A GUIDE TO ALL YOUR HEALTH INSURANCE OPTIONS

Exclusively for Farm Bureau members

Effective March 1, 2009

Medical • Dental • Vision • Supplemental term life insurance
• Supplemental medical expense coverage

Health Net®
LIFE INSURANCE COMPANY

2009 HEALTH NET

HEALTH INSURANCE PLANS AND OTHER HEALTH PRODUCTS

FOR THE CALIFORNIA FARM BUREAU MEMBERS' HEALTH INSURANCE PROGRAM

CONTENTS

California Farm Bureau Federation and Health Net

PROTECTING CALIFORNIA AGRICULTURE. PROTECTING YOUR HEALTH.

More than 75 years ago, the California Farm Bureau Federation (CFBF) was established to protect and promote agricultural interests throughout the state of California. The largest farm organization in the state, CFBF represents farmers, ranchers and other Californians in legal, legislative and utility matters, public information and education, advancing the public interest in agriculture and many other areas.

Today, 53 county Farm Bureaus make up the CFBF, representing more than 89,000 member families. Anyone can join the Farm Bureau and benefit from local county Farm Bureau representation and exclusive membership offers.

THE HEALTH NET DIFFERENCE — EXCLUSIVE PLANS FOR FARM BUREAU MEMBERS

Affordable health insurance is one of the benefits of Farm Bureau membership. When you join the Farm Bureau, you're eligible for an exclusive line of Health Net plans. Here's what makes Health Net a better decision:

1. *We know California.*
   Headquartered in California, Health Net has been giving Californians access to broad networks, personal service and useful wellness resources for over 28 years, so they can manage their health the way they want.

2. *We have broad networks for more choice.*
   Over 54,000 doctors, over 300 hospitals and over 4,300 retail chain and independent pharmacies give you the choices you deserve. And with such large provider networks, there's a good chance your doctor is part of ours. Plus, our worldwide emergency coverage protects you wherever you travel.

3. *We save you time.*
   Online tools. People to talk with on the phone. With a Health Net plan, it's easy to get answers and to get things done.

4. *We're focused on quality.*
   Ongoing service monitoring helps ensure the care you receive is the right care for you. Plus, you can assess network quality for yourself with the provider and hospital comparison reports that we make available online at www.healthnet.com.

5. *We'll be here when you need us.*
   Health Net is backed by Health Net, Inc., one of the nation's largest publicly traded managed health care companies with 6.6 million customers in 27 states and the District of Columbia.

Plus, Farm Bureau members get great discounts on LensCrafters® eyewear, Hertz® rental cars, Kelly-Moore and Dunn Edwards paint, Grainger products, hotels, theme parks and more! Also, see No-Cost Extras, starting on page 11, for details.

Medical costs for a serious illness or accident could cost hundreds of thousands of dollars. That's why health insurance is just as important as insurance for your home, vehicles, businesses and other property.

HELPFUL DEFINITIONS

In this guide, you'll see words used that are specific to health care. We've defined them here to make everything fast to read and easy to understand.

Applicant-only plan - The plan covers just the individual who is applying for coverage. Multiple family members may apply separately for applicant-only plans.

Coinsurance - The percentage of costs you pay for covered services, usually after you meet your deductible. These amounts vary by health plan.

Copay - The dollar amount that a covered person is required to pay for certain benefits in addition to any applicable coinsurance and/or deductible payments.

Deductible - The amount of covered charges for which a covered person or family unit has to incur and pay each calendar year before benefits are payable. Certain services are available before the deductible is met.

Emergency - An illness or accidental injury that:

1) requires immediate care or medical intervention;
2) threatens the patient's life, or, if left untreated, will cause further serious impairment to the patient's bodily function.

Out-of-pocket - The amount of covered charges that you must pay in addition to applicable copays, deductibles, and non-covered charges.

When you see the term "out-of-pocket maximum," it means the dollar limit of your share of health care expenses.

PPO - The Preferred Provider Organization designated by us and/or any other health care provider contracting organization that has contracted with Health Net.

Up-front coverage - Up-front coverage means that you can use certain services before you meet your deductible. You just pay a set copay at the doctor's office. Also called first dollar coverage.

Choosing the plan that fits your life

Health Net offers Farm Bureau members a selection of PPO-style health plans so you can find the health plan that fits your budget and your life. These plans are underwritten by Health Net Life Insurance Company.

PPO plans give you freedom of choice. You can go to a doctor or hospital in our PPO network for the highest benefit coverage — there are over 54,000 providers and over 300 hospitals statewide to choose from — or you can see a provider not in our network and pay a greater share of the costs. We even offer plans that are compatible with a Health Savings Account with deductibles ranging from $1,800 to $4,800.

Child and children-only coverage is available on all of our plans.

CFB SAVER II

These are our PPO plans that can be paired with a Health Savings Account (HSA). These plans have a higher deductible but you spend less on monthly premiums.

- 100% of in-network coverage for covered charges after your calendar year deductible is met
- Adult and child preventive care (deductible waived)

After you enroll, you can open an HSA. When you have 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:

- You can contribute up to $3,000 to your HSA as an individual or $5,950 if you have family coverage. These are the 2009 maximum allowable amounts as set by the IRS.
- 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.

Bonus Option! Health Net has partnered with Bank of America to offer our members an HSA that's easy to administer, quick to set up, and that comes with a convenient Bank of America VISA® debit card for account access.

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.

The HSA component of EZ Access HSA is offered by Bank of America, N.A., as trustee of the HSA. Health Net is not affiliated with Bank of America, N.A.

CFB LIFESTYLE II

Designed for people looking for balance, CFB Lifestyle II delivers with a blend of up-front coverage and benefits after the deductible:

- 100% of in-network coverage for covered charges after your calendar year deductible is met
- 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.

CFB PRIMARY

The CFB Primary is one of our lowest premium plans. Combining a high deductible with the added convenience of up-front coverage, this "applicant-only" plan is just right for you if you are looking for essential health care coverage at a reasonable cost.

- You can see the doctor and get preventive care (up to 2 visits combined) for a $40 copay (deductible waived).
- Generic prescription drug benefit - $10 copay.

For all other services, plan pays 100% of in-network coverage for covered charges after your calendar year deductible is met.

BENEFITS AT-A-GLANCE

This chart is a summary of in-network benefits only and not intended for enrollment purposes.

	CFB SAVER II	CFB LIFESTYLE II	CFB PRIMARY
LIFETIME MAXIMUM: $6 million	IN-NETWORK YOU PAY	IN-NETWORK YOU PAY	IN-NETWORK YOU PAY
ANNUAL DEDUCTIBLES Family deductible is 2x the individual	$1,800, $2,800, $3,800, $4,800	$2,000 / $20 copay $3,000 / $30 copay $4,000 / $40 copay	$6,000
ANNUAL OUT-OF-POCKET MAXIMUM	$1,800, $2,800, $3,800, $4,800 (Deductible included)	$0	$0
VISIT TO PHYSICIAN	No charge after deductible	Plan copay[1]	$40[3]
X-RAY AND LABORATORY	No charge after deductible	No charge after deductible	No charge after deductible
MATERNITY CARE	Not covered	$2,000 & $3,000 Not covered; $4,000 No charge after deductible is met	Not covered
ADULT PREVENTIVE CARE	$40[2]	Plan copay[1]	$40[3]
CHILD PREVENTIVE CARE	$40[2]	Plan copay[1]	$40[3]
EMERGENCY HEALTH COVERAGE	No charge after deductible	No charge after deductible	No charge after deductible
OUTPATIENT SERVICES	No charge after deductible	No charge after deductible	No charge after deductible
OUTPATIENT FACILITY SERVICES	No charge after deductible	No charge after deductible	No charge after deductible
HOSPITALIZATION SERVICES	No charge after deductible	No charge after deductible	No charge after deductible
OUTPATIENT PRESCRIPTION DRUGS	No charge after deductible	**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	**Generic only -** $10 Level I (generic)

For benefit details, please see the SUMMARY OF BENEFITS.

[1]Deductible waived for first 4 visits of any combination of Professional Services and Preventive Care.

[2]Deductible waived.

[3]Deductible waived for first 2 visits of any combination of Professional Services and Preventive Care.

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	**CFB SAVER II**	
	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
ANNUAL DEDUCTIBLES (Not included in annual-out-of-pocket maximum, except on CFB Saver II. Family deductible is 2x the single deductible.)	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[1] on the $2,800, $3,800 and $4,800 deductible amounts.)	
ANNUAL OUT-OF-POCKET MAXIMUM (Does not include annual deductible, except on in-network CFB Saver II. Payments for services not covered by this plan will not apply to this yearly out-of-pocket maximum.)	$1,800, $2,800, $3,800 or $4,800 single (family is 2x single)	$5,000 single (family is 2x single)
PROFESSIONAL SERVICES Visit to physician (including specialist consultations)	No charge after deductible is met	50%
X-ray and laboratory procedures[2]	No charge after deductible is met	50%
Adult preventive care (age 19 and older) Annual routine physical exam, annual OB/GYN exams (breast exam, pelvic exam, Pap smears and mammography[3]), annual prostate cancer screening and exam	$40 (deductible waived)	Not covered
Child preventive care (newborns to age 18) Check ups, immunizations, vision and hearing exams	$40 (deductible waived)	Not covered
EMERGENCY HEALTH COVERAGE Emergency room (professional and facility charges)	No charge after deductible is met	
Urgent care center (facility charges)	No charge after deductible is met	
Ambulance	No charge after deductible is met	
OUTPATIENT SERVICES[2] Outpatient Surgery (hospital or outpatient surgery center setting) (out-of-network maximum allowable charge is $600 per day)	No charge after deductible is met	50%
Outpatient facility services[2]	No charge after deductible is met	50%
HOSPITALIZATION SERVICES[2] 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)	No charge after deductible is met	50%
Surgeon or assistant surgeon and anesthetic service (inpatient hospital setting)	No charge after deductible is met	50%
MATERNITY CARE[2]	Not covered	
OTHER SERVICES Rehabilitative therapy (includes physical, speech, occupational, respiratory and cardiac therapy) (20 visit maximum per calendar year combined in- or out-of-network)	No charge after deductible is met	50%
Chiropractic care / Acupuncture (12 visit maximum per calendar year combined in- or out-of-network)	No charge after deductible is met	50%
Mental health for non-severe conditions[2,4]	No charge after deductible is met – inpatient and outpatient	50% inpatient Not covered outpatient
Diabetic equipment	No charge after deductible is met	Not covered
Durable medical equipment ($2,000 maximum payable per calendar year)	No charge after deductible is met	Not covered
OUTPATIENT PRESCRIPTION DRUGS[5] (up to a 30-day supply; does not count towards your annual out-of-pocket maximum, except on CFB Saver II; medical deductible waived on the CFB Lifestyle II and CFB Primary plans) *Prescription drugs filled through participating mail order (up to a 90-day supply) require twice the level of copayment (except on CFB Saver II)*	No charge after deductible is met	Not covered

[1] One person on a plan with 2+ members can meet the individual deductible and begin receiving covered benefits.
[2] Certain services may require prior certification from Health Net. Without prior certification, benefit is reduced by 50%. Refer to the Certificate of Insurance for details.
[3] 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.
[4] Inpatient is 30 visits with $300 maximum allowable per day. Outpatient is 20 visits - maximum payable is $30 per visit.
[5] 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 www.healthnet.com. Refer to a Certificate of Insurance for complete information on prescription drugs.
[6] Prescription drug charges do not apply to your maximum out-of-pocket limit, except on CFB Saver II. Brand deductible per person, if applicable, is in addition to the medical deductible and must be paid for prescription drug covered services before Health Net begins to pay.

CFB LIFESTYLE II		CFB PRIMARY (Applicant-only plan)	
IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
$2,000 single / $20 copay $3,000 single / $30 copay $4,000 single / $40 copay		$6,000	
$0	$7,500 single (family is 2x single)	$0	$6,000
Plan copay (Deductible waived for first 4 visits of any combination of Professional Services and Preventive Care)	50%	$40 (Deductible waived for first 2 visits of any combination of Professional Services and Preventive Care)	50%
No charge after deductible is met	50%	No charge after deductible is met	50%
Plan copay (Deductible waived for first 4 visits of any combination of Professional Services and Preventive Care)	Not covered	$40 (Deductible waived for first 2 visits of any combination of Professional Services and Preventive Care)	Not covered
Plan copay (Deductible waived for first 4 visits of any combination of Professional Services and Preventive Care)	Not covered	$40 (Deductible waived for first 2 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	
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%	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%	Not covered	
No charge after deductible is met	50%	Inpatient - no charge after deductible is met; Outpatient - not covered	Inpatient -50% Outpatient - not covered
No charge after deductible is met	50%	Not covered	
No charge after deductible is met – inpatient and outpatient	50% inpatient Not covered outpatient	Inpatient - no charge after deductible is met; Outpatient - not covered	Inpatient -50% Outpatient - not covered
No charge after deductible is met	Not covered	No charge after deductible is met	50%
No charge after deductible is met	Not covered	No charge after deductible is met	50%
Two Rx options available[6] **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	**Generic only -** $10 Level I[6]	Not covered

Dental and vision

When you choose a Health Net PPO plan, you have the option to add on dental and/or vision coverage.

DENTAL

Health Net helps you keep your teeth healthy with two dental plan choices:

- The Health Net Scheduled Reimbursement Plan provides reimbursement at a set rate for dental services provided by the dentist of your choice.
- The Health Net HMO plan covers dental services that you receive from a primary HMO dentist in our network. You can choose a participating office from a list of network providers in your area. To find a dental HMO provider:
  - Go to www.healthnet.com
  - Select "Find a Doctor or Hospital"
  - Select "Dental" from left side-bar
  - Select "California Commercial Health Plans", then "Continue"
  - Select "Dentist Locater"
  - Select "DHMO (CA Only)"
  - Select the appropriate search criteria, then key in the Search Fields and select "Submit"
  - Choose your HMO Dentist and include the Practice ID# in the specified area on the Application.

DENTAL SUMMARY OF BENEFITS AND RATES

	HMO[1] (You pay)	SCHEDULED REIMBURSEMENT PLAN[2] (Plan pays up to)
MAXIMUM CALENDAR YEAR BENEFIT	Unlimited	$1,000
ANNUAL DEDUCTIBLE	$0	$50 ($150 family deductible)
DIAGNOSTIC Oral Examination (up to 2x per year)	$0	$24
Intraoral Radiographs	$0 (Including bitewings every 3 yrs)	$62 (Including bitewings every 5 yrs)
PREVENTATIVE Prophylaxis (2 cleanings; once every 6 mos.) Adult	$0	$40
Child (through age 18)	$0	$28
Sealant (per permanent molar tooth)	$5 (through age 15)	$26 (through age 17)
RESTORATIVE Amalgam (permanent fillings) One Surface	$0	$38
Two Surfaces	$0	$48
Crown[2] (porcelain/ceramic)	$245	$220
PROSTHETICS/PROSTHODONTICS[2] Denture (complete upper or lower)	$325 each	$315
ENDODONTICS Root Canal (excluding final restorations) Anterior	$225	$193
Molar	$265	$306
ORAL SURGERY (extractions) Single Tooth	$5	$39
Removal of Impacted Tooth (completely bony)	$80	$134
ORTHODONTICS Children (through age 19)	75% of U&C[3]	Not covered
Adult	75% of U&C[3]	Not covered

	HMO	SCHEDULED REIMBURSEMENT PLAN
MEMBER	$20.00	$39.00
MEMBER +1	$38.00	$78.01
MEMBER +2 OR MORE	$58.00	$111.16

Monthly rates effective 7/1/08. Rates subject to change.

The chart on the left is a summary of the benefits. For more information, please refer to the Schedule of Benefits, Exclusions and Limitations for Health Net's Dental Plans which can be downloaded from Health Net's website at www.healthnet.com.

[1]You must select a dental HMO network provider for services. Procedures performed by a non-network dentist are not covered and enrollees are required to pay all charges.

[2]Major restorations have a 12-month waiting period for the Scheduled Reimbursement Plan. Benefits are subject to change.

[3]Benefits cover 24 months of Usual and Customary (U&C) and 24 months of retention.

USUAL AND CUSTOMARY (U&C) means charges for dental services or supplies essential to the care of the Insured if they are the amount normally charged by the provider for similar services and supplies and do not exceed the amount ordinarily charged by most providers of comparable services and supplies in the locality where the services or supplies are received.

Health Net Dental HMO plans are provided by Dental Benefit Providers of California, Inc. ("DBP"). Health Net Dental PPO and Indemnity plans are underwritten by Unimerica Insurance Company. Obligations of DBP and Unimerica Insurance Company are not the obligations of or guaranteed by Health Net, Inc. or its affiliates.

VISION

Our flexible and affordable PPO vision program will keep you seeing clearly.

- You choose where to go at the time of service — no need to select a vision provider when you enroll. Note that you pay less when you see an in-network vision provider.
- High standards of quality and service.
- Complete visual examination every 12 months; $10 deductible applies.
- Frames - one frame every 24 months (up to $85 maximum in-network, $45 out-of-network).

For more details, please refer to Health Net's PPO Vision Plan schedule.

VISION SUMMARY OF BENEFITS AND RATES

	MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
EXAM WITH DILATION AS NECESSARY	$10 copay	$45
CONTACT LENS FIT AND FOLLOW-UP (Contact lens fit and two follow-up visits are available once a comprehensive eye-exam has been completed.)		
Standard	$0 copay; fit and two follow-up visits paid in full	$40
Premium	$0 copay; 10% off retail price, then apply $55 allowance	$40
FRAMES Any available frame at provider location	$0 copay; $85 allowance for any frame plus 20% off balance over $85	$45
STANDARD PLASTIC LENSES		
Single Vision	$0 copay	$43
Bifocal	$0 copay	$58
Trifocal	$0 copay	$70
Lenticular	$0 copay	$125
LENS OPTIONS		
UV Coating	20% discount	Not covered
Tint (solid and gradient)	20% discount	Not covered
Standard Scratch-resistance	20% discount	Not covered
Standard Polycarbonate	20% discount	Not covered
Standard Progressive (add-on to Bifocal)	20% discount	Not covered
Standard Anti-reflective	20% discount	Not covered
Other Add-ons and Services	20% discount	Not covered
CONTACT LENSES (includes materials only)		
Conventional	$0 copay; 15% discount off balance over $120	$105
Disposables	$0 copay; balance over $120	$105
Medically Necessary	$0 copay	$250
LASER VISION CORRECTION LASIK or PRK from U.S. Laser Network	15% off retail price, or 5% off promotional price	Not covered
FREQUENCY		
Examination	Once every 12 months	
Frame	Once every 24 months	
Lenses or Contact Lenses	Once every 24 months	

	PPO VISION PLAN
MEMBER	$13.66
MEMBER +1	$26.65
MEMBER +2 OR MORE	$38.25

Monthly rates effective 1/1/06. Rates subject to change.

Additional Purchases and Out-of-Pocket Discounts

Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Allowances are one-time use benefits; no remaining balance. Lost or broken materials are not covered.

EyeMed's Premier-Plus Secondary Purchase plan provides up to a 40% discount on subsequent purchases at an unlimited frequency after the initial benefit has been used. After initial purchase, replacement contact lenses may be obtained via the Internet at competitive prices and mailed directly to the member. The contact lens discount above is not applicable to this service.

Health Net Vision plans are administered by EyeMed Vision Care, LLC. Insured plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Insurance Company policy number VC-75, form number C-9069CA.

Rounding out your coverage

Round out your health coverage with optional products that deliver added financial protection, and the convenience of having all your benefits administered by one company.

THE CASHNET PLAN

CashNet is a supplemental medical expense plan that helps bridge the cost of hospitalization, surgery or an accident. For a modest monthly premium, you get cash reimbursements — which are paid directly to you when you need them — for:

Hospital Stays

- $300 per day for hospital covered charges for all illnesses and accidental injuries.
- Maximum of 30 days per calendar year. Lifetime maximum of 300 days.

Accidental Injury: Up to a maximum of $500 per year. Not applicable to "Child(ren)-Only" policies.

Ambulance transportation due to an accident:

- $300 for land transportation
- $1,000 for air transportation

Not applicable to "Child(ren)-Only" policies.

Mammography: Up to $100 with a maximum of 1 visit per calendar year.

You can supplement any Health Net health plan with CashNet — even our HSA-compatible CFB Saver II plan.

Other important things to know:

- The CashNet Plan is a supplement to health insurance, underwritten by Health Net Life Insurance Company. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract or major medical expense insurance.
- Payment of CashNet benefits is subject to all other terms of the policy. Please refer to a Certificate of Insurance for a list of exclusions and limitations.

SUPPLEMENTAL TERM LIFE INSURANCE

Your Health Net health plan includes $5,000 Life AD&D (accidental death & dismemberment) coverage for the member and $2,500 coverage for a spouse if included on the health certificate ($3.00 per month charge applies).

For added security, you may apply for Supplemental Term Life Insurance when you apply for your medical plan. If you are approved for health coverage, your term life coverage is also approved.

Health Net offers Supplemental Term Life Insurance, underwritten by Health Net Life Insurance Company, for adults (up to age 64) in coverage amounts of $10,000, $20,000, $30,000, $40,000 and $50,000. The maximum coverage amount for children ages 1-17 is $10,000.

Simply complete the Supplemental Term Life portion of the application. Premium is billed separately from your health insurance.

Individual Term Life Insurance Coverage Amounts					
Age	**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**
1-17	$1.00	N/A	N/A	N/A	N/A
18-29	$1.90	$3.80	$5.70	$7.60	$9.50
30-39	$2.40	$4.80	$7.20	$9.60	$12.00
40-49	$5.00	$10.00	$15.00	$20.00	$25.00
50-59	$13.70	$27.40	$41.10	$54.80	$68.50
60-64	$20.00	$40.00	$60.00	$80.00	$100.00

Monthly rates effective 7/1/08. Rates subject to change.

No-cost extras

DECISION POWER℠: HEALTH IN BALANCE

Information, resources and support for every person, every stage of health

With Health Net, you get more than health care coverage. You get Decision Power[1]. Decision Power brings together under one roof the information, resources and personal support that fit you, your health and your life.

Whether you …

- have a question
- want help with a specific health goal
- need treatment but want to understand all your options
- are living with illness

… you choose how and when to use the information, resources and support available. You can use Decision Power online. Or by calling a Health Coach. Try multiple resources at once, or one at a time. 24 hours a day, seven days-a-week, Decision Power is here for you.

Log on to www.healthnet.com:

Take the health risk questionnaire (HRQ) — with its instant results and interactive features, the HRQ is your gateway to recommendations and resources based on your unique health profile. Among the highlights: you'll receive e-mail alerts on information and action steps to take based on your HRQ results.

Try a step-by-step plan for losing weight, stopping smoking or boosting nutrition. You can start with our online coaching and self-help tools. Phone coaching support is included so making lasting, healthy changes is easier.

Track your health progress and build a complete medical snapshot to have whenever you need it with a Personal Health Record.

Find support for any kind of mental health concern such as depression, alcohol use, eating disorders, etc.

[1] Decision Power℠ is not part of Health Net's commercial medical benefit plans nor affiliated with Health Net's provider network and it may be revised or withdrawn without notice. Decision Power℠ is part of Health Net's Medicare Advantage benefit plans but is not affiliated with Health Net's Provider Network. Decision Power℠ services, including Health Coaches, are additional resources that Health Net makes available to insureds of Health Net Life Insurance Company.

24 hour answers to health questions or concerns.

Be informed — access information resources, such as Healthwise® Knowledgebase, and online health encyclopedia; HEAR® Audio Library, which contains information on 355 health topics; and Health Crossroads® Web Modules, which explains the pros and cons of various treatments.

Know your numbers — with our health trackers (cholesterol, diet, fitness), treatment cost estimator and hospital comparison reports.

Talk to a Health Coach to get:

1-to-1 consultations and a single point of contact for any and every health question, goal or situation. You can talk to the same Health Coach every time you call.

Steps to avoid Metabolic Syndrome — the combination of three or more of the six risk factors (e.g., waist size, blood pressure, HDL cholesterol level) that predict diabetes, heart disease and colon, uterine and prostate cancers.

24 hour answers to health questions or concerns. Always call 9-1-1 or go straight to the emergency room in a life-threatening situation.

Techniques to help you feel comfortable talking with your doctor and expressing your preferences.

Pointers for setting achievable health goals; guidance on evaluating treatment options.

Guidance and support for living with an ongoing illness such as asthma, diabetes, heart disease, etc.

Specialized consultation from nurse case managers to help both patients and family members deal with the complexity of end-stage illnesses.

You can use Decision Power whenever your want and as much as you like. Because when it comes to your health, there's more than one right answer.

SELF-SERVICE AT WWW.HEALTHNET.COM

At www.healthnet.com we make it fast and easy to get things done on your schedule, not ours. Once you're a Health Net member it will take only a minute to register online. Once you have your own user name and password, you can:

- Order ID cards
- See your plan details
- View pharmacy benefits
- Search for a physician or specialist in California
- Compare medical group and hospital quality and service ratings
- Find a pharmacist near you
- Get forms
- Email the Customer Contact Center
- Use our interactive tools
- Learn about health conditions
- And much more!

FARM BUREAU MEMBERSHIP DISCOUNT PROGRAMS

In addition to all the Health Net no-cost extras, Farm Bureau members have access to many exclusive products and discount programs. Enjoy smart, new ways to save hundreds of dollars a year.

- 20% eyewear discount - LensCrafters®
- BioScrip Prescription Savings Card
- Up to 35% discount on paint and supplies — Kelly-Moore and Dunn Edwards Paint
- 10% off Grainger® commercial and home improvement products
- Rental Car Discounts - Hertz® and Budget
- Discount Hotel Program

- $500 discount on select Dodge vehicles
- Theme Park Discounts
- 7.5% discount on Auto Insurance — Allied and Nationwide Insurance
- Farm Bureau Bank — full range of financial services

Getting started

STEP 1: CHECK ELIGIBILITY

There are four requirements to meet:

- For six continuous months or longer, be a California resident under age 65 who is not eligible for Medicare.
- Meet our medical underwriting guidelines. All applicants are subject to medical underwriting to determine medical risk. Based on the results of the medical underwriting, one or more of the following may happen:
  - Coverage may be offered at the standard rate.
  - Coverage may be offered at a higher rate.
  - Coverage may be offered for a different plan or deductible.
  - Coverage may not be offered.
- Be or become a California county Farm Bureau member.
- Be the applicant's spouse, or the applicant's California-registered domestic partner, under age 65, who is not eligible for Medicare.

All unmarried dependent children under age 19 may apply for dependent coverage, subject to medical underwriting guidelines. Unmarried dependent children under age 24 attending an accredited school or college full-time (at least 9 units or equivalent) may also apply for coverage if proof of current enrollment is submitted.

STEP 2: CHOOSE A HEALTH PLAN

- Review the benefit chart shown on pages 6-7 to determine which plan best fits your needs.

  For a premium quote, please call your Health Net authorized agent. If you need to be referred to an agent, call 1-800-909-3447, option 2.
- Complete an application. The application must be completed and signed by the applicant. Be sure to fill out the health application accurately and completely. An incomplete application will delay the process.
  - Your application requires that you remain a member of the Farm Bureau. If you are not a member, please fill out the Farm Bureau application and submit your annual membership dues along with your health premium and application. You will receive annual billings directly from the Farm Bureau for membership renewal.
  - You also get to choose the payment method you prefer for your monthly premiums. The choices are:
    - » Automatic Bank Draft (ABD): automatically withdraws the premium from your checking or savings account (you choose which account).
    - » Credit Card: monthly, repetitive charge to your VISA® or MasterCard®.
    - » Monthly billing by mail.

STEP 3: SEND YOUR APPLICATION

Send your completed and signed application, along with the appropriate premium, to your Health Net authorized agent or mail to the address listed on the application. Your initial payment can be charged to your VISA® or MasterCard® as noted on the health application.

Prefer to apply online? Ask your Health Net authorized agent about details for an online application.

COMMON QUESTIONS

What PPO doctors and facilities can I use?

You have access to the Health Net Life network, one of California's largest with over 54,000 PPO physicians and over 300 hospitals.

To find a provider:

1. Go to www.healthnet.com.
2. Choose "Find a Doctor or Hospital" from the home page.
3. Complete section 1 — choose "PPO Individual Plans" to pull up the network that applies for Farm Bureau.
4. Enter your doctor's last name in section 2 and click the red search button at the bottom of the page.

Can I apply for health coverage for my children only?

Yes. All of our health plans are available for child/children coverage only. Special children rates are available.

Is it possible for my spouse to have a different plan from mine?

Sure. Many couples find that their individual health care needs vary and want different coverage amounts and deductibles. If you apply for different plans/deductibles on one application, applicant-only rates will apply. Your authorized agent can tell you more.

Is preventive care covered?

Yes. Adult and child preventive care is a covered benefit. Please refer to the benefit chart for coverage information.

Is there a separate deductible for prescriptions?

If your plan includes the 3-tier prescription drug benefit, there is a separate $500 deductible for brand-name drugs.

If you have the CFB Saver II plan there is no separate prescription deductible, however, your medical plan deductible must be met before any prescription benefits are payable.

Why do I need a California Farm Bureau membership?

These Health Net plans are only available to Farm Bureau members. The Farm Bureau Members' Group Health Program has served its members since 1947. Your annual membership in a county Farm Bureau supports the agricultural industry in California. Plus you get member discounts on many valuable products and services including hotel, car rentals and more.

How often should I expect an increase in my health premium?

You have a rate guarantee for your first 12 months of coverage! (Does not apply if you move to a higher age band, rate area or change plans.)

After that, changes in premiums are based on utilization and provider costs, which Health Net continually monitors. There are no set increase periods but, in general, premiums increase anywhere from 1 to 2 times a year.

Health Net Life Insurance Company California Farm Bureau Member 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 contraceptives 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 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
- However, the Certificate does cover Medically Necessary diabetic equipment as shown in the "Medical Supplies" portion of "Schedule of Benefits" and the "Diabetic Equipment" provision in the "Medical Benefits" section
- 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 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 2007 ratio of incurred claims to earned premiums for the California Farm Bureau Federation Plans is 83 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.

For more information, please contact:

Health Net
Post Office Box 1150
Rancho Cordova, California 95741-1150

Individual & Family Plans:
1-800-909-3447

Telecommunications Device
for the Hearing and Speech Impaired:
1-800-995-0852

www.healthnet.com

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