

TRADITIONAL MEMBERSHIP PLAN COMPARISON

	Advanced Choice (Individual or Family)	Classic Choice (Individual only)	High Deductible Health Plan (Individual or Family)	Major Medical (Individual or Family)
Calendar Year Deductible (CYD)	\$1,500 per individual or \$3,000 per individual	Option 1: \$3,000 or Option 2: \$6,000	Individual: \$1,500 or \$2,500 Family: \$3,000 or \$5,000	\$5,000 per individual
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	Option 1: \$10,000 or Option 2: \$20,000	Individual: \$1,500 CYD: \$3,000 \$2,500 CYD: \$3,750 Family: \$3,000 FCYD: \$6,000 \$5,000 FCYD: \$7,500	Individual: \$10,000 Family: \$20,000
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: \$25 \$3,000 CYD: \$35	\$3,000 CYD: \$40 \$6,000 CYD: \$40	No	No
Prescription Drug Coverage	Yes, \$4 copayment for generic. Brand drugs are subject to the CYD/coinsurance. \$7,500 max/individual/year	Yes, \$4 copayment for generic, 20% coinsurance for brand. Brand drugs are subject to the CYD/coinsurance. Unlimited max/individual/year	Yes, generic and brand drugs are subject to CYD/coinsurance. Unlimited max/individual/year	Yes, \$4 copayment for generic, 20% coinsurance for brand. Brand drugs are subject to the CYD/ coinsurance. Unlimited max/ individual/year
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/\$25 \$3,000/\$35 \$500 max/individual/year 6 month waiting period	\$40 copay/visit \$500 max/individual/year No waiting period	No	No
Dental Services Pediatric (Under 19)	Copay \$1,500/\$25 \$3,000/\$35 \$500 max/individual/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/individual/year Lenses or contacts: \$100/individual/year 6 month waiting period	Eye exam: \$40 max Lenses or contacts: Once every calendar year at 100% up to a maximum of \$100 per individual, not subject to deductible. No waiting period.	No	No
Vision Services Pediatric (Under 19)	Eye exam: 100% Frames, lenses, contacts: \$100 max/year No waiting period	Eye exam: 100% once every calendar year. Frames, lenses, contacts: Once every calendar year at 100% up to a maximum of \$100 per member, not subject to deductible and coinsurance. No waiting period.	No	No
Pre-existing Waiting Period for Medical Conditions	Yes, 6 month minimum for all ages 19 and over on family plan	Yes, 6 month minimum for all ages	Yes, 12 month minimum for ages 19 and over on family plan	Yes, 12 month minimum for ages 19 and over on a family plan
Maternity	Individual Plans - No, must change to family plan. Family Plan - Yes, 9 month waiting period per member	Yes, 6 month pre-existing applies	Individual Plans - No, must change to family plan. Family Plan - Yes, 9 month waiting period per member	Individual Plans - No, must change to family plan. Family Plan - Yes, 9 month waiting period per member

This comparison is intended to help you compare coverage benefits and is a summary of in-network benefits only. Indiana Farm Bureau Health Plans uses the UnitedHealthcare Choice Plus Network for medical providers and the United Dental PPO 30 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

	Advanced Choice (Individual or Family)	Classic Choice (Individual only)	High Deductible Health Plan (Individual or Family)	Major Medical (Individual or Family)
Calendar Year Deductible (CYD)	Yes, per individual	Yes, per individual	Yes, Individual or Family	Yes, per individual
Out of Pocket (OOP)	Yes	Yes	Yes	Yes
Coinsurance	Yes	Yes	Yes	Yes
Copay for Office Visit	Yes	Yes	No	No
Teladoc	\$0 copayment per visit in network	\$0 copayment per visit in network	\$45 consultation fee until CYD is met. No charge after deductible is met.	\$0 copayment per visit in network
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
Medical Underwriting Required	Application 40yrs+ medical records are required (height, weight and blood work) 0 – 25 months old medical required.	Application	Application 40yrs+ medical records are required (height, weight and blood work) 0 – 25 months old medical required.	Application 40yrs+ medical records are required (height, weight and blood work) 0 – 25 months old medical required.
Maternity	Individual Plans - No, must change to family plan. Family Plan - Yes, 9 month waiting period per member	Yes, 6 month pre-existing applies	Individual Plans - No, must change to family plan. Family Plan - Yes, 9 month waiting period per member	Individual Plans - No, must change to family plan. Family Plan - Yes, 9 month waiting period per member

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