



Effective March 1, 2009

# CFB SAVER II

## A TAX-SAVING OPPORTUNITY

*Health insurance plans for individuals and families*

### HIGH-DEDUCTIBLE PPO PLANS WITH TAX-SAVING OPPORTUNITIES

Health Net's CFB Saver II for California Farm Bureau members is an HSA-compatible health insurance plan that is simple and easy to understand. These plans have a higher deductible but you spend less on monthly premiums.

Among the highlights:

- 4 deductible choices - \$1,800 to \$4,800
- 100% in-network coverage for covered charges after your calendar year deductible is met
- Adult and child preventive care - deductible waived in-network

After you enroll, you can open a Health Savings Account (HSA) at a bank or financial institution. Health Net also offers the EZAccess HSA program, which pairs a Health Net HSA-compatible PPO health insurance plan with the HSA For Life® Health Savings Account (HSA) from Bank of America.

### HSA ADVANTAGES<sup>1</sup>

With an HSA, you can use pre-tax 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. Other key facts about HSAs:

- Your contributions are tax-free, up to the allowable amount. For 2009, the maximum allowable amount for individuals is \$3,000 and \$5,950 if you have family coverage.
- You have complete control over your health care dollars and can use them when you like.
- When used for qualified medical or pharmacy expenses, contributions (up to the IRS maximum) and withdrawals are tax-free.
- Long-term savings, rollover features (no time limit for using the funds) and catch-up contribution for members between the ages of 55 to 65.

<sup>1</sup>References 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](http://www.irs.gov).

The CFB Saver II health insurance plan is underwritten by Health Net Life Insurance Company.



# Summary of benefits

Refer to your Certificate of Insurance for complete details, exclusions and limitations. In case of conflict, the Certificate of Insurance controls. Benefits subject to deductible unless noted.

**LIFETIME MAXIMUM:** \$6 million

## ANNUAL DEDUCTIBLES

(Family deductible is 2x the single deductible.)

## ANNUAL OUT-OF-POCKET MAXIMUM

(Includes annual deductible for in-network. Payments for services not covered by this plan will not apply to this yearly out-of-pocket maximum.)

## PROFESSIONAL SERVICES

Visit to physician (including specialist consultations)

X-ray and laboratory procedures<sup>2</sup>

## ADULT PREVENTIVE CARE (age 19 and older)

Annual routine physical exam, annual OB/GYN exams (breast exam, pelvic exam, Pap smears and mammography<sup>3</sup>), annual prostate cancer screening and exam

## CHILD PREVENTIVE CARE (newborns to age 18)

Check ups, immunizations, vision and hearing exams

## EMERGENCY HEALTH COVERAGE

Emergency room (professional and facility charges)

Urgent care center (facility charges)

Ambulance

## OUTPATIENT SERVICES<sup>2</sup>

Outpatient Surgery (hospital or outpatient surgery center charges only) (out-of-network maximum allowable charge is \$600 per day)

Outpatient facility services<sup>2</sup>

## HOSPITALIZATION SERVICES<sup>2</sup>

Inpatient, semi-private hospital room or intensive care unit with ancillary services (unlimited, except for non-severe mental health and substance abuse treatment) (out-of-network maximum allowable charge is \$600 per day)

Surgeon or assistant surgeon and anesthetic service (inpatient hospital setting)

## MATERNITY CARE

## OTHER SERVICES

Rehabilitative therapy (includes physical, speech, occupational, respiratory and cardiac therapy) (Outpatient: 20 visit maximum per calendar year combined in or out-of-network)

Chiropractic care / Acupuncture

(12 visit maximum per calendar year combined in- or out-of-network)

Mental health for non-severe conditions<sup>4</sup>

Diabetic equipment

Durable medical equipment (\$2,000 maximum payable per calendar year)

## OUTPATIENT PRESCRIPTION DRUGS<sup>5</sup>

(up to a 30-day supply)

*Prescription drugs filled through participating mail order (up to a 90-day supply)*

CFB SAVER II		
	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
	Choice of \$1,800, \$2,800, \$3,800 or \$4,800 single (All benefits including Outpatient Prescription Drugs are subject to the deductible except Preventive Care. For contracts of two or more members, there is an embedded individual deductible <sup>1</sup> on the \$2,800, \$3,800 and \$4,800 deductible amount.)	
	\$1,800, \$2,800, \$3,800, \$4,800 single (family is 2x the single)	\$5,000 single / \$10,000 family
	No charge after deductible is met	50%
	No charge after deductible is met	50%
	\$40 (deductible waived)	Not covered
	\$40 (deductible waived)	Not covered
	No charge after deductible is met	
	No charge after deductible is met	
	No charge after deductible is met	
	No charge after deductible is met	50%
	No charge after deductible is met	50%
	No charge after deductible is met	50%
	No charge after deductible is met	50%
	No charge after deductible is met	50%
	Not covered	
	No charge after deductible is met	50%
	No charge after deductible is met	50%
	No charge after deductible is met – inpatient <sup>2</sup> and outpatient	50% inpatient <sup>2</sup> Not covered outpatient
	No charge after deductible is met	Not covered
	No charge after deductible is met	Not covered
	No charge after deductible is met	Not covered
	No charge after deductible is met	Not covered

<sup>1</sup>One person on a plan with 2+ members can meet the individual deductible amount and begin receiving covered benefits. <sup>2</sup>Certain services require prior certification from Health Net. Without prior certification, benefit is reduced by 50%. Refer to the Certificate of Insurance for details. <sup>3</sup>Mammograms are covered at the following intervals: one exam between the ages 35-39, one every 24 months for ages 40-49 and one every year for age 50 and older. <sup>4</sup>Inpatient is 30 visits with \$300 maximum allowable per day. Outpatient is 20 visits - maximum payable is \$30 per visit <sup>5</sup>The 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 a Certificate of Insurance for complete information on prescription drugs.