

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 : \$7,500 \$3,000 CYD : \$15,000 Family: \$1,500 CYD : \$15,000 \$3,000 CYD : \$25,000	Individual: \$3,000 CYD : \$12,000 \$6,000 CYD : \$24,000	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 : \$25 \$3,000 CYD : \$35	\$3,000 CYD : \$40 \$6,000 CYD : \$40	No	No
Prescription Drug Coverage	Yes; Subject to CYD \$7,500 max/person/year	Yes; Subject to CYD	Yes; Subject to CYD	Yes; Subject to CYD
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/person/year 6 month waiting period	\$40 copay/visit \$500 max/person/year No waiting period	No	No
Dental Services Pediatric (under 19)	Copay \$1,500/\$25 \$3,000/\$35 \$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 Glasses or contacts: \$100/person/year 6 month waiting period	Eye exam: \$40 max Glasses 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: subject to CYD and coinsurance 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 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

	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	Yes	No	No
Vision Services	Yes	Yes	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	Yes; 6 month minimum	Yes; 6 month minimum	Yes; 12 month minimum	Yes; 12 month minimum
Medical Underwriting Required	Yes	Yes; reduced questionnaire	Yes	Yes

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