

SHORT TERM

Schedule of Benefits for Individuals

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. Kansas Farm Bureau Health Plans uses the 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.

BENEFIT PERIOD DEDUCTIBLE (BPD)¹ (Unless otherwise indicated, all benefits are subject to the BPD)		\$1,000 Per Individual (Up to a Maximum of \$3,000 Per Family Coverage)	
		In-Network	Out-of-Network
OUT-OF-POCKET (OOP) MAXIMUM²		\$5,000 Per Individual \$12,500 Per Family	Unlimited

BENEFIT PERIOD MAXIMUM \$250,000 Per Individual

Services				
In-Network			Out-of-Network	
COINSURANCE (After BPD and based on maximum allowable charge)	Plan Pays	Your Responsibility	Plan Pays	Your Responsibility
	80%	20%	60%	40%
PRESCRIPTION DRUG COVERAGE	Plan Pays	Your Responsibility	Plan Pays	Your Responsibility
	Generic and Brand Name Prescriptions	80% 20%	60%	40%
TELADOC (Not subject to BPD)			\$0 Copayment Per Visit No Coverage	

FOOTNOTES

- 1. Deductible per individual 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 CONDITIONS

Short Term plans are not continuous plans. Benefits will not be provided for any pre-existing condition. Issues arising during a short-term plan will be considered a pre-existing condition on future plans. 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 healthcare services; or symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment."