

CaliforniaChoice®

EXCITING NEWS and SUMMARY OF CHANGES

Groups Renewing 1/1/24 - 3/1/24



TABLE OF CONTENTS

EXCITING NEWS

- New Anthem Blue Cross Plans 1
- New Cigna + Oscar Plans 1
- New Kaiser Permanente Plan 1
- New Sutter Health Plus Plan 1

SUMMARY OF CHANGES

- General Administrative Changes 2
- Anthem Blue Cross 3-5
- Cigna + Oscar 6-9
- EyeMed 10
- Health Net 11-13
- Kaiser Permanente 14-16
- Sharp Health Plan 17-20
- Sutter Health Plus 21-22
- UnitedHealthcare 23-24
- Western Health Advantage 25-26

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 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.

Anthem Blue Cross Adds Three New PPO Options

Anthem Blue Cross is adding three new PPO options, Platinum PPO A and Gold PPO F and PPO G. The Platinum PPO A and Gold PPO F plans include the Prudent Buyer - Small Group Network and the Gold PPO G plan includes the Select PPO Network.

Cigna + Oscar Adds Four New EPO Options

Cigna + Oscar is adding four new EPO options, Gold EPO A, Silver EPO A and Bronze EPO A and EPO B. All of these plans include the Open Access Plus Network.

Kaiser Permanente Adds a New HMO Option

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

Sutter Health Plus Adds a New HMO Option

Sutter Health Plus is adding a new HMO option, Gold HMO C. This plan includes the Sutter Health Plus 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 1/1/24 - 3/1/24

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, 2024, the following Plans will no longer be available as an option in the CaliforniaChoice® Program:

- Cigna + Oscar Platinum EPO D, Gold EPO E and EPO G and Bronze EPO E and EPO F

New HSA Contribution Amounts for 2024

Now you can contribute up to \$4,150 for individual coverage and \$8,300 for family coverage.

Anthem Blue Cross

Anthem Blue Cross HMO Plans

- The Pediatric Dental Basic Services benefit has changed from "50%" to "**80%**"

Anthem Blue Cross Platinum HMO A

- The Chemotherapy benefit has changed from "\$40 Copay" to "**\$125 Copay**"

Anthem Blue Cross Gold HMO A, HMO B and HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$6,500/\$13,000" to "**\$7,250/\$14,500**"
- The Chemotherapy benefit has changed from "\$60 Copay" to "**\$125 Copay**"

Anthem Blue Cross Silver HMO A, HMO B and HMO C

- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$110 Copay (ded waived)" to "**\$95 Copay (ded waived)**"
- The Virtual/Telemedicine Office Visit benefit has changed from "\$60 Copay/\$110 Copay (ded waived)" to "\$60 Copay/**\$95 Copay (ded waived)**"
- The Generic prescription benefit has changed from "Level 1 \$15 Copay/Level 2 \$20 Copay (ded waived)" to "Level 1 **\$10 Copay**/Level 2 \$20 Copay (ded waived)"
- The Home Health Care benefit has changed from "\$110 Copay (ded waived), 100 visits max per benefit period" to "**\$95 Copay (ded waived), 100 visits max per benefit period**"
- The Pediatric Dental Deductible benefit has changed from "Combined Med/Pediatric Dental ded" to "**None**"

Anthem Blue Cross PPO Plans

- The Pediatric Dental Basic Services benefit has changed from "50%" to "**80%**" (IN & OON)

Anthem Blue Cross Gold PPO B

- The Out-Patient Surgical Facility benefit (IN) has changed from "\$200 Copay per admit - 75%" to "**\$250 Copay** per admit - 75%"
- The Ambulatory Surgery Center benefit (IN) has changed from "75%" to "**\$50 Copay per admit - 75%**"
- The Pediatric Dental Deductible benefit has changed from "Combined Med/Pediatric Dental ded" to "**None**" (IN & OON)

Anthem Blue Cross Gold PPO C and PPO E

- The Out-Patient Surgical Facility benefit (IN) has changed from "\$200 Copay per admit - 80%" to "**\$250 Copay** per admit - 80%"
- The Ambulatory Surgery Center benefit (IN) has changed from "80%" to "**\$50 Copay per admit - 80%**"

Anthem Blue Cross - Continued

- The Pediatric Dental Deductible benefit has changed from "Combined Med/Pediatric Dental ded" to "**None**" (IN & OON)

Anthem Blue Cross Gold PPO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,250/\$14,500" to "**\$6,600/\$13,200**" for (IN) and from "\$14,500/\$29,000" to "**\$13,200/\$26,400**" for (OON)
- The Out-Patient Surgical Facility benefit (IN) has changed from "\$200 Copay per admit - 75%" to "**\$250 Copay** per admit - 75%"
- The Ambulatory Surgery Center benefit (IN) has changed from "75%" to "**\$50 Copay per admit - 75%**"
- The Pediatric Dental Deductible benefit has changed from "Combined Med/Pediatric Dental ded" to "**None**" (IN & OON)

Anthem Blue Cross Silver PPO B and PPO C

- The Out-Patient Surgical Facility benefit (IN) has changed from "\$200 Copay per admit - 60%" to "**\$250 Copay** per admit - 60%"
- The Ambulatory Surgery Center benefit (IN) has changed from "60%" to "**\$50 Copay per admit - 60%**"
- The Pediatric Dental Deductible benefit has changed from "Combined Med/Pediatric Dental ded" to "**None**" (IN & OON)

Anthem Blue Cross Silver PPO D and PPO E

- The Calendar Year Deductible has changed from "\$2,000/\$3,000/\$4,000 (combined Med/Rx/Pediatric Dental ded) (applies to Max OOP)" to "\$2,00/**\$3,200**/\$4,000 (combined Med/Rx ded) (applies to Max OOP)" for (IN) and from "\$4,000/\$6,000/\$8,000 (combined Med/Rx/Pediatric Dental ded) (applies to Max OOP)" to "\$4,000/**\$6,400**/\$8,000 (combined Med/Rx ded) (applies to Max OOP)" for (OON)
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,050/\$14,100" to "**\$7,700/\$15,400**" for (IN) and from "\$14,100/\$28,200" to "**\$15,400/\$30,800**" for (OON)
- The Out-Patient Surgical Facility benefit (IN) has changed from "\$200 Copay per admit - 65%" to "**\$250 Copay** per admit - 65%"
- The Ambulatory Surgery Center benefit (IN) has changed from "65%" to "**\$50 Copay per admit - 65%**"
- The Pediatric Dental Deductible benefit has changed from "Combined Med/Rx/Pediatric Dental ded" to "**None**" (IN & OON)

Anthem Blue Cross Bronze PPO A and PPO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,050/\$14,100" to "**\$7,350/\$14,700**" for (IN) and from "\$14,100/\$28,200" to "**\$14,700/\$29,400**" for (OON)

Anthem Blue Cross - Continued

- The Out-Patient Surgical Facility benefit (IN) has changed from "\$200 Copay per admit - 65%" to "**\$250 Copay** per admit - 65%"
- The Ambulatory Surgery Center benefit (IN) has changed from "65%" to "**\$50 Copay per admit** - 65%"
- The Pediatric Dental Deductible benefit has changed from "Combined Med/Rx/Pediatric Dental ded" to "**None**" (IN & OON)

Anthem Blue Cross Bronze PPO C and PPO D

- The Out-Patient Surgical Facility benefit (IN) has changed from "\$200 Copay per admit - 60%" to "**\$250 Copay** per admit - 60%"
- The Ambulatory Surgery Center benefit (IN) has changed from "60%" to "**\$50 Copay per admit** - 60%"
- The Pediatric Dental Deductible benefit has changed from "Combined Med/Pediatric Dental ded" to "**None**" (IN & OON)

Cigna + Oscar

Cigna + Oscar Platinum EPO C and EPO F

- The Out-of-Pocket Maximum for individual/family has changed from "\$4,850/\$9,700" to "**\$5,000/\$10,000**"
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$30 Copay" to "**\$45 Copay**"
- The X-Ray benefit has changed from "100%" to "**90%**"
- The Virtual/Telemedicine Office Visit benefit has changed from "100%" to "**100%/100%**"
- The Ambulance Services benefit has changed from "\$250 Copay (first trip) - \$500 Copay" to "**90%**"
- The Specialty prescription benefit has changed from "90% (up to \$250 per prescription)" to "**70%** (up to \$250 per prescription)"
- The Home Health Care benefit has changed from "\$30 Copay, 100 visits max per year" to "**\$45 Copay**, 100 visits max per year"

Cigna + Oscar Platinum EPO E and EPO G

- The Virtual/Telemedicine Office Visit benefit has changed from "100% (ded waived)" to "**100%/100%** (ded waived)"
- The Ambulance Services benefit has changed from "\$250 Copay (first trip) - \$500 Copay" to "**85%**"
- The Specialty prescription benefit has changed from "90% (up to \$250 per prescription)" to "**70%** (up to \$250 per prescription)"

Cigna + Oscar Gold EPO C and EPO F

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,950/\$17,900" to "**\$9,250/\$18,500**"
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$55 Copay" to "**\$65 Copay**"
- The Virtual/Telemedicine Office Visit benefit has changed from "100%" to "**100%/100%**"
- The following benefits have changed from "\$750 Copay per admit - 5 days max" to "**70%**":
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
 - Bariatric Surgery
- The Emergency Room benefit has changed from "\$450 Copay (first visit) - \$900 Copay (waived if admitted)" to "**\$500 Copay (first visit) - \$1,000 Copay** (waived if admitted)"

Cigna + Oscar - Continued

- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$350 Copay" to "**\$750 Copay**"
- The Ambulance Services benefit has changed from "\$450 Copay (first trip) - \$900 Copay" to "**70%**"
- The Formulary Brand prescription benefit has changed from "\$40 Copay" to "**\$55 Copay**"
- The Non-Formulary Brand prescription benefit has changed from "\$90 Copay" to "**\$95 Copay**"
- The Home Health Care benefit has changed from "\$55 Copay, 100 visits max per year" to "**\$65 Copay**, 100 visits max per year"
- The Skilled Nursing Facility benefit has changed from "\$750 Copay per day - 5 days max per admit, 100 days max per benefit period" to "**70%**, 100 days max per benefit period"

Cigna + Oscar Gold EPO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,550/\$17,100" to "**\$8,950/\$17,900**"
- The Virtual/Telemedicine Office Visit benefit has changed from "100% (ded waived)" to "**100%/100%** (ded waived)"
- The Ambulance Services benefit has changed from "\$550 Copay (first trip) - \$750 Copay" to "**80%**"
- The Formulary Brand prescription benefit has changed from "\$300/\$600 Ded - \$45 Copay" to "\$300/\$600 Ded - **\$55 Copay**"
- The Non-Formulary Brand prescription benefit has changed from "\$300/\$600 Ded - \$90 Copay" to "\$300/\$600 Ded - **\$95 Copay**"

Cigna + Oscar Silver EPO C and EPO F

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,950/\$17,900" to "**\$9,300/\$18,600**"
- The following benefits have changed from "\$50 Copay (ded waived)" to "**\$60 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - 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 "\$80 Copay (ded waived)" to "**\$90 Copay** (ded waived)"
- The Virtual/Telemedicine Office Visit benefit has changed from "100% (ded waived)" to "**100%/100%** (ded waived)"

Cigna + Oscar - Continued

- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$450 Copay" to "**\$750 Copay**"
- The Ambulance Services benefit has changed from "65% (first trip) - 60%" to "**65%**"
- The Prescription Deductible has changed from "\$300/\$600" to "**\$350/\$700**"
- The Formulary Brand prescription benefit has changed from "\$300/\$600 Ded - \$75 Copay" to "**\$350/\$700 Ded - \$85 Copay**"
- The Home Health Care benefit has changed from "\$80 Copay (ded waived), 100 visits max per year" to "**\$90 Copay** (ded waived), 100 visits max per year"

Cigna + Oscar Silver EPO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,950/\$17,900" to "**\$9,400/\$18,800**"
- The following benefits have changed from "\$60 Copay (ded waived)" to "**\$75 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - 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 "\$95 Copay (ded waived)" to "**\$100 Copay** (ded waived)"
- The Virtual/Telemedicine Office Visit benefit has changed from "100% (ded waived)" to "**100%/100%** (ded waived)"
- The Formulary Brand prescription benefit has changed from "\$300/\$600 Ded - \$80 Copay" to "\$300/\$600 Ded - **\$85 Copay**"
- The Home Health Care benefit has changed from "\$95 Copay (ded waived), 100 visits max per year" to "**\$100 Copay** (ded waived), 100 visits max per year"

Cigna + Oscar Silver EPO E and EPO G

- The Calendar Year Deductible has changed from "\$3,000/\$6,000 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP)" to "**\$3,200/\$6,400** (combined Med/Rx/Pediatric dental ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,250/\$14,500" to "**\$7,500/\$15,000**"
- The Virtual/Telemedicine Office Visit benefit has changed from "100%" to "**Not Covered/ 100%**"
- The Ambulance Services benefit has changed from "70% (first trip) - 60%" to "**70%**"
- The Formulary Brand prescription benefit has changed from "\$60 Copay (combined Med/Rx/Pediatric dental ded)" to "**\$80 Copay** (combined Med/Rx/Pediatric dental ded)"

Cigna + Oscar - Continued

- The Non-Formulary Brand prescription benefit has changed from "\$90 Copay (combined Med/Rx/Pediatric dental ded)" to "**\$115 Copay** (combined Med/Rx/Pediatric dental ded)"

Cigna + Oscar Bronze EPO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,450/\$14,900" to "**\$8,000/\$16,000**"
- The Virtual/Telemedicine Office Visit benefit has changed from "100%" to "**Not Covered**/ 100%"
- The following prescription benefits have changed from "60% (up to \$250 per prescription)(combined Med/Rx/Pediatric dental ded)" to "60% (**up to \$500 per prescription**) (combined Med/Rx/Pediatric dental ded)":
 - Generic
 - Formulary Brand
 - Non-Formulary Brand
 - Specialty

Cigna + Oscar Bronze EPO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,700/\$17,400" to "**\$9,400/\$18,800**"
- The following benefits have changed from "\$100 Copay (ded waived)" to "**\$150 Copay** (ded waived)":
 - Specialist Visit (SPC)
 - 2nd Surgical Opinion
 - Acupuncture
- The Virtual/Telemedicine Office Visit benefit has changed from "100%" to "**100%/100%** (ded waived)"
- The Formulary Brand prescription benefit has changed from "60% (up to \$250 per prescription) (combined Med/Rx/Pediatric Dental ded)" to "**\$95 Copay (ded waived)**"
- The Non-Formulary Brand and Specialty prescription benefits have changed from "60% (up to \$250 per prescription)(combined Med/Rx/Pediatric dental ded)" to "60% (**up to \$500 per prescription**) (combined Med/Rx/Pediatric dental ded)"
- The Home Health Care benefit has changed from "\$100 Copay (ded waived), 100 visits max per year" to "**\$150 Copay** (ded waived), 100 visits max per year"

EyeMed

Voluntary Vision

- Standard Progressive (no line bifocals) lens has changed from "\$75 Copay" to "**Covered in Full**" for (IN) and from "Up to \$30 reimbursement" to "**Not Covered**" for (OON)

Health Net

Health Net Platinum HMO C, HMO D, HMO E and HMO J

- The Out-of-Pocket Maximum for individual/family has changed from “\$2,500/\$5,000” to “**\$2,700/\$5,400**”
- The Urgent Care benefit has changed from “\$50 Copay” to “**\$30 Copay**”
- The Acupuncture benefit has changed from “\$10 Copay” to “**\$15 Copay**”

Health Net Platinum HMO F, HMO G, HMO H and HMO I

- The Out-of-Pocket Maximum for individual/family has changed from \$3,150/\$6,300” to “**\$3,300/\$6,600**”
- The MRI, CT and PET Scan (office setting) benefit has changed from “\$250 Copay per procedure” to “**\$275 Copay** per procedure”
- The Emergency Room benefit has changed from “\$250 Copay (waived if admitted)” to “**\$275 Copay** (waived if admitted)”
- The Ambulance Services benefit has changed from “\$250 Copay” to “**\$275 Copay**”
- The Acupuncture benefit has changed from “\$10 Copay” to “**\$15 Copay**”

Health Net Gold HMO A and HMO G

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,250/\$14,500**”
- The MRI, CT and PET Scan (office setting) benefit has changed from “\$300 Copay per procedure” to “**\$325 Copay** per procedure”
- The Emergency Room benefit has changed from “\$300 Copay (waived if admitted)” to “**\$325 Copay** (waived if admitted)”
- The Urgent Care benefit has changed from “\$50 Copay” to “**\$30 Copay**”
- The Ambulance Services benefit has changed from “\$300 Copay” to “**\$325 Copay**”
- The Generic prescription benefit has changed from “\$15 Copay” to “**\$20 Copay**”
- The Acupuncture benefit has changed from “\$10 Copay” to “**\$15 Copay**”

Health Net Gold HMO B, HMO F and HMO I

- The MRI, CT and PET Scan (office setting) benefit has changed from “\$325 Copay per procedure” to “**\$350 Copay** per procedure”
- The Emergency Room benefit has changed from “\$325 Copay (waived if admitted)” to “**\$350 Copay** (waived if admitted)”
- The Urgent Care benefit has changed from “\$60 Copay” to “**\$40 Copay**”
- The Ambulance Services benefit has changed from “\$325 Copay” to “**\$350 Copay**”
- The Acupuncture benefit has changed from “\$10 Copay” to “**\$15 Copay**”

Health Net Gold HMO C, HMO D, HMO E and HMO H

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,250/\$14,500” to “**\$7,350/\$14,700**”

Health Net - Continued

- The MRI, CT and PET Scan (office setting) benefit has changed from “\$300 Copay per procedure” to “**\$325 Copay** per procedure”
- The Urgent Care benefit has changed from “\$55 Copay” to “**\$35 Copay**”
- The Acupuncture benefit has changed from “\$10 Copay” to “**\$15 Copay**”

Health Net Silver HMO A and HMO D

- The Out-of-Pocket Maximum for individual/family has changed from “\$9,100/\$18,200” to “**\$9,450/\$18,900**”
- The following benefits have changed from “\$75 Copay” to “**\$90 Copay**”:
 - Specialist Visit (SPC)
 - 2nd Surgical Opinion
 - Chronic Disease Management
- The X-Ray benefit has changed from “\$55 Copay” to “**\$60 Copay**”
- The MRI, CT and PET Scan (office setting) benefit has changed from “\$325 Copay per procedure” to “**\$400 Copay** per procedure”
- The Urgent Care benefit has changed from “\$75 Copay” to “**\$55 Copay**”
- The Acupuncture benefit has changed from “\$10 Copay” to “**\$15 Copay**”

Health Net Silver HMO C

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,500/\$17,000” to “**\$9,000/\$18,000**”
- **The calendar year deductible no longer applies to the Laboratory and X-Ray benefits**
- The Urgent Care benefit has changed from “\$70 Copay (ded waived)” to “**\$50 Copay** (ded waived)”
- The Formulary Brand prescription benefit has changed from “\$350/\$700 Ded - 60% (up to \$250 per prescription)” to “\$350/\$700 Ded - **\$50 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$350/\$700 Ded - 60% (up to \$250 per prescription)” to “\$350/\$700 Ded - **\$80 Copay**”
- The Acupuncture benefit has changed from “\$10 Copay (ded waived)” to “**\$15 Copay** (ded waived)”

Health Net Bronze HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,200/\$16,400” to “**\$9,100/\$18,200**”
- The following benefits have changed from “\$65 Copay” to “**\$60 Copay**”:
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture

Health Net - Continued

- The Generic prescription benefit has changed from "\$500/\$1,000 Ded - \$18 Copay" to "\$500/\$1,000 Ded - **\$17 Copay**"
- The following benefits have changed from "\$65 Copay (ded waived)" to "**\$60 Copay** (ded waived)":
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The Natal Care (Prenatal and Postnatal) benefits have changed from "100%/\$65 Copay (ded waived)" to "100%/**\$60 Copay** (ded waived)"

Kaiser Permanente

Kaiser Permanente Gold HMO B

- *The calendar year deductible now applies to the Durable Medical Equipment benefit*

Kaiser Permanente Gold HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,500/\$15,000" to "**\$7,700/\$15,400**"
- The following benefits have changed from "\$30 Copay" to "**\$35 Copay**":
 - Dr. Office Visits (PCP)
 - 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 "\$50 Copay" to "**\$60 Copay**"
- The Emergency Room benefit has changes from "\$250 Copay (waived if admitted)" to "**\$350 Copay** (waived if admitted)"

Kaiser Permanente Gold HMO D

- *The calendar year deductible now applies to the Durable Medical Equipment benefit*

Kaiser Permanente Gold HMO E

- The Calendar Year Deductible has changed from "\$1,600/\$3,000/\$3,200 (combined Med/Rx ded) (applies to Max OOP)" to "**\$1,750/\$3,200/\$3,500** (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$3,550/\$7,100" to "**\$3,700/\$7,400**"

Kaiser Permanente Silver HMO A and HMO B

- *The calendar year deductible now applies to the Durable Medical Equipment benefit*

Kaiser Permanente Silver HMO C

- The Prescription Deductible has changed from "\$370/\$740" to "**\$300/\$600**"
- The following benefits have changed from "60%" to "**65%**":
 - In-Patient Hospital Services
 - In-Patient Physician Fees

Kaiser Permanente - Continued

- In-Patient Mental Health
- In-Patient Drug/Substance Abuse (Detox Only)
- In-Patient Maternity
- The Skilled Nursing Facility benefit has changed from “70%, 100 days max per benefit period” to “**65%**, 100 days max per benefit period”
- The Durable Medical Equipment benefit has changed from “60% (ded waived)” to “**65%**”
- The Emergency Room and Ambulance Services benefits have changed from “70%” to “**65%**”

Kaiser Permanente Silver HMO D

- The Calendar Year Deductible has changed from “\$2,700/\$3,000/\$5,400 (combined Med/Rx ded) (applies to Max OOP)” to “**\$2,850/\$3,200/\$5,700** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,200/\$14,400” to “**\$7,500/\$15,000**”

Kaiser Permanente Silver HMO E

- The Calendar Year Deductible has changed from “\$2,800/\$5,600 (combined Med/Rx ded) (applies to Max OOP)” to “**\$2,950/\$5,900** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$8,750/\$17,500” to “**\$9,100/\$18,200**”
- ***The calendar year deductible now applies to the Durable Medical Equipment benefit***

Kaiser Permanente Bronze HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,600/\$17,200” to “**\$9,100/\$18,200**”
- The following benefits have changed from “\$65 Copay” to “**\$60 Copay**”:
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
- The Generic prescription benefit has changed from “\$500/\$1,000 Ded - \$18 Copay” to “\$500/\$1,000 Ded - **\$17 Copay**”
- The Physical, Occupational, Speech Therapy and Rehabilitative & Habilitative Services and Devices benefits have changed from “\$65 Copay (ded waived)” to “**\$60 Copay** (ded waived)”

Kaiser Permanente - Continued

Kaiser Permanente Bronze HMO B

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,300/\$16,600” to “**\$8,600/\$17,200**”

Kaiser Permanente Bronze HMO C

- The Calendar Year Deductible has changed from “\$7,000/\$14,000 (combined Med/Rx ded) (applies to Max OOP)” to “**\$7,050/\$14,100** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,050/\$14,100**”

Sharp Health Plan

Sharp Health Plan All Plans

- The Voluntary Sterilization for Men benefit has changed from "Variable" to " **100%, deductible only applies on Bronze HMO B plan**":

Sharp Health Plan Platinum HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$4,450/\$8,900" to "**\$6,500/\$13,000**"

Sharp Health Plan Platinum HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$3,300/\$6,600" to "**\$3,800/\$7,600**"

Sharp Health Plan Gold HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,300/\$16,600" to "**\$9,450/\$18,900**"
- The Prescription Deductible has changed from "\$200/\$400" to "**\$250/\$500**"

Sharp Health Plan Gold HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,100/\$18,200" to "**\$9,450/\$18,900**"
- The Prescription Deductible has changed from "\$400/\$800" to "**\$500/\$1,000**"
- The following benefits have changed from "\$30 Copay" to "**\$35 Copay**":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Allergy Injections
- The following benefits have changed from "\$55 Copay" to "**\$60 Copay**":
 - Specialist Visit (SPC)
 - X-Ray
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management
 - Allergy Testing
 - Prosthetics and Orthotics
- The Formulary Brand prescription benefit has changed from "\$400/\$800 Ded - \$40 Copay" to "**\$500/\$1,000 Ded - \$45 Copay**"
- The Home Health Care benefit has changed from "\$30 Copay, 100 visits max per year" to "**\$35 Copay**, 100 visits max per year"

Sharp Health Plan - Continued

Sharp Health Plan Gold HMO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,850/\$15,700" to "**\$9,150/\$18,300**"

Sharp Health Plan Silver HMO A

- The Calendar Year Deductible has changed from "\$2,500/\$5,000 (applies to Max OOP)" to "**\$2,600/\$5,200** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,100/\$18,200" to "**\$9,450/\$18,900**"
- The following benefits have changed from "\$40 Copay (ded waived)" to "**\$45 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Allergy Injections
- The following benefits have changed from "\$55 Copay (ded waived)" to "**\$60 Copay** (ded waived)":
 - Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management
 - Allergy Testing
 - Prosthetics and Orthotics
- The Formulary Brand prescription benefit has changed from "\$300/\$600 Ded - \$105 Copay" to "\$300/\$600 Ded - **\$120 Copay**"
- The Home Health Care benefit has changed from "\$40 Copay (ded waived), 100 visits max per year" to "**\$45 Copay** (ded waived), 100 visits max per year"

Sharp Health Plan Silver HMO B

- The Calendar Year Deductible has changed from "\$2,400/\$4,800 (applies to Max OOP)" to "**\$2,600/\$5,200** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,100/\$18,200" to "**\$9,450/\$18,900**"
- The Prescription Deductible has changed from "\$250/\$500" to "**\$300/\$600**"
- The following benefits have changed from "\$55 Copay (ded waived)" to "**\$60 Copay** (ded waived)":
 - Specialist Visit (SPC)

Sharp Health Plan - Continued

- Urgent Care
- 2nd Surgical Opinion
- Chronic Disease Management
- Allergy Testing
- Prosthetics and Orthotics
- The X-Ray benefit has changed from "\$50 Copay" to "**\$60 Copay**"
- The Formulary Brand prescription benefit has changed from "\$250/\$500 Ded - \$100 Copay" to "**\$300/\$600 Ded - \$110 Copay**"

Sharp Health Plan Silver HMO C

- The Calendar Year Deductible has changed from "\$2,800/\$5,600 (applies to Max OOP)" to "**\$2,900/\$5,800** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,100/\$18,200" to "**\$9,450/\$18,900**"
- 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)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Allergy Injections
- The following benefits have changed from "\$55 Copay (ded waived)" to "**\$60 Copay** (ded waived)":
 - Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management
 - Allergy Testing
 - Prosthetics and Orthotics
- The X-Ray benefit has changed from "\$50 Copay" to "**\$55 Copay**"
- The Formulary Brand prescription benefit has changed from "\$130 Copay (overall ded waived)" to "**\$145 Copay** (overall ded waived)"
- 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"

Sharp Health Plan Bronze HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,950/\$15,900" to "**\$8,500/\$17,000**"

Sharp Health Plan - Continued

Sharp Health Plan Bronze HMO B

- The Out-of-Pocket Maximum for individual/family has changed from “\$6,900/\$13,800” to “**\$7,100/\$14,200**”

Sutter Health Plus

Sutter Health Plus Silver HMO B

- The following benefits have changed from "60%" to "**65%**":
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
- The In-Patient Physician Fees and Durable Medical Equipment benefits have changed from "60% (ded waived)" to "**65%** (ded waived)"
- The Emergency Room and Ambulance Services benefits have changed from "70%" to "**65%**"
- The Out-Patient Physician Fees and Chemotherapy benefits have changed from "70% (ded waived)" to "**65%** (ded waived)"
- The Skilled Nursing Facility benefit has changed from "60%, 100 days max per benefit period" to "**65%**, 100 days max per benefit period"

Sutter Health Plus Silver HMO C

- The Calendar Year Deductible has changed from "\$2,500/\$3,000/\$5,000 (combined Med/Rx ded) (applies to Max OOP)" to "**\$2,800/\$3,200/\$5,600** (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,050/\$14,100" to "**\$7,200/\$14,400**"

Sutter Health Plus Bronze HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,200/\$16,400" to "**\$9,100/\$18,200**"
- The following benefits have changed from "\$65 Copay" to "**\$60 Copay**":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
- The Generic prescription benefit has changed from "\$500/\$1,000 Ded - \$18 Copay" to "\$500/\$1,000 Ded - **\$17 Copay**"
- The Physical, Occupational, Speech Therapy and Rehabilitative & Habilitative Services and Devices benefits have changed from "\$65 Copay (ded waived)" to "**\$60 Copay** (ded waived)"
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$65 Copay" to "**\$60 Copay (ded waived)**"

Sutter Health Plus - Continued

Sutter Health Plus Bronze HMO B

- The Calendar Year Deductible has changed from “\$7,000/\$14,000 (combined Med/Rx ded) (applies to Max OOP)” to “**\$7,050/\$14,100** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,050/\$14,100**”

UnitedHealthcare

UnitedHealthcare Platinum HMO A, HMO C and HMO H

- The Out-of-Pocket Maximum for individual/family has changed from “\$3,500/\$7,000” to “**\$4,000/\$8,000**”

UnitedHealthcare Gold HMO A, HMO B and HMO L

- The Calendar Year Deductible has changed from “\$1,500/\$3,000 (applies to Max OOP)” to “**\$1,250/\$2,500** (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$8,500/\$17,000” to “**\$7,250/\$14,500**”
- The following benefits have changed from "70%" to "**75%**":
 - In-Patient Hospital Services
 - Out-Patient Surgical Facility
 - Ambulatory Surgery Center
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
- The following benefits have changed from "70% (ded waived)" to "**75%** (ded waived)":
 - In-Patient Physician Fees
 - Out-Patient Physician Fees
 - Pediatric Vision Contact Lenses
 - Pediatric Vision Frames
- The Emergency Room benefit has changed from “70%” to “**\$500 Copay (waived if admitted)**”
- The Skilled Nursing Facility benefit has changed from “70%, 100 days max per benefit period” to “**75%**, 100 days max per benefit period”

UnitedHealthcare Gold HMO F, HMO G and HMO M

- The In-Patient Mental Health and Drug/Substance Abuse (Detox Only) benefits have changed from "\$700 Copay per day - 5 days max per admit" to "**\$600 Copay per day - 4 days max per admit**”:

UnitedHealthcare Gold HMO O, HMO P and HMO Q

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,500/\$15,000**”
- The Laboratory and X-Ray benefits have changed from "\$35 Copay" to "**\$40 Copay**”
- The Emergency Room benefit has changed from "\$500 Copay (waived if admitted)" to "**\$400 Copay** (waived if admitted)”
- The Formulary Brand prescription benefit has changed from “Tier 2 Non-specialty \$40 Copay/Tier 2 Specialty \$150 Copay” to “Tier 2 Non-specialty **\$50 Copay**/Tier 2 Specialty \$150 Copay”

UnitedHealthcare

- The Non-Formulary Brand prescription benefit has changed from “Tier 3 Non-specialty \$80 Copay/Tier 3 Specialty \$250 Copay” to “Tier 3 Non-specialty **\$85 Copay**/Tier 3 Specialty \$250 Copay”

UnitedHealthcare Silver HMO A, HMO E and HMO F

- The Out-of-Pocket Maximum for individual/family has changed from “\$9,100/\$18,200” to “**\$9,400/\$18,800**”

UnitedHealthcare Silver HMO G

- The Out-of-Pocket Maximum for individual/family has changed from “\$9,100/\$18,200” to “**\$9,400/\$18,800**”
- The Virtual/Telemedicine Office Visit benefit has changed from "60%" to " **100% (ded waived)**"

Western Health Advantage

Western Health Advantage All Plans

- The Pediatric Vision Carrier has changed from "MES Vision" to "**EyeMed**"

Western Health Advantage Platinum HMO C

- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$100 Copay" to "**\$150 Copay**"

Western Health Advantage Gold HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$6,750/\$13,500" to "**\$7,500/\$15,000**"

Western Health Advantage Gold HMO D

- The Calendar Year Deductible has changed from "\$2,400/\$3,000/\$4,800 (combined Med/Rx ded) (applies to Max OOP)" to "**\$2,600/\$3,200/\$5,200** (combined Med/Rx ded) (applies to Max OOP)"
- The Diabetes - Self-Injectable prescription benefit has changed from "\$40 Copay (combined Med/Rx ded)" to "**100%** (combined Med/Rx ded)"

Western Health Advantage Silver HMO B

- The following benefits have changed from "60%" to "**65%**":
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
- The Skilled Nursing Facility benefit has changed from "60%, 100 day max per benefit period" to "**65%**, 100 day max per benefit period"
- The In-Patient Physician Fees benefit has changed from "60% (ded waived)" to "**65%** (ded waived)"
- The following benefits have changed from "70%" to "**65%**":
 - Out-Patient Physician Fees
 - Emergency Room
 - Chemotherapy
- The Durable Medical benefit has changed from "60% (ded waived)" to "**70%** (ded waived)"

Western Health Advantage Silver HMO C

- The Calendar Year Deductible has changed from "\$2,700/\$3,000/\$5,400 (combined Med/Rx ded) (applies to Max OOP)" to "**\$2,850/\$3,200/\$5,700** (combined Med/Rx ded) (applies to Max OOP)"

Western Health Advantage - Continued

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,200/\$14,400” to “**\$7,500/\$15,000**”

Western Health Advantage Bronze HMO B

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,200/\$16,400” to “**\$9,100/\$18,200**”
- The Dr. Office Visits (PCP) and Urgent Care benefits have changed from “\$65 Copay” to “**\$60 Copay**”
- The Generic prescription benefit has changed from “\$500/\$1,000 Ded - \$18 Copay” to “\$500/\$1,000 Ded - **\$17 Copay**”
- The Physical, Occupational, Speech Therapy and Rehabilitative & Habilitative Services and Devices benefits have changed from “\$65 Copay (ded waived)” to “**\$60 Copay (ded waived)**”
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from “\$65 Copay” to “**\$60 Copay (ded waived)**”

Western Health Advantage Bronze HMO C

- The Calendar Year Deductible has changed from “\$7,000/\$14,000 (combined Med/Rx ded) (applies to Max OOP)” to “**\$7,050/\$14,100** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,050/\$14,100**”

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

CC.5337_10.23_v2_Eff.1.1.24

CaliforniaChoice, a division of CHOICE Administrators Insurance Services, Inc.

CDI Entity License #0B42994

