Individual & Family Plans

Farm Bureau HEALTH PLANS
Tennessee

Plan On Us®

A big benefit of Tennessee Farm Bureau membership is access to Farm Bureau Health Plans Individual and Family health coverage plans.

Members of the Tennessee Farm Bureau already have access to a wide range of member benefits. With Farm Bureau Health Plans, members can also enjoy high quality health care at an affordable cost.

Since 1921, the **Tennessee Farm Bureau** has been trusted for its dedication to enhancing the quality of life throughout the state. **Farm Bureau Health Plans (FBHP)** is an extension of that trust, service and membership value.

Are you under 65 years of age? Farm Bureau Health Plans has a broad range of individual and family plans designed to suit just about everyone's particular health coverage needs including:

- Level of coverage
- Deductible and premium amounts
- Out-of-pocket payments
- Preventative health benefits

Whether you're the head of a family interested in well-child benefits, a soon-to-be college graduate looking for health care coverage for the first time or a working couple preparing to retire in a few years – our plans offer a wealth of choices that will ensure you get the coverage that's just right for you.

Questions about our plans?

- Call us toll-free at **877-874-8323**
- Visit **fbhp.com**
- Stop by your local Farm Bureau office

PLAN ENHANCEMENTS

TELADOC provides access to doctors by phone or video, as part of your benefits. Our U.S. board-certified doctors can diagnose, treat and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more.

Expert Medical Services* is another valuable service from Teladoc. This benefit offers expert medical advice available at no cost to you and/or your eligible dependents. Expert Medical Services can provide answers to medical questions, a confirmation or modification of a diagnosis, guidance on picking a treatment option, or help deciding if a surgery is right for you.
teladoc.com | 1-800-Teladoc

*This benefit is not included with the Short Term Care plan.

OptumRx® HOME DELIVERY is an option for all members and is safe and reliable. You may pay less for your medication with a three-month supply through OptumRx. Get convenient, free standard shipping on medications delivered to your mailbox.
1-800-788-4863, TTY 711 to place home delivery orders anytime.

Finding ways to stay healthy doesn't have to be difficult. Healthy choices are all around us every day. FBHP has teamed with UMR Wellness CARE to offer a Clinical Health Risk Assessment to help you recognize and make the most of your health care opportunities. Additional wellness resources are available at **umr.com**, including a library of health information, videos and interactive "action plan" tutorials to help you get and stay healthy.

The Emerging CARE* program provides education related to ongoing management of chronic conditions including: Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Asthma, Hypertension and some Behavioral Health Conditions.

*This benefit is not included with the Short Term Care plan.

The Maternity CARE Program informs members who are thinking about having a baby or are in the early stages of pregnancy about how improving their own health can influence the future health of their baby.

With the CARE app, members can access a wide range of wellness information to improve overall health and wellbeing.

Getting started is easy

Enroll today! We'll need some basic information along with an email address, mobile phone number and your UMR member ID and group ID numbers. Simply scan the **QR code** or access the enrollment page at **go.umr.com/get-care-app**

ACTIVE&FIT DIRECT™ The Active&Fit Direct™ Program offers our members access to more than 11,500+ fitness centers and 7,500+ free workout videos for just $25* a month plus an enrollment fee and applicable taxes. Some popular fitness centers included in this program are: Anytime Fitness, LA Fitness, Curves, Snap Fitness, Gold's Gym and Workout Anytime. Plus many more!
activeandfit.com

*As of 4/1/23, monthly fee is $28

Talkspace Programs | Mental Health Care for All
Talkspace's therapist-led virtual care services and same-day start times can provide responsive and reliable mental health support to those experiencing a wide range of challenges - including stress, anxiety, depression and more.
talkspace.com/connect

*Deductibles and co-pays apply

Farm Bureau HEALTH PLANS Tennessee

INDIVIDUAL, FAMILY AND DENTAL

The overview below provides information on FBHP's plan offerings plus Short Term Care and Dental. Each plan has different terms depending on whether you choose to use in-network or out-of-network providers.

These plans require medical underwriting that may affect eligibility and rates. Tennessee Farm Bureau membership is required.

Words to know:

- **Premium** - The cost of belonging to the plan. Think of it as a gym membership. You pay every month whether you use the gym or not.
- **Deductible** - The amount you must pay for eligible medical services before insurance starts to pay.
- **Copayment (Copay) or coinsurance** - If you have a claim, this is your share of the cost of those claims. If it's a specific dollar amount, it's called a copay. If the figure is a percentage of the bill, it's called coinsurance.

CORE CHOICE

The Core Choice plan for families or individuals offers peace-of-mind coverage and includes preventative health, along with limited dental and vision benefits. With this plan you get a choice of two different deductible amounts.
Schedule of Benefits found on page 4.

ENHANCED CHOICE

An Enhanced Choice plan is for individuals who are looking for preventative health, along with limited dental and vision benefits. Get the trifecta -- health, dental and vision -- in one health plan.
Schedule of Benefits found on page 6.

MAJOR MEDICAL

A Major Medical plan is ideal for those who want catastrophic protection with the advantage of a lower premium. This plan provides benefits for physician services, hospitalization, prescription drugs and more. Available for individuals or families. *Schedule of Benefits found on page 8.*

HIGH DEDUCTIBLE HEALTH PLAN

Our range of High Deductible Health Plans (HDHP) meet all federal requirements necessary to open a Health Savings Account (HSA). *Schedule of Benefits found on page 10.*

SHORT TERM CARE

Short Term coverage helps you bridge the gap until you've made arrangements for more permanent health care coverage. It is perfect for people between jobs, recent graduates and those no longer covered as a dependent under a parent's health plan.
Schedule of Benefits found on page 12.

Core Choice
(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.

AS OF 12/2022

Farm Bureau HEALTH PLANS Tennessee

This is a comprehensive health coverage plan that includes hospitalization, medical and prescription benefits. Farm Bureau Health Plans uses 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 member's liability will increase significantly.

TELADOC®

	In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE (CYD) (Per member, per calendar year) (Unless otherwise indicated, all benefits are subject to the CYD)	**Option 1** $1,500 per member **Option 2** $3,000 per member	
OUT OF POCKET MAXIMUM (OOP) (Once the OOP maximum is met, eligible benefits are provided at 100% for a member for the remainder of the calendar year. This applies to in-network provider services only. Copayments do not apply to OOP and must still be paid after OOP is met)	For $1,500 CYD: **Option 1** — $7,500 for individual coverage; $15,000 for family coverage For $3,000 CYD: **Option 2** — $15,000 for individual coverage; $25,000 for family coverage	Unlimited
LIFETIME BENEFIT MAXIMUM	Unlimited	

Services

	In-Network	Out-of-Network
OFFICE VISIT	**Option 1** For $1,500 CYD: $25 copayment* per visit **Option 2** For $3,000 CYD: $35 copayment* per visit	CYD/Coinsurance
TELADOC VISIT	$0 copayment per visit	No Coverage
TELADOC Expert Medical Services (Not subject to CYD)	$0 copayment per visit	No Coverage

	In-Network		Out-of-Network	
COINSURANCE (Based on the maximum allowable charge)	**Plan Pays** 80%	**Your Responsibility** 20%	**Plan Pays** 60%	**Your Responsibility** 40%

PREVENTATIVE CARE BENEFITS (No waiting period. In-Network benefits not subject to CYD)	In-Network: Plan Pays	In-Network: Your Responsibility	Out-of-Network: Plan Pays	Out-of-Network: Your Responsibility
• Preventative health exam[1]	100%	0%	60%	40%
• Annual well woman exam[2]	100%	0%	60%	40%
• Routine Colonoscopy[3]	100%	0%	60%	40%
• Annual Routine PSA[4]	100%	0%	60%	40%

EMERGENCY ROOM SERVICES
(Not resulting in admission)
$75 Deductible per visit
(In addition to CYD and Coinsurance)

PRESCRIPTION DRUG COVERAGE

- $7,500 calendar year maximum per member
- Generic (In-Network pharmacy) - Farm Bureau Health Plans will reimburse 100% of the maximum allowable charge, after CYD.
- Brand Name (In-Network pharmacy) - Farm Bureau Health Plans will reimburse 75% of the maximum allowable charge, after CYD.
- Home delivery service is also available.

DENTAL - All Members

Routine dental services, including two exams, cleanings, x-rays and fillings per calendar year

- Subject to a six month waiting period
- There is a copay per visit and a $500 calendar year maximum per member per calendar year.

VISION

- Pediatric (Under Age 19) Routine vision benefits including eye exams, eyeglasses and contact lenses.
  - No waiting period.
  - Eye exams are covered at 100% once every calendar year, no dollar limit
  - Eyeglass frames, eyeglass lenses or contact lenses are covered once every Calendar Year at 100% up to a maximum of $100 per Member, not subject to Deductible and Coinsurance.
- Age 19 and Over - Routine vision benefits including eye exams, eyeglasses and contact lenses
  - Subject to a six month waiting period
  - Eye exams are covered once every calendar year with a $40 limit per member
  - Eyeglasses or contact lenses are limited to $100 per Member per Calendar Year

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Footnotes

1. Preventative health exam for adults and 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:
   - Screenings and counseling services with an A or B recommendation by the United States Preventive Services Task Force (USPSTF)
   - Bright Futures recommendations for infants, children and adolescents supported by the Health Resources and Services Administration (HRSA)
   - Preventative care and screening for woman as provided in the guidelines supported by HRSA, and
   - Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC)
2. Annual well woman exam
   - Routine well woman preventative exam office visit
   - Cervical cancer screening
   - Screening mammography at age 40 and older, with one baseline mammogram between the ages of 35 and 39
   - Other USPSTF screenings with an A or B rating
     - -Pap smears
     - -Bone density measurement screening
3. Colorectal cancer screening for members age 45 and older
4. Prostate cancer screening for men age 50 and older

For more information on USPSTF, HRSA, ACIP and CDC click on Services at www.fbhp.com/CoreCHOICE

***OFFICE COPAYMENT GUIDELINES**

A copayment 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, allergy testing and injections, biopsy interpretation, bone density testing, cardiac diagnostic testing, chemotherapy services, chiropractic services, complex diagnostic services, dental services except preventative and restorative for all members, diagnostic services sent out, durable medical equipment, growth hormone injections, IV therapy, Lupron injections, mammography, maternity services, nerve conduction studies, neuropsychological or neurological tests, nuclear cardiology, nuclear medicine, orthotics, preventative services as indicated in the contract, prosthetics, provider administered specialty pharmacy products, sleep studies, surgery performed in a physician's office and related surgical supplies, Synagis injections, therapeutic/ rehabilitative services, ultrasounds and vision services. These services are subject to the terms and conditions of the contract. Deductibles and coinsurance will apply except where otherwise indicated.

Maternity Benefits

Maternity Benefits will be provided after a member'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 a member has completed a waiting period of at least 6 months. In rare circumstances, the pre-existing condition waiting period may be longer. 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 will not apply to members under the age of 19 enrolled as dependents in a family coverage.

Additional waiting periods may apply as indicated in the contract.

Enhanced Choice
(for individuals)

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AS OF 12/2022

Farm Bureau HEALTH PLANS Tennessee

This is a comprehensive health coverage plan that includes hospitalization, medical and prescription benefits. Farm Bureau Health Plans uses 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 member's liability will increase significantly.

TELADOC®

	In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE (CYD) • Unless otherwise indicated, all benefits are subject to CYD	Option 1: $3,000 Option 2: $6,000	
OUT OF POCKET MAXIMUM (OOP) • Once the OOP maximum is met, eligible benefits are provided at 100% for a member 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 OOP is met	Option 1: $12,000 Option 2: $24,000	Unlimited
LIFETIME BENEFIT MAXIMUM	Unlimited	

Services

	In-Network	Out-of-Network
OFFICE VISIT	**Option 1** For $3,000 CYD: $40 copayment* per visit **Option 2** For $6,000 CYD: $40 copayment* per visit	CYD/Coinsurance
TELADOC VISIT	$0 copayment per visit	No Coverage
TELADOC Expert Medical Services (Not subject to CYD)	$0 copayment per visit	No Coverage

	In-Network		Out-of-Network	
COINSURANCE (Based on the maximum allowable charges for eligible benefits)	**Plan Pays**	**Your Responsibility**	**Plan Pays**	**Your Responsibility**
	80%	20%	60%	40%
PREVENTATIVE CARE BENEFITS (No waiting period. In-Network benefits not subject to CYD)	**Plan Pays**	**Your Responsibility**	**Plan Pays**	**Your Responsibility**
• Preventative Health Exam[1]	100%	0%	60%	40%
• Annual Well Woman Exam[2]	100%	0%	60%	40%
• Routine Colonoscopy[3]	100%	0%	60%	40%
• Annual Routine PSA[4]	100%	0%	60%	40%

EMERGENCY ROOM SERVICES
(Not resulting in admission)

$75 Deductible per visit
(In addition to CYD and Coinsurance)

	In-Network		Out-of-Network	
PRESCRIPTION DRUG COVERAGE • Generic and Brand Prescriptions • Unlimited calendar year maximum • Home delivery service is also available	**Plan Pays**	**Your Responsibility**	**Plan Pays**	**Your Responsibility**
	80%	20%	60%	40%

DENTAL- No waiting periods

Pediatric (Under Age 19)

- Preventative Services, as outlined by the U.S. Preventative Task Force and Health Resources and Services Administration
- Other eligible dental services subject to CYD and coinsurance
- Limited orthodontic care

Age 19 and Over

- $40 copay for preventive and restorative services
- Maximum benefit per calendar year is $500

VISION- No waiting periods

Pediatric (Under Age 19)

- Eye exams are covered at 100% once every calendar year
- Eyeglass frames, eyeglass lenses or contact lenses are covered once every Calendar Year at 100% up to a maximum of $100 per Member, not subject to Deductible and Coinsurance

Age 19 and Over

- Eye exams are covered once every calendar year with a limit of $40
- Eyeglass lenses or contact lenses are covered once every calendar year with a limit of $100

FOOTNOTES

1. Preventative health exam for adults and 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:
   - Screenings and counseling services with an A or B recommendation by the United States Preventative Services Task Force (USPSTF)
   - Bright Futures recommendations for infants, children and adolescents supported by the Health Resources and Services Administration (HRSA)
   - Preventative care and screening for woman as provided in the guidelines supported by HRSA, and Immunizations recommended by the Advisory Committee of Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC)
2. Annual Well Woman Exam
   - Routine well woman preventative exam office visit
   - Cervical cancer screening
   - Screening mammography at age 40 and older, with one baseline mammogram between the ages of 35-39
   - Other USPSTF screenings with an A or B rating
     -Pap smears
     -Bone density measurement screening
3. Colorectal cancer screening for members age 45 and older
4. Prostate cancer screening for men age 50 and older

For more information on USPSTF, HRSA, ACIP and CDC click on Services at www.fbhp.com/EnhancedCHOICE

*COPAYMENT GUIDELINES

A copay 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 do not apply to the following services: advanced radiological imaging, allergy testing and injections, biopsy interpretation, bone density testing, cardiac diagnostic testing, chemotherapy services, chiropractic services, dental services except preventative and restorative for all members (and pediatric only), diagnostic services sent out, durable medical equipment, growth hormone injections, IV therapy, Lupron injections, mammography, maternity services, nerve conduction studies, neuropsychological or neurological tests, nuclear cardiology, nuclear medicine, orthotics, preventative services as indicated in the contract, prosthetics, provider administered specialty pharmacy products, sleep studies, surgery performed in a physician's office and related surgical supplies, Synagis injections, therapeutic/ rehabilitative/ habilitative services, ultrasounds and vision services. These services are subject to the terms and conditions of the contract. Deductibles and coinsurance will apply except where otherwise indicated. Copayments will not be applied to the deductibles or out-of-pocket maximums.

Maternity Benefits
Maternity benefits will be eligible as long as the pregnancy is not considered a preexisting condition.

Pre-existing Condition Waiting Period
Benefits will not be provided for any pre-existing condition until a member has completed a waiting period of at least 6 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."

Major Medical Schedule of Benefits
(for individuals & families)

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AS OF 12/2022

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TELADOC®

	In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE (CYD)[1] • Unless otherwise indicated, all benefits are subject to the CYD	$5,000 per member	
OUT OF POCKET MAXIMUM (OOP)[2] • Once the OOP maximum is met, eligible benefits are provided at 100% for a member for the remainder of the calendar year • This applies to in-network provider services only	$10,000 individual $20,000 family	Unlimited
LIFETIME BENEFIT MAXIMUM	Unlimited	

Services

	In-Network		Out-of-Network	
COINSURANCE • Based on the maximum allowable charge	**Plan Pays** 80%	**Your Responsibility** 20%	**Plan Pays** 60%	**Your Responsibility** 40%
TELADOC and TELADOC Expert Medical Services (Not subject to CYD)	$0 copayment per visit		Not Covered	
PREVENTIVE CARE BENEFITS (Subject to CYD)	**Plan Pays**	**Your Responsibility**	**Plan Pays**	**Your Responsibility**
• Well Child Services[3]	80%	20%	Not Covered	
• Routine Colonoscopy[4]	80%	20%	60%	40%
• Annual Routine PSA[5]	80%	20%	60%	40%
• Annual Routine OB/GYN Exam[6]	80%	20%	Not Covered	
• Annual Routine Pap Smear[7]	80%	20%	60%	40%
• Mammogram[8]	80%	20%	60%	40%
PRESCRIPTION DRUG COVERAGE • Generic and Brand Prescriptions • Unlimited calendar year maximum per member • Home Delivery Services are available	**Plan Pays** 80%	**Your Responsibility** 20%	**Plan Pays** 60%	**Your Responsibility** 40%

Footnotes

1. Deductible – the dollar amount of covered services that must be incurred and paid first by a member each calendar year before plan benefits begin.
2. Once the OOP maximum is met, benefits are provided at 100% for a member(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 a member under the age of seven 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 members 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 member's physician. One baseline routine mammogram will be allowed for members between the ages of 35-39. One routine mammogram will be allowed annually for members age 40 and above. All routine mammography screens are subject to deductible and coinsurance.

Maternity Benefits
Maternity Benefits will be available after a member'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 a member 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 members under the age of 19 enrolled as dependents on a family plan.

High Deductible Health Plan Schedule of Benefits

(for individuals & families)

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AS OF 12/2022

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TELADOC®

	In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE (CYD)[1] • Unless otherwise indicated, all benefits apply toward CYD • Family Deductible can be satisfied by one or more covered members during a calendar year • In-Network and Out-of-Network deductibles are met separately	$1,500 for individual $2,500 for individual $3,000 for family $5,000 for 2-person/3-person/family	$1,500 for individual $2,500 for individual $3,000 for family $5,000 for 2-person/3-person/family
OUT OF POCKET MAXIMUM (OOP)[2] • Once the OOP maximum is met, eligible benefits are provided at 100% for the remainder of the calendar year. • Family Out of Pocket Maximum can be satisfied by one or more covered members during a calendar year • OOP maximum applies to in-network provider services only	$3,000 for $1,500 deductible $3,750 for $2,500 deductible $6,000 for $3,000 deductible $7,500 for $5,000 deductible	Unlimited
LIFETIME BENEFIT MAXIMUM	Unlimited	

Services

	In-Network		Out-of-Network	
COINSURANCE • Based on the maximum allowable charge • Family deductible can be satisfied by one or more covered members during a calendar year	**Plan Pays** 80%	**Your Responsibility** 20%	**Plan Pays** 60%	**Your Responsibility** 40%
PREVENTIVE CARE BENEFITS (Subject to CYD)	**Plan Pays**	**Your Responsibility**	**Plan Pays**	**Your Responsibility**
• Well Child Services[3]	80%	20%	Not Covered	
• Routine Colonoscopy[4]	80%	20%	60%	40%
• Annual Routine PSA[5]	80%	20%	60%	40%
• Annual Routine OB/GYN Exam[6]	80%	20%	Not Covered	
• Annual Routine Pap Smear[7]	80%	20%	60%	40%
• Mammogram[8]	80%	20%	60%	40%
PRESCRIPTION DRUG COVERAGE • Generic and Brand Prescriptions • Unlimited calendar year maximum per member • Home Delivery Services are available	**Plan Pays** 80%	**Your Responsibility** 20%	**Plan Pays** 60%	**Your Responsibility** 40%

TELADOC and **TELADOC Expert Medical Services**

Your Responsibility: Covered Teladoc Services are subject to a consultation fee until the Deductible is reached for each calendar year.

Footnotes

1. Deductible – the dollar amount of covered services that must be incurred and paid first by a member each calendar year before plan benefits begin.
2. Once the OOP maximum is met, benefits are provided at 100% for a member(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 a member under the age of seven (on plan deductibles $3,000 and $5,000) 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 members 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 member's physician. One baseline routine mammogram will be allowed for members between the ages of 35-39. One routine mammogram will be allowed annually for members age 40 and above. All routine mammography screens are subject to deductible and coinsurance.

Maternity Benefits
Maternity Benefits will be available after a member's coverage on a 2-person, 3-person or 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 a member 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 members under the age of 19 enrolled as dependents on a family plan.

Short Term 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.

AS OF 12/2022

Farm Bureau HEALTH PLANS Tennessee

This is a comprehensive health coverage plan that includes hospitalization, medical and prescription benefits. Farm Bureau Health Plans uses UnitedHealth care 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 member's liability will increase significantly.

TELADOC®

	In-Network	Out-of-Network
BENEFIT PERIOD DEDUCTIBLE (BPD)[1] (Unless otherwise indicated, all benefits are subject to the BPD)	$1,000 per member (up to a maximum of $3,000 for family coverage)	
OUT OF POCKET MAXIMUM (OOP)[2]	$5,000 individual $12,500 family	Unlimited
BENEFIT PERIOD MAXIMUM	$250,000 per member	

Services

	In-Network		Out-of-Network	
COINSURANCE (Based on the maximum allowable charge)	**Plan Pays** 80%	**Your Responsibility** 20%	**Plan Pays** 60%	**Your Responsibility** 40%
TELADOC (Not subject to BPD)	$0 copayment per visit		No Coverage	
PRESCRIPTION DRUG COVERAGE • Generic and Brand Prescriptions	**Plan Pays** 80%	**Your Responsibility** 20%	**Plan Pays** 60%	**Your Responsibility** 40%

Footnotes

1. Deductible per member per benefit period. Benefit periods range from 60 days, 90 days and 180 days.
2. When the applicable out-of-pocket maximum for in-network provider services is reached, 100% of the maximum allowable charge is payable for other covered services received from an in-network provider during the remainder of the benefit period.

Pre-existing Condition Waiting Period

Benefits will not be provided for any pre-existing condition. 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."

Short Term plans are not continuous plans. Issues arising during a short term plan will be considered a pre-existing condition on future plans.

DENTAL & VISION PLANS

To complement our Individual and Family Plans, Farm Bureau Health Plans can offer you the added protection of our stand-alone Dental Care Plan or a bundled dental and vision plan.

DENTAL CARE PLAN

Perfect for individuals and families who need affordable dental benefits only. With our Dental Care Plan, you can get affordable financial protection for preventative services and routine exams. Also, with this dental-only plan, you'll be able to access a more extensive range of services over time. Farm Bureau Health Plans uses UnitedHealthcare's National Options PPO 30 network.
Schedule of Benefits found on page 14.

DENTALVISION

With DentalVision, we've bundled dental and vision coverage into one affordable, convenient plan. Our DentalVision plan uses the Delta Dental PPO network of dentists, giving you the ability to maximize your benefits and lower your costs. And with VSP's Choice network, members will also have access to great eye doctors and quality eyewear at low out-of-pocket costs. For more detailed information, please review our DentalVision brochure.

Dental 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 EVIDENCE OF COVERAGE SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

AS OF 12/2022

Farm Bureau HEALTH PLANS Tennessee ®

Farm Bureau Health Plans uses UnitedHealthcare National Options PPO 30. Please keep in mind that in-network payments are based on negotiated fees; if an out-of-network provider is used, the member's liability will increase significantly.

Copayment		Benefits
Benefits available after 90 days	**$15 copayment per examination – 100% of maximum allowable charge**	• One routine periodic examination every six months. • Bitewing X-rays once per calendar year. • Full mouth X-rays once in any 36 month period. • Topical fluoride application for dependent children under age 19, once per • calendar year. • Prophylaxis and periodontal maintenance not to exceed two per calendar year. • Any combination of exams – initial, periodic emergency or periodontal – limited to three times in a calendar year.
Benefits available after 12 months	**$15 copayment for each of the following services – 100% of the maximum allowable charge**	• Sealants, only for occlusal (biting) surface of first and second permanent molar teeth, on members under 16 years of age. Only one sealant benefit will be allowed on each tooth per lifetime of coverage. The copayment applies per tooth for this service.
	$25 copayment for each of the following services – 100% of the maximum allowable charge	• Emergency treatment for relief of pain (palliative treatment). • Restorative services: filling material such as amalgam, synthetic porcelain and composite restorations – limited to one restoration per surface per tooth per year. The copayment applies per tooth for this service. • Oral surgery: provides for routine extractions (non-impacted), including pre- and post-operative care. The copayment applies per tooth for this service. • Repair of full and partial dentures after 12 month initial placement. The copayment applies per procedure – upper and lower dentures are considered separate procedures. • Stainless steel crowns. The copayment applies per tooth for this service. • Bridge repair after six month initial placement. The copayment applies per procedure. • Crown repair after six month initial placement. The copayment applies per procedure.
	$75 copayment for each of the following services – 100% of the maximum allowable charge	• Endodontics: root canal treatment. The copayment applies per tooth for this service. • Periodontics: treatment for diseases of the gums and bones supporting teeth. The copayment applies per procedure. • Surgical extractions (impactions). The copayment applies per tooth. • Space maintainers for members up to age 14. The copayment applies per procedure. • Relining and rebasing of full and partial dentures limited to one upper and one lower every three years. Separate copayments for upper and lower.

Benefits available after 24 months	**$75 copayment for each of the following services – 50% of the maximum allowable charge**	• Full and partial upper and lower dentures. Separate copayments for upper and lower. • Benefits will be provided for any necessary adjustments for a six month period. • Initial placement of fixed and removable bridges by standard procedure. The copayment applies per tooth. • Cast crowns for treatment of severe carious lesions or severe fracture when the tooth cannot be restored with amalgam, synthetic porcelain or composite restorations. The copayment applies per tooth. • Cast inlays/onlays (copayment per tooth). • Laminate veneers (copayment per tooth).

Annual maximum benefit **$1,500 per member**

Farm Bureau HEALTH PLANS Tennessee

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:** $1,500 or $2,500 **Family:** $3,000 or $5,000	$5,000 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:** $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; 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 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: 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.

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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 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
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

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.

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HOW TO APPLY

Once you've chosen a plan, there are three ways to apply for coverage:

CLICK

Visit **fbhp.com** and follow the directions for completing and submitting an application.

CALL

Contact our knowledgeable representatives toll-free at **877-874-8323**, Monday through Friday, from 8:00 am to 4:30 pm.

VISIT

Meet with one of our helpful representatives at your local Farm Bureau office.

Note: Be detailed and complete when applying for coverage. When you fill out your application, be sure to answer all questions truthfully and completely. Farm Bureau Health Plans may cancel your plan and refuse to pay any claims if you leave out information or falsify important information. Review your application carefully before you sign it to be sure all information has been recorded properly. You will need your Farm Bureau membership ID number to record on your application.

fbhp.com | 877-874-8323 | 200+ local offices

Farm Bureau HEALTH PLANS
Tennessee

Plan On Us

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