



TRADITIONAL MEMBERSHIP PLAN COMPARISON

| | CORE CHOICE (individual or family) | ENHANCED CHOICE (individual only) | HIGH DEDUCTIBLE HEALTH PLAN (individual or family) | MAJOR MEDICAL (individual or family) |
|--|---|---|---|--|
| CALENDAR YEAR DEDUCTIBLE (CYD) | \$1,500 per person or \$3,000 per person | \$3,000 or \$6,000 | INDIVIDUAL: \$2,250 or \$3,750 FAMILY: \$4,500 or \$7,500 | \$7,500 per person |
| OUT OF POCKET (OOP) | INDIVIDUAL: \$1,500 CYD: \$5,000 \$3,000 CYD: \$10,000 FAMILY: \$1,500 CYD: \$10,000 \$3,000 CYD: \$20,000 | INDIVIDUAL: \$3,000 CYD: \$10,000 \$6,000 CYD: \$20,000 | INDIVIDUAL: \$2,250 CYD: \$4,500 \$3,750 CYD: \$5,625 FAMILY: \$4,500 FCYD: \$9,000 \$7,500 FCYD: \$11,250 | INDIVIDUAL: \$15,000 FAMILY: \$30,000 |
| COINSURANCE | After CYD, plan pays 80%, you pay 20% of eligible expenses | After CYD, plan pays 80%, you pay 20% of eligible expenses | After CYD, plan pays 80%, you pay 20% of eligible expenses | After CYD, plan pays 80%, you pay 20% of eligible expenses |
| COPAY FOR OFFICE VISIT (Not subject to CYD and OOP for eligible office visits) | \$1,500 CYD : \$30 \$3,000 CYD : \$40 | \$3,000 CYD : \$45 \$6,000 CYD : \$45 | NO | NO |
| PRESCRIPTION DRUG COVERAGE | Yes; Subject to CYD \$7,500 max/person/year \$4 copay for Generics | Yes; Subject to CYD \$4 copay for Generics | Yes; Subject to CYD | Yes; Subject to CYD \$4 copay for Generics |
| PREVENTATIVE CARE | Yes; 100% not subject to CYD | Yes; 100% not subject to CYD | Yes; limited. Subject to CYD and Coinsurance | Yes; limited. Subject to CYD and Coinsurance |
| DENTAL SERVICES ADULT (19 and over) | Copay \$1,500/\$30 \$3,000/\$40 \$500 max/person/year 6 month waiting period | \$45 copay/visit \$500 max/person/year No waiting period | NO | NO |
| DENTAL SERVICES PEDIATRIC (under 19) | Copay \$1,500/\$30 \$3,000/\$40 \$500 max/person/year 6 month waiting period | Subject to CYD and coinsurance with no calendar year maximum or waiting period | NO | NO |
| VISION SERVICES ADULT (19 and over) | Eye exam: \$40 max/person/year Lenses or contacts: \$100 person/year 6 month waiting period | Eye exam: \$40 max Lenses or contacts: \$100/year No waiting period | NO | NO |
| VISION SERVICES PEDIATRIC (under 19) | Eye exam: 100% Frames, lenses or contacts: \$100 max/year No waiting period | Eye exam: 100% Frames, lenses or contacts: \$100 max/year No waiting period | NO | NO |

This comparison is intended to help you compare coverage benefits and is a summary of in-network benefits only. Farm Bureau Health Plans uses the UnitedHealthcare Choice Plus Network for medical providers and the Dental Benefit Providers network for plans that include dental coverage. Please keep in mind that network payments are based on negotiated fees. If an out-of-network provider is used, the member's liability will increase significantly. Plan contract should be consulted for a detailed description of benefits and limitations. Additional waiting periods may apply as indicated in the plan contract.



TRADITIONAL MEMBERSHIP PLAN *QUICK* COMPARISON

| | CORE CHOICE (individual or family) | ENHANCED CHOICE (individual only) | HIGH DEDUCTIBLE HEALTH PLAN (individual or family) | MAJOR MEDICAL (individual or family) |
|---|--|--------------------------------------|--|--|
| CALENDAR YEAR DEDUCTIBLE (CYD) | Yes, per person | Yes, per person | Yes, Individual or Family | Yes, per person |
| OUT OF POCKET (OOP) | YES | YES | YES | YES |
| COINSURANCE | YES | YES | YES | YES |
| COPAY FOR OFFICE VISIT | YES | YES | NO | NO |
| PRESCRIPTION DRUG COVERAGE | Yes, Calendar year limit | Yes, No limit | Yes, No limit | Yes, No limit |
| ANNUAL LIMIT | NO | NO | NO | NO |
| PREVENTATIVE CARE | YES | YES | YES; limited | YES; limited |
| DENTAL SERVICES | YES; limited | YES; limited | NO | NO |
| VISION SERVICES | YES; limited | YES; limited | NO | NO |
| NETWORK PROVIDERS | YES | YES | YES | YES |
| SPECIALIST REFERRAL | NO | NO | NO | NO |
| HEALTH SAVINGS ACCOUNT (HSA) QUALIFIED | NO | NO | YES | NO |
| PRE-EXISTING WAITING PERIOD FOR MEDICAL CONDITIONS | Yes; 6 month minimum for all ages | Yes; 6 month minimum for all ages | Yes; 12 month minimum | Yes; 12 month minimum |
| MEDICAL UNDERWRITING REQUIRED | YES | Yes; reduced questionnaire | YES | YES |
| MATERNITY | Individual Plans - No Family Plan - Yes; 9 month waiting period per member | Yes; 6 month pre-existing applies | Individual Plans - No Family Plan - Yes; 9 month waiting period per member | Individual Plans - No Family Plan - Yes; 9 month waiting period per member |

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