



HEALTH PLANS

Live better. Save more.



Health Coverage From People You Know and Trust

Wide Range of Plans

TRH has a wide range of plans to suit different needs. None of these plans require a physician referral for a visit to a specialist.

Family Coverage

- ❑ There's the **Premier Plan**, which offers comprehensive health care coverage with deductibles of \$500, \$1,000 or \$2,500.
- ❑ The **Complete Care Plan** offers benefits for health care as well as routine dental and vision benefits. With Complete Care, you have affordable health, dental and vision coverage all under one plan. The Complete Care deductible is \$1,500.

Individual Coverage

- ❑ **TRH Essential Benefits** has all the essentials of a comprehensive health coverage plan, including office visit copays and prescription drug coverage. Essential Benefits offers deductibles of \$600, \$1,200 and \$2,000.
- ❑ TRH's **Major Medical Plan** is designed for those who want a basic health coverage plan that offers protection in the event of a catastrophic illness or injury.

Quality Health Care Coverage At An Affordable Cost

TRH plans do not require physician referrals. TRH offers plans which use a large base of providers, including hospitals, physicians, ambulatory surgical facilities, home health agencies, pharmacies and suppliers of durable medical equipment. This network, called Blue Network P, contains more than 21,000 providers. Blue Network P offers members a network of doctors and medical facilities that agree to provide health care services to plan members so they save money using the network. When you join a TRH plan and use network providers, you receive the highest level of benefits. You may also seek medical care outside of the network, but substantially reduced benefits and higher out-of-pocket expenses may result. To keep your coverage affordable, there are services and supplies which are not covered. For a complete list of these exclusions, please refer to the contract.

Waiting Period For Pre-Existing Conditions

New TRH plans contain a pre-existing condition waiting period. Benefits will not be provided for any pre-existing condition until you have completed a waiting period of at least 12 months. 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 does not apply to members under the age of 19.

Who Is Covered?

Individual Coverage: Covers only you (does not include maternity benefits).

Family Coverage: Covers you, your spouse and eligible children up to age 26. Maternity benefits are available after Family Coverage has been in effect for nine consecutive months.

Air & Ground Ambulance Benefits

With Essential Benefits, ambulance transport benefits are available for up to a maximum allowable charge of \$8,000 for air transport and \$600 for ground transport. The maximum allowable charge on the Complete Care, Major Medical and Premier plans is \$5,000 for air transport and \$450 for ground transport.

Covered Services

The following services and supplies are eligible expenses when medically necessary and prescribed or performed by a physician for treatment of illness, accidental injury or pregnancy. Certain limitations may apply.

- Hospital - inpatient and outpatient services
- Physician services - inpatient and outpatient
- Surgical services
- Emergency services
- Prescription drugs
- Diagnostic services
- Cardiac rehabilitation services
- Home health care services
- Inpatient rehabilitation services
- Therapy services
- Behavioral health care services
- Durable medical equipment

Cost-Saving Features

TRH offers several cost-saving features to help hold down health care costs. These features help ensure you receive necessary health care services at the most appropriate time and setting.

• Prior Authorization

Prior authorization is required for certain services, including but not limited to inpatient hospital stays, home health care, skilled nursing facilities, private duty nursing, inpatient behavioral health care, transplants, hospice home care, prosthetic appliances, home infusion therapy and physical therapy when performed at home. A prior authorization confirmation is not a guarantee of benefits.

• Care Management

This provides cost-effective treatment alternatives for patients with complicated, chronic, and/or catastrophic illnesses or injuries. Care Management helps maintain the patient's quality of care without the expenses involved in long-term hospitalization.

• Pharmacy Network

Benefits are available for prescription drugs subject to deductible and coinsurance for use by a member outside of a hospital. By showing your TRH Plan identification card at the time of filling a prescription at a network pharmacy, you will receive the benefit of negotiated pricing for your prescriptions. Using an out-of-network pharmacy can decrease the amount you are reimbursed for prescription drugs (after your annual plan deductible has been met) to 60 percent.

Members pay up front for prescription purchases. The pharmacist does not electronically file claims. A reference number is issued for each prescription filled and is usually located on the prescription receipt. Members can file a claim along with their prescription receipts for any eligible reimbursement. Look for generic equivalents to brand name prescription drugs. Generic drugs can cost you less - on the average from 30 percent to 75 percent less than brand name prescriptions.

Prescription Home Delivery

A Prescription Home Delivery service is also available to members. By using this service, members can enjoy the convenience of receiving many of their prescription drugs delivered right to their door. This service may also save you money. No benefits are available for prescription drugs purchased outside the U.S. unless approved by the plan.

Benefit Exclusion Riders

Benefit Exclusion Riders are attachments to a coverage which specifically and totally exclude specific known pre-existing conditions. A Benefit Exclusion Rider can remain for the life of the coverage. However, a member can request a review of a ridered condition. If that condition improves, the rider could possibly be removed, depending upon the results of the review.



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There's a TRH representative in every Farm Bureau office who can assist you.

Or you can call toll-free

1-877-874-8323

for a no-obligation information packet

or visit us on the web at

www.trh.com

for a free rate quote.