

# 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

- What’s new at Kaiser Permanente..... 3
- Deductible health plans..... 4
- Virtual Complete™ health plans  
(Deductible and Dual Choice Deductible)..... 4
- High deductible health plans ..... 5
- Kaiser Permanente Plus™ health plans..... 5
- Dual Choice PPO® health plans ..... 6
- Added Choice® point-of-service plans ..... 7
- Out-of-area PPO Plus® plans ..... 7
- Dental benefit plan changes ..... 8

# 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 or after January 1, 2024, unless stated otherwise.

## 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 plan design requirements.

# 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.		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.
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.
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.

# 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.
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
<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 two 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 three 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.