

Benefits Overview

**Freedom Preparatory
Academy**

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 "1" 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 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.



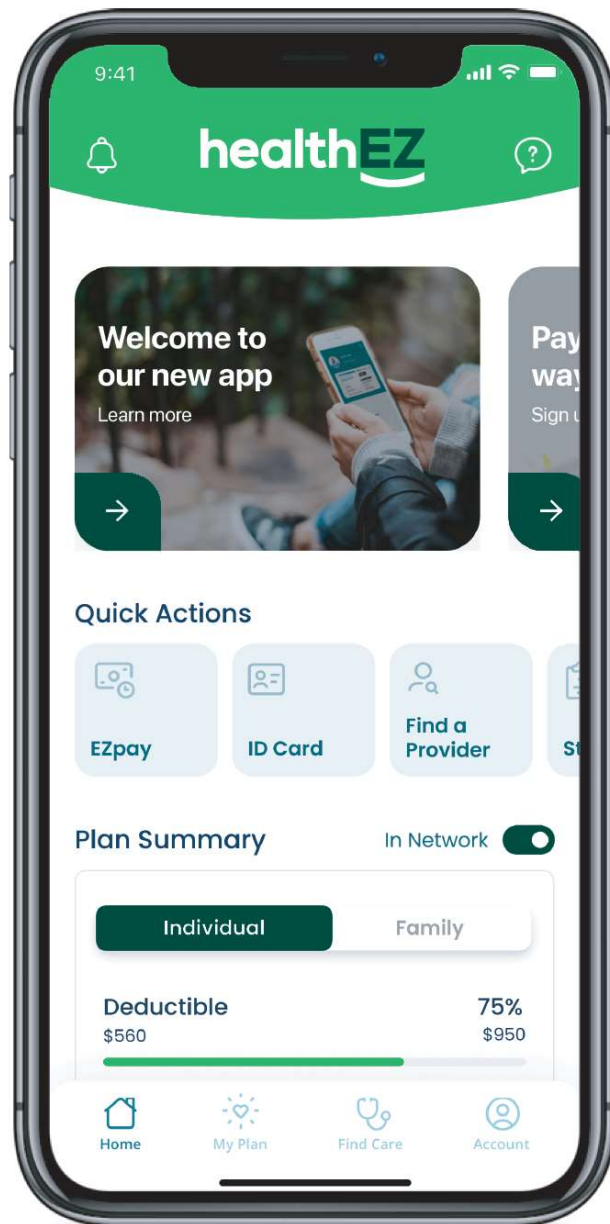
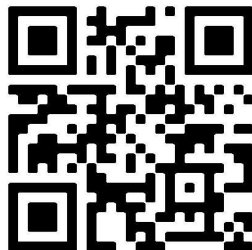
Tap. Pay. Done.

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.

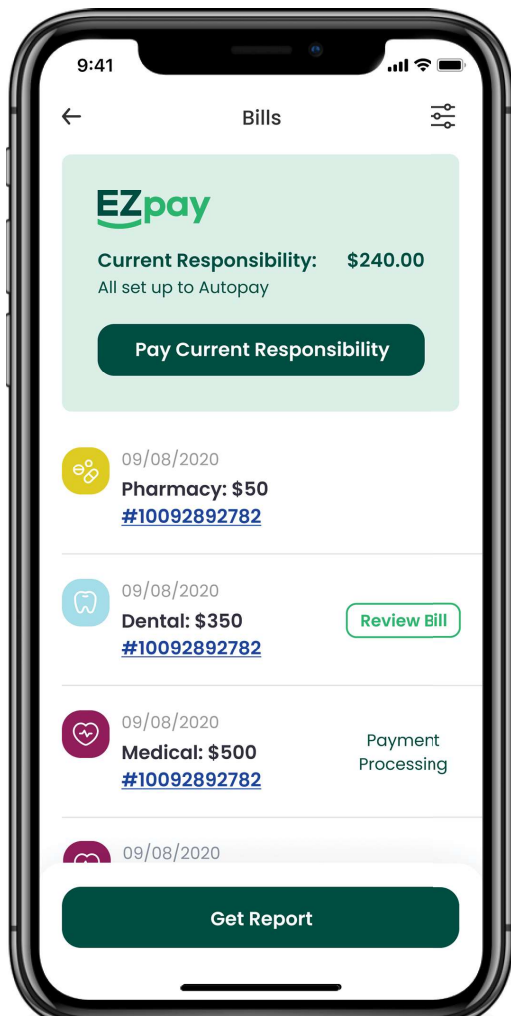


myHealthEZ Account

With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit myHealthEZ.com or 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.

What is Mail Order?

If you take maintenance medications for long-term conditions you could save money with Magellan's mail service pharmacy. Visit [FreedomPrepBenefits.com](https://freedomprepbenefits.com) to get started.

What are Generic drugs?

Generics are the same in dosage, safety, strength, quality and intended use as brand-name drugs, and although they are chemically identical to their branded counterparts, they are sold at substantial discounts. Talk to your doctor to find out if there is a generic equivalent for your brand-name drug.

Magellan Member Portal

Access your prescription history, schedule a refill and more! Visit [MagellanRx.com](https://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.

Your Specialty Medications are administered through Payer Matrix.



Your Prescription Plan has been enhanced to reduce your cost paid for specialty drugs through a program called the Specialty Cost Containment Solution. All plan participants using specialty drugs are required to meet prior authorization criteria and administrative review under the Payer Matrix program. You must enroll in the Payer Matrix program or you will be responsible for 100% co-insurance or the full cost of your medication

If you are currently taking a specialty medication, please contact a Payer Matrix Care Coordinator at (877) 305-6202 or email customerservice@payermatrix.com. Visit [FreedomPrepBenefits.com](https://freedomprepbenefits.com) to learn more about the program.



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, 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.

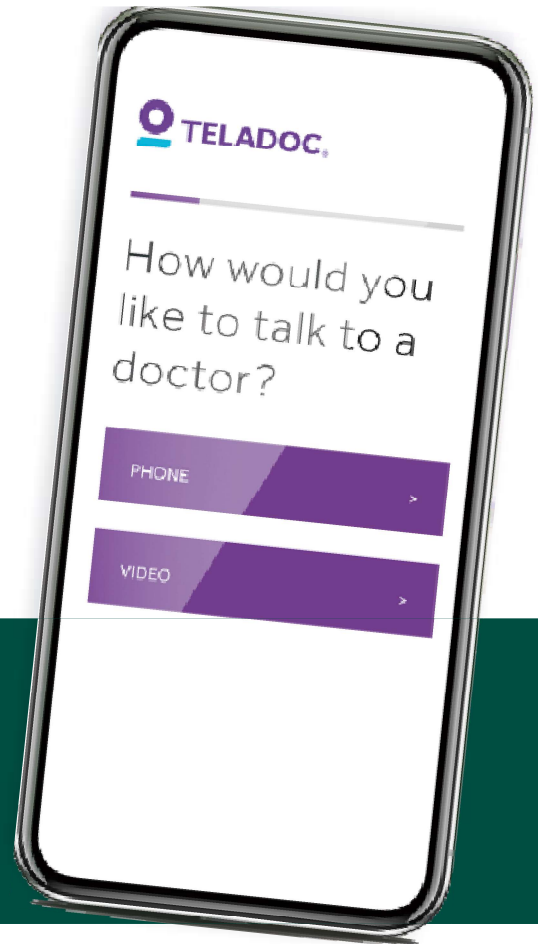


You've got Teladoc virtual health!

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 with your doctor.

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

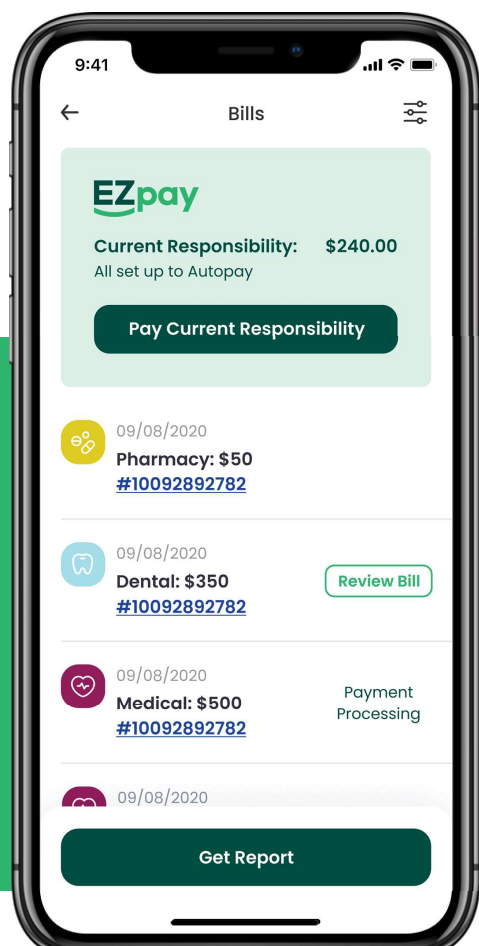
Health Savings Account

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 \$3,000 HSA Plans.



2023 Maximum Annual Contribution Amounts*

Employee Only: \$3,850
Family Coverage: \$7,750

**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 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

*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.

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WhyContributeFlyer_090319

hsabank 
own your health.®

Summary of Medical Benefits

\$500 Copay Plan

	In-Network	Out-of-Network
Calendar Year Deductible Employee only Family	\$500 \$1,000	\$1,500 \$3,000
Coinsurance	10%	50%
Out-of-Pocket Maximum Employee only Family	\$2,000 \$4,000	\$4,000 \$8,000
Preventive Care	100% Covered	Not Covered
Office Visits Primary Services Specialist Services Chiropractic Services	\$30 Copay \$45 Copay \$40 Copay	50%* 50%* 50%*
Hospital Services	10%*	50%*
Emergency Services** Emergency Room Emergency Medical Transportation	\$250 Copay 0%*	
Urgent Care Services	\$50 Copay	50%*
Mental Health/Chemical Dependency Inpatient Outpatient	10%* \$45 Copay	50%* 50%*
Teladoc Services General Consultations Dermatology Mental Health – Therapist Mental Health – Psychiatrist, initial evaluation Mental Health – Psychiatrist, ongoing session	100% Covered 100% Covered 100% Covered 100% Covered 100% Covered	

Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand Specialty	\$5 Copay \$15 Copay \$30 Copay 25%*	\$10 Copay \$30 Copay \$60 Copay Not available
Employee Participation Per Paycheck		
Single Employee + One Family	\$125.00 \$225.00 \$300.00	

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
Calendar Year Deductible Employee only Family	\$1,000 \$2,000	\$3,000 \$6,000
Coinsurance	20%	50%
Out-of-Pocket Maximum Employee only Family	\$5,000 \$10,000	\$10,000 \$20,000
Preventive Care	100% Covered	Not Covered
Office Visits Primary Services Specialist Services Chiropractic Services	\$40 Copay \$75 Copay \$45 Copay	50%* 50%* 50%*
Hospital Services	20%*	50%*
Emergency Services** Emergency Room Emergency Medical Transportation	\$250 Copay 20%*	\$250 Copay 50%*
Urgent Care Services	\$75 Copay	50%*
Mental Health/Chemical Dependency Inpatient Outpatient	20%* \$75 Copay	50%* 50%*
Teladoc Services General Consultations Dermatology Mental Health – Therapist Mental Health – Psychiatrist, initial evaluation Mental Health – Psychiatrist, ongoing session	100% Covered 100% Covered 100% Covered 100% Covered 100% Covered	

Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand Specialty	\$5 Copay \$25 Copay \$45 Copay 25%*	\$10 Copay \$50 Copay \$90 Copay Not available
Employee Participation Per Paycheck		
Single Employee + One Family	\$75.00 \$125.00 \$150.00	

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
Calendar Year Deductible		
Employee only	\$1,500	\$3,250
Individual on Family Plan	\$3,000	\$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%*
Chiropractic Services	20%*	50%*
Hospital Services	20%*	50%*
Emergency Services**		
Emergency Room	20%*	50%*
Emergency Medical Transportation	20%*	50%*
Urgent Care Services	20%*	50%*
Mental Health/Chemical Dependency		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
Teladoc Services	\$55 Copay applies until deductible is met, then 100% Covered \$85 Copay applies until deductible is met, then 100% Covered \$90 Copay applies until deductible is met, then 100% Covered \$220 Copay applies until deductible is met, then 100% Covered \$100 Copay applies until deductible is met, then 100% Covered	
General Consultations		
Dermatology		
Mental Health – Therapist		
Mental Health – Psychiatrist, initial evaluation		
Mental Health – Psychiatrist, ongoing session		

Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
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

\$3,000 HSA Plan

	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$3,000	\$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%*
Chiropractic Services	20%*	50%*
Hospital Services	20%*	50%*
Emergency Services**		
Emergency Room	20%*	50%*
Emergency Medical Transportation	20%*	50%*
Urgent Care Services	20%*	50%*
Mental Health/Chemical Dependency		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
Teladoc Services	\$55 Copay applies until deductible is met, then 100% Covered \$85 Copay applies until deductible is met, then 100% Covered \$90 Copay applies until deductible is met, then 100% Covered \$220 Copay applies until deductible is met, then 100% Covered \$100 Copay applies until deductible is met, then 100% Covered	
General Consultations		
Dermatology		
Mental Health - Therapist		
Mental Health - Psychiatrist, initial evaluation		
Mental Health - Psychiatrist, ongoing session		

Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	20%*	20%*
Preferred brand	20%*	20%*
Non-preferred brand	20%*	20%*
Specialty	20%*	Not available
No Employee Monthly Premium		
HSA Employer Match		
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

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 (<i>See Decline Section</i>)
	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"/> \$3,000 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 \$3,850 for employee-only coverage, or \$7,750 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

Summary of Dental Benefits

\$1,500 Dental Plan

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

Summary of Dental Benefits

\$2,500 Dental Plan

	In-Network	Out-of-Network
Calendar Year Deductible Employee only / Family	\$50 / \$150	
Annual Maximum 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
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%*	
Dental Employee Rates Per Paycheck		
Single	\$40.00	
Employee + One	\$65.00	
Family	\$95.00	

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 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

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, Rotavirus, Tetanus
- Assessments for alcohol and drug use, behavior, height, weight, body mass and oral health

Retirement Plan Introduction



Who is eligible to participate in the Retirement Plan?

All employees become eligible to participate after 1,000 hours of service from hire date and have reached the age of 21. Deferral elections can only be made in August of each year.

Does Freedom Preparatory Academy contribute to the Retirement Plan?

The Freedom Preparatory Academy provides a matching contribution to 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 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/. To do this, the employee will enter the plan code provided to them and follow the onscreen 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



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