Nationwide® *On Your Side*

California Health Insurance for Individuals and Families
Underwritten by Nationwide Life Insurance Company

California Farm Bureau Federation

Lifestyle℠ 4500 CL

PLAN

benefit summary sheet | effective 3/1/07

Lifetime Maximum Benefit	**$5,000,000**
Calendar Year Deductible (Not included in Maximum Annual Out-of-Pocket. Family deductible is 2x the individual.)	$4,500

PLAN AT-A-GLANCE | You pay the % indicated after your deductible is met, unless otherwise specified.	When using a **PPO Provider YOU pay**	When using a **Non-PPO Provider YOU pay**
Maximum Annual Out-of-Pocket per Individual (Excluding the Calendar Year Deductible. Family max. is 2x the individual.)	$0	$7,500
Ambulance Transportation (Land or Air. Pre-authorization applies for non-emergency.)[1] ($5,000 maximum payable benefit per calendar year for non-emergency.	0%	0%
Emergency Hospital Confinement[2]	0%	0%
Emergency Room Use[3]	$100 co-pay	$100 co-pay plus 50%
Maternity	Covered in full after deductible is met	50%
In-Patient Hospital Confinement (Non-PPO coverage limit of $800/day. Pre-authorization required.)[1]	0%	50%
Surgeon & Anesthesiologist Fees (Pre-authorization may apply.)[1]	0%	50%
Outpatient Surgery Facility (Non-PPO coverage limit of $1,000/day. Pre-authorization may apply.)[1]	0%	50%
Inpatient Mental Disorders, Substance Abuse and/or Addiction (Pre-authorization required.)[1,4]	All charges over $175 per day	All charges over $175 per day
Outpatient Mental Disorders, Substance Abuse and/or Addiction (Calendar year maximum of 20 visits combined for PPO and Non-PPO.)[4]	All charges over $25 per visit	All charges over $25 per visit
Outpatient Diagnostic X-Rays, Lab Tests[5]	0%	50%
Radiation & Chemotherapy	0%	50%
Prescribed Home Infusion Therapy & Home Health Care (Pre-authorization required.)[1] (Maximum of 100 visits combined up to $10,000 per calendar year.)	0%	50%
Durable Medical Equipment ($5,000 maximum per calendar year. Pre-authorization may apply.)[1]	0%	50%
Inpatient Physical Therapy	0%	50%
Outpatient Physical Medicine (Calendar year max. of 12 visits. Includes chiropractic, acupuncture and physical therapy.)[6]	0%	No Benefit
Skilled Nursing Confinement and Inpatient Rehabilitation (Up to 100 days combined per calendar year. Pre-authorization may apply.)[1]	0%	50%
Hospice Care (Home or facility. Pre-authorization required.)[1]	0%	50%
Transplant (Pre-authorization required.)[1,7]	Same as any other illness	No Benefit
Immunizations (Not subject to deductible.)		
Adult (Influenza, Pneumonia and Tetanus only.)	$15 co-pay	$15 co-pay
Child (All immunizations recommended by the American Pediatric Association.)		
Doctor Visits		
Doctor Visits in a Doctor's Office or Urgent Care Facility (Calendar year maximum of 4 PPO visits, not subject to deductible. Additional visits must meet deductible.)	$45 co-pay	All charges over $25 per visit
Doctor Visit in a Hospital or Skilled Nursing Facility	0%	50%
Adult Preventive Care (Not subject to deductible.)		
Annual Physical Office Visit	All charges over $250 per calendar year	No Benefit
Annual Physical Lab & Diagnostics (Must be ordered at the time of physical.)		
Routine Mammography, Pap Test and PSA		
Child Preventive Care (Up to age 18. NHP will pay first $250 per calendar year not subject to deductible. All charges over $250 per calendar year are subject to deductible.)		
Well Child Care Visits and Hearing Tests	0%	No Benefit
Routine Labwork and Diagnostics (Must be ordered at time of Well Child Care Visit.)		
Generic Only Prescription Drug Benefit (Not subject to deductible.)[1,8]	Generic drugs - $10 co-pay for pharmacy	
Participating Pharmacy (30-day supply)	Generic drugs - $25 co-pay for mail order	
3-Tier Co-pay Prescription Drug Benefit (Not subject to deductible.)[1,9]		
Participating Pharmacy Co-pay (30-day supply)	$10 generic; $35 Flex Formulary drug list 50% All other brand (but not less than $50)	
Participating Mail Order Co-pay (90-day supply)	$25 generic; $87.50 Flex Formulary drug list 50% All other brand (but not less than $125)	
Term Life Insurance and Accidental Death and Dismemberment (AD&D) Underwritten by Nationwide Life Insurance Company, Columbus, Ohio	Your coverage = $5,000 Your spouse's coverage = $2,500	

[1] Benefits reduced to 0% if pre-authorization is not obtained. [2] Benefits reduced to 0% for confinements in a Non-PPO Hospital where a PPO Hospital is reasonably available, the Covered Person's condition has been stabilized and can safely be transferred to a PPO Hospital. [3]$100 co-pay waived if admitted to the hospital. [4]Combined lifetime maximum of $5,000 for "Inpatient" and "Outpatient" services. [5]The maximum combined for Non-PPO MRI's, CT Scans and PET Scans is $500 per day. [6]Calendar year maximum payable of $500 while utilizing a PPO provider. [7]Must use a United Resource Network hospital or doctor or benefit is reduced to 0%. [8]Self-administered injectables are not covered under the Generic Drug Co-pay (except insulin). [9]If you select any drug other than the Generic Drug when a Generic Drug is available you must pay the Generic co-payment plus the difference in cost between the Generic Drug and the drug you have chosen. Service mark used under license from the California Farm Bureau Federation. **PLEASE REFER TO YOUR CERTIFICATE OF COVERAGE FOR COMPLETE BENEFIT INFORMATION. MKTG 20164 (5/07)**

Medical Coverage Exclusions for Nationwide® Health Plans

Preexisting Conditions limitations

A preexisting condition is any condition for which medical advice, diagnosis, care, or treatment (including the use of prescription drugs) was recommended or received from a licensed health practitioner during the 6 months immediately before the effective date of this Certificate. A condition includes any physical or mental Illness, Accidental Injury, mental disorder, physical disfigurement, birth abnormality, or pregnancy.

Services related to a preexisting condition that were received during the first 6 months following the effective date of this Certificate are not covered.

The 6 month period is reduced by the period of time a Covered Person was covered under any prior creditable coverage. However, the Covered Person must have become insured under this Certificate within 63 days of the date the prior creditable coverage ends.

Creditable coverage means: 1) Any individual or group policy, contract or program written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employer plan, or any other entity that arranges or provides medical, Hospital, and surgical coverage not designed to supplement other private or governmental plans, including continuation or conversion coverage, but not including: a. accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or b. insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance. 2) The federal Medicare program pursuant to Title XVIII of the Social Security Act. 3) The Medicaid (or Medi-Cal) program pursuant to Title XIX of the Social Security Act. 4) Any other publicly sponsored program, provided in California or elsewhere, of medical, Hospital and surgical care. 5) 10 U.S.C.A. Chapter 55, commencing with Section 1071, Civilian Health and medical Program of the Uniformed Services (CHAMPUS). 6) A medical care program of the Indian Health Service or of a tribal organization. 7) A state health benefits risk pool. 8) A health plan offered under 5 U.S.C.A. Chapter 89, commencing with Section 8901, Federal Employees Health Benefits Program (FEHBP). 9) A public health plan as defined in federal regulations, authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, The Health Insurance Portability and Accountability Act of 1996. 10) A health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e)). 11) Any other creditable coverage as defined by subSection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C. Sec. 300gg(c)).

Exclusions and Limitations

This Plan does not cover any expenses for services or supplies incurred by You or Your Dependent(s) for any of the following:

- When not under the care of a Doctor or when a Doctor has not personally examined You or Your dependent(s).
- Illness or Accidental Injury for which a Covered Person is entitled to, or does in fact receive, any indemnity, benefits, or compensation under any workers' compensation law or act.
- Any services of a Doctor, Nurse, or Other Medical Care Practitioner who lives with You or Your Dependent(s) or who is related to You or Your Dependent(s) by blood or marriage.
- Hospital confinement or any other services or treatment:

  a) that You or Your Dependent(s) are not legally obligated to pay; or b) for which no charge is made.
- That are in excess of the fees contracted between the provider and the PPO.
- That are in excess of the fees and prices generally charged in the community for the same or similar services or supplies.
- For services or supplies that are not Generally Furnished for the diagnosis or treatment of the particular Illness or Accidental Injury being diagnosed or treated.
- For treatments which are considered to be unsafe, experimental, or educational by the American Medical Association (AMA). Upon written request, claims denied under this provision may be reviewed by an independent medical review entity if You or Your Dependent has a terminal condition that, according to the health care provider's current diagnosis, has a high probability of causing death within two years from the date of the request for the medical review. Requests for an independent medical review after a claim is denied must be submitted to: Nationwide, P.O. Box 6148, Kent, WA 98064-6148.
- Treatment on or to the teeth or gums. (For exceptions, see Dental Treatment benefit in section 10.)
- Eye refractions, examinations or expenses for eyeglasses or contact lenses except as specifically provided in the "Vision Therapy" benefit.
- Any procedure to correct refractive errors.
- Hearing aids and the fitting and repair of hearing aids.
- Callus or corn paring or excision; toenail trimming; foot orthotics, shoes or shoe inserts (including designing, casting, molding, measuring, and fabrication expenses).
- Treatment (other than surgery) of chronic conditions of the foot including, but not limited to, weak or fallen arches, flat or pronated foot, foot strain, or bunions; or any type of massage procedure on or to the foot.
- Routine physical examinations, health evaluations and related X-ray and laboratory tests except as specifically provided in the "Annual Routine Physical Examination" benefit and "Preventive Care" benefit.
- Custodial Care.
- Cosmetic Surgery, Plastic Surgery, resulting complications, consequences and after effects or other services and supplies that We determine to be furnished primarily to improve appearance rather than a physical function or control of organic disease. Improvement of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts, rhinoplasty; sagging eyelids; prominent ears; skin scars; baldness; and correction of breast size, asymmetry or shape (except for correction of deformity resulting from surgical procedures known as mastectomies or lymph node dissections, or other Reconstructive Surgery as defined in Section 10).
- Vaccinations, inoculations, and preventive shots (except as provided in the "Immunization Benefit" in Section 10.)
- Newborn care and treatment, including circumcision, which do not result from Illness or Accidental Injury, except for: a) PPO Hospital services and supplies; b) Doctor examination or consultation when received in a PPO Hospital; c) Services specifically included in the "Child Preventive Care Benefit" or "Immunization Benefit" in Section 10.
- Performed primarily for the purpose of diagnosing and/or treating infertility; and/or primarily for conceiving a child or children by You or Your Dependent; and/or surgery for the reversal of sterilization procedures or any resulting complications.
- Modifications made to dwellings, property, or automobiles such as ramps, elevators, stairlifts, swimming pools, spas, air conditioners or air-filtering systems, or car hand controls, whether or not their installation is for purposes of providing therapy or easy access, or are portable to other locations.
- Which are: a) primarily preventive (except as specifically provided in the "Annual Routine Physical Examination Benefit" and the "Preventive Care Benefit" in Section 10. b) not rehabilitative or curative for the symptoms, diagnosis or treatment of an Illness or Accidental Injury, including maintenance care; c) furnished primarily for convenience; d) found to have no therapeutic value for the treatment of Illness or Accidental Injury; or e) not Medically Necessary (except as specifically provided in the "Annual Routine Physical Examination Benefit", "Preventive Care Benefit", or "Immunization Benefit" in Section 10).
- Sex change surgery or treatments, including but not limited to, any medical, surgical or psychiatric treatment or study related to sex change.
- Intentional or non-accidental self-inflicted injury; suicide or attempted suicide, whether sane or insane, including complications, consequences and after effects.
- A state of war or any act of war, declared or undeclared.
- For treatment received outside of the 50 United States of America except when Medically Necessary for an Emergency Confinement in a Hospital.
- For Mental Disorders (excluding Severe Mental Illness and Serious Emotional Disturbance of a Child), alcoholism and/or drug substance abuse and/or addiction when not confined in a Hospital or Skilled Nursing Facility as an inpatient, unless included as specified in Section 10, including charges for: a) Telephone calls; b) Psychological testing; c)Testing for intelligence or learning disabilities; and d) Hospital or other facility day care expenses (including room or bed use, training or educational services or supplies, meals, etc.).
- For Mental Disorders (including Severe Mental Illness and Serious Emotional Disturbance of a Child), alcoholism and/or drug substance abuse and or addiction, including: a) Inpatient treatment for eating disorders, except anorexia nervosa and bulimia nervosa or in an Emergency: b) Treatments which do not meet national standards for mental health professional practice; c) Non-organic therapies; d) Organic therapies; e) Treatments designed to regress a patient emotionally or behaviorally; f) Personal enhancement or self-actualization therapy and other treatments; g) Dance, poetry, music, or art therapy; h) Methadone maintenance or treatment; and i) Facilities or homes that provide 24-hour non-medical residential care.
- For which preapproval is required, but is not approved by Us prior to the start of treatment, except as provided in Section 6.
- For learning disabilities or other educational purposes including, but not limited to: school placement, progress or other testing; reading, vocational, recreation, art, dance, music, or other similar-type therapies.
- Exercise machinery or equipment, including but not limited to, treadmills, stair-steps, trampolines, weights, sports equipment, support braces used primarily for use during any sport or in the course of employment; any equipment obtainable without a Doctor's written prescription.
- For pregnancy that results under a surrogate parenting agreement.
- MP Electronic Beam (EBCT) Scan, or "Ultra Fast CT".
- For the treatment of any Illness or Accidental Injury incurred while You or Your Dependent are committing or attempting to commit a felony; while taking part in any illegal occupation or activity; or while taking part in an insurrection or riot.
- Related to a solid organ or bone marrow transplant that are:

  a) not approved by the Utilization Review Program or rendered by the Preferred Specialty Surgery and Transplant Program;

  b) for non-human organs or bone marrow.
- Drugs and medicines when not confined in a Hospital or Skilled Nursing Facility as an inpatient, except as provided in the "Home Care Benefit" or the "Prescription Drug Benefit".
- Vitamins, minerals, food supplements, herbs, herbal formulas, or home remedies.
- Under the "Prescription Drug Benefit", when included, any drug or medicine: a) obtainable without a Doctor's prescription; b) containing nicotine or other smoking deterrent medication; c) for the treatment of alopecia (hair loss) or hirsutism (hair removal); d) for the purpose of weight control; e) for the treatment of infertility; f) cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation; g) refills in excess of the number specified by the Doctor; h) for an amount which exceeds a 30-day supply (90-day supply for mail-order purchases) when taken in accordance with the Doctor's directions; or which are made more than one year following the date of the prescription; and i) that is prescribed for a use that is different from the use for which the drug has been approved by the federal Food and Drug Administration (FDA), unless the drug: (1) is approved by the FDA; (2) is prescribed for the treatment of a life-threatening condition; and (3) has been recognized for treatment of the life-threatening condition by one of the following: (a) the American Medical Association Drug Evaluations, (2) the American Hospital Formulary Services, (3) the United States Pharmacopoeia Dispensing Information, Volume I, "Drug Information for the Health Care Professional" or (4) two articles from major peer reviewed medical journals supporting such use as generally safe and effective unless there is clear and convincing contradictory evidence presented in a major peer reviewed medical journal. A life-threatening condition means diseases or conditions: where the likelihood of death is high unless the course of the disease is interrupted; or with potentially fatal outcomes, where the end point of clinical intervention is survival. j) Labeled ""Caution – limited by federal law to investigational use"; or experimental drugs. (Upon written request, claims denied under this provision may be reviewed by an independent medical review entity if You or Your Dependent has a terminal condition that, according to the health care provider's current diagnosis, has a high probability of causing death within two years from the date of the request for the medical review. Requests for an independent medical review after a claim is denied must be submitted to: Nationwide, P.O. Box 6148, Kent, WA 98064-6148. k) That require Utilization Review approval, when that approval is not obtained. See the "Utilization Review Program" in Section 6 for details.
- Any benefit not listed in this Certificate.

Termination of Coverage

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

- The date the Master Group Policy ends.
- The last day of the period for which premium has been paid in full (subject to the Grace Period provision, see below).
- The last day of the calendar month in which: a) the Covered Person dies; b) the Certificateholder 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 member health insurance program; d) written notice, signed by the Certificateholder, is received in our office, requesting termination of coverage for any or all Covered Persons; e) written notice, signed by Your Dependent Spouse or Registered Domestic Partner, is received in our office, requesting termination for themselves only.
- With respect to a Covered Person who is a Dependent spouse or Registered Domestic Partner, the last day of the calendar month in which the marriage of the Certificateholder and Dependent spouse or Registered Domestic Partner is dissolved.
- With respect to a Covered Person who is a Dependent child, the last day of the calendar month in which the child becomes an emancipated minor or attains age 18 (age 24 if a full-time student enrolled in at least 12 semester units or equivalent at an accredited school or college), unless the child is incapable of self-sustaining employment in accordance with the terms in the definition of Dependent (see Section 14).
- With respect to a Covered Person who is a Dependent child, the last day of the calendar month in which the child marries.
- The date the Covered Person performed a fraudulent act or made an intentional misrepresentation of material fact in order to obtain benefits under the Plan.
- The last day of the calendar month in which Your or Your Dependent(s) status with the United States Military becomes active.
- The last day of the calendar month in which Nationwide Health Plans ceases to write, issue, or administer group health benefit plans. However, coverage will not terminate unless written notice is provided to the State Insurance Commissioner, Policyholder, and Certificateholder at least 180 days prior to such cessation.