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News Release

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HEALTH NET PROVIDING BENEFITS TO ADULT DEPENDENTS PRIOR TO REFORM PROVISIONS

LOS ANGELES, April 27, 2010 – [Health Net, Inc.](http://www.healthnet.com) (NYSE:HNT) is providing the option of continuing coverage for adult dependents up to age 26 who are currently enrolled on their parents' health care policies.

The option of keeping adult dependents on their parents' policies is effective immediately, providing uninterrupted coverage for thousands of spring college graduates and others who would have otherwise come off their parents' policies.

For More Information

[Health Net Online Newsroom](http://www.healthnet.com)
twitter.com/healthnet

Health Net's action is in advance of the September 23, 2010 implementation of federal health care reform provisions allowing children up to age 26 to remain on their parents' policies.

Employers wishing to prevent a gap in coverage for qualifying dependents may contact their broker, consultant or Health Net representative. Parents with individual Health Net policies who want to keep their adult children on their policies may contact Health Net at the number listed on their Health Net identification cards.

“By allowing parents to extend health benefits to their children, this option will help eliminate the possibility of a gap in coverage prior to the implementation of federal health care reform provisions later this year,” said Health Net Customer Care Officer Kathleen Richard.

The option of extending adult dependent coverage is available to those currently with “group” or “individual” coverage through a Health Net-affiliated plan.

About Health Net

Health Net, Inc. is among the nation’s largest publicly traded managed health care companies. Its mission is to help people be healthy, secure and comfortable. The company’s health plans and government contracts subsidiaries provide health benefits to approximately 6.1 million individuals across the country through group, individual, Medicare, Medicaid and TRICARE and Veterans Affairs programs. Health Net’s behavioral health subsidiary, MHN, provides mental health benefits to approximately 6.5 million individuals in all 50 states. The company’s subsidiaries also offer managed health care products related to prescription drugs, and offer managed health care product coordination for multi-region employers and administrative services for medical groups and self-funded benefits programs.

For more information on Health Net, Inc., please visit the company’s website at www.healthnet.com.

Cautionary Statements

All statements in this press release, other than statements of historical information provided herein, may be deemed to be forward-looking statements and as such are subject to a number of risks and uncertainties. These statements are based on management’s analysis, judgment, belief and expectation only as of the date hereof, and are subject to uncertainty and changes in circumstances. Without limiting the foregoing, statements including the words “believes,” “anticipates,” “plans,” “expects,” “may,” “should,” “could,” “estimate,” “intend” and other similar expressions are intended to identify forward-looking statements. Actual results could differ materially due to, among other things, costs, fees and expenses related to the post-closing administrative services to be provided under the administrative services agreements entered into in connection with the sale of our Northeast business; potential termination of the administrative services agreements by the service recipients should we breach such agreements or fail to perform all or a material part of the services required thereunder; any liabilities of the Northeast business that were incurred prior to the closing of its sale as well as those liabilities incurred through the winding-up and running-out period of the Northeast business; potential termination of our TRICARE North operations; health care reform; rising health care costs; continued recessionary economic conditions or a further decline in the economy; negative prior period claims reserve developments; trends in medical care ratios; unexpected utilization patterns or unexpectedly severe or widespread illnesses; membership declines;

rate cuts affecting our Medicare or Medicaid businesses; litigation costs; regulatory issues; operational issues; investment portfolio impairment charges; volatility in the financial markets; and general business and market conditions. Additional factors that could cause actual results to differ materially from those reflected in the forward-looking statements include, but are not limited to, the risks discussed in the “Risk Factors” section included within the company’s most recent Annual Report on Form 10-K filed with the Securities and Exchange Commission (“SEC”), and the risks discussed in the company’s other filings with the SEC. Readers are cautioned not to place undue reliance on these forward-looking statements. The company undertakes no obligation to publicly revise any of its forward-looking statements to reflect events or circumstances that arise after the date of this release.

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