

DESCRIPTION OF BENEFITS		APEX BASIC PLAN with Rx
All plan benefits shown as a percentage of Eligible Charge.		
PLAN PROVISIONS		Member Pays
		Participating Providers
MEDICAL SERVICES		
Annual Deductible		None
Annual Out of Pocket Maximum		None
Services from Participating Providers		For Participating Providers, the Member is responsible for the difference between the Plan payment and 100% of the negotiated rate for Participating Providers.
Services from Non-Participating Providers		Services provided by Non-Participating Providers are not covered and will be denied as non-covered services. Member will be responsible for 100% of the costs of the services provided by Non-Participating Providers.
Lifetime Maximum		None
Dependent Coverage		To age 26
PHYSICIAN SERVICES	Do Services Require Prior Authorization?	Member Pays
		Participating Providers
Physician Office Visits (Primary Care) Limited to 1 visit per calendar year	No	\$0 Copayment/Visit
Physician Office Visits (Primary Care) In excess of 1 visit per calendar year	No	Not Covered, Negotiated Discount Does Apply. PPO Discount does not apply to N/C service
Physician Office Visits (Specialist)	No	Not Covered, Negotiated Discount Does Apply
Other Physician Services performed in the office - Limited to Laboratory and Radiology services in the Physician Office	No	Not Covered, Negotiated Discount Does Apply
Urgent Care	No	Not Covered, Negotiated Discount Does Apply
PREVENTIVE CARE		
BENEFITS FOR CHILDREN		
Newborn Circumcision	No	No Copayment
Well Child Care Office Visits 7 visits Birth to 12 months 3 visits During age 1 2 visits During age 2 1 visit During age 3 through 21	No	No Copayment
Well Child Care Immunization (as recommended by Bright Futures project)	No	No Copayment
Well Child Care Lab Tests (as recommended by Bright Futures project)	No	No Copayment

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ADULT PREVENTIVE SCREENING/TESTING		
Adults, one (1) physical exam per benefit year to obtain recommended preventive and diagnostic services	No	No Copayment
Immunizations - doses, recommended ages, and recommended populations vary per the recommendations of the Advisory Committee for Immunization Practices (ACIP)	No	No Copayment
Prostate Specific Antigen (Men, one per CY, age ≥ 50)	No	No Copayment
Screenings such as; Obesity, Blood Pressure, Cholesterol, Colorectal Cancer, HIV, Alcohol Misuse	No	No Copayment
Counseling such as; Alcohol Misuse, Sexually Transmitted Infection (STI) Prevention, Nutritional Counseling, Tobacco Use	No	No Copayment
WOMEN'S PREVENTIVE CARE SERVICES		
Prescribed contraceptive methods, sterilization procedures and patient education. (Supply and administration of Contraceptive IUDs, Implants and Injectables); (Pharmacy - birth control pills, diaphragms, emergency contraceptive pill through your Pharmacy Benefits)	No	No Copayment
Well Woman exam per benefit year to obtain recommended preventive and diagnostic services (Subject to all Limitations as described under Covered Medical Benefits)	No	No Copayment
Screenings such as Pap Smears, Mammography, Domestic and interpersonal violence screening, Osteoporosis screening (Subject to all Limitations as described under Covered Medical Benefits)	No	No Copayment
Counseling such as Contraception, BRCA, Breast Cancer Chemoprevention, Folic Acid Supplements	No	No Copayment
Services for Pregnant Women including but not limited to Anemia Screening, Rh Incompatibility Screening, Breastfeeding*, Hepatitis B Screening *Breastfeeding: Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women. (Reimbursement of Non-Participating breastfeeding supplies up to the amount of \$200).	No	No Copayment
HOSPITAL/FACILITY SERVICES		
Inpatient Room & Care – semi-private room rate; unlimited number of days (including scheduled Maternity Care & Nursery stays beyond a mother's discharge) in an Acute or Skilled Nursing Facility setting	No	Not Covered, Negotiated Discount Does Apply
Inpatient Room & Care (Mental/Behavioral Health/Substance Abuse) – semi-private room rate	No	Not Covered, Negotiated Discount Does Apply
Outpatient / Ambulatory Surgery Services & Birthing Centers	No	Not Covered, Negotiated Discount Does Apply
Other Outpatient Hospital Services (such as Cardiac, Pulmonary, PT/OT/ST)	No	Not Covered, Negotiated Discount Does Apply
Emergency Room Services	No	Not Covered, Negotiated Discount Does Apply

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DIAGNOSTIC SERVICES		
Laboratory Services	No	Not Covered, Negotiated Discount Does Apply
Radiology & Radiation Oncology Services	No	Not Covered, Negotiated Discount Does Apply
CT/MRI/MRA/PET Scan	No	Not Covered, Negotiated Discount Does Apply
MENTAL HEALTH/BEHAVIORAL HEALTH/SUBSTANCE ABUSE DISORDER		
INPATIENT		
Hospital & Facility Services; semi-private room rate	No	Not Covered, Negotiated Discount Does Apply
Psychiatrist & Psychologist Services	No	Not Covered, Negotiated Discount Does Apply
OUTPATIENT		
Psychiatrist & Psychologist Services	No	Not Covered, Negotiated Discount Does Apply
Psychological Testing	No	Not Covered, Negotiated Discount Does Apply

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OTHER SERVICES		
Allergy Testing	No	Not Covered, Negotiated Discount Does Apply
Ground Ambulance & Air Ambulance	No	Not Covered, Negotiated Discount Does Apply
Chemotherapy	No	Not Covered, Negotiated Discount Does Apply
Dialysis and Supplies	No	Not Covered, Negotiated Discount Does Apply
Durable Medical Equipment (including Orthotics/Prosthetics)	No	Not Covered, Negotiated Discount Does Apply
Enteral Nutrition Therapy	No	Not Covered, Negotiated Discount Does Apply
Hearing Aids (Limited to one (1) device per ear every five (5) years) Maximum of \$1,500 per covered device	No	Not Covered, Negotiated Discount Does Apply
Evaluations for the Use of Hearing Aids	No	Not Covered, Negotiated Discount Does Apply
Home Health Services (Maximum of 120 visits per year)	No	Not Covered, Negotiated Discount Does Apply
Home Infusion Services	No	Not Covered, Negotiated Discount Does Apply
Hospice Services	No	Not Covered, Negotiated Discount Does Apply
Human Growth Hormone, Genetic Testing/Counseling, Other	No	Not Covered, Negotiated Discount Does Apply
Physical/Occupational/Speech Therapy (Non Hospital Based)	No	Not Covered, Negotiated Discount Does Apply
ALTERNATIVE CARE SERVICES		
Acupuncture	No	Not Covered, Negotiated Discount Does Apply
Chiropractic Care	No	Not Covered, Negotiated Discount Does Apply
Naturopathy	No	Not Covered, Negotiated Discount Does Apply
Massage Therapy	No	Not Covered, Negotiated Discount Does Apply
Coinsurance amount is based on an approved negotiated rate for Participating Providers.		

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PHARMACY BENEFITS		
<u>Authorized Preventive Medications covered 100%.</u> <i>required as part of evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Service Task Force, as required by the Affordable Care Act (ACA) are covered 100% not subject to any copayment, coinsurance or deductible.</i>		Drugs
NON-PREVENTIVE PHARMACY BENEFITS		
Apex Rx powered by Americas Pharmacy Source		
A new Revolutionary pharmacy program with a mission to provide affordable prescriptions and helpful information to its members. 90% of the most commonly prescribed medications are covered		
Acute Formulary (Immediate Need)	\$5.00 Copayment for Acute (Immediate Need) for up to a 21 day supply	
Chronic Formulary (Maintenance Medications)	MAIL ORDER ONLY: Copays differ based upon medications, \$15, \$30, \$45 copay for 90 day supply	
Program Highlights	<ul style="list-style-type: none">• Lowest prices in the industry on Acute medications, 90 day supply medications, over the counter medications, diabetic supplies and oral medications• Predictable pricing on over 80 acute medications and 100 maintenance medications• Home delivery service with tracking through UPS My Choice• All medications sourced through American companies• Pharmacy coaching with experienced, licensed pharmacists who can educate members and contact their physicians offering therapeutically similar options for even more savings	
Saveon Diabetes	Saveon Diabetes is our game-changing program for members with Diabetes in which they will get a FREE meter, low cost testing strips, lancets and more.	
For full plan details on pharmacy benefits, please refer to the Member Booklet you will be receiving after enrollment		
This summary provides a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. Please refer to the Plan Document for complete information on benefits. In the case of discrepancy between this summary and the language contained in the Plan Document, the latter will take precedence.		