

# Health Benefits Plan for the Employees

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

<b>Effective Date:</b> December 1, 2023		<b>FreedomChoice</b>	
<b>Tier 1 Claims Administrator</b> <b>Tier 1 Financial Program</b> <b>Tier 2 Insurance Carrier</b> <b>Provider Network</b>		<b>Freedom Claims Management, Inc.</b> <b>Medical Expense Reimbursement Plan</b> <b>Current Carrier</b> <b>Current Carrier</b>	
<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	\$1,500	\$6,350
<i>Deductible Restarts every December 1st</i>	Family Limitation	\$3,000	\$12,700
<b>Employee Cost Share Percentages AFTER Deductible</b>		50%	20%
Tier 1 Out-of-Pocket Maximum AFTER Deductible	Single	\$1,000	\$2,000
<i>Before 1st \$6,350 Limit Reached</i>	Family Limitation	\$2,000	\$4,000
<b>Copays Paid by Member "Per Visit"</b>	Primary Care MD	\$25	Deductible
<i>"Services performed" are subject to Deductible.</i>	Specialist Physician	\$25	Deductible
<i>Deductible/Co-Insurance applies AFTER</i>	Mental Health Office Visit	\$25	Deductible
<i>Emergency Room Copayment made.</i>	Urgent Care	\$25	Deductible
	Emergency Room	\$250	Deductible
	Chiropractor	\$25	Deductible
<b>Routine Vision Exam</b>	One per Plan Year	\$25	Deductible
<b>Lab/ X-Ray Services</b>	Per Plan Year	100% to \$300	Deductible
<b>Routine Preventive Care</b>	Per Person	Paid by Current Carrier	Deductible
<b>Prescription Drug Card Benefit</b>		<u>30 day Prescriptions</u>	<u>90 day Prescriptions*</u>
<i>Prescription drug services and</i>	Tier 1	\$15	\$37.50
<i>administration provided by the current</i>	Tier 2	\$100	\$250.00
<i>carrier and Prescription Network, a</i>	Tier 3	\$125	\$312.50
<i>Prescription Management Company</i>	Specialty Prescriptions	30 day supply only. Applies to Deductible/Co-Insurance at Current Carrier Specialty Pharmacy	
		*90 day prescriptions limited to maintenance medication list.	
<i>Tier 1: Deductible, copays, cost share amounts &amp; 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>			
<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)	Single	\$6,350	\$8,350
<i>After 1st \$6,000 Limit Reached</i>	Family Limitation	\$12,700	\$16,700
Lifetime Maximum		Unlimited	Unlimited
<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.**

10/23/2023