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.

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