

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

**BENEFIT PERIOD MAXIMUM** \$250,000 per member

Services				
	In-Network		Out-of-Network	
<b>COINSURANCE</b>	Plan Pays	Your Responsibility	Plan Pays	Your Responsibility
(Based on the maximum allowable charge)	80%	20%	60%	40%
<b>TELADOC</b>	\$0 copayment per visit		No Coverage	
<b>PRESCRIPTION DRUG COVERAGE</b>	Plan Pays	Your Responsibility	Plan Pays	Your Responsibility
<ul style="list-style-type: none"> <li>Generic and Brand Name Prescriptions</li> <li>Unlimited calendar year maximum per member</li> <li>Home Delivery Services are available</li> </ul>	80%	20%	60%	40%

## Footnotes

- Deductible per member per benefit period. Benefit periods are 90 days and 180 days
- 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

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