

WASHINGTON  
2024

# PLAN UPDATES

What's new for Washington (Clark and Cowlitz counties) small business group plans with coverage effective on or after January 1, 2024



This booklet contains a summary of important information you will want to know about our 2024 small group plans. For more details on plan design, refer to the Medical Plans Overview for Washington Small Businesses.

[account.kp.org](https://account.kp.org)



All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.  
500 NE Multnomah St., Suite 100, Portland, OR 97232.

# Your partner in good health

At Kaiser Permanente, we offer a fully integrated health care delivery system with providers, hospitals, pharmacies, and labs working together to provide coordinated care for our members.

## WHAT'S NEW AT KAISER PERMANENTE

**Below are some of the exciting changes over the past year:**



### Interpreter-supported video

Scheduled video visits are now available in the member's preferred language, including American Sign Language.



### 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.



### Headspace Care extras for total health

Access on-demand emotional support through the Headspace Care app. Headspace Care's emotional support coaches are available 24/7 to help with stress, low mood, sleep troubles, and more.

Additionally, digital self-care apps, such as Calm, myStrength, and ClassPass, are available at no additional cost to members to help support their physical and mental health and emotional well-being.<sup>4</sup>



### Your one-stop resource for occupational health care

The right occupational health strategy can help you manage claims costs and keep your employees safe, healthy, and productive. Kaiser Permanente On-the-Job® (KPOJ) provides coordinated, effective care for work-related injuries and employment-related exams and screenings. Visit [kp.org/kpoj/nw](https://kp.org/kpoj/nw) to learn more.



### Convenient dental services

With innovative features like the Kaiser Permanente app, virtual dentistry, nurses embedded in many of our dental offices, express check-in, Fast Pass, and more, we're helping our members save valuable time and manage their dental health more conveniently.<sup>1</sup> Learn more at [kp.org/dental](https://kp.org/dental).

<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 deductible plan, you will need to pay the full charges for e-visits and scheduled phone and video visits until you reach your deductible. Once you reach your deductible, your copay is \$0 for e-visits and scheduled phone and video visits.

## 2024 medical plan portfolio

Our plan portfolio offers choice and flexibility with multiple plans to choose from in all 4 metal levels (platinum, gold, silver, and bronze). We have made necessary cost-sharing changes to keep plans within their respective metal levels. This resulted in a few plan name changes; however, no plans have been discontinued. New plan names and specific cost-sharing changes for each plan are provided in the 2024 Medical Plan Changes section of this document. Groups may choose to renew with their current plan or select any other plan within our portfolio. Refer to the Medical Portfolio Overview for additional details.

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## 2024 dental plan portfolio

New dental implant coverage options! For 2024, we offer Adult Dental Choice (PPO) plan options that may be purchased with dental implant coverage (for adults ages 19+). Our dental portfolio already includes plans with implant coverage on our traditional network plans when selected, as well as coverage for cosmetic orthodontia.

On our (stand-alone) pediatric plans, the annual out-of-pocket maximum for in-network services has increased from \$375 to \$400 for an individual under 19 years of age and from \$750 to \$800 for a family (with 2 or more pediatric members enrolled).

All other current plans and benefits will remain unchanged for 2024. Our dental plan portfolio offers a wide range of plans – including voluntary options. Pediatric dental is embedded in all medical plans, and a stand-alone pediatric dental plan featuring a cosmetic orthodontia benefit is also available. If you currently offer dental coverage, the same plan will be provided upon renewal; however, you may select any plan within our portfolio.

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## Voluntary dental plan options

As a reminder, voluntary adult dental plan options are available to small employer groups and their employees. Traditional and Dental Choice PPO plan options range from \$1,000 to \$2,000 benefit maximum with \$50 deductible. See the Dental Product Portfolio brochure for additional details. The following rules apply:

- **Employee** contributes 51% to 100% of premium.
- Group participation minimum of 5 employees or 25%, whichever is greater.
- **Employer** sets up payroll deductions and submits premiums on behalf of employees.
- Standard open enrollment and qualifying life event change rules apply.
- Voluntary dental plans **may not** be elected in combination with nonvoluntary plans.

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## Automatic renewals

For your renewal in 2024, we will automatically provide you with coverage from one of the plans that best matches the plan or plans your business offers today. But you can choose from any of our other plans available to small employers if you prefer. Please indicate on the Renewal Decision Form whether you'd like to accept the renewal as offered or make changes.

## Bundle options

As you consider alternatives to help lower your health care costs, consider offering employees a plan with 1 or 2 buy-up alternatives. These bundle plan options are provided at no additional charge and allow you to tailor your plan offerings, giving employees more choice and more control over their monthly premium cost.

You contribute the same amount toward each plan (no less than 50% of the lowest premium plan) and let your employees decide if they want to pay more for a buy-up option. For more details, refer to the Medical Plans Overview for Washington Small Businesses.

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## 2024 PLAN HIGHLIGHTS AND REMINDERS

### Kaiser Permanente Plus™

In 2023, we added KP Plus plans to the portfolio, a plan that provides comprehensive care from Kaiser Permanente doctors and facilities and affiliated providers. Plus, employees have the option to see out-of-network providers for a limited number of services each year. Refer to the Medical Portfolio Overview for additional details.

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## Prescription drug coverage is automatically covered on all medical plans

All our plans come with built-in coverage for outpatient prescription drugs. All prescription drug plans have a 4-tiered benefit design with different cost-sharing amounts for generic, preferred brand, non-preferred brand, and specialty drugs.

Your employees can save time and money by ordering prescription refills online or by phone. Members can get a 90-day supply for only 2 times the 30-day supply copay using the Kaiser Permanente mail-order pharmacy. We can mail most prescription medications to you within 3 to 5 days, and you don't pay any extra for standard U.S. postage.

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## Alternative care benefits

Chiropractic and acupuncture services are essential health benefits and covered on all plans (without a referral). Cost shares for these 2 services will apply to the out-of-pocket maximum.

Chiropractic: 10 self-referred visits per year.

Acupuncture: 12 self-referred visits per year.

Naturopathic care: Unlimited self-referred visits covered at specialty cost share.

Refer to plan-specific Summary of Benefits for chiropractic, acupuncture, and naturopathic cost-sharing details.

Visit [chpgroup.com](https://chpgroup.com) for a list of providers. For members enrolled under Added Choice® plans, these benefits may be used at CHP, PPO, and other nonparticipating providers and facilities. For members enrolled under PPO Plus out-of-area plans, these benefits may be used at PPO and other nonparticipating providers and facilities.

First Choice Health is the PPO provider network for care in OR, WA, ID, MT, ND, SD, WY, and AK. In all other states, First Health Network is the PPO network.

For members enrolled under KP Plus plans, benefits may be used in-network with CHP providers and any licensed out-of-network provider.

## Pediatric vision coverage on all medical plans

All our plans cover pediatric vision exams and one pair of frames with lenses or conventional or disposable contact lenses in lieu of eyeglasses (limited to one pair per year for conventional lenses or up to a 12-month supply of disposable contact lenses per year) at no additional charge. Go to **kp2020.org** for more information, including our optical locations.

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## Optional buy-up coverage

All our medical plans can be paired with the following buy-up coverage:

**Vision:** Adult vision hardware (\$200 benefit/2-year period) with adult vision exam (primary care office visit cost share applies). To offer choice and affordability, plans that are not purchased with this option do not include adult routine eye exams. Go to **kp2020.org** for more information, including our optical locations.

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## Benefits that accrue to the medical out-of-pocket maximum

Most benefits, including copays and coinsurance for services not subject to deductible, as well as the deductible itself, accrue to the medical out-of-pocket maximum. Copays and coinsurance that accrue to the out-of-pocket maximum are waived once an individual or family has reached that maximum.

For KP Plus plans, deductibles and out-of-pocket maximums do not apply to out-of-network services.

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## Underwriting guidelines

Please be sure to review the Rating and Underwriting Assumptions Policy effective January 1, 2024, for Washington groups with 50 or fewer employees.

## 2024 MEDICAL PLAN CHANGES

YEAR	2023	2024
PLAN NAME	KP WA Platinum 0/20	KP WA Platinum 0/20
BENEFIT	Member pays	
X-RAY/DIAGNOSTIC TEST	\$20	\$30

YEAR	2023	2024
PLAN NAME	KP WA Gold 0/30	KP WA Gold 0/30
BENEFIT	Member pays	
OUTPATIENT SURGERY	40%	\$200

YEAR	2023	2024
PLAN NAME	KP WA Gold 2000/35	KP WA Gold 2000/35
BENEFIT	Member pays	
X-RAY/DIAGNOSTIC TEST	\$35	\$45
OUTPATIENT GENERIC PRESCRIPTION DRUGS	\$15	\$10
OUTPATIENT PREFERRED BRAND-NAME PRESCRIPTION DRUGS	\$45	\$20
OUTPATIENT NON-PREFERRED BRAND-NAME PRESCRIPTION DRUGS	50%	\$50

YEAR	2023	2024
PLAN NAME	KP WA Silver 3000/45	KP WA Silver 3000/45
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$8,700 per individual; \$17,400 per family
BENEFIT	Member pays	
LAB	\$45	\$35

YEAR	2023	2024
PLAN NAME	KP WA Silver 6000/50	KP WA Silver 6000/50
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$9,100 per individual; \$18,200 per family

YEAR	2023	2024
PLAN NAME	KP WA Bronze 7000/50	KP WA Bronze 7000/50
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,000 per individual; \$18,000 per family	\$9,450 per individual; \$18,900 per family

YEAR	2023	2024
PLAN NAME	KP WA Bronze 9000/40	KP WA Bronze 9400/40
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$9,000 per individual; \$18,000 per family	\$9,400 per individual; \$18,800 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,000 per individual; \$18,000 per family	\$9,400 per individual; \$18,800 per family

YEAR	2023	2024
PLAN NAME	KP WA Silver 3200/25% HSA	KP WA Silver 3500/25% HSA
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$3,200 per individual; \$6,400 per family	\$3,500 per individual; \$7,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,900 per individual; \$11,800 per family	\$6,500 per individual; \$13,000 per family

YEAR	2023	2024
PLAN NAME	KP WA Bronze 6900/0% HSA	KP WA Bronze 7100/0% HSA
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$6,900 per individual; \$13,800 per family	\$7,100 per individual; \$14,200 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,900 per individual; \$13,800 per family	\$7,100 per individual; \$14,200 per family

YEAR	2023		2024	
PLAN NAME	KP WA Platinum 0/20 KP Plus		KP WA Platinum 0/20 KP Plus	
NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
BENEFIT <sup>1</sup>	Member pays			
X-RAY/DIAGNOSTIC TEST	\$20	\$40	\$30	\$50

YEAR	2023		2024	
PLAN NAME	KP WA Silver 3000/45 KP Plus		KP WA Silver 3000/45 KP Plus	
NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	N/A	\$8,700 per individual; \$17,400 per family	N/A
BENEFIT <sup>1</sup>	Member pays			
LAB	\$45	\$65	\$35	\$55

YEAR	2023		2024	
PLAN NAME	KP WA Bronze 7000/50 KP Plus		KP WA Bronze 7000/50 KP Plus	
NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,000 per individual; \$18,000 per family	N/A	\$9,450 per individual; \$18,900 per family	N/A

<sup>1</sup>These plans include a dependent out-of-area (OOA) benefit, which provides limited coverage for dependent children outside the Kaiser Foundation Health Plan of the Northwest service area. For covered services, the member pays 20% of the billed charges. Services are limited to 5 office visits, 5 diagnostic X-rays, and 5 prescription drug fills.



YEAR	2023			2024		
PLAN NAME	KP WA Silver 3000/45 3T POS			KP WA Silver 3000/45 3T POS		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$8,900 per individual; \$17,800 per family	\$14,000 per individual; \$28,000 per family	\$8,700 per individual; \$17,400 per family	No change	No change
BENEFIT	Member pays			Member pays		
LAB	\$45	45%*	50%*	\$35	No change	No change

YEAR	2023			2024		
PLAN NAME	KP WA Bronze 7000/50 3T POS			KP WA Bronze 7000/50 3T POS		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,000 per individual; \$18,000 per family	\$9,000 per individual; \$18,000 per family	\$15,000 per individual; \$30,000 per family	\$9,450 per individual; \$18,900 per family	\$9,450 per individual; \$18,900 per family	No change

\*Subject to annual medical deductible.

YEAR	2023		2024	
PLAN NAME	KP WA Silver 3000/45 PPO Plus		KP WA Silver 3000/45 PPO Plus	
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,900 per individual; \$17,800 per family	\$14,000 per individual; \$28,000 per family	\$8,700 per individual; \$17,400 per family	No change
BENEFIT	Member pays			
LAB	\$45	50%*	\$35	No change

YEAR	2023		2024	
PLAN NAME	KP WA Bronze 7000/50 PPO Plus		KP WA Bronze 7000/50 PPO Plus	
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,000 per individual; \$18,000 per family	\$15,000 per individual; \$30,000 per family	\$9,450 per individual; \$18,900 per family	No change

\*Subject to annual medical deductible.

## 2024 DENTAL PLAN CHANGES

YEAR	2023	2024
PLAN NAME	KP WA Choice 100 Pediatric Dental Plan	KP WA Choice 100 Pediatric Dental Plan
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b> Applies until the end of the month in which the member turns 19 years of age.	\$375 per member; \$750 per family	\$400 per member; \$800 per family

YEAR	2023	2024
PLAN NAME	KP WA Choice 100 + Ortho Pediatric Dental Plan	KP WA Choice 100 + Ortho Pediatric Dental Plan
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b> Applies until the end of the month in which the member turns 19 years of age.	\$375 per member; \$750 per family	\$400 per member; \$800 per family

## NEW 2024 DENTAL PLANS

PLAN NAME	KP WA Adult Choice 100 - \$100 Ded/\$2500 Max + Implants		KP WA Adult Choice 100 - \$2500 Max + Ortho + Implants	
NETWORK	IN	OUT	IN	OUT
<b>Annual benefit maximum</b> Applies to covered services the member receives on or after the first day of the month after the member turns 19 years of age.	\$2,500		\$2,500	
BENEFITS	Member pays			
<b>Preventive and diagnostic services*</b> Oral exam and X-ray, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%	0%
<b>Basic restorative services</b> Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%
<b>Simple extractions</b> Simple tooth extraction.	20%	20%	20%	20%
<b>Oral surgery</b> Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	20%
<b>Periodontics</b> Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	20%	20%
<b>Endodontics</b> Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	20%
<b>Major restorative services</b> Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%
<b>Removable prosthetic services</b> Full and partial dentures, relines, and rebases.	50%	50%	50%	50%
<b>Orthodontic treatment</b> For abnormally aligned or positioned teeth.	Not covered	Not covered	50%	50%
<b>Night guards*</b> Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%
<b>Nitrous oxide*</b>	\$25	\$25	\$25	\$25
<b>Emergency treatment</b>	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.			

\*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible and do not count toward the annual benefit maximum.

All adult PPO plans cover members 19 and older.

PLAN NAME	KP WA Adult Choice 100 - \$100 Ded/\$2000 Max + Implants		KP WA Adult Choice 100 - \$2000 Max + Ortho + Implants	
NETWORK	IN	OUT	IN	OUT
<b>Annual benefit maximum</b> Applies to covered services the member receives on or after the first day of the month after the member turns 19 years of age.	\$2,000		\$2,000	
BENEFITS	Member pays			
<b>Preventive and diagnostic services*</b> Oral exam and X-ray, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%	0%
<b>Basic restorative services</b> Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%
<b>Simple extractions</b> Simple tooth extraction.	20%	20%	20%	20%
<b>Oral surgery</b> Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	20%
<b>Periodontics</b> Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	20%	20%
<b>Endodontics</b> Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	20%
<b>Major restorative services</b> Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%
<b>Removable prosthetic services</b> Full and partial dentures, relines, and rebases.	50%	50%	50%	50%
<b>Orthodontic treatment</b> For abnormally aligned or positioned teeth.	Not covered	Not covered	50%	50%
<b>Night guards*</b> Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%
<b>Nitrous oxide*</b>	\$25	\$25	\$25	\$25
<b>Emergency treatment</b>	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.			

\*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible and do not count toward the annual benefit maximum.

All adult PPO plans cover members 19 and older.

## SUMMARY OF 2024 PLAN CHANGES

The following changes will be made to small group plans, effective at renewal on or after January 1, 2024, unless stated otherwise.

This summary does not include minor changes and clarifications we are making to improve the readability and accuracy of the *Group Agreement*. These changes and clarifications do not include changes that may occur throughout the remainder of the year as a result of federal or state mandates.

Other group-specific or product-specific plan design changes (including changes to copayment or coinsurance amounts) may apply, such as moving to standard benefits. Refer to the previous pages in this Plan Updates document for information about these types of changes.

To the extent that this summary of changes and clarifications conflicts with, modifies, or supplements the information contained in your *Group Agreement*, the information contained in the *Group Agreement* shall supersede what is set forth below. Unless another date is listed, the changes in this document are effective when your group renews in 2024. The products named below are offered and underwritten by Kaiser Foundation Health Plan of the Northwest.

### Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
<b>Abortion services</b>	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.
<b>Diagnostic and supplemental breast examinations</b>	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.
<b>Fertility</b>	"Infertility" terminology will be replaced with "fertility" in all 2024 plan-related documents.	Alignment with more commonly used terminology.
<b>Fertility diagnosis services</b>	The member cost share for fertility diagnosis services will count toward the annual out-of-pocket maximum. The <i>Evidence of Coverage (EOC)</i> reflects this update.	Aligning with Washington Essential Health Benefits.
<b>Group Agreement</b>	<i>Group Agreements</i> 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.

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## Medical plan benefit changes and clarifications (continued)

Benefit	Summary of changes	Reason for change
<b>Kaiser Permanente at Home™ (KP@Home)</b>	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.	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.
<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> and <a href="https://kp.org/ppoplus/nw">kp.org/ppoplus/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 and PPO Plus.	Improves the member's navigation experience and matches the information members will see on their ID cards and other member materials.
<b>Limited dental services</b>	The coverage description of "Limited Dental Services" in the medical EOC documents 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.
<b>Modernizing prior authorization process</b>	The EOC 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.

## High deductible health plans

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.

## Added Choice point-of-service plans

Summary of changes	Reason for change
The member cost share for out-of-network nonemergency 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 an aligned benefit across plans for simplification.

## Out-of-area PPO Plus plans

Summary of changes	Reason for change
The member cost share for out-of-network nonemergency 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 an aligned benefit across plans for simplification.

## Dental benefit plan changes

Benefit	Summary of changes	Reason for change
Dental office visits	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.
Annual out-of-pocket maximum	The annual out-of-pocket maximum for in-network services has increased from \$375 to \$400 for an individual under 19 years of age and from \$750 to \$800 for a family (of 2 or more pediatric members enrolled).	To comply with Centers for Medicare and Medicaid Services (CMS) final guidance.

## Senior Advantage benefit plan changes

Benefit	Summary of changes	Reason for change
Prescription drug	Cost sharing will change from \$3 generic and \$7 brand to \$0 generic and \$0 brand during the catastrophic coverage stage. Members enter the catastrophic stage when their out-of-pocket drug costs have reached the \$8,000 limit for the calendar year	To comply with CMS final guidance.

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