

Benefit	\$3 Million Lifetime Maximum		MyHealth PPO Choice 90/70		MyHealth PPO Choice 80/50		MyHealth PPO Choice 70/50		MyHealth PPO Choice HSA	
Your Choice of PPO or Non-PPO Provider	PPO Provider YOU Pay	Non-PPO Provider YOU Pay	PPO Provider YOU Pay	Non-PPO Provider YOU Pay	PPO Provider YOU Pay	Non-PPO Provider YOU Pay	PPO Provider YOU Pay	Non-PPO Provider YOU Pay	PPO Provider YOU Pay	Non-PPO Provider YOU Pay
Calendar Year Deductible/Individual¹ Family deductible is 2 times individual. <p style="text-align: center;"><i>PLAN DEDUCTIBLE APPLIES TO ALL SERVICES UNLESS NOTED.</i></p> * Child only plan (age 1-15)	\$750* \$1500 \$2500	2 times PPO	\$750 \$1500 \$2500	2 times PPO	\$1500 \$2500 \$5000	2 times PPO	\$1750 \$2400 \$3600 \$4800	\$1750 \$2400 \$3600 \$4800	The HSA deductible is either individual or family, but not both. Family deductible is 2 times individual.	
Maximum Annual Out-of-pocket per Individual, Excluding Your Deductible.¹ Family is 2 times individual.	\$3500	2 times PPO	\$4000	2 times PPO	\$5000	2 times PPO	\$0	\$3500		
Doctor's Office - evaluation and consultation only.	\$30 copay	30%	\$35 copay	50%	\$40 copay	50%	\$0	50%		
Doctor's Office - all other expenses. Plan deductible applies plus coinsurance equal to...	10%		20%		30%					
Emergency Room Charges - per visit copay plus plan deductible and coinsurance apply. Copay waived if admitted.	\$100 copay; 10%	\$100 copay; 30%	\$100 copay; 20%	\$100 copay; 50%	\$100 copay; 30%	50%	\$0	50%		
Urgent Care Services - per visit copay plus plan deductible and coinsurance apply. Copay waived if referred to an Emergency Room or admitted to the hospital.	\$50 copay; 10%	\$50 copay; 30%	\$50 copay; 20%	\$50 copay; 50%	\$50 copay; 30%	50%	\$0	50%		
Prescription Drug Benefits Retail includes 30 day supply. Mail order includes 90 days at 2.5 times the retail copay.	\$10 Generic, \$35 Brand Formulary and 50% or \$50 Minimum Non-formulary						\$0 after deductible w/ Drug discount card	50% after deductible		
Wellness Benefits - \$200 annual benefit, deductible and coinsurance DO NOT apply. <ul style="list-style-type: none"> Age 9 and over (adult wellness): Routine physical exam, including lab services, cytologic screening and annual PSA test. Annual mammography (based on age) is included in addition to the \$200 wellness benefit. Age 1 to 9 = \$150 per year Birth to age 1 = \$500 per year 	\$30 copay	30%	\$35 copay	50%	\$40 copay	50%	\$0	50%		
Authorized Inpatient Hospital Stay Hospital, Physician, Surgeon & anesthesiologist services. (Maternity is NOT covered.)	10%	30%	20%	50%	30%	50%	\$0	50%		
Outpatient Hospital Services Hospital, Physician, Surgeon & anesthesiologist services	10%	30%	20%	50%	30%	50%	\$0	50%		
Skilled Nursing Facility (100 days per year)	10%	30%	20%	50%	30%	50%	\$0	50%		
Home Health Care & Outpatient Hospice (100 Home Health visits & Hospice days per year)	10%	30%	20%	50%	30%	50%	\$0	50%		
Outpatient Diagnostic including all X-rays, lab tests, EKGs or EEGs.	10%	30%	20%	50%	30%	50%	\$0	50%		
Rehab Care 60 days inpatient & 20 outpatient visits. Cardiac pulmonary therapy has a \$1000 annual limit.	10%	30%	20%	50%	30%	50%	\$0	50%		
TMJ \$1000 benefit per lifetime	10%	30%	20%	50%	30%	50%	\$0	50%		
Durable Medical Equipment \$2000 limit per year	10%	30%	20%	50%	30%	50%	\$0	50%		
Allogenic donor search-organ transplants (limited non-network benefit) \$25000 limit/organ transplant	10%	50%	20%	50%	30%	50%	\$0	50%		
Ambulance Services \$1000 limit per year	10%	30%	20%	50%	30%	50%	\$0	50%		
Non-Surgical Spinal Vertebral Treatment \$500 limit per year	10%	30%	20%	50%	30%	50%	\$0	50%		
Mental Health and Drug Abuse Inpatient: limit of 20 days per year. Outpatient: limit of 20 visits per year. Alcoholism \$550 limit per year	50% coinsurance applies for Network and Non-network. Coinsurance for outpatient services does not apply to coinsurance maximum.									

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

Life Insurance

Your health plan includes term life insurance and accidental death and dismemberment (AD&D) benefits as standard features. Life insurance is not included with the Child Only Plan.

The term life benefit provides benefits to your beneficiaries if you should die while your MyHealth PPO Choice plan is in effect. The accidental death benefit is equal to the life insurance benefit and is paid if an accident occurs, which results in death. The accidental dismemberment benefit is paid if injury results in dismemberment as a direct result of an accident while covered by MyHealth PPO Choice. All life and AD&D benefits cease at age 65.

Life Insurance Benefits

Member's Age	Member	Spouse*	Each Child**
Under 25	\$10,000	\$5,000	\$1,000
Age 25-29	\$8,000	\$4,000	\$1,000
Age 30-34	\$6,000	\$3,000	\$1,000
Age 35-39	\$4,000	\$2,000	\$1,000
Age 40-44	\$3,000	\$1,500	\$1,000
Age 45-49	\$2,000	\$1,000	\$1,000
Age 50-65	\$1,000	\$1,000	\$1,000

* benefits are paid as of *primary member's* attained age

** children age 2 days and over

Please Note Regarding Your Health Plan:

The Group Policy excludes coverage for pre-existing conditions until an individual completes a pre-existing exclusions time period. Benefits will not be paid for a pre-existing 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.

Please refer to your Certificate of Coverage for complete information on your health benefits.

If you or your family members are covered by more than one health plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time.

This brochure is an introduction to the available plan options and is not a contract for insurance or a Summary Plan Description. This plan is subject to the terms, conditions, limitations and exclusions described in the Certificate of Coverage.



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WHY CHOOSE NATIONWIDE HEALTH PLANS?

- Nationwide Health Plans is part of Nationwide Insurance, one of the largest insurance and financial services companies in the world, with more than \$148 billion in statutory assets.
- Nationwide Life Insurance Company is rated A+ by A.M. Best.
- Nationwide has worked with the Ohio Farm Bureau Federation to provide their members an affordable, high-quality health plan since 1942.
- This health plan is open to all members of the Ohio Farm Bureau Federation. If you are not a member, you may complete an application for membership when you apply for the health plan.

ABOUT OUR PLANS

Nationwide Health Plans are ideal for individuals and families, offering the benefits you want at affordable rates. Nationwide Health Plans offer you freedom of choice and more!

- Four Preferred Provider Organization (PPO) health plans*.
- First Dollar Preventive Care Benefits for Adults and Children on all plans.
- Choice of deductibles on all plans.
- Affordable co-pays from \$30 to \$40 for in-network doctor office visits**
- Prescription drug benefit with retail and mail order option.
- Choice of network doctors and hospitals located in all 88 counties.
- 24-Hours/7 days a week medical help desk
- 12 Month Rate Guarantee on New Business***

*Benefit payments are higher when a Preferred Provider Organization (PPO) physician or hospital is chosen.

** Co-pays are available on in-network providers only.

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

HOW DO OUR PLANS WORK?

MYHEALTH PPO CHOICE PLANS

- First, you must meet your calendar year deductible amount.
- After your calendar year deductible has been met, you pay the coinsurance percentages of covered charges until you reach your maximum annual out-of-pocket amount.
- Once your annual maximum out-of-pocket amount is met, NHP will pay 100% of covered charges for the remainder of the calendar year.

With the PPO Choice Plans there are several copays that apply on a per visit basis prior to your deductible (please refer to the schedule of benefits).

PPO CHOICE HSA PLAN

The PPO Choice HSA Plan is a Health Savings Account (HSA) qualified health insurance plan. While individuals must have a HSA to take advantage of the tax-related savings, anyone can apply for this high deductible health plan option.

WHAT IS THE OHIO FARM BUREAU FEDERATION?

The Ohio Farm Bureau Federation (OFBF) offers health and other benefit programs to its members throughout the state of Ohio. Membership is required to enjoy the benefits of the OFBF Health Plans.

The Ohio Farm Bureau Federation (OFBF) is a federation of Ohio county farm bureaus representing all 88 Ohio counties. Please contact your agent or independent broker to learn more about the Ohio Farm Bureau Federation, or visit www.ofbf.org.



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Limitations and Exclusions

Insurance coverage for MyHealth PPO Choice Insurance 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 except complications
- 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

For the way you live

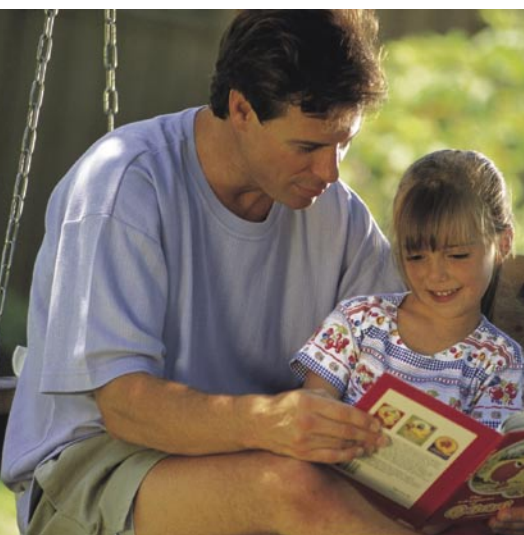


MyHealth PPO Choice Health Plans



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Here for your future.