



**Commercial Small Group Non-Grandfathered Plans**  
***Notice of Changes to Coverage Terms for Groups***  
***Effective on and after July 1, 2025***

The Health Net of California, Inc. (Health Net) Group Hospital and Professional Service Agreements (GSAs) and Evidences of Coverage (EOCs) issued on or after July 1, 2025 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 July 1, 2025.

Changes that appear on this notice are in addition to any other 2025 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 Mas.

**Global Changes**

1. **Drug List:** The “Essential Rx Drug List” has been renamed “Essential Drug List.” All references to the drug list now appear as “Essential Drug List.”

**Legislative/Regulatory Changes**

1. **Urgent Care Appointment with a Specialist:** To comply with California HSC 1367.03, the following timeframe has been added to the “Scheduling Appointments with a Specialist for Medical and Surgical Services” provision under “Introduction to Health Net”:  
  
    **“Urgent care appointment:** with a Specialist or other type of provider that does not need approval in advance – within 48 hours of request for an appointment.”
2. **Cancer Prevention Act:** In compliance with California Assembly Bill 659, the “Preventive Care Services” section of the “Schedule of Benefits and Copayments” has been updated to clarify that cervical cancer and human papillomavirus (HPV) screenings are covered at no cost.
3. **COVID-19 Outpatient Services:** In compliance with California Senate Bill 1473, a new “COVID-19 Outpatient Services” provision has been added to the “Covered Services and Supplies” section outlining coverage for COVID-19 diagnostic and screening testing, therapeutics, and vaccinations.
4. **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.
5. **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.
6. **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.
7. **Pregnancy:** In compliance with the DMHC’s All Plan Letter (APL) 22-027, language has been added to the “Pregnancy” provision of the “Covered Services and Supplies” section advising that a travel allowance may be available for services related to termination of pregnancy while members are outside the state of California.
8. **Doula Services:** In compliance with California Assembly Bill 904, language has been added to the “Pregnancy” provision of the “Covered Services and Supplies” section, as referenced below:
- “Health Net offers a doula program for Members who are pregnant or were pregnant in the past year. For more information, you can call the Customer Contact Center telephone number listed on your Health Net ID card.”
9. **Ambulance Services:** In compliance with California Assembly Bill 716, the “Ambulance Services” provision in the “Covered Services and Supplies” section and the “Ambulance Services” notes section in the “Schedule of Benefits” have been revised to state that out-of-network ground ambulance (in addition to air ambulance) is payable at the in-network cost share and without balance billing (applies to PPO).
10. **Mental Health and Substance Use Disorder Benefits:**
- The following revisions were made in compliance with 28 California Code of Regulations Section 1300.74.721(p):
    - o In the “Covered Services and Supplies” section under “Mental Health and Substance Use Disorder Benefits,” the introductory section has been revised to notify members that information and criteria used to review prior authorization requests is available to members at no cost (applies to PPO).

- o In the “Introduction to Health Net” section under “Selecting a Participating Mental Health Professional,” language has been added to notify members that information and criteria used to review prior authorization requests is available to members at no cost (applies HMO and Salud y Mas).
- To comply with 28 California Code of Regulations Section 1300.74.72(h) two items have been added to the “Mental Health and Substance Use Disorder Benefits” provision in the “Covered Services and Supplies” section:
  - o Information on how to obtain care in and out-of-network from a participating mental health professional.
  - o A new notice has been added regarding members’ rights to receive timely and geographically accessible mental health and substance use disorder services when needed and how Health Net can help arrange needed services.
- 11. **Specialty Drugs:** In compliance with California Assembly Bill 948, drugs that are classified as biologics are no longer restricted to the Tier 4 specialty drug cost share, and can be covered under any tier as indicated in the Essential Drug List. The reference to “biologics” has been removed in the “Tier 4 (Specialty drugs)” provision under “Covered Services and Supplies,” the “Definitions” section, and in the “Schedule of Benefits and Copayments” under the “Prescription Drugs” section.
- 12. **Biomarker Testing:** In compliance with California Senate Bill 496, the “Genetic Testing and Diagnostic Procedures” portion of the “Exclusions and Limitations” section has been revised to remove the reference to “family history” as a condition of coverage and to clarify that biomarker testing is covered when determined by Health Net to be Medically Necessary, including for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a disease or condition to guide treatment decisions.
- 13. **CARE Program:** *In compliance with California Senate Bill 1338:*
  - *The exception for Community Assistance, Recovery and Empowerment (CARE) program under “Treatment Related to Judicial or Administrative Proceedings” in the “Exclusions and Limitations” and the “Prior Authorization” sections have been revised to clarify that prescription drugs may be subject to a cost share and may require prior authorization (applies to PPO).*
  - *The exception for Community Assistance, Recovery and Empowerment (CARE) program under “Treatment Related to Judicial or Administrative Proceedings” in the “Exclusions and Limitations” section has been revised to clarify that prescription drugs may be subject to a cost share and may require prior authorization (applies to HMO and Salud y Mas).*
- 14. **Disabled Child:** In compliance with Health and Safety Code 1373, language regarding certification and frequency of continued incapacity and dependency has been added to the “Disabled Child” provision in the “Eligibility, Enrollment and Termination” section.
- 15. **Definitions:**
  - **Medical Information:** A new definition of “Medical Information” has been added to the “Definitions” section to align with Assembly Bills 254 and 352, and Senate Bill 345.
  - **Psychiatric Emergency Medical Condition:** In compliance with California Assembly Bill 1316, the definition of “Psychiatric Emergency Medical Condition” in the “Definitions” section has been revised to clarify that coverage is regardless of whether the patient is voluntarily or involuntarily detained for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment pursuant to the Lanterman-Petris-Short Act.

- **Qualified Autism Service Provider:** In compliance with Senate Bill 805, the definition of “Qualified Autism Service Provider” in the “Definitions” section has been revised to expand the definition of a qualified autism service professional to include a psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology.

### Administrative/Policy Changes

1. **Pediatric Dental Services:** In the “Pediatric Dental Services” provision under the “Schedule of Benefits and Copayments,” the CDT service codes have been updated to align with the most recent Covered California 2025 Dental Copay Schedule.
2. **Vision Benefits Administrator Name Change:** “Envolve Vision, Inc.” has been changed to “Centene Vision Services” in the “Pediatric Vision Services” provisions under the “Schedule of Benefits and Copayments” and “Covered Services and Supplies” sections.
3. **Prior Authorization Requirements:** *In the “Prior Authorization Requirement” section, the list of services requiring prior authorization has been revised to add the following:*
  - *Epidural spine injections and single injection trials for intrathecal pumps*
  - *Facet joint denervation, injection or blocks*
  - *Sympathetic nerve blocks*
  - *Proprietary laboratory analysis*

*(Note: For PPO only)*
4. **Retail price of prescription drugs:** For clarity and to align with current Health Net terminology, the term “pharmacy’s retail price” has been revised to “pharmacy’s cost of the prescription” in the “Prescription Drugs” notes section of the “Schedule of Benefits and Copayments” and the “Purchase Drugs at Participating Pharmacies” portion of the “Prescription Drugs” provision under “Covered Services and Supplies.”
5. **Hypodermic Syringes and Needles:** The provision for “Hypodermic Syringes and Needles” in the “Exclusions and Limitations” section has been revised to add pen needles to covered disposable insulin supplies.”

### Clarification

1. **Drug Discount, Coupon, and Copay Card:** The “Definitions” section has been updated to include the definition of Drug Discount, Coupon, and Copay Card (HMO and Salud y Mas only).
2. **Compounded Drugs:** The “Compounded Drugs” provision under “Prescription Drugs” in the “Covered Services and Supplies,” section has been revised to clarify that compounded drugs must be obtained from a participating pharmacy.
3. **Hypnotherapy:** In the “Exclusions and Limitations” section under “Nonstandard Therapies,” the following language has been added for clarification:
  - Hypnotherapy services are covered as part of a comprehensive evidence-based mental health treatment plan and provided by a licensed mental health provider with a medical hypnotherapy certification.

For more information regarding this Notice of Changes to Coverage Terms for 2025, 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") and Centene Vision Services. 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.*