

## Annual Plan & Coverage Changes - 2024 to 2025

*Plan name and coverage changes for services provided by in-network (preferred) providers<sup>1</sup>*

### 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 \$3,300 individual/\$6,600 family to \$3,850 individual/\$7,700 family.

#### HMO Platinum \$10

- Out-of-pocket maximum increased from \$2,100 individual/\$4,200 family to \$2,800 individual/\$5,600 family.
- Surgery or assistance at surgery: Office or outpatient setting increased from a \$0 copay to a \$10 copay.
- Administration of anesthetics: Office or outpatient setting increased from a \$0 copay to a \$10 copay.
- Chemotherapy increased from a \$0 copay to a \$10 copay.
- Radiation therapy increased from a \$0 copay to a \$10 copay.
- Nuclear medicine increased from a \$0 copay to a \$10 copay.
- Renal dialysis increased from a \$0 copay to a \$10 copay.

#### HMO Platinum \$20

- Surgery or assistance at surgery: Office or outpatient setting increased from a \$0 copay to a \$20 copay.
- Administration of anesthetics: Office or outpatient setting increased from a \$0 copay to a \$20 copay.
- Chemotherapy increased from a \$0 copay to a \$20 copay.
- Radiation therapy increased from a \$0 copay to a \$20 copay.
- Nuclear medicine increased from a \$0 copay to a \$20 copay.
- Renal dialysis increased from a \$0 copay to a \$20 copay.

#### HMO Platinum \$30

- Surgery or assistance at surgery: Office or outpatient setting increased from a \$0 copay to a \$30 copay.
- Administration of anesthetics: Office or outpatient setting increased from a \$0 copay to a \$30 copay.
- Chemotherapy increased from a \$0 copay to a \$30 copay.
- Radiation therapy increased from a \$0 copay to a \$30 copay.
- Nuclear medicine increased from a \$0 copay to a \$30 copay.
- Renal dialysis increased from a \$0 copay to a \$30 copay.

#### HMO Platinum \$35

- Out-of-pocket maximum decreased from \$3,200 individual/\$6,400 family to \$2,900 individual/\$5,800 family.
- Surgery or assistance at surgery: Office or outpatient setting increased from a \$0 copay to a \$35 copay.
- Administration of anesthetics: Office or outpatient setting increased from a \$0 copay to a \$35 copay.
- Chemotherapy increased from a \$0 copay to a \$35 copay.
- Radiation therapy increased from a \$0 copay to a \$35 copay.
- Nuclear medicine increased from a \$0 copay to a \$35 copay.
- Renal dialysis increased from a \$0 copay to a \$35 copay.

#### HMO Gold \$30

- Surgery or assistance at surgery: Office or outpatient setting increased from a \$0 copay to a \$30 copay.
- Administration of anesthetics: Office or outpatient setting increased from a \$0 copay to a \$30 copay.
- Chemotherapy increased from a \$0 copay to a \$30 copay.
- Radiation therapy increased from a \$0 copay to a \$30 copay.
- Nuclear medicine increased from a \$0 copay to a \$30 copay.
- Renal dialysis increased from a \$0 copay to a \$30 copay.

#### HMO Gold \$35

- Surgery or assistance at surgery: Office or outpatient setting increased from a \$0 copay to a \$35 copay.
- Administration of anesthetics: Office or outpatient setting increased from a \$0 copay to a \$35 copay.
- Chemotherapy increased from a \$0 copay to a \$35 copay.
- Radiation therapy increased from a \$0 copay to a \$35 copay.
- Nuclear medicine increased from a \$0 copay to a \$35 copay.
- Renal dialysis increased from a \$0 copay to a \$35 copay.

**HMO Gold \$40**

- Surgery or assistance at surgery: Office or outpatient setting increased from a \$0 copay to a \$40 copay.
- Administration of anesthetics: Office or outpatient setting increased from a \$0 copay to a \$40 copay.
- Chemotherapy increased from a \$0 copay to a \$40 copay.
- Radiation therapy increased from a \$0 copay to a \$40 copay.
- Nuclear medicine increased from a \$0 copay to a \$40 copay.
- Renal dialysis increased from a \$0 copay to a \$40 copay.

**HMO Gold \$50**

- Pharmacy deductible changed from \$300 for individual/\$600 family to \$0 for individual/\$0 family.
- Surgery or assistance at surgery: Office or outpatient setting increased from a \$0 copay to a \$50 copay.
- Administration of anesthetics: Office or outpatient setting increased from a \$0 copay to a \$50 copay.
- Chemotherapy increased from a \$0 copay to a \$50 copay.
- Radiation therapy increased from a \$0 copay to a \$50 copay.
- Nuclear medicine increased from a \$0 copay to a \$50 copay.
- Renal dialysis increased from a \$0 copay to a \$50 copay.

**HMO Gold \$55**

- Out-of-pocket maximum decreased from \$8,500 individual/\$17,000 family to \$8,000 individual/\$16,000 family.
- Pharmacy deductible changed from \$450 for individual/\$900 family to \$0 for individual/\$0 family.
- Surgery or assistance at surgery: Office or outpatient setting increased from a \$0 copay to a \$55 copay.
- Administration of anesthetics: Office or outpatient setting increased from a \$0 copay to a \$55 copay.
- Chemotherapy increased from a \$0 copay to a \$55 copay.
- Radiation therapy increased from a \$0 copay to a \$55 copay.
- Nuclear medicine increased from a \$0 copay to a \$55 copay.
- Renal dialysis increased from a \$0 copay to a \$55 copay.

**HMO Silver \$55**

- Out-of-pocket maximum decreased from \$9,450 individual/\$18,900 family to \$9,200 individual/\$18,400 family.
- Pharmacy deductible decreased from \$750 for individual/\$1,500 family to \$500 for individual/\$1,000 family.
- Inpatient Hospital changed from a 50% coinsurance to \$750 copay per day, up to a maximum of 5 days.
- Physician visit to hospital or skilled nursing facility decreased from 50% coinsurance to \$0 copay.
- Physician visit to the mother or newborn at a Hospital decreased from 50% coinsurance to \$0 copay.<sup>2</sup>
- Normal Delivery, including cesarean section decreased from 50% coinsurance to \$0 copay.
- Surgery or assistance at surgery: Inpatient setting decreased from 50% coinsurance to \$0 copay.
- Administration of anesthetics: Inpatient setting decreased from 50% coinsurance to \$0 copay.
- Surgery or assistance at surgery: Office or outpatient setting changed from a 50% coinsurance to a \$55 copay.
- Administration of anesthetics: Office or outpatient setting changed from a 50% coinsurance to a \$55 copay.
- Chemotherapy increased from a \$0 copay to a \$55 copay.
- Radiation therapy increased from a \$0 copay to a \$55 copay.
- Diagnostic imaging (including x-ray) decreased from a \$65 copay to a \$60 copay.
- Nuclear medicine increased from a \$0 copay to a \$55 copay.
- Renal dialysis increased from a \$0 copay to a \$55 copay.
- Mental health and substance use disorder Inpatient Services at a Hospital, Behavioral Health Facility, or Residential Treatment Center changed from a 50% coinsurance to \$750 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 changed from a 50% coinsurance to \$750 copay per day, up to a maximum of 5 days.
- Mental Health and Substance Use Disorder: Outpatient services other than office visit/professional consultation increased from \$0 copay to \$55 copay.
- Participating Mental Health Professional visit to Hospital, Behavioral Health Facility, or Residential Treatment Center decreased from 50% coinsurance to \$0 copay.

**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**

**New Plan for 2025**

- Out-of-pocket maximum: \$3,000 individual/\$6,000 family.
- PCP Office Visit: \$5 copay.
- Specialist Visit: \$30 copay.
- Urgent Care: \$5 copay.
- Inpatient Hospital: 10% coinsurance.

**Platinum PPO 0/15**

**No changes for 2025**

**Platinum PPO 250/15**

- Plan coinsurance increased from 10% to 20%.

**Gold PPO 350/25**

**No changes for 2025**

**Gold PPO 0/35**

**No changes for 2025**

**Gold PPO 500/20**

**No changes for 2025**

**Gold PPO 1000/35**

- Out-of-pocket maximum decreased from \$7,800 individual/\$15,600 family to \$7,400 individual/\$14,800 family.

**Gold PPO 1500/20**

**New Plan for 2025**

- Deductible: \$1,500 individual policy/\$3,000 family policy.
- Out-of-pocket maximum: \$8,000 individual/\$16,000 family.
- PCP Office Visit: \$20 copay (deductible waived).
- Specialist Visit: \$50 copay (deductible waived).
- Urgent Care: \$20 coinsurance (deductible waived).
- Inpatient Hospital: 30% coinsurance (deductible applies).

**Gold PPO 750/15**

**No changes for 2025**

**Gold HDHP PPO 1600/20% (2024) to Gold HDHP PPO 1650/20% (2025)**

- Deductible increased from \$1,600 individual/\$3,200 family to \$1,650 individual/\$3,300 family.

**Silver PPO 2500/55**

**No changes for 2025**

**Silver PPO 2250/60**

**No changes for 2025**

**Silver PPO 1700/50**

- Medical deductible no longer applies to prescription drug benefits.
- Replaced Pharmacy deductible from Integrated Medical/Pharmacy deductible to \$300 individual/\$600 family.

**Silver HDHP PPO 1600/50% (2024) to Silver HDHP PPO 1650/50% (2025)**

- Calendar year deductible increased from \$1,600 for individual/ \$3,200 family to \$1,650 individual/\$3,300 family.

### Silver PPO 2500/50

#### New Plan for 2025

- Deductible: \$2,500 individual policy/\$5,000 family policy.
- Out-of-pocket maximum: \$9,200 individual/\$18,400 family.
- PCP Office Visit: \$50 copay (deductible waived).
- Specialist Visit: \$75 copay (deductible applies).
- Urgent Care: \$50 copay (deductible waived).
- Inpatient Hospital: 40% coinsurance (deductible applies).

### Bronze PPO 6300/60 (2024) to Bronze 5800/60 (2025)

- Calendar year deductible decreased from \$6,300 individual/\$12,600 family to \$5,800 individual/\$11,600 family.
- Out-of-pocket maximum decreased from \$9,100 individual/\$18,200 family to \$8,850 individual/\$17,700 family.
- PCP Office Visit: Changed from deductible applies to deductible waived.
- Urgent Care Center Medical Services changed from deductible applies to deductible waived.
- Prescription Drug Deductible decreased from \$500 individual/\$1,000 family to \$450 individual/\$900 family.
- Prescription Drug Tier 1 increased from \$17 copay for 30 day supply/\$34 copay for mail order 90 day supply to \$19 copay for 30 day supply/\$38 copay for mail order 90 day supply.

### Bronze HDHP PPO 7050/0% (2024) to Bronze HDHP PPO 6650/0% (2025)

- Calendar year deductible decreased from \$7,050 individual/\$14,100 family to \$6,650 individual/\$13,300 family.
- Out-of-pocket maximum decreased from \$7,050 individual/\$14,100 family to \$6,650 individual/\$13,300 family.

<sup>1</sup>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.

<sup>2</sup>Newborn inpatient care provided by a member physician that are Preventive Care Services (well baby care) are covered in full. If other non-preventive Care Services are received during the same visit, the Copayment will apply for the non-Preventive Care Services.