

CashBack PlanSM

You're there for them. It's there for you.



Keeping you ready for whatever comes your way



**Nationwide
Health Plans[®]**

On Your SideSM

Why would I need the *CashBack Plan*SM?

Before we answer that, we need to ask you two things...

Are you the type of person who is prepared to write a check for \$2,400 or more for your annual deductible or other medical expenses you may incur, that are not covered by your health plan?

Or, are you the type of person who would rather pay less than \$20 a month to help pay these type of expenses?

Here's why we ask...

The CashBack PlanSM was designed to help with the high annual deductible that comes with high deductible health plans.

Selecting a high deductible health plan, versus a co-pay style plan, helps make your premium cheaper, but you're still left with the expense of your high annual deductible.

The CashBack PlanSM is our answer to your high deductible concerns, because it pays you cash, which can be used to reimburse you for covered medical expenses that come under your deductible or are not covered by your health plan.

However you spend it, it's there for you when you need it.



The CashBack PlanSM is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract or major medical expense insurance. It is available with currently marketed NHP PPO Choice and LifestyleSM Series Plans. Payment is subject to all other terms of the policy. Please refer to a certificate book for a list of exclusions and limitations.



When can I get cash back?

The CashBack PlanSM includes reimbursement for:

When you stay overnight at the hospital

\$300 per day for hospital covered charges for all illnesses and accidental injuries.

(Maximum 30 days per calendar year. Lifetime maximum 300 days.)

When you get hurt in an accident

Up to a maximum of \$500 per year.

(This benefit does not apply to "child(ren)-only" policies.)

When you take a ride in an ambulance

Ambulance transportation due to an accident

(This benefit does not apply to "child(ren)-only" policies.)

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

When you get a mammography

Up to \$100 *(Maximum of 1 visit per calendar year.)*

We think your health is worth protecting.

If a family or business depends on you, you know how important it is to protect your health. We are very serious about providing this protection, as we are constantly listening and adapting to the ever-changing needs of you and the people you care about.

We take pride in our expertise and enjoy providing you with quality, affordable products and superior service. Learn more about us at nationwidehealthplans.com.



Nationwide
Health Plans[®]

Underwritten by Nationwide Insurance Company



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PREEXISTING CONDITIONS LIMITATIONS

We will not pay benefits for any expenses incurred during the first 6 months following the effective date of this Certificate on account of any condition for which medical advice, diagnosis, care, or treatment (including use of prescription drugs) was sought, recommended, or received from a licensed health practitioner during the 6 months immediately before the effective date of this Certificate. A condition includes any physical or mental illness, Accidental Injury, mental disorder, physical disfigurement, birth abnormality, or pregnancy.

We will credit each Covered Person with the period of time such person was covered under any prior creditable coverage, provided such person becomes covered under this Certificate within 63 days of the date the prior creditable coverage ends. Creditable coverage means:

1. Any individual or group policy, contract or program written or administered by a disability insurance company, health care service Plan, fraternal benefits society, self-insured employer Plan, or any other entity that arranges or provides medical, Hospital, and surgical coverage not designed to supplement other private or governmental Plans, including continuation or conversion coverage, but not including:
Accident only, credit, coverage for on site medical clinics, disability income, Medicare supplement, long term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.
2. The federal Medicare program pursuant to Title XVIII of the Social Security Act.
3. The Medicaid (or Medi-Cal) program pursuant to Title XIX of the Social Security Act.
4. Any other publicly sponsored program, provided in this state or elsewhere, of medical, Hospital and surgical care.
5. 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)).
6. A medical care program of the Indian Health Service or of a tribal organization.
7. A state health benefits risk pool.
8. A health Plan offered under 5 U.S.C.A. Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program (FEHBP)).
9. A public health Plan as defined in federal regulations authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996.
10. A health benefit Plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e)).
11. Any other creditable coverage as defined by subsection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C. Sec. 300gg(c)).

EXCLUSIONS AND LIMITATIONS

This Certificate does not cover any expenses incurred, or charges made, to a Covered Person for any of the following:

1. Services not specifically listed in the Schedule of Benefits.
2. A condition for which a Covered Person is not under

the care of a Doctor or for which a Doctor, Nurse, or Other Medical Practitioner has not personally examined a Covered Person; or, medical, surgical or other treatment provided by a Doctor, Nurse or Other Medical Care Practitioner who normally resides in the Covered Person's home or is related to the Covered Person by blood or marriage.

3. Hospital confinement, medical or surgical services or other treatment: (a) for which a Covered Person is not required and/or legally obligated to pay; or (b) for which no charge is made to a Covered Person.
4. Covered Charges for services and supplies determined by Nationwide Health Plans as not Generally Furnished for the diagnosis or treatment of the particular Illness or Accidental Injury being diagnosed or treated.
5. Charges for treatments which are considered to be unsafe, experimental, or educational by the American Medical Association (A.M.A.).
6. Custodial Care.
7. Cosmetic Surgery, Plastic Surgery, resulting complications, consequences and after effects or other services and supplies determined by Nationwide Health Plans to be furnished primarily to improve appearance rather than a physical function or control of organic disease. Improvement of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts; rhinoplasty; sagging eyelids; prominent ears; skin scars; baldness; and correction of breast size, asymmetry or shape, except for correction of deformity resulting from surgical procedure.
8. Charges incurred for a newborn child which do not result from Illness or Accidental Injury, including but not limited to circumcision.
9. Services and supplies performed primarily for the purpose of diagnosing and/or treating infertility in a Covered Person; and/or primarily for conceiving a child or children by a Covered Person; and/or surgery for the reversal of sterilization procedures or any resulting complications.
10. Services and supplies which: a) are primarily preventive, rehabilitative or not curative for the symptoms, diagnosis or treatment of an Illness or Accidental Injury including maintenance care; b) are furnished primarily for the convenience of a Covered Person; c) do not have any therapeutic value for the treatment of a Covered Person's Illness or Accidental Injury; or d) are not Medically Necessary.
11. Intersex medical treatment and/or surgery (transsexual operation or resulting complications).
12. Intentional or non-accidental self-inflicted injury; suicide or attempted suicide.
13. A state of war or any act of war, declared or undeclared.
14. Expenses for services and supplies for treatment received outside of the United States of America.
15. Charges for learning disabilities or other educational purposes including, but not limited to: school placement, progress or other testing; reading, vocational, recreational, art, dance or music therapy.
16. Services for conditions of pregnancy that result under a surrogate parenting agreement. A surrogate parenting agreement is one in which a woman agrees to become pregnant with the intent of surrendering custody of the child to another person who does not live in the same household.

17. Services for the treatment of any injury or illness incurred while You are committing or attempting to commit a felony; while taking part in any felonious activity; or while taking part in an insurrection or riot.
18. Covered Charges which are determined by Nationwide Health Plans to be in excess of the fees and prices generally charged in the community for the same or similar services or supplies.
A fee or price is considered generally charged in the community when it does not exceed the average amount normally charged within the same locale by most providers of similar services and supplies. In any case where a provider of services accepts as full payment an amount less than the billed charge, that reduced amount will be the maximum Covered Charge. If a Covered Person or Attending Doctor disagrees, either may request a review in accordance with the "What If My Claim Is Denied?" provision (page 2).
19. Pregnancy, including complications of pregnancy.
20. Treatment for mental disorders, alcoholism and/or drug substance abuse and/or addiction.

TERMINATION OF PLAN

Coverage under this Plan will terminate 30 days following notification, in writing, of such action.

TERMINATION OF COVERAGE

Coverage under this Certificate for a Covered Person will end on the earliest of the following dates:

1. The last day of the period for which premium has been paid in full (subject to the Grace Period provision).
2. The last day of the calendar month in which:
 - a. the Covered Person dies;
 - b. the Certificateholder ceases to be a member of one of the County Farm Bureaus comprising the California Farm Bureau Federation;
 - c. written notice, signed by the Certificateholder, is received, requesting termination of coverage for any or all Covered Persons;
3. With respect to a Covered Person who is a Dependent spouse, the last day of the calendar month in which the marriage of the Certificateholder and Dependent spouse is dissolved.
4. With respect to a Covered Person who is a Dependent child, the last day of the calendar month in which the child becomes an emancipated minor or attains age 18 (age 24 if a full-time student enrolled in at least 12 semester units or equivalent at an accredited school or college), unless the child is incapable of self-sustaining employment in accordance with the terms in the definition of Dependent.
5. With respect to a Covered Person who is a Dependent child, the last day of the calendar month in which the child marries.
6. The date the Covered Person performed a fraudulent act or made an intentional misrepresentation of material fact in order to obtain benefits under the coverage.
7. The last day of the calendar month in which Nationwide Health Plans ceases to write, issue, or administer group health benefit plans. However, coverage will not terminate unless written notice is provided to the State Insurance Commissioner, Policyholder, and Certificateholder at least 180 days prior to such cessation.