

# Freedom Health Plans

## Choice PPO Plan

The deductible, coinsurance and out-of-pocket amounts apply per calendar year (January 1–December 31).

Plan specifics	Choice PPO
<p><b>Physician office copay</b> After copay, plan covers 100% of the covered charges for in-network physician office visits including: examination, consultation and minor office surgery. Diagnostic tests, lab and X-rays are subject to the plan deductible and coinsurance. Copays do not accumulate toward satisfaction of your deductible or out-of-pocket maximum.</p>	<p><b>In-network:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$25</li> <li><input type="checkbox"/> \$50</li> </ul> <p><b>Out-of-network:</b> Covered charges are subject to the out-of-network deductible and coinsurance</p>
<p><b>Deductible</b> The family deductible is a maximum of three individual deductible amounts.</p> <p>The out-of-network deductible is two times the in-network deductible and accumulates separately.</p>	<p><b>In-network:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$500</li> <li><input type="checkbox"/> \$750</li> <li><input type="checkbox"/> \$1,000</li> <li><input type="checkbox"/> \$1,500</li> <li><input type="checkbox"/> \$2,500</li> <li><input type="checkbox"/> \$5,000</li> <li><input type="checkbox"/> \$7,500</li> <li><input type="checkbox"/> \$10,000</li> <li><input type="checkbox"/> \$15,000</li> <li><input type="checkbox"/> \$20,000</li> <li><input type="checkbox"/> \$25,000</li> </ul>
<p><b>Coinsurance and out-of-pocket maximum</b> The coinsurance is the percentage paid by the plan after the deductible has been satisfied. The out-of-pocket maximum is the amount you pay, after satisfaction of your deductible.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>In-network:</b> 80% to \$1,500 <b>Out-of-network:</b> 60% to \$6,000</li> <li><input type="checkbox"/> <b>In-network:</b> 80% to \$2,000 <b>Out-of-network:</b> 60% to \$8,000</li> <li><input type="checkbox"/> <b>In-network:</b> 80% to \$3,000 <b>Out-of-network:</b> 50% to \$15,000</li> <li><input type="checkbox"/> <b>In-network:</b> 70% to \$6,000 <b>Out-of-network:</b> 50% to \$20,000</li> </ul>
<p><b>Hospital or skilled nursing deductible,<sup>1</sup> per confinement</b></p>	<p>\$250</p>
<p><b>Emergency room deductible,<sup>1</sup> per visit</b></p>	<p>\$100 (Waived if admitted to the hospital immediately following emergency room visit.)</p>
<p><b>Outpatient prescription drugs</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Same as any other illness; covered prescription drug charges apply to the plan deductible and coinsurance</li> <li><input type="checkbox"/> \$250 deductible* then \$15 copay for generic drugs or \$25 copay and 80% coinsurance for name brand drugs</li> <li><input type="checkbox"/> \$500 deductible* then \$15 copay for generic drugs or \$25 copay and 50% coinsurance for name brand drugs</li> <li><input type="checkbox"/> Discount only; no coverage for outpatient prescription drugs (The discount is not an insurance benefit.)</li> </ul> <p>* Maximum of three prescription deductibles per family, per calendar year. This deductible does not accumulate toward satisfaction of the plan deductible or out-of-pocket maximums.</p>

<sup>1</sup> Confinement and emergency room deductibles do not accumulate toward satisfaction of the plan deductible or out-of-pocket maximum.

The Freedom Health Plan is not available in all states and benefits, plan options, exclusions and limitations may vary based on state of residence. Refer to the product brochure (IHCHS539 0709) for additional information. For a full explanation of benefits, exclusions and limitations refer to the Certificate of Coverage (CLI CH 3010 CERT or CLI CH 3030 PPO Cert) or, in Kansas and Montana, the Policy (CLI CH 3130 IND or CLI CH 3140 PPO). The Freedom Health Plans are underwritten by Companion Life Insurance Company.

# Optional Benefits

## Wellness coverage

Maintaining your family's health is important. If selected, this optional benefit provides up to \$250 for routine wellness services per calendar year for each family member covered by your Freedom Health Plan. Coverage includes:

- A physical examination by a physician, along with diagnostic services required as part of the exam to evaluate your general health status
- Exams that review normal growth and development of a child, along with lab tests and immunizations (Based on state mandated benefits, these child health supervision charges may be considered covered expenses without purchasing the optional wellness benefit. Please refer to the brochure insert for details.)

Services and supplies for children must conform to the American Academy of Pediatrics guidelines. These benefits are limited to one visit per age interval.

### ***PPO plans –***

**In-network:** Covered charges are subject to your office visit copay, for the Choice PPO and Economy PPO plans, then paid at 100 percent up to the \$250 calendar year benefit maximum.

**Out-of-network:** Covered charges are applied to your out-of-network deductible and coinsurance subject to the \$250 calendar year benefit maximum.

---

## Outpatient supplemental accident coverage

Accidents happen, even to the most careful among us. Additional first-dollar coverage is available through this optional accident benefit. Select one of three benefit amounts for coverage of an accident that is treated within 72 hours, on an outpatient basis. Follow-up care is also included for up to 90 days. This benefit is available for an unlimited number of covered accidents.

<b>Benefit amount per accident</b>	<b>Deductible* per accident</b>
<input type="checkbox"/> \$500	\$50
<input type="checkbox"/> \$1,000	\$50
<input type="checkbox"/> \$2,000	\$150

\* Deductible does not accumulate toward satisfaction of the plan deductible or out-of-pocket maximum.

---

## Term Life Insurance

Each Freedom Health Plan includes \$10,000 in term life insurance coverage on you, the primary insured. Additional life insurance is available in increments of \$10,000 up to a total of \$50,000. This life insurance benefit is payable as long as the Freedom Health Plan is in force at the time of death. Protect your family with the funds to maintain their lifestyle and continue their health insurance coverage.

---

## 18-month rate guarantee

The Freedom Health Plans have an initial rate guarantee of 12 months. However, an 18-month rate guarantee option is available. If selected, the company guarantees that rates will not change for the initial 18 months of coverage from your effective date unless one or more of the following events occur during that time: 1) You move to a new residence; 2) You change your benefit options; or 3) The number of dependents covered under the plan changes.

The Freedom Health Plan is not available in all states and benefits, plan options, exclusions and limitations may vary based on state of residence. Refer to the product brochure (IHCHS539 0709) for additional information. For a full explanation of benefits, exclusions and limitations refer to the Certificate of Coverage (CLI CH 3010 CERT or CLI CH 3030 PPO Cert) or, in Kansas and Montana, the Policy (CLI CH 3130 IND or CLI CH 3140 PPO). The Freedom Health Plans are underwritten by Companion Life Insurance Company.