

Ellis County
Group Number: 911244
FreedomChoice Plan A

	January 1, 2023	
	In Network	Out of Network
Deductible		
Single	\$1,000	\$6,350
Family	\$2,000	\$12,700
Co-Insurance	50%	20%
Single	\$2,500	\$2,000
Family	\$5,000	\$4,000
Single Out of Pocket	\$3,500	\$8,350
Family Out of Pocket	\$7,000	\$16,700
Copays Continue		
Primary Care MD	\$25	Deductible
Specialist Physician	\$50	Deductible
Urgent Care Facility	\$25	Deductible
Emergency Room	\$300 then Ded.	Deductible
Chiropractor	\$25	Deductible
Outpatient Lab Expenses	100% to \$300 Then Ded/Coins	Deductible
Routine Eye Exam <i>(one per Calendar Year)</i>	100%	100%
Routine Preventive Care	Paid by Current Carrier	Paid by Current Carrier
Prescription Drug Card Benefit	Retail Copays	
Tier 1	20%	
Tier 2	40%	
Tier 3	60%	
Specialty Prescriptions	Deductible	
	Costs/Monthly:	Employer Employee
	Single:	\$606.71 \$98.77
	Employee+Spouse:	\$1424.76 \$231.94
	Employee+Child:	\$1204.67 \$196.11
	Family:	\$1713.89 \$279.01

FreedomChoice Plan C

	January 1, 2023	
	In Network	Out of Network
Deductible		
Single	\$2,750	\$6,350
Family	\$5,500	\$12,700
Co-Insurance	50%	20%
Single	\$1,800	\$2,000
Family	\$3,600	\$4,000
Single Out of Pocket	\$4,550	\$8,350
Family Out of Pocket	\$9,100	\$16,700
Deductible	Deductible	Deductible
Deductible	Deductible	Deductible
Deductible	Deductible	Deductible
Deductible	Deductible	Deductible
Deductible	Deductible	Deductible
Outpatient Lab Expenses	Deductible	Deductible
Routine Eye Exam <i>(one per Calendar Year)</i>	100%	100%
Routine Preventive Care	Paid by Current Carrier	Paid by Current Carrier
Prescription Drug Card Benefit	Retail Copays	
Deductible	Deductible	
Deductible	Deductible	
Deductible	Deductible	
Deductible	Deductible	
	Employer Employee	
	\$692.71 \$112.77	
	\$1351.66 \$220.04	
	\$1234.77 \$201.01	
	\$1563.39 \$254.51	

Scenario Plan A vs Plan C

Based on covered in-network expenses

Plan A Example: \$7,400 Claim	
Cost Sharing	
Deductibles	\$1,000
Copayments	\$100
Coinsurance	\$2,500
What isn't covered	
Limits or exclusions	\$30
The total you would pay is	\$3,630

Plan C Example- \$7,400 Claim	
Cost Sharing	
Deductibles	\$2,750
Copayments	\$0
Coinsurance	\$1,800
What isn't covered	
Limits or exclusions	\$30
The total you would pay before contributions	\$4,580

Yearly Employer HSA Contribution	\$1,000
Yearly Employee <i>Minimum</i> HSA Contribution**	\$600
Annual HSA Wellness Benefit	\$500
Total Out of Pocket for this claim:	\$2,480.00

** (Spouse may receive an additional \$500)

Health Savings Account –

Plan C – Rates include the following employer contribution

	Monthly	Yearly	IRS Limits 2023
Single - \$	83.33	\$1000.00	\$3,850
E/S -	\$104.16	\$1250.00	\$7,750
E/C -	\$145.83	\$1750.00	\$7,750
Family -	\$104.16	\$1250.00	\$7,750

In addition to the employer's contribution in the Health Savings Account, employees and covered spouses who are enrolled in Plan C are also eligible to each earn an additional \$500 in contributions for participation in the Preventive/Wellness Program.

You will be responsible for ensuring that the contributions to your Health Savings Account by YOU and your EMPLOYER do not exceed the IRS