

Dara's

CORNER MARKET

YOUR HEALTH PLAN MADE SIMPLE

Same care. Same doctors. Smarter plan.

HOW YOUR COVERAGE WORKS



- ✓ Doctor & hospital network
- ✓ Discounted rates
- ✓ Your main insurance card



- ✓ Pays and processes claims
- ✓ Works behind the scenes



- ✓ Funds your healthcare
- ✓ Designs your benefits



**IMPORTANT:
YOU HAVE
TWO CARDS**

SHOW BOTH AT EVERY VISIT



- ✓ Bring both cards.
- ✓ Give both cards to the provider.



WHAT TO DO:

- ✓ Bring both cards
- ✓ Give both cards to the provider



WHY IT MATTERS:

- ✓ Prevents billing issues
- ✓ Ensures claims are paid correctly
- ✓ Avoids delays

YOUR PLAN STRUCTURE

HIGH DEDUCTIBLE PLAN



Deductible:
\$500 (Freedom) / \$5,000 (BCBS)



After Deductible:
50% cost sharing



Out-of-Pocket Maximum:
\$2,500 Single / \$4,000 Family
(Includes copays, coinsurance & deductible)



Preventive Care:
Covered at 100%

WHAT "SELF-FUNDED" MEANS



DARA'S
pays your
healthcare
claims directly



EMPLOYEES
receive quality
care and benefits



PROVIDERS
are paid for
services

FOR YOU, NOTHING CHANGES:



Same
doctors



Same cards
to use



Same
coverage



Same care
you need

WHY THIS PLAN WORKS



**CONTROLS
HEALTHCARE COSTS**
Helps manage costs
now and in the future.



**KEEPS
BENEFITS
STRONG**
Allows us to maintain
quality coverage.



**REINVESTS IN
OUR TEAM**
Savings come back
to you through better
benefits.

THE BOTTOM LINE



BLUE CROSS = Your Network



FREEDOM CLAIMS = Your Claims Paid



DARA'S = Your Coverage Funded



USE BOTH CARDS. THAT'S THE KEY.

Health Benefits Plan for the Employees

Dara's Fast Lane
Group Number: 911438
FreedomChoice Plan

Effective Date: May 1, 2026		FreedomChoice	
Base Plan Claims Administrator Base Plan Financial Program Group Health Care Plan PPO Provider Network		Freedom Claims Management, Inc. Medical Expense Reimbursement Plan Current Carrier Current Carrier	
		PPO Network	Non-Network
Base Plan	Amounts Paid By The Member...	↓	↓
PLAN YEAR Employee Deductible <i>Deductible Restarts every May 1st</i>	Single Family Limitation	\$500 \$1,000	\$5,000 \$10,000
Employee Cost Share Percentages AFTER Deductible		50%	20%
Base Plan Out-of-Pocket Maximum AFTER Deductible <i>Before 1st \$5,000 Limit Reached</i>	Single Family Limitation	\$2,000 \$4,000	\$3,350 \$6,700
Total Employee Out of Pocket Expense	Single Family Limitation	\$2,500 \$5,000	\$8,350 \$16,700
Paid by Member "Per Visit"	Primary Care MD Specialist Physician Mental Health Office Visit Chiropractor Urgent Care Facility Emergency Room	\$25 \$25 \$25 \$25 \$25 \$100 Ded\Co-Ins	Deductible Deductible Deductible Deductible Deductible Deductible
<i>"Services performed" are subject to Co-Insurance. Co-Insurance applies AFTER Emergency Room Copayment made.</i>			
Lab/Outpatient X-Ray Services	Per Person	100% to \$300	Deductible
Routine Vision Exam (Limit 1 per Plan Year)	Per Person	\$25	Deductible
Routine Preventive Care	Per Person	Paid by Current Carrier	Deductible
Prescription Drug Card Benefit	<i>Mandatory Generic</i> Generic Drugs Preferred Brand Non-Preferred Brand Specialty		<u>Retail Copays</u> \$15 \$50 \$75 \$30
<i>Base Plan - Deductible, copays, cost share amounts & Rx copays for the member. Until the member's claims reach the \$5,000 threshold, the balance of these costs are paid by the Employer's Medical Expense Reimbursement Plan. Base Plan claims are processed by Freedom Claims Management, Inc. a Third Party Administrator, after first being submitted to your current carrier for claim discounting and review.</i>			
Please direct ALL questions to → Freedom Claims Management, Inc. at 1-866-792-9151			
Umbrella Plan	Applies to Claims Exceeding this Threshold →	\$5,000	\$5,000
Employee Cost Share Percentages after Current Carrier Level Reached...		Copays Continue	20%
Out-of-Pocket Maximum	Single Family Limitation	\$6,350 \$12,700	\$8,350 \$16,700
Lifetime Maximum		Unlimited	Unlimited
<i>Current Carrier will process and pay eligible, in network claims above the \$6,350 threshold.</i>			

Please refer to the final Schedule of Benefits and the Summary Plan Description for all other eligible or ineligible expenses which supersede this handout. Please also refer to the certificate of coverage from Current Carrier for actual details on cost share amounts. This is not a legal document.

ID CARDS: You will have two ID Cards. Present both of them to your providers and pharmacies. Current Carrier will review the claim first and apply the PPO discount. Freedom Claims Management, Inc. will coordinate your reimbursement as secondary payor.

Maximum benefits are available when services are received from Current Carrier providers and Pharmacies. Your financial responsibility is based on the provider network you select. Use of Non-Network providers increases your financial responsibility. Pre-Certification is required with Current Carrier to maximize benefit reimbursement.

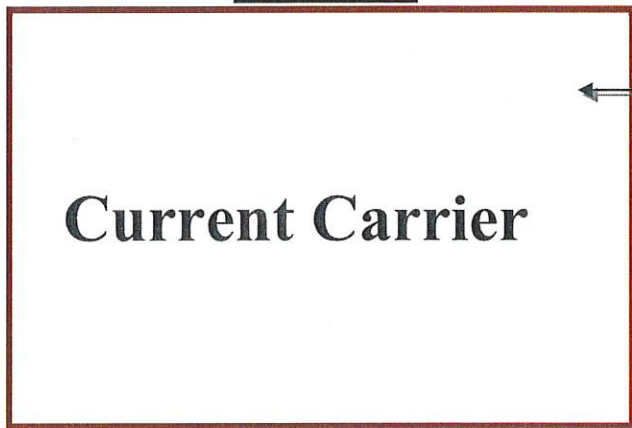


How to use your Medical and Prescription Cards

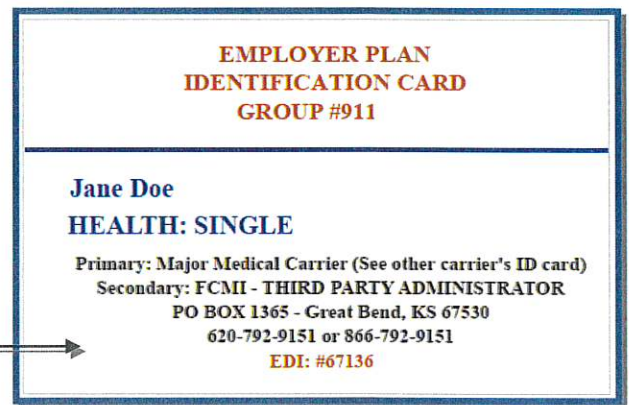
When going to the Doctor/Hospital/Pharmacy

You will need to present both cards.

PRIMARY



SECONDARY



Places to present both cards:

- ▶ **Doctors Office**
- ▶ **Hospital**
- ▶ **ER/Urgent Care**
- ▶ **Pharmacy**
- ▶ **Any other medical related visit**

ID CARDS:

- 1) ID Cards: You will have 2 ID cards.
- 2) Present both ID cards to your **PROVIDERS** and **PHARMACY**:
 - a) Current Carrier will review the claim first; apply the PPO discount and High deductible.
 - b) Freedom Claims Management, Inc will coordinate your reimbursement as secondary payor.