



# PLANS THAT FIT YOUR LIFE QUICK NET

*Short-term coverage by the day or by the month*



**Health Net<sup>®</sup>**  
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.
- Entering the job market.

## AS EASY TO APPLY 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 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, log on to [www.healthnet.com/quote](http://www.healthnet.com/quote) to complete your application and payment.

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



# WHEN YOU NEED HEALTH COVERAGE, YOU CAN COUNT ON HEALTH NET

## CHOOSE YOUR PLAN

When you need a short term medical plan, turn to Health Net. Choose from three different plan options:

- \$500 deductible plan
- \$1,000 deductible plan
- \$2,500 deductible plan

With Quick Net Daily, you choose the day your coverage starts. Or, pay monthly rates with Quick Net Monthly.

## CHOOSE YOUR DOCTOR

Quick Net from Health Net is a PPO (preferred provider organization). Receive benefits when you seek care from health care providers who are on our PPO network list. Or, pay a little more to see licensed physicians who are not on our list. The choice is yours.

## COMPREHENSIVE CARE

When you enroll in Quick Net, you select the health plan that fits your needs. After you meet your plan deductible, you have coverage for doctor office visits, inpatient hospital care, outpatient surgery, emergency room coverage, prescription drugs and more<sup>1</sup>.

## MEMBERSHIP ADVANTAGES

Health Net membership has definite advantages, including resources to help you make a better decision.

- **Search our Doctor Network** – Find doctors, hospitals and other contracted medical providers online. Updated frequently for the latest information. Visit our website at [www.healthnet.com](http://www.healthnet.com).
- **Discount Program** – Members are eligible to take advantage of savings and discounts on products and services that promote healthy lifestyles through our Well Rewards program.

<sup>1</sup>This brochure offers a brief summary of covered benefits. Please read the policy documents for more information.

## HOW THE PLANS WORK

### QUICK NET DAILY

- Select your effective date and coverage time – from 30 to 185 days.
- Once your policy is in force, there are no changes or refunds.
- If you are applying on-line you will be asked to remit electronic payment. If completing a paper application, send your check with the full amount owed for your policy benefit period<sup>3</sup>.

### QUICK NET MONTHLY

- Select your effective date for your first month's coverage – you will be billed each month for a maximum of six months.
- Once your policy is in force, there are no changes or refunds<sup>2</sup>.
- If you are applying on-line you will be asked to remit electronic payment. If completing a paper application, send a check for your first month's premium – you will be billed for the subsequent months until you cancel your policy or your coverage ends<sup>3</sup>.

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

## HOW TO CALCULATE YOUR PREMIUM

Inside this brochure you'll find rates for your area.

To find your rate:

1. Select the rate page for the county where you live.
2. Select the type of coverage you want:  
Quick Net Daily or Quick Net Monthly.
3. Find the heading that fits the number of people in your family you want to cover, the oldest family member you wish to cover is the subscriber:
  - a. Yourself (subscriber)
  - b. You and your spouse (subscriber and spouse)
  - c. You and your child[ren] (subscriber and children)
  - d. Your entire family (subscriber, spouse / and child[ren])
4. Choose your deductible.
5. Find the age range band for yourself (subscriber).
6. Find the dollar amount on the chart that corresponds to your coverage and deductible.
7. **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 should send in a premium for their entire length of coverage.
8. **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.

Please Note: Optional coverage for alcohol treatment is available for an additional charge. Please contact Health Net for details.

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

<sup>2</sup>You will have a 10-day free look period. Beyond that, no changes or exceptions will be made.

<sup>3</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 your application is declined, your money will be returned to you.

## AREA 1 – DAILY RATES

For residents of the following counties:  
Benton, Clackamas, Lane, Linn, Marion,  
Multnomah, Polk, Washington and Yamhill.

		DAILY RATES AREA 1		
	Age	\$500 ded.	\$1,000 ded.	\$2,500 ded.
<b>Subscriber</b>	1-19	\$2.00	\$1.70	\$1.15
	20-24	\$2.00	\$1.70	\$1.15
	25-29	\$2.13	\$1.70	\$1.15
	30-34	\$2.57	\$1.85	\$1.27
	35-39	\$3.13	\$2.32	\$1.53
	40-44	\$3.42	\$2.62	\$1.78
	45-49	\$4.00	\$3.39	\$2.17
	50-54	\$5.41	\$4.48	\$3.05
	55-59	\$7.41	\$5.87	\$3.95
	60-64	\$10.12	\$8.18	\$5.35
<b>Subscriber and Spouse</b>	1-19	n/a	n/a	n/a
	20-24	\$4.00	\$3.40	\$2.30
	25-29	\$4.26	\$3.40	\$2.30
	30-34	\$5.14	\$3.70	\$2.54
	35-39	\$6.26	\$4.64	\$3.06
	40-44	\$6.84	\$5.24	\$3.56
	45-49	\$8.00	\$6.78	\$4.34
	50-54	\$10.82	\$8.96	\$6.10
	55-59	\$14.82	\$11.74	\$7.90
	60-64	\$20.24	\$16.36	\$10.70
<b>Subscriber and Child[ren]</b>	1-19	n/a	n/a	n/a
	20-24	\$3.00	\$2.55	\$1.73
	25-29	\$3.20	\$2.55	\$1.73
	30-34	\$3.86	\$2.78	\$1.91
	35-39	\$4.70	\$3.48	\$2.30
	40-44	\$5.13	\$3.93	\$2.67
	45-49	\$6.00	\$5.09	\$3.26
	50-54	\$8.12	\$6.72	\$4.58
	55-59	\$11.12	\$8.81	\$5.93
	60-64	\$15.18	\$12.27	\$8.03
<b>Family</b>	1-19	n/a	n/a	n/a
	20-24	\$5.60	\$4.76	\$3.22
	25-29	\$6.39	\$5.10	\$3.45
	30-34	\$7.32	\$5.27	\$3.62
	35-39	\$8.92	\$6.61	\$4.36
	40-44	\$8.21	\$6.29	\$4.27
	45-49	\$9.60	\$8.14	\$5.21
	50-54	\$12.44	\$10.30	\$7.02
	55-59	\$16.30	\$12.91	\$8.69
	60-64	\$22.26	\$18.00	\$11.77

ALCOHOL RIDER				
	Subscriber Only	Subscriber & Spouse	Subscriber & Child[ren]	Family
<b>All Ages</b>	\$1.03	\$2.05	\$1.54	\$3.08

## AREA 1 – MONTHLY RATES

For residents of the following counties:  
Benton, Clackamas, Lane, Linn, Marion,  
Multnomah, Polk, Washington and Yamhill.

		MONTHLY RATES AREA 1		
	Age	\$500 ded.	\$1,000 ded.	\$2,500 ded.
<b>Subscriber</b>	1-19	\$78.00	\$66.30	\$44.85
	20-24	\$78.00	\$66.30	\$44.85
	25-29	\$83.07	\$66.30	\$44.85
	30-34	\$100.23	\$72.15	\$49.53
	35-39	\$122.07	\$90.48	\$59.67
	40-44	\$133.38	\$102.18	\$69.42
	45-49	\$156.00	\$132.21	\$84.63
	50-54	\$210.99	\$174.72	\$118.95
	55-59	\$288.99	\$228.93	\$154.05
	60-64	\$394.68	\$319.02	\$208.65
<b>Subscriber and Spouse</b>	1-19	n/a	n/a	n/a
	20-24	\$156.00	\$132.60	\$89.70
	25-29	\$166.14	\$132.60	\$89.70
	30-34	\$200.46	\$144.30	\$99.06
	35-39	\$244.14	\$180.96	\$119.34
	40-44	\$266.76	\$204.36	\$138.84
	45-49	\$312.00	\$264.42	\$169.26
	50-54	\$421.98	\$349.44	\$237.90
	55-59	\$577.98	\$457.86	\$308.10
	60-64	\$789.36	\$638.04	\$417.30
<b>Subscriber and Child[ren]</b>	1-19	n/a	n/a	n/a
	20-24	\$117.00	\$99.45	\$67.28
	25-29	\$124.61	\$99.45	\$67.28
	30-34	\$150.35	\$108.23	\$74.30
	35-39	\$183.11	\$135.72	\$89.51
	40-44	\$200.07	\$153.27	\$104.13
	45-49	\$234.00	\$198.32	\$126.95
	50-54	\$316.49	\$262.08	\$178.43
	55-59	\$433.49	\$343.40	\$231.08
	60-64	\$592.02	\$478.53	\$312.98
<b>Family</b>	1-19	n/a	n/a	n/a
	20-24	\$218.40	\$185.64	\$125.58
	25-29	\$249.21	\$198.90	\$134.55
	30-34	\$285.66	\$205.63	\$141.16
	35-39	\$347.90	\$257.87	\$170.06
	40-44	\$320.11	\$245.23	\$166.61
	45-49	\$374.40	\$317.30	\$203.11
	50-54	\$485.28	\$401.86	\$273.59
	55-59	\$635.78	\$503.65	\$338.91
	60-64	\$868.30	\$701.84	\$459.03

ALCOHOL RIDER				
	Subscriber Only	Subscriber & Spouse	Subscriber & Child[ren]	Family
<b>All Ages</b>	\$40.00	\$80.00	\$60.00	\$120.00

# QUICK NET BENEFITS AT A GLANCE

	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network
<b>Deductible</b>	\$500	\$1,000	\$1,000	\$1,500	\$2,500	\$3,000
<b>Lifetime maximum</b>	\$1 million		\$1 million		\$1 million	
<b>Out-of-pocket maximum</b>	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000
<b>Office visits</b>	20%	50% MAA	25%	50% MAA	30%	50% MAA
<b>Urgent care</b>	30%	50% MAA	30%	50% MAA	30%	50% MAA
<b>Diagnostic X-ray/EKG/Ultrasound</b>	30%	50% MAA	30%	50% MAA	30%	50% MAA
<b>Diagnostic laboratory tests</b>	30%	50% MAA	30%	50% MAA	30%	50% MAA
<b>CT/MRI/PET/SPECT/EEG/Holter monitor/stress test</b>	30%	50% MAA	30%	50% MAA	30%	50% MAA
<b>Inpatient hospital care</b>	20%	50% MAA	25%	50% MAA	30%	50% MAA
<b>Emergency room care</b>	30%	50% MAA	30%	50% MAA	30%	50% MAA
<b>Prescription coverage</b>	\$250 deductible		\$250 deductible		\$250 deductible	
Preferred generic - Tier 1	\$15		\$15		\$15	
Preferred generic - Tier 2	\$30		\$30		\$30	
Non-preferred brand - Tier 3	You pay 100% <sup>4</sup>		You pay 100% <sup>4</sup>		You pay 100% <sup>4</sup>	
Specialty pharmacy - Special Rx	You pay 100% <sup>4</sup>		You pay 100% <sup>4</sup>		You pay 100% <sup>4</sup>	
Prescription benefit maximum	\$1,000		\$1,000		\$1,000	

## BRIEF 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
- Prescription drugs

## WHAT IS A DEDUCTIBLE?

A deductible is the amount of money you 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. Maximum Allowable Amount (MAA) will apply to out-of-network providers. Out-of-network providers are paid based on MAA rates, not on billed amounts. MAA rates may often be less than the amount a provider bills for a service. Out-of-network providers may therefore hold you responsible for amounts they charge that exceed the MAA rates Health Net pays. Deductibles apply each benefit period.

Coverage is subject to exclusions and limitations. For more detailed information, refer to the policy documents.

<sup>4</sup> You pay the full cost of the prescription at Health Net’s discounted rate.

## AREA 2 – DAILY RATES

For residents of the following counties: Baker, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco and Wheeler.

		DAILY RATES AREA 2		
	Age	\$500 ded.	\$1,000 ded.	\$2,500 ded.
<b>Subscriber</b>	1-19	\$2.20	\$1.87	\$1.27
	20-24	\$2.20	\$1.87	\$1.27
	25-29	\$2.34	\$1.87	\$1.27
	30-34	\$2.83	\$2.04	\$1.40
	35-39	\$3.44	\$2.55	\$1.68
	40-44	\$3.76	\$2.88	\$1.96
	45-49	\$4.40	\$3.73	\$2.39
	50-54	\$5.95	\$4.93	\$3.36
	55-59	\$8.15	\$6.46	\$4.35
	60-64	\$11.13	\$9.00	\$5.89
<b>Subscriber and Spouse</b>	1-19	n/a	n/a	n/a
	20-24	\$4.40	\$3.74	\$2.54
	25-29	\$4.68	\$3.74	\$2.54
	30-34	\$5.66	\$4.08	\$2.80
	35-39	\$6.88	\$5.10	\$3.36
	40-44	\$7.52	\$5.76	\$3.92
	45-49	\$8.80	\$7.46	\$4.78
	50-54	\$11.90	\$9.86	\$6.72
	55-59	\$16.30	\$12.92	\$8.70
	60-64	\$22.26	\$18.00	\$11.78
<b>Subscriber and Child[ren]</b>	1-19	n/a	n/a	n/a
	20-24	\$3.30	\$2.81	\$1.91
	25-29	\$3.51	\$2.81	\$1.91
	30-34	\$4.25	\$3.06	\$2.10
	35-39	\$5.16	\$3.83	\$2.52
	40-44	\$5.64	\$4.32	\$2.94
	45-49	\$6.60	\$5.60	\$3.59
	50-54	\$8.93	\$7.40	\$5.04
	55-59	\$12.23	\$9.69	\$6.53
	60-64	\$16.70	\$13.50	\$8.84
<b>Family</b>	1-19	n/a	n/a	n/a
	20-24	\$6.16	\$5.24	\$3.56
	25-29	\$7.02	\$5.61	\$3.81
	30-34	\$8.07	\$5.81	\$3.99
	35-39	\$9.80	\$7.27	\$4.79
	40-44	\$9.02	\$6.91	\$4.70
	45-49	\$10.56	\$8.95	\$5.74
	50-54	\$13.69	\$11.34	\$7.73
	55-59	\$17.93	\$14.21	\$9.57
	60-64	\$24.49	\$19.80	\$12.96

ALCOHOL RIDER				
	Subscriber Only	Subscriber & Spouse	Subscriber & Child[ren]	Family
<b>All Ages</b>	\$1.13	\$2.26	\$1.69	\$3.38

## AREA 2 – MONTHLY RATES

For residents of the following counties: Baker, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco and Wheeler.

		MONTHLY RATES AREA 2		
	Age	\$500 ded.	\$1,000 ded.	\$2,500 ded.
<b>Subscriber</b>	1-19	\$85.80	\$72.93	\$49.34
	20-24	\$85.80	\$72.93	\$49.34
	25-29	\$91.38	\$72.93	\$49.34
	30-34	\$110.25	\$79.37	\$54.48
	35-39	\$134.28	\$99.53	\$65.64
	40-44	\$146.72	\$112.40	\$76.36
	45-49	\$171.60	\$145.43	\$93.09
	50-54	\$232.09	\$192.19	\$130.85
	55-59	\$317.89	\$251.82	\$169.46
	60-64	\$434.15	\$350.92	\$229.52
<b>Subscriber and Spouse</b>	1-19	n/a	n/a	n/a
	20-24	\$171.60	\$145.86	\$98.68
	25-29	\$182.76	\$145.86	\$98.68
	30-34	\$220.50	\$158.74	\$108.96
	35-39	\$268.56	\$199.06	\$131.28
	40-44	\$293.44	\$224.80	\$152.72
	45-49	\$343.20	\$290.86	\$186.18
	50-54	\$464.18	\$384.38	\$261.70
	55-59	\$635.78	\$503.64	\$338.92
	60-64	\$868.30	\$701.84	\$459.04
<b>Subscriber and Child[ren]</b>	1-19	n/a	n/a	n/a
	20-24	\$128.70	\$109.40	\$74.01
	25-29	\$137.07	\$109.40	\$74.01
	30-34	\$165.38	\$119.06	\$81.72
	35-39	\$201.42	\$149.30	\$98.46
	40-44	\$220.08	\$168.60	\$114.54
	45-49	\$257.40	\$218.15	\$139.64
	50-54	\$348.14	\$288.29	\$196.28
	55-59	\$476.84	\$377.73	\$254.19
	60-64	\$651.23	\$526.38	\$344.28
<b>Family</b>	1-19	n/a	n/a	n/a
	20-24	\$240.24	\$204.20	\$138.15
	25-29	\$274.14	\$218.79	\$148.02
	30-34	\$314.21	\$226.20	\$155.27
	35-39	\$382.70	\$283.66	\$187.07
	40-44	\$352.13	\$269.76	\$183.26
	45-49	\$411.84	\$349.03	\$223.42
	50-54	\$533.81	\$442.04	\$300.96
	55-59	\$699.36	\$554.00	\$372.81
	60-64	\$955.13	\$772.02	\$504.94

ALCOHOL RIDER				
	Subscriber Only	Subscriber & Spouse	Subscriber & Child[ren]	Family
<b>All Ages</b>	\$44.00	\$88.00	\$66.00	\$132.00

## PRIOR AUTHORIZATION

We work with you and your doctor to determine the most effective course of treatment covered under your policy. Through our Prior Authorization 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 prior authorization for coverage, it means we've determined that the procedure your doctor has recommended is medically necessary and appropriate treatment for your health problem according to our benefit guidelines. Prior authorization also confirms that we'll extend coverage for the procedure, according to the terms of your policy. If you don't obtain prior authorization when it is required, benefits may not be payable.

For more detailed information, refer to the policy documents.

## ELIGIBILITY

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

- You are a U.S. citizen or permanent resident of the U.S. and have resided in the U.S. for at least six months.
- You reside and continue to reside in the service area.
- Members are older than 30 days or less than 65 years old on the policy effective date and are not totally disabled or eligible for Medicare.
- You do not have other medical or hospital coverage, including enrollment in an HMO or health care insurance plan.
- Neither you nor any family member are pregnant at the time of application.
- Neither you nor any family member have any 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, or
  2. national or international competition as an amateur.
- 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.

Persons under 1 year of age or over 65 years of age on the policy effective date cannot be enrolled as a subscriber.

## IMPORTANT INFORMATION

To be eligible for a Guarantee 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.

## WHEN DOES COVERAGE BEGIN?

- If you are approved, your coverage will be in force as of the effective date determined 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.
- If you apply for a regular term Health Net medical insurance plan or enroll in a Health Net group medical insurance plan after your Quick Net plan is in effect, your Quick Net plan must expire before your regular term medical insurance plan becomes effective.

## NON-RENEWABLE PLAN

This is a non-renewable plan. Benefit accumulations are not continuous from one Quick Net plan to any following Quick Net Plan. However, you may reapply for a new Quick Net plan. Successive plan approval will include a review for the following:

- 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.

## SUMMARY OF EXCLUSIONS AND LIMITATIONS

To help you make an informed decision, we've listed some services that are either limited or excluded from coverage. This is not a complete list of all exclusions and limitations. Please refer to the policy documents for complete details. You'll have up to 10 days from the receipt of the Quick Net monthly policy to decline the coverage contract.

Pre-existing conditions<sup>5</sup> and related services, non-medically necessary care; benefits available to you under other insurance; experimental or investigational services; non-emergency services for which prior authorization is required; complications related to excluded coverage; non-medically necessary private room or private/special nurses; cosmetic services; temporomandibular (jaw) joint disorders or uncovered dental services; custodial care, respite care; routine eye/vision exams and services; hearing exams; corrective appliances and artificial aids; reduction or augmentation mammoplasty; medical or psychological report preparation for third parties; military service connected disabilities; diagnosis and treatment of infertility; reversal of voluntary sterilization; services/supplies related to sex transformation, transsexualism or paraphilias (sexual deviations); diagnosis and treatment for obesity and eating disorders; all organ and tissue transplants or autologous stem cell rescue or any complications resulting from such procedure; organ donor services; personal comfort items; learning disorders, except as provided in the contract; speech generating devices; rehabilitation therapy, except as provided in the contract; treatment of impotency; genetic engineering; non-medical self-help training or therapy; bone bank and eye bank charges; non-covered prescription drugs; specific biofeedback and pain

management treatments or programs; hair analysis, autologous extraction and storage of blood; routine foot care, including treatment for corns, calluses and cutting of nails unless prescribed for the treatment of diabetes; growth hormone therapy; family planning; preventative and routine examinations, services, testing and supplies except as provided in the contract; non-medically necessary circumcisions; drug and chemical dependency detoxification; non-covered congenital defects or diseases; chiropractic, acupuncture, naturopathy, massage therapy and hypnotherapy services; allergy services; health education services other than diabetes self-management education; mental health benefits; services of a nutritionist, except as outlined for diabetes management and inborn errors of metabolism; services and supplies for which the Member is not required to pay or that the Member would receive at no cost in the absence of health coverage; services and supplies for which the member is not billed by a provider or for which we are billed a zero dollar charge; all services provided in wilderness residential treatment programs; services and supplies rendered by an immediate family member (spouse, domestic partner, parent, child, grandparent or sibling related by blood, marriage or adoption) or prescribed or ordered by an immediate family member of the Member; Member self-treatment, including but not limited to self-prescribed medications and medical self-ordered services and laboratory tests; orthodontic services and dental implants, except for treatment covered for dental injury as specifically indicated in the contract; services provided outside the United States which are not Emergency Medical Care.

<sup>5</sup>Pre-existing condition means a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six-month period preceding the effective date of coverage. Pregnancy is a pre-existing condition. Genetic information does not constitute a pre-existing condition in the absence of a diagnosis of the condition related to such information.