

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 care	FREE ¹	FREE ¹	FREE ¹
Annual benefit: Deductible ²	Single: \$3,500 Family ³ : \$7,000	Single: \$6,000 Family ³ : \$12,000	Single: \$6,650 Family ³ : \$13,300
Annual benefit: Out-of-pocket maximum	Single: \$7,500 Family ³ : \$15,000	Single: \$10,000 Family ³ : \$20,000	Single: \$6,650 Family ³ : \$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
Primary Care Provider ⁴ (PCP) office visit	\$35 copay ⁵	\$75 copay ⁵	Deductible applies
Specialist ⁶ (Non-PCP) office visit	\$75 copay ⁵	\$150 copay ⁵	Deductible applies
Emergency room (includes physician, facility, labs and x-rays; copays waived if admitted as inpatient)	\$400 copay ⁵	\$600 copay ⁵	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	Doctors on Demand: \$25 copay ⁵ PCP: \$35 copay ⁵ Non-PCP: \$75 copay ⁵	Doctors on Demand: \$25 copay ⁵ PCP: \$75 copay ⁵ Non-PCP: \$150 copay ⁵	Deductible applies
Rx formulary	Blue Rx Value	Blue Rx Value	Blue Rx Value
Prescription drug benefits	Generics (Tier 1): \$15 copay ⁵ Preferred brand (Tier 2): \$40 copay ⁵ Preferred specialty: \$300 copay ⁵	Generics (Tier 1): \$15 copay ⁵ Preferred brand (Tier 2): \$40 copay ⁵ Preferred specialty: \$300 copay ⁵	Medical deductible applies After deductible, plan pays 100% of covered drugs.

¹ Preventive physical examinations, preventive gynecological examinations, and well-child examinations must be received from a Primary Care Provider in the Wellmark Blue HMOSM Network.

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 The primary care office copay applies to family practitioners, general practitioners, obstetricians/gynecologists, pediatricians, physician's assistants, advanced registered nurse practitioners, in-network chiropractors, physical therapists, occupational therapists, speech pathologists and in some cases, mental health or chemical dependency visits. This lower office copay also applies to walk-in clinics, independent lab services and facility lab/x-rays. The copay applies per practitioner, per date of service.

⁵ The member is responsible for all copay amounts after the out-of-pocket maximum is met.

⁶ The specialist office copay applies to non-primary care physicians or all other in-network practitioners not listed as a primary care provider. Members will also pay this specialist copay for physical therapy, occupational therapy, or speech pathology services performed in an outpatient setting. This non-PCP office copay also applies to X-rays done outside of an office visit. The copay applies per practitioner, per date of service.

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.