The Liberty HSA Plan: 2027 Benefit Summary

Nov 6, 2026

This summary describes The Liberty HSA Plan from January 1, 2027, until your Summary Plan Description is issued. It is a summary; the plan document controls.

1. The plan at a glance

	The Liberty HSA Plan
Effective	January 1, 2027; calendar plan year
Funding and administration	Self-funded by Liberty; administered by Nova
Network	None. See any provider you choose
Health savings account	HSA-eligible plan: you may contribute pre-tax through payroll
Deductible, individual / family	$2,000 / $4,000, medical and prescriptions combined
After the deductible, the plan pays	80%
Out-of-pocket maximum, individual / family	$6,500 / $13,000
Primary care / specialist visit	$30 copay after deductible
Preventive care	$0, before the deductible
Emergency room	$100 copay after deductible (waived if admitted)
Generic prescription	$15 copay after deductible
Employee-only contribution	$0
New in 2027	Functional medicine; up to 2 blood tests and up to 4 health coaching sessions a year

2. How the plan works and what you pay

No network. You can see any licensed doctor, hospital or clinic. Every provider is paid under the same benefit level, so there are no in-network or out-of-network penalties.

Reference-based pricing. For each claim, ClaimDOC checks the bill and prices it at a fair amount based on what Medicare pays for the same care. Nova pays that amount, and your share is figured on it. Your Explanation of Benefits (EOB) shows the fair price and what you owe.

If a provider bills you more. A provider may bill the difference between its charge and the fair price. Do not pay it yet and do not ignore it. Send the bill and your EOB to the ClaimDOC advocates, who step in for you.

How the deductible works. This plan pays for preventive care from the first dollar. For almost everything else, you pay the full fair price until you reach the deductible, which covers medical services and prescriptions together. After that, copays and coinsurance apply.

Your costs

- **Deductible:** $2,000 for you, $4,000 for a family.
- **Coinsurance:** after the deductible, the plan pays 80% and you pay 20%.
- **Copays:** some services have a copay that you pay after the deductible is met.
- **Out-of-pocket maximum:** $6,500 for you, $13,000 for a family. It includes your deductible, copays, coinsurance and prescription costs. Once you reach it, the plan pays 100% of covered services for the rest of the year.
- **Resets** every January 1.

Your health savings account (HSA). You may put pre-tax money in an HSA through payroll and use it for qualified medical expenses, including your deductible. The account is yours and stays with you. IRS limits and eligibility rules apply; see your HSA custodian or tax advisor.

3. Covered services and what you pay

"After deductible" means you pay the full fair price until you reach $2,000 (or the family's $4,000), then the amount shown. Only preventive care is paid before the deductible.

Doctor visits and virtual care

Service	What you pay
Primary care visit	$30 copay after deductible
Specialist visit	$30 copay after deductible
Surgery in a doctor's office	20% after deductible
Virtual visit with your own doctor	$30 copay after deductible
Virtual urgent care	$30 copay after deductible [vendor to be announced]
Preventive care, screenings and immunizations, all ages	$0, before the deductible

Hospital, emergency and facility care

Service	What you pay
Inpatient hospital, facility and doctors	20% after deductible

Service	What you pay
Outpatient facility and professional services (surgeons, radiologists, pathologists, anesthesiologists)	20% after deductible
Emergency room, including ER doctor, lab and radiology	$100 copay after deductible; waived if admitted
Urgent care facility	20% after deductible
Ambulance, emergency	20% after deductible; mental health and substance use ambulance $0 after deductible
Skilled nursing, rehabilitation hospital, sub-acute	20% after deductible; 60 days a year
Hospice, inpatient and outpatient	20% after deductible
Home health care	20% after deductible; 100 visits a year (not limited for mental health or substance use)

Tests and imaging

Service	What you pay
Laboratory services and X-ray, at an independent site or outpatient facility	20% after deductible
MRI, MRA, CT and PET scans	20% after deductible; pre-approval may be required

Therapy

Service	What you pay
Physical therapy	20% after deductible; unlimited visits
Speech, hearing and occupational therapy	20% after deductible; unlimited visits
Chiropractic care	20% after deductible; 20 visits a year
Acupuncture	20% after deductible; 12 visits a year

Mental health and substance use

Service	What you pay
Inpatient, acute and residential	20% after deductible; no annual limit
Outpatient, doctor's office (including therapy and	$30 copay after deductible; no annual limit

Service	What you pay
medication management)	
Outpatient, other services (partial hospitalization, intensive outpatient, ABA therapy)	20% after deductible; no annual limit

Family planning and other benefits

Service	What you pay
Women's preventive services, including contraceptive devices	$0
Men's sterilization and abortion services	$0 after deductible
Infertility treatment, including artificial insemination, IVF, GIFT and ZIFT	Covered [limits to be provided]
Breast pump rental (one per birth) and supplies	$0
Durable medical equipment and prosthetics	20% after deductible; no annual limit
Infusion and other medical drugs	$0 after deductible in a doctor's office; 20% after deductible at a facility or at home
Organ transplants	Covered as inpatient care [transplant facility and travel details to be provided]
Temporomandibular joint disorder (TMJ)	Case by case, by place of service; excludes appliances and orthodontic treatment

4. Prescription drugs and new 2027 benefits

TrueRx runs your pharmacy benefit. Your deductible covers medical services and prescriptions together, so you pay the full fair price of a drug until the deductible is met. After that, the copays below apply, and what you pay counts toward your out-of-pocket maximum.

Prescription	30-day supply after the deductible	Notes
Generic	$15 copay	Up to a 90-day supply at three times the copay
Preferred brand	$30 copay	Up to a 90-day supply
Non-preferred brand	$60 copay	Up to a 90-day supply
Specialty	20% of the cost, up to $250 a fill	30-day supply

Prescription	30-day supply after the deductible	Notes
Preventive drugs on the IRS list	$0, before the deductible	Contraceptives and federally required preventive drugs

- **Brand when a generic exists:** you pay the brand copay plus the cost difference, unless your doctor writes "dispense as written."
- **Covered:** insulin, glucose test strips, lancets, needles and pens; self-administered injectables; oral fertility drugs. Infertility injectables are not covered by the pharmacy benefit.
- **Drug programs:** some drugs need prior approval, step therapy or quantity limits. TrueRx will publish the drug list and rules.

New for 2027

Benefit	What is covered
Functional medicine	Covered [eligible practitioners, services and your cost to be provided]; the deductible applies unless the service is preventive care
Blood tests	Up to 2 per plan year [which tests and your cost to be provided]; the deductible applies unless the test is preventive care
Health coaching	Up to 4 sessions per plan year [provider and your cost to be provided]; the deductible applies unless the service is preventive care

5. Using your plan

Emergencies. Go to the nearest emergency room or call 911. You do not need approval first. Call Nova afterward so we can follow up.

Pre-approval. Some services need approval from Nova before you receive them. Your provider normally arranges it. Nova will publish the list [to be provided before January 1].

Your first visit. Show your Nova ID card and ask the office to send the claim to Nova. Because you pay the full fair price until the deductible, ask the office to bill the plan first and wait for your EOB before paying a large amount. Nominate your regular doctors to ClaimDOC so they hear from ClaimDOC before your visit.

If a provider pushes back. If a provider says it does not take your plan, say that the plan pays claims directly and ask it to send the claim to Nova, then call the ClaimDOC advocates. If a bill is higher than your EOB, send it to ClaimDOC before you pay. Send any collection notice to ClaimDOC the same day.

Care support. Nova offers a 24-hour nurse line, case management and chronic-condition support at no cost to you.

Appeals. If a claim is denied, you may appeal. The denial notice explains how and by when; the plan document sets the process [appeals details to be provided].

Who to call

For	Call
Claims, ID cards, benefits, nurse line	Nova [phone and website]
A provider pushing back, or a bill above your EOB	ClaimDOC advocates [phone]
Prescriptions	TrueRx [phone and website]
Your health savings account	[HSA custodian phone and website]
Eligibility and enrollment	HR and benefits [name, email, phone]

6. Your 2027 contributions

Monthly amounts per employee. Per paycheck assumes 24 pay periods a year [payroll to confirm]. Your own HSA contributions are separate and made through payroll.

Coverage	Monthly	Per paycheck
Employee only	$0.00	$0.00
Employee + spouse	$286.58	$143.29
Employee + child(ren)	$200.67	$100.34
Family	$673.25	$336.63

7. Important information

- **Limits.** Skilled nursing 60 days a year; home health 100 visits a year; chiropractic 20 visits; acupuncture 12 visits. Therapy and mental health have no annual visit limit.
- **Not covered or limited.** Non-emergency ambulance transportation, such as a ride home from the hospital, is generally not covered. Sterilization reversals are not covered. TMJ appliances and orthodontic treatment are excluded. [Full list of exclusions to be added from the plan document.]
- **HSA rules.** To contribute to an HSA you must be covered by this plan and meet IRS rules, for example no other non-HSA health coverage and not enrolled in Medicare. Annual IRS contribution limits apply. This plan is intended to be HSA-eligible for 2027 [Legal and Nova to confirm against the 2027 IRS limits].
- **Eligibility.** Eligible employees and their dependents, including children to age 26, may enroll. [Waiting period, dependent rules and COBRA to be provided.]
- **Plan year.** January 1 to December 31. Your deductible and out-of-pocket maximum start over each January 1.
- **Changes during the year.** You may change your coverage only at open enrollment or after a qualifying life event such as marriage, birth or adoption, or loss of other coverage.
- **This is a summary.** It is not the plan document or Summary Plan Description, which control if they differ. Liberty may amend or end the plan. Services must be medically necessary and

covered under the plan. This summary will be replaced when the Summary Plan Description is issued.

Federal protections. Preventive care is covered at no cost, and the plan follows federal rules on mental health parity and coverage for emergency services.