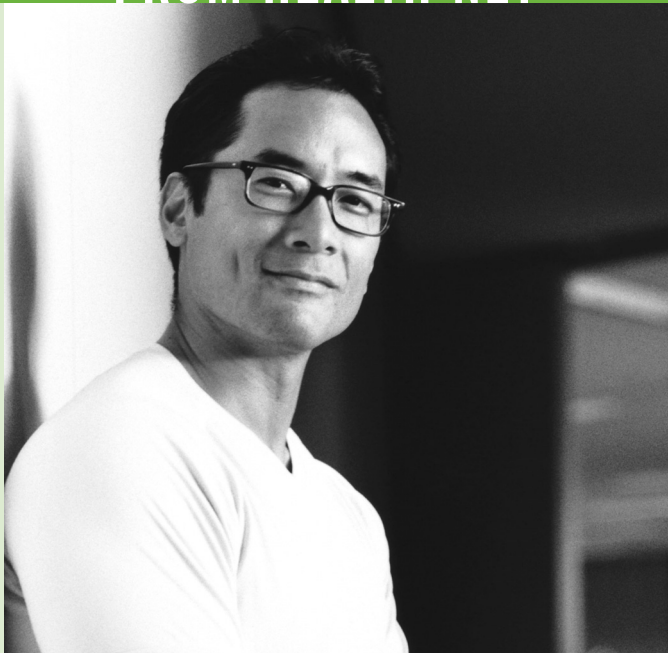


When you need short-term
health coverage...*now*

We're as flexible as you are!

QUICK NET

FROM HEALTH NET



**SHORT-TERM COVERAGE
BY THE DAY OR BY THE MONTH**

Effective July 1, 2005



Health Net®
A Better Decision

IT'S A FAST-MOVING WORLD.

SHOULDN'T YOUR HEALTH
COVERAGE BE ABLE TO KEEP UP?

**NOW, WITH QUICK NET
FROM HEALTH NET, IT CAN**

TWO KINDS OF 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

Quick Net is underwritten by Health Net Life Insurance Company.

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

Then compute your premium, fill out an application, including payment, and send both to Health Net.

HOW'S THAT FOR NO-HASSLE SERVICE?



WHEN YOU NEED IT, WE'RE THERE

SEE ANY DOCTOR, INCLUDING SPECIALISTS!

Quick Net from Health Net is a PPO (preferred physician organization) plan. That means you can choose from any of Health Net's 46,500 contracted network physicians in California to receive covered care. But you can also, if you prefer, see any licensed physician for higher out-of-pocket costs. The choice is yours – always!

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 (refer to the policy document for details).

¹This brochure offers a summary of covered benefits. Please read the policy documents for more information.

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.SM

ONLINE ADVANTAGES AT HEALTHNET.COM

- **Search our doctor network** – Our Doctor Search helps you find doctors, hospitals and other contracted medical providers.
- **HealthGate® EBM Solutions** – Provides evidence-based information about health conditions, treatment and options.
- **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 LifeSM** – 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.

IN-NETWORK BENEFITS AT A GLANCE

Deductible	\$750
Out-of-pocket maximum	\$1,750
Office visits	\$40 copay ¹ 6 visits per member
Preventive care	not covered
Inpatient hospital care	20%
Emergency room	\$50 copay + 20%
Prescription coverage	\$250 deductible \$15/\$35/\$50 \$1,000 maximum
Lifetime maximum	\$2 million

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.

SUMMARY OF COVERED BENEFITS

- 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

\$1,000	\$2,000
\$2,000	\$3,000
25%	30%
not covered	not covered
25%	30%
\$50 copay + 25%	\$50 copay + 30%
\$250 deductible \$15/\$35/\$50 \$1,000 maximum	\$250 deductible \$15/\$35/\$50 \$1,000 maximum
\$2 million	\$2 million

**For more detailed information,
refer to the policy documents.**

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 force¹
- Send your check or pay by credit card with the full amount owed for your policy benefit period²

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 force¹
- 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 ends²

LENGTH OF COVERAGE	QUICK NET DAILY	QUICK NET MONTHLY
Minimum coverage time	30 days	1 month
Maximum coverage time	185 days	6 months

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:
 - a. Yourself (subscriber)
 - b. You and your spouse (sub and spouse / domestic partner)
 - c. You and one child (sub and child)
 - d. You and your children (sub and children)
 - e. Your entire family (you, your spouse / domestic partner and child[ren])
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**, write a check for the amount on the chart. This is your monthly premium. The first month's premium is required for processing.

PAYMENT OPTIONS

- Check
- Credit card

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. Ambulance
 - Air Ambulance
 - Non-emergent transport
3. Ambulatory services
 - Durable Medical Equipment
 - Home Health Care Agency Services including nursing, physical therapy, occupational therapy, speech therapy, home I.V. therapy, Hospice Care, tocolytic services (intravenous drugs used to decrease or stop uterine contractions in premature labor) and home uterine monitoring
 - Prosthesis for major limbs

4. Experimental services, new technology and evolutionary changes in proven technology
5. Orthognatic procedures (surgery performed to correct or straighten jaw and/or other facial bone misalignments to improve function)
6. Outpatient Diagnostic Imaging:
 - CT Scans
 - MRA (Magnetic Resonance Angiography)
 - MRI (Magnetic Resonance Imaging)
 - MUGA Cardiac Scan (Multiple Gated Acquisition)
 - PET (Positron Emission Tomography)
 - SPECT (Single Photon Emission Computed Tomography)
7. Surgical procedures including:
 - Abdominal, ventral, umbilical, incisional hernia repair
 - Blepharoplasty
 - Breast reductions and augmentations
 - Mastectomy for gynecomastia
 - Rhinoplasty
 - Sclerotherapy
 - Uvulopalatopharyngoplasty (UPPP) and laser assisted UPPP
8. Temporomandibular Joint (TMJ) Disorder treatment
9. Transplant-related services including pre-evaluation and pre-treatment services, and the transplant procedure

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 all of the following are true:

- 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.

This is a non-renewable plan

Health Net's Quick Net plans are non-renewable. However, if you feel there is a need to continue beyond your benefit period, you may re-apply under the following circumstances:

- No claims have been incurred under the previous Quick Net plan.
- There is no significant change in your health.
- The total days of coverage for all Quick Net plans does not exceed 365 days.

A re-application fee of \$10 will be charged.

When does coverage begin?

- If you are approved, your coverage will begin immediately on the effective date you choose, as long as it does not precede the postmark date of your application and is within 30 days of the signature date.
- If your chosen effective date precedes the postmark date, your coverage will become effective the day after the postmark date. If your application is faxed in by 2:00 p.m., your coverage can be effective the day of receipt.
- 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.
- If you apply for Health Net's permanent plan after your Quick Net plan is in effect, your Quick Net plan must expire before your permanent plan becomes effective.

Summary of exclusions

Please refer to your policy for full details.

Pre-existing conditions,¹ clinical trials, 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.

¹A 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:

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

REGION 1

LOS ANGELES COUNTY

Rates effective December 1, 2003

		QUICK NET MONTHLY RATES		
	Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	92	72	61
	19-24	92	72	61
	25-29	92	72	61
	30-34	114	90	75
	35-39	129	102	85
	40-44	173	136	114
	45-49	210	165	138
	50-54	275	216	181
	55-59	317	249	208
	60-64	413	325	272
Subscriber and Spouse / Domestic Partner	19-24	184	144	122
	25-29	184	144	122
	30-34	228	180	150
	35-39	258	204	170
	40-44	346	272	228
	45-49	420	330	276
	50-54	550	432	362
	55-59	634	498	416
	60-64	826	650	544
Subscriber and Child	19-24	170	133	113
	25-29	170	133	113
	30-34	192	151	127
	35-39	207	163	137
	40-44	251	197	166
	45-49	288	226	190
	50-54	353	277	233
	55-59	395	310	260
	60-64	491	386	324
Subscriber and Children	19-24	239	187	159
	25-29	239	187	159
	30-34	261	205	173
	35-39	276	217	183
	40-44	320	251	212
	45-49	357	280	236
	50-54	422	331	279
	55-59	464	364	306
	60-64	560	440	370
Family	19-24	331	259	220
	25-29	331	259	220
	30-34	375	295	248
	35-39	405	319	268
	40-44	475	373	313
	45-49	549	431	361
	50-54	679	533	447
	55-59	744	584	489
	60-64	936	736	617

EXAMPLE OF QUICK NET DAILY PREMIUM CALCULATION

Brian, 32 and Kimberly, 28, live in Los Angeles County (Region 1). They choose the **Quick Net Daily \$1,000 deductible** plan. They select **85 days** of coverage.

Subscriber + Spouse rate, based on age of younger spouse / domestic partner (age 28)

Per day rate = \$3.60

\$3.60 x 85 days = \$306.00 (Total premium due)

		QUICK NET DAILY RATES		
		30-185 Days		
	Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	2.30	1.80	1.53
	19-24	2.30	1.80	1.53
	25-29	2.30	1.80	1.53
	30-34	2.85	2.25	1.88
	35-39	3.23	2.55	2.13
	40-44	4.33	3.40	2.85
	45-49	5.25	4.13	3.45
	50-54	6.88	5.40	4.53
	55-59	7.93	6.23	5.20
	60-64	10.33	8.13	6.80
Subscriber and Spouse / Domestic Partner	19-24	4.60	3.60	3.05
	25-29	4.60	3.60	3.05
	30-34	5.70	4.50	3.75
	35-39	6.45	5.10	4.25
	40-44	8.65	6.80	5.70
	45-49	10.50	8.25	6.90
	50-54	13.75	10.80	9.05
	55-59	15.85	12.45	10.40
	60-64	20.65	16.25	13.60
Subscriber and Child	19-24	4.25	3.33	2.83
	25-29	4.25	3.33	2.83
	30-34	4.80	3.78	3.18
	35-39	5.18	4.08	3.43
	40-44	6.28	4.93	4.15
	45-49	7.20	5.65	4.75
	50-54	8.83	6.93	5.83
	55-59	9.88	7.75	6.50
	60-64	12.28	9.65	8.10
Subscriber and Children	19-24	5.98	4.68	3.98
	25-29	5.98	4.68	3.98
	30-34	6.53	5.13	4.33
	35-39	6.90	5.43	4.58
	40-44	8.00	6.28	5.30
	45-49	8.93	7.00	5.90
	50-54	10.55	8.28	6.98
	55-59	11.60	9.10	7.65
	60-64	14.00	11.00	9.25
Family	19-24	8.28	6.48	5.50
	25-29	8.28	6.48	5.50
	30-34	9.38	7.38	6.20
	35-39	10.13	7.98	6.70
	40-44	11.88	9.33	7.83
	45-49	13.73	10.78	9.03
	50-54	16.98	13.33	11.18
	55-59	18.60	14.60	12.23
	60-64	23.40	18.40	15.43

REGION 2¹

MERCED, NAPA, SACRAMENTO, SAN JOAQUIN, SONOMA, STANISLAUS, TULARE, WESTERN EL DORADO AND WESTERN PLACER COUNTIES

		QUICK NET MONTHLY RATES		
	Age			
		\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	67	53	44
	19-24	67	53	44
	25-29	67	53	44
	30-34	85	67	56
	35-39	94	74	62
	40-44	128	101	84
	45-49	153	120	101
	50-54	207	163	136
	55-59	239	188	157
	60-64	323	254	212
Subscriber and Spouse / Domestic Partner	19-24	134	106	88
	25-29	134	106	88
	30-34	170	134	112
	35-39	188	148	124
	40-44	256	202	168
	45-49	306	240	202
	50-54	414	326	272
	55-59	478	376	314
	60-64	646	508	424
Subscriber and Child	19-24	124	98	81
	25-29	124	98	81
	30-34	142	112	93
	35-39	151	119	99
	40-44	185	146	121
	45-49	210	165	138
	50-54	264	208	173
	55-59	296	233	194
	60-64	380	299	249
Subscriber and Children	19-24	174	138	114
	25-29	174	138	114
	30-34	192	152	126
	35-39	201	159	132
	40-44	235	186	154
	45-49	260	205	171
	50-54	314	248	206
	55-59	346	273	227
		60-64	430	339
Family	19-24	241	191	158
	25-29	241	191	158
	30-34	277	219	182
	35-39	295	233	194
	40-44	350	276	230
	45-49	400	314	264
	50-54	508	400	334
	55-59	558	440	367
		60-64	726	572

¹ZIP codes for western El Dorado include: 95623, 95630 and 95762 only. See region 7 for additional El Dorado County ZIP codes. ZIP codes for western Placer County include: 95602-04, 95648, 95650, 95658, 95661,

Rates effective December 1, 2003

		QUICK NET DAILY RATES		
		30-185 Days		
	Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	1.68	1.33	1.10
	19-24	1.68	1.33	1.10
	25-29	1.68	1.33	1.10
	30-34	2.13	1.68	1.40
	35-39	2.35	1.85	1.55
	40-44	3.20	2.53	2.10
	45-49	3.83	3.00	2.53
	50-54	5.18	4.08	3.40
	55-59	5.98	4.70	3.93
	60-64	8.08	6.35	5.30
Subscriber and Spouse / Domestic Partner	19-24	3.35	2.65	2.20
	25-29	3.35	2.65	2.20
	30-34	4.25	3.35	2.80
	35-39	4.70	3.70	3.10
	40-44	6.40	5.05	4.20
	45-49	7.65	6.00	5.05
	50-54	10.35	8.15	6.80
	55-59	11.95	9.40	7.85
	60-64	16.15	12.70	10.60
Subscriber and Child	19-24	3.10	2.45	2.03
	25-29	3.10	2.45	2.03
	30-34	3.55	2.80	2.33
	35-39	3.78	2.98	2.48
	40-44	4.63	3.65	3.03
	45-49	5.25	4.13	3.45
	50-54	6.60	5.20	4.33
	55-59	7.40	5.83	4.85
	60-64	9.50	7.48	6.23
Subscriber and Children	19-24	4.35	3.45	2.85
	25-29	4.35	3.45	2.85
	30-34	4.80	3.80	3.15
	35-39	5.03	3.98	3.30
	40-44	5.88	4.65	3.85
	45-49	6.50	5.13	4.28
	50-54	7.85	6.20	5.15
	55-59	8.65	6.83	5.68
	60-64	10.75	8.48	7.05
Family	19-24	6.03	4.78	3.95
	25-29	6.03	4.78	3.95
	30-34	6.93	5.48	4.55
	35-39	7.38	5.83	4.85
	40-44	8.75	6.90	5.75
	45-49	10.00	7.85	6.60
	50-54	12.70	10.00	8.35
	55-59	13.95	11.00	9.18
	60-64	18.15	14.30	11.93

95663, 95677-78, 95746-47 and 95765 only. See region 7 for additional Placer County ZIP codes.

REGION 3

KERN, RIVERSIDE, SAN BERNARDINO, SANTA BARBARA AND VENTURA COUNTIES

Rates effective December 1, 2003

		QUICK NET MONTHLY RATES		
	Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	70	55	46
	19-24	70	55	46
	25-29	70	55	46
	30-34	87	69	57
	35-39	100	78	66
	40-44	133	105	87
	45-49	159	125	104
	50-54	216	170	142
	55-59	249	196	164
	60-64	339	266	223
Subscriber and Spouse / Domestic Partner	19-24	140	110	92
	25-29	140	110	92
	30-34	174	138	114
	35-39	200	156	132
	40-44	266	210	174
	45-49	318	250	208
	50-54	432	340	284
	55-59	498	392	328
	60-64	678	532	446
Subscriber and Child	19-24	130	102	85
	25-29	130	102	85
	30-34	147	116	96
	35-39	160	125	105
	40-44	193	152	126
	45-49	219	172	143
	50-54	276	217	181
	55-59	309	243	203
	60-64	399	313	262
Subscriber and Children	19-24	182	143	120
	25-29	182	143	120
	30-34	199	157	131
	35-39	212	166	140
	40-44	245	193	161
	45-49	271	213	178
	50-54	328	258	216
	55-59	361	284	238
		60-64	451	354
Family	19-24	252	198	166
	25-29	252	198	166
	30-34	286	226	188
	35-39	312	244	206
	40-44	364	287	238
	45-49	416	327	272
	50-54	530	417	348
	55-59	582	458	383
		60-64	762	598

		QUICK NET DAILY RATES			
		30-185 Days			
		Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	1.75	1.38	1.15	
	19-24	1.75	1.38	1.15	
	25-29	1.75	1.38	1.15	
	30-34	2.18	1.73	1.43	
	35-39	2.50	1.95	1.65	
	40-44	3.33	2.63	2.18	
	45-49	3.98	3.13	2.60	
	50-54	5.40	4.25	3.55	
	55-59	6.23	4.90	4.10	
60-64	8.48	6.65	5.58		
Subscriber and Spouse / Domestic Partner	19-24	3.50	2.75	2.30	
	25-29	3.50	2.75	2.30	
	30-34	4.35	3.45	2.85	
	35-39	5.00	3.90	3.30	
	40-44	6.65	5.25	4.35	
	45-49	7.95	6.25	5.20	
	50-54	10.80	8.50	7.10	
	55-59	12.45	9.80	8.20	
60-64	16.95	13.30	11.15		
Subscriber and Child	19-24	3.25	2.55	2.13	
	25-29	3.25	2.55	2.13	
	30-34	3.68	2.90	2.40	
	35-39	4.00	3.13	2.63	
	40-44	4.83	3.80	3.15	
	45-49	5.48	4.30	3.58	
	50-54	6.90	5.43	4.53	
	55-59	7.73	6.08	5.08	
60-64	9.98	7.83	6.55		
Subscriber and Children	19-24	4.55	3.58	3.00	
	25-29	4.55	3.58	3.00	
	30-34	4.98	3.93	3.28	
	35-39	5.30	4.15	3.50	
	40-44	6.13	4.83	4.03	
	45-49	6.78	5.33	4.45	
	50-54	8.20	6.45	5.40	
	55-59	9.03	7.10	5.95	
	60-64	11.28	8.85	7.43	
Family	19-24	6.30	4.95	4.15	
	25-29	6.30	4.95	4.15	
	30-34	7.15	5.65	4.70	
	35-39	7.80	6.10	5.15	
	40-44	9.10	7.18	5.95	
	45-49	10.40	8.18	6.80	
	50-54	13.25	10.43	8.70	
	55-59	14.55	11.45	9.58	
	60-64	19.05	14.95	12.53	

REGION 4

ALAMEDA, CONTRA COSTA, MARIN, SAN FRANCISCO, SAN MATEO, SANTA CLARA, SANTA CRUZ AND SOLANO COUNTIES

Rates effective December 1, 2003

		QUICK NET MONTHLY RATES		
	Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	65	52	43
	19-24	65	52	43
	25-29	65	52	43
	30-34	81	64	54
	35-39	93	73	61
	40-44	124	98	81
	45-49	148	116	97
	50-54	200	158	132
	55-59	232	183	153
	60-64	313	247	206
Subscriber and Spouse / Domestic Partner	19-24	130	104	86
	25-29	130	104	86
	30-34	162	128	108
	35-39	186	146	122
	40-44	248	196	162
	45-49	296	232	194
	50-54	400	316	264
	55-59	464	366	306
	60-64	626	494	412
Subscriber and Child	19-24	120	96	80
	25-29	120	96	80
	30-34	136	108	91
	35-39	148	117	98
	40-44	179	142	118
	45-49	203	160	134
	50-54	255	202	169
	55-59	287	227	190
	60-64	368	291	243
Subscriber and Children	19-24	169	135	112
	25-29	169	135	112
	30-34	185	147	123
	35-39	197	156	130
	40-44	228	181	150
	45-49	252	199	166
	50-54	304	241	201
	55-59	336	266	222
	60-64	417	330	275
Family	19-24	234	187	155
	25-29	234	187	155
	30-34	266	211	177
	35-39	290	229	191
	40-44	339	269	222
	45-49	387	305	254
	50-54	491	389	324
	55-59	542	428	358
	60-64	704	556	464

		QUICK NET DAILY RATES		
		30-185 Days		
	Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	1.63	1.30	1.08
	19-24	1.63	1.30	1.08
	25-29	1.63	1.30	1.08
	30-34	2.03	1.60	1.35
	35-39	2.33	1.83	1.53
	40-44	3.10	2.45	2.03
	45-49	3.70	2.90	2.43
	50-54	5.00	3.95	3.30
	55-59	5.80	4.58	3.83
	60-64	7.83	6.18	5.15
Subscriber and Spouse / Domestic Partner	19-24	3.25	2.60	2.15
	25-29	3.25	2.60	2.15
	30-34	4.05	3.20	2.70
	35-39	4.65	3.65	3.05
	40-44	6.20	4.90	4.05
	45-49	7.40	5.80	4.85
	50-54	10.00	7.90	6.60
	55-59	11.60	9.15	7.65
	60-64	15.65	12.35	10.30
Subscriber and Child	19-24	3.00	2.40	2.00
	25-29	3.00	2.40	2.00
	30-34	3.40	2.70	2.28
	35-39	3.70	2.93	2.45
	40-44	4.48	3.55	2.95
	45-49	5.08	4.00	3.35
	50-54	6.38	5.05	4.23
	55-59	7.18	5.68	4.75
	60-64	9.20	7.28	6.08
Subscriber and Children	19-24	4.23	3.38	2.80
	25-29	4.23	3.38	2.80
	30-34	4.63	3.68	3.08
	35-39	4.93	3.90	3.25
	40-44	5.70	4.53	3.75
	45-49	6.30	4.98	4.15
	50-54	7.60	6.03	5.03
	55-59	8.40	6.65	5.55
	60-64	10.43	8.25	6.88
Family	19-24	5.85	4.68	3.88
	25-29	5.85	4.68	3.88
	30-34	6.65	5.28	4.43
	35-39	7.25	5.73	4.78
	40-44	8.48	6.73	5.55
	45-49	9.68	7.63	6.35
	50-54	12.28	9.73	8.10
	55-59	13.55	10.70	8.95
	60-64	17.60	13.90	11.60

REGION 5

ORANGE AND SAN DIEGO COUNTIES

Rates effective December 1, 2003

		QUICK NET MONTHLY RATES		
	Age			
		\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	72	57	47
	19-24	72	57	47
	25-29	72	57	47
	30-34	90	71	59
	35-39	104	82	68
	40-44	137	108	90
	45-49	163	128	107
	50-54	221	174	146
	55-59	257	202	169
	60-64	349	275	230
Subscriber and Spouse / Domestic Partner	19-24	144	114	94
	25-29	144	114	94
	30-34	180	142	118
	35-39	208	164	136
	40-44	274	216	180
	45-49	326	256	214
	50-54	442	348	292
	55-59	514	404	338
	60-64	698	550	460
Subscriber and Child	19-24	133	105	87
	25-29	133	105	87
	30-34	151	119	99
	35-39	165	130	108
	40-44	198	156	130
	45-49	224	176	147
	50-54	282	222	186
	55-59	318	250	209
	60-64	410	323	270
Subscriber and Children	19-24	187	148	122
	25-29	187	148	122
	30-34	205	162	134
	35-39	219	173	143
	40-44	252	199	165
	45-49	278	219	182
	50-54	336	265	221
	55-59	372	293	244
	60-64	464	366	305
Family	19-24	259	205	169
	25-29	259	205	169
	30-34	295	233	193
	35-39	323	255	211
	40-44	375	296	246
	45-49	427	336	280
	50-54	543	428	358
	55-59	600	472	394
	60-64	784	618	516

		QUICK NET DAILY RATES			
		30–185 Days			
		Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1–18	1.80	1.43	1.18	
	19–24	1.80	1.43	1.18	
	25–29	1.80	1.43	1.18	
	30–34	2.25	1.78	1.48	
	35–39	2.60	2.05	1.70	
	40–44	3.43	2.70	2.25	
	45–49	4.08	3.20	2.68	
	50–54	5.53	4.35	3.65	
	55–59	6.43	5.05	4.23	
60–64	8.73	6.88	5.75		
Subscriber and Spouse / Domestic Partner	19–24	3.60	2.85	2.35	
	25–29	3.60	2.85	2.35	
	30–34	4.50	3.55	2.95	
	35–39	5.20	4.10	3.40	
	40–44	6.85	5.40	4.50	
	45–49	8.15	6.40	5.35	
	50–54	11.05	8.70	7.30	
	55–59	12.85	10.10	8.45	
60–64	17.45	13.75	11.50		
Subscriber and Child	19–24	3.33	2.63	2.18	
	25–29	3.33	2.63	2.18	
	30–34	3.78	2.98	2.48	
	35–39	4.13	3.25	2.70	
	40–44	4.95	3.90	3.25	
	45–49	5.60	4.40	3.68	
	50–54	7.05	5.55	4.65	
	55–59	7.95	6.25	5.23	
60–64	10.25	8.08	6.75		
Subscriber and Children	19–24	4.68	3.70	3.05	
	25–29	4.68	3.70	3.05	
	30–34	5.13	4.05	3.35	
	35–39	5.48	4.33	3.58	
	40–44	6.30	4.98	4.13	
	45–49	6.95	5.48	4.55	
	50–54	8.40	6.63	5.53	
	55–59	9.30	7.33	6.10	
60–64	11.60	9.15	7.63		
Family	19–24	6.48	5.13	4.23	
	25–29	6.48	5.13	4.23	
	30–34	7.38	5.83	4.83	
	35–39	8.08	6.38	5.28	
	40–44	9.38	7.40	6.15	
	45–49	10.68	8.40	7.00	
	50–54	13.58	10.70	8.95	
	55–59	15.00	11.80	9.85	
60–64	19.60	15.45	12.90		

REGION 6

FRESNO AND KINGS COUNTIES

Rates effective December 1, 2003

		QUICK NET MONTHLY RATES		
	Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	68	54	45
	19-24	68	54	45
	25-29	68	54	45
	30-34	86	68	57
	35-39	97	77	64
	40-44	131	103	86
	45-49	155	122	102
	50-54	211	166	139
	55-59	242	191	159
	60-64	329	259	216
Subscriber and Spouse / Domestic Partner	19-24	136	108	90
	25-29	136	108	90
	30-34	172	136	114
	35-39	194	154	128
	40-44	262	206	172
	45-49	310	244	204
	50-54	422	332	278
	55-59	484	382	318
	60-64	658	518	432
Subscriber and Child	19-24	126	100	83
	25-29	126	100	83
	30-34	144	114	95
	35-39	155	123	102
	40-44	189	149	124
	45-49	213	168	140
	50-54	269	212	177
	55-59	300	237	197
	60-64	387	305	254
Subscriber and Children	19-24	177	140	117
	25-29	177	140	117
	30-34	195	154	129
	35-39	206	163	136
	40-44	240	189	158
	45-49	264	208	174
	50-54	320	252	211
	55-59	351	277	231
	60-64	438	345	288
Family	19-24	245	194	162
	25-29	245	194	162
	30-34	281	222	186
	35-39	303	240	200
	40-44	357	282	235
	45-49	405	320	267
	50-54	517	408	341
	55-59	566	447	372
	60-64	740	583	486

		QUICK NET DAILY RATES			
		30-185 Days			
		Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	1.70	1.35	1.13	
	19-24	1.70	1.35	1.13	
	25-29	1.70	1.35	1.13	
	30-34	2.15	1.70	1.43	
	35-39	2.43	1.93	1.60	
	40-44	3.28	2.58	2.15	
	45-49	3.88	3.05	2.55	
	50-54	5.28	4.15	3.48	
	55-59	6.05	4.78	3.98	
60-64	8.23	6.48	5.40		
Subscriber and Spouse / Domestic Partner	19-24	3.40	2.70	2.25	
	25-29	3.40	2.70	2.25	
	30-34	4.30	3.40	2.85	
	35-39	4.85	3.85	3.20	
	40-44	6.55	5.15	4.30	
	45-49	7.75	6.10	5.10	
	50-54	10.55	8.30	6.95	
	55-59	12.10	9.55	7.95	
60-64	16.45	12.95	10.80		
Subscriber and Child	19-24	3.15	2.50	2.08	
	25-29	3.15	2.50	2.08	
	30-34	3.60	2.85	2.38	
	35-39	3.88	3.08	2.55	
	40-44	4.73	3.73	3.10	
	45-49	5.33	4.20	3.50	
	50-54	6.73	5.30	4.43	
	55-59	7.50	5.93	4.93	
60-64	9.68	7.63	6.35		
Subscriber and Children	19-24	4.43	3.50	2.93	
	25-29	4.43	3.50	2.93	
	30-34	4.88	3.85	3.23	
	35-39	5.15	4.08	3.40	
	40-44	6.00	4.73	3.95	
	45-49	6.60	5.20	4.35	
	50-54	8.00	6.30	5.28	
	55-59	8.78	6.93	5.78	
60-64	10.95	8.63	7.20		
Family	19-24	6.13	4.85	4.05	
	25-29	6.13	4.85	4.05	
	30-34	7.03	5.55	4.65	
	35-39	7.58	6.00	5.00	
	40-44	8.93	7.05	5.88	
	45-49	10.13	8.00	6.68	
	50-54	12.93	10.20	8.53	
	55-59	14.15	11.18	9.30	
60-64	18.50	14.58	12.15		

REGION 7²

**ALPINE, AMADOR, BUTTE, CALAVERAS, COLUSA,
DEL NORTE, EASTERN EL DORADO, EASTERN
PLACER, GLENN, HUMBOLDT, INYO, LAKE, LASSEN,**

		QUICK NET MONTHLY RATES		
	Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	82	64	54
	19-24	82	64	54
	25-29	82	64	54
	30-34	103	81	68
	35-39	115	91	76
	40-44	154	121	101
	45-49	182	143	120
	50-54	248	195	163
	55-59	288	227	189
	60-64	394	311	259
Subscriber and Spouse / Domestic Partner	19-24	164	128	108
	25-29	164	128	108
	30-34	206	162	136
	35-39	230	182	152
	40-44	308	242	202
	45-49	364	286	240
	50-54	496	390	326
	55-59	576	454	378
	60-64	788	622	518
Subscriber and Child	19-24	152	118	100
	25-29	152	118	100
	30-34	173	135	114
	35-39	185	145	122
	40-44	224	175	147
	45-49	252	197	166
	50-54	318	249	209
	55-59	358	281	235
	60-64	464	365	305
Subscriber and Children	19-24	213	166	140
	25-29	213	166	140
	30-34	234	183	154
	35-39	246	193	162
	40-44	285	223	187
	45-49	313	245	206
	50-54	379	297	249
	55-59	419	329	275
	60-64	525	413	345
Family	19-24	295	230	194
	25-29	295	230	194
	30-34	337	264	222
	35-39	361	284	238
	40-44	423	332	278
	45-49	479	376	316
	50-54	611	480	402
	55-59	674	531	443
	60-64	886	699	583

²ZIP codes for eastern El Dorado include: 95613-14, 95619, 95629, 95633-36, 95643, 95651, 95656, 95664, 95667, 95672, 95682, 95684, 95709, 95720-21, 95726, 95735, 96150-52 and 96154-58 only. See region 2 for additional El Dorado County ZIP codes.

**MADERA, MARIPOSA, MENDOCINO, MODOC, MONO,
MONTEREY, NEVADA, PLUMAS, SAN BENITO, SHASTA,
SIERRA, SISKIYOU, SUTTER, TEHAMA, TRINITY,
TUOLUMNE, YOLO AND YUBA COUNTIES**

Rates effective December 1, 2003

		QUICK NET DAILY RATES		
		30-185 Days		
	Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	2.05	1.60	1.35
	19-24	2.05	1.60	1.35
	25-29	2.05	1.60	1.35
	30-34	2.58	2.03	1.70
	35-39	2.88	2.28	1.90
	40-44	3.85	3.03	2.53
	45-49	4.55	3.58	3.00
	50-54	6.20	4.88	4.08
	55-59	7.20	5.68	4.73
	60-64	9.85	7.78	6.48
Subscriber and Spouse / Domestic Partner	19-24	4.10	3.20	2.70
	25-29	4.10	3.20	2.70
	30-34	5.15	4.05	3.40
	35-39	5.75	4.55	3.80
	40-44	7.70	6.05	5.05
	45-49	9.10	7.15	6.00
	50-54	12.40	9.75	8.15
	55-59	14.40	11.35	9.45
	60-64	19.70	15.55	12.95
Subscriber and Child	19-24	3.80	2.95	2.50
	25-29	3.80	2.95	2.50
	30-34	4.33	3.38	2.85
	35-39	4.63	3.63	3.05
	40-44	5.60	4.38	3.68
	45-49	6.30	4.93	4.15
	50-54	7.95	6.23	5.23
	55-59	8.95	7.03	5.88
	60-64	11.60	9.13	7.63
Subscriber and Children	19-24	5.33	4.15	3.50
	25-29	5.33	4.15	3.50
	30-34	5.85	4.58	3.85
	35-39	6.15	4.83	4.05
	40-44	7.13	5.58	4.68
	45-49	7.83	6.13	5.15
	50-54	9.48	7.43	6.23
	55-59	10.48	8.23	6.88
	60-64	13.13	10.33	8.63
Family	19-24	7.38	5.75	4.85
	25-29	7.38	5.75	4.85
	30-34	8.43	6.60	5.55
	35-39	9.03	7.10	5.95
	40-44	10.58	8.30	6.95
	45-49	11.98	9.40	7.90
	50-54	15.28	12.00	10.05
	55-59	16.85	13.28	11.08
	60-64	22.15	17.48	14.58

ZIP codes for eastern Placer County include: 95631, 95681, 95701, 95703, 95713-15, 95717, 95724, 95736, 96140-43, 96145-46, 96148, and 96162 only. See region 2 for additional Placer County ZIP codes.

REGION 8

IMPERIAL AND SAN LUIS OBISPO COUNTIES

Rates effective December 1, 2003

		QUICK NET MONTHLY RATES		
	Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	129	101	85
	19-24	129	101	85
	25-29	129	101	85
	30-34	160	126	105
	35-39	181	143	119
	40-44	242	190	160
	45-49	294	231	193
	50-54	385	302	253
	55-59	444	349	291
	60-64	578	455	381
Subscriber and Spouse / Domestic Partner	19-24	258	202	171
	25-29	258	202	171
	30-34	319	252	210
	35-39	361	286	238
	40-44	484	381	319
	45-49	588	462	386
	50-54	770	605	507
	55-59	888	697	582
	60-64	1156	910	762
Subscriber and Child	19-24	238	186	158
	25-29	238	186	158
	30-34	269	211	178
	35-39	290	228	192
	40-44	351	276	232
	45-49	403	316	266
	50-54	494	388	326
	55-59	553	434	364
	60-64	687	540	454
Subscriber and Children	19-24	335	262	223
	25-29	335	262	223
	30-34	365	287	242
	35-39	386	304	256
	40-44	448	351	297
	45-49	500	392	330
	50-54	591	463	391
	55-59	650	510	428
	60-64	784	616	518
Family	19-24	463	363	308
	25-29	463	363	308
	30-34	525	413	347
	35-39	567	447	375
	40-44	665	522	438
	45-49	769	603	505
	50-54	951	746	626
	55-59	1042	818	685
	60-64	1310	1030	864

		QUICK NET DAILY RATES			
		30-185 Days			
		Age	\$750 ded.	\$1,000 ded.	\$2,000 ded.
Subscriber	1-18	3.22	2.52	2.14	
	19-24	3.22	2.52	2.14	
	25-29	3.22	2.52	2.14	
	30-34	3.99	3.15	2.63	
	35-39	4.52	3.57	2.98	
	40-44	6.06	4.76	3.99	
	45-49	7.35	5.78	4.83	
	50-54	9.63	7.56	6.34	
	55-59	11.10	8.72	7.28	
	60-64	14.46	11.38	9.52	
Subscriber and Spouse / Domestic Partner	19-24	6.44	5.04	4.27	
	25-29	6.44	5.04	4.27	
	30-34	7.98	6.30	5.25	
	35-39	9.03	7.14	5.95	
	40-44	12.11	9.52	7.98	
	45-49	14.70	11.55	9.66	
	50-54	19.25	15.12	12.67	
	55-59	22.19	17.43	14.56	
	60-64	28.91	22.75	19.04	
Subscriber and Child	19-24	5.95	4.66	3.96	
	25-29	5.95	4.66	3.96	
	30-34	6.72	5.29	4.45	
	35-39	7.25	5.71	4.80	
	40-44	8.79	6.90	5.81	
	45-49	10.08	7.91	6.65	
	50-54	12.36	9.70	8.16	
	55-59	13.83	10.85	9.10	
	60-64	17.19	13.51	11.34	
Subscriber and Children	19-24	8.37	6.55	5.57	
	25-29	8.37	6.55	5.57	
	30-34	9.14	7.18	6.06	
	35-39	9.66	7.60	6.41	
	40-44	11.20	8.79	7.42	
	45-49	12.50	9.80	8.26	
	50-54	14.77	11.59	9.77	
	55-59	16.24	12.74	10.71	
	60-64	19.60	15.40	12.95	
Family	19-24	11.59	9.07	7.70	
	25-29	11.59	9.07	7.70	
	30-34	13.13	10.33	8.68	
	35-39	14.18	11.17	9.38	
	40-44	16.63	13.06	10.96	
	45-49	19.22	15.09	12.64	
	50-54	23.77	18.66	15.65	
	55-59	26.04	20.44	17.12	
	60-64	32.76	25.76	21.60	

Health Net

Post Office Box 1150

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