

VISION PLAN BENEFITS

Coverage	Freedom Savings Plan (HMO): 052 Freedom Medicare Plan Rx (HMO): 059, 060	Freedom VIP Savings (HMO C-SNP): 082 Freedom VIP Savings COPD (HMO C-SNP): 083 Freedom Platinum Plan Rx (HMO): 088, 091, 092, 093, 098 Freedom Platinum Rewards Plan Rx (HMO): 103, 105, 106, 107 Freedom VIP Rewards (HMO C-SNP): 099, 108	Freedom VIP Care (HMO C-SNP): 070 Freedom VIP Savings (HMO C-SNP): 072 Freedom VIP Savings COPD (HMO C-SNP): 077 Freedom Platinum Plan Rx (HMO): 089, 094 Freedom Platinum Rewards Plan Rx (HMO): 096, 102 Freedom Máximo (HMO-POS): 112, 113	Freedom Medi-Medi Partial (HMO D-SNP): 078 Freedom Medi-Medi Full (HMO D-SNP): 087 Freedom Platinum Plus Plan Rx (HMO): 104, 109, 110, 111
Comprehensive Eye Examination	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Frame and Eyeglass Lens (Standard plastic) This benefit may not be combined with any other discounts or promotional offers. For premium frames, progressive lenses, and additional lens treatment upgrades, the member receives vision vendor's discounted rate. (These are Value-Added Items and Services (VAIS) and are not plan benefits and are not part of the plan's benefit package).	\$10 co-pay includes CR-39 clear plastic lenses and standard frame. \$100 benefit. Member pays any amount over \$100 <ul style="list-style-type: none">• Single vision• Lined bifocal (FT 28)• Lined trifocal (FT 7x28) \$30 co-pay for CR-39 clear plastic standard progressive lenses. \$30 co-pay for CR-39 plastic standard photochromic lenses. \$30 co-pay for CR-39 plastic standard photochromic lenses. Lens and Frames Upgrades: Member Pays iCare's discounted rate.	\$0 co-pay includes CR-39 clear plastic lenses and standard frame. \$150 benefit. Member pays any amount over \$150 . <ul style="list-style-type: none">• Single vision• Lined bifocal (FT 28)• Lined trifocal (FT 7x28) \$30 co-pay for CR-39 clear plastic standard progressive lenses. \$30 co-pay for CR-39 plastic standard photochromic lenses. Lens and Frames Upgrades: Member Pays iCare's discounted rate.	\$0 co-pay includes CR-39 clear plastic lenses and standard frame. \$300 benefit. Member pays any amount over \$300 . <ul style="list-style-type: none">• Single vision• Lined bifocal (FT 28)• Lined trifocal (FT 7x28) \$30 co-pay for CR-39 clear plastic standard progressive lenses. \$30 co-pay for CR-39 plastic standard photochromic lenses. Lens and Frames Upgrades: Member Pays iCare's discounted rate.	\$0 co-pay includes CR-39 clear plastic lenses and standard frame. \$400 benefit. Member pays any amount over \$400 . <ul style="list-style-type: none">• Single vision• Lined bifocal (FT 28)• Lined trifocal (FT 7x28) \$30 co-pay for CR-39 clear plastic standard progressive lenses. \$30 co-pay for CR-39 plastic standard photochromic lenses. Lens and Frames Upgrades: Member Pays iCare's discounted rate.
Contact Lenses (in lieu of eyeglasses) Conventional or Disposable	\$10 co-pay \$100 benefit. Member pays any amount over \$100 . Contact lens fitting fee is not a covered benefit.	\$0 co-pay \$150 benefit. Member pays any amount over \$150 . Contact lens fitting fee is not a covered benefit.	\$0 co-pay \$300 benefit. Member pays any amount over \$300 . Contact lens fitting fee is not a covered benefit.	\$0 co-pay \$400 benefit. Member pays any amount over \$400 . Contact lens fitting fee is not a covered benefit.
Glasses or Contacts after Cataract Surgery	\$0 co-pay Medicare allowable benefit limit. Contact lens fitting fee is not a covered benefit. Progressives and photochromic lenses not covered.	\$0 co-pay Medicare allowable benefit limit. Contact lens fitting fee is not a covered benefit. Progressives and photochromic lenses not covered.	\$0 co-pay Medicare allowable benefit limit. Contact lens fitting fee is not a covered benefit. Progressives and photochromic lenses not covered.	\$0 co-pay Medicare allowable benefit limit. Contact lens fitting fee is not a covered benefit. Progressives and photochromic lenses not covered.

Benefit Frequencies	All plans except Medi-Medi and Platinum Plus Plan Rx	Freedom Medi-Medi Partial and Full (078 and 087): and Freedom Platinum Plus Plan Rx (Hmo): 104, 109, 110, 111
Eye Examination	Once every 12 months	Once every 12 months
Eyeglass Lenses	Once every 12 months	Twice every 12 months
Eyeglass Frames	Once every 12 months	Twice every 12 months
Contact Lenses	Once every 12 months	Twice every 12 months
Glasses or Contacts (after Cataract Surgery)	Once after cataract Surgery	Once after cataract Surgery
LASIK	Not Covered	Not Covered

Eye Care Network includes independent and national retail providers
The iCare provider network is comprised of both independent and national retail optical locations. Please visit our website at www.mycarehealth.com and choose Freedom Health Medicare Routine Vision.

Freedom Health Customer Service
Toll Free: 1-800-401-2740 • TTY: 711
www.mycarehealth.com

Freedom Health members receive these benefits through HearUSA:

- **\$0 co-pay** routine hearing exam, one every year.
- **\$0 co-pay** \$1,000 limit on hearing aids (\$500 per ear): Plans 052, 059, 060.
- **\$0 co-pay** \$1,500 limit on hearing aids (\$750 per ear): Plans 070, 072, 077, 082, 083, 088, 089, 091, 092, 093, 094, 096, 098, 099, 102, 103, 105, 106, 107, 108, 112, 113.
- **\$0 co-pay** \$2,000 limit on hearing aids (\$1,000 per ear): Plans 078, 087, 104, 109, 110, 111.
- **\$0 co-pay** for hearing aid evaluations/hearing aid fitting, one every year.
- Selection of quality digital products featuring choice of style and technologies.
- Annual cleaning and check of hearing aids.

You must go to a participating provider. If your plan has an out of network benefit, please review your evidence of coverage or call the plan's Member Services Department for details.

www.hearusa.com

Wellness and Health Care Planning Services: (Only in plan 078 and 087)

Members are eligible for advance care planning (ACP) services through MyDirectives®: To get started, access the link to MyDirectives® from the Member Portal on our website at www.freedomhealth.com. Click on Member Portal, log in to register.

Personal Emergency Response

System (PERS): (Only in plans 070, 072, 077, 078, 082, 083, 087, 099, 104, 108, 109, 110, 111)

With a Personal Emergency Response System (PERS), help is a button press away. PERS is a monitoring device that can provide you with confidence, knowing you have quick access to the help you need 24 hours a day in any situation. The device is a lightweight, discreet button that is worn as a pendant (automatic fall detection and mobile options available). For more information contact **Member Services Department**.

Fitness

Freedom has partnered with SilverSneakers® to provide our fitness benefit which is available on all of our plans. Please visit their website at www.silversneakers.com or call our Member Services Department for the most updated participating network facilities and information on how to utilize the benefit. Please take your Freedom ID to the participating network facility on your first visit.

Limitations/Restrictions:

- Health Club Memberships are limited to participating providers. Please contact Member Services for details and to locate a participating provider. (Phone numbers are printed on the back cover of this booklet).
- You should always consult your physician or other healthcare provider before changing your diet or starting an exercise program.

Personal Trainers are not covered.

In Home Support (Papa's Pals): (Not in plan 052, 059, 060)

Assistance for services such as:

- **Companionship:** conversation, board games, reading, hobbies
 - **Technical Guidance:** assist with learning telehealth services to connect with physician, help install devices
 - **Exercise and Activity:** walking or biking
 - **Household chores:** light cleaning, organization, laundry
 - **Assistance from a distance:** virtual services and companionship.
- For more information or schedule services please call **1-888-228-5958 (TTY: 711)**. Must use the plan's contracted provider/vendor.

Everyday Options Allowance: Everyday Options Allowance provides you with a combined monthly spending allowance of **\$85 (070, 072, 077, 099, 108)** or **\$175 (078, 087)** on your Benefits Prepaid Card. This spending allowance can be used to pay for:

- Food items like fresh meats, fruits, vegetables, pantry staples, and more.
- Home and Pet Care Supplies like paper products, food storage, household cleaning products, and pet care items.
- Utilities

You may not use this card to purchase items such as tobacco or alcohol. The Benefits Prepaid Card is automatically loaded at the beginning of each month. Unused amounts do not roll over and must be used by the end of each month.

Transportation

Transportation by taxi, bus/subway, van, and other approved methods to Plan approved locations, see limitations below. Please contact Member Services for details and to locate a participating vendor. (Phone numbers are printed on the back cover of this booklet).

Limitations/Restrictions:

Consult your Evidence of Coverage for the number of rides you are allowed.

- This benefit is not intended for Medical emergencies. For Medical emergencies, ambulance co-pay applies.
- Plan approved locations are only for medical appointments and health needs; such as PCP and specialist visits or drop off and pick up for planned medical procedures (i.e. routine blood draw, surgery, x-rays, routine eye exams).
- Transportation is intended for rides within your county.
- Call to schedule a ride at least 72 hours prior to scheduled medical appointment. Have the following information ready: Address of appointment, office phone number, appointment date and time.

To utilize this benefit for facility to facility transportation, advance notice may be required. Please contact member services for additional information.

Flex Account - Active Fitness (Only in plans 070, 072, 077, 089, 091, 092, 094, 096, 099, 102, 103, 104, 107, 110, 112, 113)

The plan covers a spending allowance of **\$500** per year towards the payment of daily facility access fees for golf, tennis, or swimming. Any unused amounts do not carry forward to the next calendar year. For more information about this benefit please contact Member Services.

FRH24DVH



 **FREEDOM**
HEALTH

OF SAFETY

Make the Most of Your Benefits

Freedom Health partners with specific companies to offer you better value through added benefits. Knowing how to access your services is the most important step. This booklet tells you how.

Freedom Health, Inc. is an HMO with a Medicare contract and a contract with the state Medicaid program. Enrollment in Freedom Health, Inc. depends on contract renewal. Freedom Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Freedom Health, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Freedom Health, Inc. konfòm ak lwa sou dwa sivil Federal li aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-401-2740 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-401-2740 (TTY: 711). Members will receive a monthly allowance in the form of a benefits pre-paid card to pay for a wide range of approved groceries, home and pet care supplies and utilities. Unused monthly amounts do not roll over to the next month or year. The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. H5427_2024_DVH Flyer_C

Dental Plan Benefits

Freedom Savings Plan (HMO): 052 Freedom Medicare Plan Rx (HMO): 059, 060	Freedom VIP Savings (HMO C-SNP): 072, 082 Freedom VIP Savings COPD (HMO C-SNP): 077, 083 Freedom Platinum Plan Rx (HMO): 088, 089, 091, 092, 093, 094, 098 Freedom Platinum Rewards Plan Rx (HMO): 096, 102, 103, 105, 106 Freedom VIP Rewards (HMO C-SNP): 108 Freedom Máximo (HMO-POS): 112, 113	Freedom Medi-Medi Partial (HMO D-SNP): 078 Freedom Medi-Medi Full (HMO D-SNP): 087 Freedom Platinum Plus Plan Rx (HMO): 104, 109, 110, 111 Freedom VIP Care (HMO C-SNP): 070 Freedom VIP Rewards (HMO C-SNP): 099 Freedom Platinum Rewards Plan Rx (HMO): 107
Covered Services: <ul style="list-style-type: none">• Routine Preventive Dental Care (member must use network dental provider). Problem focused exams are not considered routine• Dental cleaning as determined necessary by treating provider• Limited Oral Exam - Problem Focused exam• Fluoride Treatment• Dental X-rays• Oral Exams• Limited Extractions- <i>Prior Authorization may be required and must be received by a participating dental provider</i>- <i>*excludes periodontal scaling and root planing and periodontal maintenance</i>- *You must go to a participating general dentist for all services.	Covered Services: <ul style="list-style-type: none">• Routine Preventive Dental Care (member must use network dental provider). Problem focused exams are not considered routine• Dental cleaning or periodontal scaling and root planing, as determined necessary by treating provider• Limited Oral Exam - Problem Focused exam• Fluoride Treatment• Dental X-rays• Oral Exams• Diagnostic Services• Limited Extraction• Limited Periodontal Services• Limited Restorative Services- <i>Prior Authorization may be required and must be received by a participating dental provider.</i>- <i>Gingival irrigation (D4921), and localized delivery of antimicrobial agents (D4391), like Arestin®, are not covered and the member is responsible for the additional charge, even though scaling/root planing (D4341 and D4342) and Periodontal Maintenance (D4910) are covered.</i>- *You must go to a participating general dentist for all services. You Pay: <ul style="list-style-type: none">• \$0 for routine comprehensive or periodic exam up to 2 visit each year.• \$0 for Limited Oral exam - Problem Focused exam up to 2 visits each year.• \$0 for each cleaning up to 2 visits every year.• \$0 for each fluoride treatment up to 2 visits every year.• X-ray: \$0 co-pay for Occlusal Film 2 per year.• X-ray: \$0 co-pay for Temporomandibular joint film one per year.• X-ray: \$0 co-pay for Complete Series including bitewings single film one every 36 months, bitewings 2 film one per year, bitewings 4 film one per year and panoramic film one per 36 months.• X-ray: \$0 co-pay for Temporomandibular joint film one per year.• X-ray: \$0 co-pay for Complete Series including bitewings single film one every 36 months, bitewings 2 film one per year, bitewings 4 film one per year and panoramic film one per 36 months.• \$0 co-pay extraction of tooth, one procedure per year by a general dentist.	Covered Services: <ul style="list-style-type: none">• Routine Preventive Dental Care (member must use network dental provider). Problem focused exams are not considered routine• Dental cleaning or periodontal scaling and root planing, as determined necessary by treating provider• Limited Oral Exam - Problem Focused exam• Fluoride Treatment• Dental X-rays• Oral Exams• Diagnostic Services• Limited Prosthodontics• Limited Extractions• Limited Periodontal Services• Limited Restorative Services- <i>Prior Authorization may be required and must be received by a participating dental provider</i>- <i>Gingival irrigation (D4921), and localized delivery of antimicrobial agents (D4391), like Arestin®, are not covered and the member is responsible for the additional charge, even though scaling/root planing (D4341 and D4342) and Periodontal Maintenance (D4910) are covered.</i>- <i>Core build-up (D2950) is excluded, even though 1 crown is covered. Crown not covered for plan 070, 099, 107.</i>- *You must go to a participating general dentist for all services. You Pay: <ul style="list-style-type: none">• \$0 for routine comprehensive or periodic exam up to 2 visit each year.• \$0 for Limited Oral Exam - Problem Focused exam up to 2 visits each year.• \$0 for each cleaning up to 2 visits every year.• \$0 for each fluoride treatment up to 2 visits every year.• X-ray: \$0 co-pay for Occlusal Film 2 per year.• X-ray: \$0 co-pay for Temporomandibular joint film one per year.• X-ray: \$0 co-pay for Complete Series including bitewings single film one every 36 months, bitewings 2 film one per year, bitewings 4 film one per year and panoramic film one per 36 months.• \$0 co-pay for resin Filling up to 2 per year.• \$0 co-pay full mouth debridement one every two years.• \$0 co-pay extraction of tooth, one procedure per year by a general dentist.• \$0 co-pay for one porcelain/ceramic or porcelain fused to high noble metal crown per year. Crown not covered for plan 070, 099, 107• \$0 co-pay Partial or full set of Dentures; 1 set every 5 years.• \$0 co-pay for Denture relines (upper or lower) - 1 per year• \$0 co-pay for 4 total scaling and root planing procedures per year - Limited to 1 procedure per quadrant per year.• \$0 co-pay periodontal maintenance - up to 2 procedures per year.

FREEDOM HEALTH PLANS COVERED CODE BENEFITS

Code	Procedure Description			
		Freedom Savings Plan (HMO): 052 Freedom Medicare Plan Rx (HMO): 059, 060	Freedom VIP Savings (HMO C-SNP): 072, 082 Freedom VIP Savings COPD (HMO C-SNP): 077, 083 Freedom Platinum Plan Rx (HMO): 088, 089, 091, 092, 093, 094, 098 Freedom Platinum Rewards Plan Rx (HMO): 096, 102, 103, 105, 106 Freedom VIP Rewards (HMO C-SNP): 108 Freedom Máximo (HMO-POS): 112, 113	Freedom Medi-Medi Partial (HMO D-SNP): 078 Freedom Medi-Medi Full (HMO D-SNP): 087 Freedom Platinum Plus Plan Rx (HMO): 104, 109, 110, 111 Freedom VIP Care (HMO C-SNP): 070 Freedom VIP Rewards (HMO C-SNP): 099 Freedom Platinum Rewards Plan Rx (HMO): 107
Diagnostic (exams and x-rays)**		Member Pays	Member Pays	Member Pays
D0120	Periodic Oral Evaluation - Established Patient			
D0140	Limited Oral Evaluation – Problem Focused	\$0	\$0	\$0
D0150	Comprehensive Oral Evaluation - New Or Established Patient			
D0210	Intraoral - Complete Series Of Radiographic Images	\$0	\$0	\$0
D0330	Panoramic Radiographic Image			
D0220	Intraoral - Periapical First Radiographic Image			
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$0	\$0	\$0
D0240	Intraoral - Occlusal Radiographic Image			
D0270	Bitewing - Single Radiographic Image			
D0272	Bitewings - Two Radiographic Images			
D0274	Bitewings - Four Radiographic Images			
D0321	Other Temporomandibular Joint Radiographic Images, By Report	\$0	\$0	\$0
Preventive**		Member Pays	Member Pays	Member Pays
D1110	Prophylaxis - Adult	\$0	\$0	\$0
D1206	Topical Application Of Fluoride Varnish			
D1208	Topical Application Of Fluoride - Excluding Varnish	\$0	\$0	\$0
Restorative**		Member Pays	Member Pays	Member Pays
D2330	Resin - Based Composite - One Surface, Anterior			
D2331	Resin-Based Composite - Two Surfaces, Anterior			
D2332	Resin - Based Composite - Three Surfaces, Anterior			
D2335	Resin - Four Surfaces, Anterior			
D2391	Resin-Based Composite - One Surface, Posterior	Not Covered	\$0	\$0
D2392	Resin-Based Composite - Two Surfaces, Posterior			
D2393	Resin-Based Composite - Three Surfaces, Posterior			
D2394	Resin-Based Composite - Four Surfaces, Posterior			
D2740	Crown Porcelain/Ceramic Substrate*			\$0
D2750	Crown Porcelain Fused to High Noble Metal*	Not Covered	Not Covered	Crown not covered for plan 070, 099, 107

FREEDOM HEALTH PLANS COVERED CODE BENEFITS

Code	Procedure Description			
		Freedom Savings Plan (HMO): 052 Freedom Medicare Plan Rx (HMO): 059, 060	Freedom VIP Savings (HMO C-SNP): 072, 082 Freedom VIP Savings COPD (HMO C-SNP): 077, 083 Freedom Platinum Plan Rx (HMO): 088, 089, 091, 092, 093, 094, 098 Freedom Platinum Rewards Plan Rx (HMO): 096, 102, 103, 105, 106 Freedom VIP Rewards (HMO C-SNP): 108 Freedom Máximo (HMO-POS): 112, 113	Freedom Medi-Medi Partial (HMO D-SNP): 078 Freedom Medi-Medi Full (HMO D-SNP): 087 Freedom Platinum Plus Plan Rx (HMO): 104, 109, 110, 111 Freedom VIP Care (HMO C-SNP): 070 Freedom VIP Rewards (HMO C-SNP): 099 Freedom Platinum Rewards Plan Rx (HMO): 107
Periodontics**		Member Pays	Member Pays	Member Pays
D4341	Periodontal Scaling and Root Planing - Per Quadrant (4 or More Teeth)	Not Covered	\$0	\$0
D4342	Periodontal Scaling and Root Planing - Per Quadrant (1 to 3 Teeth)			
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis On A Subsequent Visit	Not Covered	\$0	\$0
D4910	Periodontal Maintenance Procedures - Following Active Surgery	Not Covered	\$0	\$0
Removable Prosthodontics**		Member Pays	Member Pays	Member Pays
D5110	Complete Denture - Maxillary*			
D5120	Complete Denture - Mandibular*			
D5130	Immediate Denture - Maxillary*			
D5140	Immediate Denture - Mandibular*			
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)*			
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)*	Not Covered	Not Covered	\$0
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)*			
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)*			
D5730	Chairside Reline Complete Upper Denture			
D5731	Chairside Reline Complete Lower Denture	Not Covered	Not Covered	\$0
D5740	Chairside Reline Upper Partial			
D5741	Chairside Reline Lower Partial			
Oral and Maxillofacial Surgery**		Member Pays	Member Pays	Member Pays
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	\$0	\$0	\$0
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated*			

* Requires a pre-authorization
** Please reference your Explanation of Coverage (EOC) for benefit limitations
*** All services must be rendered by a general dentist