

high deductible **HSA**
Health Care Plan



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 a high deductible health plan right for you?

A high deductible health plan may be right for you if:

- You're interested in more control over how your health care dollars are spent.
- You want only one deductible per family.
- You're interested in trading low deductible health insurance for a higher deductible plan to save money on monthly premiums and income taxes.
- You want to save tax-free money for retirement.
- You're willing to take responsibility for routine health care expenses in exchange for lower premiums.
- You'd like to use tax-free dollars to pay for qualified medical expenses including prescription drugs, over-the-counter medications, dental work, eyeglasses, acupuncture and much, much more. (For a complete list of qualified medical expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.)

high deductible plans

Choice of health care providers

Farm Bureau's high deductible health plans offer 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.

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.

Choose the health plan you like

- **CMM-PPO plan** — Our CMM-PPO plan is our most comprehensive high deductible plan that coordinates with an HSA. This plan is available in two different deductible options. The CMM-PPO plan offers coverage for unlimited diagnostic office visits, inpatient and outpatient care, surgical services, laboratory tests and x-rays, chiropractic care and more.
- **Blue Value OptionsSM PPO plan** — Our Blue Value Options plan is designed for individuals and families who want coverage for major health care services only. This plan does not cover office visits.

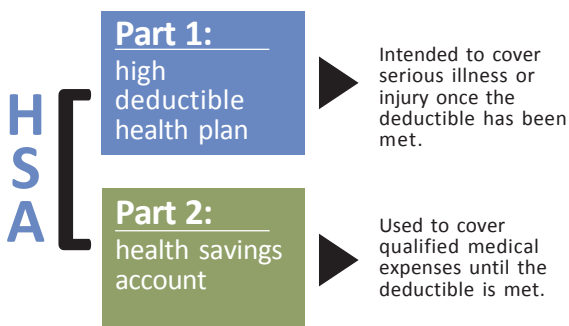
For more information on both of these plans, see the benefits at a glance pages in this brochure.

What is a Health Savings Account?

A Health Savings Account (HSA) is made up of two parts: a qualifying high deductible health plan and a Health Savings Account. A Health Savings Account is a special tax-free savings or investment account that can be used for specific qualified medical expenses by individuals, spouses or dependents. HSAs must be used in conjunction with a qualified high-deductible health plan.

The high deductible health plan must satisfy specific federal requirements related to deductibles and out-of-pocket expenses. In 2008, the annual deductible must be at least \$1,100 for an individual and \$2,200 for a family. In 2009, the annual minimum deductible is \$1,150 for an individual and \$2,300 for a family. The federal government can change the deductibles each year based on increases in the Consumer Price Index.

Deductibles must be met before any medical expenses are paid by the health plan. For example, if the family deductible is \$5,000, no medical expenses for any family member will be paid by the plan (other than qualified preventive services on certain plans) unless the full \$5,000 deductible has been reached.



health savings accounts

The advantages of an HSA

A Health Savings Account will give you:

1. Lower health insurance premiums

With a Health Savings Account, you are in control of your health care dollars. Instead of purchasing a traditional high-cost health plan, you purchase a low-cost high-deductible health plan and put the premium savings into an HSA account. You can use the money in your HSA account to pay for qualified medical expenses including your deductible. You control the funds in your HSA and decide how to spend or save the money.



2. Triple tax advantages

- The money you deposit into your account is 100% tax-deductible.
- The interest and gains on the money in your account is tax-exempt.
- The money you withdraw for qualified medical expenses is tax-free.

3. Future savings

Think of an HSA as a medical IRA. Whatever money you don't use in your HSA rolls over from year to year. Any money left in your HSA when you turn 65 is yours to use for any purpose. You'll just pay normal income tax on the money you withdraw for non-medical expenses.

Withdrawals for qualified medical expenses are never taxed.

You're eligible to open an HSA account if:

- You're enrolled in an HSA-qualified high deductible health plan.
- You are not enrolled in Medicare or Medicaid.
- You are not on Tricare.
- You have not received any Veterans Administration health benefits in the last three months.
- You are not covered by another health insurance plan that is not an HSA-qualified high-deductible health plan.
- You are not claimed as a dependent on someone else's tax return.

How to set up your HSA account

Once your health insurance application has been approved, Michigan Farm Bureau will send you information on how to sign up for the investment portion of your Health Savings Account through our preferred vendor, **HSA Bank**. HSA Bank is an industry leader specializing in HSA account administration in all 50 states and Washington D.C. HSA Bank is FDIC insured and offers a variety of contribution and withdrawal methods to provide you with quick and easy access to your account. HSA Bank also can put some of your HSA funds to work for you through a brokerage account that you direct. (Funds in brokerage accounts are not FDIC insured, not bank guaranteed and may lose value.) For more information on HSA Bank, visit our website at www.mfbhealth.com.

Or check with your local bank to see if they can administrate your HSA account for you.

health savings accounts

Depositing funds in your HSA

You can fully fund your HSA account on day one of your qualifying high deductible health plan being in effect, provided you do not exceed the maximum amount determined by the IRS.

- For 2008, the maximum contribution is \$2,900 for an individual or \$5,800 for a family.
- For 2009, the maximum contribution is \$3,000 for an individual or \$5,950 for a family.

You can make deposits anytime after your HSA is open.

Withdrawing funds from your HSA

You can withdraw funds — tax free — from your HSA at any time for qualified medical expenses. You must keep all your receipts showing expenditures from your account in case you are audited by the IRS and need to explain your HSA expenditures.

If an expenditure from your HSA is used for purposes other than a qualified medical expense, then the amount withdrawn is subject to both income tax and a 10% penalty. For persons age 65 and older, the amount withdrawn for non-medical purposes is treated as retirement income and is subject to normal income tax, but is not subject to the 10% penalty.

CMM-PPO plan

Our CMM-PPO plan is a comprehensive major medical plan offering coverage for diagnostic office visits, inpatient and outpatient care, surgical services, laboratory tests and x-rays and more.

Our CMM-PPO plan is available in two deductible options.

- **Low deductible option** - In 2008, the low option has an annual deductible of \$1,100 for an individual or \$2,200 for a family. In 2009, the low option has an annual deductible of \$1,150 for an individual or \$2,300 for a family.

(This option has the minimum allowable deductible for an HSA-qualified high deductible health plan. The federal government can change the deductible requirements each year based on increases in the Consumer Price Index.)

- **High deductible option** - This option has an annual deductible of \$2,500 for an individual or \$5,000 for a family.

The CMM-PPO plan has an annual deductible. The deductible is the amount you pay before your health plan begins to pay for covered services. Deductibles are required every calendar year. For example, if you have a \$2,500 annual deductible, you must pay the first \$2,500 in charges for covered health care services before your plan begins to pay.

Once your deductible is met, the plan will pay 80% for most in-network services. You're "in-network" when you use Blue PreferredSM PPO network participating providers for your health

health care plan choices

care needs. You'll pay the remaining 20% of the BCBSM-approved amount for services as your coinsurance, or your share of the bill. The maximum you'll pay in coinsurance for in-network covered services is \$1,000 per calendar year. At that point, the plan will pay 100% of your covered benefits in-network for the remainder of that calendar year.

Preventive services are covered 100% without the deductible requirement on the CMM-PPO low option.

The CMM-PPO plan does not cover prescription drugs.

Blue Value Options PPO plan

The Blue Value Options PPO plan is designed for individuals and families who want coverage for major health care services only.

HSA Blue Value Options PPO has a \$2,000 deductible for an individual or \$4,000 per family.

Once your full deductible is met, BCBSM pays 70% of your covered benefits for general services in-network and you pay the remaining 30% as your coinsurance. There is an additional 20% coinsurance required for out-of-network services. The maximum you'll pay in coinsurance for general services in-network is \$3,000 per member or \$6,000 per family per calendar year.

The HSA Blue Value Option PPO plan does not cover office visits or prescription drugs.

CMM-PPO

Annual Deductible Options	
Low Deductible Option (individual/family)	2008: \$1,100/\$2,200 2009: \$1,150/\$2,300
High Deductible Option (individual/family)	\$2,500/\$5,000
Coinsurance	
Coinsurance (percent copayments).	20% for general services in-network and 50% for mental health care, substance abuse care and private duty nursing.
	Additional 20% coinsurance required for out-of-network services.
Annual Coinsurance Dollar Maximums	
Coinsurance dollar maximums.	\$1,000 per calendar year in-network.
	\$1,000 per calendar year out-of-network.
Lifetime Benefit Maximum	
Lifetime benefit maximum.	\$5 million per member.
Preventive Services	
Health maintenance exam; Gynecological exam; Well baby and well child visits; Childhood immunizations; Fecal occult blood screening; Flexible sigmoidoscopy exam; PSA screening; Cholesterol screening; Routine radiology services including chest x-ray and EKG.	Low Deductible Option: Covered — 100% in-network. Not covered out-of-network. Some restrictions apply.
	High Deductible Option: Not covered.

benefits at a glance

Physician Office Services	
Diagnostic office visits, office consultations, outpatient and home visits.	Covered — 80% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Diagnostic Services	
Laboratory and pathology tests, diagnostic tests and x-rays, radiation therapy, mammography screening.	Covered — 80% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Maternity Services	
Pre-natal and post-natal care.	Covered — 80% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Delivery and nursery care (includes care provided by a Certified Nurse Midwife).	Covered — 80% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Surgical Services	
Surgery, including related surgical services, anesthesia and surgical assistance.	Covered — 80% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Voluntary sterilization - subject to a 12 month waiting period.	Covered — 80% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.

CMM-PPO

Hospital Care	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies, inpatient consultations, chemotherapy. Unlimited days.	Covered — 80% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Emergency Medical Care	
Hospital emergency room — approved diagnosis.	Covered — 80% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Ambulance services — medically necessary.	Covered — 80% after deductible.
Mental Health and Substance Abuse Treatment	
Inpatient mental health care and substance abuse care.	Covered — 50% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Outpatient mental health care.	Covered — 50% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Outpatient substance abuse care.	Covered — 50% after deductible, up to the state dollar amount which is adjusted annually.

benefits at a glance

Human Organ Transplants

Specified organ transplants.	Covered — 80% after deductible in-network in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504), up to \$1 million for each organ transplant type.
Bone marrow transplants.	Covered — 80% after deductible in-network in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504).
Kidney, cornea & skin transplants.	Covered — 80% after deductible in-network.

Other Services

Allergy testing & therapy.	Covered — 80% after deductible in-network. Out-of-network, the deductible and out-of-network coinsurance applies.
Chiropractic spinal manipulation (up to 38 medically necessary visits per calendar year).	
Durable medical equipment.	
Outpatient Diabetes Management Program.	
Outpatient physical, speech and occupational therapy.	
Prosthetic and orthotic appliances.	
Private duty nursing.	
Prescription drugs.	Not covered.

Blue Value Options

Annual Deductible	
Blue Value Options (individual/family)	\$2,000/\$4,000
Coinsurance	
Coinsurance (percent copayments).	30% for general services in-network and 50% for mental health care and substance abuse care treatment.
	50% for all out-of-network services.
Annual Coinsurance Dollar Maximums	
Coinsurance dollar maximums.	\$3,000 for an individual or \$6,000 per family per calendar year in-network.
	\$5,000 for an individual or \$10,000 per family per calendar year out-of-network.
Lifetime Benefit Maximum	
Lifetime benefit maximum.	None except as noted for hospice care, transplants and outpatient substance abuse care.
Preventive Services	
Health maintenance exam, gynecological exam, well baby and well child visits, childhood immunizations, fecal occult blood screening, flexible sigmoidoscopy exam, PSA screening, cholesterol screening.	Not covered.

benefits at a glance

Physician Office Services	
Office visits, office consultations, outpatient and home visits, urgent care visits.	Not covered.
Diagnostic Services	
Laboratory and pathology tests, diagnostic tests and x-rays, radiation therapy, mammography screening.	Covered — 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Maternity Services	
Pre-natal and post-natal care.	Covered — 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Delivery and nursery care (includes care provided by a Certified Nurse Midwife).	Covered — 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Surgical Services	
Surgery, including related surgical services, anesthesia and surgical assistance.	Covered — 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Voluntary sterilization - subject to a 12 month waiting period.	Covered — 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.

Blue Value Options

Hospital Care	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies, inpatient consultations, chemotherapy. Up to a maximum of 365 days with a 60-day renewal period.	Covered — 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Emergency Medical Care	
Hospital emergency room — approved diagnosis.	Covered — 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Ambulance services — medically necessary.	Covered — 70% after deductible.
Mental Health and Substance Abuse Treatment	
Inpatient mental health care and substance abuse care.	Covered — 50% after deductible. Up to a maximum of 30 days with a 60-day renewal.
Outpatient mental health care.	Not covered.
Outpatient substance abuse care — in approved facilities.	Covered — 50% after deductible, up to the state dollar amount which is adjusted annually.

benefits at a glance

Human Organ Transplants

Specified organ transplants.	Covered — 70% after deductible in-network in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program, up to \$1 million for each organ transplant type.
Bone marrow transplants.	Covered — 70% after deductible in-network in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program.
Kidney, cornea & skin transplants.	Covered — 70% after deductible in-network.

Other Services

Allergy testing & therapy; Chiropractic spinal manipulation; Durable medical equipment.	Not covered.
Outpatient Diabetes Management Program.	Covered — 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Outpatient physical, speech and occupational therapy.	Covered — 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Prosthetic and orthotic appliances.	Covered — 70% after deductible, only for certain external prosthetics.
Prescription drugs.	Not covered.

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 high deductible health care 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 these high deductible health plans. 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 a high deductible health 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

We are committed to personal service

We believe personal service is essential to a quality health care plan. With 67 local Farm Bureau offices throughout Michigan, personal service can be as close as your own community. Our members also have toll free telephone access to our Personalized Customer Service unit at Blue Cross[®] Blue Shield[®] of Michigan for claim and benefit questions.

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.

premium rates

PREFERRED premium rates (monthly)

for non-smokers with no chronic or severe health conditions

Age	1 person	2 persons	Family	F-rider
CMM-PPO LOW DEDUCTIBLE OPTION				
Under 35	\$193.23	\$434.79	\$521.74	\$96.62
35 - 39	\$214.48	\$482.59	\$579.11	\$107.25
40 - 49	\$258.89	\$582.51	\$699.01	\$129.45
50 - 54	\$322.68	\$726.04	\$871.25	\$161.36
55 - 64	\$415.36	\$934.58	\$1,121.51	\$207.70
CMM-PPO HIGH DEDUCTIBLE OPTION				
Under 35	\$164.77	\$370.73	\$444.87	\$82.38
35 - 39	\$182.88	\$411.49	\$493.79	\$91.44
40 - 49	\$220.75	\$496.69	\$596.03	\$110.38
50 - 54	\$275.15	\$619.08	\$742.89	\$137.58
55 - 64	\$354.18	\$796.90	\$956.27	\$177.08
BLUE VALUE OPTIONS PPO				
Under 35	\$131.08	\$294.91	\$353.89	\$65.54
35 - 39	\$145.48	\$327.34	\$392.81	\$72.75
40 - 49	\$175.61	\$395.12	\$474.13	\$87.81
50 - 54	\$218.88	\$492.47	\$590.97	\$109.45
55 - 64	\$281.75	\$633.92	\$760.71	\$140.88

STANDARD premium rates (monthly)

for smokers and those with chronic or severe health conditions

Age	1 person	2 persons	Family	F-rider
CMM-PPO LOW DEDUCTIBLE OPTION				
Under 35	\$241.54	\$543.47	\$652.17	\$120.78
35 - 39	\$268.09	\$603.23	\$723.88	\$134.06
40 - 49	\$323.61	\$728.13	\$873.75	\$161.82
50 - 54	\$403.34	\$907.53	\$1,089.05	\$201.69
55 - 64	\$519.20	\$1,168.24	\$1,401.89	\$259.63
CMM-PPO HIGH DEDUCTIBLE OPTION				
Under 35	\$205.95	\$463.41	\$556.07	\$102.98
35 - 39	\$228.61	\$514.36	\$617.22	\$114.30
40 - 49	\$275.94	\$620.86	\$745.01	\$137.96
50 - 54	\$343.93	\$773.83	\$928.59	\$171.96
55 - 64	\$442.72	\$996.14	\$1,195.35	\$221.36
BLUE VALUE OPTIONS PPO				
Under 35	\$163.84	\$368.63	\$442.35	\$81.92
35 - 39	\$181.85	\$409.17	\$491.00	\$90.93
40 - 49	\$219.51	\$493.88	\$592.66	\$109.76
50 - 54	\$273.59	\$615.58	\$738.69	\$136.80
55 - 64	\$352.19	\$792.41	\$950.89	\$176.10

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.

