

# Benefits Overview

Freedom Preparatory  
Academy



**FREEDOM**  
PREP ACADEMY

health**EZ**

EFFECTIVE 07.01.2022 | [FREEDOMPREPBENEFITS.COM](https://FREEDOMPREPBENEFITS.COM) | 844-288-5703

# Welcome back!

## We're here to make your life easier.

HealthEZ is an independent third-party administrator (TPA), which means we manage your employer's health benefits and process your medical claims. We work with your employer to design a custom benefits plan for your organization and we're ready to help you access the services you need. We've been providing our knowledgeable and service-oriented approach for 40 years.

## Direct access to member support

### Dedicated phone number

Freedom Academy has a dedicated phone number at 844-288-5703 that is answered by a real person between 6 a.m. and 6 p.m. MST. Outside of the hours listed, simply press "3" to reach our 24/7 help line.

### 24/7 helpline

You have 24/7 access to our team of experienced doctors and nurses. Have a health-related concern or need help finding the right doctor? Give us a call at 844-288-5703. We are here to help you.

### Dedicated benefits website

You can use Freedom Academy's dedicated benefits website at [FreedomPrepBenefits.com](https://FreedomPrepBenefits.com) to learn about and manage your health plan. View your benefits, review pharmacy information, search to find a doctor and more.

You can set up a myHealthEZ account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZpay.

# Manage your health benefits without all the headaches.

Download the free myHealthEZ app to view your benefits, manage and pay bills, get 24/7 support, locate care providers near you, and access your digital insurance card—right from your phone.



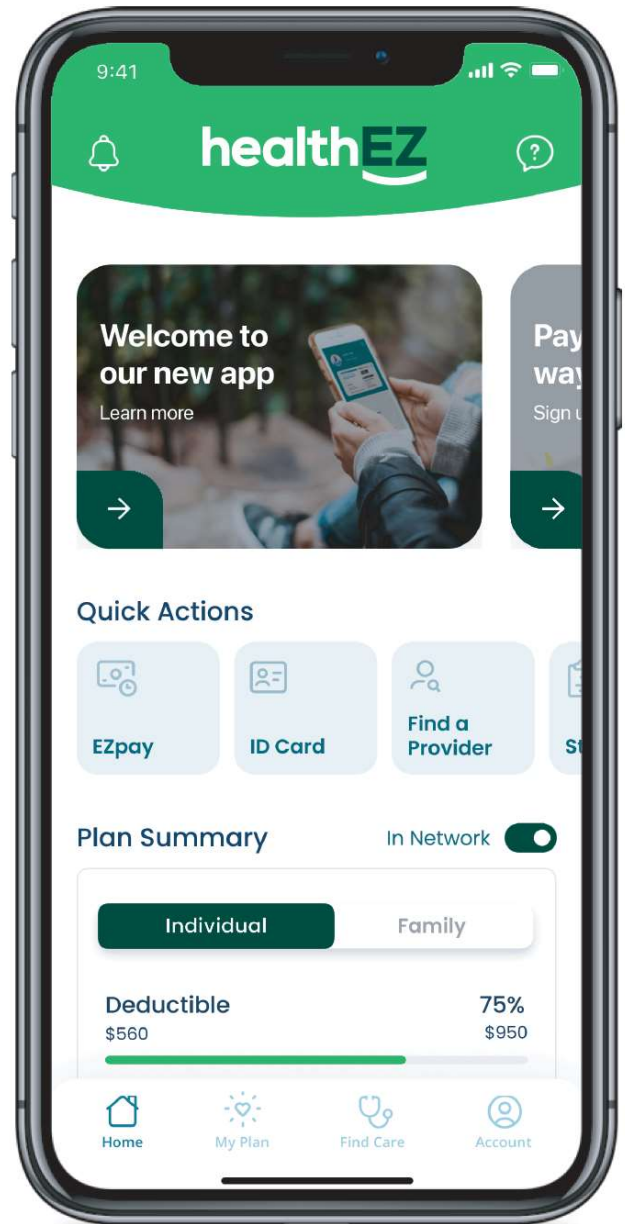
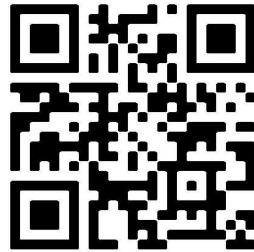
## Tap. Pay. Done.

Pay bills, schedule automated payments, and view past statements in one simple, secure location.



## 24/7 help and support

Find answers faster with access to support materials, or by connecting with a member support representative.

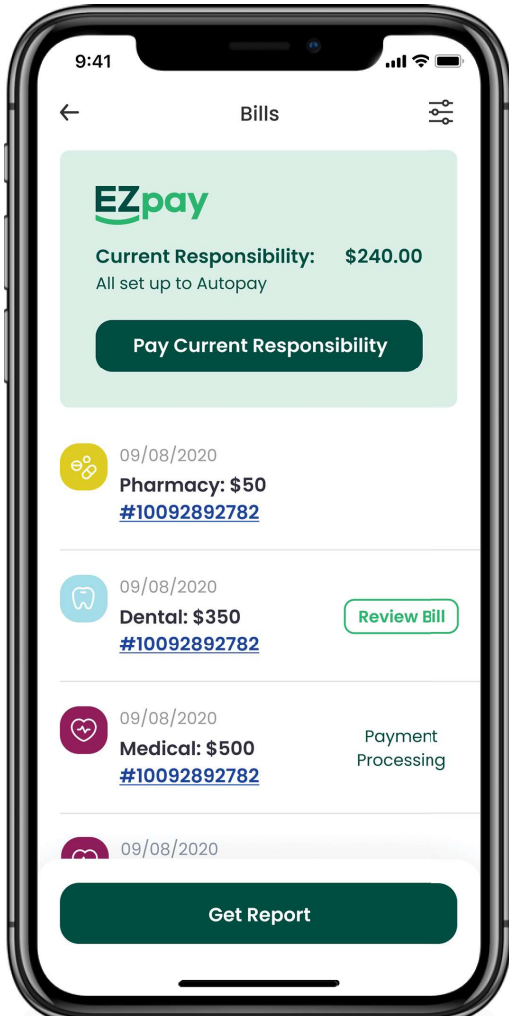


## myHealthEZ Account

With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit [myHealthEZ.com](https://myHealthEZ.com) or [FreedomPrepBenefits.com](https://FreedomPrepBenefits.com) and click "Login."

If you have not registered an account with HealthEZ yet, enter in your credentials, choose a password, and click "Activate Your Account".

Dependents over the age of 19 can create their own myHealthEZ account to manage their plan and request a replacement ID card or download their ID card directly to their own devices.



## Seamless online payments

EZpay is HealthEZ's online payment system that allows you to easily and quickly pay your portion of medical bills with your payment of choice, including credit and debit cards, and HSA accounts.

After you set up EZpay, every time we process a bill of yours, we will send you an email asking you to approve the payment for the amount due.

EZpay will pay the bill by default if you do not respond to the email in:

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

EZpay will combine your payment with payment from your health insurance so that we pay your healthcare provider in full.

## One simple statement

We consolidate all of your monthly healthcare expenses into one simple statement. This statement eliminates confusion and provides information about year-to-date deductible and out-of-pocket maximums, and itemized transactions during the current billing period.





## Medical ID cards

If you are new to the HealthEZ plan, keep an eye out for your medical ID card. Once you receive that, you can setup your myHealthEZ account.

If you are a current HealthEZ member, please note that you will be receiving a new medical ID card after open enrollment has closed.

If you need a replacement card, log into to your myHealthEZ account and request a new card be printed and mailed, or download a digital copy directly to your device!

Dependents over the age of 19 can create their own myHealthEZ account to manage their plan and request a replacement ID card or download their ID card directly to their own devices.



**Your medical network is Cigna.**



### What is a medical network?

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

### What if I go outside of my medical network?

There may be times when you decide to visit a doctor or clinic that is out-of-network. The costs for these visits and services will always be higher than seeing doctors that are in-network. You will be responsible for paying the difference between the provider's full charge and the amount your health insurance plan pays. This is called balance billing.

### How do I know if my provider is in-network?

Please visit [FreedomPrepBenefits.com](https://freedomprepbenefits.com), and click "Find a Doctor."

# Your Pharmacy Benefit Manager is MagellanRx.



## What is a Pharmacy Benefit Manager?

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers. Your PBM administers your prescription drug plan and offers a network of pharmacies that offer more affordable medications.

## What is Mail Order?

If you take maintenance medications for long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol you could save money with Magellan Rx Home, Magellan's mail service pharmacy. Visit [FreedomPrepBenefits.com](https://www.freedomprepbenefits.com) for more information on how to get started and to download the Magellan Rx Home mail service forms.

## What is Step Therapy and Prior Authorization?

Step Therapy is a program that requires members to initially try preferred, medically proven and less expensive prescription drugs before "stepping up" to more expensive drugs.

Prior Authorizations promotes the use of safe, effective and reasonably-priced drug therapy. Your healthcare provider is required to provide medical information to determine coverage.

For questions on Step Therapy or your Prior Authorization, contact Magellan Rx at 800-424-5828.

## What are Generic drugs?

Generic drugs are copies of brand-name drugs and are the same as those brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price. To find out if there is a generic equivalent for your brand-name drug, talk to your doctor or visit [MagellanRx.com](https://www.MagellanRx.com).

## Magellan Member Portal

Access your prescription history, schedule a refill and more! Visit [MagellanRx.com](https://www.MagellanRx.com) and select Member Portal. If it's your first time on the site, you will need to complete the one-time registration process.

To register, fill out the registration form. Click on confirmation link sent to the email you registered with within 24 hours (if you don't click on the link within 24 hours you will need to re-register). The link will take you to the member login page and will complete your registration.





## Maternity support

Our Boost Your Baby program matches moms-to-be with a Mommy Mentor to support a healthy pregnancy. It's a non-clinical support system for future moms to use throughout their pregnancy. We promise to: provide good and honest information, be supportive when you need us, make life easy and simple (at least the parts we can), and respect mom & dad's wishes.

Benefits of program include monthly support from a mommy mentor, free breast pump and gifts, nurses available 24/7 for any medical advice or high risk care, and miscarriage support.

Visit [boostyourbaby.com](https://boostyourbaby.com), or call 800-808-4848 to learn more.

## Care management

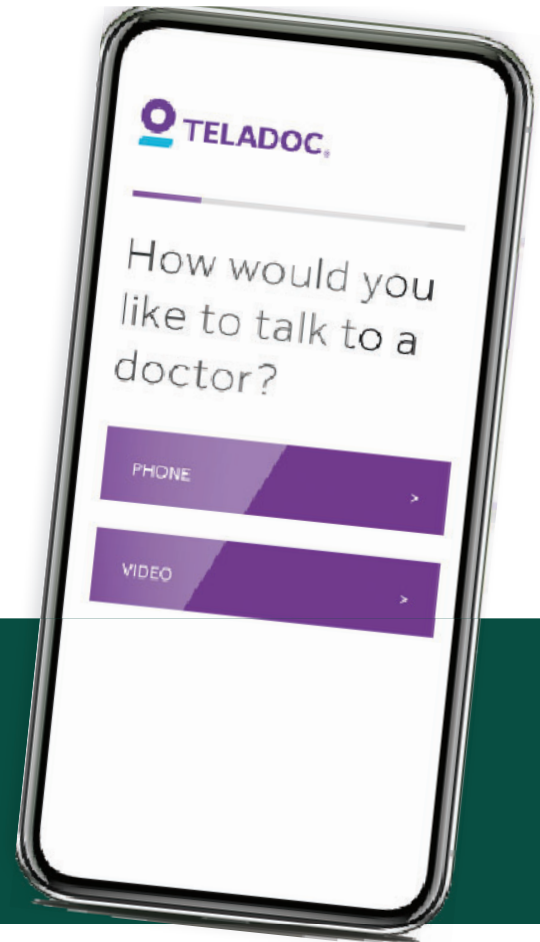
If you need a medical service like a surgery or hospital stay or your doctor diagnoses you with a complex medical condition, a HealthEZ nurse may contact you. The nurse will help you understand your treatment options, coordinate services among your doctors and ensure you have everything you need for a quick recovery and are receiving the right care in the right setting.

We provide tips to members living with chronic health conditions, like diabetes, hypertension and high cholesterol. We can also provide these members with referrals to healthcare providers. Our team of doctors and nurses believe that the key to lasting change is partnering with you to offer realistic advice and support.



## You've got Teladoc virtual health!

All members have access to virtual health appointments with a licensed physician through Teladoc telemedicine services. This benefit can save you a trip to the clinic. There's no need for waiting rooms or travel or taking time off from work. Simply use your computer or smartphone to connect



Visit [Teladoc.com](https://www.teladoc.com) or call 1-800-Teladoc to contact a doctor.

Talk to a doctor anytime, anywhere.

### General consultations

General consultations are unlimited, and doctors are available every day and at all times (24/7/365). Doctors can consult, diagnose and prescribe medications for things like:

- Allergies
- Upper respiratory infections
- Earaches
- Pink eye
- Urinary tract infections

### Mental health services

With Teladoc's mental health services, you can talk to a therapist from the privacy of your home or anywhere you feel comfortable. Simply pick a therapist to speak to and choose a time that is convenient for you.

Teladoc therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family & marriage issues

### Dermatology care

If you're having problems with your skin, Teladoc Dermatology can help. Instead of waiting weeks to get an appointment at a dermatology clinic, you can get a diagnosis and treatment plan in as quick as two business days.

Teladoc's dermatologists treat a wide variety of skin conditions, including:

- Psoriasis
- Acne
- Moles
- Rosacea



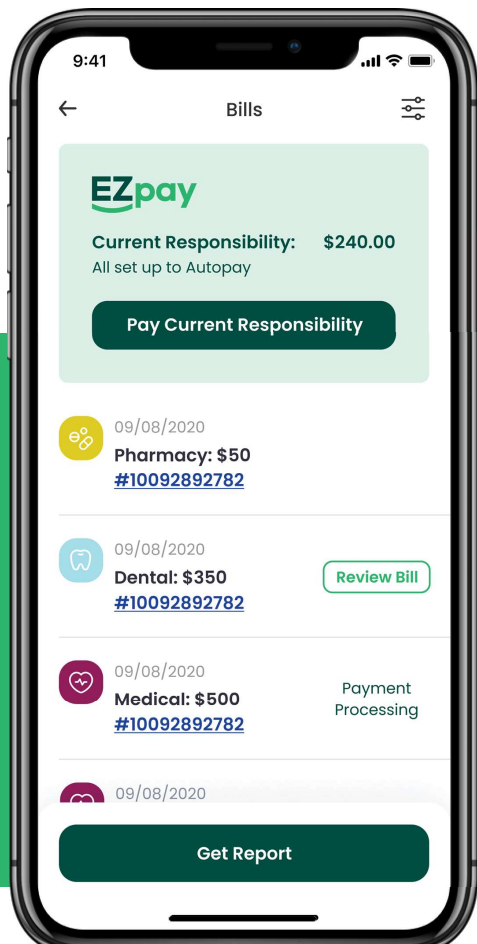
# Health Savings Account

A Health Savings Account (HSA) is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses.

By using untaxed dollars in an HSA, you may be able to lower your overall health care costs.

This account belongs to you, regardless if your employment or medical coverage changed. Funds in this account can grow tax free and rollover from year to year.

You are eligible for a Health Savings Account if are enrolled in the \$1,500 or \$2,800 HSA Plans.



## 2022 Maximum Annual Contribution Amounts\*

Employee Only: \$3,650  
Family Coverage: \$7,300

*\*Individuals age 55 or older are eligible to contribute an additional \$1,000 per year.*

## Add your HSA to EZPay!

Add your Health Savings Account (HSA) to your EZPay account within myHealthEZ to quickly pay your portion of medical bills. Setup payment priority with up to 5 credit and debit cards, and HSA accounts.

EZpay will combine your payment with payment from your health insurance so that we pay your healthcare provider in full.

# 4 Reasons to Contribute to Your HSA

The Health Savings Account (HSA) that comes with your HSA-eligible high deductible health plan can be a powerful savings tool—but only if you're putting money into it! Here's why you should be contributing to your HSA:

## 1. HSA funds are yours forever

The money you put into your HSA never expires—even if you change jobs or retire.

## 2. Grow your financial safety net

Building your HSA balance means you can more easily manage your healthcare costs—especially those unexpected expenses.

## 3. Save on healthcare expenses

You can put money into your HSA, use it to pay for IRS-qualified medical expenses, and gain interest on it — all tax-free.

## 4. Invest your HSA funds\*

HSA balances of \$1,000 or more can be invested—just like a 401(k). Plus, you can still access the HSA funds you've invested at any time, meaning your money is always there if you need it.

### Small steps make a big difference!

Can't contribute much to your HSA this year? That's ok! The key is to start small, but start now. Small deposits to your HSA can really go a long way in helping you build a financial safety net for retirement—especially if you make them regularly.



Now, what are you waiting for? Maximize your HSA by contributing today at [myaccounts.hsabank.com](https://myaccounts.hsabank.com) or on the mobile app.



### Need help?

Please call the number on the back of your HSA Bank debit card or visit us at [www.hsabank.com](https://www.hsabank.com)

\*Investment accounts are not FDIC insured and they are not bank guaranteed. Investment accounts are not a deposit account, or an obligation of HSA Bank, and they may lose value. They are not guaranteed by any federal government agency.

## 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	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	\$30 Copay	50%*
Specialist Services	\$45 Copay	50%*
Chiropractic Services	\$40 Copay	50%*
<b>Hospital Services</b>	10%*	50%*
<b>Emergency Services**</b>	\$250 Copay	
Emergency Room	0%*	
Emergency Medical Transportation		
<b>Urgent Care Services</b>	\$50 Copay	50%*
<b>Mental Health/Chemical Dependency</b>		
Inpatient	10%*	50%*
Outpatient	\$45 Copay	50%*
<b>Teladoc Services</b>		
General Consultations	100% Covered	
Dermatology	100% covered	
Mental Health - Therapist	100% covered	
Mental Health - Psychiatrist, initial evaluation	100% covered	
Mental Health - Psychiatrist, ongoing session	100% covered	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b>		
Generic	\$5 Copay	\$10 Copay
Preferred brand	\$15 Copay	\$30 Copay
Non-preferred brand	\$30 Copay	\$60 Copay
Specialty	25%*	Not available
<b>Employee Participation Per Paycheck</b>		
Single	\$75.00	
Employee + One	\$175.00	
Family	\$250.00	

Note: 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>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	\$40 Copay	50%*
Specialist Services	\$75 Copay	50%*
Chiropractic Services	\$45 Copay	50%*
<b>Hospital Services</b>	20%*	50%*
<b>Emergency Services**</b>		
Emergency Room	\$250 Copay	\$250 Copay
Emergency Medical Transportation	20%*	50%*
<b>Urgent Care Services</b>	\$75 Copay	50%*
<b>Mental Health/Chemical Dependency</b>		
Inpatient	20%*	50%*
Outpatient	\$75 Copay	50%*
<b>Teladoc Services</b>		
General Consultations	100% Covered	
Dermatology	100% covered	
Mental Health - Therapist	100% covered	
Mental Health - Psychiatrist, initial evaluation	100% covered	
Mental Health - Psychiatrist, ongoing session	100% covered	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b>		
Generic	\$5 Copay	\$10 Copay
Preferred brand	\$25 Copay	\$50 Copay
Non-preferred brand	\$45 Copay	\$90 Copay
Specialty	25%*	Not available
<b>Employee Participation Per Paycheck</b>		
Single		\$25.00
Employee + One		\$75.00
Family		\$100.00

Note: 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
<b>Calendar Year Deductible</b>		
Employee only	\$1,500	\$3,250
Individual on Family Plan	\$2,800	\$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>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	20%*	50%*
Specialist Services	20%*	50%*
Chiropractic Services	20%*	50%*
<b>Hospital Services</b>	20%*	50%*
<b>Emergency Services**</b>		
Emergency Room	20%*	50%*
Emergency Medical Transportation	20%*	50%*
<b>Urgent Care Services</b>	20%*	50%*
<b>Mental Health/Chemical Dependency</b>		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
<b>Teladoc Services</b>	100% Covered	
General Consultations	\$50 Copay*	
Dermatology	\$50 Copay*	
Mental Health - Therapist	\$50 Copay*	
Mental Health - Psychiatrist, initial evaluation	\$100 Copay*	
Mental Health - Psychiatrist, ongoing session	\$50 Copay*	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b>		
Generic	20%*	20%*
Preferred brand	20%*	20%*
Non-preferred brand	20%*	20%*
Specialty	20%*	Not available

No Employee Monthly Premiums

Note: 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

### \$2,800 HSA Plan

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee only	\$2,800	\$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>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	20%*	50%*
Specialist Services	20%*	50%*
Chiropractic Services	20%*	50%*
<b>Hospital Services</b>	20%*	50%*
<b>Emergency Services**</b>		
Emergency Room	20%*	50%*
Emergency Medical Transportation	20%*	50%*
<b>Urgent Care Services</b>	20%*	50%*
<b>Mental Health/Chemical Dependency</b>		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
<b>Teladoc Services</b>	100% Covered	
General Consultations	\$50 Copay*	
Dermatology	\$50 Copay*	
Mental Health - Therapist	\$50 Copay*	
Mental Health - Psychiatrist, initial evaluation	\$100 Copay*	
Mental Health - Psychiatrist, ongoing session	\$50 Copay*	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b>		
Generic	20%*	20%*
Preferred brand	20%*	20%*
Non-preferred brand	20%*	20%*
Specialty	20%*	Not available
<b>No Employee Monthly Premium</b>		
<b>HSA Employer Match</b>		
Single		\$25
Employee + One		\$50
Family		\$75

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

\* After deductible

\*\* Covered as in-network in true-emergency

# Benefit Enrollment / Change Form

<b>Employee</b>	<b>First Name:</b>	<b>M.I.</b>	<b>Last Name:</b>		<b>SSN:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<b>Mailing/Street Address:</b>	<b>Apt./Ste.</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>		
	<b>Birth Date:</b>	<b>Hire Date:</b>	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		<b>Phone Number:</b>	<b>Email:</b>	
<b>Enrollment</b>	<b>Enrollment Type:</b>	<input type="checkbox"/> New Hire	<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Qualifying Event	<input type="checkbox"/> Decline ( <i>See Decline Section</i> )		
	<b>Qualifying Event Type:</b> ( <i>If applicable</i> )	<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 _____			
<b>Medical</b>	<b>Medical Plan Election:</b>	<input type="checkbox"/> \$500 Copay Plan	<input type="checkbox"/> \$1,000 Copay Plan	<input type="checkbox"/> \$1,500 HSA Plan	<input type="checkbox"/> \$2,800 HSA Plan	<input type="checkbox"/> Decline	
	<b>Medical Plan Coverage:</b>	<input type="checkbox"/> Employee Only		<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Family	
<b>Dental</b>	<b>Medical Plan Election:</b>	<input type="checkbox"/> \$1,500 Dental Plan		<input type="checkbox"/> \$2,500 Dental Plan	<input type="checkbox"/> Decline		
	<b>Medical Plan Coverage:</b>	<input type="checkbox"/> Employee Only		<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Family	
<b>Dependents</b>	<b>Name</b>	<b>SSN</b>	<b>DOB</b>	<b>Relationship</b>	<b>Sex (M/F)</b>	<b>Disabled (Y/N)</b>	<b>Include on Plan</b>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
<b>HSA Election</b>	<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 \$3,650 for employee-only coverage, or \$7,300 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.						
	<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.						
<b>Other Insurance</b>	<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			
	<b>Policy Holder Name:</b>				<b>Policy Holder Date of Birth:</b>		
	<b>Insurance Company Name:</b>				<b>Insurance Company Address:</b>		
	<b>Policy Number:</b>				<b>Group Number:</b>		
<b>Names of Covered Individuals:</b>							
<b>Employee Authorization</b>	<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 \_\_\_\_\_

## Summary of Dental Benefits

### \$1,500 Dental Plan

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Employee only /Family	\$50 / \$150	
<b>Annual Maximum</b> Non-Orthodontics Orthodontics	\$1,500/person/year \$1,500/person/lifetime	\$1,500/person/year \$1,500/person/lifetime
<b>Preventive 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 Oral Surgery, Periodontics, Endodontics	20%* 20%*	
<b>Major Dental Services</b> Inlays/Onlays/Crowns Dentures & Other Removable Prosthetics Fixed Partial Dentures (Bridges), Implants	50%* 50%* 50%*	
<b>Orthodontic Services</b> Diagnose or correct misalignment of the teeth or bite *For children 19 years and younger	50%*	
<b>Dental Employee Rates Per Paycheck</b>		
Single	\$27.50	
Employee + One	\$48.50	
Family	\$75.00	

## Summary of Dental Benefits

### \$2,500 Dental Plan

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Employee only / Family	\$50 / \$150	
<b>Annual Maximum</b> Non-Orthodontics Orthodontics (Up to age 19) Orthodontics (Adults)	\$2,500/person/year \$2,500/person/lifetime \$1,000/person/lifetime	\$2,500/person/year \$2,500/person/lifetime \$1,000/person/lifetime
<b>Preventive 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 Oral Surgery, Periodontics, Endodontics	10%* 10%*	
<b>Major Dental Services</b> Inlays/Onlays/Crowns Dentures & Other Removable Prosthetics Fixed Partial Dentures (Bridges), Implants	20%* 20%* 20%* 20%*	
<b>Orthodontic Services</b> Diagnose or correct misalignment of the teeth or bite *For children 19 years and younger	20%*	
<b>Dental Employee Rates Per Paycheck</b>		
Single Employee + One Family	\$40.00 \$65.00 \$95.00	

## UnitedHealthcare Vision Benefit Summary

Plan 169

### Benefits at a Network Provider

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

<b>Vision Exam</b>	You will pay a \$10 copay at the time of service.
<b>Materials</b>	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.
<b>Pair of Lenses (for spectacles)</b> <ul style="list-style-type: none"> <li>▪ Standard single vision</li> <li>▪ Standard lined bifocal</li> <li>▪ Standard lined trifocal</li> <li>▪ Standard lenticular</li> </ul>	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.
<b>Frames</b>	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.
<b>Contact Lenses*</b> <ul style="list-style-type: none"> <li>▪ Covered-in-full elective contact lenses</li> <li>▪ All other elective contacts</li> <li>▪ Necessary contact lenses**</li> </ul>	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)
<b>Frequencies</b>	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.

[www.myuhcvision.com](http://www.myuhcvision.com) for additional plan information and doctors



## 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





## Preventive services

Your health plan covers preventive services at no charge to you. These include routine healthcare screenings and check-ups. Some examples are listed, but please see the link below for a full list of preventive services:

[www.healthcare.gov/preventive-care-benefits](http://www.healthcare.gov/preventive-care-benefits)

### Preventive services for adults

- Screenings for blood pressure, cholesterol, depression, diabetes, Hepatitis B and C, Lung cancer
- Counseling for alcohol misuse, STD prevention, tobacco cessation
- Immunizations for Hepatitis A and B, Herpes Zoster, HPV, Influenza, Measles, Meningococcal, Mumps

### Preventive services for women

- Screenings for anemia, breast cancer, cervical cancer, chlamydia, gestational diabetes, Osteoporosis
- Folic acid supplements for women who may become pregnant
- Contraception and sterilization procedures

### Preventive services for children

- Screenings for blood pressure, depression, hearing, Hepatitis B, HIV, obesity, vision
- Immunizations for Hepatitis A and B, Human Papillomavirus, Influenza, Measles, Rotovirus, Tetanus
- Assessments for alcohol and drug use, behavior, height, weight, body mass and oral health

## Who is eligible to participate in the Retirement Plan?

All employees become eligible to participate after 1,000 hours of service per calendar year from hire date and have reached the age of 21. Deferral elections can be made when enrolling or during open enrollment in August.

## Does Freedom Preparatory Academy contribute to the Retirement Plan?

The Freedom Preparatory Academy provides a matching contribution the plan whereby the employer makes matching contributions according to an employee's years of service with the company, up to a maximum of 5%.

The Freedom Preparatory Academy makes a Non-Elective Contribution equal to 9% of compensation on behalf of eligible employees to the plan.

Both the match and non-elective are contributed once a year and are calculated based on compensation and deferrals from the prior calendar year.

## Are there tax advantages to a contribution to the Retirement Plan?

Participants may elect to defer pre-tax in order to save on income tax now. With pre-tax savings the participant is responsible for the taxes when the savings are withdrawn. There is also a Roth option which allows for taxes to be paid now and tax free in retirement.

## Enrollment Process

### How does an eligible employee enroll in the plan?

Enroll online at [www.yourplanaccess.net/retirementplanconsultants](http://www.yourplanaccess.net/retirementplanconsultants). To do this, the employee will enter the plan code provided to them and follow the on screen prompts.

Enroll by paper form. Employees should receive an Enrollment Booklet that will include the enrollment forms.

For questions reach out to Alex Long or Greg Caldwell at FirstPurpose Wealth.

## Contact Information



Alex Long - FirstPurpose Wealth  
[along@firstpurposewealth.com](mailto:along@firstpurposewealth.com)

801-221-2939

Greg Caldwell - FirstPurpose Wealth  
[gcaldwell@firstpurposewealth.com](mailto:gcaldwell@firstpurposewealth.com)

801-221-2939

**RETIREMENT**  
PLAN CONSULTANTS LLC



# Connect with us

Freedom Academy has a dedicated phone number at 844-288-5703 that we answer between 6 a.m. and 6 p.m. MST. When you call, a real person answers. Outside of the hours listed, simply press "3" to reach our 24/7 help line.



[service@healthez.com](mailto:service@healthez.com)  
[FreedomPrepBenefits.com](https://www.freedomprepbenefits.com)



844-288-5703



7201 West 78th Street  
Bloomington, MN 55439