

CaliforniaChoice®

EXCITING NEWS and **SUMMARY OF CHANGES**

Groups Renewing 10.1.2026 - 12.1.2026



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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 Out-of-State Availability to Select PPO Network

Anthem Blue Cross is adding Out-of State availability to two existing plans; Gold PPO C and Gold PPO D. Both plans include the Select PPO Network.

Anthem Blue Cross Adds Three New HMO and Three New PPO Options

Anthem Blue Cross is adding three new HMO and three new PPO options, Platinum HMO C and HMO D, Silver HMO D, Gold PPO H and PPO I and Silver PPO F. The Platinum HMO C plan includes the Vivity Network, the Platinum HMO D and Silver HMO D plans include the CaliforniaCare HMO Network, the Gold PPO H and PPO I and Silver PPO F plans include the Prudent Buyer - Small Group Network.

Kaiser Permanente Adds a New HMO Option

Kaiser Permanente is adding a new HMO option, Gold HMO F. This plan includes the Full 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 10.1.2026 - 12.1.2026

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

Delta Dental has discontinued the Dentegra Smile Club program.

Effective January 1, 2026, the following Plans will no longer be available as an option in the CaliforniaChoice Program:

- Anthem Blue Cross Platinum PPO A
- Sutter Health Plan Platinum HMO B
- UnitedHealthcare Platinum HMO J, HMO K and HMO L

New HSA Contribution Amounts for 2026

Now you can contribute up to \$4,400 for individual coverage and \$8,750 for family coverage.

Anthem Blue Cross

Anthem Blue Cross Gold PPO I

- The Emergency Room Benefit has changed from "\$500 Copay - 70% (waived if admitted)" to "**\$400 Copay** - 70% (waived if admitted)" for (IN) and (OON)

Anthem Blue Cross Silver HMO A and HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,100/\$18,200" to "**\$10,150/\$20,300**"

Anthem Blue Cross Silver PPO D and PPO E

- The Calendar Year Deductible has changed from "\$2,000/\$3,300/\$4,000 (combined Med/Rx ded) (applies to Max OOP)" to "**\$3,000/\$3,400/\$6,000** (combined Med/Rx ded) (applies to Max OOP)" for (IN) and from "\$4,000/\$6,600/\$8,000 (combined Med/Rx ded) (applies to Max OOP)" to "**\$6,000/\$6,800/\$12,000** (combined Med/Rx ded) (applies to Max OOP)" for (OON)
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,700/\$15,400" to "**\$8,450/\$16,900**" for (IN) and from "\$15,400/\$30,800" to "**\$16,900/\$33,800**" for (OON)

Anthem Blue Cross Silver PPO F

- The Calendar Year Deductible has changed from "\$3,900/\$6,800 (applies to Max OOP)" to "**\$3,900/\$7,800** (applies to Max OOP)" for (OON)

Health Net

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

- The Out-of-Pocket Maximum for individual/family has changed from "\$3,850/\$7,700" to "**\$4,250/\$8,500**"

Health Net Gold HMO A and HMO G

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,250/\$14,500" to "**\$7,750/\$15,500**"

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

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,350/\$14,700" to "**\$8,000/\$16,000**"

Health Net Silver HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,200/\$18,400" to "**\$10,150/\$20,300**"
- The following benefits have changed from "\$750 Copay per day - 5 days max" to "**\$900 Copay per day - 5 days**"
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity

Kaiser Permanente

Kaiser Permanente Platinum HMO C

- The Out-of-Pocket Maximum for individual/family has changed from “\$3,000/\$6,000” to “**\$3,250/\$6,500**”

Kaiser Permanente Gold HMO C

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,700/\$15,400” to “**\$8,500/\$17,000**”
- The following benefits have changed from “\$35 Copay” to “**\$40 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 Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from “\$320 Copay per procedure” to “**\$400 Copay** per procedure”

Kaiser Permanente Gold HMO D

- **The calendar year deductible no longer applies to the MRI, CT and PET (office setting) benefit**
- ***The calendar year deductible now applies to the Out-Patient Surgical Facility and Ambulatory Surgery Center benefits***
- The Generic prescription benefit has changed from “\$20 Copay (ded waived)” to “**\$15 Copay** (ded waived)”

Kaiser Permanente Gold HMO E

- The Calendar Year Deductible has changed from “\$1,750/\$3,300/\$3,500 (combined Med/Rx ded) (applies to Max OOP)” to “**\$1,900/\$3,400/\$3,800** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$4,000/\$8,000” to “**\$4,500/\$9,000**”

Kaiser Permanente Silver HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,750/\$17,500” to “**\$9,100/\$18,200**”
- The Laboratory benefit has changed from “\$30 Copay (ded waived)” to “**\$45 Copay** (ded waived)”
- The X-Ray benefit has changed from “\$75 Copay (ded waived)” to “**\$80 Copay**”

Kaiser Permanente - Continued

Kaiser Permanente Silver HMO B

- The Calendar Year Deductible has changed from "\$1,900/\$3,800 (combined Med/Rx ded) (applies to Max OOP)" to **"\$2,000/\$4,000 (combined Med/Rx ded) (applies to Max OOP)"**
- The Out-of-Pocket Maximum for individual/family has changed from "\$8,750/\$17,500" to **"\$8,900/\$17,800"**
- The Laboratory benefit has changed from "\$30 Copay (ded waived)" to **"\$35 Copay (ded waived)"**
- ***The calendar year deductible now applies to the X-Ray benefit***

Kaiser Permanente Silver HMO D

- The Calendar Year Deductible has changed from "\$2,850/\$3,300/\$5,700 (combined Med/Rx ded) (applies to Max OOP)" to **"\$3,200/\$3,400/\$6,400 (combined Med/Rx ded) (applies to Max OOP)"**
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,500/\$15,000" to **"\$8,300/\$16,600"**

Kaiser Permanente Silver HMO E

- The Calendar Year Deductible has changed from "\$2,900/\$5,800 (combined Med/Rx ded) (applies to Max OOP)" to **"\$3,100/\$6,200 (combined Med/Rx ded) (applies to Max OOP)"**
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,100/\$18,200" to **"\$9,800/\$19,600"**
- The following benefits have changed from "\$65 Copay (ded waived)" to **"\$75 Copay (ded waived)"**:
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
- The Laboratory benefit has changed from "\$30 Copay" to **"\$45 Copay"**
- The X-Ray benefit has changed from "\$75 Copay" to **"55%"**

Kaiser Permanente Bronze HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,850/\$17,700" to **"\$9,800/\$19,600"**
- The Laboratory benefit has changed from "\$40 Copay (ded waived)" to **"\$50 Copay (ded waived)"**
- The Generic prescription benefit has changed from "\$19 Copay (ded waived)" to **"\$20 Copay (ded waived)"**

Kaiser Permanente - Continued

Kaiser Permanente Bronze HMO C

- The Calendar Year Deductible has changed from “\$6,650/\$13,300 (combined Med/Rx ded) (applies to Max OOP)” to “**\$7,200/\$14,400** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$6,650/\$13,300” to “**\$7,200/\$14,400**”

Sharp Health Plan

Sharp Health Plan Platinum HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$6,500/\$13,000" to **"\$6,850/\$13,700"**
- The following benefits have changed from "\$20 Copay" to **"\$25 Copay"**:
 - Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management
- The Emergency Room benefit has changed from "\$150 Copay (waived if admitted)" to **"\$200 Copay (waived if admitted)"**
- The Specialty prescription benefit has changed from "Applicable Rx Copay" to **"90% (up to \$250 per prescription)"**

Sharp Health Plan Platinum HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$3,800/\$7,600" to **"\$4,200/\$8,400"**
- The following benefits have changed from "\$15 Copay" to **"\$20 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 Specialty prescription benefit has changed from "Applicable Rx Copay" to **"90% (up to \$250 per prescription)"**
- The Home Health Care benefit has changed from "\$15 Copay, 100 visits max per year" to **"\$20 Copay, 100 visits max per year"**

Sharp Health Plan Platinum HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$4,000/\$8,000" to **"\$4,400/\$8,800"**
- The Specialty prescription benefit has changed from "Applicable Rx Copay" to **"90% (up to \$250 per prescription)"**

Sharp Health Plan Gold HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,200/\$18,400" to **"\$9,950/\$19,900"**
- The Generic prescription benefit has changed from "\$16 Copay (ded waived)" to **"\$20 Copay (ded waived)"**
- The Specialty prescription benefit has changed from "\$250/\$500 Ded - Applicable Rx Copay" to "\$250/\$500 Ded - **80% (up to \$250 per prescription)**"

Sharp Health Plan - Continued

Sharp Health Plan Gold HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,200/\$18,400" to **"\$9,950/\$19,900"**
- The Generic prescription benefit has changed from "\$16 Copay (ded waived)" to **"\$20 Copay (ded waived)"**
- The Specialty prescription benefit has changed from "\$500/\$1,000 Ded - Applicable Rx Copay" to "\$500/\$1,000 Ded - **80% (up to \$250 per prescription)**"

Sharp Health Plan Gold HMO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,150/\$18,300" to **"\$9,500/\$19,000"**
- The Generic prescription benefit has changed from "\$16 Copay" to **"\$20 Copay"**
- The Specialty prescription benefit has changed from "Applicable Rx Copay" to **"80% (up to \$250 per prescription)"**

Sharp Health Plan Silver HMO A and HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,200/\$18,400" to **"\$9,950/\$19,900"**
- The Generic prescription benefit has changed from "\$16 Copay (ded waived)" to **"\$20 Copay (ded waived)"**
- The Specialty prescription benefit has changed from "\$300/\$600 Ded - Applicable Rx Copay" to "\$300/\$600 Ded - **80% (up to \$250 per prescription)**"

Sharp Health Plan Silver HMO C

- The Calendar Year Deductible has changed from "\$2,900/\$5,800 (applies to Max OOP)" to **"\$3,150/\$6,300 (applies to Max OOP)"**
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,200/\$18,400" to **"\$9,950/\$19,900"**
- The following benefits have changed from "\$65 Copay (ded waived)" to **"\$70 Copay (ded waived)"**:
 - Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management
- The Laboratory benefit has changed from "\$15 Copay" to **"\$20 Copay"**
- The X-Ray benefit has changed from "\$55 Copay" to **"\$75 Copay"**
- The Generic prescription benefit has changed from "\$16 Copay (overall ded waived)" to **"\$20 Copay (overall ded waived)"**
- The Specialty prescription benefit has changed from "Applicable Rx Copay (overall ded waived)" to **"80% (up to \$250 per prescription) (overall ded waived)"**

Sharp Health Plan - Continued

Sharp Health Plan Bronze HMO A

- The Generic prescription benefit has changed from "\$16 Copay (overall ded waived)" to "**\$20 Copay** (overall ded waived)"
- The Specialty prescription benefit has changed from "Applicable Rx Copay (overall ded waived)" to " **60% (up to \$500 per prescription)** (overall ded waived)"

Sharp Health Plan Bronze HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,100/\$14,200" to "**\$7,250/\$14,500**"
- The Specialty prescription benefit has changed from "Applicable Rx Copay (combined Med/Rx ded)" to " **60% (up to \$500 per prescription)** (combined Med/Rx ded)"

Sutter Health Plan

Sutter Health Plan Gold HMO A

- The Non-Formulary Brand prescription benefit has changed from "\$50 Copay (overall ded waived)" to "**\$60 Copay (overall ded waived)**"

Sutter Health Plan Gold HMO C

- The Calendar Year Deductible has changed from "\$1,650/\$3,300/\$3,300 (combined Med/Rx ded) (applies to Max OOP)" to "**\$1,700/\$3,400/\$3,400** (combined Med/Rx ded) (applies to Max OOP)"
- The Non-Formulary Brand prescription benefit has changed from "\$80 Copay (combined Med/Rx ded)" to "**\$100 Copay** (combined Med/Rx ded)"

Sutter Health Plan Silver HMO C

- The Calendar Year Deductible has changed from "\$2,800/\$3,300/\$5,600 (combined Med/Rx ded) (applies to Max OOP)" to "\$2,800/**\$3,400**/\$5,600 (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,200/\$14,400" to "**\$8,000/\$16,000**"
- The Non-Formulary Brand prescription benefit has changed from "\$60 Copay (combined Med/Rx ded)" to "**\$80 Copay** (combined Med/Rx ded)"

Sutter Health Plan Bronze HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,850/\$17,700" to "**\$9,800/\$19,600**"
- The Laboratory benefit has changed from "\$40 Copay (ded waived)" to "**\$50 Copay** (ded waived)"
- The Generic prescription benefit has changed from "\$19 Copay (ded waived)" to "**\$20 Copay** (ded waived)"

Sutter Health Plan Bronze HMO B

- The Calendar Year Deductible has changed from "\$6,650/\$13,300 (combined Med/Rx ded) (applies to Max OOP)" to "**\$7,200/\$14,400** (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$6,650/\$13,300" to "**\$7,200/\$14,400**"

UnitedHealthcare

UnitedHealthcare Platinum HMO A, HMO C and HMO H

- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$25 Copay" to "**\$30 Copay**"
- The following benefits have changed from "\$25 Copay" to "**\$30 Copay**":
 - Dr. Office Visits (PCP)
 - Laboratory
 - X-Ray
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$50 Copay" to "**\$55 Copay**"
- The MRI, CT and PET (office setting) benefit has changed from "\$200 Copay per procedure" to "**\$250 Copay** per procedure"
- The Home Health Care benefit has changed from "\$25 Copay, 100 visits max per year" to "**\$30 Copay**, 100 visits max per year"

UnitedHealthcare Platinum HMO E, HMO G and HMO I

- The MRI, CT and PET (office setting) benefit has changed from "\$150 Copay per procedure" to "**\$200 Copay** per procedure"

UnitedHealthcare Gold HMO A, HMO B and HMO L

- The Calendar Year Deductible has changed from "\$1,250/\$2,500 (applies to Max OOP)" to "**\$1,500/\$3,000** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$6,750/\$13,500" to "**\$7,600/\$15,200**"
- The MRI, CT and PET (office setting) benefit has changed from "\$300 Copay (ded waived) per procedure" to "**\$350 Copay** (ded waived) per procedure"

UnitedHealthcare Gold HMO F, HMO G and HMO M

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,500/\$15,000" to "**\$7,900/\$15,800**"
- The MRI, CT and PET (office setting) benefit has changed from "\$300 Copay per procedure" to "**\$350 Copay** per procedure"

UnitedHealthcare Gold HMO H, HMO J and HMO N

- The MRI, CT and PET (office setting) benefit has changed from "\$300 Copay (ded waived) per procedure" to "**\$350 Copay** (ded waived) per procedure"

UnitedHealthcare Gold HMO O, HMO P and HMO Q

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

UnitedHealthcare - Continued

- The MRI, CT and PET (office setting) benefit has changed from "\$200 Copay per procedure" to "**\$250 Copay** per procedure"

UnitedHealthcare Silver HMO A, HMO E and HMO F

- The Calendar Year Deductible has changed from "\$2,400/\$4,800 (applies to Max OOP)" to "**\$2,500/\$5,000** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,200/\$18,400" to "**\$9,900/\$19,800**"
- The Formulary Brand prescription benefit has changed from "\$400/\$800 Ded - Tier 2 Non-specialty \$80 Copay/Tier 2 Specialty \$150 Copay" to "\$400/\$800 Ded - Tier 2 Non-specialty **\$85 Copay**/Tier 2 Specialty \$150 Copay"

UnitedHealthcare Silver HMO G

- The Calendar Year Deductible has changed from "\$2,000/\$4,000 (applies to Max OOP)" to "**\$2,500/\$5,000** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,200/\$18,400" to "**\$9,600/\$19,200**"
- The Formulary Brand prescription benefit has changed from "\$400/\$800 Ded - Tier 2 Non-specialty \$80 Copay/Tier 2 Specialty \$150 Copay" to "\$400/\$800 Ded - Tier 2 Non-specialty **\$85 Copay**/Tier 2 Specialty \$150 Copay"

Western Health Advantage

Western Health Advantage All Plans

- The Pediatric Vision - Carrier has changed from “EyeMed” to “**Vision Service Plan (VSP)**”
- The Pediatric Vision - Network has changed from “Eyewaer Only” to “**VSP Advantage**”

Western Health Advantage Platinum HMO A and HMO C, Gold HMO A, HMO C and HMO D, Silver HMO A and HMO C, and Bronze HMO C

- The Adult Vision Exam has changed from “Yes” to “Yes with **VSP provider**”

Western Health Advantage Platinum HMO B, Gold HMO B, Silver HMO B and Bronze HMO B

- The Adult Vision Exam has changed from “Yes” to “**Not Covered**”

Western Health Advantage Platinum HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$4,000/\$8,000” to “**\$5,500/\$11,000**”
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from “\$150 Copay” to “**\$200 Copay**”

Western Health Advantage Platinum HMO B

- The Chiropractic benefit has changed from “\$15 Copay, 20 visits max per year” to “**Not Covered**”
- The Acupuncture benefit has changed from “\$15 Copay” to “**\$20 Copay**”

Western Health Advantage Platinum HMO C

- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from “\$150 Copay” to “**\$200 Copay**”
- The Generic prescription benefit has changed from “\$5 Copay” to “**\$10 Copay**”

Western Health Advantage Gold HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,500/\$15,000” to “**\$8,750/\$17,500**”
- The X-Ray benefit has changed from “\$40 Copay” to “**\$60 Copay**”

Western Health Advantage Gold HMO B

- The Chiropractic benefit has changed from “\$15 Copay (ded waived), 20 visits max per year” to “**Not Covered**”
- The Acupuncture benefit has changed from “\$15 Copay (ded waived)” to “**\$35 Copay** (ded waived)”

Western Health Advantage - Continued

Western Health Advantage Gold HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,800/\$15,600" to **"\$8,500/\$17,000"**

Western Health Advantage Gold HMO D

- The Calendar Year Deductible has changed from "\$2,600/\$3,300/\$5,200 (combined Med/Rx ded) (applies to Max OOP)" to **"\$2,900/\$3,400/\$5,800"** (combined Med/Rx ded) (applies to Max OOP)"

Western Health Advantage Silver HMO A

- The X-Ray benefit has changed from "\$75 Copay (ded waived)" to **"\$80 Copay"** (ded waived)"
- The MRI, CT and PET (office setting) benefit has changed from "\$350 Copay (ded waived)" to **"\$500 Copay"**
- **The calendar year deductible no longer applies to the Urgent Care benefit**
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$350 Copay" to **"\$500 Copay"**

Western Health Advantage Silver HMO B

- The Chiropractic benefit has changed from "\$15 Copay (ded waived), 20 visits max per year" to **"Not Covered"**
- The Acupuncture benefit has changed from "\$15 Copay (ded waived)" to **"\$55 Copay"** (ded waived)"

Western Health Advantage Silver HMO C

- The Calendar Year Deductible has changed from "\$2,850/\$3,300/\$5,700 (combined Med/Rx ded) (applies to Max OOP)" to **"\$3,200/\$3,400/\$6,400"** (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,500/\$15,000" to **"\$8,300/\$16,600"**

Western Health Advantage Bronze HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,850/\$17,700" to **"\$9,800/\$19,600"**
- The Laboratory benefit has changed from "\$40 Copay (ded waived)" to **"\$50 Copay"** (ded waived)"
- The Generic prescription benefit has changed from "\$19 Copay (ded waived)" to **"\$20 Copay"** (ded waived)"
- The Chiropractic benefit has changed from "\$15 Copay (ded waived), 20 visits max per year" to **"Not Covered"**
- The Acupuncture benefit has changed from "\$15 Copay (ded waived)" to **"\$60 Copay"** (ded waived)"

Western Health Advantage - Continued

Western Health Advantage Bronze HMO C

- The Calendar Year Deductible has changed from “\$6,650/\$13,300 (combined Med/Rx ded) (applies to Max OOP)” to “**\$7,200/\$14,000** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$6,650/\$13,300” to “**\$7,200/\$14,000**”

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