



HEALTH PLANS

Live better. Save more.



Short Term Coverage

There Are Times When You Need Short Term Coverage

No one can risk being without financial protection against high health care costs - not even for a few days. Short term coverage from TRH is tailored for people between jobs, recent graduates and those no longer covered as a dependent under a parent's health plan. This coverage helps you bridge the gap until you've made arrangements for more permanent health care coverage.

Your TRH Coverage Options

With a TRH Short Term Care Plan, you decide how long you need coverage - 60 days, 90 days, 120 days or 180 days. You also choose the plan that best fits your budget - with either a \$300, \$500 or \$1,000 deductible. The plan has a maximum payable benefit of \$250,000 per person. Pre-existing health conditions, including pregnancy and delivery, are excluded from coverage.

At the expiration of your short term coverage, you may opt to re-apply for coverage for another 60, 90, 120 or 180 days. Your deductible and the exclusion for pre-existing conditions will start again. When a member has had 12 months of short term coverage without any breaks of 30 days or more between coverage, they must wait at least 60 days before applying for another short term plan.



You may apply for permanent coverage. To be accepted, you must meet medical underwriting requirements. If you are accepted, the coverage will be issued separately and your deductibles and pre-existing condition waiting periods will start again with the effective date of coverage.

Choose From More Than 21,000 Network Providers

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 the 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.

Cost Saving Features

Short term health coverage encourages alternatives to costly hospitalization through the use of outpatient facilities, same-day surgery units or physician office care. Several features are included to encourage members to receive necessary health care services at the most appropriate time and in the most appropriate setting.

TRH Member Identification Card - Your Passport To Quality Health Care

A TRH identification card will be issued in your name. Because claims are administered by BlueCross BlueShield of Tennessee, the ID card is recognized and accepted by health care providers throughout the United States and many foreign countries. You can use it wherever you receive health care services.



Covered Expenses

Benefits will be provided under this coverage only for services or supplies which are medically necessary and performed and billed by an eligible provider. Services must be related to the diagnosis and/or treatment of the member's illness or injury. The portion of any charge for a service or supply which is more than the maximum allowable charge amount will not be covered. Benefits under the Short Term Care Plan include:

- Inpatient and outpatient hospital services
- Surgical services
- Emergency services
- Inpatient and outpatient physician services
- Therapy services
- Local ground and air ambulance service
- Prescription drugs (*Using an out-of-network pharmacy can decrease the amount you are reimbursed on prescription drugs - after your annual plan deductible has been met - from 80 percent to 60 percent.*)
- Diagnostic services
- Home health care

Exclusions

To help keep your coverage affordable, there are some services and supplies which are not covered. **This includes pre-existing conditions.** Please consult your Evidence of Coverage (EOC) for a complete list of exclusions.

Schedule of Benefits	TRH Short Term 300		TRH Short Term 500		TRH Short Term 1000	
*Individual Deductible (network and out-of-network providers)	\$300		\$500		\$1,000	
Family Deductible Maximum (network and out-of-network providers)	\$900		\$1,500		\$3,000	
**Coinsurance Covered Expenses	Network 80%	Out-of-Network 60%	Network 80%	Out-of-Network 60%	Network 80%	Out-of-Network 60%
***Individual Out-of-Pocket Maximum	\$2,400	Unlimited	\$4,000	Unlimited	\$5,000	Unlimited
Family Out-of-Pocket Maximum	\$6,000	Unlimited	\$10,000	Unlimited	\$12,500	Unlimited

*Deductible is the dollar amount of covered services that must be incurred and paid by a member before benefits are payable for all or part of the remaining covered services.

**After you meet the deductible, coinsurance is the percentage stated in the schedule of benefits that will be paid for a covered service during a benefit period.

***When an out-of-pocket maximum is reached for network services, benefits will be paid at 100 % of maximum allowable charge for other covered services received from a network provider during remainder of benefit period, up to maximum benefit.

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

You can call toll-free
1-877-874-8323
for a no-obligation
information packet
or visit us at
www.trh.com
for a free rate quote.



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