



## Health Benefits Simplified

### Freedom Preparatory Academy Medical Benefits Overview

Effective 9/1/2018 | 844-288-5703 | [www.FreedomPrepBenefits.com](http://www.FreedomPrepBenefits.com)



## Welcome!

HealthEZ is proud to continue to serve as your benefit administrator. We help companies all over the US provide custom, personalized benefits, and we're here to make your life easier! We are a family-owned business serving families like yours for over 35 years.

Your employer selected HealthEZ because we are truly a different kind of health care company. We understand health insurance can be very complicated, and it's our goal to help you navigate the health care maze. **We are here to serve you!**

We start by answering our phones with human beings – if you're sick or just have a simple question about your benefits, we are here to listen and help you. You have one dedicated phone number to call no matter what you need.

We provide you with a simple online statement once a month if we have processed any claims – making it easy for you to understand what your doctor billed, what your insurance paid and what you owe. You can even pay your part of the bill online!

HealthEZ doesn't serve clients; we serve people. **We are here to take care of you.**

**These benefits are for qualified employees only.**



## Personalized Customer Service

Freedom Preparatory Academy has a dedicated phone number 844-288-5703 that is answered by humans between the hours of 8 a.m. and 7 p.m. Central Time. No phone trees! After business hours, you simply press “3” to reach our 24/7 nurseline.

## Care Management and Nurseline

You have 24/7 access to HealthEZ’s team of experienced nurses and doctors. Have a health-related question or need help finding the right doctor? Give us a call at 844-288-5703. We would love to help you!

## One Simple Statement

HealthEZ provides all of your expenses in one document. The consolidated monthly statement provides a level of straight forward convenience unique in the industry.



## HEALTHEZpay

### The EZ Way to Pay Your Medical Bills

Pay your medical bills the easy and accurate way.

- Safe
- Secure
- Easy
- You click, we pay!

## Your Personal Benefits Website

Once you receive your ID card, you’ll be able to set up your online account to view all your information related to your benefits, including your statements, account balances, recently processed claims, and access your EZpay accounts.

Benefit information, your plan overview, forms and education, access to customer service is also available on the custom website - everything you need, all in one place.

Visit [www.FreedomPrepBenefits.com](http://www.FreedomPrepBenefits.com)





Your primary medical network is EMI / Health West.

Get maximum coverage with the smallest bill possible by ensuring the provider you select is part of your provider network(s). To find a doctor, visit [www.FreedomPrepBenefits.com](http://www.FreedomPrepBenefits.com).



Your dental network is Dentemax.

DenteMax is one of the largest national PPO dental networks in the nation, with over 200,000 dental access points across the country. DenteMax credentials all network dentists regularly, reviewing practices to ensure they meet their high-quality standards. All family members on your plan can choose his or her own dentist, even if they are at different office locations.

To find a DenteMax provider, visit [www.DenteMax.com](http://www.DenteMax.com) or call customer service at 800-752-1547.



Your pharmacy benefit manager is Magellan Rx.

The same prescription rarely costs the same price. Be a savvy customer and price compare your prescriptions at different pharmacies to get the best price.

Go to [www.FreedomPrepBenefits.com](http://www.FreedomPrepBenefits.com) for more information on prescriptions that will save you money!



Healthy moms, happy babies. Planning a family? Call us! Boost Your Baby helps moms and dads during and after pregnancy to have healthy and happy babies. Visit [www.boostyourbaby.com](http://www.boostyourbaby.com)



## Summary of Medical Benefits

### \$500 Copay Plan

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee Only	\$500	\$1,500
Family	\$1,000	\$3,000
<b>Coinsurance</b>	10%	50%
<b>Out-of-Pocket Maximum</b>		
Employee Only	\$1,500	\$3,000
Family	\$3,000	\$6,000
<b>Preventative Care</b>	100% Covered	Not Covered
<b>Physician Services</b>		
Primary	\$25 Copay	50%*
Specialist	\$35 Copay	50%*
<b>Hospital Services – Inpatient &amp; Outpatient Care</b>	10%*	50%*
<b>Emergency Services**</b>	\$150 Copay	\$150 Copay
<b>Urgent Care Services</b>	\$50 Copay	50%*
<b>Chiropractic Services</b>	\$40 Copay	50%*
<b>Mental Health / Chemical Dependency</b>		
Inpatient	10%*	50%*
Outpatient	\$35 Copay	50%*
<b>Prescription Drug Coverage</b>	<b>Retail 30 Day Supply</b>	<b>Mail Order 90 Day Supply</b>
Generic	\$5 Copay	\$10 Copay
Preferred Brand	\$15 Copay	\$30 Copay
Non-Preferred Brand	\$30 Copay	\$60 Copay
Specialty	25%*	Not Available

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provisions.

\*After Deductible

\*\*Covered as In-Network in true emergency



Summary of Medical Benefits		
\$1,000 Copay Plan		
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee Only	\$1,000	\$3,000
Family	\$2,000	\$6,000
<b>Coinsurance</b>	20%	50%
<b>Out-of-Pocket Maximum</b>		
Employee Only	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Preventative Care</b>	100% Covered	Not Covered
<b>Physician Services</b>		
Primary	\$30 Copay	50%*
Specialist	\$40 Copay	50%*
<b>Hospital Services – Inpatient &amp; Outpatient Care</b>	20%*	50%*
<b>Emergency Services**</b>	\$200 Copay	\$200 Copay
<b>Urgent Care Services</b>	\$75 Copay	50%*
<b>Chiropractic Services</b>	\$45 Copay	50%*
<b>Mental Health / Chemical Dependency</b>		
Inpatient	20%*	50%*
Outpatient	\$40 Copay	50%*
<b>Prescription Drug Coverage</b>	<b>Retail 30 Day Supply</b>	<b>Mail Order 90 Day Supply</b>
Generic	\$5 Copay	\$10 Copay
Preferred Brand	\$25 Copay	\$50 Copay
Non-Preferred Brand	\$45 Copay	\$90 Copay
Specialty	25%*	Not Available

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\*After Deductible

\*\*Covered as In-Network in true emergency



Summary of Medical Benefits		
\$1,500 HSA Plan		
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee Only	\$1,500	\$3,250
Individual on Family Plan	\$2,700	\$3,250
Family	\$3,000	\$6,250
<b>Coinsurance</b>	20%	50%
<b>Out-of-Pocket Maximum</b>		
Employee Only	\$5,000	\$10,000
Family	\$8,000	\$20,000
<b>Preventative Care</b>	100% Covered	Not Covered
<b>Physician Services</b>	20%*	50%*
<b>Hospital Services – Inpatient &amp; Outpatient Care</b>	20%*	50%*
<b>Emergency Services**</b>	20%*	50%*
<b>Urgent Care Services</b>	20%*	50%*
<b>Chiropractic Services</b>	20%*	50%*
<b>Mental Health / Chemical Dependency</b>		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
<b>Prescription Drug Coverage</b>	<b>Retail 30 Day Supply</b>	<b>Mail Order 90 Day Supply</b>
Generic	20%*	20%*
Preferred Brand	20%*	20%*
Non-Preferred Brand	20%*	20%*
Specialty	20%*	Not Available

**NOTES:**

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provisions.

\*After Deductible

\*\*Covered as In-Network in true emergency



Summary of Medical Benefits		
\$2,700 HSA Plan		
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee Only	\$2,700	\$5,350
Family	\$5,300	\$10,650
<b>Coinsurance</b>	20%	50%
<b>Out-of-Pocket Maximum</b>		
Employee Only	\$5,000	\$10,000
Family	\$8,000	\$20,000
<b>Preventative Care</b>	100% Covered	Not Covered
<b>Physician Services</b>	20%*	50%*
<b>Hospital Services – Inpatient &amp; Outpatient Care</b>	20%*	50%*
<b>Emergency Services**</b>	20%*	50%*
<b>Urgent Care Services</b>	20%*	50%*
<b>Chiropractic Services</b>	20%*	50%*
<b>Mental Health / Chemical Dependency</b>		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
<b>Prescription Drug Coverage</b>	<b>Retail 30 Day Supply</b>	<b>Mail Order 90 Day Supply</b>
Generic	20%*	20%*
Preferred Brand	20%*	20%*
Non-Preferred Brand	20%*	20%*
Specialty	20%*	Not Available

**NOTES:**

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provisions.

For School Year 2018-2019, Freedom Preparatory Academy will match up to \$25 per paycheck to the Health Savings Account of employees with single coverage, \$50 per paycheck for employees with two-party coverage and \$75 per paycheck for employees with Family coverage.

\*After Deductible

\*\*Covered as In-Network in true emergency





**hy HealthiestYou**

All members have unlimited access to doctor consultations with a licensed physician at \$0 cost through HealthiestYou telemedicine services. You can speak to a physician at any time or access via video chat or email. Visit [www.healthiestyou.com](http://www.healthiestyou.com) or call 866-703-1259.

**\$ Health Savings Account**

A Health Savings Account (HSA) provides you an easy way to save and pay for your qualified medical, dental, pharmacy, and vision expenses, 100% tax free! Unlike a Flexible Spending Account, you will not lose your HSA balance, as it rolls over from year to year. The money in an HSA belongs to the account holder, allowing your savings to grow and earn interest over time.

You can contribute up to \$3,450 for single coverage and \$6,900 for family coverage in 2018. Those that are age 55+ are allowed to contribute an additional \$1,000 per year.

<b>Medical Plan Premiums (Per Paycheck)</b>			
<b>Plan</b>	<b>Single Coverage</b>	<b>2 Party Coverage</b>	<b>Family Coverage</b>
\$500 Copay Plan	\$75	\$175	\$250
\$1,000 Copay Plan	\$25	\$75	\$125
\$1,500 HSA Plan	100% paid by Freedom Preparatory Academy	100% paid by Freedom Preparatory Academy	100% paid by Freedom Preparatory Academy
\$2,700 HSA Plan	100% paid by Freedom Preparatory Academy	100% paid by Freedom Preparatory Academy	100% paid by Freedom Preparatory Academy

**Declining Medical Coverage**

If you elect not to participate in Freedom’s health plan (if you have coverage with a spouse or if you are on your parents plan), Freedom will give you an additional amount on each paycheck as follows:

<b>Additional Amounts (Per Paycheck)</b>		
<b>Single Coverage</b>	<b>2 Party Coverage</b>	<b>Family Coverage</b>
\$140.90	\$248.91	\$366.30

**Summary of Life Insurance**

Freedom Preparatory provides life insurance for you and your family members at no cost to you. Death benefits are:

- \$100,000 for employee
- \$2,000 for spouse
- \$1,000 for dependents



Summary of Dental Benefits		
\$1,500 Dental Plan		
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee Only	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum</b>		
Non-Orthodontics	\$1,500/person/year	\$1,500/person/year
Orthodontics	\$1,500/person/lifetime	\$1,500/person/lifetime
<b>Preventative Care</b>		
Cleanings, Fluoride Treatments, Sealants, Space Maintainers	100% Covered	
<b>Diagnostic Services</b>		
Periodic Oral Evaluation, Radiographs, Labs & Diagnostic Tests	100% Covered	
<b>Basic Dental Services</b>		
Restorations, General Services, Simple Extractions	20%*	
Oral Surgery, Periodontics, Endodontics	20%*	
<b>Major Dental Services</b>		
Inlays/Onlays/Crowns	50%*	
Dentures & Other Removable Prosthetics	50%*	
Fixed Partial Dentures (Bridges)	50%*	
<b>Orthodontic Services</b>		
Diagnose or correct misalignment of the teeth or bite	50%*	
*For children 19 years and younger		

**Notes:**

All out-of-network charges are subject to usual and customary pricing. Claims are paid at 90th percentile of usual and customary.

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provision.

If you elect to participate in the dental plan you will be responsible for 100% of the monthly premium. However, it can be paid "pre-tax".

\*After Deductible



Summary of Dental Benefits		
\$2,500 Dental Plan		
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee Only	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum</b>		
Non-Orthodontics	\$2,500/person/year	\$2,500/person/year
Orthodontics (Up to age 19)	\$2,500/person/lifetime	\$2,500/person/lifetime
Orthodontics (Adults)	\$1,000/person/lifetime	\$1,000/person/lifetime
<b>Preventative Care</b>		
Cleanings, Fluoride Treatments, Sealants, Space Maintainers	100% Covered	
<b>Diagnostic Services</b>		
Periodic Oral Evaluation, Radiographs, Labs & Diagnostic Tests	100% Covered	
<b>Basic Dental Services</b>		
Restorations, General Services, Simple Extractions	10%*	
Oral Surgery, Periodontics, Endodontics	10%*	
<b>Major Dental Services</b>		
Inlays/Onlays/Crowns	20%*	
Dentures & Other Removable Prosthetics	20%*	
Fixed Partial Dentures (Bridges)	20%*	
Implants	20%*	
<b>Orthodontic Services</b>		
Diagnose or correct misalignment of the teeth or bite	20%*	

**Notes:**

All out-of-network charges are subject to usual and customary pricing. Claims are paid at 90th percentile of usual and customary.

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provision.

\*After Deductible



### Dental Plan Premiums (Per Paycheck)

Plan	Single Coverage	2 Party Coverage	Family Coverage
\$1,500 Dental Plan	\$27.50	\$48.50	\$75
\$2,500 Dental Plan	\$40	\$65	\$95

