

# WASHINGTON 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.**

## **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 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 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
Abortion services	The cost share for abortion services will be \$0. For HSA-qualified high deductible health plans (HDHPs), the \$0 cost share applies after meeting the minimum deductible.	To comply with WA HB 5242, which requires coverage of abortion services at no cost share, except for HDHPs.
Diagnostic and supplemental breast examinations	The cost share for diagnostic and supplemental breast examinations will be \$0. For HSA-qualified HDHPs, the \$0 cost share applies after meeting the minimum deductible.	To comply with WA SSB 5396, which requires coverage for diagnostic and supplemental breast imaging at no cost share, except for HDHPs.
Fertility	"Infertility" terminology will be replaced with "fertility" in all 2024 plan-related documents.	Alignment with more commonly used terminology.
Group Agreement	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 (HR 133), including the No Surprises Act.

# Medical plan benefit changes and clarifications (cont.)

Benefit	Summary of changes	Reason for change
Hearing instruments	We will add a new benefit for hearing aids and bone conduction hearing devices. We will cover up to \$3,000 per ear, every 36 months at \$0 cost share. For HSA-qualified HDHPs, the \$0 cost share applies after meeting the minimum deductible.	This is a new benefit that will be added to all large group plans to comply with WA HB 1222. Previously, coverage for hearing aid devices was only available as a rider.
Kp.org URL update for Choice products	The existing product specific pages ( <a href="http://kp.org/addedchoice/nw">kp.org/addedchoice/nw</a> , <a href="http://kp.org/ppoplus/nw">kp.org/ppoplus/nw</a> , and <a href="http://kp.org/dualchoice/nw">kp.org/dualchoice/nw</a> ) will be changed to <a href="http://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.
Limited dental services	The coverage description of "Limited Dental Services" in the medical <i>Evidence of Coverage (EOC)</i> will be modified to include that covered services may be provided by a licensed dentist or other dental professional, such as an expanded practice dental hygienist, a denturist, or a pediatric dental assistant.	Benefit clarification.
Modernizing prior authorization process	The <i>EOC</i> will be revised in several sections to indicate prior authorization requests received electronically will be responded to within 3 calendar days and requests received orally or in writing will be responded to within 5 calendar days.	To comply with updated response times included in WA HB 1357.

# Deductible health plans

Summary of changes		Reason for change
Three plans will be removed from the portfolio.		Alignment across plan portfolio.
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
<p>Cross-accumulating benefit changes:</p> <ul style="list-style-type: none"> <li>Benefits that cross-accumulate for the first 3 visits not subject to deductible will now include any combination of in-person or telemedicine services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services from all contracted providers combined.</li> <li>Routine vision exam will no longer be included in cross-accumulating benefits for the first 3 visits.</li> <li>This will apply to both in-person and telehealth visits and no longer applies to just in-person visits.</li> </ul>	Matching plan design to the changes in Oregon to meet OR Senate Bill 1529 and House Bill 3008 plan design requirements.



# 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.		Alignment across plan portfolio.
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
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.
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 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.
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.	Removing redundant plans to simplify the portfolio.



## Dual Choice PPO health plans (cont.)

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.
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.
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>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.

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