Health Net of California, Inc.
PO Box 9103
Van Nuys, CA 91409-9103

Commercial Small Group Non-Grandfathered Plans
Notice of Changes to Coverage Terms for Groups
Effective on and after January 1, 2027

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, 2027, 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, 2027.

Changes that appear in this notice are in addition to any other 2027 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 group 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 HMO y Más.

Legislative/Regulatory Changes

1. **Document reorganization**: California Assembly Bill 118 and the Department of Managed Health Care's All Plan Letter (APL) 26-006 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, and in the "Members' Rights and Responsibilities" provision within the "General Provisions" section. Additional revisions appear throughout the EOC to be consistent with this new template language.

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

2. **Treatment for infertility and fertility services:** The Department of Managed Health Care's All Plan Letter 25-021 provides additional guidance on implementing the infertility coverage requirements established by Senate Bill 729.

   For groups that elect to provide infertility coverage, the additional guidance addresses the following:

   - Required covered services and applicable limitations
   - Cryopreservation requirements
   - Restrictions on coverage denials
   - Enrollee notification requirements
   - Coverage requirements for surrogate-related services

In compliance with APL 25-021, the following revisions have been made:

- A notice has been added to the "Introduction to Health Net" section explaining a member's right to receive infertility treatment and fertility services when applicable legal requirements are met. The notice also explains how a member may request assistance obtaining infertility treatment services.
- The "Infertility Services" provisions of the "Schedule of Benefits" and the "Covered Services and Supplies" sections have been revised.
- The "Surrogate Pregnancy" provision in the "Exclusions and Limitations" section has been revised.

3. **Insulin:** In compliance with California Senate Bill 40, the "Prescription Drugs" section of the "Schedule of Benefits" has been updated as follows:
    - Up to a 30-day supply of insulin obtained from a network pharmacy will have a cost share maximum of $35, or the applicable Tier 1, Tier 2, Tier 3, or Specialty Drug Copayment, whichever is less.
    - Any applicable plan deductible will be waived for insulin received from a network pharmacy.
4. **Preventive Care Services:** In compliance with Assembly Bill 144, the "Preventive Care Services" provision has been revised to include coverage based on recommendations by the California Department of Public Health (CDPH) in addition to applicable federal preventive care guidelines.
5. **Qualified Autism Service Provider:** The definition of "Qualified Autism Service Provider" has been updated in compliance with Senate Bill 402.

Administrative/Policy Changes

1. **Continuity of Care:** To align with current policy, requests for continuity of care related to Mental Health or Substance Use Disorders must be directed to the Behavioral Health Contact Center at the phone number located on the member's Health Net ID card.
2. **Pediatric Dental Services:** The dental service codes and descriptions in the "Pediatric Dental Services" provision of the "Schedule of Benefits" have been updated to align with current policy.
3. **Maximum Allowable Amount (MAA):** The MAA provisions for Out-of-Network Providers have been revised to align with current Health Net policy (PPO only).

For more information regarding this Notice of Changes to Coverage Terms for 2027, please contact your Health Net sales representative.

Sincerely,
Health Net of California, Inc.

HMO, PPO and Salud con Health Net HMO plans are offered by Health Net of California, Inc. Vision plans, other than pediatric vision, are underwritten by Health Net Life Insurance Company and serviced by EyeMed Vision Care, LLC ("EyeMed"). Health Net Dental HMO and PPO plans, other than pediatric dental, are offered and serviced by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are not the obligations of, nor guaranteed by, Health Net, LLC. or its affiliates. Pediatric dental HMO and PPO benefits are provided by Health Net of California, Inc. and administered by DBP. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC. Health Net and Salud con Health Net are registered service marks of Health Net, LLC. All rights reserved.