30. A voice mailbox will be available on federal holidays and weekends between April 1 through September 30. Our online portals are available 24 hours a day, seven days a week for self-service option

Important Information:

2022 Medicare Star Ratings

ApexHealth - H9828

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

For 2022, ApexHealth - H9828 received the following Star Ratings from Medicare:

Overall Star Rating:	Plan too new to be measured
Health Services Rating:	Plan too new to be measured
Drug Services Rating:	Plan too new to be measured

**Some plans do not have enough data to rate performance*

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Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important:

Medicare rates plans on their health and drug services

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at medicare.gov/plan-compare.

Questions about this plan?

Contact ApexHealth 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 844-279-0508 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 844-279-0508 (toll-free) or 711 (TTY).

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative. Agents must be licensed, contracted, and certified, where applicable, to sell the plans listed below.

Medicare Advantage Plans (Part C)

Please initial the box below to discuss our product with an agent.

☐ **Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

By signing this form, you are agreeing to meet with a sales agent to discuss the type of product you initialed above. Please note, the person who will discuss the product is either employed or contracted by a Medicare Advantage plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

You are not obligated to enroll in a plan. Current or future Medicare enrollment status will not be affected, and you will not be automatically enrolled in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date

Name (please print): Signature: Date:

If you are the Authorized Representative, Please Sign Above and Print Below

Representative Name: Your Relationship to the Beneficiary:

To be Completed by Agent:

Agent Name: Agent NPN#: Agent Phone:

Beneficiary Address: Beneficiary Phone:

Initial Method of Contact: (Indicate here if beneficiary was a walk-in)

Agent Signature:

Plan(s) the agent represented during this meeting/event: Date Appointment Completed:

Scope of Appointment (SOA) is subject to Medicare Record Retention Requirements

[For Plan Use Only]

Agent, if the form was signed by the beneficiary at the time of appointment, provide explanation why SOA was not documented prior to meeting:

ApexHealth is a Medicare Advantage HMO with a Medicare contract. Enrollment in ApexHealth depends on contract renewal.

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