PINNACLE 2026

Schedule of Benefits for Individuals & Families

THIS SCHEDULE IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Farm Bureau HEALTH PLANS Tennessee

Teladoc HEALTH

This is a comprehensive health coverage plan that includes hospitalization, medical and prescription benefits. Farm Bureau Health Plans uses the UnitedHealthcare Choice Plus Network of providers. Please keep in mind that In-Network payments are based on negotiated fees; if an Out-of-Network provider is used, the individual's liability will increase significantly.

CALENDAR YEAR DEDUCTIBLE (CYD)

(Unless otherwise indicated, all benefits are subject to the CYD)

Option 1	$2,000 Per Individual
Option 2	$4,000 Per Individual
Option 3	$8,000 Per Individual

OUT-OF-POCKET (OOP) MAXIMUM

- Once the OOP maximum is met, eligible benefits are provided at 100% for a individual for the remainder of the calendar year
- This applies to In-Network provider services only
- Copayments do not apply to the OOP and must still be paid after the OOP is met

	In-Network	Out-of-Network
Option 1 For $2,000 CYD:	$8,000 Per Individual Coverage $16,000 Per Family Coverage	Unlimited
Option 2 For $4,000 CYD:	$10,000 Per Individual Coverage $20,000 Per Family Coverage	
Option 3 For $8,000 CYD:	$20,000 Per Individual Coverage $40,000 Per Family Coverage	

LIFETIME BENEFIT MAXIMUM

Unlimited

Services

	In-Network	Out-of-Network
OFFICE VISIT (Not subject to CYD)	**PCP** / **Specialist**	CYD/Coinsurance
Option 1: For $2,000 CYD:	$40 Copay* Per Visit / $60 Copay* Per Visit	
Option 2: For $4,000 CYD:		
Option 3: For $8,000 CYD:		
TELADOC (Not subject to CYD)	$0 Copay Per Visit	No Coverage

	In-Network		Out-of-Network	
COINSURANCE (After CYD; Based on maximum allowable charge)	**Plan Pays**	**Your Responsibility**	**Plan Pays**	**Your Responsibility**
	70%	30%	50%	50%
PREVENTATIVE CARE BENEFITS (Subject to CYD)	**Plan Pays**	**Your Responsibility**	**Plan Pays**	**Your Responsibility**
Preventative Health Exam[1]	All But Copay For Office Visits	Copay	0%	100%
Annual Well Woman[2]	All But Copay For Office Visits	Copay	0%	100%
Routine Colonoscopy[3]	70%	30%	50%	50%
Annual Routine PSA[4]	70%	30%	50%	50%
PRESCRIPTION DRUG COVERAGE (Subject to CYD)	**Plan Pays**	**Your Responsibility**	**Plan Pays**	**Your Responsibility**
• Generic And Brand Name Precriptions	70%	30%	50%	50%
• $10,000 Maximum Per Calendar Year				
• Home Delivery Service is Available				

EMERGENCY ROOM SERVICES

$500 Deductible Per Visit
(In addition to CYD and Coinsurance)

ROUTINE DENTAL & VISION

No routine benefits

FOOTNOTES

1. Preventative health exam for children and related services as outlined below and performed by the physician during the preventative health exam or referred by the physician as appropriate, including: Well Child visits for children through age 6 and specified immunizations
2. Annual Well Woman:
   - Routine well woman preventative exam office visit, by Network Physician, is subject to copayment
   - Screening mammography at age 40 and older, with one baseline mammogram between the ages of 35 and 39; subject to CYD/ coinsurance
   - Annual routine Pap Smear if rendered by a In-Network physician's office will be subject to copay. Services rendered in an Out-of-Network physician's office will be subject to CYD and Out-of-Network coinsurance
3. Colorectal cancer screening at age forty-five (45) and older as follows: High-Sensitivity Guaiac Fecal Occult Blood Test (HSgFOBT), or Fecal Immunochemical Test (FIT) every year; tool DNA-FIT every one to three years; Computed Tomography Colonography every five years; Flexible Sigmoidoscopy every five years; Flexible Sigmoidoscopy every 10 years + annual FIT; and Colonoscopy screening every 10 years
4. Benefits will be provided, subject to deductible and coinsurance, for one routine Prostate-Specific Antigen (PSA) per calendar year, when services are rendered by an independent laboratory or other outpatient setting

*OFFICE COPAYMENT GUIDELINES

Copayments will be applied to each office visit for the covered services performed in the office and provided and billed by a physician who is an In-Network provider. The remaining charges for covered services rendered during the office visit will be paid at 100% of the maximum allowable charge. If a physician who is an Out-of-Network provider is utilized for covered services, benefits will be determined on the basis of the Out-of-Network coinsurance percentage after deductible is met. Copayments will not be applied toward deductibles or out-of-pocket maximums.

Copayments do not apply to the following services: advanced radiological imaging, all maternity services, all therapeutic services, allergy testing and injections, biopsy interpretations, bone density testing, cardiac diagnostic testing, chemotherapy services, chiropractic services, complex diagnostic services, dental services, diagnostic testing sent out, DME and DME supplies, growth hormone injections, IV therapy, Lupron injections, mammography, nerve conduction studies, neuropsychological or neurological tests, nuclear cardiology, nuclear medicine, orthotics, prosthetics, provider administered specialty pharmacy products, sleep studies, surgery performed in a physician's office and related surgical supplies, Synagis injections, and ultrasounds. These services will be covered under normal contract benefits, subject to the terms and conditions of this contract. Deductible and coinsurance will apply.

MATERNITY BENEFITS

Maternity benefits will be provided after an individual's coverage on a family contract has been in effect for nine consecutive months. Individual coverage has NO maternity benefits except for complications of pregnancy.

PRE-EXISTING CONDITION WAITING PERIOD

Benefits will not be provided for any pre-existing condition until an individual has completed a waiting period of at least 12 months. A pre-existing condition is defined in the contract as "An illness, injury, pregnancy or any other medical condition which existed at any time preceding the effective date of coverage under this contract for which: Medical advice or treatment was recommended by or received from a provider of health care services, or symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment."