

# Freedom ICON I and ICON II Plans

## Summary Plan of Benefits

	<b>Freedom ICON I Inpatient Hospital \$1,000 /Admission Plan</b>	<b>Freedom ICON II Inpatient Hospital \$2,000 /Admission Plan</b>
Telemedicine - Online and Telephonic Physician Calls 24/7/365	\$0 Copay Unlimited Calls	\$0 Copay Unlimited Calls
Network	PHCS Specific Services Network	PHCS Specific Services Network
Plan Deductible	None	None
Member Annual Out-of-Pocket Maximum	None	None
Primary Care Physician Office Visits General Practice, Pediatric, Internal Medicine	In-Network Provider: \$35 Copay Out-of-Network: Not Covered	In-Network Provider: \$35 Copay Out-of-Network: Not Covered
Specialist Office Visits	In-Network Provider: \$75 Copay Out-of-Network: Not Covered	In Network Provider: \$75 Copay Out-of-Network: Not Covered
Urgent Care Visits	In-Network Provider: \$125 Copay Out-of-Network: Not Covered	In Network Provider: \$125 Copay Out-of-Network: Not Covered
Emergency Room Visits	\$250 Copay In-Network Provider Coverage up to \$1,000 per Incident Out-of-network Not Covered	\$250 Copay In-Network Provider Coverage up to \$1,000 per Incident Out-of-network Not Covered
Outpatient Surgery	In-Network Provider Coverage Up to \$500 if medically necessary Maximum of 2 Admissions per Plan Year Out-of-Network: Not Covered	In-Network Provider Coverage Up to \$1,000 if medically necessary Maximum of 2 Admissions per Plan Year Out-of-Network: Not Covered
Inpatient Medical & Surgical Hospitalization; Surgical and Professional Services	In-Network Provider Coverage if Admitted up to \$1,000 per Admission if medically Necessary Maximum of 2 Admissions per Plan Year Out-of-Network: Not Covered	In-Network Provider Coverage if Admitted up to \$2,000 per Admission if Medically Necessary Maximum of 2 Admissions per Plan Year Out-of-Network: Not Covered
Mental Health	In-Network Coverage up to \$250/day If Medically Necessary Maximum of 7 Days per Plan Year Out-of-Network: Not Covered	In-Network Coverage up to \$250/day If Medically Necessary Maximum of 7 Days per Plan Year Out-of-Network: Not Covered
Prescription Medications	In-Network Provider: 50% Coinsurance For 30 Day Supply - Generic Only Brand Rx - 100% Patient Pay Responsibility	In-Network Provider: 50% Coinsurance For 30 Day Supply - Generic Only Brand Rx - 100% Patient Pay Responsibility
ACA Minimum Essential Coverage <sup>1</sup> (MEC) (Please see Minimum Essential Coverage in full brochure)	Covered at 100%	Covered at 100%

<sup>1</sup> Employer groups with 50 or more employees will have unlimited annual ACA MEC Benefits versus \$1,000 Annual Maximum for Groups less than 50.