

# ADVANCED CHOICE 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.



This is a comprehensive health coverage plan that includes hospitalization, medical and prescription benefits. Indiana Farm Bureau Health Plans use 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.

	In-Network	Out-of-Network
<b>CALENDAR YEAR DEDUCTIBLE (CYD)</b>		
<ul style="list-style-type: none"> <li>Per individual, per calendar year.</li> <li>Unless otherwise indicated, all benefits are subject to the CYD.</li> </ul>	<b>Option 1:</b> \$1,500 per individual <b>Option 2:</b> \$3,000 per individual	
<b>OUT OF POCKET MAXIMUM (OOP)</b>		Unlimited
<ul style="list-style-type: none"> <li>Once the OOP maximum is met, eligible benefits are provided at 100% for an individual for the remainder of the calendar year.</li> <li>This applies to in-network provider services only.</li> <li>Copayments do not apply to OOP and must still be paid after OOP is met.</li> </ul>	For \$1,500 CYD: <ul style="list-style-type: none"> <li>\$5,000 for individual coverage</li> <li>\$10,000 for family coverage</li> </ul> For \$3,000 CYD: <ul style="list-style-type: none"> <li>\$10,000 for individual coverage</li> <li>\$20,000 for family coverage</li> </ul>	
<b>LIFETIME BENEFIT MAXIMUM</b>	Unlimited	

## Services

	In-Network		Out-of-Network	
<b>OFFICE VISIT</b>	<b>Option 1</b> For \$1,500 CYD: \$25 copayment* per visit <b>Option 2</b> For \$3,000 CYD: \$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	All but copayment	\$4 copayment <sup>5</sup>	60%	40%
• Brand	80%	20%	60%	40%
• \$7,500 individual maximum per calendar year				
<b>EMERGENCY ROOM SERVICES</b> • Not resulting in admission	\$75 Deductible per visit (In addition to CYD and Coinsurance)			

### DENTAL - All Individuals

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 individual 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 individual.
- Eyeglass lenses or contact lenses are covered once every calendar year at 100% up to a maximum of \$100 per individual, not subject to deductible.

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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 as recommended by the United States Preventive Services Task Force (USPSTF).
4. Prostate cancer screening for men age 50 and older.
5. Prescription copayment does not apply toward deductibles or out-of-pocket maximums.

### **\*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 individuals, 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 an individual has completed a waiting period of at least six 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 individuals under the age of 19 enrolled as dependents in a family coverage.

**Additional waiting periods may apply as indicated in the contract.**

# PLAN ENHANCEMENTS



**TELADOC®** 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.

**TELADOC® Expert Medical Services (EMS)** is an additional plan enhancement available with your benefits. This service offers expert medical advice at no cost to you and/or your eligible dependents. EMS can provide answers to medical questions, a confirmation or modification of a diagnosis, guidance on picking a treatment option or help deciding if surgery is right for you. [teladoc.com](http://teladoc.com) | 1-800-teladoc



**OptumRx® HOME DELIVERY** is an option for all members and is safe and reliable. You may pay less for medication with a three-month supply through OptumRx. Get convenient, free standard shipping on medications delivered to your mailbox.

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Finding ways to stay healthy doesn't have to be difficult. Healthy choices are all around us every day. INFB Health Plans have teamed up with **UMR Wellness CARE** to offer a Clinical Health Risk Assessment to help you recognize and make the most of your health care opportunities. Additional wellness resources are available at [umr.com](http://umr.com), including a library of health information, videos and interactive "action plan" tutorials to help you get and stay healthy.



The **Maternity CARE Program** informs members who are thinking about having a baby or are in the early stages of pregnancy about how improving their own health can influence the future health of their baby.



With the **CARE app**, members can access a wide range of wellness information to improve overall health and wellbeing. Enroll today! We'll need some basic information along with an email address, mobile phone number and your UMR member ID and group ID numbers. Simply scan the QR code or access the enrollment page at [go.umr.com/get-care-app](http://go.umr.com/get-care-app).



**Talkspace's** therapist-led virtual care services and same-day start times can provide responsive and reliable mental health support to those experiencing a wide range of challenges - including stress, anxiety, depression and more. Seventy percent of Talkspace members reach clinically-significant improvement in a matter of weeks. Visit [talkspace.com/connect](http://talkspace.com/connect) for more information. *\*Deductible and co-pays apply.*



**NurseLine** will connect you to a team of registered nurses who can answer your questions and provide advice. Nurses are standing by to help any time of day, seven days a week as a part of your health benefits, at no cost to you. Reach out by phone using the toll-free number on the back of your member ID card or chat online with a nurse at [umr.com](http://umr.com) - select Health Center from myMenu and look for the link in the "I need to..." section. If you have questions, UMR nurses have answers.

*\*Deductible and co-pays apply.*