

Choice. Flexibility. Options.



California Small Group Health Insurance



Nationwide
Health Plans[®]

On Your Side[®]

Numerous options to suit the needs of you and your business

When selecting health insurance, it is important to find a health plan that best fits your business needs. Purchasing health insurance is just as important as insuring your house, vehicles, and life. At Nationwide Health Plans, we are committed to providing you with the coverage and service that you require.

Why choose NHP?

- Nationwide Health Plans (NHP), which is underwritten by Nationwide Life Insurance Company and part of the Nationwide insurance family, is one of the largest insurance and financial services companies in the world. Nationwide has over \$148 billion in statutory assets.
- Nationwide Life Insurance Company has an A+ rating by A.M. Best – a leading industry analyst.
- NHP has always believed in offering numerous health care options to choose from. With six plans offered, you are sure to find plans that will accommodate your business.

Features of a NHP Plan

- Direct access to the physician of choice
- No referrals for specialists required!
- Includes coverage for most out-of-network services at a lower benefit level
- Excellent customer service
- Prescription drug coverage for retail and mail order services
- \$5 million lifetime benefit maximum

Dual-Choice Options

You can combine any two of our plans together in a dual-choice product offering, which adds flexibility to your benefit plan.

MyChoice — Your personal, customized health plan

The freedom of choice – one of the great options in life. Nationwide Health Plans prides itself on providing its members with a variety of plan choices to meet your business needs. It's just another way we're On Your Side®.

MyChoice offers six PPO plans that give you the freedom to choose a plan that fits your needs. These options were created to reduce your monthly premium and provide exceptional benefit plans for your employees. MyChoice limits both employer and employee risk in providing a comprehensive plan without reducing benefits or the number of doctors or hospitals offered by the plan. Also, as an employer, you have the option of adding either a Health Reimbursement Account (HRA) to all of our plans, or a Health Savings Account (HSA) to MyChoice plans 4, 5 or 6. With HRAs and HSAs, unused funds can roll over each year, which encourages employees to use their account dollars wisely.



Access to Nurses – 24/7

Nationwide Health Plans features a nurse help line available to members 24 hours a day, seven days a week – an important feature for your employees. This line helps them decide if they need emergency care or if their illness is less urgent. The purpose of the help line is not to replace conventional physicians, but to empower individuals to take more control over their own health care.

CCN Network

Access to one of the largest and most respected provider networks in California and across the country is just one asset of CCN. CCN currently provides quality, affordable health care to approximately 3.5 million people.

- Members have access to more than 465,000 provider locations in all 50 states and the District of Columbia
- A high provider retention rate – 95 percent of doctors and 98 percent of hospitals – ensures consistency in your medical care
- More user-friendly – no claim forms or paperwork to submit
- In-house doctors and nurses verify the credentials of and monitor network providers – verifying a hospital's accreditation status
- Direct contracts with individual partners promises network stability and consistency across the country

For your convenience, out-of-network coverage is available. If an employee seeks medical care from an out-of-network provider, their benefits are paid at a lower percentage and the provider may bill them for amounts above the plan payment.

Want to research CCN for yourself? Log onto their website at www.ccnusa.com.

Combine an NHP Plan with a Kaiser Permanente Product

Employers have the added option of offering a high-option managed care plan from Kaiser Permanente. Ask your sales representative how this great alternative could work for you.



MyChoice Small Group Health Plans

Overview of Plan Benefits This chart only represents a portion of our plan benefits. Please refer to a Certificate of Coverage for the details.

| | MyChoice Plan 1 | | MyChoice Plan 2 | |
|---|---|----------------------------------|------------------------------|----------------------------------|
| Lifetime Maximum Benefit | \$5,000,000 | | \$5,000,000 | |
| Calendar Year Deductible (Family deductible is 2x the individual.) | In-Network \$1,500 | Out-of-Network \$3,000 | In-Network \$2,500 | Out-of-Network \$5,000 |
| Maximum Annual Coinsurance per Individual (Excluding the calendar year deductible. Family maximum is 2x the individual.) | \$3,500 | \$7,000 | \$2,500 | \$5,000 |
| The member pays the % indicated, after the deductible is met, unless otherwise specified. | | | | |
| Doctor Office Visits (Plans 1,2,3 - deductible waived for in-network only. Plans 4,5,6 - deductible and coinsurance apply.) | \$30 co-pay | 40% | \$30 co-pay | 40% |
| Diagnostics, X-rays and Lab Tests¹ | 20% | 40% | 20% | 40% |
| Immunizations (Plans 1,2,3 - deductible waived for in-network only. Plans 4,5,6 - deductible and coinsurance apply.) (Adult - Influenza and Tetanus only. Child - all immunizations recommended by the American Academy of Pediatrics) | \$30 co-pay | 40% | \$30 co-pay | 40% |
| Adult Preventive Care (\$250 maximum per year.) (Plans 1,2,3 - deductible waived for in-network only. Plans 4,5,6 - deductible and coinsurance apply.) | \$30 co-pay | 40% | \$30 co-pay | 40% |
| Child Preventive Care (Plans 1,2,3 - deductible waived for in-network only. Plans 4,5,6 - deductible and coinsurance apply.) | \$30 co-pay | 40% | \$30 co-pay | 40% |
| Ambulance Transportation (Land or Air. Pre-authorization applies for non-emergency; \$5,000 calendar year maximum for non-emergency.) | 20% | 20% | 20% | 20% |
| Emergency Hospital Confinement² | 20% | 20% | 20% | 20% |
| Emergency Room Use³ | \$100 co-pay plus 20% | \$100 co-pay plus 40% | \$100 co-pay plus 20% | \$100 co-pay plus 40% |
| Urgent Care | \$50 co-pay plus 20% | \$50 co-pay plus 40% | \$50 co-pay plus 20% | \$50 co-pay plus 40% |
| Maternity | 20% | 40% | 20% | 40% |
| Inpatient Hospital Confinement⁴ (Out-of-network maximum of \$1,000 per day.) | 20% | 40% | 20% | 40% |
| Outpatient Surgery Facility (Out-of-network maximum of \$500 per day.) | 20% | 40% | 20% | 40% |
| Skilled Nursing Facility (Out-of-network maximum of \$250 per day.) | 20% | 40% | 20% | 40% |
| Drug Benefit⁴ (Plans 1,2,3 - plan deductible waived.) | IN-NETWORK COVERAGE ONLY 3-Tier (Brand Name deductible applies for retail & mail order combined; Participating Pharmacy \$10 Generic • \$35 Flex Formulary Drug List 50% Non-formulary with \$50 minimum/ \$200 out-of-pocket maximum Mail Order \$25 Generic • \$87.50 Flex Formulary Drug List 50% Non-formulary with \$125 minimum/ \$500 out-of-pocket maximum | | | |

¹ \$500 maximum payable per day for out-of-network MRI, CT and PET scans.

² Benefits reduced to out-of-network coverage for confinements in an out-of-network hospital where an in-network hospital is reasonably available, and the Covered Person's condition has been stabilized and can safely be transferred to the in-network hospital.

³ Co-pay waived if admitted to the hospital within 48 hours.

⁴ Benefits reduced if pre-authorization is not obtained.

| MyChoice Plan 3 | | MyChoice Plan 4 | | MyChoice Plan 5 | | MyChoice Plan 6 | |
|-----------------------|----------------------------|-----------------------|---------------------------|-----------------------|---------------------------|-----------------------|----------------------------|
| \$5,000,000 | | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | |
| In-Network \$5,000 | Out-of-Network \$10,000 | In-Network \$1,500 | Out-of-Network \$3,000 | In-Network \$2,500 | Out-of-Network \$5,000 | In-Network \$5,000 | Out-of-Network \$10,000 |
| \$0 | \$0 | \$3,500 | \$7,000 | \$2,500 | \$5,000 | \$0 | \$0 |

| | | | | | | | |
|----------------------|----------------------|-----|-----|-----|-----|----|----|
| \$30 co-pay | 0% | 20% | 40% | 20% | 40% | 0% | 0% |
| 0% | 0% | 20% | 40% | 20% | 40% | 0% | 0% |
| \$30 co-pay | 0% | 20% | 40% | 20% | 40% | 0% | 0% |
| \$30 co-pay | 0% | 20% | 40% | 20% | 40% | 0% | 0% |
| \$30 co-pay | 0% | 20% | 40% | 20% | 40% | 0% | 0% |
| 0% | 0% | 20% | 20% | 20% | 20% | 0% | 0% |
| 0% | 0% | 20% | 20% | 20% | 20% | 0% | 0% |
| \$100 co-pay plus 0% | \$100 co-pay plus 0% | 20% | 40% | 20% | 40% | 0% | 0% |
| \$50 co-pay plus 0% | \$50 co-pay plus 0% | 20% | 40% | 20% | 40% | 0% | 0% |
| 0% | 0% | 20% | 40% | 20% | 40% | 0% | 0% |
| 0% | 0% | 20% | 40% | 20% | 40% | 0% | 0% |
| 0% | 0% | 20% | 40% | 20% | 40% | 0% | 0% |
| 0% | 0% | 20% | 40% | 20% | 40% | 0% | 0% |

| | |
|-----------------------------|---|
| \$100 single/\$200 family.) | IN-NETWORK COVERAGE ONLY |
| | <p>Participating Pharmacy : Coinsurance and discount card. Plans 4 and 5 - 20% coinsurance; Plan 6 - 0% coinsurance.</p> <p>Mail Order : Coinsurance and discount card. Plans 4 and 5 - 20% coinsurance; Plan 6 - 0% coinsurance.</p> |

NHP Life Plus — At a Glance

NHP Life Plus is a Term Life product with accelerated benefits providing a one-time lump-sum benefit amount upon diagnosis of covered medical conditions or in the event of death.

Covered Conditions* are Cancer, Stroke, Heart Attack, Kidney Failure and Major Organ Transplant Surgery. You have the option of receiving your policy limit upon diagnosis which can provide immediate cash for living expenses or medical bills.

This optional coverage offers a choice of four plan amounts:

Plan A \$25,000

Plan B \$50,000

Plan C \$75,000

Plan D \$100,000

The policy is renewable every five years. After each five-year period, you can renew your policy at a new rate based upon your new age at that time. The policy may not be renewed after age 70.

Persons ages 20-60 years old are eligible to apply. This is a stand-alone product and may be applied for without a health plan. Tobacco and non-tobacco rates are available. Please ask your Nationwide Health Plans agent for a quote.

* Covered conditions must be initially diagnosed 30 or more days after your policy effective date for stroke, heart attack, kidney failure, or major organ transplant surgery. Cancer must be initially diagnosed 60 or more days after your policy effective date. Please refer to a NHP Life Plus policy for specific details regarding covered medical conditions.

Life/AD&D/Dependent Life Options

Choose from four levels of employee Life Insurance coverage: \$10,000, \$15,000, \$25,000 or \$50,000. AD&D and Dependent Life Insurance are also available.



Vision Services Plan (VSP)

How important is customer satisfaction to you?

Ranked “Highest in Overall Member Satisfaction Among National Vision Plans” by J.D. Power and Associates for the second straight year, NHP is proud to offer vision benefits to its members through Vision Services Plan (VSP). Like NHP, VSP values the importance of customer satisfaction and boasts a 99 percent overall satisfaction rate among its clients.

As a VSP member, you will have access to:

- A variety of flexible eyecare plans to suit all client tastes
- A vast selection of eyewear and services
- Numerous choices including types of location with doctors in a mixture of settings
- The largest private practice eye doctors network in the country.

All VSP doctors must meet the guidelines of the National Committee for Quality Assurance to be a participant in the VSP network.

For more information on VSP and VSP providers, please call 800-877-7195 or visit them on the web at www.vsp.com.

Benefits of VSP

The benefits included with VSP were created to keep you visually healthy. If you desire specific cosmetic or elective eyewear alternatives, you may have to pay extra. Be sure to ask your doctor what is covered in your VSP plan before purchasing your eyewear. The following chart highlights important benefits of the two plans:

| Plan | Examination (1 per 12 months) | Lenses & Frames | Contact Lenses |
|--------------|----------------------------------|---|--|
| Exam Plus | \$10 co-pay | 20% discount based on VSP doctor's usual and customary fee. | 15% discount on professional services. Materials at usual and customary fee. |
| Full Service | \$10 co-pay | \$30 co-pay. One set per 24 months. | Once every 24 mos: \$30 co-pay if medically necessary, or up to \$105 if elective. |

Non-VSP Doctors

Seeking treatment from a non-VSP doctor is always an option, although most patients choose to stay within the VSP network. In fact, over 90 percent of VSP's patients receive care from a VSP doctor. If you choose to see a non-VSP doctor, you must pay your bill in full and then submit an itemized copy to VSP for reimbursement. The benefit payment will be less than the actual bill.

HSA's and HRAs — How They Work For You

HSA

Having control over your healthcare dollars is easy when you add a Health Savings Account (HSA) to one of NHP's HSA-qualified health plans (MyChoice 4, 5 or 6). When added to plan 4, 5 or 6, employees are able to create tax-sheltered HSAs for eligible medical expenses not covered by their health plan.

HSA's offer numerous advantages:

- Adding a HSA encourages conscientious use of medical expenses, and funds accumulate, tax deferred
- Portability – The account belongs to the employee!
- HSAs allow employees to use the account for qualified medical expenses – TAX FREE, or as regular income at retirement (income tax applies under current tax code)*
- Both employees and employers can make deposits in a HSA. An employee's family members can make deposits in a HSA as well

Who offers a HSA?

NHP has partnered with First Horizons MSAver, a nationally recognized HSA administrator for its HSA business. Founded in 1997, shortly after MSA legislation was passed, First Horizon MSAver is now considered one of the premier experts on the subject and implementation of HSAs. First Horizon MSAver has assisted in the account set-up and administration for over 30,000 lives.

Employees with a First Horizon MSAver HSA receive:

- Free Banking Online
- Free Bill Pay Online
- No Set-up Fee
- Free Debit Cards
- Free HSA Checks
- Competitive Interest Rates
- Unlimited Check Writing and Debit Card Privileges

To receive a HSA enrollment kit, please call 888-909-8471.



Traditional Deductible Processing

Deductible processing on our HSA plans is simple. Once an individual meets the annual single deductible or 2x family maximum amount, all benefits are paid at the plan coinsurance level for the remainder of the year. On plan 4, a family must collectively meet the plan deductible for any family member to receive benefits. Then, benefits for any family member will be paid at the plan coinsurance level for the remainder of the year.

HRA

In addition to any NHP Small Group Health Plan, a Health Reimbursement Account (HRA) can be created. With an HRA, employees are in control of their healthcare purchasing. These individual accounts are set up and funded through the employer. Through an HRA, an employee can access their account to pay for eligible medical services not included in their HDHP.

*Some provisions may be subject to change based on new or amended legislative, regulatory and IRS guidelines. Federal law requires the purchase of an HSA eligible health plan, prior to setting up a HSA. NHP does not offer HSAs nor provides tax advice. Please contact a tax professional or attorney that can assess your eligibility and liability.

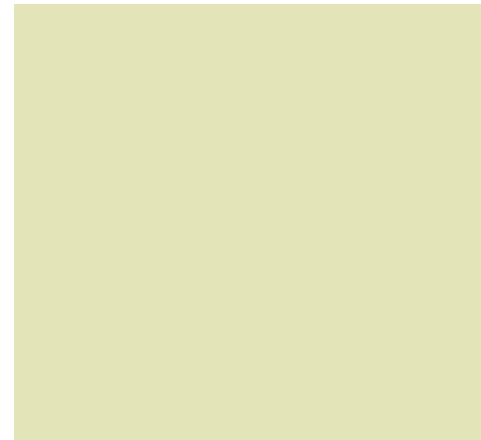


Still confused?

The world of health insurance lingo can be pretty intimidating. Here's a small selection of frequently used terms*:

- **Beneficiary** – The recipient of your life insurance proceeds upon your death.
- **Coinsurance** – The amount you are required to pay for your medical care after you have met your deductible. This is usually shown as a percentage. For example, if your insurer pays 80 percent of a claim, you are required to pay 20 percent.
- **Co-Pay** – A flat fee you pay each time you use a medical service, such as paying \$30 for each visit to your doctor.
- **Deductible** – The amount a Covered Person pays each Calendar Year for Covered Services before payment is considered by your insurer. The Deductible amount does not include Co-payment amounts, if any, or Coinsurance amounts paid by the Covered Person and does not apply towards the Coinsurance Maximum Limit amount.
- **In-Network** – Includes all healthcare facilities and/or providers under contract with the insurer's network. When using doctors and hospitals included in the network, your medical bills are paid at a higher benefit level. The option to use hospitals and doctors outside the network, is available, but at a lower benefit level, resulting in higher costs to you.
- **Premium** – The amount you pay to maintain insurance coverage.
- **Out-of-Network** – Healthcare facilities and/or providers that are not under contract with the insurer's network. Treatment received at these facilities are paid at a lower benefit level, resulting in higher costs to you.

* These definitions are for illustrative purposes only. Please refer to your policy for exact terms and conditions.



Limitations and Exclusions

- [1] Services which are not Medically Necessary; services for a Condition for which a Covered Person is not under the care of a Provider or for which a Provider has not personally examined a Covered Person;
 - [2] All dental services and related anesthesia, dental appliances including, but not limited to, mouth guards, orthotics, orthodontics and bite plates, except those services listed under Section 12.8;
 - [3] Eyeglasses, contact lenses, including, but not limited to, routine eye refractions. Orthoptic therapy, visual training or radial keratotomy or similar surgical procedures to correct vision;
 - [4] Loss of hearing due to the aging process including, but not limited to, hearing aids or the fitting of them;
 - [5] 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 Section 12.8;
 - [6] Computerized communication devices;
 - [7] Vocational therapy;
 - [8] Custodial and domiciliary care, residential care, adult or child day care, protective and supportive care including educational services, rest cures and convalescent care, and companion and homemaker care;
 - [9] Nutrition counseling services, except as described in Section 12.8, genetic counseling and genetic studies;
 - [10] Childbirth classes;
 - [11] General fitness, exercise programs, health club memberships and weight loss programs. Exercise machinery or equipment, including but not limited to treadmills, stair-steps, trampolines, weights, sports equipment, support braces used primarily for use during any sport or in the course of employment, any equipment obtainable without a Physician's prescription;
 - [12] Private Hospital room, (unless Medically Necessary and prescribed by a Physician), and personal comfort or convenience items while Confined, such as television, telephone charges, or guest meals;
 - [13] Prescription drugs, unless specifically provided under Section 12, contraceptives not approved by the federal Food and Drug Administration (FDA), non-prescription contraceptive supplies, investigational or experimental drugs, contraceptive jellies, ointment or foams, drugs for cosmetic purposes; Retin A and other Retinoid type drugs if You are over age 35; topical applications of Rogaine; drugs provided through Workers' Compensation, over-the-counter drugs, drugs for weight control or eating disorders, drugs which are not dispensed by a licensed pharmacist or Physician, drugs (except insulin) that can be legally obtained without a prescription, including all Schedule 5 controlled substances; drugs which may be received without charge under local, state or federal programs;
 - [14] Elective blood product storage not for indicated future use, including, but not limited to, placental stem cells;
 - [15] Vitamins, minerals, herbs, herbal formulas and home remedies. All internal feedings, over-the-counter nutritional and electrolyte supplements. Supplemental feedings are not covered;
 - [16] Health services and associated expenses: (a) to create a pregnancy or treat infertility, except as covered in Section 12.4. Benefits will not be paid for any Expenses Incurred for In Vitro Fertilization or artificial insemination; (b) for surgery for the reversal of sterilization procedures or any resulting complications; (c) resulting 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;
 - [17] Alternative or complementary therapies including, but not limited to, hypnosis; acupuncture, naturopathy, homeopathy, biofeedback, therapy through behavior modification techniques, and psychoanalysis;
 - [18] Sex therapy;
 - [19] Massage therapy or aquatic therapy (unless part of a formal physical therapy program or non-surgical spinal or vertebral column treatment/manipulation);
 - [20] Maintenance therapy for mental health and substance abuse and for chronic Conditions;
 - [21] Extensive psychological testing beyond initial diagnosis screening except as specified in Section 12.5;
 - [22] Marriage counseling;
 - [23] Counseling for borderline intellectual functioning and I.Q. testing;
 - [24] Any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluation;
 - [25] Psychiatric treatment of organic mental disorders associated with permanent dysfunction of the brain except as covered under the Serious Emotional Disturbance of a Child and Severe Mental Illness Benefit in Section 12;
 - [26] Consumable or disposable medical items including, but not limited to, replacement batteries, benzoin, diapers, and "chux," except as covered under Section 12;
 - [27] Personal comfort and convenience items including, but not limited to, breast pumps, overbed tables and remote control devices;
 - [28] Wigs, toupees, hairpieces, hair implants, heelcaps, shoes, shoe inserts, and foot orthotics except as specified in Section 12.8;
 - [29] Environmental items including, but not limited to, air conditioners, air purifiers, dehumidifiers, humidifiers, furnace filters, heaters, and vaporizers. Customized, experimental, and exercise equipment including, but not limited to, whirlpools, hot tubs, saunas and swimming pools;
 - [30] Modifications made to dwellings, property, or automobiles such as ramps, elevators, stairlifts or car hand controls, whether or not their installation is for purposes of providing therapy or easy access or are portable to other locations;
 - [31] Organ or tissue transplants other than those covered under Section 12.8, and the following transplant related services and supplies: (a) Artificial or mechanical assist devices, unless FDA approved; (b) Animal organ transplants; (c) The donation of an organ, including bone marrow and peripheral stem cells to a person other than a Covered Person; (d) Experimental or Investigational transplants;
 - [32] Cosmetic Surgery, plastic surgery, and any resulting complications, consequences and after effects of such surgery and any other associated expenses including, but not limited to, salabrasion, chemosurgery or other such skin abrasion procedures associated with the removal of scars, tattoos, actinic changes and/or which are performed as a treatment for acne; except for correction of breast deformity resulting from surgical procedures know as mastectomies or lymph node dissections, or other Reconstructive Surgery;
 - [33] Intersex medical treatment, treatment of psychogenic impotence, treatment for sexual dysfunction and surgery for psychological reasons, including transsexual surgery or resulting complications;
 - [34] Medical treatment which is Experimental, Investigational or Unproven;
 - [35] Coverage will not be provided for medical care or treatment that is considered Experimental, Investigational or Unproven even if it is the only care or treatment available for a Condition.
Upon written request, claims denied under this exclusion may be reviewed by an Independent Medical Review entity if the Covered Person has a terminal condition that, according to the Covered Person's health care Provider's current diagnosis, has a high probability of causing death within two years from the date of the request for the medical review;
 - [36] Services and associated expenses for the treatment of obesity, including, but not limited to: (a) Gastric or intestinal bypasses; (b) Gastric balloons; (c) Stomach stapling; (d) Wiring of the jaw; (e) Panniculectomy; (f) Appetite suppressants; (g) Weight loss programs;
 - [37] Expenses Incurred for a Condition which arises due to Your employment;
 - [38] Care, medications, immunizations or vaccinations covered by federal, state or local government agencies (except Medicaid);
 - [39] Physical examinations, tests, vaccinations, immunizations or care required to obtain or continue employment, or for insurance, marriage, business or leisure travel, adoption or relating to legal orders or for medical research, or to obtain or maintain any type of license;
 - [40] Treatment of military service-related disabilities when the Covered Person is legally entitled to other coverage and for which Health Care Facilities are reasonably available;
 - [41] Expenses, services, or supplies for which a Covered Person is not legally required to pay or for which no charge is made to a Covered Person;
 - [42] Services which are due to or related to complications arising from treatment or services otherwise excluded under the Group Policy;
 - [43] 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, including Spouse, brother, sister, parent or child;
 - [44] Charges for special medical reports not directly related to treating a Covered Person, and charges for appearances of Providers at hearings or court proceedings;
 - [45] Services rendered or Expenses Incurred after the date a Covered Person's Coverage terminates under the Group Policy, subject to Sections 17 and 18, including services for Conditions existing prior to the date of the Coverage termination;
 - [46] Follow-up care rendered at an emergency room. See Section 9;
 - [47] 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;
 - [48] For illness or injury that occurs as a result of any act of war, declared or undeclared;
 - [49] Telephone consultations;
 - [50] Routine foot care, such as treatment and care of calluses, flat feet, fallen arches, chronic foot strain, corns, bunions (except capsular or bone surgery), toenails (except for surgery for ingrown nails);
 - [51] Services for abortions (unless the mother's life is endangered or if the pregnancy was the result of rape or incest);
 - [52] Any and all over-the-counter smoking cessation and treatment of nicotine addiction products except as specified in Section 12.9;
 - [53] Expenses, services or supplies for the following immunizations/vaccinations and others as detailed in Our guidelines: Adenovirus, Anthrax, Bacillus Calmette vaccine, Cholera Vaccine, Hepatitis A vaccine, Hepatitis B vaccine for adults only, typhoid vaccine, Yellow Fever vaccine, Plague vaccine and Japanese encephalitis vaccine;
 - [54] MP Electronic Beam (EBCT) Scan or "Ultra Fast CT";
 - [55] 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 records;
 - [56] Drugs and medicines when not Confined in a Hospital or Skilled Nursing Facility as an Inpatient, except as provided in the Home Health Care Services benefit or the prescription drug benefit;
 - [57] Supplies, equipment and medication given for a charge to a Covered Person by a Provider to take home;
 - [58] An intermediate residential program, such as a halfway house or recovery unit, for treatment of mental health conditions.
- Special Note - California Small Group Plans:
- a) Premium rates for this product may vary according to the risk adjustment factor that ranges between 0.90 and 1.1.
 - b) Premium rates for this product can be affected by the benefit plan selected, employee age, geographic area and plan effective date. New business rates can be adjusted periodically as allowed by regulations.
 - c) This product is guaranteed issue for all eligible employees of all eligible groups with 2-50 employees.
 - d) This plan includes a pre-existing condition provision clause. A pre-existing condition is a condition for which treatment was received within 6 months prior to the effective date. The plan will pay benefits for a pre-existing condition after 6 months from the effective date. Credit will be given for and the pre-existing conditions period may be reduced by continuous prior creditable coverage.
 - e) Employers must complete the underwriting process in order to be eligible for any small employer benefit plan issued or administered by Nationwide.
 - f) A listing of our benefit plan designs and applicable rates are available upon request.

Choice. Flexibility. Options.



Nationwide
Health Plans[®]

Underwritten by Nationwide Life Insurance Company.

Nationwide Health Plans, the Nationwide framemark and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company.

NH-0569-A (4/06)