

# SHORT TERM SCHEDULE OF BENEFITS

(for individuals and 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><br><small>(Unless otherwise indicated, all benefits are subject to the BPD)</small> | \$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<br>\$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><br><small>(Based on the maximum allowable charge)</small> | 80%                     | 20%                 | 60%            | 40%                 |
| <b>TELADOC</b>   | \$0 copayment per visit |                     | No Coverage    |                     |
| <b>PRESCRIPTION DRUG COVERAGE</b><br>Generic and Brand Name Prescriptions    | 80%                     | 20%                 | 60%            | 40%                 |

### 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

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 health care services; or symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment."