



# **2024 Summary of Benefits**

## **Fenyx Health Group MSA**

H6130 Plans 801, 803 and 807 (Standard Plans)

For more information, or for this document in another language or format, please visit [www.fenyxhealth.com](http://www.fenyxhealth.com), email [hello@fenyxhealth.com](mailto:hello@fenyxhealth.com) or call 1-800-350-6626 (TTY: 711) 9AM - 6PM Eastern time Monday through Friday excluding Federal holidays.

Fenyx Health Group MSA is an MSA plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

# Benefits and Cost Sharing of Fenyx Health Group MSA

<input type="checkbox"/> Fenyx Health Group MSA 50	<input type="checkbox"/> Fenyx Health Group MSA 100	<input type="checkbox"/> Fenyx Health Group MSA 200
<b>\$0</b> Monthly Plan Premium	<b>\$0</b> Monthly Plan Premium	<b>\$0</b> Monthly Plan Premium
<b>\$600</b> Deposit	<b>\$1,200</b> Deposit	<b>\$2,400</b> Deposit
<b>\$2,800</b> Deductible	<b>\$4,000</b> Deductible	<b>\$6,000</b> Deductible
Annual A/B services out-of-pocket: (deductible - deposit) <b>\$2,200</b>	Annual A/B services out-of-pocket: (deductible - deposit) <b>\$2,800</b>	Annual A/B services out-of-pocket: (deductible - deposit) <b>\$3,600</b>

- Inpatient Hospital Coverage
- Outpatient Hospital Coverage
- Ambulatory Surgical Center Services
- Doctor Visits (Primary and Specialists)
- Preventive Care
- Emergency Care
- Urgently Needed Services
- Diagnostic Services, Labs and Imaging
- Hearing Services
- Dental Services
- Vision Services
- Mental Health Services
- Skilled Nursing Facility
- Physical Therapy
- Ambulance
- Transportation
- Medicare Part B Drugs

You pay up to 100% of the Medicare-allowed amount for all Medicare-covered services and items obtained from Medicare providers until you meet your deductible.

After you meet your deductible, you pay \$0 for Medicare-covered services and items obtained from Medicare providers.

Prior authorizations and/or physician referrals are not required.

Whether or not you have met your deductible, you are responsible for paying all a) non-Medicare-covered services and items, b) Medicare-covered services and items obtained from providers opting out of Medicare and c) excess charges from providers not participating in and accepting of Medicare rates.

The complete list of services is found in the Evidence of Coverage (EOC). The EOC can be viewed at [www.fenyxhealth.com](http://www.fenyxhealth.com), or requested by emailing [hello@fenyxhealth.com](mailto:hello@fenyxhealth.com) or calling 1-800-350-6626 (TTY: 711) 9AM - 6PM Eastern time Monday through Friday excluding Federal holidays.

The current "Medicare & You" handbook contains Original Medicare coverage and costs. View it online at [www.medicare.gov](http://www.medicare.gov) or obtain a physical copy from 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

# Joining a Fenyx Health Group MSA Plan

To join (enroll in) one of our plans, you must:

- Be Medicare-eligible and enrolled in both Medicare Parts A and B
- Be an eligible beneficiary of the group offering the MSA plans
- Reside in the U.S. for 183 days or more during the calendar year
- Not receive Medicare hospice benefits
- Not be eligible for Medicaid (not dual-eligible)
- Not have other medical coverage that covers the MSA plan deductible, such as TRICARE, Veteran's Affairs (VA), Federal Employee Health Benefit Plan (FEHBP) or benefits under an employer or union group
- Live in our service area (50 states plus D.C.)

Enrollment in Fenyx Health Group MSA includes both (1) establishment of the MSA bank account and (2) enrollment in the medical benefits plan. Your plan enrollment is not complete until both components are successfully established.

Before completing an enrollment form, please review the latest MSA bank account information and disclosures at [www.fenyxhealth.com/msabank](http://www.fenyxhealth.com/msabank). You will be asked in the enrollment form to acknowledge receipt and acceptance of those documents.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## The Basics of an MSA

- An MSA, or Medical Savings Account, is one type of Medicare Advantage (MA) plan.
- MSAs combine a high-deductible health plan covering Medicare Parts A and B with a special, IRS-approved savings bank account.
- MSAs provide a lump-sum of cash from Medicare that's deposited to your special bank account early in your benefit period.
- You decide how to use the funds for your health care. They can be used on any expense, with varied deductible and tax implications.
- You pay less out-of-pocket to reach the plan deductible if you apply the deposited MSA funds toward plan-covered expenses.
- Unspent funds at the end of the year belong to you and roll over to the following year, potentially growing your funds over time.
- MSAs cannot include prescription drug (Part D) coverage, so you can (and should) enroll in a separate Part D plan best fitting your needs.
- MSAs cannot limit to you a network of providers, so you have access to any Medicare provider across the U.S.
- Membership is calendar year based. The deposit and deductible are prorated for partial-year enrollments. You owe a prorated portion of the current year's deposit back to Medicare if you leave the plan, for any reason, before 12/31.
- MSA funds are not taxed at the time of deposit, while accruing in your account or when spent on IRS-deemed Qualified Medical Expenses.

## Spending MSA Funds: Deductible and Tax Implications

	Medicare A/B Expenses	Non-Medicare Qualified Medical Expenses	Non-medical Expenses
Pay with MSA funds?	👍	👍	👍
Count to deductible?	👍 when incurred from Medicare providers	👎	👎
Tax and penalty-free?	👍	👍	👎

Please see IRS Publications 969 and 502 for more information on tax implications.

## The Three Major Components of the MSA Plan Design

### Deductible

The total amount a member must pay for covered items/services before the insurance plan starts to pay.

Many types of insurance plans have deductibles, so this is not unique to just MSAs.

In an MSA, the deductible is the maximum amount a member is required to pay for covered items/services.

### Deposit

The Medicare money placed into the member's MSA bank account early in their benefit period.

The deposit is usually placed within the first week of the effective or start date. Any delay in the deposit does not preclude members from receiving care on their effective date.

MSAs are the only MA plan type that provide a deposit.

The deposit is intended to be applied toward the plan deductible, but the member chooses what to ultimately do with the funds.

### A/B Services Out-of-pocket

The minimum amount of out-of-pocket funds needed to reach the plan deductible. We express it as the Deductible minus the Deposit.

Many plan types require out-of-pocket costs such as premiums, deductibles, copays, coinsurance, etc.

A member pays less out-of-pocket to reach their deductible if they apply their deposit toward plan-covered expenses.