

CaliforniaChoice®

EXCITING NEWS and SUMMARY OF CHANGES

Groups Renewing 1/1/22 – 3/1/22



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EXCITING NEWS

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For more information on changes, please contact our
Customer Service Center at **800.558.8003**

The benefits listed in this brochure were collected from all plans participating in the CaliforniaChoice Program and are accurate to the best of our knowledge at the time of print. If the information in this brochure differs from the information in the SBC (Summary of Benefits and Coverage), EOC (Evidence of Coverage) or COI (Certificate of Insurance), the EOC or COI applies.

Each plan offered in the CaliforniaChoice Program meets the requirements of the Affordable Care Act (ACA).

Beginning September 23, 2012, health care reform required that employees have access to Summary of Benefits and Coverage (SBC) documents for the plans made available to them. SBCs can be found at www.calchoice.com/Public/Forms. To request a printed copy, please contact our Customer Service Department at (800) 558-8003.

Thank you for renewing your benefits with CaliforniaChoice®. As you go through your renewal, please be aware of the additions and/or changes below.

CaliforniaChoice Welcomes Cigna + Oscar

We've added eleven new Exclusive Provider Organization (EPO) options from Cigna + Oscar to the CaliforniaChoice portfolio, including two HSA-qualified plans in the Silver and Bronze tiers. Details are shown below.

At renewal, employees in the Cigna + Oscar service area can switch to one of the eleven plans. Each employee's Enrollment Worksheet will reflect their available options.

Medical Benefits	Platinum EPO C	Platinum EPO D	Platinum EPO E
Participating Health Plans	Cigna + Oscar	Cigna + Oscar	Cigna + Oscar
Network Name	LocalPlus	LocalPlus	LocalPlus
Calendar Year Deductible	None	\$250 / \$500 (combined Med/Pediatric dental ded) (applies to Max OOP)	\$500 / \$1,000 (combined Med/Pediatric dental ded) (applies to Max OOP)
Dr. Office Visits (PCP)	\$10 Copay	\$15 Copay (ded waived)	\$25 Copay (ded waived)
Hospital Services – In-Patient	\$250 Copay per day – 5 days max	90%	85%
In-Patient Physician Fees	90%	90%	85%
Emergency Room (copay waived if admitted)	\$250 Copay	\$200 Copay	\$350 Copay (ded waived)
Rx Benefits – Generic	\$5 Copay	\$5 Copay (overall ded waived)	\$10 Copay (overall ded waived)
Rx Benefits – Formulary Brand	\$30 Copay	\$30 Copay (overall ded waived)	\$35 Copay (overall ded waived)

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CaliforniaChoice® Welcomes Cigna + Oscar - Continued

Medical Benefits	Platinum EPO C	Platinum EPO D	Platinum EPO E
Out-of-Pocket Max Ind/Fam	\$4,600 / \$9,200	\$4,500 / \$9,000	\$4,500 / \$9,000
Hospital Services – Out-Patient Surgical Facility	\$250 Copay	90%	85%
Ambulance Services (per trip)	\$250 Copay	\$200 Copay	\$350 Copay (ded waived)
Infertility Evaluation and Treatment	Not Covered	Not Covered	Not Covered

Medical Benefits	Gold EPO C	Gold EPO D	Gold EPO E
Participating Health Plans	Cigna + Oscar	Cigna + Oscar	Cigna + Oscar
Network Name	LocalPlus	LocalPlus	LocalPlus
Calendar Year Deductible	None	\$1,350 / \$2,700 (combined Med/Pediatric dental ded) (applies to Max OOP)	\$750 / \$1,500 (combined Med/Pediatric dental ded) (applies to Max OOP)
Dr. Office Visits (PCP)	\$35 Copay	\$45 Copay (ded waived)	\$30 Copay (ded waived)
Hospital Services – In-Patient	\$750 Copay per day – 5 days max	80%	60%
In-Patient Physician Fees	70%	80%	80%
Emergency Room (copay waived if admitted)	\$450 Copay	\$550 Copay	\$550 Copay
Rx Benefits – Generic	\$15 Copay	\$15 Copay (ded waived)	\$15 Copay (ded waived)
Rx Benefits – Formulary Brand	\$40 Copay	\$300 / \$600 Ded - \$45 Copay	\$300 / \$600 Ded - \$45 Copay
Out-of-Pocket Max Ind/Fam	\$8,700 / \$17,400	\$8,550 / \$17,100	\$8,550 / \$17,100
Hospital Services – Out-Patient Surgical Facility	\$350 Copay	80%	80%

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CaliforniaChoice® Welcomes Cigna + Oscar - Continued

Medical Benefits	Gold EPO C	Gold EPO D	Gold EPO E
Ambulance Services (per trip)	\$450 Copay	\$550 Copay	\$550 Copay
Infertility Evaluation and Treatment	Not Covered	Not Covered	Not Covered

Medical Benefits	Silver EPO C	Silver EPO D	HSA Qualified
			Silver EPO E
Participating Health Plans	Cigna + Oscar	Cigna + Oscar	Cigna + Oscar
Network Name	LocalPlus	LocalPlus	LocalPlus
Calendar Year Deductible	\$1,950 / \$3,900 (combined Med/Pediatric dental ded) (applies to Max OOP)	\$2,600 / \$5,200 (combined Med/Pediatric dental ded) (applies to Max OOP)	\$2,500 / \$2,800 / \$5,000 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP)
Dr. Office Visits (PCP)	\$50 Copay (ded waived)	\$50 Copay (ded waived)	70%
Hospital Services – In-Patient	65%	60%	70%
In-Patient Physician Fees	65%	60%	70%
Emergency Room (copay waived if admitted)	65%	60%	70%
Rx Benefits – Generic	\$25 Copay (ded waived)	\$25 Copay (overall ded waived)	\$20 Copay (combined Med/Rx/Pediatric dental ded)
Rx Benefits – Formulary Brand	\$250 / \$500 Ded - \$75 Copay	\$75 Copay (overall ded waived)	\$60 Copay (combined Med/Rx/Pediatric dental ded)
Out-of-Pocket Max Ind/Fam	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000
Hospital Services – Out-Patient Surgical Facility	\$450 Copay	60%	70%
Ambulance Services (per trip)	65%	60%	70%
Infertility Evaluation and Treatment	Not Covered	Not Covered	Not Covered

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CaliforniaChoice® Welcomes Cigna + Oscar - Continued

HSA Qualified		
Medical Benefits	Bronze EPO C	Bronze EPO D
Participating Health Plans	Cigna + Oscar	Cigna + Oscar
Network Name	LocalPlus	LocalPlus
Calendar Year Deductible	\$5,750 / \$11,500 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP)	\$6,000 / \$12,000 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP)
Dr. Office Visits (PCP)	60%	\$75 Copay (ded waived)
Hospital Services – In-Patient	60%	60%
In-Patient Physician Fees	60%	60%
Emergency Room (copay waived if admitted)	60%	60%
Rx Benefits – Generic	60% (up to \$250 per prescription) (combined Med/Rx/Pediatric dental ded)	\$35 Copay (ded waived)
Rx Benefits – Formulary Brand	60% (up to \$250 per prescription) (combined Med/Rx/Pediatric dental ded)	60% (up to \$250 per prescription) (combined Med/Rx/Pediatric dental ded)
Out-of-Pocket Max Ind/Fam	\$7,000 / \$14,000	\$8,700 / \$17,400
Hospital Services – Out-Patient Surgical Facility	60%	60%
Ambulance Services (per trip)	60%	60%
Infertility Evaluation and Treatment	Not Covered	Not Covered

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Health Net Adds One New HMO Option

Health Net is adding a new HMO option, Gold HMO G. This plan includes the Full Network.

Kaiser Permanente Adds One New HMO Option

Kaiser Permanente is adding a new HMO option, Gold HMO E. This plan includes the Full Network.

MetLife Adds Two New DHMO Options

MetLife is adding two new DHMO options, MET100 and MET185. Both plans are offered as Employer Sponsored and Voluntary and include the MetLife Dental HMO/Managed Care Network.

UnitedHealthcare Adds Thirteen New HMO Options

UnitedHealthcare is adding thirteen new HMO options, Platinum HMO H, HMO I, HMO J, HMO K and HMO L, Gold HMO L, HMO M, HMO N, HMO O, HMO P and HMO Q, Silver HMO F and HMO G. The Platinum HMO J and Gold HMO O include the Alliance Network, Platinum HMO H, HMO I and HMO K, Gold HMO L, HMO M, HMO N and HMO P and Silver HMO F and HMO G include the Harmony Network, Platinum HMO L and Gold HMO Q include the SignatureValue Network.

For a complete listing of all benefits, limits, and exclusions, please see the Evidence of Coverage or Certificate of Insurance.

SUMMARY OF CHANGES

Groups renewing 1/1/22 - 3/1/22

PLEASE DISTRIBUTE TO ALL EMPLOYEES

Below is an overview of changes and updates that will take effect at Renewal. For a complete listing of all benefits, limits and exclusions, please see the Evidence of Coverage or Certificate of Insurance.

General Administrative Changes - Affordable Care Act Impactors

Effective January 1, 2022, Oscar will no longer be available as an Health Plan option in the CaliforniaChoice[®] Program.

Effective January 1, 2022, the following Plans will no longer be available as an option in the CaliforniaChoice Program:

- UnitedHealthcare Platinum HMO D and HMO F, Gold HMO E, HMO I and HMO K, and Silver HMO B.

Effective January 1, 2022, Sutter Health Plus is changing its Pharmacy Benefit Manager from Express Scripts[®] to CVS Caremark[®].

The following footnote was added to applicable marketing material and quotes for additional clarification: Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

New HSA Contribution Amounts for 2022

Now you can contribute up to \$3,650 for individual coverage and \$7,300 for family coverage .

Anthem Blue Cross

Anthem Blue Cross Platinum HMO A

- The MRI, CT and PET Scan (office setting) benefit has changed from “\$100 Copay per test” to “**\$100 Copay**”
- The Virtual/Telemedicine Office Visit benefit has changed from “Variable” to “**\$20 Copay/\$40 Copay**”
- The Emergency Room benefit has changed from “\$250 Copay (waived if admitted)” to “**\$275 Copay** (waived if admitted)”
- The Generic prescription benefit has changed from “Level 1 \$10 Copay/Level 2 \$20 Copay” to “Level 1 **\$5 Copay**/Level 2 **\$15 Copay**”
- The Formulary Brand prescription benefit has changed from “Level 1 \$35 Copay/Level 2 \$50 Copay” to “Level 1 **\$20 Copay**/Level 2 **\$30 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “Level 1 \$70 Copay/Level 2 \$85 Copay” to “Level 1 **\$50 Copay**/Level 2 **\$60 Copay**”
- The Durable Medical Equipment benefit has changed from “\$100 Copy to “**50%**”

Anthem Blue Cross Gold HMO A and HMO B

- The Out-of-Pocket Maximum for individual/family has changed from “\$6,000/\$12,000” to “**\$6,250/\$12,500**”
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$55 Copay” to “**\$60 Copay**”
- The MRI, CT and PET Scan (office setting) benefit has changed from “\$100 Copay per test” to “**\$100 Copay**”
- The Virtual/Telemedicine Office Visit benefit has changed from “Variable” to “**\$30 Copay/\$60 Copay**”
- The Emergency Room benefit has changed from “\$300 Copay (waived if admitted) to “**\$325 Copay** (waived if admitted)”
- The Out-Patient Surgical Facility benefit has changed from “\$450 Copay” to “**\$500 Copay**”
- The Generic prescription benefit has changed from “Level 1 \$15 Copay/Level 2 \$25 Copay” to “Level 1 **\$10 Copay**/Level 2 **\$20 Copay**”
- The Formulary Brand prescription benefit has changed from “Level 1 \$40 Copay/Level 2 \$60 Copay” to “Level 1 **\$50 Copay**/Level 2 \$60 Copay”
- The Non-Formulary Brand prescription benefit has changed from “Level 1 \$80 Copay/Level 2 \$90 Copay” to “Level 1 **\$90 Copay**/Level 2 **\$100 Copay**”
- The Durable Medical Equipment benefit has changed from “\$100 Copy to “**50%**”
- The Home Health Care benefit has changed from “\$55 Copay, 100 visits max per benefit period” to “**\$60 Copay**, 100 visits max per benefit period”

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Anthem Blue Cross - Continued

Anthem Blue Cross Silver HMO A and HMO B

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,400/\$16,800” to “**\$8,700/\$17,400**”
- The MRI, CT and PET Scan (office setting) benefit has changed from “\$200 Copay per test (ded waived)” to “**\$200 Copay** (ded waived)”
- The Virtual/Telemedicine Office Visit benefit has changed from “Variable” to “**\$60 Copay/\$110 Copay (ded waived)**”
- The Out-Patient Ambulatory Surgery Center benefit has changed from “\$500 Copay” to “**\$600 Copay**”
- The Generic prescription benefit has changed from “Level 1 \$20 Copay/Level 2 \$25 Copay (ded waived)” to “Level 1 **\$15 Copay**/Level 2 **\$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit has changed from “\$300/\$600 Ded - Level 1 \$85 Copay/Level 2 \$110 Copay” to “\$300/\$600 Ded - Level 1 **\$70 Copay**/Level 2 **\$80 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$300/\$600 Ded - Level 1 \$115 Copay/Level 2 \$165 Copay” to “\$300/\$600 Ded - Level 1 **\$110 Copay**/Level 2 **\$120 Copay**”

Anthem Blue Cross Silver EPO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,400/\$16,800” to “**\$8,700/\$17,400**”
- The following benefits have changed from “\$50 Copay (ded waived)” to “**\$55 Copay** (ded waived)”:
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Infertility Evaluation and Treatment
 - Out-Patient Drug/Substance Abuse (office visit)
- The Virtual/Telemedicine Office Visit benefit has changed from “Variable” to “**\$55 Copay/\$100 Copay (ded waived)**”
- The Generic prescription benefit has changed from “Level 1 \$20 Copay/Level 2 \$25 Copay (ded waived)” to “Level 1 **\$15 Copay**/Level 2 **\$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit has changed from “\$300/\$600 Ded - Level 1 \$60 Copay/Level 2 \$95 Copay” to “\$300/\$600 Ded - Level 1 **\$70 Copay**/Level 2 **\$80 Copay**”

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Anthem Blue Cross - Continued

- The Non-Formulary Brand prescription benefit has changed from “\$300/\$600 Ded - Level 1 \$100 Copay/Level 2 \$140 Copay” to “\$300/\$600 Ded - Level 1 **\$110 Copay**/Level 2 **\$120 Copay**”

Anthem Blue Cross Silver EPO B

- The Out-of-Pocket Maximum for individual/family has changed from “\$6,750/\$13,500” to “**\$7,050/\$14,100**”
- The following benefits have changed from “70%” to “**65%**”:
 - Dr. Office Visits (PCP)
 - The Specialist Visit (SPC)
 - Laboratory
 - X-Ray
 - MRI, CT and PET (office setting)
 - In-Patient Hospital Services
 - In-Patient Physician Fees
 - Emergency Room
 - Urgent Care
 - Out-Patient Ambulatory Surgery Center
 - 2nd Surgical Opinion
 - Ambulance Services
 - Chemotherapy
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - In-Patient Mental Health
 - Out-Patient Mental Health (office visit)
 - In-Patient Drug/Substance Abuse (Detox Only)
 - Infertility Evaluation and Treatment
 - Out-Patient Drug/Substance Abuse (office visit)
 - Out-Patient Physician Fees
 - In-Patient Maternity
- The Virtual/Telemedicine Office Visit benefit has changed from “Variable” to “**65%/65%**”
- The Out-Patient Surgical Facility benefit has changed from “\$200 Copay per admit - 70%” to “\$200 Copay per admit - **65%**”
- The Generic prescription benefit has changed from “Level 1 70%/ Level 2 60% (up to \$250 per prescription; combined Med/Rx/Pediatric dental ded)” to “Level 1 **\$15 Copay**/Level 2 **\$20 Copay** (combined Med/Rx/Pediatric dental ded)”

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Anthem Blue Cross - Continued

- The Formulary Brand prescription benefit has changed from “Level 1 70%/ Level 2 60% (up to \$250 per prescription; combined Med/Rx/Pediatric dental ded)” to “Level 1 **\$70 Copay**/Level 2 **\$80 Copay** (combined Med/Rx/Pediatric dental ded)”
- The Non-Formulary Brand prescription benefit has changed from “Level 1 70%/ Level 2 60% (up to \$250 per prescription; combined Med/Rx/Pediatric dental ded)” to “Level 1 **\$110 Copay**/Level 2 **\$120 Copay** (combined Med/Rx/Pediatric dental ded)”
- The Home Health Care benefit has changed from “70%, 100 visits max per benefit period” to “**65%** , 100 visits max per benefit period”
- The Skilled Nursing Facility benefit has changed from “70%, 100 days max per benefit period” to “**65%** , 100 days max per benefit period”

Anthem Blue Cross Bronze EPO A

- The Calendar Year Deductible has changed from “\$5,600/\$11,200 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$6,000/\$12,000** (combined Med/Pediatric dental ded; applies to Max OOP)”
- The Virtual/Telemedicine Office Visit benefit has changed from “Variable” to “**\$65 Copay/\$85 Copay (ded waived)**”
- The Prescription Deductible has changed from “\$625/\$1,250” to “**\$650/\$1,300**”
- The Generic prescription benefit has changed from “Level 1 \$20 Copay/Level 2 \$25 Copay (ded waived)” to “Level 1 \$20 Copay/Level 2 **\$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit has changed from “\$625/\$1,250 Ded - Level 1 \$65 Copay/Level 2 \$100 Copay” to “**\$650/\$1,300 Ded** - Level 1 **\$90 Copay**/Level 2 \$100 Copay”
- The Non-Formulary Brand prescription benefit has changed from “\$625/\$1,250 Ded - Level 1 \$105 Copay/Level 2 \$140 Copay” to “**\$650/\$1,300 Ded** - Level 1 **\$160 Copay**/Level 2 **\$170 Copay**”
- The Specialty prescription benefit has changed from “\$625/\$1,250 Ded - Level 1 70%/Level 2 60% (up to \$500 per prescription; prior auth. required)” to “**\$650/\$1,300 Ded** - Level 1 70% (**up to \$400 per prescription**)/Level 2 60% (up to \$500 per prescription; prior auth. required)”
- The Out-Patient Mental Health (office visit) and Drug/Substance Abuse (office visit) benefits have changed from “60%” to “**\$65 Copay (ded waived)**”

Anthem Blue Cross Gold PPO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$6,500/\$13,000” to “**\$7,800/\$15,600**” for (IN) and from “\$13,000/\$26,000” to “**\$15,600/\$31,200**” for (OON)
- The Virtual/Telemedicine Office Visit benefit (IN) has changed from “Variable” to “**\$30 Copay/\$60 Copay (ded waived)**”

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Anthem Blue Cross - Continued

- The Prescription Deductible has changed from “\$200/\$400” to “**\$250/\$500**” for (IN)
- The Generic prescription benefit (IN) has changed from “Level 1 \$15 Copay/Level 2 \$25 Copay (ded waived)” to “Level 1 **\$10 Copay/Level 2 \$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit (IN) has changed from “\$200/\$400 Ded - Level 1 \$45 Copay/Level 2 \$65 Copay” to “**\$250/\$500 Ded - Level 1 \$50 Copay/Level 2 \$60 Copay**”
- The Non-Formulary Brand prescription benefit (IN) has changed from “\$200/\$400 Ded - Level 1 \$85 Copay/Level 2 \$95 Copay” to “**\$250/\$500 Ded - Level 1 \$90 Copay/Level 2 \$100 Copay**”

Anthem Blue Cross Gold PPO B

- The Out-of-Pocket Maximum for individual/family has changed from “\$6,700/\$13,400” to “**\$7,800/\$15,600**” for (IN) and from “\$13,400/\$26,800” to “**\$15,600/\$31,200**” for (OON)
- The Virtual/Telemedicine Office Visit benefit (IN) has changed from “Variable” to “**\$25 Copay/\$50 Copay (ded waived)**”
- The Generic prescription benefit (IN) has changed from “Level 1 \$15 Copay/Level 2 \$25 Copay (ded waived)” to “Level 1 **\$10 Copay/Level 2 \$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit (IN) has changed from “\$250/\$500 Ded - Level 1 \$45 Copay/Level 2 \$65 Copay” to “**\$250/\$500 Ded - Level 1 \$50 Copay/Level 2 \$60 Copay**”
- The Non-Formulary Brand prescription benefit (IN) has changed from “\$250/\$500 Ded - Level 1 \$85 Copay/Level 2 \$95 Copay” to “**\$250/\$500 Ded - Level 1 \$90 Copay/Level 2 \$100 Copay**”

Anthem Blue Cross Gold PPO C and PPO E

- The Out-of-Pocket Maximum for individual/family has changed from “\$6,400/\$12,800” to “**\$7,700/\$15,400**” for (IN) and from “\$12,800/\$25,600” to “**\$15,400/\$30,800**” for (OON)
- The Virtual/Telemedicine Office Visit benefit (IN) has changed from “Variable” to “**\$30 Copay/\$60 Copay (ded waived)**”
- The Prescription Deductible has changed from “\$200/\$400” to “**\$150/\$300**” for (IN)
- The Generic prescription benefit (IN) has changed from “Level 1 \$15 Copay/Level 2 \$25 Copay (ded waived)” to “Level 1 **\$10 Copay/Level 2 \$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit (IN) has changed from “\$200/\$400 Ded - Level 1 \$45 Copay/Level 2 \$65 Copay” to “**\$150/\$300 Ded - Level 1 \$50 Copay/Level 2 \$60 Copay**”
- The Non-Formulary Brand prescription benefit (IN) has changed from “\$200/\$400 Ded - Level 1 \$85 Copay/Level 2 \$95 Copay” to “**\$150/\$300 Ded - Level 1 \$90 Copay/Level 2 \$100 Copay**”

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Anthem Blue Cross - Continued

Anthem Blue Cross Gold PPO D

- The Calendar Year Deductible has changed from “\$1,200/\$2,400 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$1,500/\$3,000** (combined Med/Pediatric dental ded; applies to Max OOP)” for (IN) and from “\$2,400/\$4,800 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$3,000/\$6,000** (combined Med/Pediatric dental ded; applies to Max OOP)” for (OON)
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$8,000/\$16,000**” for (IN) and from “\$14,000/\$28,000” to “**\$16,000/\$32,000**” for (OON)
- The Virtual/Telemedicine Office Visit benefit (IN) has changed from “Variable” to “**\$30 Copay/\$60 Copay (ded waived)**”
- The Generic prescription benefit (IN) has changed from “Level 1 \$15 Copay/Level 2 \$25 Copay (ded waived)” to “Level 1 **\$10 Copay**/Level 2 **\$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit (IN) has changed from “\$250/\$500 Ded - Level 1 \$45 Copay/Level 2 \$65 Copay” to “\$250/\$500 Ded - Level 1 **\$50 Copay**/Level 2 **\$60 Copay**”
- The Non-Formulary Brand prescription benefit (IN) has changed from “\$250/\$500 Ded - Level 1 \$85 Copay/Level 2 \$95 Copay” to “\$250/\$500 Ded - Level 1 **\$90 Copay**/Level 2 **\$100 Copay**”

Anthem Blue Cross Silver PPO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,500/\$17,000” to “**\$8,700/\$17,400**” for (IN) and from “\$17,000/\$34,000” to “**\$17,400/\$34,800**” for (OON)
- The Virtual/Telemedicine Office Visit benefit (IN) has changed from “Variable” to “**\$45 Copay/\$90 Copay (ded waived)**”
- The Generic prescription benefit (IN) has changed from “Level 1 \$20 Copay/Level 2 \$25 Copay (ded waived)” to “Level 1 **\$15 Copay**/Level 2 **\$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit (IN) has changed from “\$300/\$600 Ded - Level 1 \$60 Copay/Level 2 \$95 Copay” to “\$300/\$600 Ded - Level 1 **\$70 Copay**/Level 2 **\$80 Copay**”
- The Non-Formulary Brand prescription benefit (IN) has changed from “\$300/\$600 Ded - Level 1 \$100 Copay/Level 2 \$140 Copay” to “\$300/\$600 Ded - Level 1 **\$110 Copay**/Level 2 **\$120 Copay**”

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Anthem Blue Cross - Continued

Anthem Blue Cross Silver PPO B and PPO C

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,150/\$16,300” to “**\$8,300/\$16,600**” for (IN) and from “\$16,300/\$32,600” to “**\$16,600/\$33,200**” for (OON)
- The Virtual/Telemedicine Office Visit benefit (IN) has changed from “Variable” to “**\$50 Copay/\$95 Copay (ded waived)**”
- The Generic prescription benefit (IN) has changed from “Level 1 \$20 Copay/Level 2 \$25 Copay (ded waived)” to “Level 1 **\$15 Copay**/Level 2 **\$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit (IN) has changed from “\$300/\$600 Ded - Level 1 \$60 Copay/Level 2 \$95 Copay” to “\$300/\$600 Ded - Level 1 **\$70 Copay**/Level 2 **\$80 Copay**”
- The Non-Formulary Brand prescription benefit (IN) has changed from “\$300/\$600 Ded - Level 1 \$100 Copay/Level 2 \$140 Copay” to “\$300/\$600 Ded - Level 1 **\$110 Copay**/Level 2 **\$120 Copay**”

Anthem Blue Cross Bronze PPO A and PPO B

- The Calendar Year Deductible has changed from “\$5,800/\$11,600 (combined Med/Rx/Pediatric dental ded; applies to Max OOP)” to “**\$6,250/\$12,500** (combined Med/Rx/Pediatric dental ded; applies to Max OOP)” for (IN) and from “\$11,600/\$23,200 (combined Med/Rx/Pediatric dental ded; applies to Max OOP)” to “**\$12,500/\$25,000** (combined Med/Rx/Pediatric dental ded; applies to Max OOP)” for (OON)
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,050/\$14,100**” for (IN) and from “\$14,000/\$28,000” to “**\$14,100/\$28,200**” for (OON)
- The Virtual/Telemedicine Office Visit benefit (IN) has changed from “Variable” to “**65%/65%**”
- The Generic prescription benefit (IN) has changed from “Level 1 65%/Level 2 55%(up to \$500 per prescription; combined Med/Rx/Pediatric dental ded)” to “Level 1 **\$20 Copay**/Level 2 **\$20 Copay** (combined Med/Rx/Pediatric dental ded)”
- The Formulary Brand prescription benefit (IN) has changed from “Level 1 65%/Level 2 55% (up to \$500 per prescription; combined Med/Rx/Pediatric dental ded)” to “Level 1 **\$90 Copay**/Level 2 **\$100 Copay** (combined Med/Rx/Pediatric dental ded)”
- The Non-Formulary Brand prescription benefit (IN) has changed from “Level 1 65%/Level 2 55%(up to \$500 per prescription; combined Med/Rx/Pediatric dental ded)” to “Level 1 **\$160 Copay**/Level 2 **\$170 Copay** (combined Med/Rx/Pediatric dental ded)”
- The Specialty prescription benefit (IN) has changed from “Level 1 65%/Level 2 55% (up to \$500 per prescription; combined Med/Rx/Pediatric dental ded; prior auth. required)” to “Level 1 **70% (up to \$400 per prescription)**/Level 2 **60%** (up to \$500 per prescription; combined Med/Rx/Pediatric dental ded; prior auth. required)”
- ***The calendar year deductible now applies to the Chiropractic benefit (IN)***

Health Net

Health Net Platinum HMO C, HMO D and HMO E

- The following benefits have changed from “\$500 Copay per day – 4 days max” to “**\$600 Copay** per day – 4 days max”:
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity

Health Net Gold HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$6,000/\$12,000**”
- The In-Patient Physician Fees and Out-Patient Physician Fees benefits have changed from “60%” to “**100%**”
- The Out-Patient Surgical Facility benefit has changed from “60%” to “**\$900 Copay**”
- The Out-Patient Ambulatory Surgery Center benefit has changed from “60%” to “**\$360 Copay**”
- The Specialty prescription benefit has changed from “60% (up to \$250 per prescription; prior auth. required)” to “**70%** (up to \$250 per prescription; prior auth. required)”
- The Durable Medical Equipment benefit has changed from “60%” to “**70%**”

Health Net Gold HMO B and HMO F

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$6,500/\$13,000**”
- The following benefits have changed from “\$45 Copay” to “**\$40 Copay**”:
 - Dr. Office Visits (PCP)
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Natal Care
- The following benefits have changed from “\$65 Copay” to “**\$60 Copay**”:
 - The Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management

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Health Net - Continued

- The following benefits have changed from “\$1,000 Copay” to “**\$750 Copay per day – 5 days max**”:
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
- The In-Patient Physician Fees and Out-Patient Physician Fees benefits have changed from “60%” to “**100%**”:
- The Out-Patient Surgical Facility benefit has changed from “60%” to “**\$1,200 Copay**”
- The Out-Patient Ambulatory Surgery Center benefit has changed from “60%” to “**\$480 Copay**”
- The Specialty prescription benefit has changed from “60% (up to \$250 per prescription; prior auth. required)” to “**70%** (up to \$250 per prescription; prior auth. required)”
- The Home Health Care benefit has changed from “\$45 Copay, 100 visits max per year” to “**\$40 Copay**, 100 visits max per year”

Health Net Gold HMO C, HMO D and HMO E

- The following benefits have changed from “\$750 Copay per day – 3 days max” to “\$750 Copay per day – **4 days max**”:
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity

Sharp Health Plan

Sharp Health Plan Platinum HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$3,500/\$7,000” to “**\$3,600/\$7,200**”

Sharp Health Plan Gold HMO A and Gold HMO B

- The Generic prescription benefit has changed from “\$19 Copay (ded waived)” to “**\$16 Copay** (ded waived)”

Sharp Health Plan Gold HMO D

- The Out-of-Pocket Maximum for individual/family has changed from “\$6,500/\$13,000” to “**\$6,650/\$13,300**”
- The Generic prescription benefit has changed from “\$19 Copay” to “**\$16 Copay**”

Sharp Health Plan Silver HMO A and Silver HMO B

- The Generic prescription benefit has changed from “\$20 Copay (ded waived)” to “**\$16 Copay** (ded waived)”

Sharp Health Plan Silver HMO C

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,500/\$17,000” to “**\$8,550/\$17,100**”
- The Generic prescription benefit has changed from “\$20 Copay (overall ded waived)” to “**\$16 Copay** (overall ded waived)”

Sharp Health Plan Bronze HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,900/\$15,800” to “**\$7,950/\$15,900**”
- The Generic prescription benefit has changed from “\$19 Copay (ded waived)” to “**\$16 Copay** (ded waived)”

Sutter Health Plus

Sutter Health Plus Platinum HMO B

- The following benefits have changed from “\$25 Copay” to “**\$15 Copay**”:
 - Dr. Office Visits (PCP)
 - Laboratory
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$40 Copay” to “**\$30 Copay**”
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from “90%” to “**\$100 Copay**”
- The Home Health Care benefit has changed from “\$25 Copay, 100 visits max per year” to “**\$15 Copay, 100 visits max per year**”
- The Skilled Nursing Facility benefit has changed from “90%, 100 days max per benefit period” to “**\$150 Copay per - 5 days max per admit, 100 days max per benefit period**”
- The Out Patient Physician Fees benefit has changed from “90%” to “**\$25 Copay**”

UnitedHealthcare

Effective January 1, 2022, the following Plans will no longer be available as an option in the CaliforniaChoice® Program:

- UnitedHealthcare Platinum HMO D and HMO F, Gold HMO E, HMO I and HMO K, and Silver HMO B.

UnitedHealthcare All Plans

- **Specialty medication is tiered based on their cost efficiency and effectiveness. To see if there is a Specialty equivalent medication available in Tier 1, 2 or 3 at a lower cost share, please visit <https://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists>.**

UnitedHealthcare Platinum HMO A and HMO C

- The following benefits have changed from “\$20 Copay” to “**\$25 Copay**”:
 - Dr. Office Visits (PCP)
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$40 Copay” to “**\$50 Copay**”
- The In-Patient Physician Fees and Out-Patient Physician Fees benefits have changed from “100%” to “**80 %**”
- The Urgent Care benefit has changed from “\$50 Copay” to “**\$75 Copay**”
- The Generic prescription benefit has changed from “\$10 Copay” to “**Tier 1 Non-specialty \$5 Copay/Tier 1 Specialty \$5 Copay**”
- The Formulary Brand prescription benefit has changed from “\$35 Copay” to “**Tier 2 Non-specialty \$40 Copay/Tier 2 Specialty \$150 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$70 Copay” to “**Tier 3 Non-specialty \$80 Copay/Tier 3 Specialty \$250 Copay**”
- The Specialty prescription benefit has changed from “75% (up to \$250 per prescription)” to “**Tier 4 75% (up to \$250 per prescription)**”
- The Home Health Care benefit has changed from “\$20 Copay, 100 visits max per year” to “**\$25 Copay**, 100 visits max per year”
- The Durable Medical Equipment benefit has changed from “\$50 Copay” to “**\$70 Copay**”

UnitedHealthcare Platinum HMO E and HMO G

- The Laboratory and X-Ray benefits have changed from “\$15 Copay” to “**\$20 Copay**”

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UnitedHealthcare - Continued

- The MRI, CT and PET Scan (office setting) benefit has changed from “\$100 Copay per procedure” to “**\$150 Copay per procedure**”
- The Generic prescription benefit has changed from “\$10 Copay” to “**Tier 1 Non-specialty \$5 Copay/Tier 1 Specialty \$5 Copay**”
- The Formulary Brand prescription benefit has changed from “\$35 Copay” to “**Tier 2 Non-specialty \$40 Copay/Tier 2 Specialty \$150 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$70 Copay” to “**Tier 3 Non-specialty \$80 Copay/Tier 3 Specialty \$250 Copay**”
- The Specialty prescription benefit has changed from “75% (up to \$250 per prescription)” to “**Tier 4 75% (up to \$250 per prescription)**”

UnitedHealthcare Gold HMO A and HMO B

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,800/\$15,600” to “**\$8,000/\$16,000**”
- The following benefits have changed from “\$30 Copay (ded waived)” to “**\$35 Copay (ded waived)**”:
 - Dr. Office Visits (PCP)
 - Laboratory
 - X-Ray
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The Urgent Care benefit has changed from “\$75 Copay (ded waived)” to “**\$100 Copay (ded waived)**”
- The Prescription Deductible has changed from “\$250/\$500” to “**\$400/\$800**”
- The Generic prescription benefit has changed from “\$10 Copay (ded waived)” to “**Tier 1 Non-specialty \$20 Copay/Tier 1 Specialty \$20 Copay (ded waived)**”
- The Formulary Brand prescription benefit has changed from “\$250/\$500 Ded - \$40 Copay” to “**\$400/\$800 Ded – Tier 2 Non-specialty \$80 Copay/Tier 2 Specialty \$150 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$250/\$500 Ded - \$85 Copay” to “**\$400/\$800 Ded – Tier 3 Non-specialty \$125 Copay/Tier 3 Specialty \$250 Copay**”
- The Specialty prescription benefit has changed from “\$250/\$500 Ded - 75% (up to \$250 per prescription)” to “**\$400/\$800 Ded – Tier 4 75% (up to \$250 per prescription)**”
- The Home Health Care benefit has changed from “\$30 Copay (ded waived), 100 visits max per year” to “**\$35 Copay (ded waived), 100 visits max per year**”

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UnitedHealthcare - Continued

- The Durable Medical Equipment benefit has changed from “\$50 Copay (ded waived)” to “**\$70 Copay** (ded waived)”

UnitedHealthcare Gold HMO F and HMO G

- The following benefits have changed from “\$30 Copay” to “**\$35 Copay**”:
 - Dr. Office Visits (PCP)
 - Laboratory
 - X-Ray
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The Urgent Care benefit has changed from “\$75 Copay” to “**\$100 Copay**”
- The Generic prescription benefit has changed from “\$10 Copay (ded waived)” to “**Tier 1 Non-specialty \$10 Copay/Tier 1 Specialty \$10 Copay (ded waived)**”
- The Formulary Brand prescription benefit has changed from “\$100/\$200 Ded - \$40 Copay” to “\$100/\$200 Ded – **Tier 2 Non-specialty \$50 Copay/Tier 2 Specialty \$150 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$100/\$200 Ded - \$85 Copay” to “\$100/\$200 Ded – **Tier 3 Non-specialty \$100 Copay/Tier 3 Specialty \$250 Copay**”
- The Specialty prescription benefit has changed from “\$100/\$200 Ded - 75% (up to \$250 per prescription)” to “\$100/200 Ded – **Tier 4 75%** (up to \$250 per prescription)”
- The Home Health Care benefit has changed from “\$30 Copay, 100 visits max per year” to “**\$35 Copay**, 100 visits max per year”
- The Durable Medical Equipment benefit has changed from “\$50 Copay” to “**\$70 Copay**”

UnitedHealthcare Gold HMO H and HMO J

- The following benefits have changed from “\$30 Copay (ded waived)” to “**\$35 Copay** (ded waived)”:
 - Dr. Office Visits (PCP)
 - Laboratory
 - X-Ray
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)

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UnitedHealthcare - Continued

- The Urgent Care benefit has changed from “\$75 Copay (ded waived)” to “**\$100 Copay** (ded waived)”
- The Prescription Deductible has changed from “\$250/\$500” to “**\$400/\$800**”
- The Generic prescription benefit has changed from “\$10 Copay (ded waived)” to “**Tier 1 Non-specialty \$20 Copay/Tier 1 Specialty \$20 Copay (ded waived)**”
- The Formulary Brand prescription benefit has changed from “\$250/\$500 Ded - \$40 Copay” to “**\$400/\$800 Ded – Tier 2 Non-specialty \$80 Copay/Tier 2 Specialty \$150 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$250/\$500 Ded - \$85 Copay” to “**\$400/\$800 Ded – Tier 3 Non-specialty \$125 Copay/Tier 3 Specialty \$250 Copay**”
- The Specialty prescription benefit has changed from “\$250/\$500 Ded - 75% (up to \$250 per prescription)” to “**\$400/\$800 Ded – Tier 4 75%** (up to \$250 per prescription)”
- The Home Health Care benefit has changed from “\$30 Copay (ded waived), 100 visits max per year” to “**\$35 Copay** (ded waived), 100 visits max per year”
- The Durable Medical Equipment benefit has changed from “\$50 Copay (ded waived)” to “**\$70 Copay** (ded waived)”

UnitedHealthcare Silver HMO A and HMO E

- The Calendar Year Deductible has changed from “\$2,250/\$4,500 (applies to Max OOP)” to “**\$2,350/\$4,700** (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$8,550/\$17,100” to “**\$8,700/\$17,400**”
- The following benefits have changed from “\$50 Copay (ded waived)” to “**\$55 Copay** (ded waived)”:
 - Dr. Office Visits (PCP)
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$90 Copay (ded waived)” to “**\$95 Copay** (ded waived)”
- The Laboratory and X-Ray benefits have changed from “\$45 Copay (ded waived)” to “**\$55 Copay** (ded waived)”
- The Urgent Care benefit has changed from “\$100 Copay (ded waived)” to “**\$125 Copay** (ded waived)”
- The Prescription Deductible has changed from “\$300/\$600” to “**\$400/\$800**”
- The Generic prescription benefit has changed from “\$15 Copay (ded waived)” to “**Tier 1 Non-specialty \$20 Copay/Tier 1 Specialty \$20 Copay (ded waived)**”

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UnitedHealthcare - Continued

- The Formulary Brand prescription benefit has changed from “\$300/\$600 Ded - \$50 Copay” to “**\$400/\$800 Ded – Tier 2 Non-specialty \$80 Copay/Tier 2 Specialty \$150 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$300/\$600 Ded - \$100 Copay” to “**\$400/\$800 Ded – Tier 3 Non-specialty \$125 Copay/Tier 3 Specialty \$250 Copay**”
- The Specialty prescription benefit has changed from “\$300/\$600 Ded - 75% (up to \$250 per prescription)” to “**\$400/\$800 Ded – Tier 4 75%** (up to \$250 per prescription)”
- The Home Health Care benefit has changed from “\$50 Copay (ded waived), 100 visits max per year” to “**\$55 Copay** (ded waived), 100 visits max per year”
- The Durable Medical Equipment benefit has changed from “\$50 Copay (ded waived)” to “**\$70 Copay** (ded waived)”

The benefits listed in this brochure were collected from all plans participating in the CaliforniaChoice® Program and are accurate to the best of our knowledge at the time of print. If the information in this brochure differs from the information in the SBC (Summary of Benefits and Coverage), EOC (Evidence of Coverage) or COI (Certificate of Insurance), the EOC or COI applies.

Each plan offered in the CaliforniaChoice Program meets the requirements of the Affordable Care Act (ACA).

800.558.8003

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