Health Benefits Plan for the Employees

Kingman County Retirement Home Assn
Group Number: 911318
Plan B

Effective Date: December 1, 2022		***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	$1,500	$6,350
Deductible Restarts every December 1st	Family Limitation	$3,000	$12,700
Employee Cost Share Percentages AFTER Deductible		50%	20%
Tier 1 Out-of-Pocket Maximum AFTER Deductible	Single	$1,000	$2,000
Before 1st $6,350 Limit Reached	Family Limitation	$2,000	$4,000
Copays Paid by Member "Per Visit"	Primary Care MD	$25	Deductible
	Specialist Physician	$25	Deductible
"Services performed" are subject to Deductible. Deductible/Co-Insurance applies AFTER Emergency Room Copayment made.	Urgent Care Facility	$50	Deductible
	Mental Health Office Visit	$25	Deductible
	Emergency Room	$250	Deductible
	Chiropractor	$25	Deductible
Routine Vision Exam	One per Plan Year	$25	Deductible
Routine Preventive Care	Per Person	Paid by Current Carrier	Deductible
Prescription Drug Card Benefit		30 day Prescriptions	90 day Prescriptions*
Prescription drug services and administration provided by the current carrier and Prescription Network, a Prescription Management Company	Tier 1	$15	$37.50
	Tier 2	$50	$125.00
	Tier 3	$75	$187.50
	Specialty Prescriptions	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

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)	Single	$6,350	$8,350
After 1st $6,000 Limit Reached	Family Limitation	$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