



CFB SENSIBLE HSA NG

A TAX-SAVING OPPORTUNITY

Effective January 1, 2011

Health insurance plans for individuals and families

HIGH-DEDUCTIBLE PPO INSURANCE PLANS WITH TAX-SAVING OPPORTUNITIES

Health Net's CFB Sensible HSA NG for California Farm Bureau members is a Health Savings Account (HSA)-compatible health insurance plan that is simple and easy to understand. These plans have a high deductible but you spend less on monthly premiums.

Among the highlights:

- \$5,200 deductible
- 100% 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 at a bank or financial institution. Health Net also offers the EZAccessSM HSA program, which pairs a Health Net HSA-compatible PPO health insurance plan with the HSA for Life[®] Health Savings Account from Bank of America.

HSA ADVANTAGES¹

With an HSA, you can use tax-free 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 2011, the maximum allowable amount for individuals is \$3,050 and \$6,150 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.

¹References 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.



SUMMARY OF BENEFITS — CFB Sensible HSA NG

Underwritten by Health Net Life Insurance Company

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. REFER TO YOUR CERTIFICATE OF INSURANCE FOR COMPLETE DETAILS, EXCLUSIONS AND LIMITATIONS. IN CASE OF CONFLICT, THE CERTIFICATE OF INSURANCE CONTROLS. BENEFITS ARE SUBJECT TO DEDUCTIBLE UNLESS NOTED.

	CFB SENSIBLE HSA NG	
	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
LIFETIME MAXIMUM	Unlimited	
CALENDAR YEAR DEDUCTIBLE (Family deductible is 2x the single deductible.)	\$5,200 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 .)	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM Includes calendar year deductible for in-network. Payments for services not covered by this plan will not apply to this calendar year out-of-pocket maximum. Copays apply to calendar year out-of-pocket maximum.	\$5,200 single (family is 2x the single)	\$5,000 single (family is 2x the 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%
Surgeon or assistant surgeon and anesthetic service	No charge after deductible is met	50%
PREVENTIVE CARE SERVICES (adult and child) Routine preventive services and immunizations ³	No charge (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 SERVICES²		
Outpatient surgery (hospital or outpatient surgery center charges only. 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 SERVICES² Inpatient, semiprivate 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%
MATERNITY CARE	Not covered	
OTHER SERVICES		
Rehabilitative therapy (includes physical, speech, occupational, respiratory and cardiac therapy) (Outpatient: 20-visit maximum per calendar year)	No charge after deductible is met	50%
Chiropractic care / acupuncture (12-visit maximum per calendar year)	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 DRUGS⁵		
Prescription drugs filled through participating pharmacy (up to a 30-day supply).	No charge after deductible is met	Not covered
Prescription drugs filled through participating mail order (up to a 90-day supply).		

¹Embedded deductible means one person on a plan with 2+ members can meet the individual deductible and begin receiving covered benefits.

²Certain services require prior certification from Health Net. Without prior certification, benefit is reduced by 50%. Refer to the Certificate of Insurance for details.

³Covered services based on the United States Preventive Services Task Force (USPSTF) grade A and B recommendations; recommendations of the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC); and comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents.

⁴Inpatient is \$300 maximum allowable per day. Outpatient maximum payable is \$30 per visit.

⁵The 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.