

CaliforniaChoice®

EXCITING NEWS and SUMMARY OF CHANGES

Groups Renewing 1.1.2025 - 3.1.2025



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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 calchoice.com/Public/Forms. To request a printed copy, please contact our Customer Service Center 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 a New HMO Option

Anthem Blue Cross is adding a new HMO option, Platinum HMO B. This plan includes the Vivity 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 1.1.2025 - 3.1.2025

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, 2025, Cigna + Oscar will no longer be available as an Health Plan option in the CaliforniaChoice® Program.

Effective January 1, 2025, the following Plans will no longer be available as an option in the CaliforniaChoice Program:

- Anthem Blue Cross Gold PPO F and PPO G and Silver HMO C
- Health Net Platinum HMO D, Gold HMO F, Silver HMO C and HMO D and Bronze HMO A
- Kaiser Permanente Bronze HMO B

New HSA Contribution Amounts for 2025

Now you can contribute up to \$4,300 for individual coverage and \$8,550 for family coverage.

Ameritas

All Plans

- Pre-existing Conditions (Missing Tooth) benefit has changed from "Not Covered" to "**Covered**" for (IN & OON)

Anthem Blue Cross

Anthem Blue Cross Platinum PPO A

- The Chiropractic benefit (IN) has changed from "50%, 20 visits max per benefit period" to "**\$15 Copay**, 20 visits max per benefit period"

Anthem Blue Cross Gold PPO B, PPO C, PPO D and PPO E

- The Chiropractic benefit (IN) has changed from "50% (ded waived), 20 visits max per benefit period" to "**\$15 Copay** (ded waived), 20 visits max per benefit period"

Anthem Blue Cross Silver PPO B and PPO C

- The Chiropractic benefit (IN) has changed from "50% (ded waived), 20 visits max per benefit period" to "**\$15 Copay** (ded waived), 20 visits max per benefit period"

Anthem Blue Cross Silver PPO D and PPO E

- The Calendar Year Deductible has changed from "\$2,000/\$3,200/\$4,000 (combined Med/Rx ded) (applies to Max OOP)" to "\$2,000/**\$3,300**/\$4,000 (combined Med/Rx ded) (applies to Max OOP)" for (IN) and from "\$4,000/\$6,400/\$8,000 (combined Med/Rx ded) (applies to Max OOP)" to "\$4,000/**\$6,600**/\$8,000 (combined Med/Rx ded) (applies to Max OOP)" for (OON)

Anthem Blue Cross Bronze PPO C and PPO D

- The Chiropractic benefit (IN) has changed from "50%, 20 visits max per benefit period" to "**\$15 Copay (ded waived)**, 20 visits max per benefit period"

Health Net

Health Net Platinum HMO C, HMO E and HMO J

- The Chemotherapy and Out-Patient Physician Fees benefits have changed from "100%" to "**\$30 Copay**"

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

- The Out-of-Pocket Maximum for individual/family has changed from \$3,300/\$6,600" to "**\$3,850/\$7,700**"

Health Net Gold HMO A and HMO G

- The Chemotherapy and Out-Patient Physician Fees benefits have changed from "100%" to "**\$30 Copay**"

Health Net Gold HMO B and HMO I

- The Chemotherapy and Out-Patient Physician Fees benefits have changed from "100%" to "**\$40 Copay**"

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

- The Chemotherapy and Out-Patient Physician Fees benefits have changed from "100%" to "**\$35 Copay**"

Health Net Silver HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,450/\$18,900" to "**\$9,200/\$18,400**"
- The X-Ray benefit has changed from "\$65 Copay" to "**\$60 Copay**"
- The following benefits have changed from "50%" 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 benefit has changed from "50%" to "**100%**"
- The Chemotherapy benefit has changed from "100%" to "**\$55 Copay**"
- The Out-Patient Physician Fees benefit has changed from "50%" to "**\$55 Copay**"

Kaiser Permanente

Kaiser Permanente Platinum HMO A and HMO C

- The Drug/Substance Abuse Other Out-Patient Items/Services benefit has changed from "\$5 Copay" to "**100%**"

Kaiser Permanente Gold HMO C

- The Drug/Substance Abuse Other Out-Patient Items/Services benefit has changed from "\$5 Copay" to "**100%**"

Kaiser Permanente Gold HMO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,800/\$15,600" to "**\$8,200/\$16,400**"

Kaiser Permanente Gold HMO E

- The Calendar Year Deductible has changed from "\$1,750/\$3,200/\$3,500 (combined Med/Rx ded) (applies to Max OOP)" to "\$1,750/**\$3,300**/\$3,500 (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$3,700/\$7,400" to "**\$4,000/\$8,000**"

Kaiser Permanente Silver HMO D

- The Calendar Year Deductible has changed from "\$2,850/\$3,200/\$5,700 (combined Med/Rx ded) (applies to Max OOP)" to "\$2,850/**\$3,300**/\$5,700 (combined Med/Rx ded) (applies to Max OOP)"

Kaiser Permanente Silver HMO E

- The Calendar Year Deductible has changed from "\$2,950/\$5,900 (combined Med/Rx ded) (applies to Max OOP)" to "**\$2,900/\$5,800** (combined Med/Rx ded) (applies to Max OOP)"

Kaiser Permanente Bronze HMO A

- The Calendar Year Deductible has changed from "\$6,300/\$12,600 (applies to Max OOP)" to "**\$5,800/\$11,600** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,100/\$18,200" to "**\$8,850/\$17,700**"
- The Prescription Deductible has changed from "\$500/\$1,000" to "**\$450/\$900**"
- The following benefits have changed from "\$60 Copay" to "\$60 Copay (**ded waived**)":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
- The Generic prescription benefit has changed from "\$500/\$1,000 Ded - \$17 Copay" to "**\$19 Copay (ded waived)**"

Kaiser Permanente - Continued

Kaiser Permanente Bronze HMO C

- The Calendar Year Deductible has changed from “\$7,050/\$14,100 (combined Med/Rx ded) (applies to Max OOP)” to “**\$6,650/\$13,300** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,050/\$14,100” to “**\$6,650/\$13,300**”

Sharp Health Plan

Sharp Health Plan Gold HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,450/\$18,900" to "**\$9,200/\$18,400**"

Sharp Health Plan Gold HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,450/\$18,900" to "**\$9,200/\$18,400**"
- The following benefits have changed from "\$35 Copay" to "**\$40 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)
 - Postnatal
- The Home Health Care benefit has changed from "\$35 Copay, 100 visits max per year" to "**\$40 Copay**, 100 visits max per year"

Sharp Health Plan Silver HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,450/\$18,900" to "**\$9,200/\$18,400**"
- The Postnatal benefit has changed from "\$40 Copay (ded waived)" to "**\$45 Copay** (ded waived)"

Sharp Health Plan Silver HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,450/\$18,900" to "**\$9,200/\$18,400**"

Sharp Health Plan Silver HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,450/\$18,900" to "**\$9,200/\$18,400**"
- The following benefits have changed from "\$60 Copay (ded waived)" to "**\$65 Copay** (ded waived)":
 - Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management

Sutter Health Plus

Sutter Health Plus Gold HMO C

- The Calendar Year Deductible has changed from “\$1,600/\$3,200/\$3,200 (combined Med/Rx ded) (applies to Max OOP)” to “**\$1,650/\$3,300/\$3,300** (combined Med/Rx ded) (applies to Max OOP)”

Sutter Health Plus Silver HMO C

- The Calendar Year Deductible has changed from “\$2,800/\$3,200/\$5,600 (combined Med/Rx ded) (applies to Max OOP)” to “\$2,800/**\$3,300**/\$5,600 (combined Med/Rx ded) (applies to Max OOP)”

Sutter Health Plus Bronze HMO A

- The Calendar Year Deductible has changed from “\$6,300/\$12,600 (applies to Max OOP)” to “**\$5,800/\$11,600** (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$9,100/\$18,200” to “**\$8,850/\$17,700**”
- The following benefits have changed from “\$60 Copay” to “\$60 Copay (**ded waived**)”:
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
- The Prescription Deductible has changed from “\$500/\$1,000” to “**\$450/\$900**”
- The Generic prescription benefit has changed from “\$500/\$1,000 Ded - \$17 Copay” to “**\$19 Copay (ded waived)**”

Sutter Health Plus Bronze HMO B

- The Calendar Year Deductible has changed from “\$7,050/\$14,100 (combined Med/Rx ded) (applies to Max OOP)” to “**\$6,650/\$13,300** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,050/\$14,100” to “**\$6,650/\$13,300**”

UnitedHealthcare

UnitedHealthcare Platinum HMO A, HMO C, HMO E, HMO H, HMO J, HMO K and HMO L

- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$25 Copay" to "**\$30 Copay**"

UnitedHealthcare Platinum HMO B, HMO M and HMO N

- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$20 Copay" to "**\$30 Copay**"

UnitedHealthcare Platinum HMO G and HMO I

- The Laboratory and X-Ray benefits have changed from "\$20 Copay" to "**\$25 Copay**"
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$25 Copay" to "**\$30 Copay**"

UnitedHealthcare Gold HMO A, HMO B and HMO L

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,250/\$14,500" to "**\$6,750/\$13,500**"

UnitedHealthcare Silver HMO A, HMO E and HMO F

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

UnitedHealthcare Silver HMO G

- The Calendar Year Deductible has changed from "\$2,400/\$4,800 (applies to Max OOP)" to "**\$2,000/\$4,000 (applies to Max OOP)**"
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,400/\$18,800" to "**\$9,200/\$18,400**"

Western Health Advantage

Western Health Advantage All Plans

- The Mail Order Rx Benefits have changed from "2.5x Retail cost share and 90 day supply" to "**2x Retail cost share and 100 day supply**"

Western Health Advantage Platinum HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$4,000/\$8,000" to "**\$5,500/\$11,000**"

Western Health Advantage Gold HMO D

- The Calendar Year Deductible has changed from "\$2,600/\$3,200/\$5,200 (combined Med/Rx ded) (applies to Max OOP)" to "\$2,600/**\$3,300**/\$5,200 (combined Med/Rx ded) (applies to Max OOP)"

Western Health Advantage Silver HMO C

- The Calendar Year Deductible has changed from "\$2,850/\$3,200/\$5,7000 (combined Med/Rx ded) (applies to Max OOP)" to "\$2,850/**\$3,300**/\$5,700 (combined Med/Rx ded) (applies to Max OOP)"

Western Health Advantage Bronze HMO B

- The Calendar Year Deductible has changed from "\$6,300/\$12,600 (applies to Max OOP)" to "**\$5,800/\$11,600** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,100/\$18,200" to "**\$8,850/\$17,700**"
- The Prescription Deductible has changed from "\$500/\$1,000" to "**\$450/\$900**"
- The Generic prescription benefit has changed from "\$500/\$1,000 Ded - \$17 Copay" to "**\$19 Copay (ded waived)**"

Western Health Advantage Bronze HMO C

- The Calendar Year Deductible has changed from "\$7,050/\$14,100 (combined Med/Rx ded) (applies to Max OOP)" to "**\$6,650/\$13,300** (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,050/\$14,100" to "**\$6,650/\$13,300**"

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