APEX-MEC EMPLOYER

BENEFITS GUIDE

MEC **Plans**

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Introduction
Apex-MEC & Tres Health

This enrollment guide is designed to serve as your go-to resource for benefits enrollment and implementation. Thank you for choosing Apex-MEC.

ABOUT **APEX-MEC & TRES HEALTH**

Tres Health and Apex-MEC have teamed up to redefine healthcare solutions with innovative, ACA-compliant benefits for employers of any size, with an emphasis on improving access to affordable, quality care. Together, we've created a full suite of products from MEC, to MVP, to PPO/OAP, and Indemnity, all packaged together and administered through Tres Health's TPA services.

Everyone deserves the chance to feel empowered, which is why we're passionate about helping our clients level up and go Beyond.

Benefit Plan Support: Please contact your broker directly or contact your account manager, Dani Iacometti, at daniele.iacometti@tres.health.

ABOUT **OUR CARRIERS & PARTNERS**

CLARITEV
Network for Health Plan

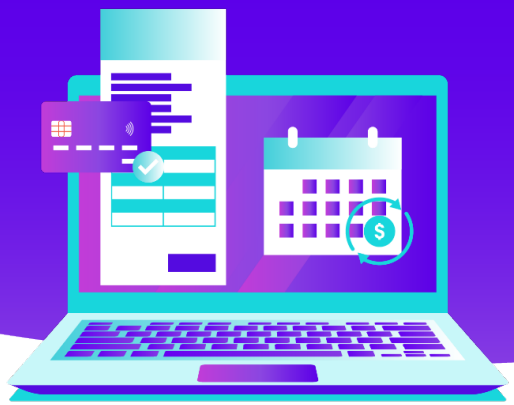
CIGNA PBM
Pharmacy Benefits Manager I 800-325-1404
www.MyCigna.com

MEDWATCH
Customer Advocacy I 888-341-5606

MDLive
Telemedicine Services I 888-863-5292

NORTHPOINT
Identity Theft Company I call 888-385-5505

Billing & Payment Information



Premium Payment

Your first group premium payment is due on or before the effective date of coverage. Premium payments MUST be paid in full (paid as billed). All subsequent premium is due to Tres Health on the first of the month for each coverage period. Failure to pay timely may result in loss of coverage and/or administrative services.

ACH Payments

Tres will send an ACH Authorization Form that must be completed and returned. ACH payments will be pulled on the 25th of the prior month to ensure they meet the first of the month deadline.

Billing Date

Invoices will be generated on the 15th of the prior month (timing may vary if the 15th falls on a weekend). Premium is due to Tres Health on the first of the month for each coverage period.

Invoices

You will receive a bill each month. The billing due date for all plans is the first of the month for that month's coverage. Billing invoices will bill premium amounts for the upcoming month. (For example, a January 1 invoice is for coverage from January 1-January 31.)

Billing Adjustments

Changes (additions and terminations) must be received by the 4th of the month to be reflected on the next month's invoice. Any current adjustments and/or changes received after this date will be reflected in the subsequent month's bill.

Grace Period

After payment of the first premium, Tres allows a grace period up to the last day of the month to pay monthly premiums. For example, August premiums will be pulled on July 25, and the grace period will run through August 31. During the grace period, the Policy will remain in force. If an employer fails to pay the full premium by the end of the grace period, the Policy will be subject to termination.

COBRA Administration

Process

As your COBRA administrator, the following process is what is included with administration services. Tres Health will:

- Enroll current participants and mail premium payment information.
- Send initial general COBRA notices to newly enrolled employees and dependents.
- Mail COBRA qualifying event notices within the required timeframe.
- Complete enrollments upon receipt of the signed election.
- Collect and Process member payments by check.
- Notify members of plan and premium rate changes due to group renewals.
- Process terminations due to non-payment, acceptance of other insurance, group termination, or exhaustion of benefits.

Payment Information

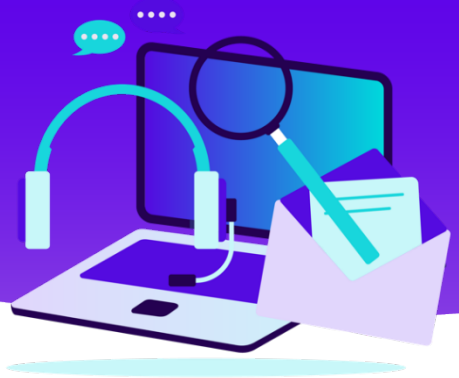
Payment for COBRA coverage is due on/by the due date indicated on the monthly coupon sent for each COBRA participant upon election, on the first of the month for that month of coverage (e.g. due on/by July 1st for July coverage). Coverage is month-to-month and will not be active until payment has been received and applied for each respective month. There is a grace period of 30 days after that due date for the participant to pay their premium in order to reinstate coverage for that month. Failure to remit payment by the end of the grace period will result in termination of coverage back to the latest paid-through date (e.g. June 30th).

Contact

If your COBRA eligibility status changes, or if you no longer require Tres Health as your administrator, please notify your Tres Account Manager or email **eligibility@tres.health.**

Member **Advocacy**
MedWatch

888-341-5606
pathwaysconcierge@urmedwatch.com



Member **Experience**

Our partnership with MedWatch is designed to empower your employees with comprehensive support and personalized assistance to manage their healthcare. By integrating MedWatch's services with your benefits program, we can provide employees with a seamless and efficient health management experience.

How MedWatch **Benefits Employees**

Single Point of Contact: Centralized contact for all employees' health needs, from benefits information to nurse consultations and diagnosis assistance.
Comprehensive Support: Helps find providers, schedule appointments, receive education on reference-based pricing, and get answers to health plan questions. They also assist with balance billing, EOB explanations, and pre-certification.
Personalized Advocacy: Uses advanced health data and research-based standards to provide tailored solutions, to help support employees and achieve optimal results.

Members call MedWatch for help with:

- ✓ Understanding diagnoses and proposed treatments
- ✓ Questions about medications
- ✓ Precertification support for upcoming medical procedures*
- ✓ Identifying the most comprehensive options for quality providers and convenient service locations
- ✓ Referrals to available health-related programs (such as wellness, diabetic monitoring, EAP, telemedicine and more)
- ✓ Billing questions and support (claim status, balance billing, grievances, appeals, EOBs and more)
- ✓ Making or changing an appointment with a care provider
- ✓ Managing self-care needs, including education and skill training
- ✓ Education, resources, and support for members, their families, and their care support systems

**Precertification is a benefit of your health plan that helps determine if the procedure or treatment is medically necessary and covered by the policy.*

TRESTECH

Employer Portal

TRESTECH EMPLOYER PORTAL

Provides employers access to plan administration tools including a real-time aggregated dashboard for claims data and employee participation.

- ✓ **UPDATE EMPLOYEE INFORMATION**
  Employers can add and term employees, spouses, and dependents.
- ✓ **PLAN DETAILS**
  Employers can view all selected plan details, employee enrollment, statuses, and eligibility dates.
- ✓ **ACCESS DOCUMENTS**
  Employers can view and send documents such as ID cards and Summary Plan Descriptions
- ✓ **STAFF MANAGEMENT**
  Add staff and manage their access levels and permissions to the portal.

NEED **SUPPORT?**

For technical assistance please contact portals@tres.health

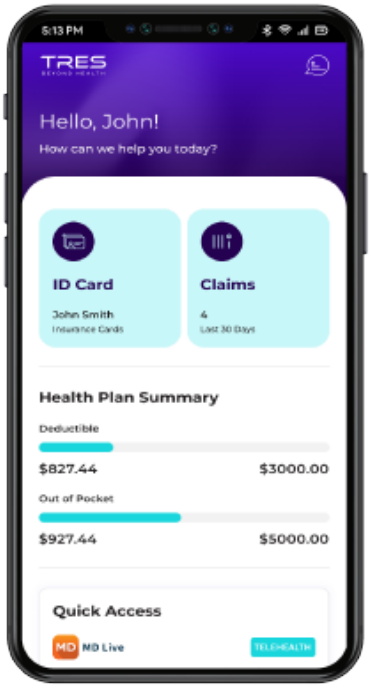
ACCESS **THE PORTAL**

LOGIN CREDENTIALS Once the portal is set up, the main contact listed on the client profile will be sent login credentials.

ONLINE ACCESS Visit TresTech Employer Portal online at **employer.tres.health** once your company administrator has granted you login access.

GET IT ON Google Play

Download on the App Store



TRESTECH

Member Portal

TRESTECH MEMBER PORTAL Provides members quick access to their health insurance information via the web or their mobile phone.

- ✓ **ID CARDS**
  Get digital access to your ID Card thru the mobile app or portal.
- ✓ **TELEMEDICINE**
  Access telemedicine services (MDLive) through both the portal and app with the single sign on feature.
- ✓ **CLAIM STATUS**
  Review all active, pending, paid, and previous claims history.
- ✓ **PRESCRIPTIONS**
  Search prescription costs and pharmacy locations.
- ✓ **BENEFITS DETAILS** Review benefit details such as deductibles and accumulations, co-insurance co-pays, plan documents and summaries.
- ✓ **PROVIDER SEARCH** Search for providers in your network.

ACCESS **THE PORTAL**

DOWNLOAD the app from the Apple App Store or Google Play Store by searching for "Tres Health," or access it online at member.tres.health.

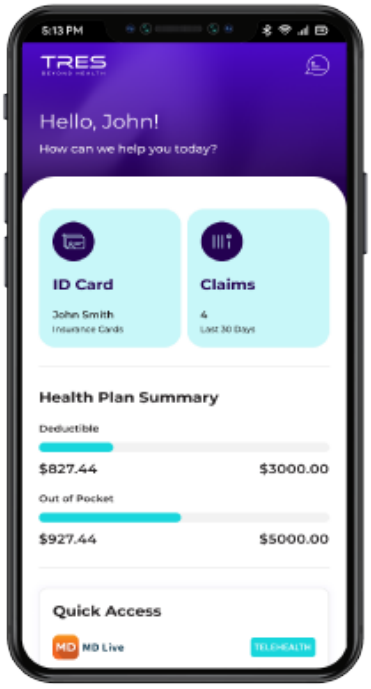
REGISTER in the app using your Social Security Number and Date of Birth; your information remains private and secure.

ENTER YOUR INFORMATION
Enter your Email Address and First and Last Name, then Create a Password.

REVIEW dependents and invite adult dependents to register, too.

GET IT ON Google Play

Download on the App Store



NEED **SUPPORT?**

For technical assistance please contact portals@tres.health

CARRIER & VENDOR **PARTNERS**

MDLIVE **TELEMEDICINE** | NORTH**POINT**

MDLive - TELEMEDICINE SERVICES | 888-863-5292

All Tres Health plans include 24/7 healthcare by phone or video through MDLIVE, providing personalized care for medical and mental health needs so your employees can get better and stay well from the comfort and convenience of home. Simply call the number above or login to the TresTech member portal or app for access.

UREGENT CARE - On-demand care for illness and injuries

- ✓ Members can talk to a board-certified doctor in just minutes when they need care fast, including prescriptions.
- ✓ MDLive is an affordable alternative to urgent care clinics for more than 80 common, non-emergency conditions like flu, sinus infections, ear pain, and UTIs (Females, 18+).

MENTAL HEALTH - Talk therapy and psychiatry

- ✓ Members get access to licensed therapists and board-certified psychiatrists.
- ✓ Members can schedule appointments in as little as five days with after-hours and flexible sessions available.

NORTHPOINT - IDENTITY THEFT SERVICES | 888-385-5505

NorthPoint Data Security offers Apex-MEC clients personal identity theft protection through proactive credit monitoring. With access to professional cybersecurity specialists, continuous credit tracking, dark web surveillance, and identity restoration services, NorthPoint has you covered.

FULLY-MANAGED IDENTITY RESTORATION SERVICES

Up to $1 million dollars of Insurance for specific expenses related to an identity theft:

- ✓ Lost Wallet Assistance
- ✓ Credit Monitoring Powered by Experian®
- ✓ Protection Against Fraudulent Charges and Unauthorized Electronic Fund Transfers

Employer **FAQ**

Q: WHERE DO I DIRECT MY EMPLOYEES FOR PLAN ASSISTANCE?

A: Employees can call MedWatch, our concierge service at 888-341.5606, or email pathwaysconcierge@urmedwatch.com.

Q: HOW LONG DOES IT TAKE FOR ID CARDS TO BE ISSUED?

A: After all completed documents are received, ID cards are issued within 10-15 days.

Q: HOW DO I MANAGE INDIVIDUALS ON THE PLANS (i.e., ADDS, TERMS, CHANGES)?

A: You can make changes through the TresTech employer portal. For more information, or a step-by-step guide, please reach out to your broker. To access the portal, please visit employer.tres.health, once your company administrator has assigned you login credentials. (The company administrator is the main contact assigned on the client profile. One set of login credentials will be emailed to the main contact, who can then provide access to the rest of the staff). *Note: Groups set up on file feeds will not have access to make changes in the portal. Changes must be made in the system that is feeding to Tres Health.*

Q: HOW DO I PAY A BILL?

A: An ACH pull is set up at the time of implementation. After the first month, invoices are generated on approximately the 15th of the month and funds are pulled on the 25th of the prior month. Any retroactive changes will be reflected on the next invoice.

Q: WHERE DO EMPLOYEES GO TO DETERMINE IF PRESCRIPTIONS ARE COVERED?

A: Call **MedWatch** at **888-341-5606,** or Cigna at **800-325-1404** or visit **www.mycigna.com.** Or employees can visit the Rx section of the Tres Health member portal or mobile app.

Q: HOW DO EMPLOYEES ACCESS TELEHEALTH?

A: To contact MDLive, employees can use the phone number listed on the back of their ID card, or login for single sign on access through the Tres Health member portal or app.

Q: IS THERE A MINIMUM NUMBER OF ENROLLED EMPLOYEES REQUIRED TO REMAIN ACTIVE?

A: If plan participation falls below two enrolled employees on a given stop loss policy (or any plan(s) with no stop loss coverage), your Account Manager will send an Intent to Terminate notice. You will then have 30 days to enroll another eligible employee, retroactive to the date participation dropped below the minimum requirement. This allows the plan to remain active and helps prevent a gap in coverage due to low participation.

