

099 F07 Farmer's Auto Inactive –CALENDAR YEAR BENEFITS – 01/01/2021

**Please be advised that we do not guarantee benefits prior to a claim being submitted and approved.  
All plan provisions, exclusions, and limitations will apply.**

COPAYS		IN NETWORK		OUT OF NETWORK	
Primary Dr.	\$25	Single	Family	Single	Family
Specialist	\$40	Deductible	\$750	\$2,250	\$1,500
Emergency Room Access Fee	\$75	Co-Insurance	20%	20%	40%
		Out of Pocket	\$4,000	\$8,000*	\$8,000
				\$16,000*	

\*No one person will be responsible for more than the individual deductible and individual out of pocket amount.

SERVICES	BENEFIT/LIMITATION** ***
Chiropractic	20 visits
Home health	90 visits requires prior authorization
Physical/Occupational	20 visits, each (additional visits require prior preapproval)
Maternity coverage	Like any other illness
Wellness (PPO only)	Per federal regulation
Lifetime maximum	Unlimited

\*\*Medical necessity as defined by the plan applies. Claims are reviewed for medical necessity.

**\*\*\*This is not a complete list of benefits and limitations. If the service being provided is not listed here, you may submit an online request for benefits for specific services.**

PPO NETWORK	CLAIMS ADDRESS
See Insurance ID card for appropriate network logo	Follow the instructions on the Insurance ID card. Timely filing is 12 months from date of service.
When Group Plan Solutions is not Primary Insurance	Send claim with primary carrier's EOB to: Group Plan Solutions PO Box 1587 Pekin IL 61555-1587
<b>MEDICAL PRECERTIFICATION</b>  <b>HINES (888) 641-5304</b>	You must call the precertification number at least <b>3 business days before</b> if you are being admitted as an inpatient to a Hospital or Residential Treatment Center including observation, mental health and/or substance use disorders treatment center.  You are being admitted as an inpatient to a hospital for Childbirth/Delivery and your inpatient stay exceeds: -48 hours following a vaginal delivery (not including the day of delivery) -96 hours following a cesarean birth (not including the day of delivery)  You must call the precertification number within <b>2 business days</b> (or as soon as reasonably possible if your condition prevents you from calling within that time frame) <b>after your emergency admission, or surgery.</b>
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDERS PRECERTIFICATION</b>	It is <b>recommended</b> you call the precertification number if:  1) You are going to receive any of the following: Day Treatment and Intensive Outpatient Services, Partial Hospitalization Services, Opiate Replacement Therapy, Psychotherapy, Diagnosis, Detoxification and Treatment of the Medical Complications of the use of or Addiction to Alcohol or Drugs on

<p>HINES <b>(888) 641-5304</b></p>	<p>either an Inpatient or Outpatient Basis, and Nursing Services provided in the home 2) You are going to receive care for the diagnosis and treatment of Autism Spectrum Disorder(s)</p>
<p>PREAPPROVAL <b>(888) 301-0747</b> <b>EXT 3390</b></p>	<p>Preapproval is required for – Injectable Medications (except for insulin) administered in a physician’s office, Insulin Pumps, Customized Orthotics, Prosthetic Devices, Durable Medical Equipment, Cranial Molding Helmets, Ostomy Supplies, CPAP or similar machines, Oxygen Equipment, Most Covered Medical Supplies, Outpatient Speech therapy, Outpatient Occupational Therapy visits in excess of 20 visits per calendar year, Outpatient Physical Therapy visits in excess of 20 visits per calendar year, Genetic Testing, Infertility Treatment, Bariatric Surgery, Habilitative Services, Organ Transplant, Bone anchored hearing aids, Oral or dental splints and appliances.</p>
<p>CASE MANAGEMENT PRIOR AUTHORIZATION HINES <b>(888) 641-5304</b></p>	<p>Prior Authorization are required for – Home Health Care, Infusion whether taken at home or administered in a physician’s office, Hospice Care, Clinical Trials, Skilled Nursing stays, Radiation Therapy, Chemotherapy, Sleep Studies, Dialysis.</p>
<p>PREDETERMINATION <b>(888) 301-0747</b></p>	<p>Predetermination is recommended for some outpatient surgeries. Please contact our office to inquire whether predetermination is recommended.</p>

**\*\*\*\*This is not a complete list of services requiring prior authorization. If the service being provided is not listed here, you may submit an online request for requirements for specific services.**

**Timely filing is 12 months. Eligibility, deductible credit, and claim status is available online at [www.groupplansolutions.com](http://www.groupplansolutions.com). For claim questions, call 888-301-0747.**