



# Benefit Overview

HEALTHEZ



EFFECTIVE 07/01/2021 | [FREEDOMPREPBENEFITS.COM](https://freedomprepbenefits.com) | 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 have already worked with your employer to design a custom benefits plan for your organization, and now we're ready to help you access the services you need. We've been providing our knowledgeable and service-oriented approach for over 35 years.

### Direct access to member support

#### Dedicated phone number

Freedom Academy has a dedicated phone number at 844-288-5703 that is answered by a real person between 7 a.m. and 7 p.m. CST. Outside of the hours listed, simply press "3" to reach our 24/7 help line.

#### 24/7 helpline

You have 24/7 access to our team of experienced doctors and nurses. Have a health-related concern or need help finding the right doctor? Give us a call at 844-288-5703. We are here to help you.

#### Dedicated benefits website

You can use Freedom Academy's dedicated benefits website at [FreedomPrepBenefits.com](https://freedomprepbenefits.com) to learn about and manage your health plan. View your benefits, review pharmacy information, search to find a doctor and more.

With your ID card information, you can set up an online account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZpay.



## Medical network

**Your primary medical network is Cigna.**



Your medical network is a group of healthcare providers. It includes doctors, specialists, 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.

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 will always be higher than seeing doctors that are in-network. There are no discounts for these out-of-network services, and you will be responsible for paying the difference between the provider's full charge and the amount your health insurance plan pays. This is called balance billing.

To check that your provider is in-network, please visit [FreedomPrepBenefits.com](https://freedomprepbenefits.com), and click "Find a Doctor."

## Pharmacy benefits

**Your Pharmacy Benefit Manager is Magellan Rx.**



Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers. Your PBM administers your prescription drug plan and offers home delivery of medications and a network of pharmacies that offer more affordable medications.

Tips for saving money on prescriptions:

- **Find less expensive pharmacies:** The same prescription rarely costs the same from store to store. We encourage you to compare prices of your prescriptions at different pharmacies to get the best price.
- **Switch to generic medications:** Talk to your doctor about switching to a generic version of your brand medication. Generic medications cost less than brand name, and offer the same dosage form, safety, quality and performance characteristics of brand name medications.
- **Visit coupon and price comparison sites:** There are coupon and price comparison sites for prescriptions that can help you get the best price. Check out these sites to see if you could save money:







## Medical ID cards

If you are new to the HealthEZ plan, keep an eye out for your HealthEZ medical ID card.

If you are a current HealthEZ member, please note that new ID cards are NOT mailed out every year, and your card does not expire.

## myHealthEZ

With your ID card information, you can setup an online account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZPay.

If you have questions on the activation process, or any of the content in your account, please reach out via phone: 844-288-5703 or email: [Service@HealthEZ.com](mailto:Service@HealthEZ.com)

1. Visit [myHealthEZ.com](https://myHealthEZ.com) or [FreedomPrepBenefits.com](https://FreedomPrepBenefits.com) and click "Login."
2. Enter your credentials  
Your Subscriber ID is found on the front of your ID card  
Your Password must include upper and lowercase letters, one number and one special character
3. Click "Activate Your Account"

Your account is now registered! The next time you access your account, you will login with the email and password you just created.



## Your Health Plan in the Palm of Your Hand

Launching July 2021, the HealthEZ Member App gives you complete control of your health plan from anywhere, anytime. Simply download the app on your favorite device to take advantage of the MyHealthEZ.com experience on the go.

- Pay bills with EZpay.
- Check your deductible and out-of-pocket costs.
- Track the status of claims.
- Search for care providers near you.
- View your statements and Explanation of Benefits documents.
- Quickly access your digital insurance card.





## Seamless online payment

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, HSA and FSA accounts.

### Sign up for EZpay

1. Visit [FreedomPrepBenefits.com](http://FreedomPrepBenefits.com) and click "Login."
2. If you haven't set up your online account, click "Activate your account". If you already set up your account, log in.
3. After you log in, click on "EZpay Accounts."
4. Add your card of choice, then click "Submit" to enjoy the benefits of auto-pay with HealthEZ.

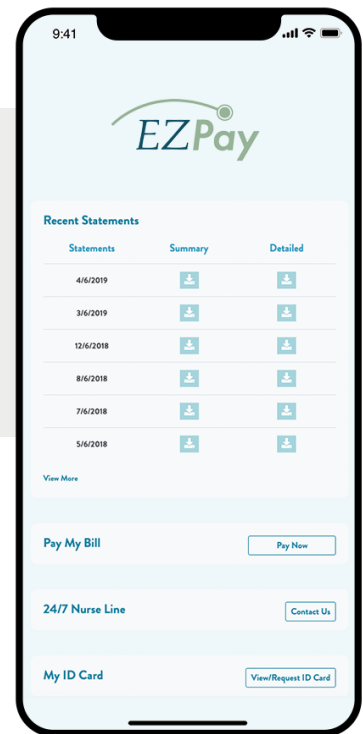
After you set up EZpay, every time we process a bill of yours, we will send you an email asking you to approve the payment for the amount due.

EZpay will pay the bill by default if you do not respond to the email in:

2 business days for bills under \$250

5 business days for bills over \$250

EZpay will combine your payment with payment from your health insurance so that we pay your healthcare provider in full.



## 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.





## Maternity support

Our Boost Your Baby program matches moms-to-be with a Mommy Mentor to support a healthy pregnancy. It's a non-clinical support system for future moms to use throughout their pregnancy. We promise to: provide good and honest information, be supportive when you need us, make life easy and simple (at least the parts we can), and respect mom & dad's wishes.

Benefits of program include monthly support from a mommy mentor, free breast pump and gifts, nurses available 24/7 for any medical advice or high risk care, and miscarriage support.

Visit [boostyourbaby.com](https://boostyourbaby.com), or call 800-808-4848 to learn more.

## Care management

If you need a medical service like a surgery or hospital stay or your doctor diagnoses you with a complex medical condition, a HealthEZ nurse may contact you. The nurse will help you understand your treatment options, coordinate services among your doctors and ensure you have everything you need for a quick recovery and are receiving the right care in the right setting.

We provide tips to members living with chronic health conditions, like diabetes, hypertension and high cholesterol. We can also provide these members with referrals to healthcare providers. Our team of doctors and nurses believe that the key to lasting change is partnering with you to offer realistic advice and support.





## Virtual health

All members have access to virtual health appointments with a licensed physician through HealthiestYou 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.

### 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 HealthiestYou's mental health services, you can talk to a therapist from the privacy of your home or anywhere you feel comfortable. Simply pick a therapist to speak to and choose a time that is convenient for you.

HealthiestYou therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family & marriage issues

## HealthiestYou provides three services:

- General consultations
- Mental health
- Dermatology

### Dermatology care

If you're having problems with your skin, HealthiestYou 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.

HealthiestYou's board-certified dermatologists treat a wide variety of skin conditions, including:

- Psoriasis
- Acne
- Moles
- Rosacea

With HealthiestYou telemedicine services, you can speak to a licensed doctor at any time through video chat or email — no matter where you are. Visit [HealthiestYou.com](https://www.healthiestyou.com) or call 866-703-1259 to contact a doctor.





## Health savings account

A Health Savings Account (HSA) is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA, you may be able to lower your overall health care costs. This account belongs to you, regardless if your employment or medical coverage changed. Funds in this account can grow tax free and rollover from year to year.

You are eligible for a Health Savings Account if are enrolled in either the \$1,500 or \$2,800 HSA Plans.

2021 Maximum Annual Contribution Amounts\*

Employee Only: \$3,600

Family Coverage: \$7,200

\*Individuals age 55 or older are eligible to contribute an additional \$1,000 per year.

## Additional HSA Publications

The [IRS Publication 502](#) provides more detail on covered expenses.

The [IRS Publication 969](#) provides more detail on Health Savings Accounts.





## Summary of Medical Benefits

### \$500 Copay Plan

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee only	\$500	\$1,500
Family	\$1,000	\$3,000
<b>Coinsurance</b>	10%	50%
<b>Out-of-Pocket Maximum</b>		
Employee only	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	\$30 Copay	50%*
Specialist Services	\$45 Copay	50%*
Chiropractic Services	\$40 Copay	50%*
<b>Hospital Services</b>	10%*	50%*
<b>Emergency Services</b>	\$250 Copay	
Emergency Room	0%*	
Emergency Medical Transportation		
<b>Urgent Care Services</b>	\$75 Copay	50%*
<b>HealthiestYou Services</b>	100% Covered	
General Consultations	\$75 Copay	
Dermatology	\$85 Copay	
Mental Health - Therapist	\$200 Copay	
Mental Health - Psychiatrist, initial evaluation	\$95 Copay	
Mental Health - Psychiatrist, ongoing session		
<b>Mental Health/Chemical Dependency</b>		
Inpatient	10%*	50%*
Outpatient	\$45 Copay	50%*

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b>		
Generic	\$5 Copay	\$10 Copay
Preferred brand	\$15 Copay	\$30 Copay
Non-preferred brand	\$30 Copay	\$60 Copay
Specialty	25%*	Not Available

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

\* After deductible



## Summary of Medical Benefits

### \$1,000 Copay Plan

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee only	\$1,000	\$3,000
Family	\$2,000	\$6,000
<b>Coinsurance</b>	20%	50%
<b>Out-of-Pocket Maximum</b>		
Employee only	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	\$40 Copay	50%*
Specialist Services	\$75 Copay	50%*
Chiropractic Services	\$45 Copay	50%*
<b>Hospital Services</b>	20%*	50%*
<b>Emergency Services**</b>		
Emergency Room	\$250 Copay	\$250 Copay
Emergency Medical Transportation	20%*	50%*
<b>Urgent Care Services</b>	\$75 Copay	50%*
<b>HealthiestYou Services</b>	100% Covered	
General Consultations	\$75 Copay	
Dermatology	\$85 Copay	
Mental Health - Therapist	\$200 Copay	
Mental Health - Psychiatrist, initial evaluation	\$95 Copay	
Mental Health - Psychiatrist, ongoing session		
<b>Mental Health/Chemical Dependency</b>		
Inpatient	20%*	50%*
Outpatient	\$75 Copay	50%*

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b>		
Generic	\$5 Copay	\$10 Copay
Preferred brand	\$15 Copay	\$50 Copay
Non-preferred brand	\$30 Copay	\$90 Copay
Specialty	25%*	Not Available

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

\* After deductible

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



## Summary of Medical Benefits

### \$1,500 HSA Plan

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee only	\$1,500	\$3,250
Individual on Family Plan	\$2,800	\$3,250
Family	\$3,000	\$6,250
<b>Coinsurance</b>	20%	50%
<b>Out-of-Pocket Maximum</b>		
Employee only	\$5,000	\$10,000
Family	\$8,000	\$20,000
<b>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	20%*	50%*
Specialist Services	20%*	50%*
Chiropractic Services	20%*	50%*
<b>Hospital Services</b>	20%*	50%*
<b>Emergency Services**</b>		
Emergency Room	20%*	50%*
Emergency Medical Transportation	20%*	50%*
<b>Urgent Care Services</b>	20%*	50%*
<b>HealthiestYou Services</b>	100% Covered \$75 fee until deductible met, then 20% coinsurance \$85 fee until deductible met, then 20% coinsurance \$200 fee until deductible met, then 20% coinsurance \$95 fee until deductible met, then 20% coinsurance	
General Consultations		
Dermatology		
Mental Health - Therapist		
Mental Health - Psychiatrist, initial evaluation		
Mental Health - Psychiatrist, ongoing session		
<b>Mental Health/Chemical Dependency</b>		
Inpatient	20%*	50%*
Outpatient	20%*	50%*

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b>		
Generic	20%*	20%*
Preferred brand	20%*	20%*
Non-preferred brand	20%*	20%*
Specialty	20%*	Not Available

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

\* After deductible

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





## Summary of Medical Benefits

### \$2,800 HSA Plan

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Employee only	\$2,800	\$5,350
Family	\$5,300	\$10,650
<b>Coinsurance</b>	20%	50%
<b>Out-of-Pocket Maximum</b>		
Employee only	\$5,000	\$10,000
Family	\$8,000	\$20,000
<b>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	20%*	50%*
Specialist Services	20%*	50%*
Chiropractic Services	20%*	50%*
<b>Hospital Services</b>	20%*	50%*
<b>Emergency Services**</b>		
Emergency Room	20%*	50%*
Emergency Medical Transportation	20%*	50%*
<b>Urgent Care Services</b>	20%*	50%*
<b>HealthiestYou Services</b>	100% Covered \$75 fee until deductible met, then 20% coinsurance \$85 fee until deductible met, then 20% coinsurance \$200 fee until deductible met, then 20% coinsurance \$95 fee until deductible met, then 20% coinsurance	
General Consultations		
Dermatology		
Mental Health - Therapist		
Mental Health - Psychiatrist, initial evaluation		
Mental Health - Psychiatrist, ongoing session		
<b>Mental Health/Chemical Dependency</b>		
Inpatient	20%*	50%*
Outpatient	20%*	50%*

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b>		
Generic	20%*	20%*
Preferred brand	20%*	20%*
Non-preferred brand	20%*	20%*
Specialty	20%*	Not Available

Note: For School Year 2021-2022, Freedom Preparatory Academy will match up to \$25 per paycheck to the Health Savings Account of employees with single coverage, \$50 per paycheck for employees with two-party coverage and \$75 per paycheck for employees with Family coverage.

\* After deductible

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



Summary of Dental Benefits		
\$1,500 Dental Plan		
Calendar Year Deductible Employee only /Family	In-Network	Out-of-Network
	\$50 / \$150	
<b>Annual Maximum</b> Non-Orthodontics Orthodontics	\$1,500/person/year \$1,500/person/lifetime	\$1,500/person/year \$1,500/person/lifetime
<b>Preventive Care</b> Cleanings, Fluoride Treatments, Sealants, Space Maintainers	100% Covered	
<b>Diagnostic Services</b> Periodic Oral Evaluation, Radiographs, Labs & Diagnostic Tests	100% Covered	
<b>Basic Dental Services</b> Restorations, General Services, Simple Extractions Oral Surgery, Periodontics, Endodontics	20%* 20%*	
<b>Major Dental Services</b> Inlays/Onlays/Crowns Dentures & Other Removable Prosthetics Fixed Partial Dentures (Bridges), Implants	50%* 50%* 50%*	
<b>Orthodontic Services</b> Diagnose or correct misalignment of the teeth or bite *For children 19 years and younger	50%*	



## Summary of Dental Benefits

### \$2,500 Dental Plan

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Employee only / Family	\$50 / \$150	
<b>Annual Maximum</b> Non-Orthodontics Orthodontics (Up to age 19) Orthodontics (Adults)	\$2,500/person/year \$2,500/person/lifetime \$1,000/person/lifetime	\$2,500/person/year \$2,500/person/lifetime \$1,000/person/lifetime
<b>Preventive Care</b> Cleanings, Fluoride Treatments, Sealants, Space Maintainers	100% Covered	
<b>Diagnostic Services</b> Periodic Oral Evaluation, Radiographs, Labs & Diagnostic Tests	100% Covered	
<b>Basic Dental Services</b> Restorations, General Services, Simple Extractions Oral Surgery, Periodontics, Endodontics	10%* 10%*	
<b>Major Dental Services</b> Inlays/Onlays/Crowns Dentures & Other Removable Prosthetics Fixed Partial Dentures (Bridges), Implants	20%* 20%* 20%* 20%*	
<b>Orthodontic Services</b> Diagnose or correct misalignment of the teeth or bite *For children 19 years and younger	20%*	





## UnitedHealthcare Vision Benefit Summary

Plan 169

### Benefits at a Network Provider

*When you visit a network provider and receive these covered services....*

<b>Vision Exam</b>	You will pay a \$10 copay at the time of service.
<b>Materials</b>	You will pay a \$10 copay at the time of service. The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contact lenses in lieu of eyeglasses.
<b>Pair of Lenses (for spectacles)</b> <ul style="list-style-type: none"> <li>▪ Standard single vision</li> <li>▪ Standard lined bifocal</li> <li>▪ Standard lined trifocal</li> <li>▪ Standard lenticular</li> </ul>	Options, such as progressive lenses, polycarbonate lenses, tints, UV and anti-reflective coating, may be available at a discount.  Standard scratch-resistant coating covered-in-full.
<b>Frames</b>	You will receive a \$130 retail frame allowance towards the purchase of any frame at an in-network provider. Additionally, for materials cost that exceed the frame allowance; you may receive an additional 30% discount, available only at participating providers.
<b>Contact Lenses*</b> <ul style="list-style-type: none"> <li>▪ Covered-in-full elective contact lenses</li> </ul>	The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full (after applicable copay) for the most popular brands on the market. If covered disposable contact lenses are chosen, up to four boxes (depending on prescription) are included when obtained from a network provider. It is important to note that UnitedHealthcare Vision's covered-in-full contact lenses may vary by provider.
<ul style="list-style-type: none"> <li>▪ All other elective contacts</li> </ul>	A \$105 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the UnitedHealthcare Vision's covered-in-full contacts (materials copay does not apply). Toric, gas permeable and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.
<ul style="list-style-type: none"> <li>▪ Necessary contact lenses**</li> </ul>	Covered-in-full (after applicable copay)
<b>Frequencies</b>	Exam – Once every 12 months Lenses – Once every 12 months Frames – Once every 12 months

\*Contact lenses are in lieu of spectacle lenses and a frame.

\*\*Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia or keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision will make before you purchase such contacts.

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your healthcare expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employers, the Policy shall prevail.



## Summary of Life Insurance

Freedom Preparatory provides life insurance for you and your family members at no cost to you.

Death benefits are:

- \$100,000 for employee
- \$2,000 for spouse
- \$1,000 for dependents





## Benefit Enrollment / Change Form

Employee	First Name:	M.I.	Last Name:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Mailing/Street Address:	Apt./Ste.	City:	State:	Zip Code:		
	Birth Date:	Hire Date:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Phone Number:	Email:		
Enrollment	Enrollment Type:	<input type="checkbox"/> New Hire	<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Qualifying Event	<input type="checkbox"/> Decline ( <i>See Decline Section</i> )		
	Qualifying Event Type: (If applicable)	<input type="checkbox"/> Marriage / Divorce		<input type="checkbox"/> Birth / Death		<input type="checkbox"/> Court Order	
		<input type="checkbox"/> Loss of Coverage		<input type="checkbox"/> Reduction in Hours		<input type="checkbox"/> Change Name / Address	
		<input type="checkbox"/> COBRA		<input type="checkbox"/> Other _____			
Medical	Medical Plan Election:	<input type="checkbox"/> \$500 Copay Plan	<input type="checkbox"/> \$1,000 Copay Plan	<input type="checkbox"/> \$1,500 HSA Plan	<input type="checkbox"/> \$2,800 HSA Plan	<input type="checkbox"/> Decline	
	Medical Plan Coverage:	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Family		
Dental	Medical Plan Election:	<input type="checkbox"/> \$1,500 Dental Plan	<input type="checkbox"/> \$2,500 Dental Plan	<input type="checkbox"/> Decline			
	Medical Plan Coverage:	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Family		
Dependents	Name	SSN	DOB	Relationship	Sex (M/F)	Disabled (Y/N)	Include on Plan
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
HSA Election	<input type="checkbox"/> Yes, I would like to set up a Health Savings Account (This option is available if you enroll in the HSA plan). Your annual deduction will be divided into equal amounts and deducted from each pay period throughout the year. I elect to have an ANNUAL deduction of \$_____ (maximum of \$3,600 for employee-only coverage, or \$7,200 for all other levels of coverage) reduced from my salary before taxes to reimburse me for qualified expenses which I incur during the plan year. Maximum contribution to the HSA Plan will be reduced by company contribution. Employees who are age 55 or older can make a catch-up contribution of \$1,000 in addition to IRS maximums.						
Decline	<input type="checkbox"/> I understand the benefits provided by the Group Insurance Contract under ERISA regulations include Health and/or Dental coverages. I have reviewed and understand the benefit options and requirements presented herein. I understand that I may not be eligible to enroll myself and dependents if I desire to apply for coverage at a later date, unless I qualify to enroll at a later date in accordance with the special enrollment conditions.						
Other Insurance	<input type="checkbox"/> I do not have other insurance coverage			<input type="checkbox"/> I have enrolled thru the state or federal Marketplace			
	<input type="checkbox"/> I have other insurance coverage			<input type="checkbox"/> I have other insurance coverage, but intend to cancel that coverage			
	Policy Holder Name:			Policy Holder Date of Birth:			
	Insurance Company Name:			Insurance Company Address:			
	Policy Number:			Group Number:			
	Names of Covered Individuals:						
Employee Authorization	<input type="checkbox"/> I understand I have the option to pay the premiums for my employer-sponsored health plan through a before-tax reduction of my salary. I understand that if this amount increases or decreases during the plan year, my salary reduction will be adjusted to reflect that increase or decrease. I hereby apply for the coverage for which I am now or may be eligible under this group policy. I hereby authorize the deduction from my earnings of the required contribution, if any, toward the cost of such coverage. I authorize payment of medical benefits to all providers, where applicable, for those charges covered by my group insurance benefits. I authorize release to or by HealthEZ of any medical information including copies of medical records or insurance information as necessary for claims adjudication, utilization review, or coordination of benefits.						
	<input type="checkbox"/> To the best of my knowledge and belief, the information I have provided on this form is complete and correct. I acknowledge that the terms of the Summary Plan Description govern all payments made by the Plans.						

Employee Signature

Date



# Connect with us

Freedom Academy has a dedicated phone number at 844-288-5703 that we answer between 7 a.m. and 7 p.m. CT. When you call, a real person answers. Outside of the hours listed, simply press "3" to reach our 24/7 help line.



[service@healthiez.com](mailto:service@healthiez.com)  
[FreedomPrepBenefits.com](http://FreedomPrepBenefits.com)



844-288-5703



7201 West 78th Street  
Bloomington, MN 55439

HEALTHEZ