

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 PPO network¹

On January 1, 2024, the Cigna PPO Network will replace the First Choice Health Network and First Health Network **outside of Oregon and other states where Kaiser Permanente operates²** for members enrolled in an Oregon Dual Choice PPO®, Oregon Added Choice 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 OR and WA and First Health Network providers in CA, CO, GA, HI, MD, VA, and D.C.

Kaiser Permanente's relationship with the Cigna 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 coinsurance due to favorable contracted rates
- Should have an easier experience accessing care due to Cigna's brand recognition
- Gain access to a broader, stable network of providers that is actively managed across the U.S.

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

²Kaiser Permanente operates in the states of CA, CO, GA, HI, MD, OR, VA, WA, and 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.^{1,2,3,4}
- 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 for information on Health Engagement and Wellness Services classes.

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

²To 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.

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

⁴If 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 or after January 1, 2024, unless stated otherwise.

Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
Primary care access	<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">• Members will get their first preventive care visit each year, either virtually or in-person, at \$0 cost share.• Members 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:<ul style="list-style-type: none">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.	<p>Reduces member cost share barriers to receiving preventive and primary care in accordance with OR Senate Bill 1529.</p>

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-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
For 2023, the Internal Revenue Service (IRS) adjusted the minimum deductibles from self-only \$1,400/family \$2,800 to self-only \$1,500/family \$3,000. Out-of-pocket maximums were also increased. We do not yet know if the IRS will increase limits for 2024.		The IRS increased limits for HSA-qualified plans. Groups on standard and non-standard plans must make the minimum deductible changes. 2024 adjustments may be required after quoting.
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 E 3000/10%/6000	Plan is not offered.	Plan will be offered.
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 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 PPO Network ¹ will replace the First Choice Health Network and First Health Network outside of Oregon and other states where Kaiser Permanente operates. ² Members will still be able to get in-network care from First Choice Network providers in OR and WA and First Health Network providers in CA, CO, GA, HI, MD, VA, and 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.
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 E 3000/10%/6000	Plan is not offered.	Plan will be offered.
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 PPO Network ¹ will replace the First Choice Health Network and First Health Network outside of Oregon and other states where Kaiser Permanente operates. ² Members will still be able to get in-network care from First Choice Network providers in OR and WA and First Health Network providers in CA, CO, GA, HI, MD, VA, and D.C.	Improving the member experience.

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 PPO Network ¹ will replace the First Choice Health Network and First Health Network outside of Oregon and other states where Kaiser Permanente operates. ² Members will still be able to get in-network care from First Choice Network providers in OR and WA and First Health Network providers in CA, CO, GA, HI, MD, VA, and D.C.		Improving the member experience.
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.

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.
Dental plan names	Changing the plan naming convention from Flat Fee to Copay: <ul style="list-style-type: none"> Flat Fee Low Option to Copay Plan Low Flat Fee Mid Option to Copay Plan Mid Flat Fee High Option to Copay Plan High 	Adding clarity to plan names for copay-structured dental plans.
Dental implants	Adding the following 2 options: <ul style="list-style-type: none"> 50% up to \$3,000 per year implant-specific benefit maximum 50% up to \$4,000 per year implant-specific benefit maximum 	Expanding implant buy-up options for Traditional and PPO dental plans.
	Adding the following 3 options: <ul style="list-style-type: none"> \$0 up to \$1,000 per year plan benefit maximum \$0 up to \$1,500 per year plan benefit maximum \$0 up to \$2,000 per year implant-specific benefit maximum 	New implant options for copay dental plans.

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