



HEALTHEZ

Benefit

Overview



WELCOME!

HealthEZ is proud to serve as your benefits administrator. We help companies all over the US provide custom, personalized benefits to their employees. 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 having human beings answer our phones; no computers or phone trees. We are here to listen and help you if you're sick or just have a simple question about your benefits. You have one dedicated phone number to call-no matter what you need.

We provide you with a simple online statement once a month – making it easy for you to understand what your doctor billed, what your insurance paid, and what you owe. You can even pay your bill online!

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



PERSONALIZED CUSTOMER SERVICE

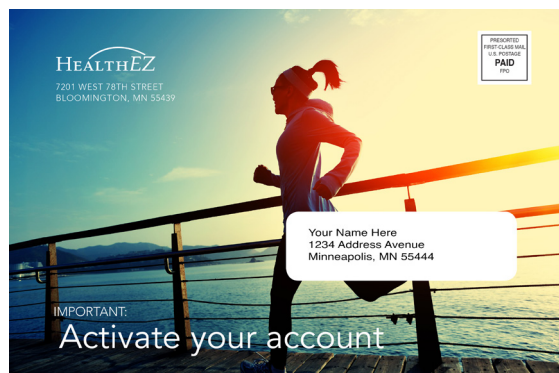
Freedom Academy has a dedicated phone number at 844-288-5703 that is answered between the hours of 8 A.M. and 7 P.M. Central Time. No phone trees! After business hours, simply press "3" to reach our 24/7 nurseline.

24/7 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!

ID CARDS

Keep an eye out for this HealthEZ mailer containing your ID card!



YOUR PERSONAL BENEFITS WEBSITE

You'll be able to set up your online account to view all your information about your benefits, including your statements, account balances, recently processed bills, and your EZpay accounts once you receive your ID card.

Benefit information, your plan overview, forms, educational materials, and access to customer service is available on the custom website. Everything you need, all in one place.



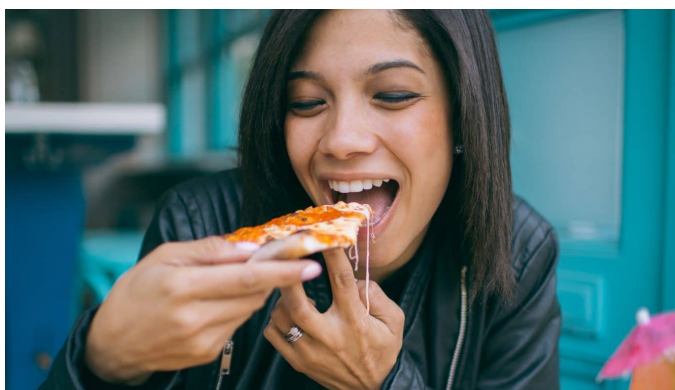


Your primary medical network is Health West/EMI.

Your medical network is a group of health care providers. It includes doctors, specialists, hospitals, surgical centers and other facilities. These health care providers provide services at a lower rate, which you will see reflected on your statements as a discount.

There may be times when you decide to visit a doctor who is out-of-network, and those out-of-pocket costs are always higher. There are no discounts with these out-of-network services, and you will be responsible for paying the difference between the providers full charge and the amount your plan pays for. This is called balance billing.

To ensure the smallest bill possible, and to check that your provider is in-network, please visit FreedomPrepBenefits.com, and click "Find a Doctor."



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. 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 DenteMax.com or call customer service at 800-752-1547.



Your pharmacy benefit manager is Magellan Rx.

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers. Magellan administers your prescription drug plan, and offers home delivery of medications and a network of pharmacies offering more affordable medications.

Talk to your provider about a lower cost alternative. Generic drugs are important options and offer the same dosage form, safety, quality, and performance characteristics of brand-name drugs.

The same prescription rarely costs the same from store to store. Be a savvy consumer and price compare your prescriptions at different pharmacies to get the best price. Check out Wal-mart's "\$4 Prescriptions," and don't forget Sam's Club and Costco - you don't have to be a member to access their pharmacy!

Did you know there are coupon and price comparison sites for prescriptions? Check out these sites and see if you are paying too much:





EZpay is a free medical payment service which allows you to pay your medical bills from your own credit card or debit card - simply, easily, and safely.



Sign up from your custom benefits site!

1. Login or create an account by clicking "Need to set up online access?" on the login page
2. Click on "HealthEZpay Accounts" located on the left sidebar
3. Click "Add another credit card" (even if it is your first account) and agree to the Terms of Service
4. Fill in your information and click "Submit" to start enjoying the benefits of Auto-Pay with HealthEZ

How it Works

You will receive an email once a bill is processed, and will be asked to approve payment if you owe money.

EZpay will pay by default if you do not respond in:

- 2 business days for claims under \$250
- 5 business days for claims over \$250

EZpay will combine your payment with any medical plan payments so your provider is paid in full.

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.

HEALTHEZ
7201 West 78th Street, Suite 100
Bloomington, MN 55439

THIS IS NOT A BILL. DO NOT PAY.

Statement Summary

Member ID: XXXXXXX4567
Statement Date: 2/21/11

New Transactions This Period

Paid by your health plan	\$441.49
Paid by your HealthEZpay accounts	\$301.84
You owe providers	\$0.00

Paid by Your Employer YTD:

Medical	\$441.49
Dental	\$117.30
Pharmacy	\$0.00

Information & Resources

Your Resources for Help

Benefit Questions: <custom phone #>
<customsite.com>

EOBs Available Online

The Explanation of Benefits that corresponds to this statement is available by logging in at <customwebsite.com>. If you have questions, call <custom phone#>.

HealthEZpay Account Summaries

Flexible Spending Account (FSA)

Claims Paid Year-to-date	\$0.00
Available Amount	\$500.00

Health Savings Account (HSA)

Claims Paid This Period	\$223.93
Current Balance	\$275.07

Health Reimbursement Account (HRA)

Claims Paid This Period	NA
Current Balance	NA

Credit/Debit Card Accounts

Claims Paid This Period	\$77.91
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Your Year-to-Date Summaries

Medical In-Network Deductible

Met Year-to-Date	\$301.84
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Medical In-Network Out-of-Pocket

Met Year-to-Date	\$301.84
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Dental Benefit

Used Year-to-Date	\$117.30
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Information current as of statement date. For detailed and up-to-date information, go to <customsite.com>.

Transactions for the Current Period

MEDICAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid*	You Owe Provider
01/15/2011	Jane	Care Clinic	\$248.00	\$24.07	\$0.00	\$223.93	\$0.00
01/15/2011	Alex	County Hospital	\$911.00	\$391.60	\$441.49	\$77.91	\$0.00

DENTAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/12/2011	Jane	Family DentalCare	\$138.00	\$20.70	\$117.30	\$0.00	\$0.00

PHARMACY

Service Date	Patient	Pharmacy	Drug Name	Retail Amount	You Paid
01/16/2011	Jane	Corner Pharmacy	AZITHROMYCIN TAB 250MG	\$48.00	\$8.00
01/21/2011	Alex	Corner Pharmacy	NUTRINATE CHW	\$48.00	\$8.00

For a copy of your detailed Explanation of Benefits (EOB), log in at <customsite.com> and click on "Statements" in the left sidebar.

HEALTH SAVINGS ACCOUNT

If you are enrolled in one of the HSA plans, you are eligible for a Health Savings Account (HSA). An 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 \$3,500 for single coverage and \$7,000 for family coverage in 2019. Those who are age 55+ are allowed to contribute an additional \$1,000 per year.





All members have unlimited access to doctor consultations with a licensed physician at \$0 cost through HealthiestYou telemedicine services. They can consult, diagnose, and prescribe for things like allergies, upper respiratory infections, earaches, pink eye, urinary tract infections, and more.

You can speak to a licensed physician at any time or access via video chat or email no matter where you are. Visit healthiestyou.com or call 866-703-1259.



BOOST YOUR BABY

Moms-to-be are identified, assisted, and followed by a Mommy Mentor to support a healthy pregnancy.

Those determined to be high risk are placed with a nurse in Care Management. All moms in Boost Your Baby are followed monthly and through six months post-delivery.

Visit www.boostyourbaby.com, or call 800-808-4848 to learn more.



CARE MANAGEMENT

If you require medical services like a surgery, hospital stay or are diagnosed with a complex medical condition, you may receive a call from one of the HealthEZ nurses.

The nurse is there to help you understand your treatment options, coordination of services among your doctors, and make sure you have everything you need for a quick recovery with the right care in the right setting.

CARE ADVOCATES

We help members manage chronic conditions like diabetes, hypertension, and high cholesterol. We provide education, diet and exercise tips. We can even provide referrals to providers, make appointments when necessary, and order your medical supplies for you!

HealthEZ's team of health care professionals believe that partnership and realistic support are the keys to lasting change.



Summary of Medical Benefits		
\$500 Copay Plan		
	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$500	\$1,500
Family	\$1,000	\$3,000
Coinsurance	10%	50%
Out-of-Pocket Maximum		
Employee only	\$1,500	\$3,000
Family	\$3,000	\$6,000
Preventive Care	100% Covered	Not Covered
Office Visits		
Primary Services	\$25 Copay	50%*
Specialist Services	\$35 Copay	50%*
Hospital Services	10%*	50%*
Emergency Services	\$150 Copay 0%*	
Emergency Room		
Emergency Medical Transportation		
Urgent Care Services	\$50 Copay	50%*
Chiropractic Services	\$40 Copay	50%*
Mental Health/Chemical Dependency		
Inpatient	10%*	50%*
Outpatient	\$35 Copay	50%*
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
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



Summary of Medical Benefits

\$1,000 Copay Plan

	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$1,000	\$3,000
Family	\$2,000	\$6,000
Coinsurance	20%	50%
Out-of-Pocket Maximum		
Employee only	\$5,000	\$10,000
Family	\$10,000	\$20,000
Preventive Care	100% Covered	Not Covered
Office Visits		
Primary Services	\$30 Copay	50%*
Specialist Services	\$40 Copay	50%*
Hospital Services	20%*	50%*
Emergency Services**		
Emergency Room	\$200 Copay	\$200 Copay
Emergency Medical Transportation	20%*	50%*
Urgent Care Services	\$75 Copay	50%*
Chiropractic Services	\$45 Copay	50%*
Mental Health/Chemical Dependency		
Inpatient	20%*	50%*
Outpatient	\$40 Copay	50%*
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$5 Copay	\$10 Copay
Preferred brand	\$25 Copay	\$50 Copay
Non-preferred brand	\$45 Copay	\$90 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

\$1,500 HSA Plan

	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$1,500	\$3,250
Individual on Family Plan	\$2,700	\$3,250
Family	\$3,000	\$6,250
Coinsurance	20%	50%
Out-of-Pocket Maximum		
Employee only	\$5,000	\$10,000
Family	\$8,000	\$20,000
Preventive Care	100% Covered	Not Covered
Office Visits		
Primary Services	20%*	50%*
Specialist Services	20%*	50%*
Hospital Services	20%*	50%*
Emergency Services**		
Emergency Room	20%*	50%*
Emergency Medical Transportation	20%*	50%*
Urgent Care Services	20%*	50%*
Chiropractic Services	20%*	50%*
Mental Health/Chemical Dependency		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
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
Calendar Year Deductible		
Employee only	\$2,700	\$5,350
Family	\$5,300	\$10,650
Coinsurance	20%	50%
Out-of-Pocket Maximum		
Employee only	\$5,000	\$10,000
Family	\$8,000	\$20,000
Preventive Care	100% Covered	Not Covered
Office Visits		
Primary Services	20%*	50%*
Specialist Services	20%*	50%*
Hospital Services	20%*	50%*
Emergency Services**		
Emergency Room	20%*	50%*
Emergency Medical Transportation	20%*	50%*
Urgent Care Services	20%*	50%*
Chiropractic Services	20%*	50%*
Mental Health/Chemical Dependency		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	20%*	50%*
Preferred brand	20%*	50%*
Non-preferred brand	20%*	50%*
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 2019-2020, 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



UnitedHealthcare Vision Benefit Summary

Plan 169

Benefits at a Network Provider

When you visit a network provider and receive these covered services....

Vision Exam	You will pay a \$10 copay at the time of service.
Materials	You will pay a \$10 copay at the time of service. The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contact lenses in lieu of eyeglasses.
Pair of Lenses (for spectacles) <ul style="list-style-type: none"> Standard single vision Standard lined bifocal Standard lined trifocal Standard lenticular 	Options, such as progressive lenses, polycarbonate lenses, tints, UV and anti-reflective coating, may be available at a discount. Standard scratch-resistant coating covered-in-full.
Frames	You will receive a \$130 retail frame allowance towards the purchase of any frame at an in-network provider. Additionally, for materials cost that exceed the frame allowance; you may receive an additional 30% discount, available only at participating providers.
Contact Lenses* <ul style="list-style-type: none"> Covered-in-full elective contact lenses All other elective contacts Necessary contact lenses** 	The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full (after applicable copay) for the most popular brands on the market. If covered disposable contact lenses are chosen, up to four boxes (depending on prescription) are included when obtained from a network provider. It is important to note that UnitedHealthcare Vision's covered-in-full contact lenses may vary by provider. A \$105 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the UnitedHealthcare Vision's covered-in-full contacts (materials copay does not apply). Toric, gas permeable and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection. Covered-in-full (after applicable copay)
Frequencies	Exam – Once every 12 months Lenses – Once every 12 months Frames – Once every 12 months

*Contact lenses are in lieu of spectacle lenses and a frame.

**Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia or keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision will make before you purchase such contacts.

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your healthcare expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employers, the Policy shall prevail.

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





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:

Additional Amounts (Per Paycheck)		
Single Coverage	2 Party Coverage	Family Coverage
\$140.00	\$250.00	\$370.00

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

Medical Plan Premiums (Per Paycheck)			
Plan	Single Coverage	2 Party Coverage	Family Coverage
\$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

Dental Plan Premiums (Per Paycheck)			
Plan	Single Coverage	2 Party Coverage	Family Coverage
\$1,500 Dental Plan	\$30	\$52.20	\$85
\$2,500 Dental Plan	\$45	\$70	\$105





Benefit Enrollment / Change Form

Employee	First Name:	M.I.	Last Name:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Mailing/Street Address:	Apt./Ste.	City:	State:	Zip Code:		
	Birth Date:	Hire Date:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Phone Number:	Email:		
Enrollment	Enrollment Type:	<input type="checkbox"/> New Hire	<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Qualifying Event	<input type="checkbox"/> Decline (See Decline Section)		
	Qualifying Event Type: (If applicable)	<input type="checkbox"/> Marriage / Divorce	<input type="checkbox"/> Birth / Death		<input type="checkbox"/> Court Order		
		<input type="checkbox"/> Loss of Coverage	<input type="checkbox"/> Reduction in Hours		<input type="checkbox"/> Change Name / Address		
		<input type="checkbox"/> COBRA	<input type="checkbox"/> Other _____				
Medical	Medical Plan Election:	<input type="checkbox"/> \$500 Copay Plan	<input type="checkbox"/> \$1,000 Copay Plan	<input type="checkbox"/> \$1,500 HSA Plan	<input type="checkbox"/> \$2,700 HSA Plan	<input type="checkbox"/> Decline	
	Medical Plan Coverage:	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Family		
Dental	Medical Plan Election:	<input type="checkbox"/> \$1,500 Dental Plan	<input type="checkbox"/> \$2,500 Dental Plan	<input type="checkbox"/> Decline			
	Medical Plan Coverage:	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Family		
Dependents	Name	SSN	DOB	Relationship	Sex (M/F)	Disabled (Y/N)	Include on Plan
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
HSA Election	<input type="checkbox"/> Yes, I would like to set up a Health Savings Account (This option is available if you enroll in the HSA plan). Your annual deduction will be divided into equal amounts and deducted from each pay period throughout the year. I elect to have an ANNUAL deduction of \$_____ (maximum of \$3,500 for employee-only coverage, or \$7,000 for all other levels of coverage) reduced from my salary before taxes to reimburse me for qualified expenses which I incur during the plan year. Maximum contribution to the HSA Plan will be reduced by company contribution. Employees who are age 55 or older can make a catch-up contribution of \$1,000 in addition to IRS maximums.						
Decline	<input type="checkbox"/> I understand the benefits provided by the Group Insurance Contract under ERISA regulations include Health and/or Dental coverages. I have reviewed and understand the benefit options and requirements presented herein. I understand that I may not be eligible to enroll myself and dependents if I desire to apply for coverage at a later date, unless I qualify to enroll at a later date in accordance with the special enrollment conditions.						
Other Insurance	<input type="checkbox"/> I do not have other insurance coverage			<input type="checkbox"/> I have enrolled thru the state or federal Marketplace			
	<input type="checkbox"/> I have other insurance coverage			<input type="checkbox"/> I have other insurance coverage, but intend to cancel that coverage			
	Policy Holder Name:			Policy Holder Date of Birth:			
	Insurance Company Name:			Insurance Company Address:			
	Policy Number:			Group Number:			
Names of Covered Individuals:							
Employee Authorization	<input type="checkbox"/> I understand I have the option to pay the premiums for my employer-sponsored health plan through a before-tax reduction of my salary. I understand that if this amount increases or decreases during the plan year, my salary reduction will be adjusted to reflect that increase or decrease. I hereby apply for the coverage for which I am now or may be eligible under this group policy. I hereby authorize the deduction from my earnings of the required contribution, if any, toward the cost of such coverage. I authorize payment of medical benefits to all providers, where applicable, for those charges covered by my group insurance benefits. I authorize release to or by HealthEZ of any medical information including copies of medical records or insurance information as necessary for claims adjudication, utilization review, or coordination of benefits. <input type="checkbox"/> To the best of my knowledge and belief, the information I have provided on this form is complete and correct. I acknowledge that the terms of the Summary Plan Description govern all payments made by the Plans.						

Employee Signature

Date

401(k) PLAN INTRODUCTION



FREEDOM
PREPARATORY ACADEMY

PLAN HIGHLIGHTS 2018

Who is eligible to participate in the 401(k) plan?

All employees become eligible to participate in the plan immediately after hire, with no service requirement, if they are at least age 21. Deferral elections can only be made at the beginning of each school year, but a participant can choose to stop participating at any time.

Does the company contribute to the 401(k) plan?

The company makes a Non-Elective Contribution equal to 9% of compensation on behalf of all eligible employees that are not excluded from Employer Contributions. The plan also provides for a matching contribution whereby the employer makes additional matching contributions according to an employee's years of service with the company, up to a maximum of 5%.

Both the match and the non-elective contribution are contributed each July and are calculated based on the compensation and deferrals from the previous calendar year.

To qualify for an employer contribution, you must be employed on the last day of the calendar year, and you must complete at least 1000 hours of service during the calendar year. The following classifications are also excluded from receiving an employer contribution: Hourly Employees, Teacher Level I, School Psychologist, Cleaning and Maintenance Staff, and Business Managers.

Are there tax advantages to contribution to a 401(k) plan?

Participants may elect to defer pre-tax in order to save on income taxes now. With pre-tax contributions, taxes are paid when the savings are withdrawn. Or participants may elect to use Roth contributions which allows them to pay taxes now instead of in retirement.

ENROLLMENT PROCESS

How does an eligible employee enroll in the plan?

An eligible employee can enroll in the plan using any of the following options:

1. *Enroll online at www.myplanconnection.com.* To do this, the employee will enter their SSN without any dashes as the Username and the last 4 digits as the password, then follow the onscreen prompts.
2. *Enroll by phone.* The participant service team can be reached by calling 800-878-5220. The employee will need to provide census information such as Social Security Number & Date of Birth to enroll by phone.
3. *Enroll by paper form.* Each eligible employee should receive a My Plan booklet which will include an enrollment form which can be completed manually and returned by email or fax as specified in the form.

How do does a participant access their account?

The plan portal will be available at www.myplanconnection.com. Or employees can obtain plan account details by calling the participant service team at 800-878-5220.

SERVICE PROVIDERS

Service

Plan Investment Advisor:
Plan Administrator:
Plan Recordkeeper:
Plan Custodian:

Provider

Fader Financial – Talon Webb
BenefitGuard
BlueStar Retirement Services
TD Ameritrade Trust Company

