

Cost Saving Features, Continued

- Concurrent Utilization Review encourages the appropriate use of hospitalization. Each case of hospitalization is monitored until the physician discharges the patient.
- The Pharmacy Network provides savings to members on prescriptions drugs. By showing your TRH identification card to network pharmacies at the time you fill your prescriptions, you will receive the benefit of negotiated pricing. Since prescription purchases are paid by the member up front, the member can file a claim along with their prescription receipts for any eligible reimbursement that might be available. Network pharmacies will issue a reference number for each prescription filled, which should be submitted with a claim form for reimbursement. Prescription claims are not electronically filed by the pharmacist. A Prescription Home Delivery service is also available to members. With this service, you can enjoy the convenience of having many of their prescription drugs delivered right to their door and it may also save you money.

Pre-existing Conditions

Benefits will not be provided for any pre-existing condition until a waiting period of at least 12 months has been completed. A pre-existing condition is defined as "An illness, injury, pregnancy or any other medical condition which existing at any time preceding the effective date of coverage under the Evidence of Coverage for which: 1. Medical advice or treatment was recommended by, or received from a provider of health care services; 2. Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment."

Schedule of Benefits

- \$25 Office Visit Copayment
- \$1,500 Deductible (per person, per calendar year)
- \$75 Emergency Room Deductible per visit. (Does not apply to calendar year deductible)
- \$7,500 Individual Network Out-of-Pocket Maximum
- \$15,000 Family Network Out-of-Pocket Maximum
- Unlimited Out-of-Pocket for Out-of-Network Provider Services
- 80% Coinsurance for Network Providers
- 60% Coinsurance for Out-of-Network Providers
- Behavioral Health Care Coinsurance 50% for Network and Out-of-Network Provider services.
- Behavioral Health Care Calendar Year Maximum - \$7,500 per person
- Behavioral Health Care Lifetime Maximum - \$30,000 per person
- Ground Ambulance Maximum Allowable Charge - \$350
- Air Ambulance Maximum Allowable Charge - \$4,000

Prescription Drugs

- 100% for Generic Drugs at Network Pharmacies
- 75% for Brand Name Drugs at Network Pharmacies
- 60% for Out-of-Network Pharmacies
- \$5,000 Calendar Year Maximum, per person

Talk To Us Today!

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.

TRH Complete Care

Smart, Simple and Affordable
Health Care Coverage



HEALTH PLANS

Live better. Save more.



TRH Complete Care has benefits
for health, dental and vision
coverage.

With Complete Care, you have the
security of affordable, dependable
health care coverage and the
convenience of one card and one
fee under one plan.

Network Providers

TRH Complete Care uses a preferred provider network called Blue Network P for health care services. This network contains a large base of hospitals, physicians and other health care providers who have agreed to provide services to TRH plan members. TRH Complete Care uses the Dental Blue Network for dental services. Network providers have agreed to special pricing arrangements. When you join TRH and use network providers, you receive the highest level of benefits. You are responsible for your deductible, copayments and coinsurance for covered services. You can seek care from out-of-network providers, but your benefits may be substantially reduced and your out-of-pocket expenses may be higher. There are no limits to your out-of-pocket expenses when you use out-of-network providers.

\$2 Million in Benefits

Each person covered by TRH Complete Care can receive up to \$2 million in benefits during the lifetime of the coverage.

Your TRH Identification Card

When you are accepted for TRH Complete Care coverage, you will receive a TRH plan identification card issued in your name for use by you and your eligible dependents. Your TRH identification card can be used for eligible health care services, routine dental services, routine vision services and prescription drugs. Because TRH has chosen BlueCross BlueShield of Tennessee to administer its claims, the TRH plan identification card is recognized and accepted by health care providers throughout the United States and in many foreign countries.

Covered Services

- Hospital services – inpatient and outpatient
- Physician services – inpatient and outpatient
- Emergency services
- Diagnostic services
- Surgical services
- Prescription drugs
- Behavioral health care services
- Home health care
- Durable medical equipment

Prescription Drugs

Benefits are available for prescription drugs after the calendar year deductible is met.

Benefits are also available for certain specialty pharmacy prescriptions. The maximum benefit, per person, is \$5,000 per calendar year.

Wellness Benefits

Routine physical exams are subject to deductible and coinsurance. Benefits will be provided up to a maximum of \$150 per calendar year. There is no benefit for routine physical exams when performed by an out-of-network provider.

- Annual OB/GYN exams, including related pap smear, are subject to the copayment when services are rendered by a network provider. There is no benefit when out-of-network providers are used.
- PSA – Benefits are available for one routine PSA per person, per calendar year.
- Routine Colonoscopy – Benefits are available for one routine colonoscopy every four years for members age 50 and over.
- Well child exams, including immunizations, for children under the age of seven are covered subject to the copayment when network providers are used. There is no benefit when non-network providers are used.

Routine Dental Benefits

After a six-month waiting period from the member's effective date, benefits are available for routine dental services which include two routine exams, cleanings, x-rays and fillings. The maximum benefit per person, per calendar year is \$500.

Routine Vision Benefits

After a six-month waiting period from the member's effective date, benefits are available for eye exams, eye glasses and contact lenses. The maximum benefit per person, per calendar year for eye exams is \$40. The maximum benefit per person, per calendar year for eye glasses or contact lenses is \$100.

Cost-Saving Features

TRH health plans have cost-saving features to help hold down health care costs. These cost-saving features are designed to ensure you receive necessary health care services at the most appropriate time and in the most appropriate setting.

- Prior Authorization is required for certain services. Some of those services include: Inpatient hospital stays, home health care, organ transplants and skilled nursing facilities. Certain prescription drugs or specialty pharmacy medications also require prior authorization. A prior authorization confirmation is not a guarantee of benefits.
- Care Management provides cost-effective treatment alternatives for patients with complicated, chronic, and/or catastrophic illnesses or injuries. Care Management will coordinate treatment with you and your physician.