

Health Net Life Insurance Company California Farm Bureau Members' Health Insurance Plans Major Medical Expense Coverage Outline of Coverage

READ YOUR CERTIFICATE CAREFULLY

This outline of coverage provides a brief description of the important features of your Certificate of Insurance (Certificate). This is not the insurance contract and only the actual Certificate provisions will control. The 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 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, co-payment provisions, or other limitations which may be set forth in the Certificate. Basic hospital or basic medical insurance coverage is not provided.

PRINCIPAL BENEFITS AND COVERAGES

Please refer to the pages 6–7 of this booklet for a summary of each plan's covered services and supplies. Also refer to the Certificate you receive after you enroll in a plan. The Certificate offers more detailed information on the benefits and coverage included in your health insurance plan.

Reproductive Health Services

Some hospitals and other providers do not provide one or more of the following services that may be covered under your Certificate of Insurance 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.

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 Health Net Life California Farm Bureau Members' Health Plan Certificate.

- Services or supplies that are not medically necessary.
- Any amounts in excess of the maximum amounts specified in the Certificate.
- Pregnancy or maternity services except as specified in the Certificate.
- Cosmetic surgery except as specified in the Certificate.
- Contraceptive drugs and/or certain contraceptive devices are covered as specified in the Certificate. Vaginal contraceptive devices are only covered when a Physician prescribes the device and performs a fitting examination as specified in the Certificate.
- Dental services except as specified in the Certificate.
- Treatment and services for Temporomandibular (Jaw) Joint Disorders.
- 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 or dietary, 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 Certificate.
- Optometric services or eye exercises, except as specifically stated elsewhere in the Certificate.
- Eye glasses or contact lenses and eyeglasses, except as specified in the 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 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 semi-private room rate.



- Infertility services.
- Allergy serum.
- Private duty nursing.
- Mental and nervous disorder and substance abuse treatment, except as specified in the Certificate.
- Hyperkinetic syndromes, learning disabilities, behavioral problems or mental retardation. However, certain of the above conditions shall be covered 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 Certificate.
- Educational services or nutritional counseling, except as specified in the 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 provided by immediate family members.
- 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 conditions of pregnancy for a surrogate parent are covered, but when compensation is obtained for the surrogacy, we 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 Certificate.
- Sexual dysfunction drugs.
- Rehabilitative services rendered in an outpatient facility, are not covered except as specified in the 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 Certificate.
- Services and supplies obtained while in a foreign country with the exception of Emergency Care.
- Home birth.

Some services require pre-certification from Health Net prior to receiving services. Please refer to your Certificate for details on what services and procedures require pre-certification.

Health Net Life does not require pre-certification 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.

PRE-EXISTING CONDITIONS

Covered services will not include any care required in connection with the treatment of any condition, disease or injury for which medical advice, diagnosis, care or treatment, including the use of prescription medications, was recommended by or received from a licensed health care practitioner during the six months immediately preceding the effective date of coverage under the Certificate. Credit will be given toward the pre-existing condition waiting period for membership with another creditable health care plan if you apply for coverage under Health Net Life’s California Farm Bureau Members’ Health Insurance Program plans within 62 days of termination with the previous plan.

RENEWABILITY OF THIS CERTIFICATE

Subject to the termination provisions described in the Certificate, coverage will remain in effect for each month premium fees are received and accepted by Health Net Life. 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 30 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.



LOSS RATIO

Health Net Life's 2008 ratio of incurred claims to earned premiums for the California Farm Bureau Federation Plans is 74.1 percent.

BASIC TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Term Life and AD&D coverage from Health Net Life Insurance Company, Woodland Hills, California is required if you are accepted for Health coverage. The premium is \$3.00/month per certificate. (Does not apply to "Child(ren)-only" certificates.)

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT EXCLUSIONS

No accidental death and dismemberment benefit is payable for losses incurred as a result of:

- Intentional or non-accidental self-inflicted injury, suicide or attempted suicide.
- Bodily or mental infirmity or disease, or as a result of medical or surgical treatment for such conditions.
- Ptomaine or bacterial infection, except a pyogenic infection occurring with and through an accidental bodily injury or the accidental ingestion of a contaminated substance.

- Injury sustained while committing or attempting to commit an assault or felony, or taking part in a riot.
- Illness or injury sustained during a state of war, or any act of war, declared or undeclared.
- Unless taken or administered on the advice of a doctor, the intentional ingestion of alcohol, narcotics, barbiturates, hallucinatory drugs or substances, or any combinations thereof.
- Any combination of the above.

SUPPLEMENTAL TERM LIFE INSURANCE EXCLUSIONS

No benefits will be provided on the death of any Covered Person under the following circumstances:

- Death by suicide within two years from the effective date of Coverage. Our liability shall be limited to an amount equal to the premiums paid;
- Death by any act of war, declared or undeclared.

TERMINATION OF SUPPLEMENTAL TERM LIFE INSURANCE

Coverage under this Certificate for a Covered Person will end on the earliest of the following dates:

- The date the Group Policy ends;
- The last day of the period for which premium has been paid (subject to the grace period provision);
- The last day of the calendar month in which:
 - (a) the Covered Person dies; (b) the Member ceases to be a member of one of the County Farm Bureaus comprising the California Farm Bureau Federation;
 - (c) the Covered Person becomes insured under any other California Farm Bureau Federation service to member health insurance program as a member;
 - (d) written notice, signed by the Member, is received, requesting termination of coverage for any or all Covered persons; (e) a Covered person enters active military service; or (f) the Covered person's health coverage under a certificate issued by Us through the Plan Sponsor terminates;
- With respect to a Spouse, the last day of the calendar month in which the marriage of the Member and Dependent Spouse is dissolved;
- With respect to a Dependent child, when the child turns age 18, or turns age 24 if the child is a full-time student;
- The first day of the calendar month in which a Covered Person attains age 65, unless the Covered person's birth date is the first of the month, then coverage will end on the first day of the month prior to the Covered Person's birth date;
- The first day of the calendar month in which a Covered Person becomes eligible for Medicare.

When Coverage for the Member ends because the member becomes eligible for Medicare, Coverage for a Spouse and any Dependent child(ren) for the life insurance benefits will end on the date the member becomes eligible for Medicare.

HEALTH NET VISION AND DENTAL EXCLUSIONS & LIMITATIONS

Please refer to a Health Net Vision and Dental Schedule of Benefits for information.

