

# Health Benefits Plan for the Employees

**Kingman County**  
**Retirement Home Assn**  
**Group Number: 911318**  
**Plan A**

<b>Effective Date:</b> December 1, 2022		<b><i>FreedomChoice</i></b>	
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	
<b>Tier 1:</b>	<b>Amounts Paid By The Member...</b>	<b>PPO Network</b>	<b>Out of Network</b>
<b>Plan Year Employee Deductible</b>			
Single		\$1,000	\$6,350
Deductible Restarts every December 1st Family Limitation		\$2,000	\$12,700
<b>Employee Cost Share Percentages AFTER Deductible</b>		50%	20%
Tier 1 Out-of-Pocket Maximum AFTER Deductible		\$1,000	\$2,000
Before 1st \$6,350 Limit Reached Family Limitation		\$2,000	\$4,000
<b>Copays Paid by Member "Per Visit"</b>			
Primary Care MD		\$25	Deductible
Specialist Physician		\$25	Deductible
Urgent Care Facility		\$50	Deductible
Mental Health Office Visit		\$25	Deductible
Emergency Room		\$250	Deductible
Chiropractor		\$25	Deductible
Routine Vision Exam		\$25	Deductible
Routine Preventive Care		Paid by Current Carrier	Deductible
<b>Prescription Drug Card Benefit</b>		<u>30 day Prescriptions</u>	<u>90 day Prescriptions*</u>
Prescription drug services and		Tier 1	\$15
administration provided by the current		Tier 2	\$50
carrier and Prescription Network, a		Tier 3	\$75
Prescription Management Company		Specialty Prescriptions	\$187.50
		30 day supply only. Applies to Deductible/Co-Insurance at Current Carrier Specialty Pharmacy	
		*90 day prescriptions limited to maintenance medication list.	
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			
<b>Tier 2:</b>	<b>Applies to Claims Exceeding this Amount →</b>	<b>\$6,350</b>	<b>\$6,350</b>
Employee Cost Share Percentages after Tier 2 Level Reached...		0%	20%
Tier 2 Out-of-Pocket Maximum (including copays)		\$6,350	\$8,350
After 1st \$6,000 Limit Reached		\$12,700	\$16,700
Lifetime Maximum		Unlimited	Unlimited
Umbrella: Current Carrier processes and pays eligible, in network claims above the \$6,350 limit.			

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.**

10/17/2022