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Freedom Plan™
Group Plan Summary (2022)

Effective 5-1-22

BENEFITS & FEATURES	FREEDOM PLAN
Deductible* (Indiv / Family Max)	$ 500 / 2 x Indiv
Coinsurance**	80% / 2 x Indiv
Out of Pocket Max (Indiv / Family) (includes deduct, copays, coinsurance) 100% coverage thereafter	$5000 / 2 x Indiv
Lifetime Benefit Maximum	Unlimited
Physician's Services	
Primary physician	$ 30 Copay
Specialist	$ 30 Copay
Urgent Care	$ 50 Copay
Preventive Services	100%
Inpatient Hospital	Deduct / Coins.
Outpatient Hospital & Surgery	Deduct / Coins.
Emergency Room	Deduct / Coins.
Diagnostic Testing & Imaging	Deduct / Coins.
Lab charges at LabCorp & Quest Diag.***	100% no deduct
Prescription Drugs (Copay)	Retail 30 Day / Mail Order 90 Day
Generic:	$ 10 / $ 20
Preferred Brand:	$ 30 / $ 60
Non-Formulary:	$ 50 / $100
Specialty Rx:	10% up to $200
Free listed brand name medications under **INTL**MailOrder program (see right)	
Home health care	Deduct / Coins.
Rehabilitation & Habilitation	Deduct / Coins.
Skilled nursing care	Deduct / Coins.
Durable Medical Equipment	Deduct / Coins.
Hospice Service	Deduct / Coins.

REFERENCED BASED PRICING. The member is free to see any provider in the country for full coverage. There is no "network".

Members will be responsible for normal copays, deductible and out-of-pocket expenses. The plan will protect members from a balance bill from a provider for any amount in excess of the allowable reimbursement.

- Coverage is guaranteed to all eligible full time employees (30+hrs/wk) and eligible dependents (spouse/children to age 26).
- Pre-existing conditions are covered (no waiting period).

Coverage includes....

--Maternity and routine nursery care
--Orthopedic Manipulation (to 20 visits per year)
--Nervous & emotional or mental disorders incl alcohol and chemical
  - Up to 31 Inpatient Treatment Days per calendar year
  - Up to 26 Outpatient Visits per calendar year
--Office Visits, incl Urgent Care, covered at 100% after copay, up to $500 per visit. Charges in excess of $500 subj to deductible/coins.
--Preventive Services, ofc visits, and Prescription Rx not subj to deduct.
--Access to Cura Telehealth providers. www.cura.com (620-740-2872)
--Membership in Abenity Discount program included.
--**INTL**MailOrder program. No cost for listed brand name prescription drugs. Call 866-488-7874 for Rx eligibility). Forms available at www.IntlMailOrder.com.

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* Deductible does not apply to Preventive care, office visits, and Prescription Rx.
-Benefits subject to the deductible begin as soon as one person in family has met the deductible.
** Coinsurance is the percentage we pay after you have satisfied the deductible (100% after your out-of-pocket maximum). The out of pocket maximum includes the deductible, copays, and coinsurance.
***If your doctor/provider uses a different outside lab, go to your local LabCorp or Quest lab for 100% coverage.

Services not covered: Acupuncture, Bariatric Surgery, Cosmetic Surgery, Dental Care, Hearing Aids, Infertility treatment, Long-term care, Private Duty Nursing, Residential and custodial care, weight loss programs.