Agri-Business Benefit Group, Inc.
Comprehensive Major Medical Program
Non-Grandfathered

ABBGI COOPERATIVE HEALTH CARE

BlueCross BlueShield Kansas Blue Choice Network

AGRI001

Effective July 1, 2026– June 30, 2027

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP (Non-Blue Choice):** Additional 20% coinsurance amount,* deductible, coinsurance or copay amount **Blue Choice:** Deductible, coinsurance or copay amount

*Limited to a combined $2,000 per person, $4,000 two-or-more persons each benefit period.

Member Pays	
Deductible (Per group anniversary benefit period)	$500/$1,000 individual/two-or-more persons
Coinsurance (Member portion for most services)	20% of allowed amounts after deductible has been met
Coinsurance Maximum	$1,000/$2,000 individual/two-or-more persons
Maximum Out-of-Pocket (includes copays, deductible and coinsurance where applicable)	$6,350/$12,700 individual/two-or-more persons after the maximum out-of-pocket amount has been reached, eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.
Doctor's office visits	
Home and office visits Telemedicine visits Preventive care as defined by the *Affordable Care Act*	$25 office visit copay $25 office visit copay Paid at 100% of the allowable charge. Some of the services include: • Routine screenings • Preventive immunizations • Well-woman visits/screenings • Contraceptive methods
Drug coverage	
Prescription Drugs & Mail order	BlueRx Card $15/$40/$60/$40/$60 with Mail order is 2 ½ x copay with ResultsRx formulary. A 90-day supply is available through the Extended Supply Network. The quantity per prescription is a 30-day pharmacy supply or 90-day mail order supply. Designated Specialty Pharmacy. Requires a generic equivalent of a brand drug to be purchased if available unless doctor requires the brand name drug to be dispensed. The member will be responsible for the difference of the allowable charge between the generic equivalent and brand name drug.
Medical services	
Emergency medical transportation Inpatient surgery physician/surgical Inpatient facility fee Outpatient surgery physician/surgical Outpatient lab and radiology *(Includes Advanced imaging)*	Subject to deductible/coinsurance Subject to deductible/coinsurance Subject to deductible/coinsurance Subject to deductible/coinsurance Subject to deductible/coinsurance.

Medical Services (continued)	
Emergency room	$150 copay then subject to deductible/coinsurance
Accidental Injury Services	Subject to deductible/coinsurance
Recovery/Special needs	
Outpatient rehabilitation	Subject to deductible/coinsurance
Hospice	Subject to deductible/coinsurance
Home social work visits	Subject to deductible/coinsurance
Mental health	
Mental/behavioral health **Inpatient Services** Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible/coinsurance
Outpatient Services	$25 office visit copay
Other	
Maximum lifetime benefit	Unlimited
Eligible dependents	Covered to age 26
Hearing Aids	Subject to deductible/coinsurance, $2,500 max per ear, per member, every three (3) benefit periods. Four (4) add'l ear molds per benefit period up to age three (3). Batteries and fittings are not covered.

Exclusions:
Duplicate benefits provided under federal, state or local laws, regulations or programs except Medicaid; services involving cosmetic or reconstructive surgery except as stated in the certificate; charges for personal items; convalescent or custodial care or rest cure; all keratotomy procedures; services related to temporomandibular joint dysfunction syndrome; blood or payments to donors of blood; any service or supply related to the medical management of obesity; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; services covered and payable under any medical expense payment provision of any automobile insurance policy; mental illness or substance use disorder services provided by a non-eligible provider; services, supplies or treatments not specifically listed as covered in the member's certificate.

This is a brief summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and exclusions are contained in the certificate.

Customer Service: 1-800-432-3990
Website: www.bcbsks.com

ABBGI: 620-513-6135