ALL STATES PLUS DC | 2027

Summary of Benefits

Select Health Group MSA 200 and 300 (H6130 807 and 809)

The document covers services from January 1, 2027 through December 31, 2027. It helps you understand what the plan covers and what you may pay. It does not list every covered service or every limitation or exclusion. For complete details, please review the **Evidence of Coverage (EOC)** at **selecthealthgroupmsa.org/documents**.

What is an MSA?

An MSA, or Medical Savings Account, is a Medicare Advantage plan that pairs high-deductible medical benefits coverage with a special, IRS-approved bank account. You receive an annual deposit of money into your MSA bank account that you decide how to use for your healthcare needs. Medicare intends the deposit to be applied to your MSA plan expenses.

The plan covers all Medicare Parts A and B services. Below the deductible, you are responsible for paying all covered costs, including preventive care costs. Once you reach the deductible, the plan is responsible for paying all covered costs.

Who can join an MSA?

To join an MSA, you must be enrolled in Medicare Parts A and B and meet the additional requirements shown on page 4.

Select Health
powered by Fenyx Health

Which providers can I use?

By law, MSAs cannot restrict members to a network. Instead, you have access to any Medicare-participating provider in the U.S. who is willing to bill the plan. You can find Medicare providers at **medicare.gov/care-compare**.

Medicare allows its participating providers to decide at each visit whether or not to accept the MSA. The good news? Most providers accept the MSA. And, you cannot be denied service in an emergency due to your insurance.

Original Medicare information:

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **medicare.gov** or get a copy by calling 1-800-MEDICARE (**1-800-633-4227**), 7 days a week, 24 hours a day. TTY users should call **1-877-486-2048**.

How to contact us

Call us toll-free at **855-511-1514 (TTY: 711)** or visit **selecthealthgroupmsa.org**

Hours of operation: **Monday through Friday** 7:00 a.m. to 4:00 p.m. Mountain time excluding federal holidays and the day after Thanksgiving.

Outside of these hours, please leave a message. We will return your call the next business day.

The Select Health Group MSA is administered by Fenyx Health Insurance Company.

Select Health Group Medical Savings Account (MSA)

200 (H6130_807), 300 (H6130_809) | All 50 states plus the District of Columbia (D.C.)

Our plans cover the same Part A and Part B services and items (collectively, "services") as Original Medicare. There are no additional or supplemental services covered by our plans.

Our plans use Medicare's medical policies, claims processing rules and pricing methodologies.

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

You or your provider can call us to inquire if an authorization or referral is required.

BENEFIT	GROUP MSA 200 COST	GROUP MSA 300 COST
Medical Premium, Deductible, Deposit and Limits		
Premium Amount	$0	$0
Deductible	$6,300	$8,100
Deposit	$2,400	$3,600
Equivalent Out-of-Pocket Maximum The out-of-pocket funds required to reach the deductible (if applying the full deposit)	$3,900	$4,500
Medical Benefits		
Inpatient Hospital Coverage Days 1-90 per benefit period and up to 60 lifetime reserve days	All covered services are $0 copay. Until you meet your 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. *Please note not all services are subject to "lesser of" payments, including but not limited to, home health, outpatient services and care provided at rural health clinics.* After you meet your deductible, you pay $0 for covered services obtained from Medicare providers. If your provider recommends services in excess of what Medicare covers or that Medicare doesn't cover, you bear the costs — these costs are not plan-covered and do not count to the deductible. 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 Medicare non-participating providers.	
Outpatient Hospital Coverage		
Ambulatory Surgical Center Services		
Doctor's Office Visits		
Preventive Care One lifetime "Welcome to Medicare" Visit One Annual Wellness Visit every 12 months Other preventive services		
Emergency Care		
Urgently Needed Services		
Diagnostic Services, Labs and Imaging Diagnostic tests and procedures Lab services Imaging (e.g., x-ray, MRI, CT, etc.)		
Hearing Services Hearing and balance exams when ordered by your provider to find out if you need treatment *Hearing services continues on the next page*		

Medical Benefits, Continued

Hearing Services, Continued One audiologist visit every 12 months for non-acute hearing conditions or for certain diagnostic services Routine hearing services, hearing aid fittings and hearing aids not covered	All covered services are $0 copay. Until you meet your 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. *Please note not all services are subject to "lesser of" payments, including but not limited to, home health, outpatient services and care provided at rural health clinics.* After you meet your deductible, you pay $0 for covered services obtained from Medicare providers. If your provider recommends services in excess of what Medicare covers or that Medicare doesn't cover, you bear the costs — these costs are not plan-covered and do not count to the deductible. 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 Medicare non-participating providers.
Dental Services Dental services received when admitted as a hospital inpatient for your dental procedure Specific inpatient or outpatient dental services directly related to certain covered medical treatments Routine dental services not covered	
Vision Services Outpatient physician services for the diagnosis and treatment of eye diseases and injuries One glaucoma screening every 12 months if considered high-risk One retinopathy exam every 12 months if you have diabetes One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens Routine eye exams not covered	
Inpatient Mental Health Services At a general hospital: Days 1-90 per benefit period and up to 60 lifetime reserve days At a freestanding psychiatric hospital: Up to 190 lifetime day limit	
Outpatient Mental Health Services One depression screening per year Individual or group therapy Partial hospitalization	
Skilled Nursing Facility (SNF) Days 1-100 per benefit period, with a prior, qualifying inpatient hospital stay	
Outpatient Physical Therapy Physical therapy, occupational therapy, speech-language therapy	
Ambulance and Transportation Emergent ground or air ambulance Non-emergent transportation with a provider's order	
Medicare Part B Drugs Chemotherapy, insulin and other Part B drugs and biologics; usually administered at provider's office or at home using specialized equipment	

Joining an MSA

Medicare has special requirements to join (enroll in) an MSA plan. Here is some important information about the enrollment process.

Eligibility Requirements

To enroll in 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 be receiving Medicare hospice benefits
- Not be eligible for Medicaid
- Not have other major medical coverage that covers the MSA plan deductible, such as TRICARE, Veteran's Affairs (VA), Federal Employee Health Benefit Plan (FEHBP) or major medical benefits under an employer or union group
- Live in our service area (50 states plus D.C.)

Medical Benefits and Banking Account Setup

Enrollment in a Select Health Group MSA plan includes both 1) establishment of the MSA bank account and 2) enrollment in the medical benefits plan. **We handle both enrollment components. Your 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

You decide how to use the deposit funds for your healthcare. Regardless of how you use the funds, you are financially responsible for all under-deductible costs.

Deposit 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 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 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 MSA bank 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 8853 and 1040.

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; your deductible remains the same and is not prorated for an early disenrollment.

The Three Major Components of the MSA Plan

Knowing how the plan components work together is key to maximizing your MSA's value.

The Deductible

- ***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.**

The Deposit

- ***Deposit:*** the money placed into a member's MSA bank account.
- The deposit is usually initiated in the first five days of your 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 that provide a deposit.
- **The deposit is intended to be applied toward the plan deductible, but you ultimately choose what to do with the funds.**

The Equivalent Maximum Out-of-pocket

- ***Equivalent maximum 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 or the gap. It's a simple equation: the deductible minus the deposit.
- Many plans require out-of-pocket costs such as premiums, deductibles, copays, coinsurance and more.
- **You pay less out-of-pocket when you apply your deposit toward covered expenses.**

Deductible and Tax Implications

You choose how to spend, save or invest your deposit, with varying impacts to the deductible and your taxes.

	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, etc. • Premiums, deductibles, copays and coinsurance for long-term care plans	• Premiums for ancillary plans like prescription drug, dental, vision, etc. • Food and groceries • Rent or home payments • Clothing • Entertainment • Medical expenses for a spouse or other person
Expense counts toward deductible?	✓ when incurred from Medicare providers	✗	✗
Pay with MSA funds?	✓	✓	✓
Use MSA funds tax and penalty-free?	✓	✓	✗

Please see IRS Publications 8853, 969 and 502 for more information on tax implications.

Our Unique Financial Support Program

It gives you additional financial flexibility, and your providers receive timely and in-full payment from us.

Have your provider send claim to us.

Do not pay at the time of service.

We determine medical necessity, pricing and payment responsibility.

Payment responsibility results in one of these scenarios:

Expense is plan-covered and you are under your deductible:
We pay the provider on your behalf, then bill you.

Expense is plan-covered and you are over your deductible:
We pay the provider.

Expense is not plan-covered, regardless of deductible:
The provider bills you and you pay the provider.

Simply Changing Who You Pay

This program pays providers directly, on your behalf, for your plan-covered services and items before you reach your deductible.

It also gives you more time when paying your healthcare costs.

It does not absolve you of your responsibility to pay for below-deductible costs. It simply changes who you pay — you repay us instead of paying your provider.

Watch the program's overview video and view/download the guide at selecthealthgroupmsa.org/documents

We thank you in advance for your prompt repayment so we can continue offering this unique and valuable program.

Have a Financial Readiness Plan

While the concepts of $0 premium and a deposit are exciting, attractive components of an MSA plan, there are real financial costs to the plan. It is important to understand the financial obligations and have a plan for how you can satisfy them given your financial situation.

MSA Financial Obligations

- **You are financially responsible for the costs of covered services until you meet your deductible ($6,300 for MSA 200 and $8,100 for MSA 300).**
- In order to reach the deductible, you must use other funds available to you if/when you exhaust your MSA deposit funds.
- **We will bill you and expect payment in full for amounts up to your deposit amount ($2,400 for MSA 200 and $3,600 for MSA 300). We do not offer installment plans for amounts due that are less than the deposit you received. We expect these repaid in full even if you no longer have the deposit funds remaining.**
- Once your balance due exceeds your deposit amount, you can continue paying your invoices in full or make payments over time with our installment plans.
- Installment plans are usually the greater of 25% of the total amount due or $100.00. This means the monthly installment plan amount due can be up to $975 for MSA 200 and $1,125 for MSA 300.
- Providers can send a claim up to 1 year/365 days after the date of service. You are still responsible for the costs of covered services under your deductible that were incurred while a plan member...even if the claim was received after you left the plan.

Important Planning Questions

1. **How often do you expect to use healthcare this coming year? Do you have ongoing medical conditions? Do you take regular medications? Are you expecting any major surgeries or procedures?**
2. **How do you plan on using the MSA deposit funds? Plan-covered services? Qualified medical expenses not covered by the plan? Everyday living expenses?**
3. **What non-MSA deposit monies are available to you so you can pay the "gap" between the deposit and deductible?**
4. **If the "worst-case scenario" happened (i.e., you spent your deposit on non-covered expenses and had to pay the full deductible amount out-of-pocket), how would you handle it?**

Discussing these questions and your responses with your Group MSA broker/agent can help both of you choose your best coverage option.

Proration Tables: Group MSA 200

Joining after January 1

As Medicare considers MSA enrollment on a calendar-year basis, the deposit and deductible amounts are prorated for enrollments after January 1.

If you join in...	Deposit	Deductible	Out-of-Pocket
January	$2,400	$6,300	$3,900
February	$2,200	$6,100	$3,900
March	$2,000	$5,900	$3,900
April	$1,800	$5,700	$3,900
May	$1,600	$5,500	$3,900
June	$1,400	$5,300	$3,900
July	$1,200	$5,100	$3,900
August	$1,000	$4,900	$3,900
September	$800	$4,700	$3,900
October	$600	$4,500	$3,900
November	$400	$4,300	$3,900
December	$200	$4,100	$3,900

Leaving before December 31

You must repay a prorated portion of the current year's deposit back to us so we can return it to Medicare when you leave the plan before December 31 for any reason.

When you leave before December 31, your deductible is not prorated. It remains the same as when you joined.

If you leave in...	You owe back
January	$2,200
February	$2,000
March	$1,800
April	$1,600
May	$1,400
June	$1,200
July	$1,000
August	$800
September	$600
October	$400
November	$200
December	$0

This amount is owed back whether or not you have the funds available in the MSA bank account. We will attempt to automatically recoup the funds from your MSA bank account. If we are unsuccessful, we will send you or your estate a bill for the amount owed.

This is in addition to any amounts you owe to us for under-deductible liabilities we paid on your behalf while a member.

Proration Tables: Group MSA 300

Joining after January 1

As Medicare considers MSA enrollment on a calendar-year basis, the deposit and deductible amounts are prorated for enrollments after January 1.

If you join in...	Deposit	Deductible	Out-of-Pocket
January	$3,600	$8,100	$4,500
February	$3,300	$7,800	$4,500
March	$3,000	$7,500	$4,500
April	$2,700	$7,200	$4,500
May	$2,400	$6,900	$4,500
June	$2,100	$6,600	$4,500
July	$1,800	$6,300	$4,500
August	$1,500	$6,000	$4,500
September	$1,200	$5,700	$4,500
October	$900	$5,400	$4,500
November	$600	$5,100	$4,500
December	$300	$4,800	$4,500

Leaving before December 31

You must repay a prorated portion of the current year's deposit back to us so we can return it to Medicare when you leave the plan before December 31 for any reason.

When you leave before December 31, your deductible is not prorated. It remains the same as when you joined.

If you leave in...	You owe back
January	$3,300
February	$3,000
March	$2,700
April	$2,400
May	$2,100
June	$1,800
July	$1,500
August	$1,200
September	$900
October	$600
November	$300
December	$0

This amount is owed back whether or not you have the funds available in the MSA bank account. We will attempt to automatically recoup the funds from your MSA bank account. If we are unsuccessful, we will send you or your estate a bill for the amount owed.

This is in addition to any amounts you owe to us for under-deductible liabilities we paid on your behalf while a member.

Select Health Group MSA is an MSA plan with a Medicare contract held and administered by Fenyx Health Insurance Company. Enrollment in the Plan depends on contract renewal.

Fenyx Health and Select Health Group MSA obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats.

Select Health Group MSA: **1-855-511-1514** (TTY: 711)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
注意：如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電.

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