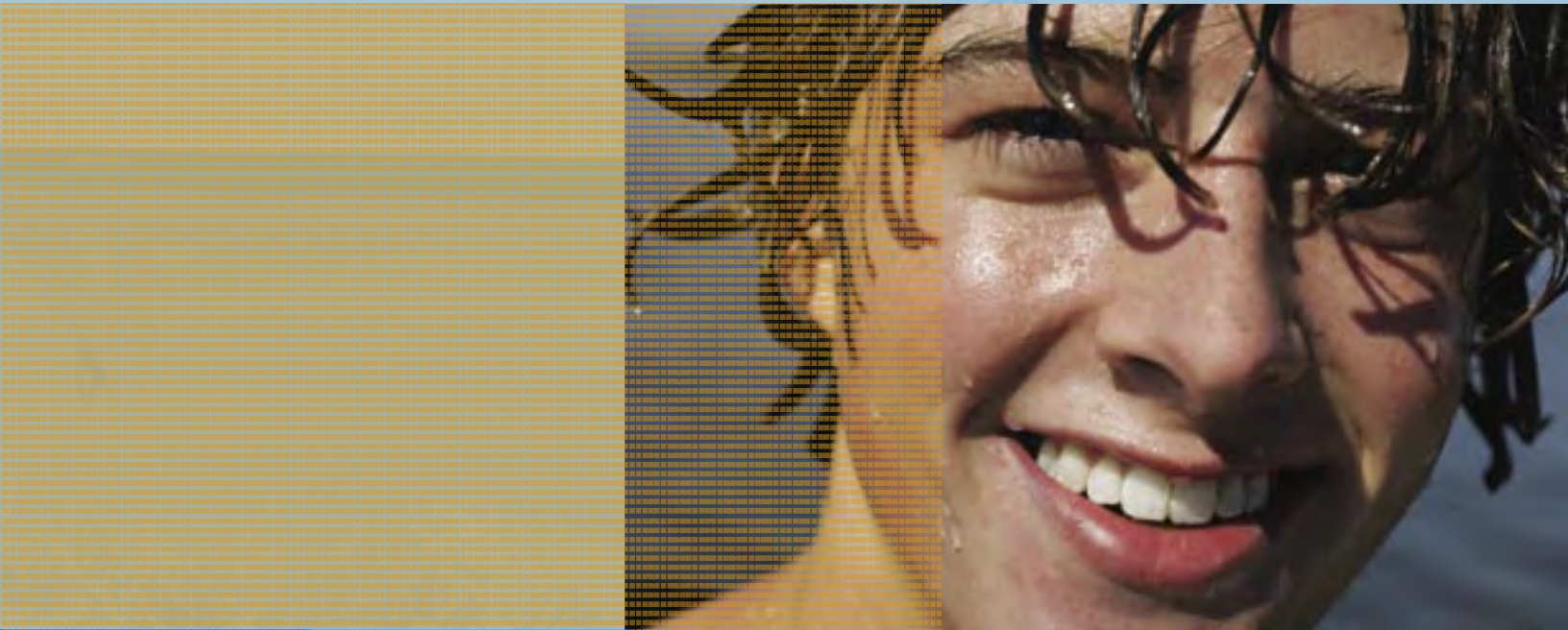




Live the way you want



LifestyleSM Series Health Plans



Nationwide
Health Plans[®]

On Your SideSM

Health plans for the way you want to live.

You thrive on the simple pleasures in life and all you ask in return is to be covered when you really need it. Nationwide Health Plans' LifestyleSM Series offers great benefits with modest copays to fit your budget, plus a strong statewide network of doctors and hospitals that provide greater freedom of choice. It's nice to know that when you need us, we're ready to meet your healthcare service needs. We're On Your Side.TM

You'll enjoy these great plan features...

- When you use network doctors you get 100% coverage after your annual deductible is met. Locate an NHP doctor at nationwidehealthplans.com
- Doctor office visit for just a small copay - up to 4 per year
- Your choice of generic or 3-tier prescription drug benefit
- Annual preventive care benefits (up to \$200)

More products that fit your lifestyle.



Benefit SolutionsTM

Discount program for services such as vision, chiropractic care, hearing, dental, legal services and entertainment.

CashBack PlanSM

A supplemental medical expense product that can help "bridge" hospitalization costs. CashBack pays you direct cash benefits for hospital confinement, accidental injury and ambulance services.

NHP Life Plus

Combines term life insurance with accelerated benefits for five medical conditions: cancer, stroke, heart attack, kidney failure or major organ transplant.

Supplemental Term Life Insurance

Supplemental term life insurance is available from \$10,000 to \$40,000. No additional medical underwriting is required.

SafeGuard Dental

SafeGuard dental is simple to use. There is an established scheduled reimbursement and no dental network.

So, why Nationwide Health Plans?

Nationwide Health Plans is a member of Nationwide Insurance, one of the largest insurance and financial services companies in the world, listed on the Fortune 100, with more than \$148 billion in statutory assets. That's stability!

Nationwide Health Plans offers affordable, quality health insurance to members of the Ohio Farm Bureau Federation. A Farm Bureau membership is required to enjoy the benefits of our health programs.

Other great things about a Nationwide plan...

- We're rated A+ by A.M. Best – people who really know insurance
- You can pick doctors and hospitals through our statewide network
- You won't get a rate increase for 12 months*
- We use Medco as our national pharmacy network
- Not feeling good? You can call the nurseline 24 hours a day

**Does not apply if you move to a new age band or county rate area.*



Benefit	LIFESTYLE SM 1750, 2500 and 3500	
Lifetime Maximum Benefit	\$5,000,000	
Calendar year deductible must be met before benefits are payable, unless otherwise specified.	PPO Provider YOU Pay	Non-PPO Provider YOU Pay
Calendar Year Deductible¹ Family Deductible is 2x the individual.	\$1,750 \$2,500 \$3,500	\$1,750 \$2,500 \$3,500
Coinsurance Maximum Annual Out-of-Pocket per Individual¹ Excluding the calendar year deductible Family maximum is 2x the individual.	\$0	\$7,500
Doctor Visits Evaluation and consultation only. Visits in a doctor's office or urgent care facility (evaluations and consultations only) Calendar year maximum of 4 PPO visits, not subject to deductible. Additional visits subject to deductible.	\$25 copay	All Charges Over \$25 Per Visit
Doctor visits in a hospital or skilled nursing facility	0%	50%
Adult Preventive Care Deductible and coinsurance do not apply for network services. Annual physical office visit, lab & diagnostics must be ordered at the time of visit. Annual mammography is included in addition to the \$200 wellness benefit.	All Charges Over \$200 Per Calendar Year	50%
Child Preventive Care Deductible and coinsurance do not apply for network services. Well child care visits & hearing tests up to age 8. Routine lab work & diagnostics must be ordered at time of well child care visit. Birth to age 1 = \$500 per year. Age 1 to 8 = \$150 per year.	All Charges Over Benefit Limit	50%
Ambulance Transportation² Land or air. Pre-approval applies for non-emergency. \$5,000 annual maximum applies for non emergency ambulance transportation.	0%	0%
Emergency Room Use^{3,4}	\$100 copay	\$100 copay Plus 50%
Maternity & Complications from Maternity	Not Covered	Not Covered
Inpatient Hospital Confinement² Non-PPO coverage limit of \$800/day. Pre-approval required.	0%	50%
Outpatient Surgery Facility² Pre-approval may apply. Non-PPO coverage; limit of \$1,000/day.	0%	50%
The following prescription drug benefits are available:		
Generic Only Prescription Drug Benefit^{2,5} Not subject to deductible for network. Participating retail pharmacy (30-day supply) Participating mail order (90-day supply)	Participating Pharmacy \$10 copay \$25 copay per mail order script Non-participating retail pharmacy benefits paid at 50%	
OR		
3-Tier Prescription Drug Benefit² Not subject to deductible for network. Participating retail pharmacy copay (30-day supply) Participating mail order (90-day supply) Out-of network retail coinsurance 50%	\$10 Generic, \$35 Flex Formulary, 50% All Other Brand (but not less than \$50) Mail Order \$25 Generic, \$87.50 Flex Formulary Drug List, 50% All Other Brand (but not less than \$125)	

¹ Network and non-network deductibles and coinsurance do not cross-apply.

² Benefits may be reduced if necessary pre-approval is not obtained.

³ Benefits may be reduced for confinements in a Non-PPO Hospital where a PPO Hospital is reasonably available, the Covered Person's condition has been stabilized and can safely be transferred to a PPO Hospital.

⁴ \$100 copay waived if admitted to the hospital.

⁵ Self-administered injectables are not covered under the Generic Drug Copay (except insulin).

NOTE: This benefit chart only represents a portion of our plan benefits. Refer to the policy for a complete description.



Here's some legal stuff we need to tell you...

Limitations and Exclusions

Insurance coverage for LifestyleSM Series Health Plans is provided under a group policy issued to the Ohio Farm Bureau Federation by Nationwide Life Insurance Company. Benefits will not be paid for a pre-existing condition (a condition which existed within the prior 24 months which is not listed on the application) until a covered person has completed 12 consecutive months from the effective date of coverage.

The information provided in this brochure is only a brief description of the plan benefits. It is not intended to be a policy, certificate or Summary Plan Description. The following is a list of some, but not all, of the exclusions and limitations contained in this plan. Refer to the policy for a complete description of exclusions and limitations.

- Services which are not medically necessary
- All dental services and related anesthesia, except as described in the Group Policy
- Eye glasses, contact lenses, hearing aids or the fitting of them
- Orthoptic therapy, visual training or radial keratotomy or similar surgical procedures to correct nearsightedness
- Habilitative treatment or therapy, speech therapy, developmental language and articulation disorders or developmental delay, including but not limited to slurred speech, stuttering and aphasia, except as described in the Group Policy
- Computerized communication devices
- Vocational therapy
- Custodial and domiciliary care, residential care, adult or child day care, protective and supportive care
- Nutrition counseling services, except as described in the Group Policy, and genetic studies
- Childbirth classes
- General fitness, exercise programs, health club memberships and weight loss programs
- Private hospital room (unless medically necessary and prescribed by a physician) and personal comfort or convenience items while confined
- Prescription drugs, unless specifically listed in the Group Policy, and over-the-counter drugs
- All enteral feedings, over-the-counter nutritional and electrolyte supplements, and related supplies; and supplemental feedings
- Health services and associated expenses to create a pregnancy or treat infertility
- Hypnosis, acupuncture, biofeedback, treatment of stress, therapy through behavior modification techniques, and psychoanalysis
- Sex therapy
- Maintenance therapy for mental health and substance abuse
- Extensive psychological testing beyond initial diagnosis screening
- Marriage counseling
- Counseling for borderline intellectual functioning and I.Q. testing
- Any court-ordered treatment or therapy ordered as a condition of parole, probation or custody or visitation
- Psychiatric treatment of organic mental disorders associated with permanent dysfunction of the brain
- Treatment for services which are extended beyond the period necessary for the evaluation and diagnosis of mental retardation, autism or learning, behavioral/conduct and developmental disorders, but not including ADD/ADHD
- Consumable or disposable medical items and personal comfort and convenience items, except as described in the Group Policy
- Wigs, toupees, hairpieces, hair implants, heelcaps, shoes, orthotics, and shoe inserts
- Environmental items (e.g. air conditioners, humidifiers) and customized, experimental, and exercise equipment, whirlpool, hot tub, sauna and pool
- Organ or tissue transplant, except as described in the Group Policy
- Cosmetic surgery and other associated expenses; salabrasion, chemosurgery or other such skin abrasion procedures to remove scars, tattoos, actinic changes and/or treat acne; surgery for psychological reasons
- Medical treatment which is experimental, investigational or unproven
- Services for the treatment of obesity
- Medical expenses incurred due to employment
- Care covered by federal, state or local government agencies
- Physical examinations, tests, vaccinations, immunizations or care required to obtain or continue employment, or for insurance, marriage or adoption or relating to legal orders, or for medical research, or to obtain or maintain any type of license
- Treatment of military service-related disabilities, or illness or injury that occurs as a result of war declared or undeclared
- Expenses, services, or supplies for which a covered person is not legally required to pay
- Services related to complications arising from treatment otherwise excluded in the Group Policy
- Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family
- Charges for special medical reports not directly related to treating a covered person, and charges for appearance of providers at hearing or court proceedings
- Services rendered or expenses incurred after the date a covered person's coverage terminates under the Plan
- Follow-up care rendered at an emergency room
- Massage therapy or aquatic therapy (unless part of a formal physical therapy program)
- Services rendered or charges incurred due to intentionally self-inflicted injury or suicide, whether sane or insane, whether or not a Covered Person was under the influence of alcohol or other substance
- Abortions, unless the mother's life is endangered
- Voluntary family planning services, including elective sterilizations
- Expenses for pregnancy
- Services for the treatment of any injury or illness incurred while you are committing or attempting to commit a felony; or while taking part in an insurrection or riot
- Smoking cessation programs and the treatment of nicotine addiction
- Services of an assistant surgeon provided solely to satisfy a hospital by-law requirement or hospital room custom. Services of an assistant surgeon are covered if the services are deemed Medically Necessary because of the complexity of the procedure or the severity of the circumstances under which the procedure is taken
- Expenses, services or supplies which, through Our investigation, are found to have been:
 - a) rendered or provided under fraudulent circumstances; or
 - b) made a part of fraudulent medical records; or
 - c) not substantiated in the patient's medical record