2026 Summary of Benefits

Fenyx Health Group MSA

H6130 Plans 803, 807 and 809 (Standard Plans 100-200-300)

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.

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC). The EOC is available at fenyxhealth.com/documents, or it can be requested by contacting us via one of the methods listed below.

For more information, or for this document in another language or format, please visit **fenyxhealth.com**, email **hello@fenyxhealth.com** or call **1-800-350-6626 (TTY: 711)** 9AM - 6PM Eastern time Monday through Friday excluding federal holidays and the day after Thanksgiving.

The current "Medicare & You" handbook contains Original Medicare coverage and costs. View it online at 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.

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

☐ Fenyx Health Group MSA 100	☐ Fenyx Health Group MSA 200	☐ Fenyx Health Group MSA 300
$0 Monthly Plan Premium	**$0** Monthly Plan Premium	**$0** Monthly Plan Premium
$4,000 Deductible	**$6,000** Deductible	**$7,800** Deductible
$1,200 Deposit	**$2,400** Deposit	**$3,600** Deposit
Covered services out-of-pocket: *(deductible - deposit)* **$2,800**	Covered services out-of-pocket: *(deductible - deposit)* **$3,600**	Covered services out-of-pocket: *(deductible - deposit)* **$4,200**

Full-year amounts shown; deposit and deductible are prorated for partial year enrollments.

Our plans cover the same as Medicare covers for these service categories:

- 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

There are no additional or supplemental services covered by the plans. Our plans use the same medical policy, claims processing and pricing rules as Medicare.

Until you meet your yearly deductible, you pay the lesser of a) the billed amount or b) 100% of the Medicare-allowed amount for covered services obtained from Medicare-participating providers. For covered services obtained from Medicare non-participating providers, you pay the lesser of a) the billed amount or b) 95% of the Medicare-allowed amount.

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

Some services may require a prior authorization or physician referral, as Medicare requires them. Our plans do not have any additional requirements.

Your provider may recommend services in excess of what Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs.

You are always responsible for paying the full costs of a) non-covered services, b) any services obtained from providers opting out of Medicare and c) excess charges from providers not participating in and accepting of Medicare rates.

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.

We use multiple banking partners to administer MSA bank accounts. Your banking materials will be sent upon enrollment in the plan; upon receipt, if you do not agree to the bank terms, conditions and agreements, please contact us as soon as possible to disenroll from the plan.

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. You will need to provide your Social Security Number (SSN) as part of the enrollment request.**

The Basics of an MSA

- MSAs deposit cash from Medicare into your special bank account. You decide how to use the funds for your health care. Funds 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 deposit funds toward plan-covered expenses.
- The plan is not financially responsible for covered services, including preventive services, until you reach your deductible.
- Unspent funds at the end of the year belong to you and roll over to the following year, potentially growing your funds over time.
- Some of our banking partners allow you to invest balances over a certain amount, another way you can potentially grow funds over time.
- By law, 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, by law, limit you to a network. You have access to any Medicare provider across the U.S. who agrees to treat you/bill the plan. Medicare allows its providers to decide at each visit whether or not to accept the MSA.
- MSA funds are not taxed at the time of deposit, while accruing in your account or when spent on IRS-deemed Qualified Medical Expenses.
- If using MSA funds during the year, for any reason, you will need to file a tax return including IRS Forms 1040 and 8853.
- 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.

Spending MSA Funds: Deductible and Tax Implications

	Covered Expenses (Medicare A/B)	Qualified Medical Expenses Outside of Medicare A/B	Non-medical Expenses
Examples	• Inpatient hospital care • Skilled nursing facility care • Preventive services • Doctor office visits • Lab tests • Imaging • Home health care • Durable medical equipment	• Routine dental care • Eye refraction exams • Hearing aids • Deductibles, copays and coinsurance for ancillary plans like prescription drug, dental, vision, critical illness, hospital indemnity • Premiums, deductibles, copays and coinsurance for long-term care	• Premiums for ancillary plans like prescription drug, dental, vision, critical illness, hospital indemnity • Food and groceries • Rent or home payments • Clothing • Entertainment • Medical expenses for a spouse or other person
Pay with MSA funds?	✓	✓	✓
Expense counts to deductible?	✓ when incurred from Medicare-participating providers	⊗	⊗
Use MSA funds without tax/ penalty?	✓	✓	⊗

Please see IRS Publications 8853, 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 services before the insurance plan starts to pay. Many types of insurance plans have deductibles, so deductibles are not unique to MSAs. **In an MSA, the deductible is the maximum amount a member will pay for covered services.**

Deposit

The money placed into the member's MSA bank account. The deposit is usually initiated within the first five days of the effective, or start, date. Posting depends on the banking partner's schedule, but the funds are usually available in the second week. You do not have to wait for the funds to be placed before obtaining care as a plan member. MSAs are the only Medicare Advantage 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.**

Equivalent Max Out-of-pocket

The minimum amount of out-of-pocket funds needed to reach the plan deductible. We sometimes call this the "covered services out-of-pocket" or the "difference" (the deductible minus the deposit). Many plans require out-of-pocket costs like premiums, deductibles, copays, coinsurance and more. **You pay less out-of-pocket to reach the deductible when you apply the deposit toward covered expenses.**