

Health Benefits Plan for the Employees

Kingman County
Retirement Home Assn
Group Number: 911318
Plan A

Effective Date: December 1, 2023		FreedomChoice	
Tier 1 Claims Administrator Tier 1 Financial Program Tier 2 Insurance Carrier Provider Network		Freedom Claims Management, Inc. Medical Expense Reimbursement Plan Current Carrier Current Carrier	
Tier 1:	Amounts Paid By The Member...	PPO Network	Out of Network
Plan Year Employee Deductible			
Single		\$1,000	\$6,350
Family Limitation		\$2,000	\$12,700
<i>Deductible Restarts every December 1st</i>			
Employee Cost Share Percentages AFTER Deductible		50%	20%
Tier 1 Out-of-Pocket Maximum AFTER Deductible		\$1,000	\$2,000
Single		\$2,000	\$4,000
Family Limitation			
<i>Before 1st \$6,350 Limit Reached</i>			
Copays Paid by Member "Per Visit"			
Primary Care MD		\$25	Deductible
Specialist Physician		\$25	Deductible
Mental Health Office Visit		\$25	Deductible
Urgent Care		\$25	Deductible
Emergency Room		\$250	Deductible
Chiropractor		\$25	Deductible
One per Plan Year		\$25	Deductible
Per Plan Year		100% to \$300	Deductible
Per Person		Paid by Current Carrier	Deductible
Routine Vision Exam			
Lab/ X-ray Services			
Routine Preventive Care			
Prescription Drug Card Benefit		<u>30 day Prescriptions</u>	<u>90 day Prescriptions*</u>
Tier 1		\$15	\$37.50
Tier 2		\$100	\$250.00
Tier 3		\$125	\$312.50
Specialty Prescriptions		30 day supply only. Applies to Deductible/Co-Insurance at Current Carrier Specialty Pharmacy	
<i>Prescription drug services and administration provided by the current carrier and Prescription Network, a Prescription Management Company</i>		<i>*90 day prescriptions limited to maintenance medication list.</i>	
<i>Tier 1: Deductible, copays, cost share amounts & Rx copays for the member. Until the member's claims reach \$6,350 the balance of these costs are paid by the Employer's Medical Expense Reimbursement Plan. Tier 1 claims are processed by Freedom Claims Management, Inc. a 3rd Party Administrator, after first being submitted to Current Carrier for claim discounting and review. Please direct questions to Freedom Claims Management, Inc. at 1-866-792-9151</i>			
Tier 2:	Applies to Claims Exceeding this Amount →	\$6,350	\$6,350
Employee Cost Share Percentages after Tier 2 Level Reached...		0%	20%
Tier 2 Out-of-Pocket Maximum (including copays)		\$6,350	\$8,350
Single		\$12,700	\$16,700
Family Limitation		Unlimited	Unlimited
<i>After 1st \$6,000 Limit Reached</i>			
Lifetime Maximum			
<i>Umbrella: Current Carrier processes and pays eligible, in network claims above the \$6,350 limit.</i>			

Please refer to the final Schedule of Benefits and the Summary Plan Description for all other eligible or ineligible expenses which supersede this handout. Please also refer to the certificate of coverage from Current Carrier for actual details on cost share amounts This is not a legal document.

ID CARDS: You will have two ID Cards. Present both of them to your providers and pharmacy. Current Carrier will review the claim first and apply the PPO discount. Freedom Claims Management, Inc. will coordinate your reimbursement as secondary payor.

Please use participating network physicians and hospitals in order to maximize benefits and reimbursements. Pre-Certification is required with Current Carrier to maximize benefit reimbursement.