



CALIFORNIA FARM BUREAU FEDERATION
MEDICARE SUPPLEMENT PLAN



2012 OUTLINE OF COVERAGE





HEALTH NET LIFE

California Farm Bureau Federation Outline of Medicare Supplement Plan Coverage – Benefit Plans A, C, F, F+ (high deductible) and G are offered by Health Net Life Insurance Company (HNL)

Medicare supplement insurance can be sold in only standard plans. This chart shows the benefits included in each plan that can be sold on or after June 1, 2010. Every insurance company must offer Plan A. Some plans may not be available.

THE BASIC BENEFITS INCLUDED IN ALL PLANS ARE:

Hospitalization: Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Medicare Part B coinsurance

(usually 20 percent of the Medicare-approved amount) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

A	B	C	D	F/F+
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible
				Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

*Plan F also has an option called a High Deductible Plan F, designated by Health Net Life as Plan F+. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,070 deductible. Benefits from High Deductible Plan F+ will not begin until out-of-pocket expenses exceed \$2,070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by this certificate. These expenses include Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

G	K	L	M	N
Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
Part B Excess (100%)				
Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
	Out-of-pocket limit \$4,660; paid at 100% after limit reached	Out-of-pocket limit \$2,330; paid at 100% after limit reached		

IF YOU ARE NOT SATISFIED WITH YOUR CERTIFICATE YOU MAY RETURN IT TO HNL WITHIN 30 DAYS AFTER YOU RECEIVE IT AND WE WILL RETURN ANY PAYMENTS YOU MADE FOR IT.

PREMIUM INFORMATION

We, Health Net Life (HNL) can only raise your premium if we raise the premium for all certificates like yours in California. The monthly premium for Plan A, Plan C, Plan F, Plan F+ and Plan G is as follows for each person insured:

Rates Effective July 1, 2011

Region 1, Counties: Alameda, Contra Costa, San Diego, Shasta, Sonoma					
Age Range	Plan A	Plan C	Plan F	Plan F+	Plan G
65-66	\$96	\$137	\$137	\$58	\$126
67-68	\$106	\$151	\$151	\$63	\$139
69-70	\$115	\$164	\$164	\$69	\$151
71-72	\$124	\$177	\$177	\$74	\$163
73-74	\$134	\$191	\$191	\$80	\$176
75-76	\$143	\$204	\$204	\$86	\$188
77-78	\$152	\$217	\$217	\$91	\$200
79-80	\$160	\$229	\$229	\$96	\$211
81-84	\$173	\$247	\$247	\$104	\$227
85+	\$190	\$272	\$272	\$114	\$250
Disabled Under 65	\$190	\$272	\$272	\$114	\$250
Region 2, Counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Nevada, Plumas, San Benito, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yuba					
Age Range	Plan A	Plan C	Plan F	Plan F+	Plan G
65-66	\$88	\$126	\$126	\$53	\$116
67-68	\$97	\$139	\$139	\$58	\$128
69-70	\$106	\$151	\$151	\$63	\$139
71-72	\$114	\$163	\$163	\$68	\$150
73-74	\$123	\$176	\$176	\$74	\$162
75-76	\$131	\$187	\$187	\$79	\$172
77-78	\$140	\$200	\$200	\$84	\$184
79-80	\$147	\$210	\$210	\$88	\$193
81-84	\$159	\$227	\$227	\$95	\$209
85+	\$177	\$253	\$253	\$106	\$233
Disabled Under 65	\$177	\$253	\$253	\$106	\$233

Region 3, Counties: Los Angeles, Orange

Age Range	Plan A	Plan C	Plan F	Plan F+	Plan G
65-66	\$109	\$155	\$155	\$65	\$143
67-68	\$120	\$171	\$171	\$72	\$157
69-70	\$131	\$187	\$187	\$79	\$172
71-72	\$141	\$201	\$201	\$84	\$185
73-74	\$152	\$217	\$217	\$91	\$200
75-76	\$162	\$231	\$231	\$97	\$213
77-78	\$173	\$247	\$247	\$104	\$227
79-80	\$182	\$260	\$260	\$109	\$239
81-84	\$196	\$280	\$280	\$118	\$258
85+	\$220	\$314	\$314	\$132	\$289
Disabled Under 65	\$220	\$314	\$314	\$132	\$289

Region 4, Counties: Kern, Napa, Riverside, San Bernardino, Ventura

Age Range	Plan A	Plan C	Plan F	Plan F+	Plan G
65-66	\$102	\$145	\$145	\$61	\$133
67-68	\$112	\$160	\$160	\$67	\$147
69-70	\$122	\$174	\$174	\$73	\$160
71-72	\$131	\$187	\$187	\$79	\$172
73-74	\$141	\$202	\$202	\$85	\$186
75-76	\$151	\$216	\$216	\$91	\$199
77-78	\$161	\$230	\$230	\$97	\$212
79-80	\$169	\$242	\$242	\$102	\$223
81-84	\$183	\$261	\$261	\$110	\$240
85+	\$204	\$292	\$292	\$122	\$269
Disabled Under 65	\$204	\$292	\$292	\$122	\$269

Region 5, Counties: El Dorado, Fresno, Imperial, Placer, Sacramento, Santa Cruz, Solano, Tulare, Yolo

Age Range	Plan A	Plan C	Plan F	Plan F+	Plan G
65-66	\$83	\$119	\$119	\$50	\$109
67-68	\$92	\$131	\$131	\$55	\$121
69-70	\$100	\$143	\$143	\$60	\$132
71-72	\$108	\$154	\$154	\$65	\$142
73-74	\$116	\$166	\$166	\$70	\$153
75-76	\$124	\$177	\$177	\$74	\$163
77-78	\$132	\$189	\$189	\$79	\$174
79-80	\$139	\$199	\$199	\$84	\$183
81-84	\$151	\$215	\$215	\$90	\$198
85+	\$163	\$233	\$233	\$97	\$214
Disabled Under 65	\$163	\$233	\$233	\$97	\$214

The monthly premium rate for your Medicare Supplement plan is the rate shown in the above table for: (i) the Plan selected, (ii) the monthly payment, (iii) the county in which you reside, and (iv) the age-bracket for your present age. Your rates will be adjusted whenever your birthday moves you into the next higher age-bracket; or when you move to a county in a different region. The adjustment will be effective as of the first of the month following your birthday or change of address.

Health Net Life provides an initial 6-month rate guarantee to members enrolling for the first time into a Health Net Life Medicare Supplement plan. During your 6-month rate guarantee period, your premium will not increase even if Health Net Life has a rate increase, you have a birthday which moves you into the next higher age rate bracket or you move to a county in a different region that has a higher premium. If during your 6-month rate guarantee period you choose to enroll in a different Health Net Life Medicare Supplement plan, your 6-month rate guarantee period will end, and you will be charged the premium for the new plan selected.

Should a change in premium rates be made for any other reason, the change will be made only after at least 30 days notice to you and the policyholder.

You may pay premiums on a monthly basis. Monthly Payments may be made by: (a) pre-authorized check, whereby you authorize us to draft your bank account each month for premium due; or (b) by your personal check sent directly to us each month for premium due. Premiums shown do not include required membership fees in your local County Farm Bureau of the California Farm Bureau Federation and its Rural Health Department.

Please contact your agent, or

HNL Member Services
P.O. Box 10198
Van Nuys, CA 91410-0198

1-800-926-4178, for assistance if you have any questions regarding premium payment methods or membership fees.

All persons insured under your Certificate of Insurance must be covered under the same Plan.

NOTICE

Use this outline to compare benefits and premiums among policies.

READ YOUR CERTIFICATE VERY CAREFULLY

This is only an outline describing your Certificate's most important features. The Certificate is your insurance contract. You must read the Certificate itself to understand all of the rights and duties of both you and your insurance company.

30-DAY RIGHT TO RETURN CERTIFICATE

If you find that you are not satisfied with your Certificate, you may return it to HNL Medicare Supplement Plan at:

P.O. Box 10420
Van Nuys, CA 91409-0420
Attention: Membership Accounting

If you send the Certificate back to us within 30 days after you receive it, we will treat the Certificate as if it had never been issued and return all of your payments.

CERTIFICATE REPLACEMENT

If you are replacing another health insurance policy, please do NOT cancel it until you have actually received your new Certificate and are sure you want to keep it.

DISCLOSURES

The Certificate of Insurance may not fully cover all of your medical costs. Neither this company nor any of its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local social security office or consult "The Medicare Handbook" for more details. For additional information concerning Medicare Supplement policy benefits, you may wish to contact the Health Insurance Counseling & Advocacy Program ("HICAP") or your agent. This is a consumer advocacy group, operated free-of-charge by the State of California Department of Aging, that educates consumers about health insurance, long-term care and other senior issues

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such as Medicare and Medicaid (known as Medi-Cal in California). Please call the HICAP toll-free telephone number, 1-800-434-0222, for a referral to your local HICAP office.

COMPLETE ANSWERS ARE VERY IMPORTANT

You do not need to answer questions about your medical and health history if you are applying for coverage during an open enrollment or guarantee issue period.

When you fill out the application for a new Certificate of Insurance, be sure to answer truthfully and completely all questions about your medical and health history. HNL has the right to cancel your Certificate and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain all information has been properly recorded.

MEDICARE COVERAGE EXAMPLES

1. *If your doctor always accepts assignments (participates in Medicare):*

- They agree to accept the Medicare approved amount as **payment in full**.
- Then Medicare's share (80% of the Medicare approved amount) is paid directly to the doctor or supplier.
- Your share is usually the remaining 20% of the Medicare approved amount.

EXAMPLE #1

Mr. Jones' doctor or supplier always accepts assignment. The charge for the health care service or supply he needs is \$150. Assume that Mr. Jones has paid his \$140 Part B deductible for the year. (Remember: You must pay your \$140 Part B deductible for the year before Medicare begins to pay its share)

	Doctor	Supplier
Amount Charged	\$150	\$150
Medicare Approved Amount	\$100	\$100
Mr. Jones Pays 20%	\$20	\$20
Medicare pays doctor or supplier 80%	\$80	\$80

The most Mr. Jones or his Supplemental Health Insurance (Medigap) policy (if he has one) will have to pay for this service, supply, or equipment is \$20. He may have to pay it when he sees the doctor or gets his supplies or equipment.

What if Mr. Jones had not yet paid his yearly Part B deductible?

If Mr. Jones had not yet paid his yearly part B deductible, he would have to pay the entire \$100 Medicare approved amount.

2. Doctors and suppliers who do not participate in Medicare can choose to accept assignments on a case-by-case basis.

If your doctor accepts assignments on a case-by-case basis, and accepts in this case:

- They agree to accept the Medicare approved amount as **payment in full**.
- The Medicare approved amount for doctor's services is reduced by 5% because the doctor does not participate in Medicare. This does not apply to suppliers.
- Then Medicare's share (80% of the Medicare approved amount) is paid directly to the doctor or supplier.
- Your share is usually the remaining 20% of the Medicare approved amount.

EXAMPLE #2

Mr. Jones' doctor or supplier will accept assignment in this case. The charge for the health care service or supply he needs is \$150. Assume that Mr. Jones has paid his \$140 Part B deductible for the year. (Remember: You must pay your \$140 Part B deductible for the year before Medicare begins to pay its share)

	Doctor	Supplier
Amount Charged	\$150	\$150
Medicare Approved Amount	\$95	\$100
Mr. Jones Pays 20%	\$19	\$20
Medicare pays doctor or supplier 80%	\$76	\$80

The most Mr. Jones or his Supplemental Health Insurance (Medigap) policy (if he has one) will have to pay the doctor is \$19. The most he will have to pay the supplier is \$20. He may have to pay it when he sees the doctor or gets his supplies or equipment.

3. Doctors and suppliers who never accept assignments, or does not accept assignment in this case.

If a doctor does not accept assignment:

- He or she can charge up to 15% more than the Medicare approved amount. This is called the limiting charge.
- The Medicare approved amount for the doctor's service is reduced by 5%.
- You may have to pay the entire bill (your share and Medicare's share) at the time of service.

EXAMPLE #3

Mr. Jones' doctor does not accept assignment in this case. The charge for the health care service or supply he needs is \$150. Assume that Mr. Jones has paid his \$140 Part B deductible for the year. (Remember: You must pay your \$140 Part B deductible for the year before Medicare begins to pay its share)

	Doctor
Amount Charged	\$150
Medicare Approved Amount of \$100 is reduced by 5% for doctors	\$95
Most doctors or suppliers can accept (up to 15% more than the Medicare approved amount for doctor)	\$109.25
Mr. Jones pays the doctor the difference between what Medicare pays (\$76) and the doctor charges (\$109.25)	\$33.25
Medicare pays Mr. Jones	\$76

Mr. Jones may have to pay his doctor \$109.25 at the time he sees him. He will get \$76 later from Medicare, and may get reimbursed more money if he has a Supplemental Health Insurance (Medigap) policy.

In this example, Mr. Jones would have saved \$13.25 if his doctor accepted assignment.

PLAN A

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous service and supplies			
First 60 days	All but \$1,156	\$0	\$1,156 (Part A deductible)
61st through 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$144.50 a day	\$0	Up to \$144.50 a day
101st day and after	\$0	\$0	All costs

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

PLAN A

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
CLINICAL LABORATORY SERVICES Tests for diagnostic services	100%	\$0	\$0
HOME HEALTH CARE – MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies <ul style="list-style-type: none"> • Durable medical equipment 	100%	\$0	\$0
First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous service and supplies			
First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0
61st through 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101st day and after	\$0	\$0	All costs

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-approved amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
CLINICAL LABORATORY SERVICES Tests for diagnostic services	100%	\$0	\$0
HOME HEALTH CARE – MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies <ul style="list-style-type: none"> • Durable medical equipment 	100%	\$0	\$0
First \$140 of Medicare-approved amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous service and supplies			
First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0
61st through 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after:	All but \$578 a day	\$578 a day	\$0
• While using 60 lifetime reserve days			
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101st day and after	\$0	\$0	All costs

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-approved amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
CLINICAL LABORATORY SERVICES Tests for diagnostic services	100%	\$0	\$0
HOME HEALTH CARE – MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies <ul style="list-style-type: none"> • Durable medical equipment 	100%	\$0	\$0
First \$140 of Medicare-approved amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

This high deductible plan pays the same benefits as Plan F after one has paid a \$2,070 calendar-year deductible. Benefits from Plan F+ will not begin until out-of-pocket expenses exceed \$2,070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,070 DEDUCTIBLE, PLAN PAYS	IN ADDITION TO \$2,070 DEDUCTIBLE, YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous service and supplies			
First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0
61st through 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,070 DEDUCTIBLE, PLAN PAYS	IN ADDITION TO \$2,070 DEDUCTIBLE, YOU PAY
<p>SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <p>First 20 days 21st through 100th day 101st day and after</p>	<p>All approved amounts All but \$144.50 a day \$0</p>	<p>\$0 Up to \$144.50 a day \$0</p>	<p>\$0 \$0 All costs</p>
<p>BLOOD First 3 pints Additional amounts</p>	<p>\$0 100%</p>	<p>3 pints \$0</p>	<p>\$0 \$0</p>
<p>HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

This high deductible plan pays the same benefits as Plan F after one has paid a \$2,070 calendar-year deductible. Benefits from Plan F+ will not begin until out-of-pocket expenses exceed \$2,070.

Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy.

This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,070 DEDUCTIBLE, PLAN PAYS	IN ADDITION TO \$2,070 DEDUCTIBLE, YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-approved amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	\$0

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,070 DEDUCTIBLE, PLAN PAYS	IN ADDITION TO \$2,070 DEDUCTIBLE, YOU PAY
BLOOD First 3 pints Next \$140 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$140 (Part B deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES Tests for diagnostic services	100%	\$0	\$0
HOME HEALTH CARE – MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies <ul style="list-style-type: none"> • Durable medical equipment First \$140 of Medicare- approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$140 (Part B deductible) 20%	\$0 \$0 \$0
OTHER BENEFITS – NOT COVERED BY MEDICARE			
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN G

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous service and supplies			
First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0
61st through 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101st day and after	\$0	\$0	All costs

*A benefit period begins on the first day you receive service(s) as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

PLAN G

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
CLINICAL LABORATORY SERVICES Tests for diagnostic services	100%	\$0	\$0
HOME HEALTH CARE – MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies <ul style="list-style-type: none"> • Durable medical equipment 	100%	\$0	\$0
First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum



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