

# Plan Provisions and Exclusions

## The Freedom Plan covers:

- ACA Preventative Care, Routine Checkups, Pap Smears, Flu Shots, Immunizations, and More
- Primary Care, Specialist, and Urgent Care Visits Plus X-rays, CT and MRI Scans, Lab and Diagnostic Services
- Prescription Drugs – ACA at 100% (includes Birth Control) plus all others at indicated co-pays or indicated co-insurance up to threshold limit using the Rx pharmacy card at your favorite pharmacy
- Telemedicine (24 Hour Virtual Clinic)
- Inpatient Psych/Substance Abuse benefits limited to 30 days per year
- Pharmacy benefits are eligible for Rx discounts above base plan threshold
- All other medical services are eligible for PPO network discounts for services above the annual maximum threshold
- Additional Exclusions from coverage:
  - Workers Compensation injuries and illness
  - Cosmetic surgery procedures – exceptions to some reconstructive surgeries
  - Bariatric/Gastric Sleeve surgery
  - Sex transformation/change surgery

## Inpatient and Outpatient Benefit Provisions:

- Enhanced benefits in addition to base benefits
- Inpatient Psych/Substance Abuse benefits limited to 30 days per year
- Additional Inpatient Annual Maximum benefit is limited to stated annual maximum
- Inpatient Only Hospitalization and Professional Services for Surgical and Medical Services plus Outpatient Surgical (only) Services
- Emergency Room/Urgent Care, Lab, X-ray and Imaging (if admitted)
- Ambulance Service (if admitted)
- Additional Inpatient and Outpatient Benefit provision is effective 60 days after the effective date of the member; maternity inpatient and outpatient services are effective 10 months after the effective date
- Any hospital confinement that began on or before the effective date is excluded from plan coverage
- Outpatient Drugs, Kidney Dialysis, Chemo Therapy, and All Other Infusion Therapy is excluded from coverage under Inpatient and Outpatient Provision

