

PPO Health Insurance Plans – Coverage Made Easy

*Individual & Family Plans and California Farm
Bureau Members' Health Insurance Plans*

Effective January 1, 2013



**Christian Aparicio,
Health Net**
*We deliver performance
as promised.*



Health Net®
LIFE INSURANCE COMPANY



**FARM BUREAU
FEDERATION**
www.cfbf.com

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Important information. The Summaries of Benefits on pages 8–11 and 18–21 are included to help you compare coverage benefits. Be sure to review the plan descriptions, so you know which plan will best meet your needs. Inside the back pocket is the disclosure document we're required to give everyone before they enroll in one of our health insurance plans. This document explains general insurance plan exclusions and limitations, and is meant to be read with this brochure. If there is a difference between these documents and the Insurance Policy/Certificate of Insurance, the Insurance Policy/Certificate of Insurance takes precedence.

If you do not have a Health Net PPO Insurance Plans Outline of Coverage and Exclusions and Limitations in the back pocket, please request a copy from your authorized Health Net Agent or your Health Net Sales Representative at 1-800-909-3447, option 2.

Welcome to the Health Net Family

Choose Health Net PPO and experience the Health Net difference!

Health Net offers a wide selection of PPO health insurance plans so you can find the coverage that fits your budget and your life. With two portfolios to choose from – IFP PPO and California Farm Bureau Members' (CFB) Health Insurance Plans – you have the freedom of choice.

Note: Our IFP PPO portfolio and our California Farm Bureau Members' (CFB) portfolio insurance plans are underwritten by Health Net Life Insurance Company.

Why Health Net?

1. **Your community is our community**

For over 30 years, Health Net and our associates have called California home, giving us a strong, local presence and a deep understanding of the unique needs of our members.

2. **Simple convenience**

Whether you want to use our online tools or prefer talking to one of our customer representatives by phone about a Health Net plan, it's easy to find answers and to get things done.

3. **Here when you need us**

Health Net Life Insurance Company is backed by Health Net, Inc., one of the nation's largest publicly traded managed health care companies, with approximately 6 million customers in the U.S. With financially sound business practices, the company's health plan and insurance subsidiaries provide health and mental health benefits to millions of individuals. When you insure the health of you and your family, it's good to know that your health plan is affiliated with a strong, national company.

Dedicated to our members' health and wellness

You can choose Health Net PPO with confidence. At Health Net, our job is to keep you healthy, secure and comfortable. It's one more way we're making health care work for our members.

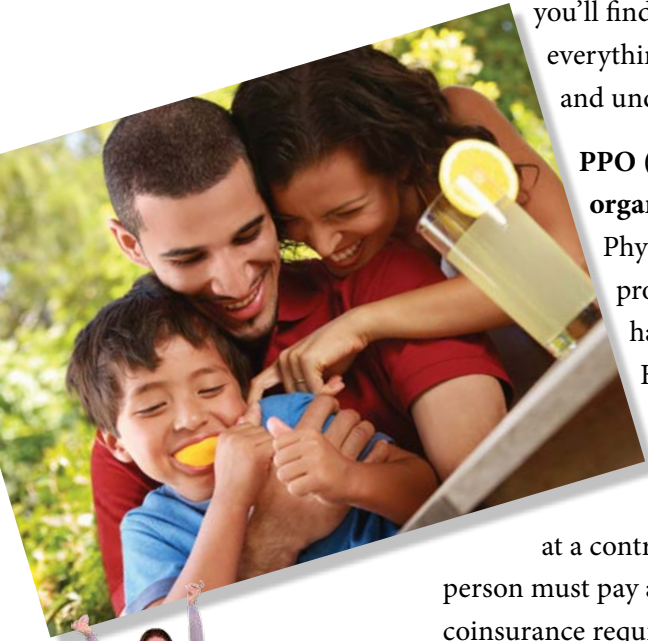


Without health care coverage, an accident or unexpected illness can leave you paying out-of-pocket costs that could be significantly higher than your monthly premiums.



Helpful Definitions

In this guide, we've listed several health care terms we use on a daily basis. Here, you'll find simple definitions to make everything quick and easy to read and understand.



PPO (Preferred provider organization)/ “In-network” – Physicians, hospitals or other providers of health care who have a written agreement with Health Net Life to participate in the PPO network and have agreed to provide insureds with health care

at a contracted rate. The covered person must pay any deductible(s), copay or coinsurance required, but is not responsible for any amount charged in excess of the contracted rate. PPO providers can be found online at www.healthnet.com, select *ProviderSearch*, then *Guest*, enter your search criteria, and then select Plan name: *PPO*.

Out-of-network provider – Physicians, hospitals or other providers of health care who do not participate in Health Net's PPO network. You generally pay a greater share of the costs for covered services with these providers.

Deductible – The amount of covered charges for which a covered person or family unit has to incur and pay each calendar year before benefits are payable. Certain services are available before the deductible is met.

Out-of-pocket maximum – The maximum amount you must pay out-of-pocket for your coinsurance, copays and deductible (if applicable) for covered services each calendar year before Health Net begins paying 100% of covered services.

Coinsurance – The percentage of costs you pay for covered services, usually after you meet your deductible. These amounts vary by health insurance plan.

Copay – The dollar amount that a covered person is required to pay for certain benefits in addition to any applicable coinsurance and/or deductible payments. The copay is due and payable to the provider of care at the time the service is received.

Applicant-only plan – Covers one person on a Policy/Certificate of Insurance. Multiple family members can apply using the same enrollment form. Single rates apply to each family member. Separate Policies/Certificates of Insurance will be issued once the application is approved.

Emergency – An illness or accidental injury that:

1. requires immediate care or medical intervention; or
2. threatens the patient's life, or, if left untreated, will cause further serious impairment to the patient's bodily functions.



Herminia Escobedo,
Health Net
*We get members
what they need.*

Two Portfolios *to Fit Your Needs*

Together, our IFP PPO and California Farm Bureau portfolios offer you a wide selection of insurance plans. Modeled under a Standard, Value and Advantage system, you can find the plan that's right for you.

Standard – Richest in benefits, these plans offer you comprehensive coverage and the most for your money.

Value – Our mid-level plans deliver an optimal balance between premium costs and cost-sharing.

Advantage – Our most economical line of plans offers low premiums with higher out-of-pocket costs, with coverage when you need it most.

HSA – These HSA-compatible health insurance plans are competitively priced and provide the opportunity for tax savings if you open a health savings account.

We have a broad PPO network for more choice.

Approximately 63,000 physicians, practitioners and health professionals, over 300 hospitals and over 4,300 retail chain and independent pharmacies give you the choices you deserve – with no referrals required. And with such large provider networks, there's a good chance your doctor is one of ours. Or you can see an out-of-network provider and pay a greater share of the costs.

Plus, when traveling, you'll have access to more than 4,700 hospitals and 490,000 providers available nationwide through an arrangement with the First Health® national PPO network.



**Aristotle Ibay,
Health Net**

*We understand the
needs of our members.*

IFP PPO Plan *Portfolio*

PPO Value

With the PPO Value 4500 and 7500 plans, you get the coverage you want with our lowest copay for doctor visits and deductible options to match your needs.

- Two calendar year deductible choices give you flexibility in finding the premium/deductible combination that fits your budget best. Choose from \$4,500 or \$7,500.
- Applicant-only coverage.
- \$35 copay for the first two doctor visits (deductible waived). For additional visits, you pay 40% coinsurance after the deductible is met.
- In-network coverage at 100% for adult and child preventive care (deductible waived).
- Three-tier and specialty prescription drug coverage.

For most other services, you pay 40% in-network for covered benefits after your calendar year deductible is met.



PPO Advantage

Our PPO Advantage 3500 and 6500 plans offer a low premium price for those who want just-in-case coverage for major medical services.

- Two calendar year deductible choices: \$3,500 or \$6,500. For family coverage, the calendar year deductible is two times (2X) the individual amount.
- Individual and family coverage available.
- \$40 copay for the first two doctor visits (deductible waived). For additional visits, you pay 50% coinsurance after your deductible is met.
- In-network coverage at 100% for adult and child preventive care (deductible waived).
- Hospital and surgery services covered at 50% coinsurance after the deductible is met.
- Three-tier and specialty prescription drug coverage.

For most other services, you pay 100% for in-network covered benefits until your out-of-pocket maximum is met.

Check out CVS MinuteClinics, available through our PPO network, at www.minuteclinic.com.

Benefits at-a-glance

This chart is a summary of in-network benefits only and is not intended for enrollment purposes. For benefit details, please see the Summary of Benefits.

Benefit	PPO Value 4500 and 7500 (applicant only)	PPO Advantage 3500 and 6500
	In-network	In-network
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	\$4,500 or \$7,500	\$3,500 single / \$7,000 family \$6,500 single / \$13,000 family
Calendar year out-of-pocket maximum (OOPM)	\$2,500 (does not include deductible)	\$6,500 single / \$13,000 family \$9,500 single / \$19,000 family
Visit to physician ¹	\$35 (deductible waived for first 2 visits), 40% after deductible ²	\$40 (deductible waived for first 2 visits), 50% after deductible ²
CVS MinuteClinic services ³	See benefit for visit to physician	See benefit for visit to physician
X-ray and lab ^{1,4}	40%	0% after OOPM ⁵
Preventive care ^{1,6} (adult and child)	Covered in full (deductible waived)	Covered in full (deductible waived)
Emergency health coverage ⁷ (copay waived if admitted)	\$100 copay + 40%	\$100 copay + 50% after deductible
Outpatient surgery ^{4,7} (hospital or outpatient surgery center)	\$500 copay per surgery + 40%	50% after deductible
Outpatient facility services ⁴	40%	50% after deductible
Hospitalization services ^{4,7} (includes maternity care)	\$500 copay per admission + 40%	50% after deductible
Outpatient prescription drugs ^{8,9}	\$15 Level I (generic) \$2,500 brand deductible \$40 Level II (formulary brand) \$60 Level III (nonformulary) Specialty drugs – 50% or \$500 (whichever is less)	\$15 Level I (generic) \$2,500 brand deductible \$40 Level II (formulary brand) \$60 Level III (nonformulary) Specialty drugs – 50% or \$500 (whichever is less)

PPO Value 4500 and 7500 Summary of Benefits (applicant only)

Underwritten by Health Net Life Insurance Company

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The policy should be consulted for a detailed description of coverage benefits and limitations. In case of conflict, the policy controls. Benefits are subject to a deductible unless noted.

You pay 100% of the contracted rate until your deductible is met, then you pay the listed coinsurance (%) until your out-of-pocket-maximum (OOPM) is met.

Benefit description	Insured person(s) responsibility	
	In-network ¹⁰	Out-of-network ¹¹
Lifetime maximum	Unlimited	
Calendar year deductible Not included in calendar year out-of-pocket maximum	\$4,500 or \$7,500	\$10,000
Calendar year out-of-pocket maximum (OOPM) Does not include calendar year deductible. Payments for services not covered by this plan will not apply to this calendar year out-of-pocket maximum.	\$2,500	\$5,000
Professional services Visit to physician (including specialist consultations and visits to a CVS MinuteClinic ³) ¹	\$35 for first 2 visits (deductible waived), then 40% after deductible ²	50%
X-ray and laboratory procedures ^{1,4}	40%	50%
Preventive care services (adult and child) Routine preventive services and immunizations (including preventive services obtained at a CVS MinuteClinic ³) ^{1,4,6}	Covered in full (deductible waived)	Not covered
Emergency health coverage⁷ Emergency room – professional and facility charges (copay waived if admitted)	\$100 copay + 40%	
Urgent care center – facility charges ⁷ (copay waived if admitted)	\$50 copay + 40%	
Ambulance (ground and air)	40%	
Outpatient services^{4,7} Outpatient surgery (hospital or outpatient surgery center charges only. Out-of-network maximum allowable charges are \$600 per day.)	\$500 copay per surgery + 40%	\$500 copay per surgery + 50%
Outpatient facility services (Out-of-network maximum allowable charges are \$600 per day.) ⁴	40%	50%
Hospitalization services^{4,7} Inpatient, semiprivate hospital room or intensive care unit with ancillary services – includes maternity care (unlimited, except for nonsevere mental health and substance abuse treatment. Out-of-network maximum allowable charges are \$600 per day.)	\$500 copay per admission + 40%	\$500 copay per admission + 50%
Surgeon or assistant surgeon and anesthetic service (inpatient hospital setting)	40%	50%

See page 31 for footnotes.

<i>Benefit description</i>	<i>Insured person(s) responsibility</i>	
	<i>In-network¹⁰</i>	<i>Out-of-network¹¹</i>
Other services Outpatient rehabilitative therapy (includes physical, speech, occupational, respiratory, and cardiac therapy). 12 visits maximum per calendar year ¹²	40%	50%
Chiropractic care / acupuncture	Not covered	
Mental health for nonsevere conditions ^{4,7,13}	Inpatient: \$500 copay per admission + 40% Outpatient: 40%	Inpatient: \$500 copay per admission + 50% Outpatient: Not covered
Diabetic equipment	40%	Not covered
Durable medical equipment – includes foot orthotics (\$2,000 maximum payable per calendar year) ¹	40%	Not covered
Outpatient prescription drugs^{8,9} (Medical deductible waived. Does not count toward your calendar year out-of-pocket maximum.) Filled at participating pharmacy (up to a 30-day supply); not covered at nonparticipating pharmacies. <i>Prescription drugs filled through participating mail order (up to a 90-day supply) require twice the level of copayment.</i>	\$15 Level I (generic) \$2,500 brand deductible \$40 Level II (formulary brand) \$60 Level III (nonformulary brand) Specialty drugs – 50% or \$500 (whichever is less)	Not covered

PPO Advantage 3500 and 6500 Summary of Benefits

Underwritten by Health Net Life Insurance Company

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The policy should be consulted for a detailed description of coverage benefits and limitations. In case of conflict, the Policy controls. Benefits are subject to a deductible unless noted.

You pay 100% of the contracted rate until your deductible is met, then you pay the listed coinsurance (%) until your out-of-pocket-maximum (OOPM) is met.

Benefit description	Insured person(s) responsibility	
	In-network ¹⁰	Out-of-network ¹¹
Lifetime maximum	Unlimited	
Calendar year deductible Health Net will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible.	\$3,500 single / \$7,000 family \$6,500 single / \$13,000 family	\$10,000 single / \$20,000 family
Calendar year out-of-pocket maximum (OOPM) Includes calendar year deductible. Payments for services not covered by this plan will not apply to this calendar year out-of-pocket maximum.	\$6,500 single / \$13,000 family \$9,500 single / \$19,000 family	\$15,000 single / \$30,000 family
Professional services Visit to physician (including specialist consultations and visits to a CVS MinuteClinic ³) ¹	\$40 for first 2 visits (deductible waived), then 50% after deductible ²	0% after OOPM ⁵
X-ray and laboratory procedures ^{1,4}	0% after OOPM ⁵	0% after OOPM ⁵
Preventive care services (adult and child) Routine preventive services and immunizations (including preventive services obtained at a CVS MinuteClinic ³) ^{1,6}	Covered in full (deductible waived)	Not covered
Emergency health coverage⁷ Emergency room – professional and facility charges (copay waived if admitted)	\$100 copay + 50% after deductible	
Urgent care center – facility charges ⁷ (copay waived if admitted)	\$50 copay + 50% after deductible	
Ambulance (ground and air)	0% after OOPM ⁵	
Outpatient services⁴ Outpatient surgery (hospital or outpatient surgery center charges only. Out-of-network maximum allowable charges are \$600 per day.)	50% after deductible	50% after deductible
Outpatient facility services (Out-of-network maximum allowable charges are \$600 per day.) ⁴	50% after deductible	50% after deductible
Hospitalization services⁴ Inpatient, semiprivate hospital room or intensive care unit with ancillary services – includes maternity care (unlimited, except for nonsevere mental health and substance abuse treatment. Out-of-network maximum allowable charges are \$600 per day.)	50% after deductible	50% after deductible
Surgeon or assistant surgeon and anesthetic service (inpatient hospital setting)	50% after deductible	50% after deductible

See page 31 for footnotes.

<i>Benefit description</i>	<i>Insured person(s) responsibility</i>	
	In-network¹⁰	Out-of-network¹¹
Other services Outpatient rehabilitative therapy (includes physical, speech, occupational, respiratory, and cardiac therapy). 12 visits maximum per calendar year. ¹²	0% after OOPM ⁵	Not covered
Chiropractic care / acupuncture	Not covered	
Mental health for nonsevere conditions ^{4,13}	Inpatient: 50% after deductible Outpatient: 0% after OOPM ⁵	Inpatient: 50% after deductible Outpatient: not covered
Diabetic equipment	0% after OOPM ⁵	Not covered
Durable medical equipment – includes foot orthotics (\$2,000 maximum payable per calendar year) ¹	0% after OOPM ⁵	Not covered
Outpatient prescription drugs^{8,9} (Medical deductible waived. Does not count toward your calendar year out-of-pocket maximum.) Filled at participating pharmacy (up to a 30-day supply); not covered at nonparticipating pharmacies. <i>Prescription drugs filled through participating mail order (up to a 90-day supply) require twice the level of copayment.</i>	\$15 Level I (generic) \$2,500 brand deductible \$40 Level II (formulary brand) \$60 Level III (nonformulary brand) Specialty drugs – 50% or \$500 (whichever is less)	Not covered

Optional coverage for the IFP PPO portfolio

When you choose a Health Net PPO insurance plan, you have the option to add dental and vision coverage and/or life insurance.

Dental and Vision Plus options

A Health Net “PPO Plus”¹ plan is a Health Net PPO insurance plan with Health Net dental and vision coverage included. **Adding dental and vision benefits** is a great way to boost your overall health coverage. And, with a PPO Plus plan, it’s one-stop shopping.

IFP Dental and Vision monthly rates

Available with all PPO Plus plans	
Subscriber	\$25
Subscriber and spouse/ domestic partner	\$50
Subscriber and child	\$50
Subscriber and children	\$75
Family	\$100

Dental coverage benefits

- Choose your own dental providers.
- Budget your care – Find out your costs up front with our convenient fee schedule.
- Save – The \$50 deductible is waived for diagnostic and preventive services.

Dental summary of benefits

Benefit	PPO Plus plans: Dental
Calendar year maximum	\$1,000
Annual deductible (waived for diagnostic and preventive services)	\$50
	Maximum allowable fee
Diagnostic and preventive	
Diagnostic – periodic oral examination (up to 2X per year)	\$13
Diagnostic – limited oral examination, problem-focused	\$17
Intraoral radiographs – complete series, including bitewings	\$40
Dental prophylaxis – adult	\$32
Dental prophylaxis – children to age 14	\$25
Sealant (per permanent molar tooth)	\$4
Restorative – amalgam (permanent filling)	
One surface, permanent (amalgam)	\$22
Two surface, permanent (amalgam)	\$28
Crown (resin/porcelain)	\$127 resin ² / \$248 porcelain ²
Endodontics – root canal (excluding final restorations)	
Anterior	\$121 ³
Molar	\$193 ³
Oral Surgery (extractions)	
Single tooth, erupted	\$33 ³
Removal of impacted tooth (completely bony)	\$66 ³
Periodontics	
Periodontal scaling and root planing – 4 or more teeth per quadrant	\$20 ³
Prosthodontics	
Prosthetics/prosthodontics – Denture (complete upper or lower)	\$264 each ²
Orthodontics	
Children (through age 19)	Not covered
Adult	Not covered



Dental and vision benefits are underwritten by Health Net Life Insurance Company. Dental benefits are administered by Dental Benefit Administrative Services. Vision benefits are administered by EyeMed Vision Care, LLC. Dental Benefit Administrative Services and EyeMed Vision Care, LLC are not affiliated with Health Net Life Insurance Company.

For more information, please refer to the Schedule of Benefits, Exclusions and Limitations for Health Net’s Dental Plans which can be downloaded from Health Net’s website at www.healthnet.com.

See page 31 for footnotes.

Optional coverage for the IFP PPO portfolio (cont'd)

Vision coverage benefits

- Single, bifocal, trifocal, and lenticular lenses covered at 100% in-network after copay.
- Freedom to take your prescription to any vision PPO provider.
- No or low copays for vision exams and lenses, and allowances for other services.
- Large network of independent providers, including optical retailers LensCrafters®, Pearle Vision®, Sears Optical,SM JCPenney® Optical and Target Optical.®
- Secondary purchase plan – Unlimited discounts up to 40% on materials and services once initial benefit has been used.



Vision summary of benefits

Benefits	PPO Plus plans: Vision	
	In-network you pay:	Out-of-network you pay:
Exam with dilation as necessary Once every 12 months	\$10 copayment	All charges over \$45
Exam options (fit and follow-up) Standard contact lenses	Up to \$55	Not covered
Premium contact lenses	You receive a 10% discount off retail price	Not covered
Frames Once every 24 months	\$85 allowance	Not applicable
Any available frame at provider location	\$0 copayment, plus 80% of balance over allowance	All charges over \$45
Standard plastic lenses Single vision	\$25 copayment	All charges over \$43
Bifocal	\$25 copayment	All charges over \$58
Trifocal	\$25 copayment	All charges over \$70
Lenticular	\$25 copayment	All charges over \$125
Standard progressive lens	\$90 copayment	All charges over \$58
Premium progressive lens	\$90 copayment, plus 80% of charge less \$120 allowance	All charges over \$58
Lens options UV treatment	You receive a 20% discount off retail price	Not covered
Tint (solid and gradient)	\$0 copayment	Not covered
Standard plastic scratch – Coating	You receive a 20% discount off retail price	Not covered
Standard polycarbonate – Adults	You receive a 20% discount off retail price	Not covered
Standard polycarbonate – Children under age 19	You receive a 20% discount off retail price	Not covered
Standard anti-reflective coating	You receive a 20% discount off retail price	Not covered
Other add-ons	You receive a 20% discount off retail price	Not covered
Contact lenses Once every 24 months in lieu of eyeglass lenses (Contact lens allowance includes materials only.)	\$120 allowance	Not applicable
Conventional	\$25 copayment, plus 85% of charge over allowance	All charges over \$105
Disposable	\$25 copayment, plus balance over allowance	All charges over \$105
Medically necessary (requires preauthorization)	\$25 copayment	All charges over \$250
Laser vision correction LASIK or PRK from U.S. Laser Network	You receive 15% discount off retail price or 5% discount off promotional price	Not covered
Additional pairs benefit	You receive a 40% discount off complete (frames and lenses) pair eyeglass purchases and a 15% discount off conventional contact lenses once the benefit has been used.	Not covered

Supplemental term life insurance

For added peace of mind, you can purchase individual term life insurance from Health Net Life Insurance Company. You may apply for supplemental term life insurance when you apply for your medical plan. Simply complete the Supplemental Term Life portion of the application. If you are approved for health coverage, your term life coverage is also approved.

Health Net offers supplemental term life insurance, underwritten by Health Net Life Insurance Company, for adults (up to age 64) in coverage amounts of \$10,000 to \$50,000. The maximum coverage amount available for children ages 1–17 is \$10,000. Supplemental term life insurance is not available on child-only plans.

The monthly premium is based on the age of each person covered by the life insurance policy. The premium is billed separately from your health insurance.

Supplemental term life insurance monthly rates

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
1–17	\$1.00	n/a	n/a	n/a	n/a
18–29	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50
30–39	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00
40–49	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00
50–59	\$13.70	\$27.40	\$41.10	\$54.80	\$68.50
60–64	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00

Not available with modified issue PPO plans or HIPAA Guaranteed Issue plans.

Rates are subject to change.



California Farm Bureau

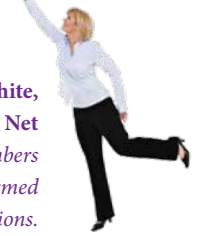
Health Net's CFB insurance plans are offered exclusively to members of the California Farm Bureau. California Farm Bureau is an organization established over 75 years ago to protect and promote agricultural interests throughout the state. The Farm Bureau is California's largest farm organization, comprised of 53 county Farm Bureaus currently representing more than 74,000 agricultural, associate and collegiate members in 56 counties.

Farm Bureau members not only have the opportunity to apply for the CFB health insurance plans, but they also receive discounts to a wide variety of services including travel, rental car and theme park discounts and much more – all for a low annual membership fee.

Not a Farm Bureau member? Enrollment is easy. We've included a Farm Bureau application in the health plan enrollment materials. For more information on the California Farm Bureau, visit www.cfbf.com.



Pam White,
Health Net
*We help members
make informed
decisions.*



California Farm Bureau (CFB) *Portfolio*

CFB PPO Standard

- Three calendar year deductible choices to fit your budget best.
 - Individual deductibles: \$4,000, \$6,000 or \$7,500
- Applicant-only coverage.
- \$50 copay for the first two doctor visits (deductible waived). All other visits are covered in full after the deductible is met.
- \$50 copay (deductible waived) for CVS MinuteClinic visits. No visit limit.
- In-network coverage at 100% for adult and child preventive care (deductible waived).
- Three-tier and specialty prescription drug coverage.

For most other services, this plan pays 100% in-network for covered benefits after your calendar year deductible is met.

CFB PPO Standard insurance plans offer an affordable solution for essential health coverage.



Walk-in CVS MinuteClinics, available through our PPO network, are a convenient way to get treatment for common illnesses and injuries. Find out more at www.minuteclinic.com.

CFB HSA

Our Health Savings Account (HSA)-compatible PPO insurance plans make it possible to take advantage of tax-savings opportunities while you protect your health.¹

- Calendar year deductible options of \$4,500 or \$6,000. For family coverage, the calendar year deductible is two times (2X) the individual amount.
- **In-network coverage at 100%** for covered benefits after your calendar year deductible is met.
- **In-network coverage at 100%** for adult and child preventive care (deductible waived).
- Prescription drugs are covered in full in-network after your calendar year deductible is met.
- After you enroll in an HSA-compatible plan, you have the option to open an HSA. When you have an HSA, you can use tax-free dollars to pay for plan deductibles, copays and other qualified medical expenses. The HSA belongs to you; you keep it even if you change jobs or retire. For more information about Health Savings Accounts and our partnership with Bank of America, please refer to our EZ Access HSA brochure.

Benefits at-a-glance

This chart is a summary of in-network benefits only and not intended for enrollment purposes. For benefit details, please see the Summary of Benefits.

Benefit	CFB PPO Standard 4000, 6000 and 7500	CFB HSA 4500 and 6000
	In-network	In-network
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	\$4,000, \$6,000 or \$7,500	\$4,500 single / \$9,000 family \$6,000 single / \$12,000 family
Calendar year out-of-pocket maximum (OOPM) includes deductible	\$4,000, \$6,000, \$7,500	\$4,500 single / \$9,000 family \$6,000 single / \$12,000 family
Visit to physician ²	\$50 (deductible waived for first 2 visits), then 0% after deductible	0%
CVS MinuteClinic services ³	\$50 copay (deductible waived, unlimited visits)	See benefit for visit to physician
X-ray and lab ^{2,4}	0%	0%
Preventive care ^{2,5} (adult and child)	Covered in full (deductible waived)	Covered in full (deductible waived)
Emergency health coverage	\$100 copay + 0% (copay waived if admitted) ⁶	0%
Outpatient surgery ⁴ (hospital or outpatient surgery center)	0%	0%
Outpatient facility services ⁴	0%	0%
Hospitalization services ⁴ (includes maternity care)	0%	0%
Outpatient prescription drugs ^{3,7,8}	\$15 Level I (generic) \$2,500 brand deductible \$40 Level II (formulary brand) \$50 or 50% (whichever is greater) Level III (nonformulary brand) Specialty drugs – 50% or \$500 whichever is less	0% (subject to medical deductible)



Annual Farm Bureau membership gives you access to several great discounts and services in addition to supporting the agricultural industry in California.

Good health means something different to everyone. How you protect yours is an individual choice. Come to Health Net for health insurance coverage that fits your health, your life and your budget.

CFB PPO Standard 4000, 6000 and 7500 Summary of Benefits (applicant only)

Underwritten by Health Net Life Insurance Company

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Certificate of Insurance (COI) should be consulted for a detailed description of coverage benefits and limitations. In case of conflict, the COI controls. Benefits are subject to a deductible unless noted.

You pay 100% of the contracted rate until your deductible is met, then you pay the listed coinsurance (%) until your out-of-pocket-maximum (OOPM) is met.

Benefit description	Insured person(s) responsibility	
	In-network ⁹	Out-of-network ¹⁰
Lifetime maximum	Unlimited	
Calendar year deductible	\$4,000, \$6,000 or \$7,500	
Calendar year out-of-pocket maximum (OOPM) Includes calendar year deductible. Payments for services not covered by this plan will not apply to this calendar year out-of-pocket maximum.	\$4,000, \$6,000, \$7,500	\$10,000, \$12,000, \$13,500
Professional services Visit to physician (including specialist consultations) ^{2,11}	\$50 for first 2 visits (deductible waived), then 0% after deductible	50%
CVS MinuteClinic services ³	\$50 (deductible waived, no visit limit)	Not covered
X-ray and laboratory procedures ^{2,4}	0%	50%
Preventive care services (adult and child) Routine preventive services and immunizations (including preventive care obtained at a CVS MinuteClinic ³) ^{2,5}	Covered in full (deductible waived)	Not covered
Emergency health coverage⁶ Emergency room – professional and facility charges (copay waived if admitted)	\$100 copay + 0% after deductible	
Urgent care center – facility charges ⁶ (copay waived if admitted)	\$50 copay + 0% after deductible	
Ambulance (ground and air)	0%	
Outpatient services⁴ Outpatient surgery (hospital or outpatient surgery center charges only. Out-of-network maximum allowable charges are \$600 per day.)	0%	50%
Outpatient facility services ⁴ (Out-of-network maximum allowable charges are \$600 per day.)	0%	50%
Hospitalization services⁴ Inpatient, semiprivate hospital room or intensive care unit with ancillary services – includes maternity care (unlimited, except for nonsevere mental health and substance abuse treatment. Out-of-network maximum allowable charges are \$600 per day.)	0%	50%
Surgeon or assistant surgeon and anesthetic service (inpatient hospital setting)	0%	50%

See page 31 for footnotes.

<i>Benefit description</i>	<i>Insured person(s) responsibility</i>	
	<i>In-network⁹</i>	<i>Out-of-network¹⁰</i>
Other services Outpatient rehabilitative therapy (includes physical, speech, occupational, respiratory, and cardiac therapy). 12 visits maximum per calendar year. ¹²	0%	50%
Chiropractic care / acupuncture	Not covered	
Mental health for nonsevere conditions ^{4,13}	Inpatient: 0% Outpatient: Not covered	Inpatient: 50% Outpatient: Not covered
Diabetic equipment	0%	Not covered
Durable medical equipment – including foot orthotics (\$2,000 maximum payable per calendar year) ²	0%	Not covered
Outpatient prescription drugs^{7,8} (Medical deductible waived. Does not count toward your calendar year out-of-pocket maximum.) Filled at participating pharmacy (up to a 30-day supply); not covered at nonparticipating pharmacies. <i>Prescription drugs filled through participating mail order (up to a 90-day supply) require twice the level of copayment.</i>	\$15 Level I (generic) \$2,500 brand deductible \$40 Level II (formulary brand) \$50 or 50% (whichever is greater) Level III (nonformulary brand) Specialty drugs – 50% or \$500 (whichever is less)	Not covered



Janis E. Carter,
Health Net
*We're here for members
when they need us.*



CFB HSA 4500 and 6000 Summary of Benefits

Underwritten by Health Net Life Insurance Company

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Certificate of Insurance (COI) should be consulted for a detailed description of coverage benefits and limitations. In case of conflict, the COI controls. Benefits are subject to a deductible unless noted.

You pay 100% of the contracted rate until your deductible is met, then you pay the listed coinsurance (%) until your out-of-pocket-maximum OOPM) is met.

Benefit description	Insured person(s) responsibility	
	In-network ⁹	Out-of-network ¹⁰
Lifetime maximum	Unlimited	
Calendar year deductible All benefits including pharmacy are subject to the deductible except preventive care. Health Net will begin to pay covered services in a family plan for each individual in the family once he or she satisfies the individual deductible. The remaining family members must continue to pay a deductible until they either individually meet the individual deductible or until the amount paid by the family reaches the family deductible.	\$4,500 single / \$9,000 family \$6,000 single / \$12,000 family	
Calendar year out-of-pocket maximum (OOPM) Includes calendar year deductible. Payments for services not covered by this plan will not apply to this calendar year out-of-pocket maximum.	\$4,500 single / \$9,000 family \$6,000 single / \$12,000 family	\$9,500 single / \$19,000 family \$11,000 single / \$22,000 family
Professional services Visit to physician (including specialist consultations and visits to a CVS MinuteClinic ³) ²	0%	50%
X-ray and laboratory procedures ^{2,4}	0%	50%
Preventive care services (adult and child) Routine preventive services and immunizations (including preventive services obtained at a CVS MinuteClinic ³) ^{2,5}	Covered in full (deductible waived)	Not covered
Emergency health coverage Emergency room – professional and facility charges	0%	
Urgent care center – facility charges	0%	
Ambulance (ground and air)	0%	
Outpatient services⁴ Outpatient surgery (hospital or outpatient surgery center charges only. Out-of-network maximum allowable charges are \$600 per day.)	0%	50%
Outpatient facility services ⁴ (Out-of-network maximum allowable charges are \$600 per day.)	0%	50%

See page 31 for footnotes.

<i>Benefit description</i>	<i>Insured person(s) responsibility</i>	
	In-network⁹	Out-of-network¹⁰
Hospitalization services⁴ Inpatient, semiprivate hospital room or intensive care unit with ancillary services – includes maternity care (unlimited, except for nonsevere mental health and substance abuse treatment. Out-of-network maximum allowable charges are \$600 per day.)	0%	50%
Surgeon or assistant surgeon and anesthetic service (inpatient hospital setting)	0%	50%
Other services Outpatient rehabilitative therapy (includes physical, speech, occupational, respiratory, and cardiac therapy). 12 visits maximum per calendar year ¹²	0%	50%
Chiropractic care / acupuncture (12 visits max/year combined)	0%	50%
Mental health for nonsevere conditions ^{4,13}	Inpatient / Outpatient: 0%	Inpatient: 50% Outpatient: Not covered
Diabetic equipment	0%	Not covered
Durable medical equipment – including foot orthotics (\$2,000 maximum payable per calendar year) ²	0%	Not covered
Outpatient prescription drugs^{7,8} (Medical deductible applies. Filled at participating pharmacy or through participating mail order; not covered at nonparticipating pharmacies.	0%	Not covered

Optional coverage for the CFB portfolio

When you choose a Health Net CFB insurance plan, you have the option to add additional coverage including dental, vision, CashNet, and supplemental term life insurance.

CFB dental and vision

Review the following dental and vision information. You can choose to add dental or vision, or coverage for both. These dental and vision plans are only available with the CFB portfolio of plans.

CFB Dental rates

	<i>HMO</i>	<i>Scheduled reimbursement plan</i>
Member	\$20.00	\$39.00
Member + 1	\$38.00	\$78.01
Member + 2 or more	\$58.00	\$111.16

Monthly rates effective 7/1/08. Rates subject to change.

CFB Vision rates

	<i>PPO Vision plan</i>
Member	\$13.66
Member + 1	\$26.65
Member + 2 or more	\$38.25

Monthly rates effective 1/1/06. Rates subject to change.



Optional coverage for the CFB portfolio (cont'd)

CFB Dental

Regular dental care is important to maintain your overall health and wellness. That's why Health Net offers two dental plan choices to California Farm Bureau members.

- The Health Net Dental Scheduled Reimbursement Plan provides reimbursement at a set rate for dental services provided by the dentist of your choice.
- The Health Net Dental HMO plan covers dental services that you receive from a primary HMO dentist in our network.

To find a dental HMO provider in your area:

- Go to www.healthnet.com and The Health Net Dental drop down at the bottom of the page.
- Select *California Commercial Health Plans*.
- Please read the disclaimer and click *Continue*.
- Select the *Dentist Locator* link.
- Select *HEALTH NET DHMO CA ONLY*.
- Choose your dentist and include the Practice ID number in the specified area on the application.

Please note: The Health Net Dental HMO plan is not available in all counties. Please see the Monthly Premium Rate Guide for details.



Regular dental care is important to maintain your overall health and wellness.

Dental summary of benefits

<i>Benefit</i>	<i>HMO¹</i>	<i>Scheduled reimbursement plan</i>
Maximum calendar year benefit	Unlimited	\$1,000
Calendar year deductible	\$0	\$50 per person
	You pay:	Plan pays up to:
Diagnostic		
Oral examination (up to 2X per year)	\$0	\$24
Intraoral radiographs	\$0 (including bitewings every 3 yrs)	\$62 (including bitewings every 5 yrs)
Preventive		
Prophylaxis (2 cleanings; once every 6 months)		
Adult	\$0	\$40
Child (through age 18)	\$0	\$28
Sealant (per permanent molar tooth)	\$5 (through age 15)	\$26 (through age 17)
Restorative		
Amalgam (permanent fillings)		
One surface	\$0	\$38
Two surfaces	\$0	\$48
Crown ² (porcelain/ceramic)	\$245	\$220
Prosthetics/Prosthodontics²		
Denture (complete upper or lower)	\$325 each	\$315
Endodontics		
Root canal (excluding final restorations)		
Anterior	\$110	\$193
Molar	\$265	\$306
Oral surgery (extractions)		
Single tooth	\$5	\$39
Removal of impacted tooth (completely bony)	\$80	\$134
Orthodontics		
Children (through age 19)	75% of U&C ³	Not covered
Adult	75% of U&C ³	Not covered

Please see page 32 for footnotes.

The chart above is a summary of benefits. For more information, please refer to the Schedule of Benefits, Exclusions and Limitations for Health Net's Dental Plans which can be downloaded from Health Net's website at www.healthnet.com.

Health Net Dental HMO plans are provided by Dental Benefit Providers of California, Inc. (DBP). Health Net Dental PPO and indemnity plans are underwritten by Unimerica Life Insurance Company. Health Net Vision plans are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC (together, the "Fidelity Entities"). Obligations of DBP, Unimerica Life Insurance Company, Fidelity Security Life Insurance Company and EyeMed Vision Care are not the obligations of or guaranteed by Health Net, Inc. or its affiliates.



Optional coverage for CFB portfolio (cont'd)

CFB Vision

Our PPO vision program offers a flexible and affordable way to help protect your vision health.

- You choose where to go at the time of service – no need to select a vision provider when you enroll. Note that you pay less when you see an in-network vision provider.
- High standards of quality and service.

- Complete visual examination every 12 months (\$10 copay applies).
- Frames – One frame every 24 months (maximum allowance \$85 in-network, up to \$45 out-of-network).
- Additional purchases and out-of-pocket discounts available¹.

For more details, please refer to Health Net's PPO Vision Plan schedule.

Vision summary of benefits

<i>Benefit</i>	<i>Member cost</i>	<i>Out-of-network reimbursement</i>
Exam with dilation as necessary	\$10 copay	\$45
Contact lens fit and follow-up (Contact lens fit and two follow-up visits are available once a comprehensive eye-exam has been completed)		
Standard	\$0 copay / Fit and two follow-up visits paid in full	\$40
Premium	\$0 copay / 10% off retail price, then apply \$55 allowance	\$40
Frames		
Any available frame at provider location	\$0 copay / \$85 allowance for any frame plus 20% off balance over \$85	\$45
Standard plastic lenses		
Single vision	\$0 copay	\$43
Bifocal	\$0 copay	\$58
Trifocal	\$0 copay	\$70
Lenticular	\$0 copay	\$125
Lens options		
UV coating	20% discount	Not covered
Tint (solid and gradient)	20% discount	Not covered
Standard scratch-resistance	20% discount	Not covered
Standard polycarbonate	20% discount	Not covered
Standard progressive (add-on to bifocal)	20% discount	Not covered
Standard anti-reflective	20% discount	Not covered
Other add-ons and services	20% discount	Not covered
Contact lenses (includes materials only)		
Conventional	\$0 copay / 15% discount off balance over \$120	\$105
Disposables	\$0 copay / Balance over \$120	\$105
Medically necessary	\$0 copay	\$210
Laser vision correction LASIK or PRK from U.S. Laser Network	15% off retail price, or 5% off promotional price	Not covered
Frequency		
Examination		Once every 12 months
Frame		Once every 24 months
Lenses or contact lenses		Once every 24 months

See page 32 for footnotes.

Optional coverage for CFB portfolio (cont'd)

The CashNet Plan

CashNet is a supplemental medical expense plan that helps bridge the cost of hospitalization, surgery or an accident. For a modest monthly premium, you get cash reimbursements – which are paid directly to you when you need them – for:

- **Hospital stays**
 - Covered hospital charges – \$300 per day for all illnesses and accidental injuries.
 - Maximum of 30 days per calendar year. Lifetime maximum of 300 days.
- **Accidental injury:** Up to a maximum of \$500 per year. Not applicable to “Child only” policies.
- **Ambulance** transportation due to an accident:
 - Land transportation – \$300.
 - Air transportation – \$1,000.
 Not applicable to “Child only” policies.
- **Mammography:** Up to \$100 of actual charges with a maximum of 1 visit per calendar year.

You can supplement any Health Net CFB Standard or CFB HSA health insurance plan with CashNet.

Other important things to know:

- The CashNet Plan is a supplement to health insurance, underwritten by Health Net Life Insurance Company. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract or major medical expense insurance.
- Payment of CashNet benefits is subject to all other terms of the policy. Please refer to the Certificate of Insurance for a list of exclusions and limitations.

CashNet rates

Applicable to all regions.

Tier/age		Rate
Applicant	19–24	16.77
	25–29	13.49
	30–34	14.00
	35–39	14.51
	40–44	15.91
	45–49	12.97
	50–54	15.10
	55–59	16.83
Applicant and spouse/domestic partner	19–24	33.31
	25–29	26.75
	30–34	27.82
	35–39	28.56
	40–44	30.75
	45–49	24.91
	50–54	29.05
	55–59	31.84
Applicant and child	19–24	33.39
	25–29	30.10
	30–34	30.61
	35–39	31.13
	40–44	32.52
	45–49	29.58
	50–54	31.71
	55–59	33.44
Applicant and children	19–24	54.15
	25–29	50.87
	30–34	51.38
	35–39	51.89
	40–44	53.28
	45–49	50.34
	50–54	52.48
	55–59	54.20
Family	19–24	70.69
	25–29	64.13
	30–34	65.20
	35–39	65.94
	40–44	68.13
	45–49	62.28
	50–54	66.42
	55–59	69.21
Child only	1 child < 1	3.72
	1 child 1–18	1.63

Monthly rates effective 7/1/08.
Rates subject to change.



You can supplement any Health Net CFB Standard or CFB HSA health insurance plan with CashNet.

Optional coverage for CFB portfolio (cont'd)

Supplemental term life insurance

You can purchase individual term life insurance from Health Net Life Insurance Company, for that added security and feeling of well-being. You may apply for supplemental term life insurance when you apply for your medical plan. Simply complete the Supplemental Term Life portion of the application. If you are approved for health coverage, your term life coverage is also approved.

Health Net offers supplemental term life insurance, underwritten by Health Net Life Insurance Company, for adults (up to age 64) in coverage amounts of \$10,000 to \$50,000. The maximum coverage amount available for children ages 1–17 is \$10,000. Supplemental term life is not available on child-only plans.

The monthly premium is based on the age of each person covered by the life insurance policy. The premium is billed separately from your health insurance.

Supplemental term life insurance monthly rates

<i>Age</i>	<i>\$10,000</i>	<i>\$20,000</i>	<i>\$30,000</i>	<i>\$40,000</i>	<i>\$50,000</i>
1–17	\$1.00	n/a	n/a	n/a	n/a
18–29	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50
30–39	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00
40–49	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00
50–59	\$13.70	\$27.40	\$41.10	\$54.80	\$68.50
60–64	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00

Not available with modified issue PPO plans or HIPAA Guaranteed Issue plans. Rates are subject to change.



Member Tools *and Resources*

Decision Power[®]

When it comes to your health, there's more than one right answer. That's why Health Net created Decision Power. Your health, your time, your choice. With Decision Power, you choose how and when to use the information, resources and support that span the full spectrum of health.

- Get help with a specific health goal.
- Learn about your treatment options.
- Try an online improvement program.
- Assess health risks.
- Track diet, exercise or cholesterol.
- Adapt to living with illness.

When you have a Health Net plan, you can use Decision Power whenever and however much you want. Try multiple resources at once, or one at a time. Because when it comes to health, there's more than one right answer.

24-hour answers to health questions or concerns

Self-service at www.healthnet.com



At www.healthnet.com, we make it fast and easy to get things done on your schedule.

Once you're a Health Net member, it will take only a minute to register online. With your user name and password, you can:

- Order ID cards.
- See your plan details.
- View pharmacy benefits or find a pharmacist near you.
- Search for a physician or specialist in California.
- Get forms.
- Email the Customer Contact Center.
- Learn about health conditions.
- And much more!

On the go with Health Net Mobile

Health Net Mobile is an easy way to connect to your HealthNet.com online account. Access plan, copay and deductible information on the go, as well as check your Mobile ID card to verify eligibility. Available for Apple, Android,[™] Blackberry and other web-enabled devices!



Important Things *to Know* *about Your Medical Coverage*

Who is eligible?

To be eligible for one of Health Net's PPO insurance plans, you must be under the age of 65, not be eligible for Medicare, and reside continuously in our service area. Your spouse or domestic partner, if under age 65, and all your dependent children under 26 years of age are also eligible.

Domestic partner is a person eligible for coverage as a dependent provided that the partnership with the principal covered person meets all domestic partnership requirements specified by section 297 or 299.2 of the California Family Code.

In addition, you must meet our application and underwriting requirements for coverage. Based on the results of medical underwriting, one or more of the following may happen:

- Coverage may be offered at the standard rate.
- Coverage may be offered at a higher rate.
- Coverage may be offered for a different plan or deductible.
- Coverage may not be offered.

If you are applying for a California Farm Bureau plan, you must be or become a California Farm Bureau member.

What is Special Open Enrollment for children under 19 years of age?

There is an Open Enrollment period for children under 19. Please talk to your broker or contact Health Net for more information.

Can I apply for health coverage for my children only?

Yes. All of our health insurance plans are available for child-only coverage. Multiple children will be issued their own separate Policies/Certificates of Insurance upon approval.

Is it possible for my spouse to have a different plan from mine?

Sure. Many couples find that their individual health care needs vary and want different coverage amounts and deductibles. If you apply for different plans/deductibles on one application, applicant-only rates will apply. Your authorized agent can tell you more.

What are my payment options?

First month's payment options: You can choose to pay your first month's premium by check, credit card or, if you are setting up automatic bank draft (ABD), you can have the first month's premium drafted from your checking or savings account. You will need to complete a Simple Pay Option form¹ and submit it to Health Net to set up an ABD.

Ongoing monthly payment options: You can choose to pay by ABD or be sent a monthly bill and pay by check. To set up ABD, you will need to complete a Simple Pay Option form¹ and submit it to Health Net. Online payment through your checking or savings account is also available.

Does Health Net coordinate benefits?

There are no Coordination of Benefit provisions for individual plans in the state of California.

See page 32 for footnotes.

What are severe mental illness and serious emotional disturbances of a child?

Severe mental illness includes schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorders, pervasive developmental disorder (including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified to include Atypical Autism, in accordance with the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders), autism, anorexia nervosa and bulimia nervosa.

Serious emotional disturbances of a child is when a child under the age of 18 has one or more mental disorders identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance abuse disorder or a developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms.

In addition, the child must meet one or more of the following: (a) as a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships or ability to function in the community; and either (i) the child is at risk of removal from home or has already been removed from the home, or (ii) the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year; (b) the child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder; and/or (c) the child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.



How to Apply

1 Check eligibility on page 28.

2 Choose a health plan
Review the benefit charts shown on pages (8–11 and 18–21) to determine which plan best fits your needs. For a premium quote, please call your Health Net authorized agent. If you need to be referred to an agent, call 1-800-909-3447, option 2.

3 Complete your application
The application must be completed and signed by the applicant. Be sure to fill out the health application accurately and completely. An incomplete application will delay the process.

To apply online visit www.healthnet.com. Ask your Health Net authorized agent for details.

To apply by mail: Send your completed and signed application, along with the appropriate premium, to your Health Net authorized agent, or mail to:

Health Net
PO Box 1150
Rancho Cordova, CA, 95741-1150

The completed application with first month's premium must be received within 30 days of the date you signed the application.

If you are applying for a California Farm Bureau (CFB) plan:

- Your application requires that you remain a member of the Farm Bureau. If you are not a member, please fill out the Farm Bureau application.
- You have the following options for paying your annual Farm Bureau membership dues:
 - Submit your annual membership dues along with your health premium and application. You will receive annual billings directly from the Farm Bureau for membership renewal.
 - You can pay your Farm Bureau membership dues monthly along with your premium. It will be included with your selected monthly payment method. A \$2.00 monthly administrative fee will be included.



Footnotes

IFP PPO Portfolio, pages 7–11

¹As of 1/1/2013, preventive care services for women also include: female contraceptive services, devices and supplies, female family planning, female preventive sterilizations, screening for gestational diabetes, domestic violence and HIV, breastfeeding devices and supplies, applicable female counseling for sexually transmitted infections, HIV, domestic violence, contraceptives, and breastfeeding support.

²Visits 1–2 (combined between office visits, specialist consultations, physician home visits and visits to CVS MinuteClinics): Copayment is required and the calendar year deductible is waived. Visits 3–unlimited: Coinsurance is required and the calendar year deductible applies.

³CVS MinuteClinics are only available in select locations in the following counties of California: Orange, Riverside, San Diego, and Los Angeles. For additional information on CVS MinuteClinic services and locations, please visit www.minuteclinic.com.

⁴Certain services require prior certification from Health Net. Without prior certification, the benefit is reduced by 50%. Refer to the Policy for details.

⁵Benefit payment will begin after the calendar year out-of-pocket maximum (OOPM) is satisfied. For services that are not payable until the out-of-pocket maximum (OOPM) is met, the eligible charges concurrently apply to both the calendar year deductible and the OOPM. Note: Whether the services are certified or not (uncertified), they will apply toward the accumulation of the OOPM. After the member's OOPM is satisfied, certified services will be payable at 100% of the contracted/negotiated rate through PPO, and Maximum Allowable Amount through Out-of-Network. Uncertified services will continue to be payable at the applicable uncertified percentage rate.

⁶Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); and comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents. For more information on generally recommended preventive services, go to www.healthcare.gov.

⁷Copay only applies towards the OOPM and not toward the deductible.

⁸Prescription drug charges do not apply to your out-of-pocket limit. Brand deductible per person, if applicable, is in addition to the medical deductible and must be paid for prescription drug-covered services before Health Net begins to pay.

⁹The Recommended Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Recommended Drug List, go to Health Net's website. Refer to the Policy for complete information on prescription drugs. Effective 1/1/13, some plans will cover most female prescription contraceptives at \$0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your plan documents and Health Net's Recommended Drug List (RDL) for coverage, cost-share and tier information. The Policy is a legal, binding document. If the information in this brochure differs from the information in the Policy, the Policy controls.

¹⁰Insured pays the contracted rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.

¹¹Please refer to the Policy for out-of-network reimbursement methodology.

¹²Additional visits payable if precertified as medically necessary following neurological and orthopedic surgery, cerebral/cardiovascular accident, third degree burns, head trauma or spinal cord injuries.

¹³Inpatient: Maximum allowable per day is \$300. Outpatient: Maximum amount payable per visit is \$30.

IFP PPO Dental, page 12

¹Dental and vision benefits are underwritten by Health Net Life Insurance Company. Dental benefits are administered by Dental Benefit Administrative Services. Vision benefits are administered by EyeMed Vision Care, LLC. Dental Benefit Administrative Services and EyeMed Vision Care, LLC are not affiliated with Health Net Life Insurance Company. For additional information on dental and vision coverage provided under the Plus option, see the Dental and Vision Summary of Benefits.

²Subject to six-month waiting period.

³Subject to three-month waiting period.

CFB Portfolio, pages 16–21

¹References are to federal taxes only. State taxes may apply. Tax information is for general purposes only. For more detailed information about the tax implications of an HSA, please contact a professional tax adviser. A complete list of qualified medical expenses can be found in IRS Publication 502, "Medical and Dental Expenses," at www.irs.gov. The HSA component of EZ Access HSA is offered by Bank of America, N.A., as trustee of the HSA. Health Net is not affiliated with Bank of America, N.A.

²As of 1/1/2013, preventive care services for women also include: female contraceptive services, devices and supplies, female family planning, female preventive sterilizations, screening for gestational diabetes, domestic violence and HIV, breastfeeding devices and supplies, applicable female counseling for sexually transmitted infections, HIV, domestic violence, contraceptives, and breastfeeding support.

³CVS MinuteClinics are only available in select locations in the following counties of California: Orange, Riverside, San Diego, and Los Angeles. For additional information on CVS MinuteClinic services and locations, please visit www.minuteclinic.com.

⁴Certain services require prior certification from Health Net. Without prior certification, the benefit is reduced by 50%. Refer to the COI for details.

⁵Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); and comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents. For more information on generally recommended preventive services, go to www.healthcare.gov.

⁶Copay only applies towards the OOPM and not toward the deductible.

⁷Prescription drug charges do not apply to your out-of-pocket limit. Brand deductible per person, if applicable, is in addition to the medical deductible and must be paid for prescription drug-covered services before Health Net begins to pay.

⁸The Recommended Drug List is a list of prescription drugs that are covered by this plan. Some drugs require prior authorization from Health Net. For a copy of the Recommended Drug List, go to Health Net's website. Refer to the COI for complete information on prescription drugs. Effective 1/1/13, some plans will cover most female prescription contraceptives at \$0 cost-share. Coverage on some drugs may not follow the generic and brand tier system. Please refer to your plan documents and Health Net's Recommended Drug List (RDL) for coverage, cost-share and tier information. The Certificate of Insurance (COI) is a legal, binding document. If the information in this brochure differs from the information in the COI, the COI controls.

⁹Insured pays the contracted rate, which is the rate participating or preferred providers have agreed to accept for providing a covered service.

¹⁰Please refer to the Certificate of Insurance (COI) for out-of-network reimbursement methodology.

¹¹Visits 1–2 (combined between office visits, specialist consultations, physician home visits and visits to CVS MinuteClinics): Copayment is required and the calendar year deductible is waived. Visits 3–unlimited: Coinsurance is required and the calendar year deductible applies.

¹²Additional visits payable if precertified as medically necessary following neurological and orthopedic surgery, cerebral/ cardiovascular accident, third degree burns, head trauma, or spinal cord injuries.

¹³Inpatient: Maximum allowable per day is \$300. (CFB HSA ONLY: Outpatient: Maximum amount payable per visit is \$30).

CFB Dental, page 23

¹You must select a dental HMO network provider for services. Procedures performed by a non-network dentist are not covered and enrollees are required to pay all charges.

²Major restorations have a 12-month waiting period for the Scheduled Reimbursement Plan. Benefits are subject to change.

³Benefits cover 24 months of Usual and Customary and 24 months of retention. Usual and Customary (U&C) means charges for dental services or supplies essential to the care of the insured if they are the amount normally charged by the provider for similar services and supplies and do not exceed the amount ordinarily charged by most providers of comparable services and supplies in the locality where the services or supplies are received.

CFB Vision, page 24

¹Additional purchases and out-of-pocket discounts: Member will receive a 20% discount on items not covered by the plan at participating providers. The discount does not apply to contracted providers' professional services or disposable contact lenses. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Allowances are one-time use benefits; no remaining balance. Lost or broken materials are not covered. The Health Net Vision Secondary Purchase plan provides up to a 40% discount off complete pair of eyeglass purchases and a 15% discount off conventional contact lenses once the initial benefit has been used.

Important things to know about your medical coverage, page 28

¹The Simple Pay Option form can be found at the back of your enrollment application.

For more information please contact

Health Net

PO Box 1150
Rancho Cordova, CA 95741-1150

Individual & Family Plans

1-800-909-3447

Assistance for the hearing and speech impaired

1-800-995-0852

www.healthnet.com

You have access to Decision Power through enrollment with Health Net Life Insurance Company.

Decision Power is not part of Health Net's commercial medical benefit plans. Also, it is not affiliated with Health Net's provider network and it may be revised or withdrawn without notice. Decision Power services, including clinicians, are additional resources that Health Net makes available to enrollees of Health Net Life Insurance Company.

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Health Net Individual & Family PPO insurance plans, Policy Form # P30601, and California Farm Bureau Members' Health Insurance Plans are underwritten by Health Net Life Insurance Company. Subject to medical underwriting, Health Net Dental HMO plans are provided by Dental Benefit Providers of California, Inc. ("DBP"). Health Net Dental PPO and indemnity plans are underwritten by Unimerica Life Insurance Company. Obligations of DBP and Unimerica Life Insurance Company are not the obligations of or guaranteed by Health Net, Inc. or its affiliates. Health Net Vision is underwritten by Fidelity Security Life Insurance Company and administered by EyeMed Vision Care, LLC. Fidelity Security Life Insurance Company policy number VC-75, form number C-9069CA. Health Net Life Insurance Company is a subsidiary of Health Net, Inc. Health Net and Decision Power are registered service marks of Health Net, Inc. Farm Bureau and the Farm Bureau logo are registered service marks of the American Farm Bureau Federation, used under license by Health Net Life Insurance Company. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

Health Net

California Farm Bureau and
PPO Insurance Plans

Outline of Coverage and Exclusions and Limitations



Health Net®

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Herminia Escobedo,
Health Net
*We get members what
they need.*

Outline of Coverage

Health Net Life Insurance Company Individual & Family and California Farm Bureau Members' Health Insurance Plans major medical expense coverage

Read your Policy or Certificate carefully

This outline of coverage provides a brief description of the important features of your Health Net PPO Policy (Policy) or Certificate of Insurance (Certificate). This is not the insurance contract and only the actual Policy or Certificate provisions will control. The Policy or Certificate itself sets forth, in detail, the rights and obligations of both you and Health Net Life Insurance Company. It is, therefore, important that you read your Policy or Certificate carefully!

Major medical expense coverage

This category of coverage is designed to provide, to persons insured, benefits for major hospital, medical and surgical expenses incurred as a result of a covered accident or sickness. Benefits may be provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, out-of-hospital care and prosthetic appliances subject to any deductibles, copayment provisions or other limitations which may be set forth in the Policy or Certificate.

Principal benefits and coverages

Please refer to the list below for a summary of each plan's covered services and supplies. Also refer to the Policy or Certificate you receive after you enroll in a plan. The

Policy or Certificate offers more detailed information about the benefits and coverage included in your health insurance plan.

- Inpatient hospital services
- Outpatient hospital services
- Ambulatory surgical center
- Skilled nursing facility
- Professional services
- Preventive care services
- Diagnostic imaging (including X-ray) and laboratory procedures
- Home health care agency services
- Outpatient infusion therapy
- Ambulance services – ground ambulance transportation and air ambulance transportation
- Diabetes education
- Hospice care
- Radiation therapy, chemotherapy and renal dialysis treatment
- Bariatric (weight loss) surgery (not covered out-of-network)
- Prostheses
- Medically necessary corrective footwear
- Rental or purchase of durable medical equipment
- Implanted lens which replaces the organic eye lens
- Cardiac rehabilitation therapy

- Pulmonary rehabilitation therapy
- Allergy testing and treatment
- Self-injectable drugs
- Surgically implanted drugs
- Allergy serum – covered only when provided by a participating provider
- Sterilizations for males and females
- Diabetic equipment
- Reconstructive surgery
- Dental injury
- Phenylketonuria (PKU)
- Care for conditions of pregnancy
- Organ, tissue and bone marrow transplants
- Clinical trials
- Mental health care and chemical dependency benefits
- Pregnancy and maternity services

Reproductive health services

Some hospitals and other providers do not provide one or more of the following services that may be covered under your Policy or Certificate and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association or clinic, or call Health Net Life's Customer Contact Center at 1-800-839-2172 to ensure that you can obtain the health care services that you need.

Cost-sharing

Coverage is subject to deductible(s), coinsurances and copayments. Please consult the Policy or Certificate for complete details.

Certification (prior authorization of services)

Some services are subject to precertification. Please consult the complete list of services in the Policy or Certificate.

Exclusions and limitations

The following is a partial list of services that are not generally covered. For complete details about any plan's exclusions and limitations, please see the Policy or Certificate for complete details.

- Services or supplies that are not medically necessary.
- Any amounts in excess of the maximum amounts specified in the Policy or Certificate.
- Cosmetic surgery except as specified in the Policy or Certificate.
- Dental services except as specified in the Policy or Certificate.
- Treatment and services for temporomandibular (jaw) joint disorders (TMJ).
- Surgery and related services for the purposes of correcting the malposition or improper development of the bones of the upper or lower jaw, except when such procedures are medically necessary.
- Food, dietary, or nutritional supplements, except for formulas and special food products to prevent complications of Phenylketonuria (PKU).

- Vision care, including certain eye surgeries to replace glasses, except as specified in the Policy or Certificate.
- Optometric services or eye exercises, except as specifically stated elsewhere in the Policy or Certificate.
- Eyeglasses or contact lenses, except as specified in the Policy or Certificate.
- Sex changes.
- Services to reverse voluntary surgically induced infertility.
- Services or supplies that are intended to impregnate a woman are not covered. The following services and supplies are excluded from fertility preservation coverage: gamete or embryo storage; use of frozen gametes or embryos to achieve future conception; pre-implantation genetic diagnosis; donor eggs, sperm or embryos; gestational carriers (surrogates).
- Certain genetic testing.
- Experimental or investigative services.
- Routine physical exams, except for preventive care services (e.g., physical exam for insurance, licensing, employment, school or camp). Any physical, vision or hearing exams, which are not related to diagnosis or treatment of illness or injury, except as specifically stated in the Policy or Certificate.
- Immunizations or inoculations for adults or children for foreign travel or occupational purposes.
- Services not related to a covered illness or injury.
- Custodial or domiciliary care.
- Inpatient room and board charges incurred in connection for an admission to a hospital or other inpatient treatment facility, primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Inpatient room and board charges in connection with a hospital stay primarily for environmental change, physical therapy or treatment of chronic pain.
- Any services or supplies furnished by a non-eligible institution, which is other than a legally operated hospital or Medicare-approved skilled nursing facility, or which is primarily a place for the aged, a nursing home or any similar institution, regardless of how it is designated.
- Expenses in excess of a hospital's (or other inpatient facility's) most common semiprivate room rate.
- Infertility services.
- Private duty nursing.
- Mental and nervous disorder and substance abuse treatment, except as specified in the Policy or Certificate.
- Hyperkinetic syndromes, learning disabilities, behavioral problems or mental retardation unless due to severe mental illness or serious emotional disturbances of a child. Certain of the above conditions shall be covered under the California Farm Bureau Plans as outlined in the Certificate.
- Over-the-counter medical supplies and medications, except as specified in the Policy or Certificate.
- Personal comfort items.
- Orthotics, unless custom made to fit the covered person's body and as specified in the Policy or Certificate.
- Educational services or nutritional counseling, except as specified in the Policy or Certificate.
- Hearing aids.
- Obesity-related services.
- Any services received by Medicare benefits



- without payment of additional premium.
 - Services received before your effective date of coverage.
 - Services received after coverage ends.
 - Services for which no charge is made to the covered person in the absence of insurance coverage, except services received at a charitable research hospital, which is not operated by a governmental agency.
 - Physician self-treatment.
 - Services performed by a person who lives in the covered person's home or who is related to the covered person by blood or marriage.
 - Conditions caused by the covered person's commission (or attempted commission) of a felony unless the condition was an injury resulting from an act of domestic violence or an injury resulting from a medical condition.
 - Conditions caused by release of nuclear energy, when government funds are available.
 - Any services provided by, or for which payment is made by, a local, state or federal government agency. This limitation does not apply to Medi-Cal, Medicaid or Medicare.
 - Services for a surrogate pregnancy are covered when the surrogate is a Health Net insured. However, when compensation is obtained for the surrogacy, the plan shall have a lien on such compensation to recover its medical expense.
 - Any outpatient drugs, medications or other substances dispensed or administered in any outpatient setting except as stated in the Policy or Certificate.
 - Sexual dysfunction drugs.
 - Rehabilitative services rendered in an outpatient facility are not covered, except as specified in the Policy or Certificate.
 - Rehabilitation therapy services are not covered when provided in connection with the treatment of the following conditions:
 - Psychosocial speech delay (includes delayed language development).
 - Mental retardation or dyslexia.
 - Attention deficit disorders and associated behavioral problems.
 - Developmental articulation and language disorders.
- However, some of the above conditions shall be covered as shown in the "Schedule of Benefits" section, if medically necessary as described in the definitions of "Serious Emotional Disturbances of a Child" and/or "Severe Mental Illness," and continuous functional improvement in response to the treatment plan is demonstrated by objective evidence.
- Outpatient speech therapy, except as specified in the Policy or Certificate.
 - Services and supplies obtained while in a foreign country with the exception of emergency care.
 - Home birth, unless criteria for emergency care have been met.
 - Reimbursement for services for which the covered person is not legally obligated to pay the provider in the absence of insurance coverage.
 - Amounts charged by out-of-network providers for covered medical services and treatment that Health Net Life determines to be in excess of the covered expense.
 - Any expenses related to the following items, whether authorized by a physician or not:
 - (a) alteration of the covered person's residence to accommodate the covered person's physical or medical condition, including

the installation of elevators; (b) corrective appliances, except prosthetics, casts and splints; (c) air purifiers, air conditioners and humidifiers; and (d) educational services or nutritional counseling, except as specifically provided in the Policy or Certificate.

- Disposable supplies for home use.

Some services require precertification from Health Net prior to receiving services. Please refer to your Policy or Certificate for details on what services and procedures require precertification.

Health Net Life does not require precertification for dialysis services or maternity care. However, please call the Customer Contact Center at 1-800-839-2172 upon initiation of dialysis services or at the time of the first prenatal visit.

Precertification is also not required for behavioral health treatment for autism. However, please provide Health Net Life with documentation that a licensed physician or licensed psychologist has established the diagnosis of autism. In addition, the qualified autism service provider must submit the initial treatment plan to Health Net Life. Please refer to your Policy or Certificate for details.

Pre-existing conditions

Services or supplies received for the treatment of a pre-existing condition during the first six consecutive months during which the covered person is covered (including any waiting period) are excluded. Except that:

1. This exclusion shall not apply to a child newly born to, or newly adopted by, an enrolled Policyholder or Certificate holder or his or her spouse or domestic partner, or to a child under 19.
2. This exclusion shall not apply to conditions of pregnancy.

3. If a Covered Person becomes eligible for coverage under this Policy or Certificate within 63 days of the termination of any Creditable Coverage, that covered person will be given credit toward the 6-month waiting period for time covered by the Creditable Coverage.

Renewability of this Policy or Certificate

Subject to the termination provisions discussed in the Policy or Certificate, coverage will remain in effect for each month premiums are received and accepted by Health Net Life. For California Farm Bureau Members, coverage will terminate if the group Policy issued to the California Farm Bureau Federation by Health Net Life is cancelled.

Premiums

We may adjust or change your premium. If we change your premium amount, notice will be mailed to you at least 60 days prior to the premium change effective date. Premiums are automatically adjusted for changes in your and your dependent spouse's or registered domestic partner's ages. Premiums may be adjusted when your residence address changes.

Claims to premium ratio

Health Net Life's 2011 ratio of incurred claims to earned premiums for the Individual & Family PPO insurance plans was 81 percent and for the California Farm Bureau Federation Plans was 76 percent. These ratios of incurred claims to earned premiums calculations differ from the medical loss ratio calculation established under the Affordable Care Act.

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