

Plan overview

PLAN NAME	IOWA CHOICE 3500	IOWA CHOICE 6000	IOWA CHOICE 6650 HIGH DEDUCTIBLE HEALTH PLAN
Farm Bureau membership required?	Yes	Yes	Yes
Preventive care¹	FREE	FREE	FREE
Annual benefit: Deductible²	Single: \$3,500 Family³: \$7,000	Single: \$6,000 Family³: \$12,000	Single: \$6,650 Family³: \$13,300
Annual benefit: Out-of-pocket maximum	Single: \$7,500 Family³: \$15,000	Single: \$10,000 Family³: \$20,000	Single: \$6,650 Family³: \$13,300
Lifetime benefit maximum	\$3,000,000	\$3,000,000	\$3,000,000
Coinsurance	20%	30%	0%
Office services: Out-of-network	Not covered except for emergency and accidental injury only	Not covered except for emergency and accidental injury only	Not covered except for emergency and accidental injury only
Designated Primary Care Provider⁴ (PCP)	\$30 copay	\$70 copay	Deductible applies
Other PCP:	\$35 copay	\$75 copay	Deductible applies
Non-PCP:	\$75 copay	\$150 copay	Deductible applies
Emergency room (includes physician, facility, labs and x-rays; copays waived if admitted as inpatient)	\$400 copay	\$600 copay	Deductible applies
All other services (i.e. ultrasounds, inpatient, ambulance, skilled nursing facility, outpatient physician and facility services, diagnostic imaging/studies and radiation therapy, nuclear medicine, diagnostic mammograms, diagnostic testing, durable medical equipment)	Deductible applies	Deductible applies	Deductible applies
Virtual visits	Doctor On Demand: \$25 Designated PCP: \$30 Other PCP: \$35 Non-PCP: \$75	Doctor On Demand: \$25 Designated PCP: \$70 Other PCP: \$75 Non-PCP: \$150	Deductible applies
Rx formulary	Blue Rx Value	Blue Rx Value	Blue Rx Value
Prescription drug benefits	Generics (Tier 1): \$15 copay Preferred brand (Tier 2): \$40 copay Preferred specialty⁵: \$300 copay	Generics (Tier 1): \$15 copay Preferred brand (Tier 2): \$40 copay Preferred specialty⁵: \$300 copay	Medical deductible applies After deductible, plan pays 100% of covered drugs.

¹ Preventive services must be received from an in-network provider in the Wellmark Blue HMOSM network. Please see your coverage document for a full listing of preventive services.

² Member has benefits after single deductible is met and then entire family has benefits after family deductible is met when the deductible is applicable.

³ The family deductible or out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

⁴ You must choose a primary care provider (PCP) who participates in the Wellmark Blue HMO network who is available to accept you or your family members, and who is one of the following types of providers: family practitioners, general practitioners, geriatricians, internists, nurse practitioners, physician assistants, and pediatricians. See your benefit plan material for more details about your PCP.

⁵ If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list. If you fail to respond or decline to participate in the PrudentRx program, please note that you will be responsible for your member cost-share of 30 percent coinsurance.

The member is responsible for all copay amounts after the out-of-pocket maximum is met.

This coverage is not required to comply with certain federal or state market requirements for health insurance, including the Affordable Care Act (ACA) and is not considered "minimum essential coverage" under the ACA.

This is a general description of plans. It is not a statement of contract. Actual coverage is contained in the terms and conditions specified in the benefits certificate itself and enrollment rules in force when the benefits certificate becomes effective. In the event of any discrepancy between this summary outline of coverage and the benefit certificate, the terms of the benefit certificate control.

Wellmark Administrators, Inc.

Farm Bureau Health Plan is administered by Wellmark Administrators, Inc., an independent licensee of the Blue Cross and Blue Shield Association.