Fenyx Health Group MSA

The Fenyx Health Group MSA (Medical Savings Account), a Medicare Advantage plan, is now offered as a voluntary health benefit to Medicare-eligible beneficiaries by Expedia Group.

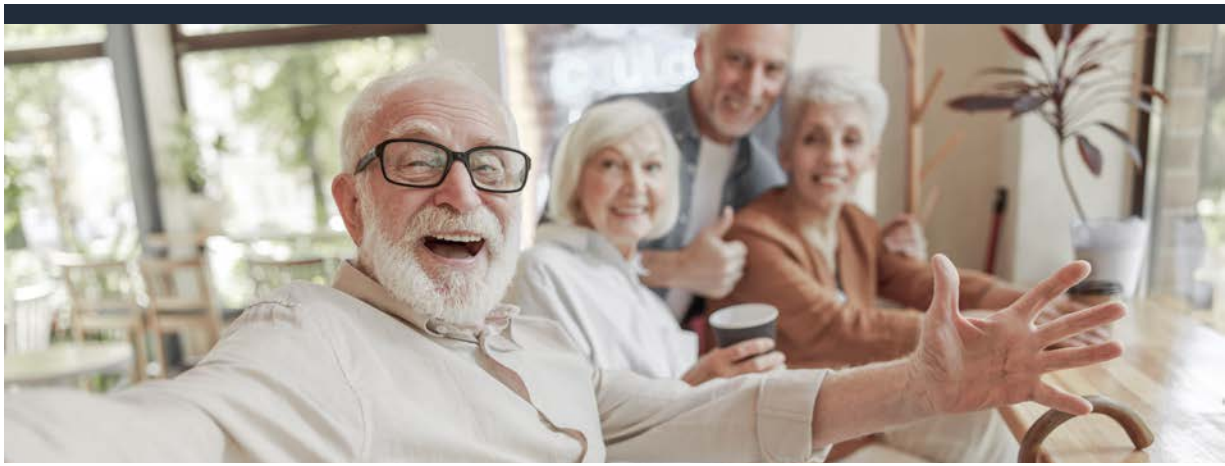
It's health and wealth *you* control.

Fenyx Health

expedia group™

Welcome to Fenyx Health

We are happy to have you here.



Thank you for considering Fenyx Health Group MSA. We hope this short overview helps you see the potential value of becoming a Fenyx Health Group MSA plan member. Our plan offers a wide variety of features and benefits. Many different types of beneficiaries can perform well in an MSA.

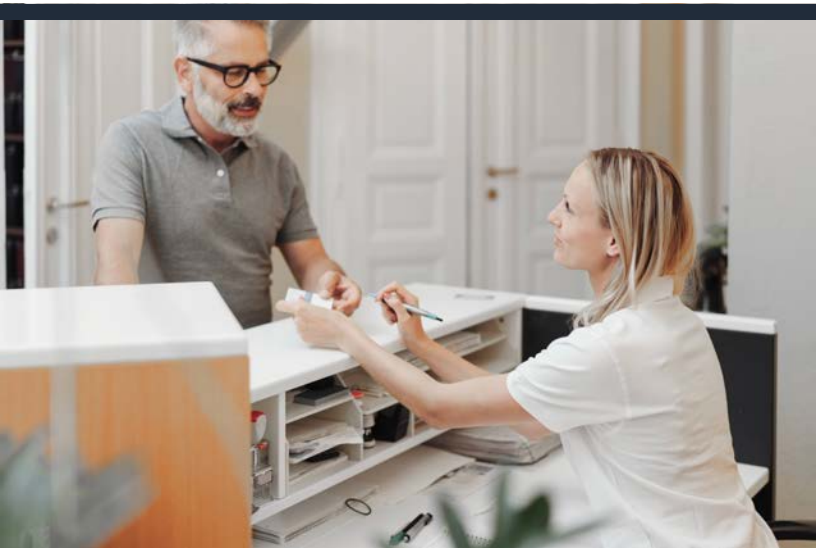
Please contact the Enroll365 team for questions at info@enroll365.org or 855-880-8777.

For assistance at any time, please reach out to us at hello@fenyxhealth.com or (800) 350-6626.

Let's rise together.

An MSA is Simple, Flexible and...

MSAs offer you many benefits.



1. **A type of Medicare Advantage (MA) plan, combining high deductible medical coverage with a special, IRS-approved bank account.**
2. **The only MA plan type giving you your benefit right up front** – a cash payment from Medicare deposited to the special bank account each plan year.
3. **Allows you the choice of how to spend, save or invest the annual cash deposit.**
4. **An annual deposit that can grow over time,** as unspent deposit funds remaining at year-end belong to you and roll over for future use.
5. **Covers Medicare Parts A and B services/items.** You pay 100% of covered expenses up to your deductible. After reaching the deductible, the plan pays 100% of any additional covered expenses you incur.
6. **Is $0 premium by law.**
7. **Does not require prior authorizations or referrals.**
8. **Provides nationwide access to any Medicare-participating and accepting providers,** as law prohibits MSAs from restricting access to a particular network.
9. **Allows you to choose a standalone prescription drug plan (PDP) that best fits your needs,** as law prohibits MSAs from including prescription drug benefits.
10. **Not taxed or penalized when the funds are used for IRS-deemed Qualified Medical Expenses (QMEs).**

MSAs Operate Simply

MSAs are different, but not complex.

1. Fenyx Health deposits the annual benefit into your MSA bank account
2. You decide how to spend, save or invest the money
3. You enjoy more time to pay and extra savings when paying for plan costs under the deductible*
4. Fenyx Health pays any additional covered costs after you reach your deductible
5. You keep any deposit money remaining at the year-end for future use

*and providers receive payment quickly and directly from our financial support program.

The Three Key Plan Components

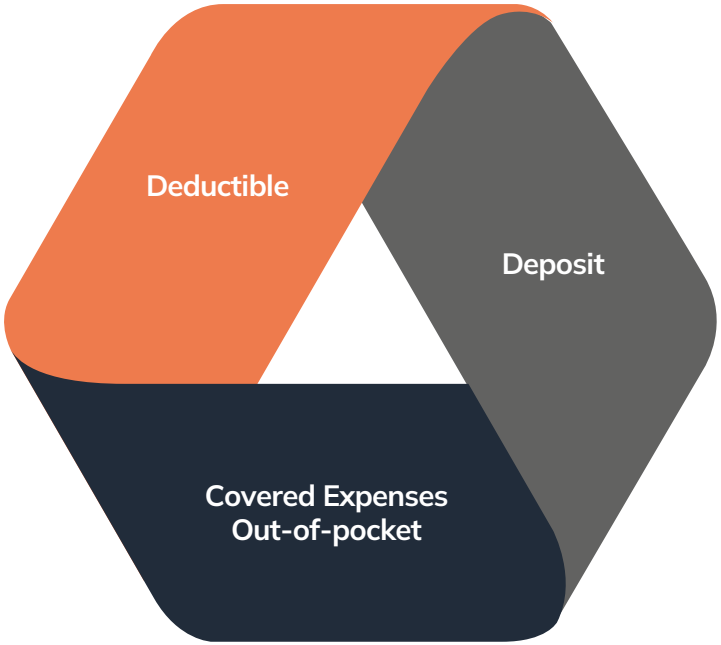
Your out-of-pocket amount is impacted by how you apply the deposit funds.

1. Deductible

The total amount you 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 you pay for covered items/services.



2. Deposit

The Medicare money placed into your MSA bank account early in your effective period.

The deposit may not be placed by or on your first day of coverage, due to banking hours/holidays and/or delays from Medicare. Even if the deposit is not yet placed, you can obtain care as a plan member as of your 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 you choose what to do with the funds.

3. Covered Expenses (or Plan-Covered or Medicare A/B Expenses) Out-of-Pocket

Deductible minus deposit. It's the minimum amount of out-of-pocket funds needed to reach the plan deductible.

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

You pay less out-of-pocket to reach your deductible if you apply your deposit toward covered expenses.

Fenyx Health Group MSA Plans

You choose the best deposit/deductible combination for you.

	Fenyx Health Group MSA 50	Fenyx Health Group MSA 100	Fenyx Health Group MSA 200
Monthly premium	$0	$0	$0
Annual deposit	$600	$1,200	$2,400
Annual deductible	$2,800	$4,000	$6,000
Annual covered services out-of-pocket	$2,200	$2,800	$3,600

2024 and 2025 full-year amounts are shown; amounts for partial-year enrollments are prorated – see page 21 for further information.

Plan Payment Liability and Deductible

We pay 100% of Medicare A/B costs after you reach your deductible.

Our MSA plans cover Medicare A/B costs incurred from Medicare providers.

The following do not count toward the deductible and are always your responsibility to pay:

- Any costs (plan-covered or otherwise) charged by providers who have opted out of Medicare.
- Expenses outside of Medicare A/B items and services (e.g., other medical costs and non-medical costs).
- Any excess charges from Medicare non-participating providers; some states allow these providers to bill extra charges up to a set maximum amount also known as a limiting charge (a practice called “balance billing”).

Types of Expenses

MSA funds can be used on any expense, with varying deductible and tax impacts.

	Medicare A/B	Other Medical Costs	Non-medical
Considered an IRS Qualified Medical Expense (QME)?	Yes	Many are, but confirm with IRS	No
Pay with MSA funds, in full or in part?	Yes	Yes	Yes
Pay with own funds, in full or in part?	Yes	Yes	Yes
Count toward deductible?	Yes, if incurred from providers not opting out of Medicare	No	No
If MSA funds are spent, are they tax and penalty-free?	Yes	Yes, if cost is an IRS Qualified Medical Expense (QME)	No
Examples	• Inpatient hospital care • Skilled nursing facility care • Hospice • Lab tests • Home health care • Doctor office visits and other provider services • Durable medical equipment • Preventive services and more. See all at Medicare.gov/coverage	• Long-term care • Routine dental cleaning and dentures • Routine eye exams, eyeglasses and contact lenses • Hearing aids and fitting exams • Routine foot care • Prescription and over-the-counter drugs and more. See all at irs.gov/publications/p502 and irs.gov/publications/p969	• Food and groceries • Rent or home payments • Health club dues • Clothing • Electronics and more. This category also includes paying the Medicare A/B or Other Medical Costs for another person, such as a spouse or dependent, with your MSA funds.

Other Benefit Coverage

MSA funds can pay for some ancillary benefit plan costs tax- and penalty-free.

MSA plans are prohibited by law from including prescription drug coverage, so you should obtain a standalone Prescription Drug Plan (PDP) that best fits your needs.

The MSA funds can be used to pay for the PDP copays, coinsurance and deductibles tax- and penalty-free, however, these costs do not accumulate to the MSA plan deductible.

While you cannot have, obtain or use other insurance covering the same Medicare services as in the MSA plan, you can have, obtain and use ancillary policies for non-covered services like dental, vision and more.

The MSA funds can pay some of those plan costs tax- and penalty-free, however these costs do not accumulate to the MSA plan deductible.

	MSA funds can pay the ancillary plan:
Long-term Care	**Premium, copays, coinsurance and deductible**
Standalone Medicare Prescription Drug (Part D)	**Copays, coinsurance and deductible**
Dental	
Vision	
Critical Illness	
Hospital Indemnity	

Great Rates for Covered Expenses

MSAs are required to pay as Medicare pays, so you get great rates.

Health insurance companies usually contract with providers, negotiating access to the provider and the rates paid for various services and items. Collectively, this is usually referred to as a provider network.

Our MSA is non-network, so we don't contract with providers for access and rates. Instead, Medicare allows MSA members access to any Medicare provider and requires us to pay providers as Medicare pays.

The reimbursement rate depends on the provider's status with Medicare:

Medicare Participating

The lesser of billed charges or 100% of the Medicare allowed amount.

Medicare Non-participating

The lesser of billed charges or 95% of the Medicare allowed amount.

Where allowed by state law, they may balance bill you up to 115% of the Medicare allowed amount; these excess charges are not covered by the plan.

Providers Opting Out of Medicare

Providers who opt out of the Medicare program must enter into a private contract with you.

Their billing is not controlled by or limited by Medicare, and no charges can be covered by the plan (even if they are typically considered covered expenses).

Your Dollars Go Further in an MSA

Medicare's rates are usually the lowest rates in the market.

Wondering just how far your dollars go in Medicare? Take a look at the typical price ranges for some of Medicare's most used (highest volume) services:

We reprice all covered services to the Medicare-allowed amount, so you get the best rate available.

Office Visit – Established Patient
(moderate intensity)
$118 - $163

Office Visit – New Patient
(moderate intensity)
$153 - $213

Mental Health Visit
(60 min)
$146 - $211

Physical Therapy
(1-on-1 session)
$33 - $47

Chest X-ray
$8 - $35

MRI
$53 - $302

Diagnostic Colonoscopy
$151 - $438

Ambulance
(land; emergency)
$473 - $696

Emergency Room Visit
(moderate intensity)
$319 - $439

Complete Blood Count Lab
(including blood draw)
$30 - $60

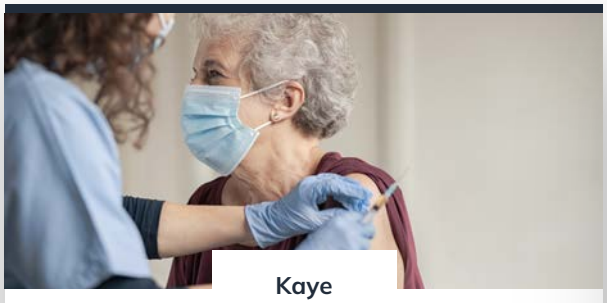
Cataract Surgery
(one eye)
$672 - $926

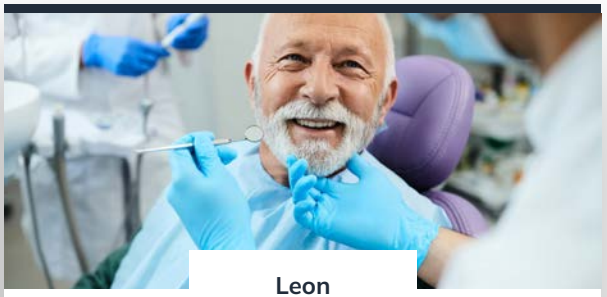
For illustrative purposes only; your costs may vary as many factors contribute to actual cost, including geography, facility type, provider type and more. Many services have two costs, professional and facility, which may not be fully represented here.

A Deposit/Out-of-Pocket Example

You can reduce out-of-pocket by applying the deposit toward covered costs.

Consider this simple example. Both Kaye and Leon are members of Fenyx Health Group MSA 50. Both spent their full $600 deposit on health care before experiencing a short hospitalization – Kaye spent her $600 on plan-covered expenses which counted toward her deductible, while Leon spent his $600 on non-covered expenses which did not count toward his deductible.





	Kaye	Leon
Starting balances	• MSA bank account = $600 • Plan deductible = $2,800	• MSA bank account = $600 • Plan deductible = $2,800
Pays $600 from MSA bank account for care	• MSA bank account = $600 - 600 = $0 • Plan deductible = $2,800 - 600 = $2,200	• MSA bank account = $600 - 600 = $0 • Plan deductible = $2,800
Experiences a $4,500 hospitalization, a plan-covered expense	• MSA bank account = $0 • **Out-of-pocket funds used to reach plan deductible = $2,200** • Fenyx Health pays the remaining $1,700	• MSA bank account = $0 • **Out-of-pocket funds used to reach plan deductible = $2,800** • Fenyx Health pays the remaining $1,700

Remaining MSA Funds Roll Over

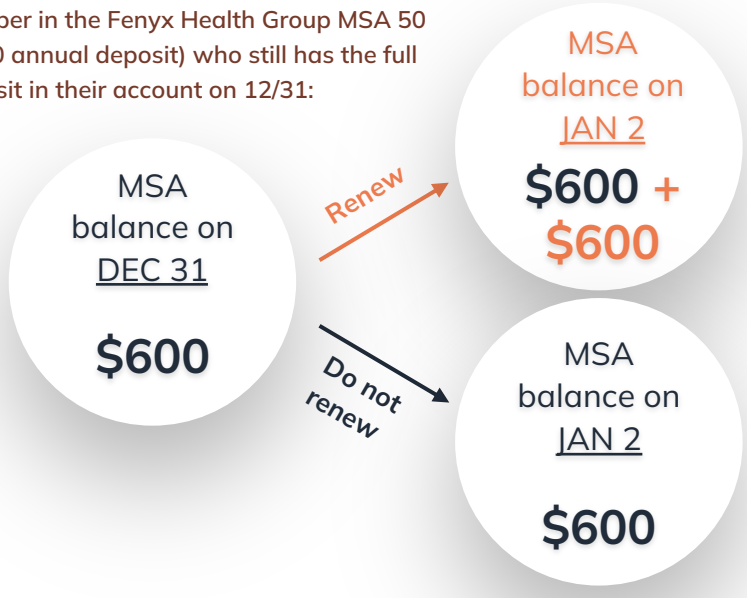
Unused funds belong to you and can accumulate over time.

As long as you remain in the plan through the plan year end (12/31), any funds remaining in your MSA bank account[1] belong to you and roll over for future use.

This holds true regardless if you remain a member for the next plan benefit period or not.

Non-renewing members can keep the accumulated funds in the same account or move to another institution/account, either of which may be subject to certain fees (see MSA banking documents for more information).

Consider this illustrative example of a member in the Fenyx Health Group MSA 50 ($600 annual deposit) who still has the full deposit in their account on 12/31:



In this case, the member decided to stay in the plan for the upcoming year.

The new year's deposit is added to the previous year's remaining funds. This year-over-year accumulation of the deposit remainder grows the member's money over time.

In this case, the individual decided to leave the plan for the upcoming year.

Any remaining deposit funds are the former member's to keep for future use. However, Fenyx Health will not add any new/additional deposits to their account going forward.

[1]*Minus any liabilities owed to the Fenyx Health financial support program*

MSAs Enjoy a Triple Tax Advantage

MSAs offer a trio of tax advantages.

MSAs offer tax advantages and have some special requirements for tax reporting.

When you withdraw money (also called a ”distribution”) from the MSA bank account for any reason or in any amount, the MSA bank sends you a Form 1099-SA. This form is sent in January of the following year, and summarizes the contributions to and distributions from the MSA bank account for annual income tax preparation and submission.

When MSA funds are used in a calendar year, you must file an income tax return for that year, even if you are not otherwise required to file a return. Your return must include IRS Forms 8853 and 1040.

01

No Tax at Deposit

The funds are not taxed at the time the deposit is made.

02

No Tax in Account

Funds (including gains) are not taxed while remaining in the account.

03

No Tax for QMEs

Funds (including gains) withdrawn to pay for QMEs are not taxed.

To assist in tax reporting requirements and general management of the funds, it is important to keep receipts and paperwork related to MSA expenditures.

For more information, please review IRS Publications 969 and 502 and the instructions for Form 8853, and speak with a tax advisor.

The MSA Bank Account

The custodial, tax-advantaged bank account is a key component of the MSA plan.

Enrollment in our Group MSA plan includes the set up of the special trust/custodial MSA bank account.

During the enrollment process, you will be asked to provide information such as name, address, date of birth and social security number that is used to verify your identify, per Federal regulations and banking requirements.

We place your deposit amount into your MSA bank account early in your benefit period. Only Fenyx Health/Medicare can contribute funds to the account; you or your plan sponsor/employer cannot make contributions.

We partner with multiple financial institutions, who may offer one or more of these great benefits to MSA members:

Interest and Investments

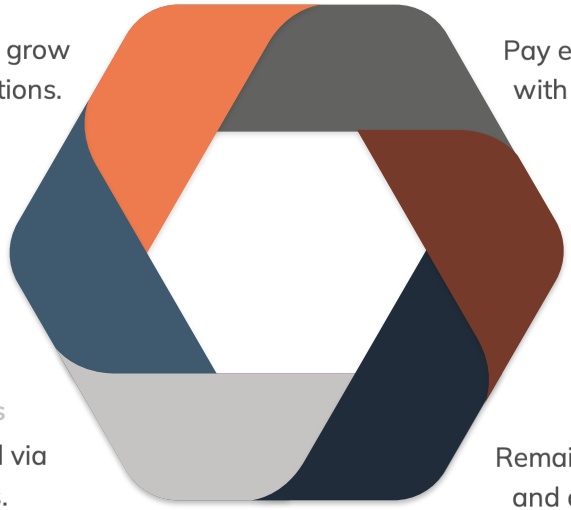
Accounts earn interest at great rates; grow funds even more with investment options.

Account-linked Debit Card

Pay expenses directly out of the account with a debit card (physical and virtual).

One-stop Shop

Transfer in existing MSA, HSA and other accounts to manage all from one place.



No Minimum Balance

The account does not require a minimum balance to remain open.

Easy Management Options

Monitor the account online and via monthly activity statements.

No Custodial Fees

Remain a Fenyx Health MSA member and any custodial fees are waived.

Refer to MSA banking documents for full terms and conditions, fees and additional information.

Multi-Benefit Financial Program

You and providers both benefit from our special financial support program.

Our Group MSAs include a special financial program that provides you additional financial flexibility, and pays your providers timely and in full.

It doesn't absolve you of your responsibilities to pay, it simply changes who you pay...with some great financial benefits for you along the way.

We pay providers directly, on your behalf, for covered expenses below the deductible. We then bill you and offer you multiple options for repaying us.

The next page provides a high-level overview of how the program works. Please see the MSA bank and financial program documents for additional details.

Financial Support Overview

More flexibility for you when paying for covered services under the deductible.

When you see a provider, they submit a claim back to Fenyx Health for payment. We process the claim to ensure pricing is correct and to determine payment responsibility. This is a standard process across the health insurance industry.

We then send you a document called an Explanation of Benefits (EOB) and your provider a remittance advice (RA) document describing our pricing and responsibility findings.

Our payment responsibility check will result in one of three scenarios:

01

The expense is plan-covered and deductible is not met:

We pay the provider on your behalf, then bill you

02

The expense is plan-covered and deductible is met:

We pay the provider

03

The expense is not plan-covered, regardless of deductible status:

You pay the provider

For each expense paid on your behalf, you choose the repayment plan length and one or more accounts you want us to pull the repayments from. Repayment accounts can include your MSA bank account, credit card or other bank account.

Accessing Providers

You have access to all Medicare providers in the U.S.

1. Find Medicare-participating providers at medicare.gov/care-compare. You get the best value out of your MSA by seeing these providers.

2. Before receiving any services as an MSA plan member, please share and discuss our Fenyx Health Group MSA Provider Guide with your providers to confirm they'll accept our plan.

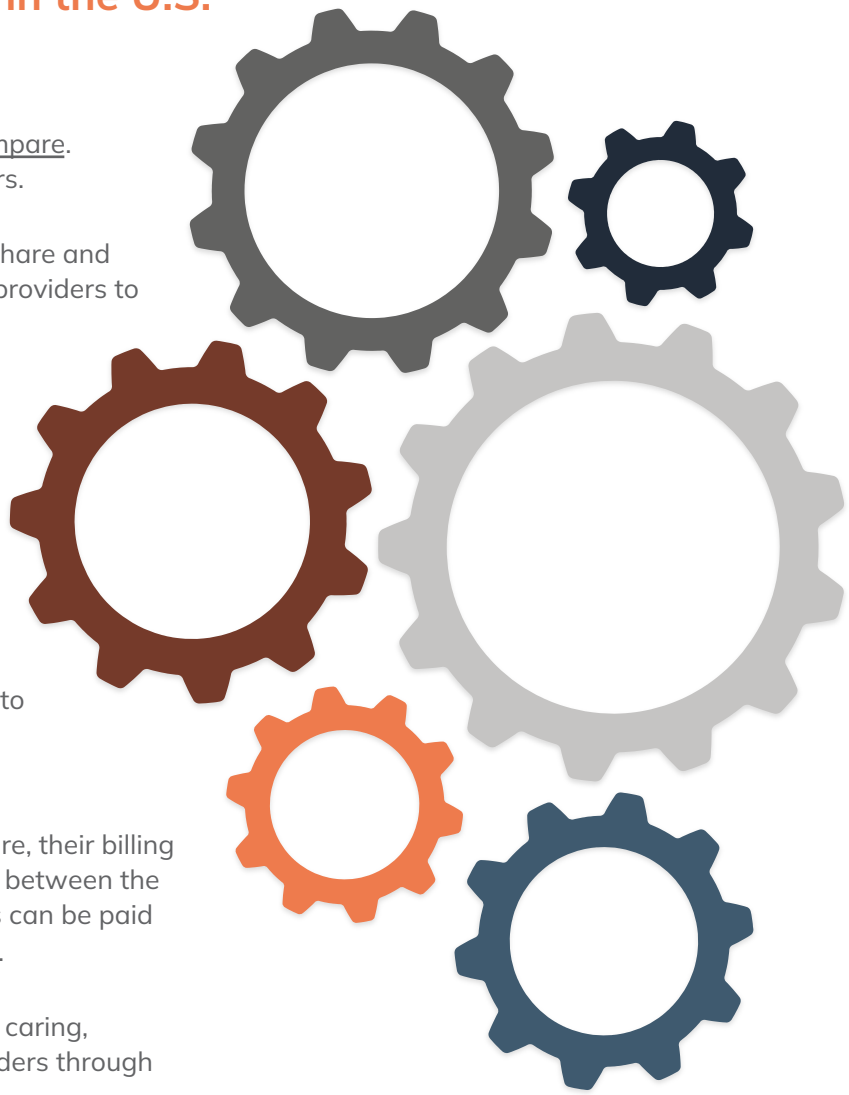
3. Show your Fenyx Health member ID card when obtaining services; do not show your Medicare card. Have your provider send us the claim for the service/item. We do not require any copayments or other coinsurance at time of service.

4. Do your part to help providers accept more MSA patients: pay any amounts owed to your providers promptly and fully.

   Some providers are reluctant to see self-pay or high-deductible plan members because of the hassles encountered while trying to obtain payment. This is one reason why our MSA features the financial support program.

5. If you receive care from a provider who has opted out of Medicare, their billing is not controlled or limited by Medicare and is a private contract between the provider and you. No charges incurred from opted-out providers can be paid by Fenyx Health, nor can they count toward the plan deductible.

6. We are here to help you and your providers. We staff a team of caring, dedicated service professionals to help both you and your providers through any questions, concerns or needs.



Membership Eligibility

You must be an eligible member of the group and meet these requirements.

Many types of beneficiaries can find value in an MSA plan: travelers who want broad access, health enthusiasts and people with in-control chronic conditions who want to parlay their health into financial benefit, enrollees on expensive Medicare Supplement plans who are looking to save money and more.

In addition to being an eligible member of the group (e.g., you are eligible to receive benefits as defined by the group), you must meet these additional requirements from CMS:

1. Medicare-eligible and enrolled in both Medicare Parts A and B
2. Live in the Fenyx Health Group MSA Service Area (50 states plus Washington D.C., and reside in the U.S. for 183 or more days during the calendar year
3. Not have other coverage that covers the MSA plan deductible, such as TRICARE, Veteran's Administration (VA), Federal Employee Health Benefit Plan (FEHBP) or other employer/group coverage
4. Not currently receiving Medicare hospice benefits
5. Not currently eligible for Medicaid (not dual-eligible)

Joining and Leaving our Group MSAs

There are important timing aspects to consider.

Medicare considers MSA enrollment on a full calendar year basis. Joining after January 1 and/or leaving before December 31 is considered a partial-year enrollment. Partial-year enrollments are subject to prorated deposit and deductible amounts.

Join / Enroll

You can join:
Anytime during the year

Your first-year coverage begins:
Usually, the first day of the *next* month after joining is requested

Your first-year deductible and deposit amounts:
Prorated by month, if joining after January 1

Your first-year coverage ends:
December 31

Your plan benefit year for subsequent years:
January 1 – December 31

Your deductible and deposit amounts for subsequent years:
The full-year amount (not prorated) each year

How to remain in the same plan for subsequent benefit years:
You are automatically re-enrolled each year

Leave / Disenroll

You can leave:
At the benefit year end or in certain situations within the year

Your coverage ends:
The last day of the *same* month leave is requested

Your deposit repayment owed if leaving before 12/31:
A prorated portion of the current year's deposit amount

What happens to any funds remaining after deposit repayment:
They belong to you to keep and use for the future

Stay a Member, but Switch Between Available Plans

Plan changes are processed in December each year. Members submitting a request to change plans before 12/1 of the current year will begin coverage in the new plan 1/1 of the next year.

Proration Table: Standard Plans

Deposit and deductible amounts are reduced for partial-year enrollments.

	Fenyx Health Group MSA 50			Fenyx Health Group MSA 100			Fenyx Health Group MSA 200		
Month	Deposit	Deductible	Covered Services Out-of-pocket	Deposit	Deductible	Covered Services Out-of-pocket	Deposit	Deductible	Covered Services Out-of-pocket
January	$600	$2,800	$2,200	$1,200	$4,000	$2,800	$2,400	$6,000	$3,600
February	$550	$2,750	$2,200	$1,100	$3,900	$2,800	$2,200	$5,800	$3,600
March	$500	$2,700	$2,200	$1,000	$3,800	$2,800	$2,000	$5,600	$3,600
April	$450	$2,650	$2,200	$900	$3,700	$2,800	$1,800	$5,400	$3,600
May	$400	$2,600	$2,200	$800	$3,600	$2,800	$1,600	$5,200	$3,600
June	$350	$2,550	$2,200	$700	$3,500	$2,800	$1,400	$5,000	$3,600
July	$300	$2,500	$2,200	$600	$3,400	$2,800	$1,200	$4,800	$3,600
August	$250	$2,450	$2,200	$500	$3,300	$2,800	$1,000	$4,600	$3,600
September	$200	$2,400	$2,200	$400	$3,200	$2,800	$800	$4,400	$3,600
October	$150	$2,350	$2,200	$300	$3,100	$2,800	$600	$4,200	$3,600
November	$100	$2,300	$2,200	$200	$3,000	$2,800	$400	$4,000	$3,600
December	$50	$2,250	$2,200	$100	$2,900	$2,800	$200	$3,800	$3,600
	Monthly Prorated Amount: $50			Monthly Prorated Amount: $100			Monthly Prorated Amount: $200		

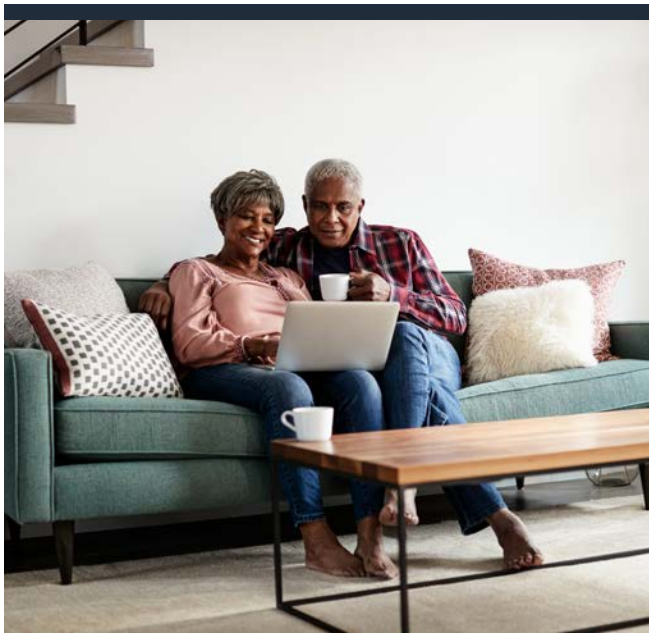
Detailed Disenrollment Criteria

Enrollment is through December 31, unless in certain circumstances.

Regardless of when you join one of our plans during the year, your benefit plan year ends December 31. Your enrollment is for the remainder of the year, and for successive January 1 – December 31 benefit periods/years (an “evergreen” enrollment), until one of the following occurs:

- Your group no longer offers the plan
- You notify us before December 1 of your intention to not continue enrollment for the next year (you must remain in the plan through December 31 of the current year)
- You permanently moves out of our service area of the 50 states plus Washington, D.C.
- You gain Medicaid eligibility
- You gain other coverage that duplicates what the MSA deductible covers
- You pass away

Disenrollments, for all reasons except non-renewal for the next benefit year, become effective at the end of the month in which they occur. For example, if you move out of the service area on August 9, your coverage remains in effect until August 31.



Repaying Portions of the Deposit

The deposit money came from and goes back to Medicare.

If you leave the plan, for any reason, before December 31, you or your estate must pay back a portion of the current year's deposit to Fenyx Health; we return that amount back to Medicare.

The repayment is made regardless of how much of the current year's deposit remains in your MSA bank account. If the current year's deposit amount is spent or no longer in the account, you or your estate must pay the owed amount out-of-pocket. You may also apply any funds in the account that are left over from previous years' deposits, if available.

The calculation for the repayment amount is quite simple: The plan's monthly prorated amount is multiplied by the number of months remaining in the benefit year.

This payback amount is calculated upon the current year deposit amount. Any funds accumulated from previous years are not included in the calculation, however those funds can be used to pay the amount owed, if needed.

Illustrative example:

- Teresa joins Fenyx Health Group MSA 100 when she turns 65. Her effective date is April 1.
- She uses $675 on medical care in June.
- She requests to leave the plan on September 13. Her coverage ends September 30.

- April 1: Receives $900 deposit (9 months x $100). Balance is $900.
- June 8: Uses $675. Balance is $225.
- September 30: Owes $300 (3 months x $100). The $225 bank account balance is applied, and the MSA bank account balance is now $0. She must pay back the remaining $75 out-of-pocket.

Note: Fenyx Health will attempt automatic recovery of the owed amount upon the member's MSA bank account, applying as many funds as are available in the account to the amount owed. If there is still a balance due after the automatic recovery attempt, Fenyx Health will bill you or your estate for the remaining balance.

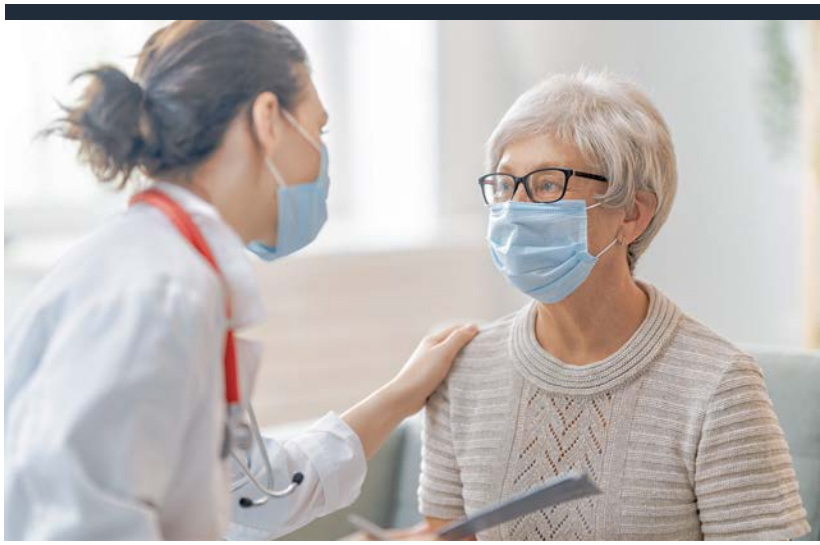
Which Plan is Right for You?

Think about your recent health and finances when considering your options.

- What kind of health care services have you used in recent years such as professional, outpatient, inpatient, emergent, prescription drug and more?
- How much did you pay toward those services? How much did any insurance you had at the time pay?
- What kind of health care services do you anticipate needing in upcoming years?
- Many plans require out-of-pocket costs. What assets do you have to cover the difference between the MSA deductible and deposit (what we also call the annual covered services out-of-pocket amount)?

MSA members who have deposit money remaining at the end of the benefit year typically:

- Enjoy managing their own health
- Have 3 or fewer well-managed chronic conditions
- Have minimal inpatient and Part B drug spend
- Obtain smart, preventive care vs avoiding care



FAQs

Get answers to some of the most common questions about our MSA plans.

When is the deposit placed into the MSA bank account?

The deposit is placed into the bank account within the first week after the plan's effective date, typically within 3-5 business days after the first of the month. The placement date variability is due to a variety of reasons such as banking holidays, availability of funds from Medicare, etc.

Can I receive services before the deposit is placed?

Yes, you can begin receiving services as a Fenyx Health plan member on your effective date, even if the deposit has not yet been placed.

Can I or my employer/group contribute to the MSA account?

No. Only Medicare, through Fenyx Health, can contribute funds to an MSA.

Do MSA funds have to be used "first"?

No. When paying for care, you choose to pay with MSA funds, your own funds or a combination of both.

Can I use HSA, HRA or FSA funds to pay for care?

Yes. We consider HSA, HRA and FSA funds as out-of-pocket funds, and you choose how/when to use them.

Can I roll an HSA into my MSA account? Or vice versa?

You cannot roll an HSA into your MSA account. Can you roll an MSA into an HSA? Maybe. The IRS permits a once-per-year rollover of Archer MSAs (of which Medicare MSAs are a subset) into an HSA of the same account holder. See the instructions for IRS Form 8853 and IRS Publication 590-A for more information, and speak with your tax professional for additional guidance.

I have a previous MSA account. Can I combine MSA accounts?

Yes. If you have an MSA account from a previous plan, the two accounts can be combined into one and the funds comingled.

Can I move my MSA account to another institution?

Yes, subject to a transfer fee. We encourage you to keep the account at one of our named custodial banking partners to enjoy the great benefits offered to Fenyx Health MSA members.

Can I use my MSA funds to pay for another person's expenses?

Yes, however, the funds are treated like non-medical costs – subject to tax plus penalties – and the expenses do not count toward your plan deductible, even if they are considered a plan-covered (e.g., Medicare A/B) expense.

Does Original Medicare contribute to or cover any costs?

Just like other Medicare Advantage plans, Original Medicare does not contribute to or cover any costs in an MSA.

I've determined the MSA isn't the right fit for me. Do I have other options?

Yes. While we believe the MSA is a great fit for most people, we understand it's not the best plan for some. Please contact us – we have licensed Medicare sales agents with access to many different plans from other insurance companies who can guide you to a better-suited product. This service is free of charge to you and you are not obligated to enroll in any of the recommended plan options provided.

Enroll Today

It's easy to enroll, and we look forward to serving you as a plan member.

View more information and enroll at

fenyxhealth.com/expediagroup

You will receive confirmation of your enrollment request, usually within 10-15 days after submission. For approved enrollments, we'll:

1. Establish your Fenyx Health health insurance plan, MSA bank account and financial support program account.
2. Your plan member ID card, bank card and other documentation are mailed later and may arrive separately.
3. Give you a welcome call – we love talking with our members!
4. Deposit the funds into your MSA bank account early in your benefit period.

Questions? We're here to help!

Enroll365

info@enroll365.org

855-880-8777

Fenyx Health

hello@fenyxhealth.com

1-800-350-6626 (TTY: 711) from 9AM – 6PM Eastern time Monday through Friday excluding Federal Holidays

Fenyx Health changes the way consumers evaluate and use health insurance with Medicare Advantage products that motivate and empower both health and financial accountability. We offer no-fee and low-fee medical savings account (MSA) plans to employers, unions and other employment-related organizations of any size across the U.S.,

Pronounced ***fee·nix***, as in our Standard Group MSA plans eliminate, or nix, the traditionally expensive fees for group-sponsored Medicare Advantage coverage. It is also a nod to the mythical Phoenix rising from its ashes — we believe our Group MSA plans are the best version since the MSA's full-market inception in 2008, offering strong value propositions to groups, beneficiaries, providers and agents.

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Fenyx Health Insurance Company

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(800) 350-6626
PO Box 135, Winfield, PA 17889

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