Annual Plan & Coverage Changes - 2026 to 2027

Plan name and coverage changes for services provided by in-network (preferred) providers[1]

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

- **HMO Platinum $0 is closed for 2027**

HMO Platinum $10

- Out-of-pocket maximum changed from $3,500 individual/$7,000 family to $5,000 individual/$10,000 family.
- Emergency Room facility changed from $150 copay to $350 copay.
- Ground and Air Ambulance transportation changed from $150 copay to $350 copay.
- Advanced Imaging changed from $150 copay to $350 copay.
- Outpatient facility changed from $150 copay (Hosp)/$60 copay (ASC) to $350 copay (Hosp)/$140 copay (ASC).
- Inpatient Hospital facility changed from $250/day up to 3 days to $350/day up to 4 days.

HMO Platinum $20

- Out-of-pocket maximum changed from $2,500 individual/$5,000 family to $5,250 individual/$10,500 family.
- Emergency Room facility changed from $200 copay to $350 copay.
- Ground and Air Ambulance transportation changed from $200 copay to $350 copay.
- Advanced Imaging changed from $200 copay to $350 copay.
- Outpatient facility changed from $500 copay (Hosp)/$200 copay (ASC) to $350 copay (Hosp)/$140 copay (ASC).
- Inpatient Hospital facility changed from $350/day up to 3 days to $450/day up to 4 days.

HMO Platinum $30

- Out-of-pocket maximum changed from $2,700 individual/$5,400 family to $5,500 individual/$11,000 family.
- Emergency Room facility changed from $250 copay to $350 copay.
- Ground and Air Ambulance transportation changed from $250 copay to $350 copay.
- Advanced Imaging changed from $250 copay to $350 copay.
- Outpatient facility changed from $500 copay (Hosp)/$200 copay (ASC) to $400 copay (Hosp)/$160 copay (ASC).
- Inpatient Hospital facility changed from $600/day up to 4 days to $500/day up to 4 days.

HMO Platinum $35

- Out-of-pocket maximum changed from $2,900 individual/$5,800 family to $6,000 individual/$12,000 family.
- Emergency Room facility changed from $250 copay to $350 copay.
- Ground and Air Ambulance transportation changed from $250 copay to $350 copay.
- Advanced Imaging changed from $250 copay to $350 copay.
- Outpatient facility changed from $600 copay (Hosp)/$240 copay (ASC) to $500 copay (Hosp)/$200 copay (ASC).

HMO Gold $30

- Out-of-pocket maximum changed from $7,750 individual/$15,500 family to $8,700 individual/$17,400 family.
- Emergency Room facility changed from $325 copay to $400 copay.
- Ground and Air Ambulance transportation changed from $325 copay to $400 copay.
- Advanced Imaging changed from $325 copay to $400 copay.

HMO Gold $35

- Out-of-pocket maximum changed from $8,000 individual/$16,000 family to $9,250 individual/$18,500 family.
- Emergency Room facility changed from $325 copay to $400 copay.
- Ground and Air Ambulance transportation changed from $325 copay to $400 copay.
- Advanced Imaging changed from $325 copay to $400 copay.

HMO Gold $40

- Out-of-pocket maximum changed from $7,500 individual/$15,000 family to $9,500 individual/$19,000 family.
- Emergency Room facility changed from $350 copay to $400 copay.
- Ground and Air Ambulance transportation changed from $350 copay to $400 copay.
- Advanced Imaging changed from $350 copay to $400 copay.

- Inpatient Hospital facility changed from $750/day up to 5 days to $750/day up to 4 days.

HMO Gold $50

- Out-of-pocket maximum changed from $8,000 individual/$16,000 family to $10,000 individual/$20,000 family.
- Emergency Room facility changed from $350 copay to $400 copay.
- Ground and Air Ambulance transportation changed from $350 copay to $400 copay.
- Advanced Imaging changed from $350 copay to $400 copay.

HMO Gold $55

- Out-of-pocket maximum changed from $9,800 individual/$19,600 family to $11,000 individual/$22,000 family.
- Emergency Room facility changed from $350 copay to $400 copay.
- Ground and Air Ambulance transportation changed from $350 copay to $400 copay.
- Advanced Imaging changed from $350 copay to $400 copay.

HMO Silver $55

- Out-of-pocket maximum changed from $10,150 individual/$20,300 family to $11,500 individual/$23,000 family.

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 changed from $3,400 individual/$6,800 family to $5,200 individual/$10,400 family.
- Emergency Room facility changed from 10% coinsurance to $250 copay plus 10% coinsurance.
- Ground and Air ambulance transportation changed from 10% coinsurance to $250 copay plus 10% coinsurance.
- Outpatient hospital surgical facility changed from 10% coinsurance to $250 copay plus 10% coinsurance.
- Outpatient surgical center (ASC) facility changed from 10% coinsurance to $250 copay plus 10% coinsurance.

Platinum PPO 0/15 (2026) to Platinum PPO 0/25 (2027)

- Out-of-pocket maximum changed from $4,500 individual/$9,000 family to $5,000 individual/$10,000 family.
- Emergency Room facility changed from $200 copay to $250 copay.
- Urgent Care copay changed from $15 copay to $25 copay.
- PCP office visit changed from $15 copay to $25 copay.
- Specialist office visit changed from $30 copay to $40 copay.
- Laboratory services (office/outpatient setting) changed from $15 copay to $25 copay.
- Diagnostic imaging (including x-ray) changed from $30 copay to $45 copay.
- Complex radiology (CT, MRI, PET, etc.) changed from 10% coinsurance to 15% coinsurance.
- Retail Tier 2 prescription drug changed from $25 copay to $30 copay.
- Mail Order Tier 2 prescription drug changed from $50 copay to $60 copay.

Platinum PPO 250/15

- Out-of-pocket maximum changed from $3,800 individual/$7,600 family to $5,000 individual/$10,000 family.
- Emergency Room facility changed from 20% coinsurance to $250 copay plus 20% coinsurance.
- Ground and Air ambulance transportation changed from 20% coinsurance to $250 copay plus 20% coinsurance.
- Outpatient hospital surgical facility changed from 20% coinsurance to $250 copay plus 20% coinsurance.
- Outpatient surgical center (ASC) facility changed from 20% coinsurance to $250 copay plus 20% coinsurance.

Platinum PPO 500/20

New Plan for 2027

- Out-of-pocket maximum: $5,300 individual/$10,600 family.
- PCP Office Visit: $20 copay.
- Specialist Visit: $35 copay.
- Urgent Care: $20 copay.
- Inpatient Hospital: 25% coinsurance.

Gold PPO 0/35

- Out-of-pocket maximum changed from $8,900 individual/$17,800 family to $9,500 individual/$19,000 family.
- Emergency Room facility changed from 30% coinsurance to $250 copay + 30% coinsurance.
- Ground and Air Ambulance transportation changed from 30% coinsurance to $250 copay + 30% coinsurance.
- Laboratory services (office/outpatient setting) changed from $35 copay to $55 copay.
- Diagnostic imaging (including x-ray) changed from $40 copay to $55 copay.
- Outpatient facility (Hospital) changed from 30% coinsurance to $250 copay + 30% coinsurance.
- Outpatient facility (ASC) changed from 30% coinsurance to $250 copay + 30% coinsurance.
- Retail Tier 2 prescription drug changed from $40 copay to $60 copay.
- Retail Tier 3 prescription drug changed from $70 copay to $85 copay.
- Mail Order Tier 2 prescription drug changed from $80 copay to $120 copay.
- Mail Order Tier 3 prescription drug changed from $140 copay to $170 copay.

Gold PPO 350/25 (2026) to Gold PPO 500/30 (2027)

- Deductible changed from $350 individual/$700 family to $500 individual/$1,000 family.
- Out-of-pocket maximum changed from $7,800 individual/$15,600 family to $8,600 individual/$17,200 family.
- Urgent care center visit changed from $25 copay to $30 copay.
- PCP office visit changed from $25 copay to $30 copay.
- Specialist office visit changed from $50 copay to $60 copay.
- Retail Tier 1 prescription drug changed from $15 copay to $20 copay.
- Mail Order Tier 1 prescription drug changed from $30 copay to $40 copay.

Gold PPO 500/20

- Out-of-pocket maximum changed from $7,800 individual/$15,600 family to $7,100 individual/$14,200 family.
- Overall plan coinsurance changed from 30% to 20% coinsurance.
- Emergency Room facility changed from 30% coinsurance (deductible applies) to $250 copay + 20% coinsurance (deductible applies).
- Emergency Room professional services changed from 30% coinsurance (deductible applies) to 20% coinsurance (deductible applies).
- Ground and Air Ambulance transportation changed from 30% coinsurance (deductible applies) to $250 copay + 20% coinsurance (deductible applies).
- Laboratory services (inpatient setting) changed from 30% coinsurance to 20% coinsurance.
- Diagnostic imaging (including x-ray) changed from $40 copay to $30 copay.
- Complex radiology (CT, MRI, PET, etc.) changed from 30% coinsurance to 20% coinsurance.
- Outpatient facility (Hospital) changed from 30% coinsurance to $250 copay + 20% coinsurance.
- Outpatient facility (ASC) changed from 30% coinsurance to $250 copay + 20% coinsurance.
- Outpatient facility services other than surgery changed from 30% coinsurance to 20% coinsurance.
- Retail Tier 2 prescription drug changed from $40 copay to $50 copay.
- Retail Tier 3 prescription drug changed from $70 copay to $80 copay.
- Mail Order Tier 2 prescription drug changed from $80 copay to $100 copay.
- Mail Order Tier 3 prescription drug changed from $140 copay to $160 copay.

Gold PPO 750/15 (2026) to Gold PPO 750/25 (2027)

- Out-of-pocket maximum changed from $8,200 individual/$16,400 family to $8,250 individual/$16,500 family.
- Overall plan coinsurance changed from 30% to 25% coinsurance.
- Emergency Room facility changed from $250 copay (deductible applies) to $250 copay + 25% coinsurance (deductible applies).
- Emergency Room professional services changed from $0 cost share (deductible applies) to 25% coinsurance (deductible applies).
- Ground and Air Ambulance transportation changed from $250 copay (deductible applies) to $250 copay + 25% coinsurance (deductible applies).
- Urgent care visit changed from $15 copay to $25 copay.
- PCP office visit changed from $15 copay to $25 copay.
- Specialist office visit changed from $30 copay (deductible applies) to $50 copay (deductible waived).
- Laboratory services (office/outpatient setting) changed from $25 copay (deductible applies) to $30 copay (deductible waived).

- Diagnostic imaging (including x-ray) changed from $25 copay (deductible applies) to $30 copay (deductible waived).
- Complex Radiology (CT, SPECT. MRI, MUGA, PET) changed from 30% coinsurance (deductible applies) to 25% coinsurance (deductible applies).
- Outpatient facility (Hospital) changed from 30% coinsurance (deductible applies) to $250 copay + 25% coinsurance (deductible applies).
- Outpatient facility (ASC) changed from 30% coinsurance (deductible applies) to $250 copay + 25% coinsurance (deductible applies).
- Retail Tier 2 prescription drug changed from $40 copay to $50 copay.
- Retail Tier 3 prescription drug changed from $70 copay to $80 copay.
- Mail Order Tier 2 prescription drug changed from $80 copay to $100 copay.
- Mail Order Tier 3 prescription drug changed from $140 copay to $160 copay.

Gold PPO 1000/35 (2026) to Gold PPO 1000/30 (2027)

- Out-of-pocket maximum changed from $7,400 individual/$14,800 family to $8,500 individual/$17,000 family.
- Overall plan coinsurance changed from 30% to 25% coinsurance.
- Emergency Room facility changed from 30% coinsurance (deductible applies) to $250 copay + 25% coinsurance (deductible applies).
- Emergency Room professional services changed from 30% coinsurance to 25% coinsurance.
- Urgent care center visit changed from $35 copay to $30 copay.
- Ground and Air Ambulance transportation changed from 30% coinsurance (deductible applies) to $250 copay + 25% coinsurance (deductible applies).
- PCP office visit changed from $35 copay to $30 copay.
- Physician home visit changed from $35 copay to $30 copay.
- Laboratory services (inpatient setting) changed from 30% coinsurance to 25% coinsurance.
- Diagnostic imaging (including x-ray) changed from $40 copay to $30 copay.
- Complex radiology (CT, MRI, PET, etc.) changed from 30% coinsurance to 25% coinsurance.
- Outpatient facility (Hospital) changed from 30% coinsurance to $250 copay + 25% coinsurance.
- Outpatient facility (ASC) changed from 30% coinsurance to $250 copay + 25% coinsurance.
- Retail Tier 2 prescription drug changed from $40 copay to $50 copay.
- Retail Tier 3 prescription drug changed from $70 copay to $80 copay.
- Mail Order Tier 2 prescription drug changed from $80 copay to $100 copay.
- Mail Order Tier 3 prescription drug changed from $140 copay to $160 copay.

Gold PPO 1500/20 (2026) to Gold PPO 1500/35 (2027)

- Out-of-pocket maximum changed from $8,000 individual/$16,000 family to $7,800 individual/$15,600 family.
- Emergency Room facility changed from 30% coinsurance (deductible applies) to $250 copay + 30% coinsurance (deductible applies).
- Ambulance transportation changed from 30% coinsurance (deductible applies) to $250 copay + 30% coinsurance (deductible applies).
- Urgent care center visit changed from $20 copay to $35 copay.
- PCP office visit changed from $20 copay to $35 copay.
- Specialist office visit changed from $50 copay to $60 copay.
- Laboratory services (office/outpatient setting) changed from $20 copay to $60 copay.
- Diagnostic imaging (including x-ray) changed from $50 copay to $60 copay.
- Outpatient facility (Hospital) changed from 30% coinsurance to $250 copay + 30% coinsurance.
- Outpatient facility (ASC) changed from 30% coinsurance to $250 copay + 30% coinsurance.
- Retail Tier 1 prescription drug changed from $5 copay to $15 copay.
- Retail Tier 2 prescription drug changed from $50 copay to $55 copay.
- Retail Tier 3 prescription drug changed from $90 copay to $95 copay.
- Mail Order Tier 1 prescription drug changed from $10 copay to $30 copay.
- Mail Order Tier 2 prescription drug changed from $100 copay to $110 copay.
- Mail Order Tier 3 prescription drug increased from $180 copay to $190 copay.

Gold HDHP PPO 1700/20% (2026) to Gold HDHP PPO 1750/30% (2027)

- Deductible changed from $1,700 individual/$3,400 family to $1,750 individual/$3,500 family.
- Out-of-pocket maximum changed from $4,400 individual/$8,800 family to $4,800 individual/$9,600 family.
- Overall plan coinsurance changed from 20% to 30% coinsurance.
- Emergency Room facility changed from 20% coinsurance to 30% coinsurance.
- Urgent care center services changed from 20% coinsurance to 30% coinsurance.
- Ground and Air Ambulance transportation changed from 20% coinsurance to 30% coinsurance.
- PCP office visit changed from 20% coinsurance to 30% coinsurance.
- Specialist office visit changed from 20% coinsurance to 30% coinsurance.
- Laboratory services (office/outpatient setting) changed from 20% coinsurance to 30% coinsurance.
- Diagnostic imaging (including x-ray) changed from 20% coinsurance to 30% coinsurance.
- Complex radiology (CT, MRI, PET, etc.) changed from 20% coinsurance to 30% coinsurance.
- Outpatient facility (Hospital) changed from 20% coinsurance to 30% coinsurance.
- Outpatient facility (ASC) changed from 20% coinsurance to 30% coinsurance.
- Specialty Tier 4 prescription drug changed from 20% coinsurance to 30% coinsurance.

Silver PPO 1700/50 (2026) to Silver PPO 1750/50 (2027)

- Deductible changed from $1,700 individual/$3,400 family to $1,750 individual/$3,500 family.
- Out-of-pocket maximum changed from $9,200 individual/$18,400 family to $9,500 individual/$19,000 family.
- Emergency Room facility changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Ground and Air Ambulance transportation changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Specialist office visit changed from $75 copay (deductible applies) to $65 copay (deductible waived).
- Laboratory services (office/outpatient setting) changed from $40 copay (deductible applies) to $65 copay (deductible waived).
- Diagnostic imaging (including x-ray) changed from $50 copay (deductible applies) to $65 copay (deductible waived).
- Outpatient facility (Hospital) changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Outpatient facility (ASC) changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Retail Tier 1 prescription drug changed from $20 copay to $25 copay.
- Retail Tier 2 prescription drug changed from $65 copay to $75 copay.
- Mail Order Tier 1 prescription drug changed from $40 copay to $50 copay.
- Mail Order Tier 2 prescription drug changed from $130 copay to $150 copay.

Silver PPO 2250/60 (2026) to Silver PPO 2250/55 (2027)

- Out-of-pocket maximum changed from $9,100 individual/$18,200 family to $9,800 individual/$19,600 family.
- Emergency Room facility changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Ground and Air Ambulance transportation changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Urgent care visit changed from $60 copay to $55 copay.
- PCP office visit changed from $60 copay to $55 copay.
- Specialist office visit changed from $85 copay to $70 copay.
- Laboratory services (office/outpatient setting) changed from $40 copay to $70 copay.
- Diagnostic imaging (including x-ray) changed from $65 copay to $70 copay.
- Outpatient facility (Hospital) changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Outpatient facility (ASC) changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Prescription drug deductible changed from $350 individual/$700 family to $300 individual/$600 family.
- Retail Tier 2 prescription drug changed from $65 copay to $75 copay.
- Retail Tier 3 prescription drug changed from $85 copay to $100 copay.

- Mail Order Tier 2 prescription drug changed from $130 copay to $150 copay.
- Mail Order Tier 3 prescription drug changed from $170 copay to $200 copay.

Silver PPO 2500/55 (2026) to Silver PPO 2500/60 STD (2027)

- Out-of-pocket maximum changed from $8,600 individual/$17,200 family to $9,000 individual/$18,000 family.
- Overall plan coinsurance changed from 35% to 40% coinsurance.
- Emergency Room facility changed from 35% coinsurance (deductible applies) to 40% coinsurance (deductible applies).
- Ground and Air Ambulance transportation changed from 35% coinsurance (deductible applies) to 40% coinsurance (deductible applies).
- Urgent care visit changed from $55 copay to $60 copay.
- PCP office visit changed from $55 copay to $60 copay.
- Physician home visit changed from $55 copay to $60 copay.
- Laboratory services (inpatient setting) changed from 35% coinsurance to 40% coinsurance.
- Diagnostic imaging (inpatient setting) changed from 35% coinsurance to 40% coinsurance.
- Complex radiology (CT, MRI, PET, etc.) changed from 35% coinsurance to 40% coinsurance.
- Outpatient facility surgical fees (Hospital) changed from 35% coinsurance to 40% coinsurance.
- Outpatient facility surgical fees (ASC) changed from 35% coinsurance to 40% coinsurance.
- Prescription drug deductible changed from $300 individual/$600 family to $350 individual/$700 family.
- Retail Tier 1 prescription drug changed from $20 copay to $25 copay.
- Retail Tier 2 prescription drug changed from $75 copay to $80 copay.
- Retail Tier 3 prescription drug changed from $105 copay to $110 copay.
- Mail Order Tier 1 prescription drug changed from $40 copay to $50 copay.
- Mail Order Tier 2 prescription drug changed from $150 copay to $160 copay.
- Mail Order Tier 3 prescription drug changed from $210 copay to $220 copay.

Silver PPO 2500/50 (2026) to Silver PPO 2500/60 ALT (2027)

- Out-of-pocket maximum changed from $9,200 individual/$18,400 family to $11,000 individual/$22,000 family.
- Emergency Room facility changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Ground and Air Ambulance transportation changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Urgent care visit changed from $50 copay to $60 copay.
- PCP office visit changed from $50 copay to $60 copay.
- Specialist office visit changed from $75 copay (deductible applies) to $75 copay (deductible waived).
- Laboratory services (office/outpatient setting) changed from $40 copay to $75 copay.
- Diagnostic imaging (including x-ray) changed from $50 copay to $75 copay.
- Outpatient facility (Hospital) changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Outpatient facility (ASC) changed from 40% coinsurance (deductible applies) to $250 copay + 40% coinsurance (deductible applies).
- Retail Tier 2 prescription drug changed from $65 copay to $75 copay.
- Mail Order Tier 2 prescription drug changed from $130 copay to $150 copay.

Silver PPO 2900/65

New Plan for 2027

- Out-of-pocket maximum: $10,800 individual/$21,600 family.
- PCP Office Visit: $65 copay.
- Specialist Visit: $80 copay.
- Urgent Care: $65 copay.
- Inpatient Hospital: 40% coinsurance.

Silver HDHP PPO 1700/50% (2026) to Silver HDHP PPO 1750/50% (2027)

- Out-of-pocket maximum changed from $7,700 individual/$15,400 family to $8,700 individual/$17,400 family.
- Deductible changed from $1,700 individual/$3,400 family to $1,750 individual/$3,500 family.
- Out-of-pocket maximum changed from $7,700 individual/$15,400 family to $8,500 individual/$17,000 family.

Silver HDHP PPO 3500/35%

New Plan for 2027

- Out-of-pocket maximum: $8,500 individual/$17,000 family.
- PCP Office Visit: 35% coinsurance.
- Specialist Visit: 35% coinsurance.
- Urgent Care: 35% coinsurance.
- Inpatient Hospital: 35% coinsurance.

Bronze PPO 5800/60

- Out-of-pocket maximum changed from $9,800 individual/$19,600 family to $11,650 individual/$23,300 family.
- Specialist office visit changed from $95 copay to $100 copay for visits 1–3 (deductible waived) and from $95 copay to $100 copay for visits 4+ (deductible applies).

Bronze HDHP PPO 7200/0% (2026) to Bronze HDHP PPO 7800/0%

- Deductible changed from $7,200 individual/$14,400 family to $7,800 individual/$15,600 family.
- Out-of-pocket maximum changed from $7,200 individual/$14,400 family to $7,800 individual/$15,600 family.

[1]The 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.

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