



# FreedomCare Hybrid Health At-A-Glance

Inpatient and Outpatient Benefits			
	FreedomCare Hybrid Health 70		FreedomCare Hybrid Health - Traditional 70
	In-Network	Out-of-Network	
<b>Available Deductibles</b> ( <i>Deductible per hospital confinement</i> )	\$200, \$400	2 times PPO deductible.; accumulates separately from PPO deductible	\$200, \$400
<b>Maximum Benefit</b> ( <i>per day for inpatient hospital expenses</i> )	\$750, \$1,000, \$1,500		
<b>Maximum In-Hospital Physician Benefit</b> ( <i>per visit</i> )	\$100 per visit, limited to one visit per day \$6,000 for any one illness or injury		
<b>Coinsurance</b> ( <i>World pays/you pay</i> )	70/30 to \$10,000 and 100% thereafter*	50/50 to \$20,000* ( <i>In GA - 60/40 to \$20,000*</i> )	70/30 to \$10,000 and 100% thereafter*
<b>Out-of-Pocket Maximum</b> ( <i>Maximum of 3 for family policy/certificate</i> )	\$3,000	\$10,000, plus charges in excess of usual and customary	\$3,000, plus charges in excess of usual and customary
<b>Lifetime Maximum</b>	\$3,000,000 per covered person		
<b>Aggregate Maximum</b>	\$100,000 or \$250,000 for any one illness or injury		
<b>Deductible per Surgery</b>	\$500 per surgery		
<b>Maximum Outpatient Surgery Benefit</b>	\$10,000 for any one illness or injury		
<b>Cancer Benefit Option</b>	Provides a maximum of \$50 per day for In-hospital visits by a physician; up to \$200 per day for treatment provided during a hospital confinement or on an outpatient basis for radiation therapy and chemotherapy; up to \$2,500 per calendar year for charges made by a hospital or physician for experimental treatment or procedures provided during a hospital confinement or outpatient basis; up to \$100 per covered person, per calendar year, for eligible diagnostic screening tests; up to \$4,000 for the eligible charges in relation to surgical benefits; and up to \$100 per day for each hospital confinement. After a \$500 deductible, this optional benefit pays for Radiation Therapy and Chemotherapy treatment and pays 80/20, up to \$10,000, with a maximum benefit of \$50,000 per illness or injury.		
<b>Term Life Benefit Option</b>	Annually renewable term life insurance coverage in benefit amounts: \$10,000, \$25,000, or \$50,000**		

\* 100% thereafter – not to exceed aggregate maximum for any one illness or injury or lifetime maximum.      \*\* Not available in Georgia, Ohio and Oklahoma.

Outpatient Benefits			
	FreedomCare Hybrid Health 70		FreedomCare Hybrid Health - Traditional 70
	In-Network	Out-of-Network	
<b>Calendar Year Deductible</b>	\$100	2 times PPO deductible; accumulates separately from PPO deductible	\$100
<b>Calendar Year Coinsurance</b>	80/20 until chosen maximum calendar year benefit is reached	60/40 until chosen maximum calendar year benefit is reached	80/20 until chosen maximum calendar year benefit is reached
<b>Maximum Calendar Year</b> ( <i>per insured</i> )	\$750, \$1,000 or \$1,500		
<b>Physician Office Visit Maximum</b>	\$50 per visit		
<b>Prescription Drugs</b>	Subject to separate \$100 Rx ded. per person, per calendar year. <b>Generic</b> - \$15 or 50% of drug's cost, whichever is greater. Brand name drugs are not covered.		
<b>Maximum Ambulance Benefit</b>	\$250 per trip		