Health Net of California, Inc.
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Commercial Small Group Non-Grandfathered 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 Small Group non-Grandfathered 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, and Salud y Más.

Legislative/Regulatory Changes

1. **Infertility Services:** California Senate Bill 729 requires health care service plans to offer infertility treatments to small groups. For groups that opt to cover infertility services, these services will include 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. 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.
2. **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.
3. **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.

4. **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. Emergency care, follow-up care, medical care, behavioral health care, and outpatient prescription drugs are covered in full through a Health Net network provider for a member who is treated following a rape or sexual assault (however, the plan deductible applies for High Deductible Health Plans). Members are not required to file a police report, charges to be brought against an assailant, or an assailant to be convicted of rape or sexual assault for benefits to be covered.
5. **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:
   - The "Mental Health and Substance Use Disorder" provision of the "Schedule of Benefits" 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)."
   - 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: Includes psychological and neuropsychological testing when necessary to evaluate a Mental Health and 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."

     These updates apply to all EOCs on January 1, 2026, regardless of the group's renewal effective date.
6. **Payment of Claim:** In compliance with California Assembly Bill 3275, a "Payment of Claim" provision has been added to the "Miscellaneous Provisions" section.

Administrative/Policy Changes

1. **Vision Services:**
   - The vision benefits administrator has been changed to "EyeMed Vision Care, LLC" and is reflected throughout the Plan Contract.
   - The "Pediatric Vision Services" provision in the "Schedule of Benefits and Copayments" section has been revised for clarification of benefits.
2. **Allergy, Immunization and Injections:** a benefit line for injected substances has been added in order to clarify the member's cost share for office based injectable substances.
3. **Dental Access Standards:** A statement has been added to the "Pediatric Dental Services" provision in the "Schedule of Benefits and Copayments" section describing how a member can see an out-of-

network dental provider at the in-network cost share if there are no in-network dental providers within the access standards for a given ZIP code. The statement reads as follows:

> "If there are no network dental providers available within the access standards for a given zip code, the member can ask to see an out-of-network dental provider at the in-network cost share by calling customer service at **(866) 249-2382**. If we determine that an in-network dental provider is not within the access standards for your zip code, the Plan will verbally approve the request during the Customer Service call and the member will only be responsible for the in-network dental cost share."

4. **Pediatric Dental Services:** In the "Pediatric Dental Services" provision of the "Schedule of Benefits and Copayments," the dental service codes and descriptions have been updated to align with current policy.
5. **Prior Authorization Requirements (Applies to PPO only):** 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
6. ***Prior Authorization Requirements (Applies to PPO only):*** *In the "Prior Authorization Requirement" section, the list of services requiring prior authorization has been revised to add the following:*
    - *Proprietary laboratory analysis*
7. **Preventive Care Services:** The following paragraph has been added to the "Preventive Care Services" section to comply with new recommendations released by the Health Resources and Services Administration (HRSA) and the Women's Preventive Services Initiative (WPSI).

    > "Breast cancer screening (mammograms, including three-dimensional (3D) mammography, also known as digital breast tomosynthesis). Additional breast imaging (e.g., MRI, ultrasound) and pathology evaluation is covered if additional imaging is indicated to complete the screening process."

8. **Notice of Privacy Practices:** The "Notice of Privacy Practices" under "Miscellaneous Provisions" has been revised to align with current Health Net language, adding the following:

    > "Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with California regulatory agencies, healthcare providers, and health care oversight entities. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services."

9. **Language Assistance Services:** The "Language Assistance Services" section has been revised to include additional types of assistance services.

Clarification

1. **Out-of-State Transplants (Applies to PPO only):** A new paragraph has been added to the "Organ, Tissue, and Stem Cell Transplants" provision within the "Covered Services and Supplies" section. It clarifies that a designated network of Transplant Performance Centers exists specifically for organ, tissue, and stem cell transplants performed outside California. Preferred Providers who are not part of the supplemental network's Transplant Performance Centers are considered out-of-network providers for the purposes of determining coverage and benefits related to transplants and associated services.

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.