



Commercial Small Group Non-Grandfathered Plans
Notice of Changes to Coverage Terms for Groups
Effective on and after January 1, 2024

The Health Net of California, Inc. (Health Net) Group Hospital and Professional Service Agreements (GSAs) and Evidences of Coverage (EOCs) issued in 2024 will include the changes to coverage terms as described in this notice to comply with new laws, regulatory requirements and/or to address our administrative changes. The following modifications apply to California Commercial Small Group non-Grandfathered plans and will appear (where applicable) in GSAs and EOCs with the effective date on or after January 1, 2024.

Changes that appear on this notice are in addition to any other 2024 plan change materials that you may have received. This is only a summary of changes. Please refer to the EOC for more details on the terms of coverage. Additional changes, not confirmed at the time of this notice distribution, may be required. Please ensure that enrollees in your groups are informed of the changes described in this notice.

Unless specifically noted otherwise, the following changes apply to all commercial products, including HMO and PPO.

Global Changes

1. **Gender-neutral terms:** Gender-specific terms such as ‘his’ and ‘her’ have been replaced with gender-neutral terms such as ‘their’ and ‘them’ throughout the EOC.

Legislative/Regulatory Changes

1. **988 Suicide and Crisis Lifeline:** References to the 988 national suicide and mental health crisis hotline have been added to comply with California Assembly Bill (AB) 988. These references appear in the “Introduction to Health Net” section under the “Triage and/or Screening/24-Hour Nurse Advice Line,” and “Emergency and Urgently Needed Care” sections, and in the “Mental Health and Substance Use Disorder Benefits” provision under “Covered Services and Supplies.”
2. **Preventive Care Services:** In the “Preventive Care Services,” provision under “Covered Services and Supplies,” the list of covered preventive care services has been updated to align with the most recent U.S. Preventive Services Task Force (USPSTF) Grade A & B recommendations and the Health Resources and Services Administration (HRSA) guidelines. Under “Preventive Care Services” in the “Schedule of Benefits” breastfeeding support and supplies has been revised to clarify that one breast pump per pregnancy is included as supported by the Health Resources and Services Administration (HRSA).

3. **California Prenatal Screening Program:** The “Pregnancy” provision under “Covered Services and Supplies” has been revised to include information on the California prenatal screening program that uses a pregnant individual’s blood samples to screen for certain birth defects in their fetus. The “Care for Conditions of Pregnancy” portion of the “Schedule of Benefits” has been revised to clarify that screenings performed at or through a PNS-contracted lab are covered at no cost to the Member.
4. **Contraceptive Equity:** Under the “Family Planning” provision in the “Schedule of Benefits,” to comply with California SB 523, male sterilization benefits are now covered at no cost through a Preferred Provider (the Internal Revenue Service minimum deductible amount applies under HDHP plans). The “Preventive Drugs and Contraceptives” provision under “Covered Services and Supplies” will now include condoms as a covered benefit and clarifying language that over-the-counter contraceptives that are covered under this Plan do not require a Prescription Drug Order but must be obtained from a Health Net Participating Pharmacy at the Prescription Drug counter.
5. **CARE Program:** To comply with California SB 1338, an exception for Community Assistance, Recovery and Empowerment (CARE) program has been added to the “Treatment Related to Judicial or Administrative Proceedings” under the “Exclusions and Limitations” section and will read as follows:

Exception: The Plan will cover the cost of developing an evaluation pursuant to Welfare and Institutions Code Section 5977.1 and the provision of all health care services for a Member when required or recommended for the Member pursuant to a Community Assistance, Recovery, and Empowerment (CARE) agreement or a CARE plan approved by a court, regardless of whether the service is provided by an in-network or Out-of-Network Provider. Services are provided to the Member with no cost-share.

6. **Notice of Privacy Practices:** In the “Notice of Privacy Practices” under “Miscellaneous Provisions,” a new section has been added and will read as follows:

Impermissible Use of PHI – We will not use your language, race, ethnic background, sexual orientation, and gender identity information to deny coverage, services, benefits, or for underwriting purposes.

Policy Changes

1. **Revisions to Prior Authorization Requirements:** The list of services in the “Prior Authorization Requirement” section has been updated as follows:
 - *"Wound care" has been added*
 - "Echocardiography" has been removed

(Note: Applies only to PPO)
2. **Mental Health and Substance Use Disorder Administrator:** Mental Health and Substance Use Disorder Services will be arranged by Health Net. Previously these benefits were administered by MHN Services, an affiliate of Health Net. (Pending approval from the California Department of Managed Health Care).
3. **Pediatric Dental Services:** The CDT service codes have been updated to align with the most recent Covered California 2024 Dental Copay Schedule. Refer to “Pediatric Dental Services” in the "Covered Services and Supplies" section.

4. **Office Visits to a Podiatrist:** Visits to a podiatrist will have the same cost share as physician office visit; refer to “Office Visits” provision in the “Schedule of Benefits” section.
5. **Supplemental Network Outside of California:** The following language has been added to the “Prior Authorization Requirement” section:

If you are outside California, require medical care or treatment, and use a provider from the supplemental network, Prior Authorizations will be performed by the supplemental network.

(Note: Applies only to PPO)

Clarification

1. **Nondiscrimination statement:** In the “Introduction to Health Net” section, the list of protected classes has been revised to mirror Health and Safety Code 1367.042 (a)(3) and will read as follows:

The benefits described under this Evidence of Coverage do not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, and are not subject to any pre-existing condition or exclusion period.
2. **Prescription Drugs:** In the "Definitions" section and "Schedule of Benefits," the descriptions for Tier 1, Tier 2, Tier 3, and Tier 4 have been changed to align with current Health Net pharmacy descriptions.
3. **Infertility:** In the “Definitions” section, the infertility definition has been revised to include the following criteria:

A licensed Physician’s determination of infertility, based on the Member’s medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors.

For more information regarding this Notice of Changes to Coverage Terms for 2024, please contact your Health Net sales representative.

Sincerely,

Health Net of California, Inc.

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