

# Benefits Overview

**The Freedom Academy  
Foundation**

**Dedicated Website**

**[FreedomPrepBenefits.com](http://FreedomPrepBenefits.com)**

**Dedicated Phone Number**

**844-288-5703**





# Welcome!

## 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 over 40 years.



# Manage your health benefits without all the headaches

Download the free myHealthEZ app to view your benefits, manage and pay bills, 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.



## Find a provider

Search local healthcare professionals and filter results by location and specialty to find the right care provider for you and your family.



## EZchoice

EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



## Tap into your health benefits

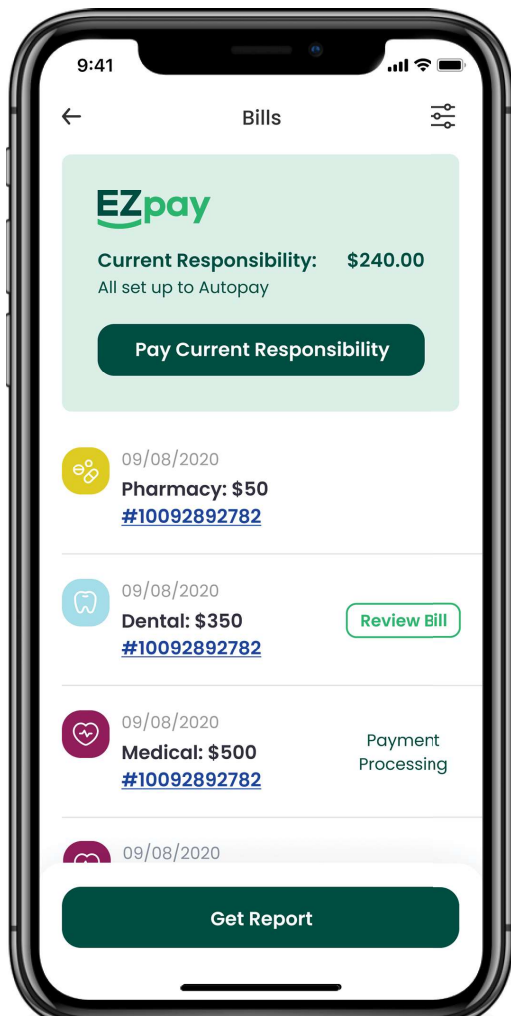
Scan the QR code with your device's camera to download the myHealthEZ app and put the power of hassle-free health benefits management at your fingertips.



Download on the  
App Store



GET IT ON  
Google Play



## 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, we will notify you via email each time we process a bill of yours. Your options are:

- Approve Payment
- Decline Payment
- Do not respond

If you do not respond and have a card on file, EZpay will pay your portion automatically. The automatic payment is processed:

- Two days for bills under \$250
- Five days for bills over \$250

## 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.

**healthEZ**  
7201 West 78th Street, Suite 100  
Bloomington, MN 55429

**THIS IS NOT A BILL. DO NOT PAY.**

**Statement Summary**

Member ID: XXXXXXXX4567  
Statement Date: 02/21/11  
New Transactions This Period: \$441.49  
Paid by your health plan: \$301.84  
Paid by your HealthEZpay accounts: \$0.00  
Paid by Your Employer YTD: \$441.49  
Medical: \$117.30  
Dental: \$117.30  
Pharmacy: \$117.30

**Information & Resources**

Your Resources for Help  
Benefits Questions: <custom phone> 800-XXXX-XXXX  
EOBs Available Online  
The Explanation of Benefits that corresponds to this statement is available by logging in at <custom website> or if you have questions, call <custom phone>.

**HealthEZpay Account Summaries**

Flexible Spending Account (FSA)  
Claims Paid Year-to-Date: \$500.00  
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

**Your Year-to-Date Summaries**

Medical In-Network Deductible  
Met Year-to-Date: \$301.84  
Medical In-Network Out-of-Pocket  
Met Year-to-Date: \$301.84  
Dental Benefits  
Used Year-to-Date: \$117.30  
Information current as of statement date. For detailed and up-to-date information, go to <custom website>.

**Transactions for the Current Period**

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/10/2011	Jane	Care Clinic	\$248.00	\$24.07	\$0.00	\$223.93	\$0.00
01/10/2011	Alex	County Hospital	\$511.00	\$391.60	\$441.49	\$117.30	\$0.00
01/10/2011	Jane	Family DentalCare	\$118.00	\$20.70	\$117.30	\$0.00	\$0.00
01/10/2011	Jane	Pharmacy	\$117.30	\$0.00	\$0.00	\$0.00	\$0.00



# Care Advocacy

Helping you when you need it the most.

If you require services like a surgery, hospital stay or you are diagnosed with a complex medical condition, **you may receive a call, text or email from someone on the HealthEZ care management team.**

## The advocate is there to help you:

- Understand your treatment options
- Coordinate services among your doctors
- Make sure you have everything you need for a quick recovery with the right care

# Boost Your Baby

Promoting healthy pregnancies and happy moms.

HealthEZ offers maternity support by providing education and resources to promote a healthy pregnancy through postpartum.

- Expectant mothers and fathers will have a dedicated one point of a contact throughout their pregnancy journey.
- Providing tips on how to stay happy and healthy during and post pregnancy
- Maternity support offered through pregnancy until 6 months postpartum



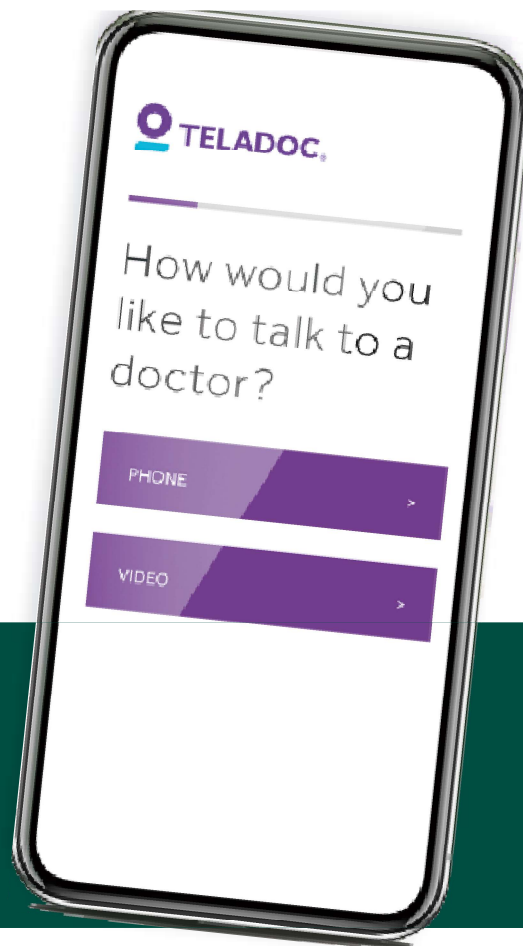


## You've got Teladoc virtual health!

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 or psychiatrist from the privacy of your home or anywhere you feel comfortable. Simply pick a provider 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



## 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 need a replacement card, log into to your myHealthEZ account and request a new card be printed and mailed, or access 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 access 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, 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 are often 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 plan pays. This is called balance billing.

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

Please visit your dedicated Benefits Website and click "Find Care."

## 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 your dedicated Benefits website 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://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.

## 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](mailto:customerservice@payermatrix.com).



Summary of Medical Benefits		
\$750 Copay Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$750	\$3,000
Family Coverage	\$1,500	\$6,000
Out-of-Pocket Maximum		
Individual Coverage	\$3,000	\$6,000
Family Coverage	\$5,000	\$12,000
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	\$30 Copay	50%*
Specialist Office Visit	\$60 Copay	50%*
Chiropractic Visit	\$60 Copay	50%*
Urgent Care Services	\$100 Copay	50%*
Complex Imaging: MRI/CT/PET Scans Hospital Freestanding Facility	0%* No Charge	50%* 50%*
Inpatient Hospital Care Facility Fee Physician Fee	10%* 10%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	10%* 10%*	50%* 50%*
Emergency Room Services	\$350 Copay	
Emergency Medical Transportation	0%*	
Mental Health/Chemical Dependency - Inpatient	10%*	50%*
Mental Health/Chemical Dependency - Office Visit	\$60 Copay	50%*
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$20 Copay
Preferred Brand	\$20 Copay	\$40 Copay
Non-Preferred Brand	\$40 Copay	\$80 Copay
Specialty	25%*	Not Available
Teladoc Benefits		
General Consultations	\$20 Copay	
Dermatology	\$20 Copay	
Mental Health - Therapist	\$20 Copay	
Mental Health - Psychiatrist, Initial Evaluation	\$20 Copay	
Mental Health - Psychiatrist, Ongoing Session	\$20 Copay	

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

\* Coinsurance after deductible

Summary of Medical Benefits		
\$1,250 Copay Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$1,250	\$4,000
Family Coverage	\$2,500	\$8,000
Out-of-Pocket Maximum		
Individual Coverage	\$6,000	\$10,000
Family Coverage	\$11,000	\$20,000
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	\$40 Copay	50%*
Specialist Office Visit	\$75 Copay	50%*
Chiropractic Visit	\$75 Copay	50%*
Urgent Care Services	\$100 Copay	50%*
Complex Imaging: MRI/CT/PET Scans Hospital Freestanding Facility	20%* No Charge	50%* 50%*
Inpatient Hospital Care Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Emergency Room Services	\$350 Copay	
Emergency Medical Transportation**	20%*	50%*
Mental Health/Chemical Dependency - Inpatient	20%*	50%*
Mental Health/Chemical Dependency - Office Visit	\$75 Copay	50%*
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$20 Copay
Preferred Brand	\$30 Copay	\$60 Copay
Non-Preferred Brand	\$60 Copay	\$120 Copay
Specialty	25%*	Not Available
Teladoc Benefits		
General Consultations	\$30 Copay	
Dermatology	\$30 Copay	
Mental Health - Therapist	\$30 Copay	
Mental Health - Psychiatrist, Initial Evaluation	\$30 Copay	
Mental Health - Psychiatrist, Ongoing Session	\$30 Copay	

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

\* Coinsurance after deductible

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

Summary of Medical Benefits		
\$1,600 HSA Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$1,600	\$3,200
Individual Coverage on Family Plan	\$3,200	\$6,400
Family Coverage	\$3,200	\$6,400
Out-of-Pocket Maximum		
Individual Coverage	\$6,000	\$10,000
Family Coverage	\$9,000	\$20,000
Preventive Care Services		
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	20%*	50%*
Specialist Office Visit	20%*	50%*
Chiropractic Visit	20%*	50%*
Urgent Care Services	20%*	50%*
Complex Imaging: MRI/CT/PET Scans		
Complex Imaging: MRI/CT/PET Scans	20%*	50%*
Inpatient Hospital Care		
Facility Fee	20%*	50%*
Physician Fee	20%*	50%*
Outpatient Procedures		
Facility Fee	20%*	50%*
Physician Fee	20%*	50%*
Emergency Room Services**		
Emergency Room Services**	20%*	50%*
Emergency Medical Transportation**		
Emergency Medical Transportation**	20%*	50%*
Mental Health/Chemical Dependency - Inpatient		
Mental Health/Chemical Dependency - Inpatient	20%*	50%*
Mental Health/Chemical Dependency - Office Visit		
Mental Health/Chemical Dependency - Office Visit	20%*	50%*
Summary of Pharmacy Benefits		
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
Teladoc Benefits		
General Consultations	\$55 Copay until deductible is met, then 100% covered	
Dermatology	\$85 Copay until deductible is met, then 100% covered	
Mental Health - Therapist	\$90 Copay until deductible is met, then 100% covered	
Mental Health - Psychiatrist, Initial Evaluation	\$220 Copay until deductible is met, then 100% covered	
Mental Health - Psychiatrist, Ongoing Session	\$100 Copay until deductible is met, then 100% covered	

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

\* Coinsurance after deductible

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

Summary of Medical Benefits		
\$3,200 HSA Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$3,200	\$6,400
Family Coverage	\$6,400	\$12,800
Out-of-Pocket Maximum		
Individual Coverage	\$6,000	\$10,000
Family Coverage	\$9,000	\$20,000
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	20%*	50%*
Specialist Office Visit	20%*	50%*
Chiropractic Visit	20%*	50%*
Urgent Care Services	20%*	50%*
Complex Imaging: MRI/CT/PET Scans	20%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Emergency Room Services**	20%*	50%*
Emergency Medical Transportation**	20%*	50%*
Mental Health/Chemical Dependency - Inpatient	20%*	50%*
Mental Health/Chemical Dependency - Office Visit	20%*	50%*
Summary of Pharmacy Benefits		
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
Teladoc Benefits		
General Consultations	\$55 Copay until deductible is met, then 100% covered	
Dermatology	\$85 Copay until deductible is met, then 100% covered	
Mental Health - Therapist	\$90 Copay until deductible is met, then 100% covered	
Mental Health - Psychiatrist, Initial Evaluation	\$220 Copay until deductible is met, then 100% covered	
Mental Health - Psychiatrist, Ongoing Session	\$100 Copay until deductible is met, then 100% covered	

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

\* Coinsurance after deductible

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

Summary of Dental Benefits		
\$1,500 Dental Plan		
	In-Network	Out of Network
Deductible		
Individual Coverage	\$50	\$50
Family Coverage	\$150	\$150
Maximums		
Annual Maximum per Individual	\$1,500	\$1,500
Orthodontic Maximum per Individual	\$1,500	\$1,500
Preventive/Diagnostic Care		
Dental Exams	No Charge	
Cleanings		
Fluoride Treatments		
Preventive X-Rays		
Full Mouth X-Rays		
Basic Services		
Fillings – Amalgam, Porcelain & Plastic	20%*	
Simple Extractions		
Oral Surgery		
Prosthetics		
Endodontics		
Major Services		
Crowns & Gold Fillings	50%*	
Inlays & Onlays		
Pontics		
Prosthetics		
Bridges	50%*	
Dentures		
Partial Dentures		
Orthodontics		
Orthodontics (For dependents under age 18)	50%*	



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.

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.

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

\* After deductible

Summary of Dental Benefits		
\$2,500 Dental Plan		
	In-Network	Out of Network
Deductible		
Individual Coverage	\$50	\$50
Family Coverage	\$150	\$150
Maximums		
Annual Maximum per Individual	\$2,500	\$2,500
Orthodontic Maximum per Individual (Up to Age 19)	\$2,500	\$2,500
Orthodontic Maximum per Individual (Adults)	\$1,000	\$1,000
Preventive/Diagnostic Care		
Dental Exams	No Charge	
Cleanings		
Fluoride Treatments		
Preventive X-Rays		
Full Mouth X-Rays		
Basic Services		
Fillings - Amalgam, Porcelain & Plastic	10%*	
Simple Extractions		
Oral Surgery		
Prosthetics		
Endodontics		
Major Services		
Crowns & Gold Fillings	20%*	
Inlays & Onlays		
Pontics		
Prosthetics		
Bridges	20%*	
Dentures		
Partial Dentures		
Orthodontics		
Orthodontics (For dependents under age 18)	20%*	



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.

Your dental network is Dentemax.

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\* After deductible



