

Freedom Health Plans

High-Deductible Health Plans

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

Plan specifics	PPO High-Deductible Health Plan	Traditional High-Deductible Health Plan																																				
<p>Deductible On a family plan, you and all of your covered dependents share one common calendar year deductible amount for covered charges.</p> <p>Deductible amounts below the line do not qualify for use with a health savings account since they are above federal guidelines.</p>	<p>In-network:</p> <table border="0"> <tr> <td>Individual</td> <td>Family</td> </tr> <tr> <td><input type="checkbox"/> \$2,000</td> <td><input type="checkbox"/> \$4,000</td> </tr> <tr> <td><input type="checkbox"/> \$2,600</td> <td><input type="checkbox"/> \$5,200</td> </tr> <tr> <td><input type="checkbox"/> \$3,750</td> <td><input type="checkbox"/> \$7,500</td> </tr> <tr> <td><input type="checkbox"/> \$5,000*</td> <td><input type="checkbox"/> \$10,000</td> </tr> <tr> <td><input type="checkbox"/> \$10,000</td> <td><input type="checkbox"/> \$15,000</td> </tr> <tr> <td><input type="checkbox"/> \$15,000</td> <td><input type="checkbox"/> \$20,000</td> </tr> <tr> <td><input type="checkbox"/> \$20,000</td> <td><input type="checkbox"/> \$25,000</td> </tr> <tr> <td><input type="checkbox"/> \$25,000</td> <td></td> </tr> </table> <p>Out-of-network: The out-of-network deductible is two times the in-network deductible and accumulates separately.</p>	Individual	Family	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$5,200	<input type="checkbox"/> \$3,750	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$5,000*	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$25,000		<table border="0"> <tr> <td>Individual</td> <td>Family</td> </tr> <tr> <td><input type="checkbox"/> \$2,000</td> <td><input type="checkbox"/> \$4,000</td> </tr> <tr> <td><input type="checkbox"/> \$2,600</td> <td><input type="checkbox"/> \$5,200</td> </tr> <tr> <td><input type="checkbox"/> \$3,750</td> <td><input type="checkbox"/> \$7,500</td> </tr> <tr> <td><input type="checkbox"/> \$5,000*</td> <td><input type="checkbox"/> \$10,000</td> </tr> <tr> <td><input type="checkbox"/> \$10,000</td> <td><input type="checkbox"/> \$15,000</td> </tr> <tr> <td><input type="checkbox"/> \$15,000</td> <td><input type="checkbox"/> \$20,000</td> </tr> <tr> <td><input type="checkbox"/> \$20,000</td> <td><input type="checkbox"/> \$25,000</td> </tr> <tr> <td><input type="checkbox"/> \$25,000</td> <td></td> </tr> </table>	Individual	Family	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$5,200	<input type="checkbox"/> \$3,750	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$5,000*	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$25,000	
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<p>Coinsurance and out-of-pocket maximum 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> <p>On a family plan, you and all of your covered dependents share one common out-of-pocket maximum amount for covered charges.</p>	<p><input type="checkbox"/> In-network: 100% Out-of-network: 70% up to \$3,000</p> <p><input type="checkbox"/> In-network: 80% up to \$1,000 Out-of-network: 50% up to \$5,000</p> <p>In-network and out-of-network out-of-pocket amounts accumulate separately.</p>	<p><input type="checkbox"/> 100%</p> <p><input type="checkbox"/> 80% up to \$1,000</p>																																				
<p>Outpatient prescription drugs</p>	<p><input type="checkbox"/> Same as any other illness; covered charges for outpatient prescription drugs are subject to the plan deductible and coinsurance</p> <p><input type="checkbox"/> Discount only; no coverage for outpatient prescription drugs (The discount is not an insurance benefit.)</p>																																					

* When the individual deductible of \$5,000 is selected with the 80% coinsurance option, the plan no longer meets HSA federal guidelines due to the total out-of-pocket amount.

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.

Freedom Health Plans

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.

Traditional plans – Covered charges are paid at 100 percent up 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.

Benefit amount per accident	Deductible* per accident
<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.

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