



2027

TRADITIONAL MEMBERSHIP PLAN COMPARISON

	ADVANCED CHOICE (Individual Or Family)	CLASSIC CHOICE (Individual Only)	HIGH DEDUCTIBLE HEALTH PLAN (Individual Or Family)	MAJOR MEDICAL (Individual Or Family)
CALENDAR YEAR DEDUCTIBLE (CYD)	\$1,500 Per Individual \$3,000 Per Individual	\$3,000 Per Individual \$6,000 Per Individual	\$2,250 Or \$3,750 Per Individual, \$4,500 Per Family, \$7,500 for 2- person, 3-person or Family with 4+ Individuals	\$7,500 Per Individual
OUT-OF-POCKET (OOP)	\$1,500 CYD: \$5,000 Per Individual \$3,000 CYD: \$10,000 Per Individual \$1,500 CYD: \$10,000 Per Family \$3,000 CYD: \$20,000 Per Family	\$3,000 CYD: \$10,000 Per Individual \$6,000 CYD: \$20,000 Per Individual	\$2,250 CYD: \$6,750 \$3,750 CYD: \$8,450 \$4,500 CYD: \$13,500 \$7,500 CYD: \$16,875	\$15,000 Per Individual \$30,000 Per Family
COINSURANCE (After CYD)	Plan Pays 80%, You Pay 20% Of Eligible Expenses	Plan Pays 80%, You Pay 20% Of Eligible Expenses	Plan Pays 80%, You Pay 20% Of Eligible Expenses	Plan Pays 80%, You Pay 20% Of Eligible Expenses
COPAY FOR OFFICE VISIT (Not Subject To CYD, OOP For Eligible Office Visits)	\$1,500 CYD: \$30 \$3,000 CYD: \$40	\$3,000 CYD: \$45 \$6,000 CYD: \$45	No	No
PREVENTATIVE CARE	Yes, 100%; Not Subject To CYD	Yes, 100%; Not Subject To CYD	Yes, Limited; Subject To CYD And Coinsurance	Yes, Limited; Subject To CYD And Coinsurance
PRESCRIPTION DRUG COVERAGE (Subject To CYD)	Yes, \$7,500 Max/Individual/Year \$4 Copay For Generics	Yes, \$4 Copay For Generics	Yes	Yes, \$4 Copay For Generics
DENTAL SERVICES ADULT (19 And Over)	Copay \$1,500 CYD: \$30; \$3,000 CYD: \$40 \$500 Max/Individual/Year 6 Month Waiting Period	\$45 Copay/Visit \$500 Max/Individual/Year No Waiting Period	No	No
DENTAL SERVICES PEDIATRIC (Under 19)	Copay \$1,500 CYD: \$30; \$3,000 CYD: \$40 \$500 Max/Individual/Year 6 Month Waiting Period	*Subject To CYD And Coinsurance With No Calendar Year Maximum Or Waiting Period	No	No
VISION SERVICES ADULT (19 And Over)	Eye Exam: \$40 Max/Individual/Year Eyeglass Frames, Lenses Or Contacts: \$100 Individual/Year 6 Month Waiting Period	Eye Exam: \$40 Max Eyeglass Frames, Lenses Or Contacts: \$100/Year No Waiting Period	No	No
VISION SERVICES PEDIATRIC (Under 19)	Eye Exam: 100% Eyeglass Frames, Lenses Or Contacts: \$100 Max/Year No Waiting Period	Eye Exam: 100% Eyeglass Frames, Lenses Or Contacts: \$100 Max/Year No Waiting Period	No	No

This comparison is intended to help you compare coverage benefits and is a summary of In-Network benefits only. North Dakota Farm Bureau Health Plans uses the UnitedHealthcare Choice Plus Network for medical providers and the Dental Benefit Providers network for plans that include dental coverage. Please keep in mind that network payments are based on negotiated fees. If an Out-of-Network provider is used, the individual's liability will increase significantly. Plan contract should be consulted for a detailed description of benefits and limitations.

Last Updated 9/26

*Preventative services as outlined by the United States Preventive Services Task Force (USPSTF) and the Health Resources and Services Administration (HRSA) will be paid as Covered Preventative Services.



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	ADVANCED CHOICE (Individual Or Family)	CLASSIC CHOICE (Individual Only)	HIGH DEDUCTIBLE HEALTH PLAN (Individual Or Family)	MAJOR MEDICAL (Individual Or Family)
CALENDAR YEAR DEDUCTIBLE (CYD)	Yes, Per Individual	Yes, Per Individual	Yes, Individual, Family, 2-person, 3-person or Family with 4+ Individuals	Yes, Per Individual
OUT-OF-POCKET (OOP)	Yes	Yes	Yes	Yes
COINSURANCE	Yes	Yes	Yes	Yes
COPAY FOR OFFICE VISIT	Yes	Yes	No	No
PRESCRIPTION DRUG COVERAGE	Yes, Calendar Year Limit	Yes, No Limit	Yes, No Limit	Yes, No Limit
ANNUAL LIMIT	No	No	No	No
PREVENTATIVE CARE	Yes	Yes	Yes, Limited	Yes, Limited
DENTAL SERVICES	Yes, Limited	Yes, Limited	No	No
VISION SERVICES	Yes, Limited	Yes, Limited	No	No
NETWORK PROVIDERS	Yes	Yes	Yes	Yes
SPECIALIST REFERRAL	No	No	No	No
HEALTH SAVINGS ACCOUNT (HSA) QUALIFIED	No	No	Yes	No
PRE-EXISTING WAITING PERIOD FOR MEDICAL CONDITIONS	Yes, 6 Month Minimum For All Ages	Yes, 6 Month Minimum For All Ages	Yes, 12-Month Minimum For All Ages	Yes, 12 Month Minimum For All Ages
MEDICAL UNDERWRITING REQUIRED	Yes	Yes, Reduced Questionnaire	Yes	Yes
MATERNITY	Individual Plans: No Family Plan: Yes, 9 Month Waiting Period Per Individual	Yes, 6 Month Pre-existing Applies	Individual Plans have NO Coverage. 9 Month Waiting Period After Individuals coverage on 2- person, 3-person or family contract	Individual Plans: No Family Plan: Yes, 9 Month Waiting Period Per Individual

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