

# OREGON PLAN CHANGES

The following changes were made to large group standard plan designs for 2024.

# 2024

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# Summary of 2023 to 2024 plan changes

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# What's new at Kaiser Permanente

**Below are some highlights of changes over the last year.**

## **Members enrolled in a Choice Product plan can access the Cigna Healthcare<sup>SM</sup> PPO network<sup>1</sup>**

On January 1, 2024, the Cigna Healthcare PPO Network will replace the First Choice Health Network and First Health Network **outside of Oregon and other states where Kaiser Permanente operates<sup>2</sup>** for members enrolled in an Oregon Dual Choice PPO<sup>TM</sup>, Oregon Added Choice<sup>®</sup> POS, or Oregon PPO Plus plan.

Inside Oregon and the other states where Kaiser Permanente operates, there is no provider network change. Members will still be able to get in-network care from First Choice Network providers in Oregon and Washington and First Health Network providers in California, Colorado, Georgia, Hawaii, Maryland, Virginia, and Washington, D.C.

Kaiser Permanente's relationship with the Cigna Healthcare PPO Network provides the flexibility and freedom members need, nationwide. With this improvement, members:

- May have lower out-of-pocket costs for services with a cost share due to favorable contracted rates.
- Should have an easier experience accessing care due to Cigna Healthcare's brand recognition.
- Gain access to a broad, stable network of providers that is actively managed across the U.S.

<sup>1</sup>The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.

<sup>2</sup>Kaiser Permanente operates in the states of California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

## Primary Care Access

Kaiser Permanente will be offering the following benefits upon plan renewals on or after January 1, 2024:

- Your employees will get their first preventive care visit each year, either virtually or in-person, at \$0 cost share.
- Your employees will also get their first 3 visits each year for primary care and primary care-related services at \$5 cost share per visit on most plans. Here are some important details:
  - o Plan cost share is \$5 for covered services. The deductible will apply for covered services on an HSA-qualified HDHP plan but will not apply on any other plan type.
  - o Includes any combination of in-person or virtual care.
  - o Primary care-related services include naturopathic care, and outpatient mental health and substance use disorder treatment.
  - o This applies only when you get care from Kaiser Permanente facilities/providers or with other in-network providers. This does not apply when you get care from out-of-network providers.

## Care wherever life takes you

Your employees have many convenient options to stay on top of their health remotely. For primary care, specialty care, and mental health services, they can connect across the U.S. to:

- 24/7 care and advice from Kaiser Permanente clinicians by phone or video.
- Access care by phone, video, or e-visits.<sup>1,2,3,4</sup>
- Email nonurgent questions to their care team.

## Health Engagement and Wellness Services classes – at no additional cost to members

Making informed choices and creating balance can improve or maintain your employees' health. And a class can help. From COVID-19 recovery to quitting tobacco and vaping, we offer classes online and over the phone to fit individual learning styles. Visit [kp.org/classes](https://kp.org/classes) for information on Health Engagement and Wellness Services classes.

<sup>1</sup>When appropriate and available. These features apply to care you get at Kaiser Permanente facilities.

<sup>2</sup>To have a video visit, members must be registered on [kp.org](https://kp.org) and have a camera-equipped computer or mobile device. If you travel out of state, phone and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

<sup>3</sup>Applicable cost shares will apply for services or items ordered during an e-visit.

<sup>4</sup>If you have an HSA-qualified, high deductible plan, you will need to pay the full charges for e-visits, scheduled phone, and video visits until you reach your deductible. Once you reach your deductible, your copay is \$0 for e-visits, scheduled phone and video visits.

## Summary of 2023 to 2024

# NORTHWEST PLAN CHANGES

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2024, unless stated otherwise.

## Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
<b>Behavioral health</b>	The term "mental health" has been changed to "behavioral health" where appropriate throughout the <i>Evidence of Coverage (EOC)</i> , Benefit Summary, and Prescription Drug Rider.	To comply with changes relating to behavioral health set out in House Bill 3946 from the 2021 OR legislative session, and subsequent rule-making.
<b>Diagnostic and supplemental breast examinations</b>	The cost share for diagnostic and supplemental breast examinations will be \$0. For HSA-qualified high deductible health plans (HDHPs), the \$0 cost share applies after meeting the plan deductible.	To comply with OR SB 1041, which requires coverage for diagnostic and supplemental breast imaging at no cost share, except for HDHPs.
<b>Fertility</b>	"Infertility" terminology will be replaced with "fertility" in all 2024 plan-related documents.	Alignment with more commonly used terminology.

# Medical plan benefit changes and clarifications (cont.)

Benefit	Summary of changes	Reason for change
<b>Group Agreement</b>	Group Agreements will be revised to include a provision addressing how Kaiser Permanente is helping groups satisfy their obligations for prescription drug and health care cost reporting and other transparency activities.	Implementation of federal regulations related to Transparency in Coverage, and the Consolidated Appropriations Act, 2021 (HR133), including the No Surprises Act.
<b>Hearing aid coverage for dependent children</b>	Benefits for treatment of hearing loss will be revised: <ul style="list-style-type: none"> <li>• The member's cost share will no longer be subject to deductible except for in HSA-qualified high deductible health plans.</li> <li>• Coverage includes assistive listening devices and the components required for a device to function properly; fitting, programming, and reprogramming; and ear molds and replacement ear molds.</li> </ul>	Benefit clarification and enhancements to comply with OR HB 2994.
<b>HIV post-exposure (PEP) therapy cost-sharing</b>	The cost share for PEP drugs will be \$0. Previously, the cost share followed your plan's cost sharing for prescription drugs. For HSA-qualified HDHPs, the \$0 cost share applies after meeting the plan deductible.	To comply with OR HB 2574.
<b>Kp.org URL update for Choice Products</b>	The existing product-specific pages ( <a href="https://kp.org/addedchoice/nw">kp.org/addedchoice/nw</a> , <a href="https://kp.org/ppoplus/nw">kp.org/ppoplus/nw</a> , and <a href="https://kp.org/dualchoice/nw">kp.org/dualchoice/nw</a> ) will be changed to <a href="https://kp.org/choiceproducts/nw">kp.org/choiceproducts/nw</a> , where users will be directed to the Choice Product landing page. This change impacts Added Choice, PPO Plus, and Dual Choice.	Improves the member's navigation experience and matches the information members will see on their ID cards and other member materials.



# Medical plan benefit changes and clarifications (cont.)

Benefit	Summary of changes	Reason for change
<b>Primary care access</b>	<p>Kaiser Permanente will be offering the following benefits upon plan renewals on or after January 1, 2024:</p> <ul style="list-style-type: none"> <li>• Members will get their first preventive care visit each year, either virtually or in-person, at \$0 cost share.</li> <li>• Members will also get their first 3 visits each year for primary care and primary care-related services at \$5 cost share on most plans. Here are some important details: <ul style="list-style-type: none"> <li>o Plan cost share is \$5 for covered services. The deductible will apply for covered services on an HSA-qualified HDHP plan but will not apply on any other plan type.</li> <li>o Includes any combination of in-person or virtual care.</li> <li>o Primary care-related services include naturopathic care, and outpatient mental health and substance use disorder treatment.</li> <li>o This applies only when you get care from Kaiser Permanente facilities/providers or with other in-network providers. This does not apply when you get care from out-of-network providers.</li> </ul> </li> </ul>	Reduces member cost share barriers to receiving preventive and primary care in accordance with OR Senate Bill 1529 (2022 legislative session) and OR HB 3008 (2023 legislative session).
<b>Non-prescription hearing aids</b>	Non-prescription hearing aids, including over-the-counter hearing aids, will be excluded from hearing aid rider benefits.	Benefit clarification.



# Deductible health plans

Summary of changes		Reason for change
Three plans will be removed from the portfolio.		Portfolio simplification and plan alignment.
Plans affected	Changing from	Changing to
DED Plan C 750/20/20%/3000	Plan is offered.	Plan will not be offered.
DED Plan E 1500/30%/30%/4000	Plan is offered.	Plan will not be offered.
DED Plan G 2500/30%/30%/5000	Plan is offered.	Plan will not be offered.

# Virtual Complete health plans

(Deductible and Dual Choice Deductible)

Summary of changes	Reason for change
Virtual Complete plans will be removed from the Oregon portfolio.	Plans will be redesigned to adopt OR Senate Bill 1529 and House Bill 3008-mandated inclusion of first 3 primary care visits at \$5, thereby replacing the Virtual Complete cross-accumulating benefits for first 3 visits, not subject to deductible. Existing groups must adopt these plan design changes.

# High deductible health plans

Summary of changes		Reason for change
Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that provides hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians. This benefit was previously not available in high deductible plans.		Benefit enhancement. When clinically appropriate, this benefit will provide an alternative to hospitalization. Members will have the option to be treated and receive support in the comfort of their own home.
For 2024, the Internal Revenue Service (IRS) changed the minimum deductible amounts for HSA-qualified high deductible health plans from \$1,500 for self-only and \$3,000 for a family to \$1,600 for self-only and \$3,200 for a family. We will adjust the minimum deductible amounts for any high deductible plans affected by the IRS changes.		The IRS increased the HDHP minimum deductible amounts for 2024.
One new plan will be added to the portfolio.		Adding a 10% embedded plan
Three plans will be removed from the portfolio.		Aligning offering with the IRS HSA minimum deductibles and removed redundant plans.
Plans affected	Changing from	Changing to
HDHP Plan A 1600/10%/2500 HDHP Plan A 1600/20%/3500	Deductible (self-only/family): \$1,500/\$3,000	Deductible (self-only/family): \$1,600/\$3,200
HDHP Plan D 3000/20%/5600	Plan is offered.	Plan will not be offered.
HDHP Plan D 3000/30%/5600	Plan is offered.	Plan will not be offered.
HDHP Plan E 3200/10%/6000	Plan is not offered.	Plan will be offered.
HDHP Plan E 3200/20%/6000 HDHP Plan E 3200/30%/6000	Deductible (self-only): \$3,000	Deductible (self-only): \$3,200
HDHP Plan G 4000/40%/7000	Plan is offered.	Plan will not be offered.

# Kaiser Permanente Plus health plans

Summary of changes		Reason for change
Three plans will be removed from the portfolio.		Plan alignment.
Plans affected	Changing from	Changing to
KP Plus Plan C 750/20/20%/3000	Plan is offered.	Plan will not be offered.
KP Plus Plan E 1500/30%/30%/4000	Plan is offered.	Plan will not be offered.
KP Plus Plan G 2500/30%/30%/5000	Plan is offered.	Plan will not be offered.

# Dual Choice PPO health plans

Summary of changes	Reason for change
On January 1, 2024, the Cigna Healthcare PPO Network <sup>1</sup> will replace the First Choice Health Network and First Health Network outside of Oregon and other states where Kaiser Permanente operates. <sup>2</sup> Members will still be able to get in-network care from First Choice Network providers in Oregon and Washington and First Health Network providers in California, Colorado, Georgia, Hawaii, Maryland, Virginia, and Washington, D.C.	Improved member experience.
The member cost share for out-of-network non-emergency medical transportation will change from the plan coinsurance to 50% coinsurance after deductible, with a \$2,000 benefit maximum each calendar year, for all Dual Choice plans.	Changing to a standard benefit across plans for simplification.
One plan name will change as noted below.	Simplifying plan name.
Three deductible plans will be removed from the portfolio as noted below.	Alignment across plan portfolio.

# Dual Choice PPO health plans (cont.)

Summary of changes		Reason for change
For 2024, the Internal Revenue Service (IRS) changed the minimum deductible amounts for HSA-qualified high deductible health plans from \$1,500 for self-only and \$3,000 for a family to \$1,600 for self-only and \$3,200 for a family. We will adjust the minimum deductible amounts for any high deductible plans affected by the IRS changes.		The IRS increased the HDHP minimum deductible amounts for 2024.
One new high deductible, HSA-qualified plan will be added to the portfolio.		Adding a 10% embedded plan.
Three high deductible, HSA-qualified plans will be removed from the portfolio as noted below.		Removing redundant plans to simplify the portfolio.
Plans affected	Changing from	Changing to
Dual Choice PPO Plan C 750/20/20%/3500 (with split copays)	Plan name includes (with split copays).	Plan name excludes (with split copays).
Dual Choice PPO Plan C 750/20/20%/3500 (without split copays)	Plan is offered.	Plan will not be offered.
Dual Choice PPO Plan E 1500/30%/30%/5000	Plan is offered.	Plan will not be offered.
Dual Choice PPO Plan G 2500/30%/30%/6000	Plan is offered.	Plan will not be offered.
Dual Choice PPO HDHP Plan A 1600/10%/2500 Dual Choice PPO HDHP Plan A 1600/20%/3500	Deductible (self-only/family): \$1,500/\$3,000 (in-network)	Deductible (self-only/family): \$1,600/\$3,200 (in-network)
Dual Choice PPO HDHP Plan E 3200/10%/6000	Plan is not offered.	Plan will be offered.
Dual Choice PPO HDHP Plan E 3200/20%/6000 Dual Choice PPO HDHP Plan E 3200/30%/6000	Deductible (self-only): \$3,000 (in-network)	Deductible (self-only): \$3,200 (in-network)
Dual Choice PPO HDHP Plan D 3000/20%/5600	Plan is offered.	Plan will not be offered.
Dual Choice PPO HDHP Plan D 3000/30%/5600	Plan is offered.	Plan will not be offered.
Dual Choice PPO HDHP Plan G 4000/40%/7000	Plan is offered.	Plan will not be offered.



# Added Choice point-of-service plans

Summary of changes		Reason for change
The member cost share for out-of-network non-emergency medical transportation will change from the plan coinsurance to 50% coinsurance after deductible, with a \$2,000 benefit maximum each calendar year, for all Added Choice plans.		Changing to a standard benefit across plans for simplification.
On January 1, 2024, the Cigna Healthcare PPO Network <sup>1</sup> will replace the First Choice Health Network and First Health Network outside of Oregon and other states where Kaiser Permanente operates. <sup>2</sup> Members will still be able to get in-network care from First Choice Network providers in Oregon and Washington and First Health Network providers in California, Colorado, Georgia, Hawaii, Maryland, Virginia, and Washington, D.C.		Improving the member experience.
For 2024, the Internal Revenue Service (IRS) changed the minimum deductible amounts for HSA-qualified high deductible health plans from \$1,500 for self-only and \$3,000 for a family to \$1,600 for self-only and \$3,200 for a family. We will adjust the minimum deductible amounts for any high deductible plans affected by the IRS changes.		The IRS increased the HDHP minimum deductible amounts for 2024.
Plans affected	Changing from	Changing to
POS HDHP AA 1600/10%/2500	Deductible (self-only/family): \$1,500/\$3,000 (Select and PPO providers)	Deductible (self-only/family): \$1,600/\$3,200 (Select and PPO providers)
POS HDHP EE 3200/10%/6000	Deductible (self-only/family): \$3,000/\$6,000 (Select and PPO providers)	Deductible (self-only/family): \$3,200 / \$6,400 (Select and PPO providers)
POS HDHP EE 3200/10%/4000 POS HDHP EE 3200/20%/6000	Deductible (self-only): \$3,000 (Select and PPO providers)	Deductible (self-only): \$3,200 (Select and PPO providers)

# Out-of-area PPO Plus plans

Summary of changes		Reason for change
The member cost share for out-of-network non-emergency medical transportation will change from the plan coinsurance to 50% coinsurance after deductible, with a \$2,000 benefit maximum each calendar year, for all PPO Plus plans.		Changing to a standard benefit across plans for simplification.
On January 1, 2024, the Cigna Healthcare PPO Network <sup>1</sup> will replace the First Choice Health Network and First Health Network outside of Oregon and other states where Kaiser Permanente operates. <sup>2</sup> Members will still be able to get in-network care from First Choice Network providers in Oregon and Washington and First Health Network providers in California, Colorado, Georgia, Hawaii, Maryland, Virginia, and Washington, D.C.		Improving the member experience.
For 2024, the Internal Revenue Service (IRS) changed the minimum deductible amounts for HSA-qualified high deductible health plans from \$1,500 for self-only and \$3,000 for a family to \$1,600 for self-only and \$3,200 for a family. We will adjust the minimum deductible amounts for any high deductible plans affected by the IRS changes.		The IRS increased the HDHP minimum deductible amounts for 2024.
Two 20% plans will be added to the portfolio.		Expanding offering.
Plans affected	Changing from	Changing to
PPO Plus Plan WDT 1000/20%/3000	Plan is not offered.	Plan will be offered.
PPO Plus Plan WDU 1500/20%/5500	Plan is not offered.	Plan will be offered.
PPO Plus HDHP AA Plan WFI 1600/20%/3500	Deductible (self-only/ family): \$1,500/\$3,000 (PPO providers)	Deductible (self-only/ family): \$1,600/\$3,200 (PPO providers)
PPO Plus HDHP EE Plan WAT 3200/20%/4000	Deductible (self-only): \$3,000 (PPO providers)	Deductible (self-only): \$3,200 (PPO providers)

# Dental benefit plan changes

Benefit	Summary of changes	Reason for change
<b>Dental office visits</b>	We will add language to the dental benefit summaries letting members know that their office visit cost share is in addition to cost shares for any services provided during the dental visit.	Benefit clarification.
<b>Dental plan names</b>	Changing the plan naming convention from Flat Fee to Copay: <ul style="list-style-type: none"> <li>Flat Fee Low Option to Copay Plan Low</li> <li>Flat Fee Mid Option to Copay Plan Mid</li> <li>Flat Fee High Option to Copay Plan High</li> </ul>	Adding clarity to plan names for copay-structured dental plans.
<b>Dental implants</b>	Adding the following 2 options: <ul style="list-style-type: none"> <li>50% up to \$3,000 per year implant-specific benefit maximum</li> <li>50% up to \$4,000 per year implant-specific benefit maximum</li> </ul>	Expanding implant buy-up options for Traditional and PPO dental plans.
	Adding the following 3 options: <ul style="list-style-type: none"> <li>\$0 up to \$1,000 per year plan benefit maximum</li> <li>\$0 up to \$1,500 per year plan benefit maximum</li> <li>\$0 up to \$2,000 per year implant-specific benefit maximum</li> </ul>	New implant options for copay dental plans.

<sup>1</sup>The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.

<sup>2</sup>Kaiser Permanente operates in the states of California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

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These are a summary of changes and not a contract. Subject to change.