

12) Changes in Enrollee Cost Sharing

Describe any changes in enrollee cost sharing over the prior year associated with the submitted rate information, including both of the following:

(i) Actual copays, coinsurance, deductibles, annual out of pocket maximums, and any other cost sharing by the following categories: hospital inpatient, hospital outpatient, (including emergency room), physician and other professional services, prescription drugs from pharmacies, laboratory services (other than hospital inpatient), radiology services (other than hospital inpatient), other (describe).

Point of Service (POS), Preferred Provider Organization (PPO) and Out-of-Area (OOA)

Non-Grandfathered (NGF) and Grandfathered (GF) Plans

- 1. Coverage of Preventive Services in accordance with Affordable Care Act (ACA) requirements - The preventive care services that are covered at no charge and not subject to any Deductible when received at the Participating Provider tier have been expanded to include coverage for the following:**
 - a. Vasectomies, under the Participating Provider Tier, will now be at No-Charge.
 - b. COVID-19 for home antigen test kits and molecular tests will be at No-Charge
- 2. The scope of the term “Dependent” now includes:**
 - a. Foster children if you or your Spouse have the legal authority to direct their care.
- 3. Pursuant to CA Senate Bill 1338, the following exception has been made surrounding “Confinement, treatment, services or supplies that are required: a) by a court of law; or b) for insurance, travel, employment, school, camp, government licensing, or similar purposes.” that is found under the General Limits and Exclusions:**
 - a. Namely, that this exclusion does not apply to court-ordered treatment plans in accordance with applicable CA state law(s).
- 4. General Benefits - The following changes have been made to General Benefits as an enhancement:**
 - a. Refractive Eye has been added at no charge for Par Tier and Non-Par Tier.