



Montana Farm Bureau Federation Plan Benefit Comparison*
Effective 1/1/2010

Benefit	Option 1 Guardian \$500 Rx 20/40/60	Option 2 Westcare \$1000 Rx 20/40/60	Option 3 New West Select \$5000 (HSA Eligible) Integrated Rx
Individual Deductible	\$500 In Network	\$1000	\$5,000
Family Deductible	\$1,000 In Network	\$2,000	\$10,000
Coinsurance	80/20% In Network	70/30%	100%
Lifetime Max	\$2,000,000	\$2,000,000	\$2,000,000
Out of Pocket Annual Maximum-Individual (includes deductible)	\$2,000 In Network	\$3500	\$5,000
Out of Pocket Annual Maximum – Family (includes deductible)	\$4,000 In Network	\$7,000	\$10,000
Prescription Drug Benefit	\$20/40/60	\$20/40/60	Integrated RX (Applies to Medical Deduct)
Preventive Benefit	Deductible Waived Coinsurance Applies	\$15 Office Visit Copay	100% of the first \$750
Physician Office Visit	\$750 First dollar coverage for In Network office visits & urgent care	\$15 Office Visit Co-pay	Applies to Deductible
Accident Benefit	Applies to Deductible and Coinsurance	100% of the first \$1,000	Applies to Deductible
Well Child Benefit	Deductible Waived Coinsurance Applies	\$15 Office Visit Co-pay	100% (0-7 years)
In/Out Patient Hospital Facility Benefits	Applies to Deductible and Coinsurance	Applies to Deductible and Coinsurance	Applies to Deductible and Coinsurance
Emergency Benefits	Applies to Deductible and Coinsurance	\$50 ER Co-pay	Applies to Deductible and Coinsurance

*Please see the Outlines of Coverage for benefit plan specifics.

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