

2023 Summary of Benefits

ApexBold (HMO)

H9828 Plan 001

Changes to the
2023
Summary of Benefits

This is important information.

The Summary of Benefits provides information about the drug and healthcare services covered by ApexHealth. This notice is to let you know there were errors in the Summary of Benefits. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct Summary of Benefits can be found on our website at www.apexhealth.com.

In the Summary of Benefits, we stated Medicare Part B Drugs, including Chemotherapy and other Medicare Part B drugs are subject to a 20% coinsurance for in-network care.

Beginning April 1, 2023, your cost sharing for a Part B rebatable drug may be less than 20% coinsurance. This happens when the price of the drug outpaces the rate of inflation.

The Summary of Benefits does not contain benefit and cost-sharing information for Part B insulin.

Beginning July 1, 2023, ApexHealth covers Part B insulin at or below the original Medicare copayment cap of \$35 for a one month's supply of insulin. You will not have to pay a deductible to receive insulin at this price.

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, 2023 through December 31, 2023. 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.apexhealth.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) | \$5,500 |
| | The most you pay for copayments, coinsurance, and other costs for covered Part A and Part B services for the year. Once you reach the maximum out-of-pocket, we pay 100% of covered Part A and Part B 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 | |
| <i>(Prior Authorization rules may apply)</i> | |
| 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 23 hours) |
| Urgently Needed Care in the United States | \$35 per visit (Copayment is waived if admitted to the hospital within 23 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 | |
| <i>(Prior Authorization rules may apply)</i> | |
| 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 | <p>\$0</p> <p>We cover 1 exam every year. All appointments must be scheduled through NationsHearing</p> |
| Fitting and Evaluation for Hearing Aids | <p>\$0</p> <p>We cover 1 every year.</p> |
| Hearing Aids | <p>We pay up to \$1,350 for both ears combined, every year. You are responsible for any costs over this amount</p> |
| | <p>NationsHearing will manage your hearing benefit. All hearing aids must be purchased through NationsHearing.</p> |
| Dental Services | |
| <p>Preventive Dental</p> <p>Oral Exam</p> <p>Fluoride Treatment</p> <p>Cleaning</p> <p>X-Rays</p> | <p>\$0</p> <p>We cover 1 visit every 6 months</p> <p>We cover 1 treatment every year</p> <p>We cover 2 visits every year</p> <p>We cover 1 visit every year</p> |
| Comprehensive Dental | <p>\$1,500 allowance for comprehensive dental (e.g., Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery).</p> |
| <p>All dental appointments must be scheduled through Liberty Dental. <i>Prior Authorization rules may apply.</i></p> | |
| Vision Services | |
| Routine Eye Exams | <p>\$0</p> <p>We cover 1 exam every year</p> |
| Contacts and Eyeglasses | <p>We pay up to \$150 for contacts and eyeglasses, every year</p> |

| Plan Details | Your Costs for In-Network Care |
|--|--|
| Mental Health Services | |
| <i>(Prior Authorization rules may apply)</i> | |
| 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 | |
| <i>(Prior Authorization rules may apply)</i> | |
| Skilled Nursing Facility (SNF) | \$0 per day, days 1-20; \$196 per day, days 21-100 We cover up to 100 days per benefit period |
| Therapies | |
| <i>(Prior Authorization rules may apply)</i> | |
| Physical, Occupational, and Speech Therapy | \$35 per visit |
| Ambulance and Routine Transportation | |
| <i>(Prior Authorization rules may apply for non-emergency use of ambulance services per one-way trip and air ambulance per one-way trip)</i> | |
| Ground Ambulance | \$290 per one-way trip |
| Air Ambulance | 20% coinsurance per one-way trip |
| Non-Emergency Transport | Unlimited one-way trips through a rideshare or taxi service is available through our Apex PayFlex pre-paid debit card, up to \$240 annually, for transportation services to/from any health location. The transportation benefit on your Apex PayFlex card is a combined allowance with other qualifying services. See "Apex PayFlex Card" below for more details. |

| Plan Details | | Your Costs for In-Network Care | | |
|---|-------------------------|---|-----------------------------|--------------------------------|
| Medicare Part B Drugs | | | | |
| <i>(Prior Authorization rules may apply)</i> | | | | |
| Chemotherapy and other Medicare Part B drugs | | 20% coinsurance | | |
| Outpatient Prescription Drugs | | | | |
| <i>Your costs may be lower if you qualify for Extra Help. Prior Authorization rules may apply</i> | | | | |
| 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: Initial Coverage . | | |
| Stage 2: Initial Coverage You pay the costs below until your total drug costs reach \$4,660 . 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 | \$45 | \$135 | Not Covered | \$135 |
| 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 |
|---|---|
| <p>Stage 3: Coverage Gap We offer some coverage in this stage. The coverage gap lasts until your out-of-pocket drug costs reach \$7,400</p> | |
| <p>Generic Drugs</p> | <p>You pay 25% of the plan's cost</p> |
| <p>Brand Drugs</p> | <p>You pay 25% of the plan's cost</p> |
| <p>Select Care Drugs (Tier 6)</p> | <p>\$0</p> |
| <p>Stage 4: Catastrophic Coverage You pay a small cost-share for each drug after your yearly out-of-pocket drug costs reach \$7,400.</p> | |
| <p>Generic Drugs</p> | <p>You pay the greater of 5% of the cost of the drug or \$4.15</p> |
| <p>Brand Drugs</p> | <p>You pay the greater of 5% of the cost of the drug or \$10.35</p> |
| <p><i>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.</i></p> <p><i>Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Concierge Services for more information.</i></p> <p><i>Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.</i></p> | |

| Plan Details | Your Costs for In-Network Care |
|--|--|
| Equipment, Prosthetics, and Supplies | |
| <i>(Prior Authorization rules may apply)</i> | |
| Diabetic Supplies | <p>\$0-20% coinsurance</p> <p>Abbott is our exclusive provider of diabetic testing supplies, such as blood glucose test strips and glucometers. Check the Evidence of Coverage for more details.</p> <p>We also cover the Dexcom G6 Continuous Glucose Monitoring (CGM) System for members who meet the Medicare coverage criteria and have received prior authorization.</p> |
| Durable Medical Equipment | 20% coinsurance |
| Prosthetics | 20% coinsurance |
| Other Medicare-Covered Benefits | |
| <i>(Prior Authorization rules may apply)</i> | |
| 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" | |
| Apex PayFlex Card | <p>\$240 for eligible expenses</p> <p>You receive an ApexHealth PayFlex pre-paid debit card that is good for up to \$240 for eligible expenses. Eligible expenses include transportation services to/from any health location and out-of-pocket expenses that exceed what we cover for your vision and dental benefits.</p> |
| Fitness | <p>\$0 for a single-center gym membership. We also offer your choice of one Home Fitness Kit per benefit year.</p> <p>Silver&Fit will manage your fitness benefit. Visit the Silver&Fit website at www.silverandfit.com to register, select a participating fitness center, and/or choose their Home Fitness Kit.</p> |
| Over-the-Counter items (OTC) | <p>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, 2023. Amount does not roll over after the end of the contract year.</p> <p>NationsOTC will manage your OTC benefit. See the OTC Catalog for a list of eligible items.</p> |
| Erectile Dysfunction Coverage (Generic Viagra) | <p>\$0 for up to six (6) tablets per month and seventy-two (72) tablets per year</p> <p><i>(Reference Tier 1 outpatient prescription drug coverage above for more details)</i></p> |
| Chiropractic/Acupuncture/Therapeutic Massage | <p>\$30 per visit</p> <p>This is a bundled benefit for up to 20 total visits per year.</p> |
| Routine Foot Care | <p>\$20 per visit for up to 8 visits per year</p> |

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, 2024.
- 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.

How to Enroll

Ready to take the next step and enroll with ApexHealth? You can submit an enrollment application in one of the following ways:



Work directly with a licensed agent certified to sell ApexHealth plans.

Your agent can help you complete and submit your enrollment application over the phone or in person.



Call us to enroll over the phone.

Our team of licensed representatives are here to help! We'd love to hear from you. Give us a call at 1-844-279-0508 (TTY 711).



Mail a completed paper enrollment form back to us.

Fill out the Enrollment Form we sent you.
Place it in the pre-paid envelope.
Mail it back to us! It's that simple.



Enroll online at www.apexhealth.com.

Compare your plan options and enroll with ApexHealth with just a few clicks.

ApexHealth is a Medicare Advantage HMO with a Medicare contract. Enrollment in ApexHealth depends on contract renewal. Other providers are available in our network.

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.apexhealth.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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-279-0508. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-279-0508. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-279-0508。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-279-0508。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-279-0508. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-279-0508. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-279-0508. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-279-0508. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-279-0508. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-279-0508. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-279-0508. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-279-0508. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-279-0508. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-279-0508. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-279-0508. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-279-0508. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-279-0508. にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



96 Kercheval Avenue, Suite 200 | 1-844-279-0508 (TTY: 711)
Grosse Pointe Farms, MI 48236 | www.apexhealth.com

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