Benefit Guide
Freedom Care

Totalplan
CONCEPTS

What's inside this booklet?

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

2023 BENEFITS

Introduction

As an employee at Freedom Care enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important to your well-being and ultimately, achieving the goals of our organization.

For the 2023 plan year, Freedom Care has worked hard to offer a competitive total rewards package that includes valuable benefits plans. These programs reflect our commitment to keeping our staff healthy and secure, and deal with unexpected illness or accident. We understand that your situation is unique, and Freedom Care is offering an overall benefits package with several possible choices - one that can be shaped and molded by you, to fit your needs.

Members with this plan may use the provider of their choice, and pay the applicable copayment at a doctor's office, or the featured deductible and coinsurance level when seeking hospital services. The plan will pay your provider an amount equal to the Maximum Allowable Charge. Most of the time, this will result in hassle-free services at the provider your picked. In the event the provider bills you for the difference in charges, Elap has been contracted to address those for you. Call (800) 977-7381 if you feel you've been charged more than your plan's cost-share.

This enrollment booklet is a summary description of your Freedom Care benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this enrollment booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

Update On Health Care Reform

On January 1, 2014, a key component of the health reform law came into effect: Everyone in the US (with a few exceptions) is now required to have health insurance. Freedom Care is offering health insurance for eligible staff. This coverage meets all of the health reform law requirements to satisfy your "Individual Mandate" requirements under the law. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the "marketplace").

Benefits At-A-Glance

MEDICAL INSURANCE

Totalplan CONCEPTS

(877) 435-2063
www.totalplantpa.com

MAGNACARE℠

Eligibility
Employees must work a minimum of 30 hours per week in order to be eligible for the medical insurance benefits.
Waiting Periods
Employees are eligible to enroll on the 91st day following their date of hire.
Eligible Dependents
You can elect medical coverage under Freedom Care's health plans for your dependent/adult children, as described below:
Dependent and Adult Children
You may enroll your biological and adopted children if they are under the age of 26, regardless of student or marital status. Coverage will end on the last day of the month in which the child reaches age 26.

Changes and Qualifying Events

When Coverage Begins and Ends

Your benefits become effective after 90 days following your date of hire. Only forms submitted within 30 days following the benefits effective date will be processed.

Your coverage under the benefits plans will end on your last day worked, you no longer meet the eligibility requirements, or the Group Insurance Policy is terminated. Employees who are out on a non-FMLA leave of absence, employees who are on an FMLA leave but have not paid their share of the premiums, or have not completed their paperwork in a timely fashion, are no longer eligible to remain on this plan as of their initial leave date.

Qualifying Events

Once an employee has passed their initial eligibility enrollment period they may enroll or make changes to their benefits elections only during the annual open enrollment period. Once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event". These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Birth or adoption of an employee's child
- Dependent satisfies or ceases to satisfy eligibility requirement
- Entitlement to Medicare
- A change in the place of residence of the employee, resulting in the current carrier not being available

Medical
Key Terms to Remember

Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. The deductible resets at the start of each calendar year.

Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible. Note: only covered expenses count towards the maximum out of pocket.

Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.

PPO

PPOs are "Preferred Provider Organizations", a network of doctors, hospitals and other health care providers. Unlike HMOs, this type of care network does not require that you select a Primary Care Physician (PCP) to be responsible for managing and coordinating all of your health care.

Employee Weekly Contributions

52 pay periods per year

MEDICAL	
Employee	Employee +Child
$44.32	$84.14

Medical Summary of Coverage

In network providers include all Magnacare-contracted doctors. Claims for hospitals listed on the Preferred Hospital List will be paid at the Allowable Claim Limit.

COVERED BENEFITS	PLAN D
FINANCIAL	
Maximum Annual Benefits	Unlimited
Annual Deductible	$1,000 Individual $2,000 Family
Coinsurance	20%
Out of Pocket Maximum Includes Deductible, Coinsurance, and Copays	$7,900 Individual $15,800 Family
INPATIENT SERVICES	
*Semi-Private Room and Board All drugs and medications Anesthesia *Intensive Care & Coronary Units	20% Coinsurance After Deductible 30 days maximum inpatient days per year
Maternity	20% Coinsurance After Deductible
Newborn Nursery Care	20% Coinsurance After Deductible
*Skilled Nursing Facility Care	20% Coinsurance After Deductible Maximum of 25 days per year
*Hospice Care (in-patient/in-home)	20% Coinsurance After Deductible Maximum of 45 days per year
*Inpatient Admission for Medical Rehabilitation (i.e., Physical Therapy, Physical Medicine and Rehabilitation)	20% Coinsurance After Deductible Maximum of 25 days per year
* Organ Transplants	Not Covered
OUTPATIENT SERVICES	
*Outpatient Surgery Facility Fee Surgeon Fees	20% Coinsurance After Deductible 20% Coinsurance After Deductible
*Outpatient Dialysis	20% Coinsurance After Deductible Maximum 10 visits per year

COVERED BENEFITS	PLAN D
*Home Health Care Services	$35 Copay Per Visit Maximum 10 visits per year
MEDICAL	
Physician Office Visits	$15 Copay Per Visit
Prenatal and Post-Natal Care	$15 Copay First Visit
Routine Adult Physical (one Per year)	No Charge
Preventive Mammography and Pap Smear	No Charge
Preventive Prostate Screening	No Charge
Well Baby and Well Child Care up to age 19 Includes: Routine physical examinations, laboratory tests, vision & hearing Screening and routine immunizations	No Charge
Specialist Office Visits	$30 Copay Per Visit
Chiropractic Care	$40 Copay Per Visit
Physical Therapy, Osteopathic Manipulation, Occupational Therapy	$40 Copay Per Visit
Speech Therapy	Not Covered
LAB & RADIOLOGY	
Diagnostic Lab Tests	$30 Copay
*High Tech Radiology (e.g., CT Scan, MRI) X-rays	$75 Copay Per Scan $30 Copay Per X-Ray
EMERGENCY COVERAGE	
Emergency Care	20% Coinsurance After Deductible
Urgent Care Facility	$40 Copay
Ambulance (Emergency ground transportation only)	$400 Copay
ER Professional Charges	20% Coinsurance After Deductible

Summary of Coverage

COVERED BENEFITS	PLAN D	
OTHER SERVICES		
* Durable Medical Equipment	30% Coinsurance After Deductible	
* Home Infusion Therapy	20% Coinsurance	
MENTAL HEALTH & CHEMICAL DEPENDENCY		
*Inpatient Mental Health	15% Coinsurance After Deductible Maximum of 30 days per year	
Outpatient Mental Health	$30 Copay Per Visit	
*Detoxification	20% Coinsurance After Deductible Maximum of 30 days per year	
*Rehabilitation	20% Coinsurance After Deductible Maximum of 25 days per year	
Outpatient Chemical Dependency Treatment	$30 Copay Per Visit	
Dependent Age Limit	26	
PRESCRIPTION DRUGS		
Generic Preferred Brand Non-Prefered Brand Specialty	Retail $10 Copay Not Covered Not Covered Not Covered	Mail Order $25 Copay Not Covered Not Covered Not Covered
* These services require precertification		

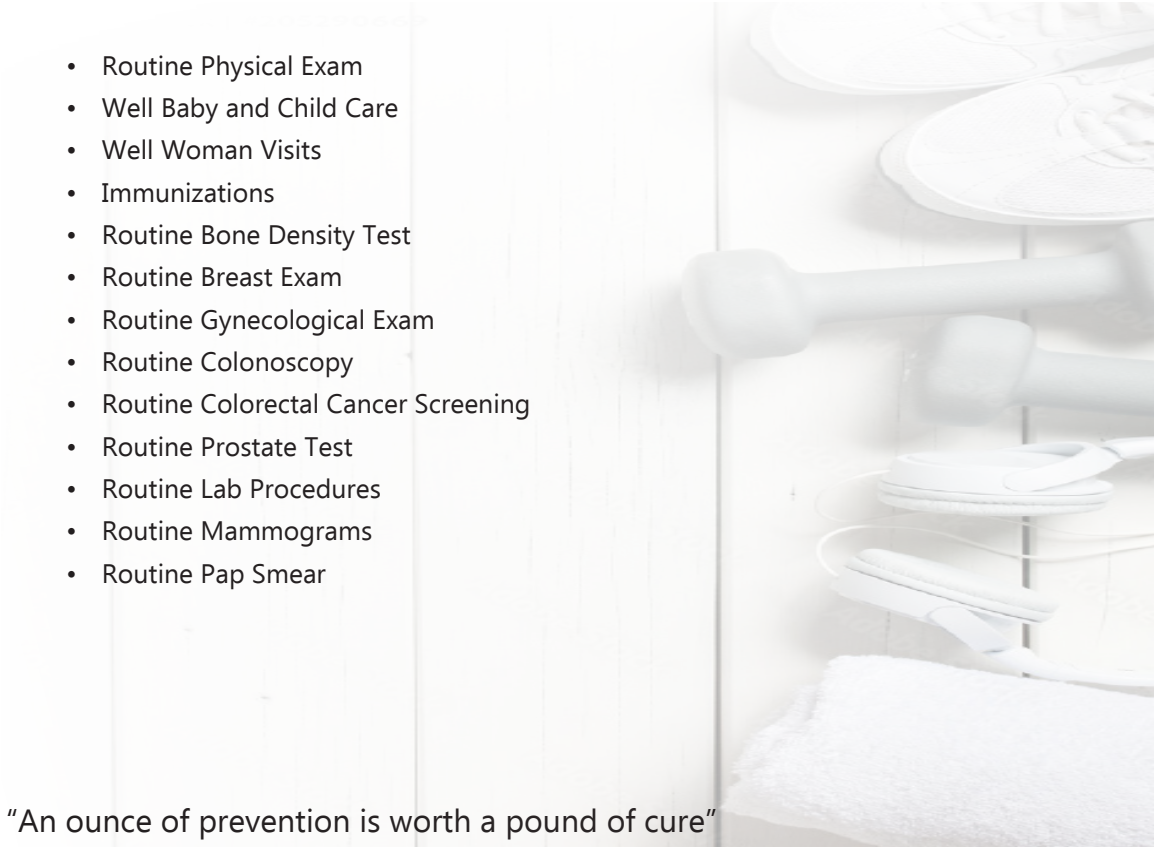
Refer to your Summary Plan Description for a more complete listing of all benefits, limitations and exclusions. A Summary of Benefits and Coverage (SBC), and a Summary Plan Document (SPD) for this plan is available online at https://totalplantpa.com/documents/. Please enter freedomwp as the username, and benefits as the password. To receive a paper copy, please email your request to customerservice@totalplantpa.com.

Utilizing Preventive Care Services

Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Freedom Care, all covered individuals and family members are eligible to receive routine wellness services like these. Well visits, mammograms, and pap smears are covered at no copay.

Which Preventive Care Services Are Covered?



- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear

"An ounce of prevention is worth a pound of cure"

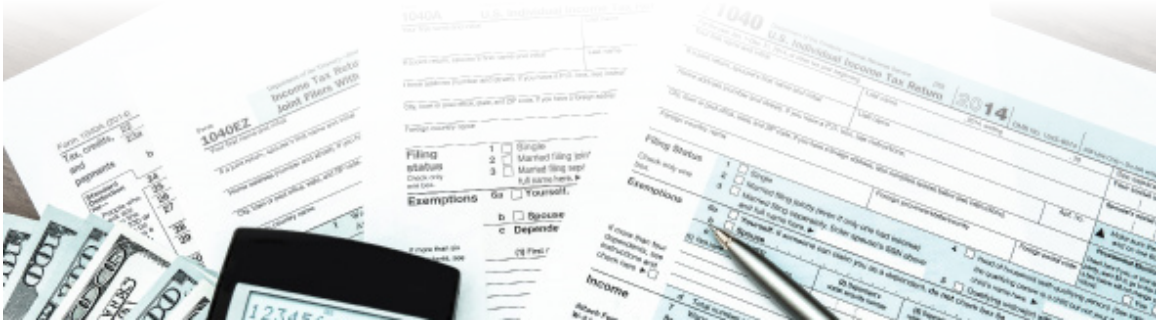
Value of Pre-Tax Benefits

Section 125 Plan

Freedom Care operates a Premium Only Section 125 Plan, which allows you to reduce your total taxable income by your portion of group insurance premiums. In effect, this is just like getting a raise - your withholding taxes are reduced, and your take-home pay increases!

Example:
Employee earning $30,000 annually, paying $200/month for benefits

	WITHOUT Pre-Tax Benefits	WITH Pre-tax Benefits
Gross Pay	$30,000	$30,000
Insurance Deductions/Payments	$0	$2,400
Taxable Income	$30,000	$27,600
Taxes at 25%	$7,500	$6,900
After-Tax income	$22,500	$20,700
After-Tax Payment for Benefits	$2,400	$0
Take-Home Pay	$20,100	$20,700
INCREASE IN TAKE-HOME PAY		+$600



Legal Notices

Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 addresses how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have a right to inspect copy-protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you get access to the information, contact Human Resources.

The HIPAA Privacy Rule was effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI). The provisions of the Privacy Rule have a significant impact on those who deal with health information and on all citizens with regard to their personal PHI. Our health insurance broker and all our contracted plans adhere to the HIPAA Privacy Rule.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

The right to COBRA continuation coverage was created by federal law, so that you and your covered dependents may continue your employer-sponsored benefits coverage at full costs (plus an administrative fee). After a qualifying event, COBRA continuation coverage must be offered to each qualified beneficiary. You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost as a result of a qualifying event. If you'rean employee, you'll become a qualified beneficiary if you lose your coverage for either of these reasons:

- Your hours of employment are reduced
- Your employment ends for any reason other than your gross misconduct

If you're the spouse/dependent of a Freedom Care employee, you'll become a qualified beneficiary if you lose your coverage under the Plan for any of these reasons:

- Your spouse/parent dies
- Your spouse/parent's hours of employment are reduced
- Your spouse/parent's employment ends for reasons other than his or her gross misconduct
- Your spouse/parent is retired and becomes entitled to Medicare benefits
- You are divorced or legally separated from your spouse
- Child is no longer eligible for coverage under the Plan as a dependent child.

The period of time for which coverage may continue will depend on the qualifying event. When the event is death of the employee, entitlement to Medicare benefits, divorce or separation, or child's loss of dependent eligibility, COBRA continuation coverage remains in effect for up to 36 months. With some exceptions, when the qualifying event is the end of employment or reduction in hours, COBRA continuation generally lasts for only up to 18 months.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have at mastectomy, you may be entitled to certain benefits under the Woman's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

Medicaid and the Children's Health Insurance Program (CHIP)

If you're eligible for health coverage from Freedom Care, but can't afford the premiums, some states have premium-assistance programs that can help pay for coverage with funds from their Medicaid or CHIP programs. If you or your dependents are already enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, the employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, and not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

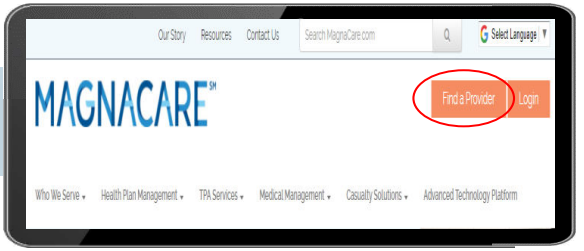
Provider Lookup

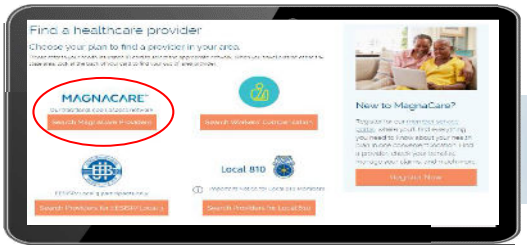
MAGNACARE℠

Physicians can be identified at

Magnacare.com

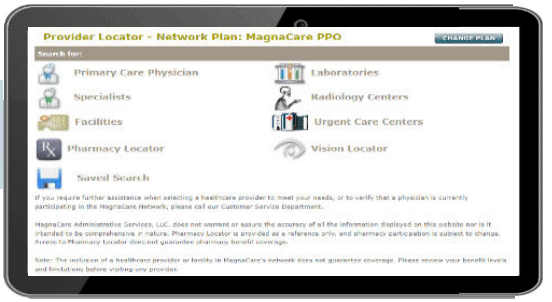
1 Click on ***Find a Provider***

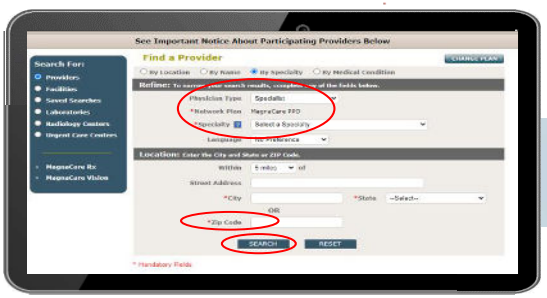




2 Select ***Magnacare*** as your healthcare provider

3 Choose a provider type





4 Enter ***Physician Type*** and ***Specialty,*** then enter your ***Zip Code*** and ***Search***

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