

Annual Plan & Coverage Changes - 2025 to 2026

Plan name and coverage changes for services provided by in-network (preferred) providers¹

HMO

Plan designs offered on Full Network HMO, WholeCare HMO, SmartCare HMO, and Salud HMO y Más available through Health Net of California, Inc.

HMO Platinum \$0

- Out-of-pocket maximum increased from \$3,850 individual/\$7,700 family to \$4,250 individual/\$8,500 family.

HMO Platinum \$10

- Out-of-pocket maximum increased from \$2,800 individual/\$5,600 family to \$3,500 individual/\$7,000 family.
- Vision examination for diagnosis or treatment (age 19 or older) by an Ophthalmologist increased from a \$10 copay to a \$30 copay.

HMO Platinum \$20

- Vision examination for diagnosis or treatment (age 19 or older) by an Ophthalmologist increased from a \$20 copay to a \$40 copay.

HMO Platinum \$30

- Vision examination for diagnosis or treatment (age 19 or older) by an Ophthalmologist increased from a \$30 copay to a \$50 copay.

HMO Platinum \$35

- Vision examination for diagnosis or treatment (age 19 or older) by an Ophthalmologist increased from a \$35 copay to a \$55 copay.

HMO Gold \$30

- Out-of-pocket maximum increased from \$7,250 individual/\$14,500 family to \$7,750 individual/\$15,500 family.
- Vision examination for diagnosis or treatment (age 19 or older) by an Ophthalmologist increased from a \$30 copay to a \$50 copay.

HMO Gold \$35

- Out-of-pocket maximum increased from \$7,350 individual/\$14,700 family to \$8,000 individual/\$16,000 family.
- Vision examination for diagnosis or treatment (age 19 or older) by an Ophthalmologist increased from a \$35 copay to a \$55 copay.

HMO Gold \$40

- Vision examination for diagnosis or treatment (age 19 or older) by an Ophthalmologist increased from a \$40 copay to a \$60 copay.

HMO Gold \$50

- Vision examination for diagnosis or treatment (age 19 or older) by an Ophthalmologist increased from a \$50 copay to a \$70 copay.

HMO Gold \$55

- Out-of-pocket maximum decreased from \$8,000 individual/\$16,000 family to \$9,800 individual/\$19,600 family.
- Vision examination for diagnosis or treatment (age 19 or older) by an Ophthalmologist increased from a \$55 copay to a \$75 copay.

HMO Silver \$55

- Out-of-pocket maximum increased from \$9,200 individual/\$18,400 family to \$10,150 individual/\$20,300 family.
- Vision examination for diagnosis or treatment (age 19 or older) by an Ophthalmologist increased from a \$55 copay to a \$90 copay.
- Inpatient Hospital increased from \$750 copay per day, up to a maximum of 5 days to \$900 copay per day, up to a maximum of 5 days.
- Mental health and substance use disorder Inpatient Services at a Hospital, Behavioral Health Facility, or Residential Treatment Center increased from \$750 copay per day, up to a maximum of 5 days to \$900 copay per day, up to a maximum of 5 days.
- Mental health and substance use disorder detoxification at a Hospital, Behavioral Health Facility, or Residential Treatment Center increased from \$750 copay per day, up to a maximum of 5 days to \$900 copay per day, up to a maximum of 5 days.

PPO

Benefit changes for services by In-Network (preferred) providers

Plan designs offered on PPO network through Health Net of California, Inc.

Platinum PPO 0/5

- Out-of-pocket maximum increased from \$3,000 individual/\$6,000 family to \$3,400 individual/\$6,800 family.

Platinum PPO 0/15

No changes for 2026

Platinum PPO 250/15

- Out-of-Network out-of-pocket maximum decreased from \$9,000 individual/\$18,000 family to \$7,600 individual/\$15,200 family.

Gold PPO 350/25

No changes for 2026

Gold PPO 0/35

- Out-of-pocket maximum increased from \$8,300 individual/\$16,600 family to \$8,900 individual/\$17,800 family.

Gold PPO 500/20

No changes for 2026

Gold PPO 1000/35

No changes for 2026

Gold PPO 1500/20

No changes for 2026

Gold PPO 750/15

- Pharmacy deductible changed from Integrated Medical/Pharmacy deductible to \$250 individual/\$500 family.

Gold HDHP PPO 1650/20% (2025) to Gold HDHP PPO 1700/20% (2026)

- Deductible increased from \$1,650 individual/\$3,300 family to \$1,700 individual/\$3,400 family.
- Out-of-pocket maximum increased from \$4,000 individual/\$8,000 family to \$4,400 individual/\$8,800 family.

Silver PPO 2500/55

No changes for 2026

Silver PPO 2250/60

No changes for 2026

Silver PPO 1700/50

No changes for 2026

Silver HDHP PPO 1650/50% (2025) to Silver HDHP PPO 1700/50% (2026)

- Deductible increased from \$1,650 for individual/ \$3,300 family to \$1,700 individual/\$3,400 family.
- Out-of-pocket maximum increased from \$7,500 individual/\$15,000 family to \$7,700 individual/\$15,400 family

Silver PPO 2500/50

No changes for 2026

Bronze PPO 5800/60

- Out-of-pocket maximum increased from \$8,850 individual/\$17,700 family to \$9,800 individual/\$19,600 family.
- Laboratory services increased from a \$40 copay (deductible waived) to a \$50 copay (deductible waived).
- Pharmacy Retail (30 day supply) Tier 1 drugs increased from a \$19 copay (Rx deductible waived) to a \$20 copay (Rx deductible waived). Mail order (90 day supply) Tier 1 drugs increased from a \$38 copay (Rx deductible waived) to a \$40 copay (Rx deductible waived).

Bronze HDHP PPO 6650/0% (2025) to Bronze HDHP PPO 7200/0% (2026)

- Deductible increased from \$6,650 individual/\$13,300 family to \$7,200 individual/\$14,400 family.
- Out-of-pocket maximum increased from \$6,650 individual/\$13,300 family to \$7,200 individual/\$14,400 family.

¹The plan changes provided in this resource outline important plan and coverage adjustments, but they do not constitute a comprehensive listing. For complete coverage information, please refer to the official plan Evidence of Coverage (EOC) documents.