For more information please contact:

Health Net
Post Office Box 1150
Rancho Cordova, California 95741-1150

Individual & Family Plans:
1-800-909-3447 (English)
1-800-331-1777 (Spanish)
1-877-891-9050 (Mandarin)
1-877-339-8596 (Korean)
1-877-891-9051 (Tagalog)
1-877-339-8621 (Vietnamese)

Telecommunications device for the hearing and speech impaired
1-800-995-0852

www.healthnet.com

QUICK NET SHORT-TERM COVERAGE BY THE DAY OR MONTH

Health coverage made easy.

Effective April 15, 2007
As easy to enroll as 1-2-3!

1. Just select when you want coverage to start – and that’s any day, not just the first of the month or the first of the year – and how long you want coverage to last, up to 185 days or six months.

2. Choose **Quick Net Daily** if you want to choose your length of coverage down to the day, or **Quick Net Monthly** if you want coverage in monthly segments.

3. Compute your premium, fill out an application, include payment, and send both to Health Net. We’ll let you know if your application has been approved within a few days.

---

**TWO KINDS OF SHORT-TERM HEALTH COVERAGE FOR PEOPLE ON THE GO – DAILY AND MONTHLY**

Health coverage plans need to keep pace with today’s new realities. And Quick Net does, with short-term coverage for people who are:

- In a life transition.
- Between jobs.
- Taking a leave from work.
- No longer eligible for their parents’ health plan.
- Traveling.
- Entering the job market.

**HOW’S THAT FOR NO-HASSLE SERVICE?**

Quick Net is underwritten by Health Net Life Insurance Company.
When you need it, we’re there.

SEE ANY DOCTOR, INCLUDING SPECIALISTS!
Quick Net from Health Net is a PPO (preferred physician organization) plan. You can receive care from any of Health Net’s 51,000 contracted network physicians in California. Or you can see any out-of-network physician at higher out-of-pocket costs. The choice is yours!

QUICK NET MEANS COMPREHENSIVE CARE
Once you have paid your deductible with Quick Net, you receive comprehensive coverage, including doctor office visits, emergency care, hospitalization and surgery, even prescription coverage.¹

DEDUCTIBLE WAIVER FOR ACCIDENTS
If you have an accident while you are covered on a Quick Net policy, we will waive the deductible. For more detailed information, refer to your policy document.

More than health coverage – Health Net membership advantages

When you enroll in Quick Net from Health Net, you get access to the resources that help you make A Better Decision.℠

ONLINE ADVANTAGES AT HEALTHNET.COM
• Search our doctor network – Our Doctor Search helps you find doctors, hospitals and other contracted medical providers.

• Hospital Comparison Report – A Web-based interactive system that evaluates and determines which hospitals score highest in the key quality categories for a particular medical condition or procedure.

• It’s Your Life℠ – Brings balance back into your life with tools for managing emotional, legal or financial issues; even childcare and elder care resources. You can also receive special member discounts on eyewear, hearing aids, vitamins, chiropractic services and acupuncture.

• Treatment Cost Estimator on www.healthnet.com allows you to view cost estimates for common health care conditions tests, drugs, office visits and outpatient procedures and treatments.

¹This brochure is a summary only. The policy itself should be consulted to determine governing contractual provisions.
## In-network benefits at a glance

<table>
<thead>
<tr>
<th></th>
<th>QUICK NET 750</th>
<th>QUICK NET 1,000</th>
<th>QUICK NET 2,000</th>
<th>QUICK NET 4,500</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$750</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$4,500</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td>$1,750</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$4,500</td>
</tr>
<tr>
<td><strong>Office visits</strong></td>
<td>$40 copay$1</td>
<td>25%</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>6 visits per member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive care</strong></td>
<td>not covered</td>
<td>not covered</td>
<td>not covered</td>
<td>not covered</td>
</tr>
<tr>
<td><strong>Inpatient hospital care</strong></td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Emergency room</strong></td>
<td>$50 copay + 20%</td>
<td>$50 copay + 25%</td>
<td>$50 copay + 30%</td>
<td>$50 copay + 40%</td>
</tr>
<tr>
<td><strong>Prescription coverage</strong></td>
<td>$250 deductible</td>
<td>$250 deductible</td>
<td>$250 deductible</td>
<td>$20 generic only</td>
</tr>
<tr>
<td></td>
<td>$15/$35/$50</td>
<td>$15/$35/$50</td>
<td>$15/$35/$50</td>
<td>$10 generic only</td>
</tr>
<tr>
<td></td>
<td>$1,000 maximum</td>
<td>$1,000 maximum</td>
<td>$1,000 maximum</td>
<td>$1,000 maximum</td>
</tr>
<tr>
<td><strong>Lifetime maximum</strong></td>
<td>$2 million</td>
<td>$2 million</td>
<td>$2 million</td>
<td>$2 million</td>
</tr>
</tbody>
</table>

$1Visits are combined with physician office visits, specialist consultations and severe mental health care. After the visit maximums are satisfied, no additional benefit payments will be made for the remainder of the benefit period. In addition, benefits exceeding the visit limitation will not apply to the out-of-pocket maximum.

For more detailed information, refer to the policy documents.

## Summary of covered benefits

Each of our Quick Net plans come with covered benefits such as:

- Physician office visits, including specialist consultations.
- Neuromuscular rehabilitation.
- Durable medical equipment.
- Inpatient hospital care.
- Outpatient surgery.
- Emergency room.
- Home health care.
- Outpatient infusion therapy.
- Severe mental health care.
- Prescription drugs.

## What is a deductible?

A deductible is the amount of money you need to pay out-of-pocket for covered medical services before benefits become payable by Health Net. Covered medical expenses are those that Health Net covers and that count toward your deductible. Once you meet your deductible, you will be responsible only for copayments and coinsurance for covered services. Deductibles apply each benefit period.
How the plans work

QUICK NET DAILY

- Select your effective date and coverage time – from 30 to 185 days.
- There are no changes or refunds once your policy is in force.¹
- Send your check or pay by credit card with the full amount owed for your policy benefit period.²

QUICK NET MONTHLY

- Select your effective date for your first month’s coverage – you will be billed monthly for a maximum of six months.
- There are no changes or refunds once your policy is in force.¹
- Send in a check for your first month’s premium or pay by credit card – you will be billed for the subsequent months until you cancel your policy or your coverage ends.²

<table>
<thead>
<tr>
<th>LENGTH OF COVERAGE</th>
<th>QUICK NET DAILY</th>
<th>QUICK NET MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum coverage time</td>
<td>30 days</td>
<td>1 month</td>
</tr>
<tr>
<td>Maximum coverage time</td>
<td>185 days</td>
<td>6 months</td>
</tr>
</tbody>
</table>

Specific provisions apply to renewability. Please refer to your policy for details.

¹There are no changes allowed beyond the 10-day free look period. No exceptions will be made.

²Your check will be held in trust while your application is reviewed by Health Net. Applications submitted without payment or with partial payment will be pended until payment is received. If payment is not received within two weeks of the application signature date, the application will be withdrawn. Cashing your check does not mean your application is approved. If rejected, your money will be returned to you.

HOW TO CALCULATE YOUR PREMIUM

Inside this brochure you’ll find rates for your area. To find your rate:

1. Select the regional rate page for the county where you live.
2. Find the heading that fits the number of people in your family you want to cover.
3. Select the type of coverage you want: Quick Net Daily or Quick Net Monthly.
4. Choose your deductible.
5. Find the dollar amount on the chart that corresponds to your coverage and deductible.
6. If you are choosing Quick Net Daily, multiply the number on the chart by the number of days of coverage for which you are applying. Daily applicants need to send in a premium for their entire length of coverage.
7. If you are choosing Quick Net Monthly, the amount on the chart is your monthly premium. The first month’s premium is required for processing.

PAYMENT OPTIONS

- Check
- Credit card

Send your payments and application to:
Health Net Individual & Family Enrollment
P.O. Box 1150
Rancho Cordova, CA 95741-1150
Certification requirements
We work with you and your doctor to determine the most effective course of treatment covered under your policy. Through our Certification Program, you get approval for coverage before obtaining certain types of services. This helps protect you from undergoing unnecessary medical procedures – and from having to pay a medical bill because a service isn’t covered.

When you receive certification for coverage, it means we’ve determined that the procedure your doctor has recommended is medically necessary and is appropriate treatment for your health problem. Certification also confirms that we’ll extend coverage for the procedure, according to the terms of your policy. If you don’t obtain certification when it is required, any benefits payable will be reduced by 50 percent.

The reduction in benefits by 50 percent will apply to the following procedures:

1. Inpatient admissions. Any type of facility, including but not limited to:
   • Hospital
   • Skilled Nursing Facility
   • Mental health facility
   • Chemical dependency facility
   • Acute rehabilitation center
   • Hospice

2. Surgical procedures including:
   • Abdominal, ventral, umbilical, incisional hernia repair
   • Bariatric procedures
   • Blepharoplasty
   • Breast reductions and augmentations
   • Rhinoplasty
   • Sclerotherapy
   • Uvulopalatopharyngoplasty (UPPP) and laser assisted UPPP

3. Organ, tissue and bone marrow transplant services, including pre-evaluation and pre-treatment services and the transplant procedure

4. Home Health Care Services including nursing, physical therapy, occupational therapy, speech therapy, home I.V. therapy and home uterine monitoring

5. Hospice Care

6. Outpatient Diagnostic Imaging:
   • CT (Computerized Tomography)
   • MRA (Magnetic Resonance Angiography)
   • MRI (Magnetic Resonance Imaging)
   • PET (Positron Emission Tomography)
   • SPECT (Single Photon Emission Computed Tomography)

7. Durable Medical Equipment including power wheelchairs, scooters, hospital beds and custom-made items

8. Prosthesis and orthotics over $2,500

9. Air Ambulance

10. Tocolytic services (intravenous drugs used to decrease or stop uterine contractions in premature labor)

11. Orthognathic procedures (surgery performed to correct or straighten jaw and/or other facial bone misalignments to improve function) including TMJ treatment

12. Self-injectable drugs

13. Clinical trials

14. Bariatric-related services:
   • Non-surgical bariatric-related consultations and services
   • All bariatric-related surgical services
Eligibility

You and your applying family members are eligible for a short-term plan if:

- You are a U.S. citizen or permanent resident of the United States and have resided in the United States for at least six months.
- You are older than 30 days or less than 65 years old on your policy effective date and are not totally disabled or eligible for Medicare.
- Persons under 1 year of age or over 65 years of age on the policy effective date cannot be enrolled as a subscriber.
- You do not have other medical or hospital coverage, including enrollment in an HMO or health care insurance plan.
- You or any family member is not pregnant at the time of application.
- You or any family member have no claims incurred under a previous Health Net plan.
- You or any applying family members do not train for or participate in:
  1. a team or individual sports activity as a professional;
  2. national or international competition as an amateur; or
  3. a collegiate sports activity.
- You or any applying family members are not enrolled in training for or engaged in an occupation involving unusual hazards, and are not covered by Workers’ Compensation insurance.

Domestic Partner Eligibility

A Domestic Partnership is defined as two adults who have chosen to share one another’s lives in an intimate and committed relationship of mutual caring. A registered domestic partnership is established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State and at the time of the filing it is true that:

- Both persons have a common residence.
- Neither person is married to someone else or is a member of another domestic partnership that has not been terminated, dissolved, or adjudged a nullity.
- The two persons are not related by blood in a way that would prevent them from being married in California.
- Both persons are at least 18 years old.
- Both persons are members of the same sex, or opposite sex couples if one or both persons is over age 62 and is eligible for old age insurance benefits under the Social Security Act.
- Both persons are capable of consenting to the domestic partnership.

Important information

To be eligible for a Guaranteed Issue plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), in addition to other requirements, an individual must have been recently covered under an employer plan. A short-term plan is not an employer plan and, therefore, acceptance of a short-term policy will impact eligibility for individual guaranteed issue health insurance under HIPAA.

Deductible waiver for an accident

Accidental injury is any physical harm or disability that is the result of a specific, unexpected or unintentional incident caused by an outside force. The physical harm or disability must have occurred at an identifiable time and place. Accidental injury does not include illness and must be treated in an emergency room or urgent care center; follow-up treatment will be subject to the benefit period deductible. A completed Accident Waiver form must be submitted within 60 days of the accident and is required for the claim to be reviewed. Once approved, the benefit period deductible will be waived. The member will continue to pay any charges billed in excess of covered expenses. Contact the Customer Contact Center at 1-800-839-2172 for more information.
Summary of exclusions
Please refer to your policy for full details.

Pre-existing conditions,\(^1\) cosmetic services and supplies, dental services, temporomandibular (jaw) joint disorders, refractive eye surgery, optometrics, vision therapy and orthoptics, sex change, reversal of sterilization, treatment of infertility, conception by medical procedure, experimental or investigational procedures, routine physical examinations, hospice care, pregnancy, services related to pregnancy induced under a surrogate parenting agreement, preventive care (including immunizations or inoculations), services not related to covered illness or injury, custodial or domiciliary care or rest cures, inpatient diagnostic admissions, non-eligible hospital confinements, non-eligible institutions, private rooms, private duty nursing, chemical dependency, non-severe mental disorders, hyperkinetic syndromes, learning disabilities, behavioral problems or mental retardation, corrective and support appliances, surgical dressings, orthotics (including foot orthotics), personal or comfort items, air purifiers, air conditioners and humidifiers, hearing aids, educational services or nutritional counseling, sleep studies, treatment of obesity, expenses before coverage begins, expenses after termination of coverage, physician self-treatment, services provided by immediate family members, conditions caused by the member’s commission (or attempted commission) of a felony, conditions caused by release of nuclear energy, any services provided by or for which payment is made by a local, state or federal government agency, rehabilitative services except as stated in your policy, outpatient speech therapy, acupuncture, services or supplies obtained in foreign travel or work assignment, allergy testing and serum, and chiropractic care.

\(^{1}\) A pre-existing condition means an illness, injury or condition which existed during the twelve-month period, when this Policy insures one or two Covered Persons, or six-month period when this Policy insures three or more Covered Persons, immediately prior to the Covered Person's Effective Date. An illness, injury or condition is considered to have existed when the prospective member:

a. sought or received professional advice for that illness, injury, or condition; or

b. received medical care or treatment for that illness, injury or condition. This 6-month period will be reduced by any period of creditable coverage in force during the 63-day period immediately prior to becoming eligible for coverage under this policy.
For more information please contact:

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Post Office Box 1150
Rancho Cordova, California 95741-1150

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