



ATTACHMENT A: ERRATA / ADDENDUM TO THE 2026 CALVIVA HEALTH MEMBER HANDBOOK/ EVIDENCE OF COVERAGE

IMPORTANT CHANGE TO YOUR 2026 MEMBER HANDBOOK: Certain Gender-Affirming Care

Starting on October 13, 2026, Medi-Cal will not pay for some gender-affirming care when it is used to treat gender dysphoria for Medi-Cal members under age 18 and for CHIP members under age 19. This change is because of a new federal law.

Services affected:

- » Surgery, such as mastectomy or breast augmentation
- » Puberty blockers
- » Hormone therapy, such as estrogen or testosterone

This does not mean you cannot get care. California supports access to medically necessary care. The state will use state funds to pay for medically necessary gender-affirming care for Medi-Cal and CHIP members when it is clinically appropriate and recommended by a qualified provider.

The California Department of Health Care Access and Information (HCAI) will help pay for the affected services. This program is separate from Medi-Cal, which is overseen by the Department of Health Care Services (DHCS). More details will be posted on the HCAI and DHCS websites when they are available.

Medi-Cal will continue to pay for other medically necessary gender-affirming care services for Medi-Cal members under age 18 and for CHIP members under age 19. These include office visits, lab tests, speech therapy, and psychotherapy, when medically



Call Member Services at 1-888-893-1569 (TTY 711).
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necessary. Medi-Cal will also continue to cover medically necessary services, including the services listed above, when they treat another medical condition other than gender dysphoria or when they treat a complication, infection, injury, disease, or disorder caused or worsened by a previous procedure. Medi-Cal will continue to pay for the services listed above for members age 18 and older.

If you are now getting one of the affected services:

- » Your Medi-Cal managed care plan will contact you if this change affects an approval for a service on or after October 13, 2026.
- » If your plan ends or reduces a previously approved service, you will get a written Notice of Action. It will explain the reason and your rights to appeal and to ask for a State Hearing.
- » You may have rights to continue benefits while an appeal or State Hearing is pending, depending on your situation.

Questions or help:

- » Call CalViva Health Member Services at 1-888-893-1569 (TTY 711).
- » You can also talk with your health care provider about your treatment and options.
- » More information about the HCAI program will be posted as it becomes available.

Please keep this notice with your 2026 Member Handbook/Evidence of Coverage. It updates the section on gender-affirming care services starting October 13, 2026.

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