



QUICK NET  
SHORT-TERM  
COVERAGE  
BY THE DAY  
OR MONTH

*Health coverage made easy.*

**Effective April 15, 2007**



**Health Net®**

A BETTER DECISION



## IT'S A FAST-MOVING WORLD.

### Keep up with Quick Net from Health Net.

#### 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.

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 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.

## HOW'S THAT FOR NO-HASSLE SERVICE?



## 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.<sup>SM</sup>

### 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<sup>SM</sup>** – 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](http://www.healthnet.com) allows you to view cost estimates for common health care conditions tests, drugs, office visits and outpatient procedures and treatments.

## 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.<sup>1</sup>

### 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.

<sup>1</sup>This brochure is a summary only. The policy itself should be consulted to determine governing contractual provisions.

# In-network benefits at a glance

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

<sup>1</sup>Visits 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.<sup>1</sup>
- Send your check or pay by credit card with the full amount owed for your policy benefit period.<sup>2</sup>

## 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.<sup>1</sup>
- 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.<sup>2</sup>

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.

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

<sup>2</sup>Your 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.

### *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 if:

- 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,<sup>1</sup> 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.

<sup>1</sup>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.

# Region 1

Los Angeles County

Rates effective April 15, 2007

## QUICK NET MONTHLY RATES

		\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
AGE					
<b>SUBSCRIBER</b>	1-18	118	82	67	47
	19-24	118	82	67	47
	25-29	118	82	67	47
	30-34	153	107	86	60
	35-39	153	107	86	60
	40-44	212	149	121	85
	45-49	212	149	121	85
	50-54	329	232	187	131
	55-59	329	232	187	131
	60-64	459	322	261	183
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	236	164	134	94
	25-29	236	164	134	94
	30-34	306	214	172	120
	35-39	306	214	172	120
	40-44	424	298	242	170
	45-49	424	298	242	170
	50-54	658	464	374	262
	60-64	918	644	522	366
<b>SUBSCRIBER &amp; CHILD</b>	19-24	218	152	124	87
	25-29	218	152	124	87
	30-34	253	177	143	100
	35-39	253	177	143	100
	40-44	312	219	178	125
	45-49	312	219	178	125
	50-54	429	302	244	171
	60-64	559	392	318	223
<b>SUBSCRIBER &amp; CHILDREN</b>	19-24	307	213	174	122
	25-29	307	213	174	122
	30-34	342	238	193	135
	35-39	342	238	193	135
	40-44	401	280	228	160
	45-49	401	280	228	160
	50-54	518	363	294	206
	60-64	648	453	368	258
<b>FAMILY</b>	19-24	425	295	241	169
	25-29	425	295	241	169
	30-34	495	345	279	195
	35-39	495	345	279	195
	40-44	613	429	349	245
	45-49	613	429	349	245
	50-54	847	595	481	337
	55-59	847	595	481	337
	60-64	1,107	775	629	441

## 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 = \$3.10**

**\$3.10 x 85 days = \$263.50** (Total premium due)

## QUICK NET DAILY RATES

		30-185 days			
AGE		\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	2.20	1.55	1.25	0.90
	19-24	2.20	1.55	1.25	0.90
	25-29	2.20	1.55	1.25	0.90
	30-34	2.85	2.05	1.65	1.15
	35-39	2.85	2.05	1.65	1.15
	40-44	4.00	2.80	2.30	1.60
	45-49	4.00	2.80	2.30	1.60
	50-54	6.15	4.35	3.55	2.50
	55-59	6.15	4.35	3.55	2.50
	60-64	8.55	6.10	4.95	3.45
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	4.40	3.10	2.50	1.80
	25-29	4.40	3.10	2.50	1.80
	30-34	5.70	4.10	3.30	2.30
	35-39	5.70	4.10	3.30	2.30
	40-44	8.00	5.60	4.60	3.20
	45-49	8.00	5.60	4.60	3.20
	50-54	12.30	8.70	7.10	5.00
	60-64	17.10	12.20	9.90	6.90
<b>SUBSCRIBER &amp; CHILD</b>	19-24	4.05	2.85	2.30	1.65
	25-29	4.05	2.85	2.30	1.65
	30-34	4.70	3.35	2.70	1.90
	35-39	4.70	3.35	2.70	1.90
	40-44	5.85	4.10	3.35	2.35
	45-49	5.85	4.10	3.35	2.35
	50-54	8.00	5.65	4.60	3.25
	60-64	10.40	7.40	6.00	4.20
<b>SUBSCRIBER &amp; CHILDREN</b>	19-24	5.70	4.05	3.25	2.35
	25-29	5.70	4.05	3.25	2.35
	30-34	6.35	4.55	3.65	2.60
	35-39	6.35	4.55	3.65	2.60
	40-44	7.50	5.30	4.30	3.05
	45-49	7.50	5.30	4.30	3.05
	50-54	9.65	6.85	5.55	3.95
	60-64	12.05	8.60	6.95	4.90
<b>FAMILY</b>	19-24	7.90	5.60	4.50	3.25
	25-29	7.90	5.60	4.50	3.25
	30-34	9.20	6.60	5.30	3.75
	35-39	9.20	6.60	5.30	3.75
	40-44	11.50	8.10	6.60	4.65
	45-49	11.50	8.10	6.60	4.65
	50-54	15.80	11.20	9.10	6.45
	55-59	15.80	11.20	9.10	6.45
	60-64	20.60	14.70	11.90	8.35

# Region 2<sup>1</sup>

Merced, Napa, Sacramento, San Joaquin, Sonoma, Stanislaus,  
Tulare, Western El Dorado and Western Placer counties

Rates effective April 15, 2007

## QUICK NET MONTHLY RATES

		QUICK NET MONTHLY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	112	79	63	44
	19-24	112	79	63	44
	25-29	112	79	63	44
	30-34	144	102	84	59
	35-39	144	102	84	59
	40-44	201	140	115	81
	45-49	201	140	115	81
	50-54	311	220	178	125
	55-59	311	220	178	125
	60-64	433	306	248	174
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	224	158	126	88
	25-29	224	158	126	88
	30-34	288	204	168	118
	35-39	288	204	168	118
	40-44	402	280	230	162
	45-49	402	280	230	162
	50-54	622	440	356	250
	55-59	622	440	356	250
60-64	866	612	496	348	
<b>SUBSCRIBER &amp; CHILD</b>	19-24	207	146	117	81
	25-29	207	146	117	81
	30-34	239	169	138	96
	35-39	239	169	138	96
	40-44	296	207	169	118
	45-49	296	207	169	118
	50-54	406	287	232	162
	55-59	406	287	232	162
	60-64	528	373	302	211
	<b>SUBSCRIBER &amp; CHILDREN</b>	19-24	291	205	164
25-29		291	205	164	114
30-34		323	228	185	129
35-39		323	228	185	129
40-44		380	266	216	151
45-49		380	266	216	151
50-54		490	346	279	195
55-59		490	346	279	195
60-64		612	432	349	244
<b>FAMILY</b>		19-24	403	284	227
	25-29	403	284	227	158
	30-34	467	330	269	188
	35-39	467	330	269	188
	40-44	581	406	331	232
	45-49	581	406	331	232
	50-54	801	566	457	320
	55-59	801	566	457	320
	60-64	1,045	738	597	418

## QUICK NET DAILY RATES

		QUICK NET DAILY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	2.10	1.45	1.15	0.80
	19-24	2.10	1.45	1.15	0.80
	25-29	2.10	1.45	1.15	0.80
	30-34	2.75	1.90	1.55	1.10
	35-39	2.75	1.90	1.55	1.10
	40-44	3.80	2.65	2.10	1.45
	45-49	3.80	2.65	2.10	1.45
	50-54	5.90	4.10	3.25	2.25
	55-59	5.90	4.10	3.25	2.25
	60-64	8.15	5.70	4.55	3.20
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	4.20	2.90	2.30	1.60
	25-29	4.20	2.90	2.30	1.60
	30-34	5.50	3.80	3.10	2.20
	35-39	5.50	3.80	3.10	2.20
	40-44	7.60	5.30	4.20	2.90
	45-49	7.60	5.30	4.20	2.90
	50-54	11.80	8.20	6.50	4.50
	55-59	11.80	8.20	6.50	4.50
	60-64	16.30	11.40	9.10	6.40
	<b>SUBSCRIBER &amp; CHILD</b>	19-24	3.90	2.70	2.15
25-29		3.90	2.70	2.15	1.50
30-34		4.55	3.15	2.55	1.80
35-39		4.55	3.15	2.55	1.80
40-44		5.60	3.90	3.10	2.15
45-49		5.60	3.90	3.10	2.15
50-54		7.70	5.35	4.25	2.95
55-59		7.70	5.35	4.25	2.95
60-64		9.95	6.95	5.55	3.90
<b>SUBSCRIBER &amp; CHILDREN</b>		19-24	5.45	3.75	3.00
	25-29	5.45	3.75	3.00	2.10
	30-34	6.10	4.20	3.40	2.40
	35-39	6.10	4.20	3.40	2.40
	40-44	7.15	4.95	3.95	2.75
	45-49	7.15	4.95	3.95	2.75
	50-54	9.25	6.40	5.10	3.55
	55-59	9.25	6.40	5.10	3.55
	60-64	11.50	8.00	6.40	4.50
	<b>FAMILY</b>	19-24	7.55	5.20	4.15
25-29		7.55	5.20	4.15	2.90
30-34		8.85	6.10	4.95	3.50
35-39		8.85	6.10	4.95	3.50
40-44		10.95	7.60	6.05	4.20
45-49		10.95	7.60	6.05	4.20
50-54		15.15	10.50	8.35	5.80
55-59		15.15	10.50	8.35	5.80
60-64		19.65	13.70	10.95	7.70

<sup>1</sup>ZIP 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, 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 April 15, 2007

## QUICK NET MONTHLY RATES

		QUICK NET MONTHLY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	103	72	59	41
	19-24	103	72	59	41
	25-29	103	72	59	41
	30-34	133	94	77	54
	35-39	133	94	77	54
	40-44	185	131	104	73
	45-49	185	131	104	73
	50-54	288	203	163	114
	55-59	288	203	163	114
	60-64	401	284	229	160
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	206	144	118	82
	25-29	206	144	118	82
	30-34	266	188	154	108
	35-39	266	188	154	108
	40-44	370	262	208	146
	45-49	370	262	208	146
	50-54	576	406	326	228
	55-59	576	406	326	228
60-64	802	568	458	320	
<b>SUBSCRIBER &amp; CHILD</b>	19-24	191	133	109	76
	25-29	191	133	109	76
	30-34	221	155	127	89
	35-39	221	155	127	89
	40-44	273	192	154	108
	45-49	273	192	154	108
	50-54	376	264	213	149
	55-59	376	264	213	149
	60-64	489	345	279	195
	<b>SUBSCRIBER &amp; CHILDREN</b>	19-24	268	187	153
25-29		268	187	153	107
30-34		298	209	171	120
35-39		298	209	171	120
40-44		350	246	198	139
45-49		350	246	198	139
50-54		453	318	257	180
55-59		453	318	257	180
60-64		566	399	323	226
<b>FAMILY</b>		19-24	371	259	212
	25-29	371	259	212	148
	30-34	431	303	248	174
	35-39	431	303	248	174
	40-44	535	377	302	212
	45-49	535	377	302	212
	50-54	741	521	420	294
	55-59	741	521	420	294
	60-64	967	683	552	386

## QUICK NET DAILY RATES

		QUICK NET DAILY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	1.95	1.35	1.10	0.75
	19-24	1.95	1.35	1.10	0.75
	25-29	1.95	1.35	1.10	0.75
	30-34	2.50	1.75	1.40	1.00
	35-39	2.50	1.75	1.40	1.00
	40-44	3.50	2.50	1.95	1.35
	45-49	3.50	2.50	1.95	1.35
	50-54	5.35	3.85	3.05	2.15
	55-59	5.35	3.85	3.05	2.15
	60-64	7.50	5.35	4.20	2.95
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	3.90	2.70	2.20	1.50
	25-29	3.90	2.70	2.20	1.50
	30-34	5.00	3.50	2.80	2.00
	35-39	5.00	3.50	2.80	2.00
	40-44	7.00	5.00	3.90	2.70
	45-49	7.00	5.00	3.90	2.70
	50-54	10.70	7.70	6.10	4.30
	55-59	10.70	7.70	6.10	4.30
	60-64	15.00	10.70	8.40	5.90
	<b>SUBSCRIBER &amp; CHILD</b>	19-24	3.60	2.50	2.05
25-29		3.60	2.50	2.05	1.40
30-34		4.15	2.90	2.35	1.65
35-39		4.15	2.90	2.35	1.65
40-44		5.15	3.65	2.90	2.00
45-49		5.15	3.65	2.90	2.00
50-54		7.00	5.00	4.00	2.80
55-59		7.00	5.00	4.00	2.80
60-64		9.15	6.50	5.15	3.60
<b>SUBSCRIBER &amp; CHILDREN</b>		19-24	5.05	3.50	2.85
	25-29	5.05	3.50	2.85	1.95
	30-34	5.60	3.90	3.15	2.20
	35-39	5.60	3.90	3.15	2.20
	40-44	6.60	4.65	3.70	2.55
	45-49	6.60	4.65	3.70	2.55
	50-54	8.45	6.00	4.80	3.35
	55-59	8.45	6.00	4.80	3.35
	60-64	10.60	7.50	5.95	4.15
	<b>FAMILY</b>	19-24	7.00	4.85	3.95
25-29		7.00	4.85	3.95	2.70
30-34		8.10	5.65	4.55	3.20
35-39		8.10	5.65	4.55	3.20
40-44		10.10	7.15	5.65	3.90
45-49		10.10	7.15	5.65	3.90
50-54		13.80	9.85	7.85	5.50
55-59		13.80	9.85	7.85	5.50
60-64		18.10	12.85	10.15	7.10

# Region 4

Alameda, Contra Costa, Marin, San Francisco, San Mateo,  
Santa Clara, Santa Cruz and Solano counties

Rates effective April 15, 2007

## QUICK NET MONTHLY RATES

		QUICK NET MONTHLY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	98	70	57	40
	19-24	98	70	57	40
	25-29	98	70	57	40
	30-34	127	90	73	51
	35-39	127	90	73	51
	40-44	176	125	102	71
	45-49	176	125	102	71
	50-54	275	194	157	110
	55-59	275	194	157	110
	60-64	383	270	220	154
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	196	140	114	80
	25-29	196	140	114	80
	30-34	254	180	146	102
	35-39	254	180	146	102
	40-44	352	250	204	142
	45-49	352	250	204	142
	50-54	550	388	314	220
	55-59	550	388	314	220
60-64	766	540	440	308	
<b>SUBSCRIBER &amp; CHILD</b>	19-24	181	130	105	74
	25-29	181	130	105	74
	30-34	210	150	121	85
	35-39	210	150	121	85
	40-44	259	185	150	105
	45-49	259	185	150	105
	50-54	358	254	205	144
	55-59	358	254	205	144
	60-64	466	330	268	188
	<b>SUBSCRIBER &amp; CHILDREN</b>	19-24	255	182	148
25-29		255	182	148	104
30-34		284	202	164	115
35-39		284	202	164	115
40-44		333	237	193	135
45-49		333	237	193	135
50-54		432	306	248	174
55-59		432	306	248	174
60-64		540	382	311	218
<b>FAMILY</b>		19-24	353	252	205
	25-29	353	252	205	144
	30-34	411	292	237	166
	35-39	411	292	237	166
	40-44	509	362	295	206
	45-49	509	362	295	206
	50-54	707	500	405	284
	55-59	707	500	405	284
	60-64	923	652	531	372

## QUICK NET DAILY RATES

		QUICK NET DAILY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	1.85	1.30	1.05	0.75
	19-24	1.85	1.30	1.05	0.75
	25-29	1.85	1.30	1.05	0.75
	30-34	2.45	1.70	1.35	0.95
	35-39	2.45	1.70	1.35	0.95
	40-44	3.35	2.35	1.90	1.35
	45-49	3.35	2.35	1.90	1.35
	50-54	5.20	3.65	2.95	2.05
	55-59	5.20	3.65	2.95	2.05
	60-64	7.25	5.05	4.10	2.85
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	3.70	2.60	2.10	1.50
	25-29	3.70	2.60	2.10	1.50
	30-34	4.90	3.40	2.70	1.90
	35-39	4.90	3.40	2.70	1.90
	40-44	6.70	4.70	3.80	2.70
	45-49	6.70	4.70	3.80	2.70
	50-54	10.40	7.30	5.90	4.10
	55-59	10.40	7.30	5.90	4.10
	60-64	14.50	10.10	8.20	5.70
	<b>SUBSCRIBER &amp; CHILD</b>	19-24	3.40	2.40	1.95
25-29		3.40	2.40	1.95	1.40
30-34		4.00	2.80	2.25	1.60
35-39		4.00	2.80	2.25	1.60
40-44		4.90	3.45	2.80	2.00
45-49		4.90	3.45	2.80	2.00
50-54		6.75	4.75	3.85	2.70
55-59		6.75	4.75	3.85	2.70
60-64		8.80	6.15	5.00	3.50
<b>SUBSCRIBER &amp; CHILDREN</b>		19-24	4.80	3.40	2.75
	25-29	4.80	3.40	2.75	1.95
	30-34	5.40	3.80	3.05	2.15
	35-39	5.40	3.80	3.05	2.15
	40-44	6.30	4.45	3.60	2.55
	45-49	6.30	4.45	3.60	2.55
	50-54	8.15	5.75	4.65	3.25
	55-59	8.15	5.75	4.65	3.25
	60-64	10.20	7.15	5.80	4.05
	<b>FAMILY</b>	19-24	6.65	4.70	3.80
25-29		6.65	4.70	3.80	2.70
30-34		7.85	5.50	4.40	3.10
35-39		7.85	5.50	4.40	3.10
40-44		9.65	6.80	5.50	3.90
45-49		9.65	6.80	5.50	3.90
50-54		13.35	9.40	7.60	5.30
55-59		13.35	9.40	7.60	5.30
60-64		17.45	12.20	9.90	6.90

# Region 5

Orange and San Diego counties

Rates effective April 15, 2007

## QUICK NET MONTHLY RATES

		QUICK NET MONTHLY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	103	72	59	41
	19-24	103	72	59	41
	25-29	103	72	59	41
	30-34	133	94	77	54
	35-39	133	94	77	54
	40-44	185	131	104	73
	45-49	185	131	104	73
	50-54	288	203	163	114
	55-59	288	203	163	114
	60-64	401	284	229	160
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	206	144	118	82
	25-29	206	144	118	82
	30-34	266	188	154	108
	35-39	266	188	154	108
	40-44	370	262	208	146
	45-49	370	262	208	146
	50-54	576	406	326	228
	55-59	576	406	326	228
60-64	802	568	458	320	
<b>SUBSCRIBER &amp; CHILD</b>	19-24	191	133	109	76
	25-29	191	133	109	76
	30-34	221	155	127	89
	35-39	221	155	127	89
	40-44	273	192	154	108
	45-49	273	192	154	108
	50-54	376	264	213	149
	55-59	376	264	213	149
	60-64	489	345	279	195
	<b>SUBSCRIBER &amp; CHILDREN</b>	19-24	268	187	153
25-29		268	187	153	107
30-34		298	209	171	120
35-39		298	209	171	120
40-44		350	246	198	139
45-49		350	246	198	139
50-54		453	318	257	180
55-59		453	318	257	180
60-64		566	399	323	226
<b>FAMILY</b>		19-24	371	259	212
	25-29	371	259	212	148
	30-34	431	303	248	174
	35-39	431	303	248	174
	40-44	535	377	302	212
	45-49	535	377	302	212
	50-54	741	521	420	294
	55-59	741	521	420	294
	60-64	967	683	552	386

## QUICK NET DAILY RATES

		QUICK NET DAILY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	1.95	1.35	1.10	0.75
	19-24	1.95	1.35	1.10	0.75
	25-29	1.95	1.35	1.10	0.75
	30-34	2.50	1.75	1.40	1.00
	35-39	2.50	1.75	1.40	1.00
	40-44	3.50	2.50	1.95	1.35
	45-49	3.50	2.50	1.95	1.35
	50-54	5.35	3.85	3.05	2.15
	55-59	5.35	3.85	3.05	2.15
	60-64	7.50	5.35	4.20	2.95
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	3.90	2.70	2.20	1.50
	25-29	3.90	2.70	2.20	1.50
	30-34	5.00	3.50	2.80	2.00
	35-39	5.00	3.50	2.80	2.00
	40-44	7.00	5.00	3.90	2.70
	45-49	7.00	5.00	3.90	2.70
	50-54	10.70	7.70	6.10	4.30
	55-59	10.70	7.70	6.10	4.30
	60-64	15.00	10.70	8.40	5.90
	<b>SUBSCRIBER &amp; CHILD</b>	19-24	3.60	2.50	2.05
25-29		3.60	2.50	2.05	1.40
30-34		4.15	2.90	2.35	1.65
35-39		4.15	2.90	2.35	1.65
40-44		5.15	3.65	2.90	2.00
45-49		5.15	3.65	2.90	2.00
50-54		7.00	5.00	4.00	2.80
55-59		7.00	5.00	4.00	2.80
60-64		9.15	6.50	5.15	3.60
<b>SUBSCRIBER &amp; CHILDREN</b>		19-24	5.05	3.50	2.85
	25-29	5.05	3.50	2.85	1.95
	30-34	5.60	3.90	3.15	2.20
	35-39	5.60	3.90	3.15	2.20
	40-44	6.60	4.65	3.70	2.55
	45-49	6.60	4.65	3.70	2.55
	50-54	8.45	6.00	4.80	3.35
	55-59	8.45	6.00	4.80	3.35
	60-64	10.60	7.50	5.95	4.15
	<b>FAMILY</b>	19-24	7.00	4.85	3.95
25-29		7.00	4.85	3.95	2.70
30-34		8.10	5.65	4.55	3.20
35-39		8.10	5.65	4.55	3.20
40-44		10.10	7.15	5.65	3.90
45-49		10.10	7.15	5.65	3.90
50-54		13.80	9.85	7.85	5.50
55-59		13.80	9.85	7.85	5.50
60-64		18.10	12.85	10.15	7.10

# Region 6

Fresno and Kings counties

Rates effective April 15, 2007

## QUICK NET MONTHLY RATES

		QUICK NET MONTHLY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	112	79	63	44
	19-24	112	79	63	44
	25-29	112	79	63	44
	30-34	144	102	84	59
	35-39	144	102	84	59
	40-44	201	140	115	81
	45-49	201	140	115	81
	50-54	311	220	178	125
	55-59	311	220	178	125
	60-64	433	306	248	174
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	224	158	126	88
	25-29	224	158	126	88
	30-34	288	204	168	118
	35-39	288	204	168	118
	40-44	402	280	230	162
	45-49	402	280	230	162
	50-54	622	440	356	250
	55-59	622	440	356	250
60-64	866	612	496	348	
<b>SUBSCRIBER &amp; CHILD</b>	19-24	207	146	117	81
	25-29	207	146	117	81
	30-34	239	169	138	96
	35-39	239	169	138	96
	40-44	296	207	169	118
	45-49	296	207	169	118
	50-54	406	287	232	162
	55-59	406	287	232	162
	60-64	528	373	302	211
	<b>SUBSCRIBER &amp; CHILDREN</b>	19-24	291	205	164
25-29		291	205	164	114
30-34		323	228	185	129
35-39		323	228	185	129
40-44		380	266	216	151
45-49		380	266	216	151
50-54		490	346	279	195
55-59		490	346	279	195
60-64		612	432	349	244
<b>FAMILY</b>		19-24	403	284	227
	25-29	403	284	227	158
	30-34	467	330	269	188
	35-39	467	330	269	188
	40-44	581	406	331	232
	45-49	581	406	331	232
	50-54	801	566	457	320
	55-59	801	566	457	320
	60-64	1,045	738	597	418

## QUICK NET DAILY RATES

		QUICK NET DAILY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	2.10	1.45	1.15	0.80
	19-24	2.10	1.45	1.15	0.80
	25-29	2.10	1.45	1.15	0.80
	30-34	2.75	1.90	1.55	1.10
	35-39	2.75	1.90	1.55	1.10
	40-44	3.80	2.65	2.10	1.45
	45-49	3.80	2.65	2.10	1.45
	50-54	5.90	4.10	3.25	2.25
	55-59	5.90	4.10	3.25	2.25
	60-64	8.15	5.70	4.55	3.20
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	4.20	2.90	2.30	1.60
	25-29	4.20	2.90	2.30	1.60
	30-34	5.50	3.80	3.10	2.20
	35-39	5.50	3.80	3.10	2.20
	40-44	7.60	5.30	4.20	2.90
	45-49	7.60	5.30	4.20	2.90
	50-54	11.80	8.20	6.50	4.50
	55-59	11.80	8.20	6.50	4.50
	60-64	16.30	11.40	9.10	6.40
	<b>SUBSCRIBER &amp; CHILD</b>	19-24	3.90	2.70	2.15
25-29		3.90	2.70	2.15	1.50
30-34		4.55	3.15	2.55	1.80
35-39		4.55	3.15	2.55	1.80
40-44		5.60	3.90	3.10	2.15
45-49		5.60	3.90	3.10	2.15
50-54		7.70	5.35	4.25	2.95
55-59		7.70	5.35	4.25	2.95
60-64		9.95	6.95	5.55	3.90
<b>SUBSCRIBER &amp; CHILDREN</b>		19-24	5.45	3.75	3.00
	25-29	5.45	3.75	3.00	2.10
	30-34	6.10	4.20	3.40	2.40
	35-39	6.10	4.20	3.40	2.40
	40-44	7.15	4.95	3.95	2.75
	45-49	7.15	4.95	3.95	2.75
	50-54	9.25	6.40	5.10	3.55
	55-59	9.25	6.40	5.10	3.55
	60-64	11.50	8.00	6.40	4.50
	<b>FAMILY</b>	19-24	7.55	5.20	4.15
25-29		7.55	5.20	4.15	2.90
30-34		8.85	6.10	4.95	3.50
35-39		8.85	6.10	4.95	3.50
40-44		10.95	7.60	6.05	4.20
45-49		10.95	7.60	6.05	4.20
50-54		15.15	10.50	8.35	5.80
55-59		15.15	10.50	8.35	5.80
60-64		19.65	13.70	10.95	7.70

# Region 7<sup>2</sup>

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Eastern El Dorado, Eastern Placer, Glenn, Humboldt, Inyo, Lake, Lassen,

Rates effective April 15, 2007

## QUICK NET MONTHLY RATES

AGE	QUICK NET MONTHLY RATES			
	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>				
1-18	118	82	67	47
19-24	118	82	67	47
25-29	118	82	67	47
30-34	153	107	86	60
35-39	153	107	86	60
40-44	212	149	121	85
45-49	212	149	121	85
50-54	329	232	187	131
55-59	329	232	187	131
60-64	459	322	261	183
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>				
19-24	236	164	134	94
25-29	236	164	134	94
30-34	306	214	172	120
35-39	306	214	172	120
40-44	424	298	242	170
45-49	424	298	242	170
50-54	658	464	374	262
55-59	658	464	374	262
60-64	918	644	522	366
<b>SUBSCRIBER &amp; CHILD</b>				
19-24	218	152	124	87
25-29	218	152	124	87
30-34	253	177	143	100
35-39	253	177	143	100
40-44	312	219	178	125
45-49	312	219	178	125
50-54	429	302	244	171
55-59	429	302	244	171
60-64	559	392	318	223
<b>SUBSCRIBER &amp; CHILDREN</b>				
19-24	307	213	174	122
25-29	307	213	174	122
30-34	342	238	193	135
35-39	342	238	193	135
40-44	401	280	228	160
45-49	401	280	228	160
50-54	518	363	294	206
55-59	518	363	294	206
60-64	648	453	368	258
<b>FAMILY</b>				
19-24	425	295	241	169
25-29	425	295	241	169
30-34	495	345	279	195
35-39	495	345	279	195
40-44	613	429	349	245
45-49	613	429	349	245
50-54	847	595	481	337
55-59	847	595	481	337
60-64	1,107	775	629	441

<sup>2</sup>ZIP 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. ZIP codes for

Madera, Mariposa, Mendocino, Modoc, Mono, Monterey, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba counties

## QUICK NET DAILY RATES

AGE	QUICK NET DAILY RATES			
	30-185 days			
	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>				
1-18	2.20	1.55	1.25	0.90
19-24	2.20	1.55	1.25	0.90
25-29	2.20	1.55	1.25	0.90
30-34	2.85	2.05	1.65	1.15
35-39	2.85	2.05	1.65	1.15
40-44	4.00	2.80	2.30	1.60
45-49	4.00	2.80	2.30	1.60
50-54	6.15	4.35	3.55	2.50
55-59	6.15	4.35	3.55	2.50
60-64	8.55	6.10	4.95	3.45
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>				
19-24	4.40	3.10	2.50	1.80
25-29	4.40	3.10	2.50	1.80
30-34	5.70	4.10	3.30	2.30
35-39	5.70	4.10	3.30	2.30
40-44	8.00	5.60	4.60	3.20
45-49	8.00	5.60	4.60	3.20
50-54	12.30	8.70	7.10	5.00
55-59	12.30	8.70	7.10	5.00
60-64	17.10	12.20	9.90	6.90
<b>SUBSCRIBER &amp; CHILD</b>				
19-24	4.05	2.85	2.30	1.65
25-29	4.05	2.85	2.30	1.65
30-34	4.70	3.35	2.70	1.90
35-39	4.70	3.35	2.70	1.90
40-44	5.85	4.10	3.35	2.35
45-49	5.85	4.10	3.35	2.35
50-54	8.00	5.65	4.60	3.25
55-59	8.00	5.65	4.60	3.25
60-64	10.40	7.40	6.00	4.20
<b>SUBSCRIBER &amp; CHILDREN</b>				
19-24	5.70	4.05	3.25	2.35
25-29	5.70	4.05	3.25	2.35
30-34	6.35	4.55	3.65	2.60
35-39	6.35	4.55	3.65	2.60
40-44	7.50	5.30	4.30	3.05
45-49	7.50	5.30	4.30	3.05
50-54	9.65	6.85	5.55	3.95
55-59	9.65	6.85	5.55	3.95
60-64	12.05	8.60	6.95	4.90
<b>FAMILY</b>				
19-24	7.90	5.60	4.50	3.25
25-29	7.90	5.60	4.50	3.25
30-34	9.20	6.60	5.30	3.75
35-39	9.20	6.60	5.30	3.75
40-44	11.50	8.10	6.60	4.65
45-49	11.50	8.10	6.60	4.65
50-54	15.80	11.20	9.10	6.45
55-59	15.80	11.20	9.10	6.45
60-64	20.60	14.70	11.90	8.35

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 April 15, 2007

## QUICK NET MONTHLY RATES

		QUICK NET MONTHLY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	118	82	67	47
	19-24	118	82	67	47
	25-29	118	82	67	47
	30-34	153	107	86	60
	35-39	153	107	86	60
	40-44	212	149	121	85
	45-49	212	149	121	85
	50-54	329	232	187	131
	55-59	329	232	187	131
	60-64	459	322	261	183
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	236	164	134	94
	25-29	236	164	134	94
	30-34	306	214	172	120
	35-39	306	214	172	120
	40-44	424	298	242	170
	45-49	424	298	242	170
	50-54	658	464	374	262
	55-59	658	464	374	262
60-64	918	644	522	366	
<b>SUBSCRIBER &amp; CHILD</b>	19-24	218	152	124	87
	25-29	218	152	124	87
	30-34	253	177	143	100
	35-39	253	177	143	100
	40-44	312	219	178	125
	45-49	312	219	178	125
	50-54	429	302	244	171
	55-59	429	302	244	171
	60-64	559	392	318	223
	<b>SUBSCRIBER &amp; CHILDREN</b>	19-24	307	213	174
25-29		307	213	174	122
30-34		342	238	193	135
35-39		342	238	193	135
40-44		401	280	228	160
45-49		401	280	228	160
50-54		518	363	294	206
55-59		518	363	294	206
60-64		648	453	368	258
<b>FAMILY</b>		19-24	425	295	241
	25-29	425	295	241	169
	30-34	495	345	279	195
	35-39	495	345	279	195
	40-44	613	429	349	245
	45-49	613	429	349	245
	50-54	847	595	481	337
	55-59	847	595	481	337
	60-64	1,107	775	629	441

## QUICK NET DAILY RATES

		QUICK NET DAILY RATES			
		30-185 days			
	AGE	\$750 DED.	\$1,000 DED.	\$2,000 DED.	\$4,500 DED.
<b>SUBSCRIBER</b>	1-18	2.20	1.55	1.25	0.90
	19-24	2.20	1.55	1.25	0.90
	25-29	2.20	1.55	1.25	0.90
	30-34	2.85	2.05	1.65	1.15
	35-39	2.85	2.05	1.65	1.15
	40-44	4.00	2.80	2.30	1.60
	45-49	4.00	2.80	2.30	1.60
	50-54	6.15	4.35	3.55	2.50
	55-59	6.15	4.35	3.55	2.50
	60-64	8.55	6.10	4.95	3.45
<b>SUBSCRIBER &amp; SPOUSE/ DOMESTIC PARTNER</b>	19-24	4.40	3.10	2.50	1.80
	25-29	4.40	3.10	2.50	1.80
	30-34	5.70	4.10	3.30	2.30
	35-39	5.70	4.10	3.30	2.30
	40-44	8.00	5.60	4.60	3.20
	45-49	8.00	5.60	4.60	3.20
	50-54	12.30	8.70	7.10	5.00
	55-59	12.30	8.70	7.10	5.00
	60-64	17.10	12.20	9.90	6.90
	<b>SUBSCRIBER &amp; CHILD</b>	19-24	4.05	2.85	2.30
25-29		4.05	2.85	2.30	1.65
30-34		4.70	3.35	2.70	1.90
35-39		4.70	3.35	2.70	1.90
40-44		5.85	4.10	3.35	2.35
45-49		5.85	4.10	3.35	2.35
50-54		8.00	5.65	4.60	3.25
55-59		8.00	5.65	4.60	3.25
60-64		10.40	7.40	6.00	4.20
<b>SUBSCRIBER &amp; CHILDREN</b>		19-24	5.70	4.05	3.25
	25-29	5.70	4.05	3.25	2.35
	30-34	6.35	4.55	3.65	2.60
	35-39	6.35	4.55	3.65	2.60
	40-44	7.50	5.30	4.30	3.05
	45-49	7.50	5.30	4.30	3.05
	50-54	9.65	6.85	5.55	3.95
	55-59	9.65	6.85	5.55	3.95
	60-64	12.05	8.60	6.95	4.90
	<b>FAMILY</b>	19-24	7.90	5.60	4.50
25-29		7.90	5.60	4.50	3.25
30-34		9.20	6.60	5.30	3.75
35-39		9.20	6.60	5.30	3.75
40-44		11.50	8.10	6.60	4.65
45-49		11.50	8.10	6.60	4.65
50-54		15.80	11.20	9.10	6.45
55-59		15.80	11.20	9.10	6.45
60-64		20.60	14.70	11.90	8.35

# 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

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