

YOUNG
MEMBER **Blue**SM

Young Member Blue PPO is administered
by Blue Cross Blue Shield of Michigan

Health Care Plan



 **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 Young Member Blue right for you?

The Young Member Blue PPO plan is designed especially for single Farm Bureau members between the ages of 19 and 30 who want affordable coverage for major health expenses. You're young and healthy and, at this point in your life, you don't need an expensive plan that covers everything. But at the same time, you want to know that you'll have coverage when you need it for those unexpected illnesses and emergencies.

This plan is only offered to individuals; **spouses and dependent children are not eligible for this coverage.**

Choice of health care providers

The Young Member 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.

Young Member Blue

What's covered

The Young Member Blue PPO plan has a \$1,000 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. Example: If you have a \$1,000 annual deductible, before your coverage begins to pay, you must pay the first \$1,000 in charges for covered health care services.

Once your deductible is met, the plan will pay 70% for most in-network services. You're "in-network" when you use Blue PreferredSM PPO network participating providers for your health care needs. You'll pay the remaining 30% 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 \$2,500 per calendar year. At that point, the plan will pay 100% of your covered benefits 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 Preferred PPO network, however, you may be responsible for higher deductibles and copayments, and some services may not be covered.

The Young Member Blue PPO plan does not cover office visits, preventive services, routine exams, prescription drugs or maternity care.



Deductible, Copays & Dollar Maximums

Deductible	\$1,000.
Coinsurance	30% in-network.
	50% out-of-network.
Coinsurance dollar maximum	\$2,500 per calendar year in-network.
	None out-of-network.
Lifetime benefit maximum	None.

Diagnostic Services

Laboratory and pathology tests, diagnostic tests and x-rays, radiation therapy.	Covered 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.

Maternity Services

Delivery and nursery care, pre- and post-natal care.	Not covered.
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Surgical Services

Surgery, including related surgical services, voluntary sterilization.	Covered 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.

Hospital Care (at participating hospitals)

Semi-private room. Covered up to 120 days; 60-day waiting period after discharge before renewal of 120-day limit.	Covered 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.

Emergency Medical Care

Hospital emergency room, emergency ambulance services.	Covered 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.

benefits at a glance

Mental Health and Substance Abuse Care in a participating facility

Inpatient facility charges (in approved facilities) for mental health and substance abuse care. Up to 30 days; 60-day waiting period after discharge before renewal of 30-day limit.	Covered 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Outpatient substance abuse care.	Covered 70% after deductible in-network, up to the annual amount required by the state.

Alternatives to Hospital Care

Hospice care.	Covered 100% in-network, up to the lifetime dollar maximum. (adjusted by state)
Home health care.	Covered 70% after deductible.
Skilled nursing care.	Not covered.

Human Organ Transplants

Specified organ transplants — up to \$1 million for each organ transplant type.	Covered 100% after deductible in approved facilities only.
Bone marrow transplants, kidney, cornea & skin.	Covered 100% after deductible in approved facilities only.

Other Services

Outpatient diabetes management program and supplies.	Covered 70% after deductible in-network.
	Out-of-network, the deductible and out-of-network coinsurance applies.
Office visits, preventive services, chiropractic care, 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 Young Member Blue plan is underwritten by BCS Life Insurance Company and administered by Blue Cross Blue Shield of Michigan (BCBSM).

eligibility requirements

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.
- Be between the ages of 19 and 30.



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

Save up to 50% on LASIK eye surgery with Farm Bureau's discount through Quallsight.

Pharmacy discounts

Save up to 60% off brand and generic drugs at participating pharmacies nationwide when you show your Farm Bureau membership ID card. (This Caremark® discount is not insurance and cannot be combined with any other discount or insurance programs.)

Hearing aid discount

Save 15% or less on hearing aids with Farm Bureau's discount through Beltone.

Eyeglasses discounts

Save on eyeglass frames and lenses with Farm Bureau's discount program through PearleVision®.

Save on exams, eyeglasses and contact lenses with Farm Bureau's discount program through RxOptical® Vision Advantage program.



value-added benefits

BCBSM value-added benefits

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

BlueSafeSM for Michigan

Save money on certain safety and health equipment like bike helmets, life vests, and more at participating retailers.

Naturally BlueSM

Save money on complementary health services like Acupuncture, Exercise/Movement, Diet and Supplement Advisors, Massage and Bodywork, Mind/Body Relaxation Techniques, Wellness/Fitness Centers, Reference Library, Magazine Subscriptions, and much more.

The Healthcare AdvisorTM

This online decision-making support resource provides information that empowers you to manage your health and make better health care decisions.

Weight Watchers[®]

By showing their Blues identification cards, our members receive a discount on Weight Watchers membership fees.

BlueHealthConnection[®]

BlueHealthConnection offers a variety of online health resources.

Quit the Nic!

Quit the Nic!, BCBSM's free smoking cessation program, has a proven track record of helping members give up tobacco for good.

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.

premium rates

About the premium rates

Rates listed below 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.

Preferred premium rates (monthly)

for non-smokers with no chronic or severe health conditions

Age	1 person	2 persons	Family	F-rider
19-30	46.80	N/A	N/A	N/A

Standard premium rates (monthly)

for smokers and/or those with chronic or severe health conditions

Age	1 person	2 persons	Family	F-rider
19-30	58.49	N/A	N/A	N/A

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.

