2027 Plan Transition Guide

Beginning with February 1, 2027 Renewals

The 2026 Medical plans shown in the first column below are not available for a 2027 renewal. On the group's renewal effective date, members enrolled in these plans will roll to a corresponding Medical plan in the 2027 column. **Members may select another health plan benefit option by submitting an Employee Change Request Form.**

2026 CaliforniaChoice® Medical Plan	2026 CaliforniaChoice Medical Plan Network	2027 CaliforniaChoice Medical Plan Employer Rating Area	2027 CaliforniaChoice Medical Plan California Residents	2027 CaliforniaChoice Medical Plan Network
Health Net Platinum HMO C	WholeCare	1-14 15-16, 18-19 17	**Anthem Blue Cross** Platinum HMO A **UnitedHealthcare** Platinum HMO H **UnitedHealthcare** Platinum HMO C	Select HMO Harmony Alliance
Health Net Platinum HMO E	Full	1-19	**Anthem Blue Cross** Platinum HMO A	Select HMO
Health Net Platinum HMO F	WholeCare	1-14 15-16, 18-19 17	**Anthem Blue Cross** Platinum HMO A **UnitedHealthcare**Platinum HMO H **UnitedHealthcare** Platinum HMO C	Select HMO Harmony Alliance
Health Net Platinum HMO G	Salud HMO y Mas	1-12, 14 13 15-19	**Anthem Blue Cross** Platinum HMO A **UnitedHealthcare** Platinum HMO A **UnitedHealthcare** Platinum HMO H	Select HMO SignatureValue Harmony
Health Net Platinum HMO H	Full	1-19	**Anthem Blue Cross** Platinum HMO A	Select HMO
Health Net Platinum HMO I	SmartCare	1-12, 14 13 15-19	**Anthem Blue Cross** Platinum HMO A **UnitedHealthcare** Platinum HMO A **UnitedHealthcare** Platinum HMO H	Select HMO SignatureValue Harmony
Health Net Platinum HMO J	SmartCare	1-12, 14 13 15-19	**Anthem Blue Cross** Platinum HMO A **UnitedHealthcare** Platinum HMO A **UnitedHealthcare** Platinum HMO H	Select HMO SignatureValue Harmony
Health Net Gold HMO A	WholeCare	1-14 15-16, 18 17, 19	**Anthem Blue Cross** Gold HMO A **UnitedHealthcare** Gold HMO L **UnitedHealthcare** Gold HMO B	Select HMO Harmony Alliance
Health Net Gold HMO B	WholeCare	1-14 15-16, 18 17, 19	**Anthem Blue Cross** Gold HMO A **UnitedHealthcare** Gold HMO N **UnitedHealthcare** Gold HMO J	Select HMO Harmony Alliance
Health Net Gold HMO C	WholeCare	1-14 15-16, 18 17, 19	**Anthem Blue Cross** Gold HMO A **UnitedHealthcare** Gold HMO N **UnitedHealthcare** Gold HMO J	Select HMO Harmony Alliance
Health Net Gold HMO D	Salud HMO y Mas	1-12, 14 13 15- 19	**Anthem Blue Cross** Gold HMO A **UnitedHealthcare** Gold HMO A **UnitedHealthcare** Gold HMO N	Select HMO SignatureValue Harmony
Health Net Gold HMO E	Full	1-5, 7-19 6	**Anthem Blue Cross** Gold HMO A **UnitedHealthcare** Gold HMO A	Select HMO SignatureValue

Continued on next page.

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2026 CaliforniaChoice® Medical Plan	2026 CaliforniaChoice Medical Plan Network	2027 CaliforniaChoice Medical Plan Employer Rating Area	2027 CaliforniaChoice Medical Plan California Residents	2027 CaliforniaChoice Medical Plan Network
Health Net Gold HMO G	Full	1-5, 7-19 6	**Anthem Blue Cross** Gold HMO A **UnitedHealthcare** Gold HMO A	Select HMO SignatureValue
Health Net Gold HMO H	SmartCare	1-12, 14 13 15- 19	**Anthem Blue Cross** Gold HMO A **UnitedHealthcare** Gold HMO A **UnitedHealthcare** Gold HMO N	Select HMO SignatureValue Harmony
Health Net Gold HMO I	SmartCare	1-12, 14 13 15- 19	**Anthem Blue Cross** Gold HMO A **UnitedHealthcare** Gold HMO A **UnitedHealthcare** Gold HMO N	Select HMO SignatureValue Harmony
Health Net Silver HMO A	WholeCare	1-19	**Anthem Blue Cross** Silver HMO A	Select HMO
UnitedHealthcare Gold HMO O	Alliance	1-19	**UnitedHealthcare** Gold HMO J	Alliance
UnitedHealthcare Gold HMO P	Harmony	1-19	**UnitedHealthcare** Gold HMO N	Harmony
UnitedHealthcare Gold HMO Q	SignatureValue	1-19	**UnitedHealthcare** Gold HMO H	SignatureValue
Western Health Advantage Platinum HMO A	Full	1-19	**Western Health Advantage** Platinum HMO D	Full
Western Health Advantage Silver HMO A	Full	1-19	**Western Health Advantage** Silver HMO D	Full

IMPORTANT:

- **Employer may select another tier(s) or contribution option by submitting an Employer Change Request Form. Employee may select another health plan benefit option by submitting an Employee Change Request Form.**
- **Alternate plan options are available with different premiums, benefits and networks. Please contact your Renewal Sales Representative at 800.542.4218 for options and revised Employee Renewal Enrollment Worksheets.**
- **An employee must live, work or reside in the Health Plan's service area to be eligible for coverage with that Health Plan. Rating is based on the employer ZIP Code/County.**

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