

## Annual Plan & Coverage Changes - 2023 to 2024

*Plan name and coverage changes for services provided by in-network (preferred) providers<sup>1</sup>*

### HMO

Plan designs offered on Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más<sup>1</sup> available through Health Net of California, Inc.

#### HMO Platinum \$0

- Out-of-pocket maximum increased from \$3,150 individual/\$6,300 family to \$3,300 individual/ \$6,600 family.
- Acupuncture increased from a \$10 copay to a \$15 copay.
- Complex Radiology increased from a \$250 copay to a \$275 copay.
- Emergency Room increased from a \$250 copay to \$275 copay.
- Ambulance increased from a \$250 copay to a \$275 copay.
- Chiropractic Care increased from a \$10 copay to a \$15 copay.

#### HMO Platinum \$10

- Out-of-pocket maximum increased from \$1,900 individual/\$3,800 family to \$2,100 individual/ \$4,200 family.
- Urgent Care decreased from a \$30 copay to a \$10 copay.
- Acupuncture increased from a \$10 copay to a \$15 copay.
- Chiropractic Care increased from a \$10 copay to a \$15 copay.

#### HMO Platinum \$20

- Urgent Care decreased from a \$40 copay to a \$20 copay.
- Acupuncture increased from a \$10 copay to a \$15 copay.
- Chiropractic Care increased from a \$10 copay to a \$15 copay.

#### HMO Platinum \$30

- Out-of-pocket maximum increased from \$2,500 individual/\$5,000 family to \$2,700 individual/ \$5,400 family.
- Urgent Care decreased from a \$50 copay to a \$30 copay.
- Acupuncture increased from a \$10 copay to a \$15 copay.
- Chiropractic Care increased from a \$10 copay to a \$15 copay.

#### HMO Platinum \$35

##### New plan for 2024

- Deductible: \$0.
- Out-of-pocket maximum: \$3,200 individual/\$6,400 family.
- PCP Office Visit: \$35.
- Specialist Visit: \$55.
- Urgent Care: \$35.
- Inpatient Hospital: \$600 per day (4-day max copay per admission).

#### HMO Gold \$30

- Out-of-pocket maximum increased from \$7,000 individual/\$14,000 family to \$7,250 individual/ \$14,500 family.
- Urgent Care decreased from a \$50 copay to a \$30 copay.
- Acupuncture increased from a \$10 copay to a \$15 copay.
- Complex Radiology increased from a \$300 copay to a \$325 copay.
- Generic Drug Tier (Tier 1) increased from a \$15 copay to a \$20 copay.
- Mail Order Generic Drug Tier (Tier 1) increased from a \$30 copay to a \$40 copay.
- Emergency Room increased from a \$300 copay to \$325 copay.
- Ambulance increased from a \$300 copay to a \$325 copay.
- Chiropractic Care increased from a \$10 copay to a \$15 copay.

#### HMO Gold \$35

- Out-of-pocket maximum increased from \$7,250 individual/\$14,500 family to \$7,350 individual/ \$14,700 family.
- Urgent Care decreased from a \$55 copay to a \$35 copay.
- Acupuncture increased from a \$10 copay to a \$15 copay.
- Complex Radiology increased from a \$300 copay to a \$325 copay.

- Chiropractic Care increased from a \$10 copay to a \$15 copay.

#### HMO Gold \$40

- Urgent Care decreased from a \$60 copay to a \$40 copay.
- Acupuncture increased from a \$10 copay to a \$15 copay.
- Complex Radiology increased from a \$325 copay to a \$350 copay.
- Emergency Room increased from a \$325 copay to \$350 copay.
- Ambulance increased from a \$325 copay to a \$350 copay.
- Chiropractic Care increased from a \$10 copay to a \$15 copay.

#### HMO Gold \$50

- Out-of-pocket maximum increased from \$7,500 individual/\$15,000 family to \$8,000 individual/ \$16,000 family.
- Urgent Care decreased from a \$70 copay to a \$50 copay.
- Acupuncture increased from a \$10 copay to a \$15 copay.
- Complex Radiology increased from a \$325 copay to a \$350 copay.
- Pharmacy deductible decreased from \$450 for individual/\$900 family to \$300 individual/\$600 family.
- Emergency Room increased from a \$325 copay to \$350 copay.
- Ambulance increased from a \$325 copay to a \$350 copay.
- Chiropractic Care increased from a \$10 copay to a \$15 copay.

#### HMO Gold \$55

##### New plan for 2024

- Deductible: \$0.
- Out-of-pocket maximum: \$8,500 individual/\$17,000 family.
- PCP Office Visit: \$55.
- Specialist Visit: \$75.
- Urgent Care: \$55.
- Inpatient Hospital: \$900 per day (5-day max copay per admission).

#### HMO Silver \$55

- Out-of-pocket maximum increased from \$9,100 individual/\$18,200 family to \$9,450 individual/ \$18,900 family.
- Specialist Office Visit increased from a \$75 copay to a \$90 copay.
- Urgent Care decreased from a \$75 copay to a \$55 copay.
- Acupuncture increased from a \$10 copay to a \$15 copay.
- X-Ray increased from a \$55 copay to a \$60 copay.
- Complex Radiology increased from a \$325 copay to a \$400 copay.
- Chiropractic Care increased from a \$10 copay to a \$15 copay.

### CommunityCare HMO

Plan designs offered on CommunityCare HMO<sup>1</sup> available through Health Net of California, Inc.

#### CommunityCare HMO Silver \$2250/\$50

- Out-of-pocket maximum increased from \$8,500 individual/\$17,000 family to \$9,000 individual/ \$18,000 family.
- Urgent Care decreased from a \$70 copay to a \$50 copay.
- Acupuncture increased from a \$10 copay to a \$15 copay.
- Lab Procedures changed from a \$40 copay deductible applies to \$40 copay deductible waived.
- X-Ray changed from a \$50 copay deductible applies to a \$50 copay deductible waived.
- Preferred Drug Tier (Tier 2) changed from a 40% coinsurance with a \$250 maximum out-of-pocket cost per 30-day script after drug deductible to \$50 copay (deductible applies).
- Non-Preferred Drug Tier (Tier 3) changed from 40% coinsurance with a \$250 maximum out-of-pocket cost per 30-day script after drug deductible to a \$80 copay (deductible applies).
- Mail Order Preferred Drug Tier (Tier 2) changed from 40% coinsurance with a \$750 maximum out-of-pocket cost per 90-day script after drug deductible to a \$125 copay (deductible applies).
- Mail Order Non-Preferred Drug Tier (Tier 3) changed 40% coinsurance with a \$750 maximum out-of-pocket cost per 90-day script after drug deductible to a \$200 copay (deductible applies).
- Chiropractic Care increased from a \$10 copay to a \$15 copay.

**CommunityCare HMO Bronze \$6300/\$65 (2023) to CommunityCare HMO Bronze \$6300/\$60 (2024)**

- Name changed from CommunityCare HMO Bronze \$6300/\$65 (2023) to CommunityCare HMO Bronze \$6300/\$60 (2024).
- Out-of-pocket maximum increased from \$8,200 individual/\$16,400 family to \$9,100 individual/ \$18,200 family.
- PCP Office Visit decreased from visits 1-3 at a \$65 copay (deductible waived) with visits 4+ at a \$65 copay (deductible applies) to visits 1-3 at a \$60 copay (deductible waived) with visits 4+ at a \$60 copay (deductible applies).
- Urgent Care decreased from visits 1-3 at a \$65 copay (deductible waived) with visits 4+ at a \$65 copay (deductible applies) to visits 1-3 at a \$60 copay (deductible waived) with visits 4+ at a \$60 copay (deductible applies).
- Acupuncture decreased from visits 1-3 at a \$65 copay (deductible waived) with visits 4+ at a \$65 copay (deductible applies) to visits 1-3 at a \$60 copay (deductible waived) with visits 4+ at a \$60 copay (deductible applies).
- Generic Drug Tier (Tier 1) decreased from a \$18 copay (deductible applies) to a \$17 copay (deductible applies).
- Mail Order Generic Drug Tier (Tier 1) decreased from a \$36 copay (deductible applies) to a \$34 copay (deductible applies).
- Rehabilitation and habilitation therapy decreased from a \$65 copay to a \$60 copay.
- Chiropractic Care increased from a \$10 copay to a \$15 copay.
- Postnatal Office Visit decreased from visits 1-3 at a \$65 copay (deductible waived) with visits 4+ at a \$65 copay (deductible applies) to visits 1-3 at a \$60 copay (deductible waived) with visits 4+ at a \$60 copay (deductible applies).
- Mental Health Outpatient Office Visit decreased from a \$65 copay to a \$60 copay.

**PPO**

Plan designs offered on PPO network<sup>1</sup> through Health Net of California, Inc.

**Platinum PPO 0/15**
**Benefit changes for services by In-Network (preferred) providers**

- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

**Platinum PPO 250/15**
**Benefit changes for services by In-Network (preferred) providers**

- Urgent Care decreased from a \$30 copay to a \$15 copay.
- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

**Gold PPO 350/25**
**Benefit changes for services by In-Network (preferred) providers**

- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

**Gold PPO 0/35**
**Benefit changes for services by In-Network (preferred) providers**

- Out-of-pocket maximum increased from \$8,100 individual/\$16,200 family to \$8,300 individual/ \$16,600 family.
- Urgent Care decreased from a \$55 copay to a \$35 copay.
- Acupuncture decreased from a \$35 copay to a \$15 copay.
- Laboratory Services increased from a \$30 copay to a \$35 copay.
- Generic Drug Tier (Tier 1) increased from a \$15 copay to a \$20 copay.
- Mail Order Generic Drug Tier (Tier 1) increased from a \$30 copay to a \$40 copay.
- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

**Gold PPO 500/20**
**Benefit changes for services by In-Network (preferred) providers**

- Out-of-pocket maximum decreased from \$8,000 individual/\$16,000 family to \$7,800 individual/ \$15,600 family.
- Urgent care decreased from a \$40 copay to a \$20 copay.
- Acupuncture decreased from a \$20 copay to a \$15 copay.
- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

**Gold PPO 1000/35**
**Benefit changes for services by In-Network (preferred) providers**

- Out-of-pocket maximum decreased from \$8,000 individual/\$16,000 family to \$7,800 individual/ \$15,600 family.
- Urgent Care decreased from a \$55 copay to a \$35 copay.
- Acupuncture decreased from a \$35 copay to a \$15 copay.
- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

### Gold PPO 1600/0

#### Benefit changes for services by In-Network (preferred) providers

- Out-of-pocket maximum increased from \$8,500 individual/\$17,000 family to \$8,750 individual/ \$17,500 family.
- Urgent Care decreased from a \$75 copay to a \$0 copay.
- Acupuncture increased from a \$0 copay to a \$15 copay.
- Pharmacy deductible increased from \$300 for individual/\$600 family to \$400 individual/\$800 family.
- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

### Gold PPO 750/15

#### Benefit changes for services by In-Network (preferred) providers

- Urgent Care decreased from a \$30 copay (deductible applies) to a \$15 copay (deductible waived).
- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

### Gold HDHP PPO 1600/20%

#### New plan for 2024

- Deductible: \$1,600 individual policy/\$3,200 family policy.
- Out-of-pocket maximum: \$4,000 individual/\$8,000 family.
- PCP Office Visit: 20% coinsurance (deductible applies).
- Specialist Visit: 20% coinsurance (deductible applies).
- Urgent Care: 20% coinsurance (deductible applies).
- Inpatient Hospital: 20% coinsurance (deductible applies).

### Silver PPO 2500/55

#### Benefit changes for services by In-Network (preferred) providers

- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

### Silver PPO 2250/60

#### Benefit changes for services by In-Network (preferred) providers

- Urgent Care decreased from a \$85 copay to a \$60 copay.
- Acupuncture decreased from a \$40 copay to a \$15 copay.
- Rehabilitation and Habilitation therapy increased from a \$55 copay to a \$60 copay.
- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

### Silver PPO 1700/50

#### Benefit changes for services by In-Network (preferred) providers

- Out-of-pocket maximum increased from \$8,900 individual/\$17,800 family to \$9,200 individual/ \$18,400 family.
- Urgent Care decreased from a \$75 copay (deductible applies) to a \$50 copay (deductible waived).
- Acupuncture decreased from a \$40 copay to a \$15 copay.
- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.

### Silver HDHP PPO 1500/50% (2023) to Silver HDHP PPO 1600/50% (2024)

#### Benefit changes for services by In-Network (preferred) providers

- Name changed from Silver HDHP PPO 1500/50% (2023) to Silver HDHP PPO 1600/50% (2024)
- Calendar year deductible increased from \$1,500 for individual/ \$3,000 family to \$1,600 individual/ \$3,200 family.
- Out-of-pocket maximum increased from \$7,000 individual/\$14,000 family to \$7,500 individual/ \$15,000 family.
- Acupuncture changed from 50% coinsurance (deductible applies) to a \$15 copay (deductible applies).
- Chiropractic Care decreased from a \$25 copay (deductible applies) with a limit of 12 visits, to a copay of \$15 (deductible applies) with no visit limits.

**Bronze PPO 6300/65 (2023) to Bronze 6300/60 (2024)**
**Benefit changes for services by In-Network (preferred) providers**

- Name changed from Bronze PPO 6300/65 (2023) to Bronze 6300/60 (2024).
- Out-of-pocket maximum increased from \$8,200 individual/\$16,400 family to \$9,100 individual/ \$18,200 family.
- PCP Office Visit decreased from visits 1-3 at a \$65 copay (deductible waived) with visits 4+ at a \$65 copay (deductible applies) to visits 1-3 at a \$60 copay (deductible waived) with visits 4+ at a \$60 copay (deductible applies).
- Urgent Care decreased from visits 1-3 at a \$65 copay (deductible waived) with visits 4+ at a \$65 copay (deductible applies) to visits 1-3 at a \$60 copay (deductible waived) with visits 4+ at a \$60 copay (deductible applies).
- Acupuncture decreased from visits 1-3 at a \$65 copay (deductible waived) with visits 4+ at a \$65 copay (deductible applies) to visits 1-3 at a \$60 copay (deductible waived) with visits 4+ at a \$60 copay (deductible applies).
- Generic Drug Tier (Tier 1) decreased from a \$18 copay (deductible applies) to a \$17 copay (deductible applies).
- Mail Order Generic Drug Tier (Tier 1) decreased from a \$36 copay (deductible applies) to a \$34 copay (deductible applies).
- Rehabilitation and habilitation therapy decreased from a \$65 copay to a \$60 copay.
- Chiropractic Care decreased from a \$25 copay with a limit of 12 visits, to a copay of \$15 with no visit limits.
- Postnatal Office Visit decreased from visits 1-3 at a \$65 copay (deductible waived) with visits 4+ at a \$65 copay (deductible applies) to visits 1-3 at a \$60 copay (deductible waived) with visits 4+ at a \$60 copay (deductible applies).
- Mental Health Outpatient Office Visit decreased from a \$65 copay to a \$60 copay.

**Bronze HDHP PPO 7000/0% (2023) to Bronze HDHP PPO 7050/0% (2024)**
**Benefit changes for services by In-Network (preferred) providers**

- Name changed from Bronze HDHP PPO 7000/0% (2023) to Bronze HDHP PPO 7050/0% (2024).
- Calendar year deductible increased from \$7,000 individual and \$14,000 family to \$7,050 individual and \$14,100 family.
- Out-of-pocket maximum increased from \$7,000 individual and \$14,000 family to \$7,050 individual and \$14,100 family.
- Chiropractic Care decreased from a \$25 copay (deductible applies) with a limit of 12 visits, to a copay of \$15 (deductible applies) with no visit limits.

<sup>1</sup>The plan changes provided in this resource outline important plan and coverage adjustments, but they do not constitute a comprehensive listing. For complete coverage information, please refer to the official plan evidence of coverage (EOC) documents.