

# MAJOR MEDICAL 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.



This is a comprehensive health coverage plan that includes hospitalization, medical and prescription benefits. Indiana Farm Bureau Health Plans use 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.

	In-Network	Out-of-Network
<b>CALENDAR YEAR DEDUCTIBLE (CYD)<sup>1</sup></b>		\$5,000 per individual
<ul style="list-style-type: none"> <li>• Unless otherwise indicated, all benefits are subject to the CYD.</li> </ul>		
<b>OUT OF POCKET MAXIMUM (OOP)<sup>2</sup></b>	\$10,000 individual \$20,000 family	Unlimited
<ul style="list-style-type: none"> <li>• Once the OOP maximum is met, eligible benefits are provided at 100% for an individual for the remainder of the calendar year.</li> <li>• This applies to in-network provider services only.</li> </ul>		
<b>LIFETIME BENEFIT MAXIMUM</b>		Unlimited

Services				
	In-Network		Out-of-Network	
<b>COINSURANCE</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>
<ul style="list-style-type: none"> <li>• Based on the maximum allowable charge.</li> </ul>	80%	20%	60%	40%
<b>PREVENTATIVE CARE BENEFITS</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>
<ul style="list-style-type: none"> <li>• Well-Child Services<sup>3</sup></li> <li>• Routine Colonoscopy<sup>4</sup></li> <li>• Annual Routine PSA<sup>5</sup></li> <li>• Annual Routine OB/GYN Exam<sup>6</sup></li> <li>• Annual Routine Pap Smear<sup>7</sup></li> <li>• Mammogram<sup>8</sup></li> </ul>	80%	20%	Not Covered	40%
	80%	20%	60%	40%
	80%	20%	Not Covered	40%
	80%	20%	60%	40%
	80%	20%	60%	40%
<b>PRESCRIPTION DRUG COVERAGE</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>
<ul style="list-style-type: none"> <li>• Generic - 30 day supply</li> <li>• Brand</li> <li>• Unlimited Calendar Year Maximum Per Individual</li> </ul>	All but copayment	\$4 copayment <sup>9</sup>	60%	40%
	80%	20%	60%	40%
<b>TELADOC<sup>®</sup></b>	\$0 copayment per visit		No Coverage	

## FOOTNOTES

1. Deductible – the dollar amount of covered services that must be incurred and paid first by an individual each calendar year before plan benefits begin.
2. Once the OOP maximum is met, benefits are provided at 100% for an individual(s) for the remainder of the calendar year. This applies to in-network provider services only. There is no Out of Pocket Maximum when out-of-network providers are used.
3. Benefits are available, subject to deductible and coinsurance, for an individual under the age of 7 for physical examinations and appropriate immunizations/vaccinations when services are rendered by an in-network provider. Exams not used during the time periods below do not carry over to the next time period.

AGE	NUMBER OF EXAMS
Under age one	Four exams from birth to the child's first birthday
Age one	Two exams from the child's first birthday to the child's second birthday
Age two through six	One exam per year (determined by the child's birthday)

4. Benefits will be provided for one routine colonoscopy every four years for individuals age 50 and over when provided by an in-network or out-of-network provider, subject to the deductible and coinsurance.
5. Benefits will be provided, subject to deductible and coinsurance, for one routine PSA per calendar year when services are rendered by an independent laboratory or other outpatient setting.
6. Benefits will be available for one routine OB/GYN exam per calendar year, subject to deductible and coinsurance. Services must be rendered by an in-network physician's office and billed by the in-network provider. Related pathology, including pap smear, which is provided as a part of the routine OB/GYN exam, will be covered when the services are rendered by an in-network physician's office and billed by the in-network provider. Related pathology that the physician sends to an independent laboratory will be subject to deductible and coinsurance. No benefit is available for routine OB/GYN exams provided by an out-of-network provider.
7. Benefits will be provided for the interpretation of one routine pap smear per calendar year when services are rendered by an independent laboratory or other outpatient setting, subject to deductible and coinsurance.
8. Benefits will be provided, subject to deductible and coinsurance, for routine mammography screening provided such examinations are conducted upon the recommendation of the individual's physician. One baseline routine mammogram will be allowed for individuals between the ages of 35-39. One routine mammogram will be allowed annually for individuals age 40 and above. All routine mammography screens are subject to deductible and coinsurance.
9. Prescription copayment does not apply toward deductible or out-of-pocket maximum.

## MATERNITY BENEFITS

Maternity Benefits will be available after an individual's coverage on a family contract has been in effect for nine consecutive months. Individual coverage has NO maternity benefits.

### 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." The pre-existing condition waiting period does not apply to individuals under the age of 19 enrolled in a family plan.

# PLAN ENHANCEMENTS



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**TELADOC**<sup>®</sup> **Expert Medical Services (EMS)** is an additional plan enhancement available with your benefits. This service offers expert medical advice at no cost to you and/or your eligible dependents. EMS can provide answers to medical questions, a confirmation or modification of a diagnosis, guidance on picking a treatment option or help deciding if surgery is right for you.

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The Wellbeing Assessment is a great tool to help you understand your current health status with questions about your individual health behaviors and health history; it then provides immediate feedback to help you maintain or improve your health. With this assessment, you'll learn about your diet and exercise habits, your emotional health and more.

The Maternity Care Management program included with Live Better helps you manage your health during pregnancy. You will receive education and support both during and immediately after your baby is born. The Maternity Care Management program offers:

- Confidential pregnancy assessments.
- Access to a personalized website resource.
- Toll-free, 24/7 support line.