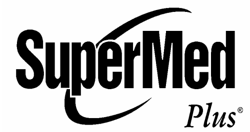
Ohio Farm Bureau High Deductible Standard Plans

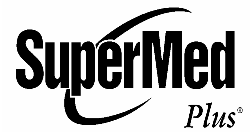


Base Plan	2000	4000	7500
Network Benefit Period Deductible Single/Family	$2,000/$4,000	$4,000/$8,000	$7,500/$15,000
Non-Network Benefit Period Deductible Single/Family	$4,000/$8,000	$8,000/$16,000	$15,000/$30,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	N/A	N/A	N/A
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Coinsurance Network/Non-Network	100% / 50%		
Lifetime Maximum	$7,500,000		

Benefits	PPO Network	Non-PPO Network
Benefit Period	January 1st through December 31st	
Dependent Age Limit	25 Dependent, 25 Student; Removal upon End of the Month	
Physician/Office Services		
Office Visit (Illness/Injury)	100% after deductible	50% after deductible
Urgent Care Office Visit	100% after deductible	50% after deductible
Standard Immunizations	100% after deductible	50% after deductible[1]
Preventive Services		
Routine Physical Exam	100%	50% after deductible[1]
Routine EyeMed Vision Exam (one per benefit period)	100%	Not Covered
Oral Exams (one per benefit period)	100%	100% not subject to deductible
Prophylaxis (cleaning) – (one per benefit period)	100%	100% not subject to deductible
Well Child Care Services to age nine. Exams and Immunizations are limited to a $500 maximum per benefit period. Well Child Care Exams Well Child Care Immunizations & Labs	 100% 100%	 50% after deductible[1] 50% after deductible
Routine Mammogram (one per benefit period)	100%	50% after deductible
Routine Pap Test (one per benefit period)	100%	50% after deductible
Routine PSA, Cholesterol, Colon Cancer Screening Tests, Bone Density Tests and Endoscopic Services	100%	50% after deductible
Routine EKG, Chest X-ray, Comprehensive Metabolic Panel, Urinalysis and Complete Blood Count (one each per benefit period)	100%	50% after deductible
Outpatient Services		
Allergy Testing and Treatments	100% after deductible	50% after deductible[1]
Physical Therapy (20 visits per benefit period)	100% after deductible	50% after deductible
Occupational Therapy (20 visits per benefit period)	100% after deductible	50% after deductible
Speech Therapy (20 visits per benefit period)	100% after deductible	50% after deductible
Chiropractic Services (12 visits per benefit period)	100% after deductible	50% after deductible
Cardiac Rehabilitation (20 visits per benefit period)	100% after deductible	50% after deductible
Emergency Use of an Emergency Room	100% after deductible	
Non-Emergency Use of an Emergency Room	100% after deductible	50% after deductible
Surgical Services	100% after deductible	50% after deductible
Diagnostic Services	100% after deductible	50% after deductible
Diagnostic Endoscopic Services	100%	50% after deductible

L7349 R02/10

Ohio Farm Bureau High Deductible Standard Plans



Benefits	PPO Network	Non-PPO Network
Inpatient Services		
Semi-Private Room and Board	100% after deductible	50% after deductible
Skilled Nursing Facility ($10,000 maximum per benefit period)	100% after deductible	50% after deductible
Additional Services		
Ambulance	100% after deductible	
Durable Medical Equipment	100% after deductible	50% after deductible
Home Health Care (60 days per benefit period)	100% after deductible	50% after deductible[1]
Hospice	100% after deductible	50% after deductible[1]
Organ and Tissue Transplants	100% after deductible	50% after deductible
Mental Health & Substance Abuse		
Inpatient Mental Health and Substance Abuse Services (30 days per benefit period; Substance Abuse limited to one admission per benefit period, three admissions per lifetime)	100% after deductible	50% after deductible[1]
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	50% after deductible[1]	50% after deductible[1]
Prescription Drug Coverage – Oral Contraceptives Included[2]		
Prescription Drug Lifetime Maximum	$2,500,000	
Retail – 30 Day Supply	$15 Generic / $35 Formulary / 50% Non-Formulary	
Home Delivery – 90 Day Supply	$37.50 Generic / $87.50 Formulary / 50% Non-Formulary	

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services. In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

Deductible expenses incurred for services by a network provider will only apply to the network deductible. Deductible expenses incurred for services by a non-network provider will only apply to the non-network deductible.

The coinsurance for non-contracting institutional providers will be the same coinsurance percentage as the non-network provider. However, you may be subject to balance billing by the non-contracting provider.

The proposed course of treatment for organ/tissue transplants must be pre-determined and approved by a Medical Mutual case manager (except for corneal transplants.) Failure to contact the case manager prior to the proposed course of treatment (including the evaluation) will result in a significant monetary penalty. Refer to your certificate for details.

---

[1] Coinsurance does not apply to coinsurance out-of-pocket maximums. These services will not be covered at 100% once Coinsurance out-of-pocket maximums are met.

[2] Drug benefit contains the following:

- Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.
- Generic Incentive: If the member or physician requests a brand-name drug, and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.
- Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.