

Health Net California
Farm Bureau and PPO
Insurance Plans

Outline of Coverage and Exclusions and Limitations



Health Net®

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Herminia Escobedo,
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*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 on the benefits and coverage included in your health insurance plan.

- Inpatient hospital services
- Outpatient hospital services
- Ambulatory surgical center
- Skilled nursing facility
- Professional services
- Routine physical examinations
- 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
- Acupuncture
- Diabetes education
- Hospice care
- Radiation therapy, chemotherapy and renal dialysis treatment
- Bariatric (weight loss) surgery
- 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
- Chiropractic benefits
- 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, 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 on 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.
- Contraceptive drugs and/or certain contraceptive devices are covered as specified in the Policy or Certificate. Vaginal contraceptive devices are only covered when a physician prescribes the device and performs a fitting examination 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.
- 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, except as described in the “Medical Benefits” section or 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 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.
- 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 behavior 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.
 - Treatment of chronic alcoholism, drug addiction and other chemical dependency problems, including detoxification services, except as specifically stated in the Policy or Certificate.

- 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 time of the first prenatal visit.

Pre-existing conditions

Services or supplies received for the treatment of a pre-existing condition during the first 6 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.

