



Effective March 1, 2009

CFB LIFESTYLE II

A PLAN FOR THE WAY YOU LIVE

Health insurance plans for individuals and families

Simple to use. Easy to understand. Affordable. That's CFB Lifestyle II — a series of PPO health insurance plans available exclusively for California Farm Bureau members. Designed for people looking for balance, CFB Lifestyle II delivers with a blend of up-front coverage and broad benefits after deductible:

- 100% in-network coverage for covered charges after you meet your calendar year deductible.
- Up-front coverage for the services you're likely to use most. You just pay a set copay at the doctor's office or pharmacy.
 - You can see the doctor and get preventive care (up to 4 visits combined) for a copay (deductible waived).
 - Prescription drugs — you can select our generic or 3-tier prescription drug benefit.
- The freedom of choice: you can go to a doctor or hospital in our PPO network — there are over 54,000 providers and over 300 hospitals to choose from — for the richest benefit coverage. Or you can see a provider not in our network and pay a greater share of the costs.
- Child-only coverage if you need it.

The CFB Lifestyle II plans are underwritten by Health Net Life Insurance Company. Headquartered in California, Health Net has been helping people with their health care needs for over 28 years. Let us do the same for you.

MORE PRODUCTS THAT FIT YOUR LIFE

When you choose a CFB plan from Health Net, you get the added convenience of rounding out your benefit coverage with one or more of these optional products:

- Dental
- Vision
- Supplemental Term Life Insurance
- CashNet Plan: A supplemental medical expense product that can help bridge hospital and other medical costs.



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

(Not included in annual-out-of-pocket maximum. Family deductible is 2x the single deductible.)

ANNUAL OUT-OF-POCKET MAXIMUM

(Does not include annual deductible. 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 procedures¹

ADULT PREVENTIVE CARE (age 19 and older)

Annual routine physical exam, annual OB/GYN exams (breast exam, pelvic exam, Pap smears and mammography²), 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 SERVICES¹

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

Outpatient facility services¹

HOSPITALIZATION SERVICES¹

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 conditions³

Diabetic equipment

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

OUTPATIENT PRESCRIPTION DRUGS^{4,5}

(medical deductible waived) (up to a 30-day supply) (does not count towards your annual out-of-pocket maximum)

Prescription drugs filled through participating mail order (up to a 90-day supply) require twice the level of copay

CFB LIFESTYLE II

	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
	\$2,000 single / \$20 copay \$3,000 single / \$30 copay \$4,000 single / \$40 copay	
	\$0	\$7,500 single / \$15,000 family
	Plan copay (see above) (Deductible waived for first 4 visits of any combination of Professional Services and Preventive Care)	50%
	No charge after deductible is met	50%
	Plan copay (see above) (Deductible waived for first 4 visits of any combination of Professional Services and Preventive Care)	Not covered
	Plan copay (see above) (Deductible waived for first 4 visits of any combination of Professional Services and Preventive Care)	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%
	\$2,000 and \$3,000: Not covered \$4,000: No charge after deductible is met	\$2,000 and \$3,000: Not covered \$4,000: 50%
	No charge after deductible is met	50%
	No charge after deductible is met	50%
	No charge after deductible is met – inpatient ¹ and outpatient	50% inpatient ¹ Not covered outpatient
	No charge after deductible is met	Not covered
	No charge after deductible is met	Not covered
	Two Rx options available 1) 3-Tier \$5 Level I (generic) \$500 (brand deductible per person) \$35 Level II (formulary brand) \$50 or 50% (whichever is greater) Level III (non-formulary brand) or 2) Generic only \$10 Level I	Not covered

¹Certain services require prior certification from Health Net. Without prior certification, benefit is reduced by 50%. Refer to the Certificate of Insurance for details. ²Mammograms 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. ³Inpatient is 30 visits with \$300 maximum allowable per day. Outpatient is 20 visits - maximum payable is \$30 per visit. ⁴The 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 Certificate of Insurance for complete information on prescription drugs. ⁵Prescription drug charges do not apply to your maximum out-of-pocket limit. Brand deductible, if applicable, is in addition to the medical deductible and must be paid for prescription drug covered services before Health Net begins to pay.