

# TRADITIONAL MEMBERSHIP PLAN COMPARISON

	ADVANCED CHOICE (individual or family)	CLASSIC CHOICE (individual only)	HIGH DEDUCTIBLE HEALTH PLAN (individual or family)	MAJOR MEDICAL (individual or family)
<b>CALENDAR YEAR DEDUCTIBLE (CYD)</b>	\$1,500 per person or \$3,000 per person	\$3,000 or \$6,000	<b>INDIVIDUAL:</b> \$2,250 or \$3,750 <b>FAMILY:</b> \$4,500 or \$7,500	\$7,500 per person
<b>OUT OF POCKET (OOP)</b>	<b>INDIVIDUAL:</b> \$1,500 CYD: \$5,000 \$3,000 CYD: \$10,000 <b>FAMILY:</b> \$1,500 CYD: \$10,000 \$3,000 CYD: \$20,000	<b>INDIVIDUAL:</b> \$3,000 CYD: \$10,000 \$6,000 CYD: \$20,000	<b>INDIVIDUAL:</b> \$2,250 CYD: \$4,500 \$3,750 CYD: \$5,625 <b>FAMILY:</b> \$4,500 FCYD: \$9,000 \$7,500 FCYD: \$11,250	<b>INDIVIDUAL:</b> \$15,000 <b>FAMILY:</b> \$30,000
<b>COINSURANCE</b>	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
<b>COPAY FOR OFFICE VISIT (Not subject to CYD and OOP for eligible office visits)</b>	\$1,500 CYD : \$30 \$3,000 CYD : \$40	\$3,000 CYD : \$45 \$6,000 CYD : \$45	NO	NO
<b>PRESCRIPTION DRUG COVERAGE</b>	Yes; Subject to CYD \$7,500 max/person/year \$4 copay for Generics	Yes; Subject to CYD \$4 copay for Generics	Yes; Subject to CYD	Yes; Subject to CYD \$4 copay for Generics
<b>PREVENTATIVE CARE</b>	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
<b>DENTAL SERVICES ADULT (19 and over)</b>	Copay \$1,500/\$30 \$3,000/\$40 \$500 max/person/year 6 month waiting period	\$45 copay/visit \$500 max/person/year No waiting period	NO	NO
<b>DENTAL SERVICES PEDIATRIC (under 19)</b>	Copay \$1,500/\$30 \$3,000/\$40 \$500 max/person/year 6 month waiting period	Subject to CYD and coinsurance with no calendar year maximum or waiting period	NO	NO
<b>VISION SERVICES ADULT (19 and over)</b>	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 month waiting period	NO	NO
<b>VISION SERVICES PEDIATRIC (under 19)</b>	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. Kansas Farm Bureau Health Plans uses the UnitedHealthcare Choice Plus Network for medical providers and the Dental Benefit Providers 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

	<b>ADVANCED CHOICE</b> (individual or family)	<b>CLASSIC CHOICE</b> (individual only)	<b>HIGH DEDUCTIBLE HEALTH PLAN</b> (individual or family)	<b>MAJOR MEDICAL</b> (individual or family)
<b>CALENDAR YEAR DEDUCTIBLE</b> (CYD)	Yes, per person	Yes, per person	Yes, Individual or Family	Yes, per person
<b>OUT OF POCKET (OOP)</b>	YES	YES	YES	YES
<b>COINSURANCE</b>	YES	YES	YES	YES
<b>COPAY FOR OFFICE VISIT</b>	YES	YES	NO	NO
<b>PRESCRIPTION DRUG COVERAGE</b>	Yes, Calendar year limit	Yes, No limit	Yes, No limit	Yes, No limit
<b>ANNUAL LIMIT</b>	NO	NO	NO	NO
<b>PREVENTATIVE CARE</b>	YES	YES	YES; limited	YES; limited
<b>DENTAL SERVICES</b>	YES; limited	YES; limited	NO	NO
<b>VISION SERVICES</b>	YES; limited	YES; limited	NO	NO
<b>NETWORK PROVIDERS</b>	YES	YES	YES	YES
<b>SPECIALIST REFERRAL</b>	NO	NO	NO	NO
<b>HEALTH SAVINGS ACCOUNT (HSA) QUALIFIED</b>	NO	NO	YES	NO
<b>PRE-EXISTING WAITING PERIOD FOR MEDICAL CONDITIONS</b>	Yes; 6 month minimum for all ages	Yes; 6 month minimum for all ages	Yes; 12 month minimum	Yes; 12 month minimum
<b>MEDICAL UNDERWRITING REQUIRED</b>	YES	Yes; reduced questionnaire	YES	YES
<b>MATERNITY</b>	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

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