

COMMUNITY **Blue**SM
Health Care Plan

Community Blue PPO is administered
by Blue Cross Blue Shield of Michigan



FB MICHIGAN
FARM BUREAU[®]

Nothing is more important than your health.

And that's why health insurance is essential. Farm Bureau wants to provide you the health care you need at a price you can afford.

At Farm Bureau, we offer a variety of quality health insurance plans administered by Blue Cross® Blue Shield® of Michigan ... the most recognized name in health care. Count on us to guide you through the process and choose the health plan that best suits your needs and your budget.

Is Community Blue right for you?

The Community Blue PPO plan is designed especially for Farm Bureau members who want comprehensive coverage including preventive and wellness benefits, office visits and optional prescription drug coverage.

Choice of health care providers

The Community Blue plan offers you unprecedented coverage in Michigan. 25,000 doctors and all hospitals participate with BCBSM. If you're traveling, we've got you covered. As one of 39 Blue plans, BCBSM provides you with access to more than 660,000 participating doctors and hospitals across the country.

What's covered

When you receive services, you must pay a deductible each year before covered services will be paid (the deductible requirement does not apply to some services like office visits in a PPO network physician's office). The Community Blue PPO plan is available in four deductible options: \$100, \$250, \$500 and \$1,000. You only need to meet a maximum of two deductibles

Community Blue

per family each year. Once your deductible is met, BCBSM pays either 90% or 80% of your covered benefits for general services and you pay the remaining 10% or 20% as your coinsurance (depending on the deductible option you choose).

There is also a coinsurance maximum on this plan that varies depending on the deductible option you choose. Once you have paid a set amount of coinsurance and meet your coinsurance maximum, BCBSM will pay 100% of your covered benefits for general services in-network for the remainder of that calendar year.

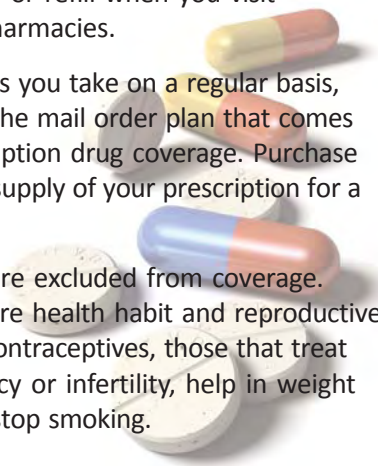
Most services are also covered if you choose to use a provider who is not in the Blue PreferredSM PPO network, however, you may be responsible for higher deductibles and copayments, and some services may not be covered.

Optional prescription drug coverage

Optional prescription drug coverage is available for an additional charge. If you're accepted for prescription drug coverage, you'll pay a 20% coinsurance — with a \$20 minimum charge — per prescription or refill when you visit participating pharmacies.

For prescriptions you take on a regular basis, consider using the mail order plan that comes with the prescription drug coverage. Purchase up to a 90-day supply of your prescription for a \$20 copayment.

Elective drugs are excluded from coverage. Elective drugs are health habit and reproductive drugs such as contraceptives, those that treat sexual impotency or infertility, help in weight loss or help to stop smoking.



In-Network Deductible	
Plan 2	\$100 per person; \$200 per family.
Plan 3	\$250 per person; \$500 per family.
Plan 4	\$500 per person; \$1,000 per family.
Plan 11	\$1,000 per person; \$2,000 per family.
Out-of-Network Deductible	
Plan 2	\$250 per person; \$500 per family.
Plan 3	\$500 per person; \$1,000 per family.
Plan 4	\$1,000 per person; \$2,000 per family.
Plan 11	\$2,000 per person; \$4,000 per family.
In-Network Fixed Copayments	
Office visits and Urgent Care Center visits.	\$10 per visit.
Emergency room visits.	\$50 per visit.
In-Network Coinsurance (Percent Copays)	
Plan 2	10% in-network for general services not performed in a PPO physician's office.
Plan 3	20% in-network for general services not performed in a PPO physician's office.
Plan 4	
Plan 11	
Out-of-Network Coinsurance	
Plan 2	30% out-of-network.
Plan 3	40% out-of-network.
Plan 4	
Plan 11	

benefits at a glance

Annual Coinsurance Dollar Maximums	
Plan 2	\$500 per member/ \$1,000 per family in-network.
	\$1,500 per member/ \$3,000 per family out-of-network.
Plan 3	\$1,000 per member/ \$2,000 per family in-network.
	\$3,000 per member/ \$6,000 per family out-of-network.
Plan 4	\$1,500 per member/ \$3,000 per family in-network.
	\$3,000 per member/ \$6,000 per family out-of-network.
Plan 11	\$1,000 per member/ \$2,000 per family in-network.
	\$2,000 per member/ \$4,000 per family out-of-network.
Lifetime Benefit Maximum	
Lifetime benefit maximum	\$5 million per member.
Preventive Services	
Annual health maintenance exam, annual gynecological exam, lab services for pap smear screening, well baby and well child visits, immunizations, fecal occult blood screening, flexible sigmoidoscopy exam, Prostate Specific Antigen (PSA) Screening.	Covered 100% in-network.
	Not covered out-of-network.

Physician Office Services

Office visits and office consultations.

Covered — \$10 copay in-network.

Out-of-network, the out-of-network deductible and coinsurance apply.

Diagnostic Services

Laboratory and pathology tests, diagnostic tests and x-rays, radiation therapy, mammography screening.

Plan 2: Covered 90% after deductible in-network.

Plans 3, 4 & 11: Covered 80% after deductible in-network.

Out-of-network, the out-of-network deductible and coinsurance apply.

Maternity Services

Pre-natal and post-natal care.

Covered 100% in-network.

Out-of-network, the out-of-network deductible and coinsurance apply.

Surgical Services

Surgery, including related surgical services, voluntary sterilization.

Plan 2: Covered 90% after deductible in-network.

Plans 3, 4 & 11: Covered 80% after deductible in-network.

Out-of-network, the out-of-network deductible and coinsurance apply.

benefits at a glance

Hospital Care (at participating hospitals)

Semi-private room, inpatient physician care, general nursing care, hospital services and supplies, inpatient consultations, chemotherapy. Unlimited days.

Plan 2: Covered 90% after deductible in-network.

Plans 3, 4 & 11: Covered 80% after deductible in-network.

Out-of-network, the out-of-network deductible and coinsurance apply.

Emergency Medical Care

Hospital emergency room — approved diagnosis.

Covered — \$50 copay, waived if admitted or for an accidental injury.

Physician's office - approved diagnosis.

Covered 100%.

Urgent Care Center.

Covered — \$10 copay in-network. Waived if a medical emergency or accidental injury.

Out-of-network, the out-of-network deductible and coinsurance apply. Waived if a medical emergency or accidental injury.

Ambulance services — medically necessary.

Plan 2: Covered 90% after deductible in-network.

Plans 3, 4 & 11: Covered 80% after deductible in-network.

Out-of-network, the out-of-network deductible and coinsurance apply.

Mental Health and Substance Abuse Treatment

Inpatient mental health care and substance abuse care.	Covered 50% after deductible in- or out-of-network. Unlimited days up to \$15,000 annual, \$30,000 lifetime maximum per member.
Outpatient mental health care — facility and clinic.	Covered 50% after deductible in- or out-of-network.
Outpatient mental health care — physician's office.	Covered 50% in-network.
	Covered 50% after deductible out-of-network.
Outpatient substance abuse care.	Covered 50% after deductible in- or out-of-network up to the state dollar amount which adjusted annually.

Alternatives to Hospital Care

Hospice care.	Covered 100% in- or out-of-network. Limited to the lifetime dollar maximum which is adjusted by the state.
Home health care (unlimited visits).	Plan 2: Covered 90% after deductible in- or out-of-network.
	Plans 3, 4 & 11: Covered 80% after deductible in- or out-of-network.
Skilled nursing care (up to 120 days per calendar year).	Plan 2: Covered 90% after deductible in- or out-of-network.
	Plans 3, 4 & 11: Covered 80% after deductible in- or out-of-network.

benefits at a glance

Human Organ Transplants	
Specified organ transplants — up to \$1 million for each organ transplant type.	Covered 100% after deductible in designated facilities only.
Bone marrow, kidney, cornea & skin transplants.	Plan 2: Covered 90% after deductible in-network.
	Plans 3, 4 & 11: Covered 80% after deductible in-network.
	Out-of-network, the out-of-network deductible and coinsurance apply.
Other Services	
Chiropractic spinal manipulation (up to 24 visits per calendar year). Allergy testing & therapy.	Covered 100% in-network.
	Out-of-network, the out-of-network deductible and coinsurance apply.
Outpatient diabetes management program. Outpatient physical, speech and occupational therapy.	Plan 2: Covered 90% after deductible in-network.
	Plans 3, 4 & 11: Covered 80% after deductible in-network.
	Out-of-network, the out-of-network deductible and coinsurance apply.
Prescription Drug Coverage (optional)	
Prescription drug coverage (optional).	20% coinsurance with \$20 minimum charge per prescription or refill in-network.
	Out-of-network BCBSM will reimburse you 75% of the approved amount less your coinsurance for each covered prescription drug.

How we keep costs down

In an effort to keep our premium rates affordable, Farm Bureau's health care plans are medically underwritten by BCS Life Insurance Company and administered by BCBSM. You will be asked to complete a family health statement and additional information from your physician(s) may be required. Based on the medical information provided, your application will either be accepted or rejected. If accepted, you will most likely be given the "preferred" rate for coverage. However, if you smoke or have more serious or chronic health conditions, you may be given the "standard" rate for coverage which is slightly higher. Both rates are included in this brochure.

Preexisting condition waiting period

A health condition for which you have had medical advice, diagnosis, care or treatment recommended or received within six months prior to enrollment is considered a preexisting condition.

Services for preexisting conditions are not covered during the first 365 days after enrollment. This waiting period for coverage applies to conditions for which you have had medical advice, diagnosis, care or treatment recommended or received within six months prior to enrollment. There is also a 12-month waiting period for removal of tonsils and/or adenoids and voluntary sterilization. **ALL applicants are subject to the preexisting condition waiting period.**



Farm Bureau's member health insurance plans are underwritten by BCS Life Insurance Company and administered by Blue Cross Blue Shield of Michigan (BCBSM).

eligibility requirements

Maternity waiting period

There is a 12-month waiting period for maternity care on the Community Blue PPO plan. The maternity waiting period works like this: if you are pregnant on the date BCBSM receives your application, the pregnancy will not be covered. If your date of conception is after the date BCBSM receives your application, and you're approved for coverage, the maternity will be covered from your paid effective date of coverage forward. A letter from your doctor stating the approximate date of conception may be necessary to process any maternity claims in the first 12 months of coverage. **ALL applicants are subject to the maternity waiting period.**

Eligibility requirements

To qualify for coverage, you must meet all of the following criteria:

- Be a Farm Bureau member.
- Be a Michigan resident and live in the state for a minimum of six months each year.
- Not eligible for BCBSM group coverage through an employer.
- You do not have Medicare, Medicaid, group or any other coverage.
- Have not had prior Farm Bureau sponsored health coverage that canceled within the past year.
- Family members must be on the same health care contract.

How to apply for coverage

To apply for coverage, or for more information about any of Farm Bureau's member health care plans, call or visit your local Farm Bureau Insurance agent or county Farm Bureau office. For the phone number and location of the office nearest you, call **1-888-294-4335** or go to our website at **www.mfbhealth.com**.

The application process generally takes 30-90 days, depending on whether or not BCS requests physician statements from your doctors and how quickly you return those completed forms to the medical underwriter. If you're approved, your effective date will be determined by the medical underwriter based on the date all your necessary health information is received. Our effective dates for coverage are future dates and are always on the 20th of the month. Your coverage will become effective on the date assigned by the medical underwriter once you have paid your first premium payment.

This is a prepaid health coverage plan. Claims will not be paid and acknowledgment of coverage will not be given until the first premium payment is made.

The fine print

This brochure is intended as an easy-to-read guide. It is not a contract. Additional limitations and exclusions may apply to covered services. An official description of benefits is contained in applicable BCS Life Insurance Company certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan (BCBSM) approved amount, less any applicable deductible and/or copay amounts required by the plan. A 365-day waiting period is applied on all plans for preexisting medical conditions, removal of tonsils and/or adenoids, voluntary sterilization and maternity coverage. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between the BCBSM approved amount and the provider's charge. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.

value-added benefits

Farm Bureau member wellness benefits

As a Farm Bureau member, you're eligible for even more savings on your health care needs including:

- Lasik eye surgery discount
- Pharmacy discounts
- Hearing aid discount
- Eyeglasses/contact lenses discounts
- Dental insurance
- Long-term care insurance

BCBSM value-added benefits

Because BCBSM administers Farm Bureau's health insurance plans, when you sign up for the Community Blue plan, you'll be eligible for even more value-added benefits, including:

- BlueSafeSM for Michigan discounts on safety products
- Naturally BlueSM discounts on alternative medicine services
- The Healthcare AdvisorTM
- Weight Watchers[®] discounts
- BlueHealthConnection[®]
- Quit the Nic! smoking cessation program

About the premium rates

Rates listed in this brochure are for one month of coverage. Members are billed quarterly in February, May, August and November. These rates are good until August 20, 2009.

Preferred rates are for healthy, non-smokers. If you smoke or have preexisting chronic or severe health conditions, you may be denied coverage, or, if accepted, assigned a standard rate which is higher than the preferred rate.

BCS Life Insurance Company medical underwriters will determine which rate you are assigned based on your medical history.

Family continuation rider rates

F-Rider refers to a family continuation rider; a child who is over the age of 19 but still a dependent of their parents. The F-rider rate is an additional charge that is added on to the other family members' rate. To qualify as an F-rider, a dependent must be:

- Unmarried.
- Between the ages of 19 and 25.
- Dependent on you for more than half of his/her support.
- A member of your household.
- Related to you by blood, marriage or adoption.
- A full-time student for at least five months of the year OR had a gross income of less than four times the personal exemption amount identified by the IRS Gross Income Test.

Additional premium (monthly) to add PRESCRIPTION DRUG COVERAGE

Age	1 person	2 persons	Family	F-rider
ADDITIONAL COST FOR PRESCRIPTION DRUG COVERAGE				
Under 35	\$69.63	\$156.67	\$187.99	\$34.81
35 - 39	\$77.29	\$173.92	\$208.68	\$38.65
40 - 49	\$92.87	\$208.97	\$250.73	\$46.43
50 - 54	\$116.27	\$261.63	\$313.92	\$58.14
55 - 64	\$149.71	\$336.87	\$404.19	\$74.85

premium rates

PREFERRED premium rates (monthly)

for non-smokers with no chronic or severe health conditions

Age	1 person	2 persons	Family	F-rider
COMMUNITY BLUE PLAN #2 WITHOUT DRUG COVERAGE				
Under 35	\$297.78	\$670.01	\$804.03	\$148.91
35 - 39	\$330.52	\$743.67	\$892.43	\$165.29
40 - 49	\$398.95	\$897.65	\$1,077.21	\$199.51
50 - 54	\$497.25	\$1,118.83	\$1,342.63	\$248.67
55 - 64	\$640.08	\$1,440.20	\$1,728.28	\$320.09
COMMUNITY BLUE PLAN #3 WITHOUT DRUG COVERAGE				
Under 35	\$269.86	\$607.22	\$728.65	\$134.92
35 - 39	\$299.54	\$673.99	\$808.76	\$149.76
40 - 49	\$361.56	\$813.54	\$976.22	\$180.76
50 - 54	\$450.65	\$1,013.99	\$1,216.75	\$225.30
55 - 64	\$580.09	\$1,305.24	\$1,566.24	\$290.02
COMMUNITY BLUE PLAN #4 WITHOUT DRUG COVERAGE				
Under 35	\$250.05	\$562.63	\$675.11	\$125.03
35 - 39	\$277.54	\$624.49	\$749.34	\$138.78
40 - 49	\$335.01	\$753.80	\$904.50	\$167.51
50 - 54	\$417.56	\$939.53	\$1,127.36	\$208.78
55 - 64	\$537.49	\$1,209.39	\$1,451.16	\$268.75
COMMUNITY BLUE PLAN #11 WITHOUT DRUG COVERAGE				
Under 35	\$232.69	\$523.58	\$628.26	\$116.34
35 - 39	\$258.27	\$581.14	\$697.33	\$129.14
40 - 49	\$311.75	\$701.47	\$841.72	\$155.87
50 - 54	\$388.56	\$874.31	\$1,049.11	\$194.27
55 - 64	\$500.17	\$1,125.44	\$1,350.45	\$250.08

STANDARD premium rates (monthly)

for smokers and those with chronic or severe health conditions

Age	1 person	2 persons	Family	F-rider
COMMUNITY BLUE PLAN #2 WITHOUT DRUG COVERAGE				
Under 35	\$372.21	\$837.49	\$1,005.01	\$186.14
35 - 39	\$413.14	\$929.57	\$1,115.52	\$206.60
40 - 49	\$498.69	\$1,122.06	\$1,346.50	\$249.38
50 - 54	\$621.55	\$1,398.52	\$1,678.26	\$310.83
55 - 64	\$800.11	\$1,800.27	\$1,999.98	\$400.12
COMMUNITY BLUE PLAN #3 WITHOUT DRUG COVERAGE				
Under 35	\$337.33	\$759.01	\$910.78	\$168.65
35 - 39	\$374.42	\$842.47	\$1,010.92	\$187.19
40 - 49	\$451.95	\$1,016.91	\$1,220.25	\$225.95
50 - 54	\$563.31	\$1,267.47	\$1,520.91	\$281.62
55 - 64	\$725.12	\$1,631.56	\$1,957.82	\$362.52
COMMUNITY BLUE PLAN #4 WITHOUT DRUG COVERAGE				
Under 35	\$312.55	\$703.27	\$843.87	\$156.29
35 - 39	\$346.92	\$780.60	\$936.65	\$173.47
40 - 49	\$418.76	\$942.23	\$1,130.60	\$209.39
50 - 54	\$521.93	\$1,174.39	\$1,409.17	\$260.98
55 - 64	\$671.86	\$1,511.75	\$1,813.98	\$335.95
COMMUNITY BLUE PLAN #11 WITHOUT DRUG COVERAGE				
Under 35	\$290.86	\$654.45	\$785.30	\$145.42
35 - 39	\$322.84	\$726.41	\$871.65	\$161.41
40 - 49	\$389.68	\$876.83	\$1,052.13	\$194.83
50 - 54	\$485.70	\$1,092.86	\$1,311.37	\$242.84
55 - 64	\$625.22	\$1,406.81	\$1,688.07	\$312.60

About Farm Bureau

Michigan Farm Bureau is the state's largest general farm organization, with over 200,000 family members in 67 county Farm Bureaus. We have members from all over, from all walks of life — from rural, urban and suburban Michigan.

They belong to Farm Bureau for many reasons. Some join to take action on behalf of agriculture, the state's second largest industry. Others join to support Farm Bureau policies. Farm Bureau works on the local level, in Lansing and in Washington D.C. to support action not just on farm issues, but on many of the same things you're concerned about: protection of private property rights and the quality of the rural environment, tax policies and economic growth, and the quality and safety of our food supply.

Still other families belong to Farm Bureau so they can take advantage of our wide range of outstanding member benefits, like our health insurance plans. Whatever the reason, becoming a part of the Farm Bureau family means joining with other people who share the goal of a prosperous economy and a safe society for today and for the future. For more information, visit our web site at www.michiganfarmbureau.com.

