



## KANSAS FARM BUREAU HEALTH PLANS TRADITIONAL MEMBERSHIP PLANS

 833-282-5928

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# WELCOME.

Since 1919, **Kansas Farm Bureau** has been trusted for its dedication to enhancing the quality of life throughout the state. **Kansas Farm Bureau Health Plans (KFBHP)** 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 plans designed to suit just about everyone's particular health coverage needs including:

- Level of coverage
- Deductible
- 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 help you get the coverage that's just right for you.

**KFBHP** has partnered with **United Health Services (UMR)**, a third-party administrator (TPA), to help ensure your claims are paid correctly, your health care costs can be kept to a minimum and you can focus on your well-being. KFBHP Traditional Membership Plans utilize the United Health Care ChoicePlus network of providers.

**To learn more visit: [www.umar.com/portal](http://www.umar.com/portal)**

**We've Got Kansas Covered!**



# PLAN ENHANCEMENTS



**TELADOC 24/7** 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 you with 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. \*This benefit is not included with the Short Term Care plan. [teladoc.com](https://www.teladoc.com) | **1-800-teladoc**



**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.

Call **1-800-788-4863**, TTY 711 to place home delivery orders anytime.

**LIVE  
BETTER**

## LIVE BETTER HEALTH PORTAL

Engaging, helpful support is always at your fingertips with the Live Better Health Portal. With healthy recipes, monthly seminars, informative articles and progress trackers you will find endless inspiration to help you reach the goals that are important to you. Register today at [livebetter.fbhealthplans.com](https://livebetter.fbhealthplans.com).

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 guidance during your pregnancy along with support right after the baby is born.

The Maternity Care Management program offers:

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

# KANSAS FARM BUREAU HEALTH PLANS

## TRADITIONAL MEMBERSHIP PLANS

The following overview provides detailed information on all of KFBHP's Traditional Membership Plan offerings plus Short Term Care. Each plan has different terms depending on whether you choose to use in-network or out-of-network providers. Our Traditional Membership Plans are a great health coverage option for both individuals and families. These plans require medical underwriting that may affect eligibility and rates. Kansas Farm Bureau membership is required.

### **ADVANCED CHOICE**

The Advanced Choice plan for families or individuals offers peace of mind coverage and includes preventative care, hospitalization, limited routine dental and vision benefits, and more. With this plan you get a choice of two different deductible amounts.

### **CLASSIC CHOICE**

Classic Choice is for those who are looking for a health plan with preventative health, hospitalization, limited routine dental and vision benefits, and more. Get the trifecta -- health, dental and vision -- under one health plan. Available for individuals only.

### **HIGH DEDUCTIBLE HEALTH PLAN (HSA-QUALIFIED)**

Kansas Farm Bureau Health Plans offers a range of High Deductible Health Plans (HDHP) which meet all federal requirements necessary to open a Health Savings Account (HSA). This plan provides benefits for physician visits, hospitalization, prescription drugs, and more.

### **MAJOR MEDICAL**

Our 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.

### **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.

**ADVANCED 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.



**Highlights:** 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.

	In-Network	Out-of-Network
<b>CALENDAR YEAR DEDUCTIBLE (CYD)</b> (Per member, per calendar year) (Unless otherwise indicated, all benefits are subject to the CYD)	<b>Option 1</b> \$1,500 per member <b>Option 2</b> \$3,000 per member	
<b>OUT OF POCKET MAXIMUM (OOP)</b> (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: <b>Option 1</b>	\$5,000 for individual coverage \$10,000 for family coverage Unlimited
	For \$3,000 CYD: <b>Option 2</b>	\$10,000 for individual coverage \$20,000 for family coverage

**LIFETIME BENEFIT MAXIMUM** Unlimited

Services					
In-Network			Out-of-Network		
<b>OFFICE VISIT</b> (Not subject to CYD)	<b>Option 1</b> For \$1,500 CYD: <b>Option 2</b> For \$3,000 CYD:	\$25 copayment* per visit \$35 copayment* per visit	CYD/Coinsurance		
<b>TELADOC</b> TELADOC Expert Medical Services (Not subject to CYD)	\$0 copayment per visit		No Coverage		
<b>COINSURANCE</b> (Based on the maximum allowable charge)	<b>Plan Pays</b> 80%	<b>Your Responsibility</b> 20%	<b>Plan Pays</b> 60%	<b>Your Responsibility</b> 40%	
<b>PREVENTATIVE CARE BENEFITS</b> (No waiting period. In-Network Benefits' not subject to CYD)	<b>Plan Pays</b>	<b>Your Responsibility</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>	
• Preventative health exam <sup>1</sup>	100%	0%	60%	40%	
• Annual well woman exam <sup>2</sup>	100%	0%	60%	40%	
• Routine Colonoscopy <sup>3</sup>	100%	0%	60%	40%	
• Annual Routine PSA <sup>4</sup>	100%	0%	60%	40%	
<b>PRESCRIPTION DRUG COVERAGE</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>	
• Generic- 30 day supply (Not subject to CYD)	All but copayment	\$4 copayment <sup>5</sup>	60%	40%	
• Brand (In-Network Benefits' not subject to CYD)	80%	20%	60%	40%	

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

**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 copayment 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
  - 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.

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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 women 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
5. Prescription copayment does not apply toward deductibles or out-of-pocket maximums.

**For more information on USPSTF, HRSA, ACIP and CDC click on Services at [www.kfbhealthplans.com/AdvancedChoice](http://www.kfbhealthplans.com/AdvancedChoice)**

### \*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 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 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.**



**Highlights:** 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.

	In-Network	Out-of-Network
<b>CALENDAR YEAR DEDUCTIBLE (CYD)</b>	Option 1: \$3,000 Option 2: \$6,000	
• Unless otherwise indicated, all benefits are subject to CYD		
<b>OUT OF POCKET MAXIMUM (OOP)</b>	Option 1: \$10,000 Option 2: \$20,000	Unlimited
• 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		
<b>LIFETIME BENEFIT MAXIMUM</b>	Unlimited	

**Services**

	In-Network		Out-of-Network	
<b>OFFICE VISIT</b> (Not subject to CYD)	Option 1 For \$3,000 CYD: \$40 copayment* per visit Option 2 For \$6,000 CYD: \$40 copayment* per visit		CYD/Coinsurance	
<b>TELADOC</b> TELADOC Expert Medical Services (Not subject to CYD)	\$0 copayment per visit		No Coverage	
<b>COINSURANCE</b> (Based on the maximum allowable charges for eligible benefits)	<b>Plan Pays</b>	<b>Your Responsibility</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>
	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>
• Preventative Health Exam <sup>1</sup> (No waiting period. Not subject to CYD)	100%	0%	60%	40%
• Annual Well Woman Exam <sup>2</sup> (In-network benefits' not subject to CYD)	100%	0%	60%	40%
• Routine Colonoscopy <sup>3</sup>	100%	0%	60%	40%
• Annual Routine PSA <sup>4</sup>	100%	0%	60%	40%
<b>PRESCRIPTION DRUG COVERAGE</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>
• Generic- 30 day supply (In-network Benefits' not subject to CYD)	All but copayment	\$4 copayment <sup>5</sup>	60%	40%
• Brand	80%	20%	60%	40%
• Unlimited Calendar Year Maximum Per Member				

<b>EMERGENCY ROOM SERVICES</b> (Not resulting in admission)	\$75 Deductible per visit (In addition to CYD and Coinsurance)
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**DENTAL- No waiting periods**

**Pediatric (Under Age 19)**

- Preventative services paid at 100%
- Other eligible dental services subject to CYD and coinsurance
- Limited orthodontic care

**Age 19 and Over**

- \$40 copay for preventative 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 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.

## **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 women 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
5. Prescription copayment does not apply toward deductibles or out-of-pocket maximums.

**For more information on USPSTF, HRSA, ACIP and CDC click on Services at [www.kfbhealthplans.com/ClassicChoice](http://www.kfbhealthplans.com/ClassicChoice)**

### **\*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 a 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, complex diagnostic services, dental services except preventative and restorative for all Members age nineteen (19) and over, 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 pre-existing 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."

# High Deductible Health Plan 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.



**Highlights:** 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.

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

## Services

	In-Network		Out-of-Network	
<b>COINSURANCE</b>				
• Based on the maximum allowable charge	<b>Plan Pays</b>	<b>Your Responsibility</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>
• Family deductible can be satisfied by one or more covered members during a calendar year	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>
• Well Child Services <sup>3</sup>	80%	20%	Not Covered	
• Routine Colonoscopy <sup>4</sup>	80%	20%	60%	40%
• Annual Routine PSA <sup>5</sup>	80%	20%	60%	40%
• Annual Routine OB/GYN Exam <sup>6</sup>	80%	20%	Not Covered	
• Annual Routine Pap Smear <sup>7</sup>	80%	20%	60%	40%
• Mammogram <sup>8</sup>	80%	20%	60%	40%
<b>PRESCRIPTION DRUG COVERAGE<sup>9</sup></b>	<b>Plan Pays</b>	<b>Your Responsibility</b>	<b>Plan Pays</b>	<b>Your Responsibility</b>
• Generic and Brand Prescriptions	80%	20%	60%	40%
• Unlimited calendar year maximum per member				
• Home Delivery Services are available				

### TELADOC and TELADOC Expert Medical Services

Member must pay 100% of current Teladoc copay until CYD is met. No charge after CYD is met. All Teladoc Expert Medical Services are at no charge.

**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. 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.
9. Benefits will be provided, 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 on a family plan.

# 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.



**Highlights:** 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.

## In-Network

## Out-of-Network

### CALENDAR YEAR DEDUCTIBLE (CYD)<sup>1</sup>

\$5,000 per member

• Unless otherwise indicated, all benefits are subject to the CYD

### OUT OF POCKET MAXIMUM (OOP)<sup>2</sup>

• 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	Your Responsibility
80%	20%

Plan Pays	Your Responsibility
60%	40%

#### TELADOC

No Charge to Member

Not Covered

#### PREVENTATIVE CARE BENEFITS

- Well Child Services<sup>3</sup>
- Routine Colonoscopy<sup>4</sup>
- Annual Routine PSA<sup>5</sup>
- Annual Routine OB/GYN Exam<sup>6</sup>
- Annual Routine Pap Smear<sup>7</sup>
- Mammogram<sup>8</sup>

Plan Pays	Your Responsibility
80%	20%
80%	20%
80%	20%
80%	20%
80%	20%
80%	20%

Plan Pays	Your Responsibility
Not Covered	
60%	40%
60%	40%
Not Covered	
60%	40%
60%	40%

#### PRESCRIPTION DRUG COVERAGE

- Generic- 30 day supply
- Brand
- Unlimited Calendar Year Maximum Per Member

Plan Pays	Your Responsibility
All but copayment	\$4 copayment <sup>9</sup>
80%	20%

Plan Pays	Your Responsibility
60%	40%
60%	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.
9. Prescription copayment does not apply toward deductible or out-of-pocket maximum.

### 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 in 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.



**Highlights:** Kansas Farm Bureau Health Plans uses UnitedHealthcare Choice Plus Network. 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.

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

	Services			
	In-Network		Out-of-Network	
	Plan Pays	Your Responsibility	Plan Pays	Your Responsibility
<b>COINSURANCE</b> (Based on the maximum allowable charge)	80%	20%	60%	40%
<b>TELADOC</b>	\$0 copayment per visit		No Coverage	

### PRESCRIPTION DRUG COVERAGE

- Generic | Farm Bureau Health Plans will reimburse 80% of the maximum allowable charge, after deductible, when purchased at an in-network pharmacy
- Brand Name | Farm Bureau Health Plans will reimburse 80% of the maximum allowable charge, after deductible, when purchased at an in-network pharmacy

Home Delivery service is also available

### Footnotes

1. Deductible per member per benefit period. Benefit periods are 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."



# Why Choose Kansas Farm Bureau Health Plans?

- We're an established member service company of Kansas Farm Bureau with a reputation for honesty, fairness and integrity.
- Our rates are highly competitive; if you qualify, chances are we can save you money on your health care coverage.
- We offer superior customer service and a variety of health care coverage options for our members.
- Backed by experience, expertise and a passion for helping people, we can provide you with the level of financial protection you need for you and your family.



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