Health Net of California, Inc.
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Commercial Large Group and Grandfathered Small Group Plans

Notice of Changes to Coverage Terms for Groups Effective on and after January 1, 2026

The Health Net of California, Inc. (Health Net) Group Hospital and Professional Service Agreements (GSAs) and Evidences of Coverage (EOCs) issued on or after January 1, 2026 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 Large Group and Grandfathered Small Group plans and will appear (where applicable) in GSAs and EOCs with the effective date on or after January 1, 2026.

Changes that appear on this notice are in addition to any other 2026 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, PPO, SELECT (POS), ELECT Open Access, and Salud HMO.

Legislative/Regulatory Changes

1. **Document reorganization**: California Assembly Bill 118 and the Department of Managed Health Care's (DMHC's) All Plans Letter (APL) 25-004 require EOCs to be structured according to a set template. This template adds or replaces the language within the "Exclusions and Limitations" and "Definitions" sections as well as the "Members' Rights, Responsibilities and Obligations Statement" within the "General Provisions" section. Additional revisions appear throughout the EOC to be consistent with this new template language.

   These changes do not affect how benefits are administered, only the way information is presented.

2. **Infertility Services:** California Senate Bill 729 requires large group health care service plans to cover infertility treatments, including GIFT, IVF, and ZIFT, with up to three (3) completed oocyte retrieval cycles per lifetime, unlimited embryo transfers, and all covered services that prepare members for these procedures. Applicable deductible or copayment requirements apply to any services and supplies required for infertility services. For example, if the infertility service requires an office visit, then the office visit Copayment will apply. There will be no benefit maximum for these services. For small groups that cover infertility treatments, the covered infertility benefits will similarly change to comply with the requirements of the bill. In compliance with SB 729, the following sections have been revised:

   - The "Infertility Services" provisions of the "Schedule of Benefits and Copayments," "Covered Services and Supplies," and "Exclusions and Limitations" sections.
   - The "Prescription Drugs" provision of the "Schedule of Benefits and Copayments" section.

- The "Infertility" definition in the "Definitions" section.

3. **Maternal Mental Health:** To comply with California Assembly Bill 1936, a statement of coverage for maternal mental health screenings has been added to the "Pregnancy" provision in the **"**Covered Services and Supplies" section.
4. **Donor Human Milk:** In compliance with California Assembly Bill 3059, statement of coverage for donor human milk has been added to the following sections:
   - The "Care for Conditions of Pregnancy" and "Medical Supplies" provisions of the "Schedule of Benefits and Copayments" section.
   - The "Pregnancy" provision in the "Covered Services and Supplies" section.
5. **Treatment Related to Rape or Sexual Assault:** In compliance with California Assembly Bill 2843, a provision titled "Treatment Related to Rape or Sexual Assault" has been added to the "Covered Services and Supplies" section. It lists emergency care, follow-up care, medical care, behavioral health care, and outpatient prescription drugs as services that are covered in full through a Health Net network provider for a member who is treated following a rape or sexual assault; however, PPO plans that are high deductible health plans (HDHPs) must have the calendar year deductible met before benefits are covered in full. It also states that these benefits do not require the member to file a police report, charges to be brought against an assailant, or an assailant to be convicted of rape or sexual assault to be covered.
6. **Mental Health Parity and Addiction Equity Act (MHPAEA):** To comply with updated federal Mental Health Parity regulations, the following sections have been revised to clarify that additional services are available:
   1. The "Mental Health and Substance Use Disorder" provision of the "Schedule of Benefits and Copayments" section will read as follows:

      "Outpatient services other than office visit/professional consultation (including psychological and neuropsychological testing, other outpatient procedures, intensive outpatient care program, day treatment, partial hospitalization, therapeutic session in a home setting for pervasive developmental disorder or autism per provider per day, and other outpatient services including, but not limited to, laboratory services or rehabilitation when provided for a Mental Health or Substance Use Disorder condition)."
   2. The "Outpatient Services" provision in the "Covered Services and Supplies" section will read as follows:

      "Outpatient services other than an office visits/professional consultation including Substance Use Disorders: Including psychological and neuropsychological testing when necessary to evaluate a Mental Health or Substance Use Disorder, intensive outpatient care program, day treatment, partial hospitalization program, and other outpatient procedures/services including, but not limited to, laboratory services or rehabilitation when provided for Mental Health or Substance Use Disorder conditions. Intensive outpatient care program is a treatment program that is utilized when a patient's condition requires structure, monitoring, and medical/psychological intervention at least three (3) hours per day, three (3) times per week. Partial hospitalization/day treatment program is a treatment program that may be freestanding or Hospital-based and provides services at least four (4) hours per day and at least four (4) days per week."

   These updates apply to all EOCs on January 1, 2026, regardless of the group's renewal effective date.

7. **Payment of Claim:** In compliance with California Assembly Bill 3275, a "Payment of Claim" provision has been added to the "Miscellaneous Provisions" section; this provision states that within 30 calendar days of receipt of a claim, the benefit must either be paid or written notice provided regarding additional information needed to determine responsibility for the claim.
8. **Blood Factors:** A cost-share for drugs to treat hemophilia, including blood factors has been added to the "Medical Supplies" portion of the "Schedule of Benefits and Copayments." This reflects the fact that these medications may be covered as either a medical or pharmacy benefit.
9. **Preventive Care:** Breast cancer screening has been expanded to cover additional breast imaging such as MRI and ultrasound as well as the associated pathology evaluation if the additional screening is indicated. In addition, preventive care for women has been expanded to include screening and counseling for intimate partners.

Administrative/Policy Changes

1. **Prior Authorization Requirements:** In the "Prior Authorization Requirement" section, the list of services requiring prior authorization has been revised to remove the following:
    - Implantable Pain pumps including insertion or removal
    - Trigger point injections

    *(**Note:** Applies to PPO and SELECT)*
2. **Injections:** In the "Schedule of Benefits and Copayments" section, the cost-share line for office-based injections has been split into two lines: one for the administration of the dose and one for the injected substance.
3. **Weight loss drugs:** All plans cover weight loss drugs for members for severe obesity. Groups that elect to do so may cover weight loss drugs for members with a lower level of obesity. This has been added to the "Schedule of Benefits and Copayments" and "Covered Services and Supplies" sections.
4. **Transplants:** For members who are outside California, a specific network of designated Transplant Performance Centers to perform organ, tissue and stem cell transplants will be part of the supplemental network which provides members access to preferred providers outside of California. Prior Authorization for these transplants will be done by the supplemental network, as described in the "Covered Services and Supplies" section.

    *(Note: Applies to PPO***)**

For more information regarding this Notice of Changes to Coverage Terms for 2026, please contact your Health Net sales representative.

Sincerely,

Health Net of California, Inc.