

OREGON AND WASHINGTON PLAN CHANGES

2023

The following changes were made to large group standard plan designs for 2023.

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Summary of 2022 to 2023 plan changes

What's new at Kaiser Permanente.....	3
Medical plan benefit changes	4-6
Traditional health plans	7
Deductible health plans.....	7-9
High deductible health plans	10
Dual Choice PPO® plans	11-13
Added Choice® point-of-service plans	14-15
Out-of-area PPO Plus® plans	16
Senior Advantage plans	17
Dental benefit plan changes	17
New ways we are providing quality, providing convenience, and serving our mission	18-19

What's new at Kaiser Permanente

Below are some highlights of changes over the last year.

A new total health care option – our Complete Suite™ portfolio, with Dual Choice PPO® plans and new virtual care services.

Complete Suite refers to our portfolio of health plans available to employer groups with 51–499 eligible employees.

Choose a traditional plan or pair with our new Dual Choice PPO plans. Get a single-carrier solution with network choices your employees want. This means streamlined benefit administration for you, and an expanded network for your employees.

Dual Choice PPO



Dual Choice PPO plans provide you with flexibility to **offer nationwide coverage to employees** – through access to Kaiser Permanente providers, First Choice Health providers, First Health Network providers, other direct-contract providers, or any licensed provider. These plans must be offered alongside a traditional, deductible, or HDHP plan.

Lower cost shares using an enhanced benefit – Some in-network providers, including Kaiser Permanente, have lower cost shares for primary care, urgent care, specialty care, and routine eye exam visits. This is referred to as an enhanced benefit.



NEW – Get care now

Kaiser Permanente clinicians are available day or night, 24/7, for urgent care needs via on-demand video and phone, no appointment necessary.^{1,2,3}



Getting care from the comfort of home

Your employees can rest assured knowing they can continue to get the high-quality care they depend on for all their health care needs. For primary care, specialty care, and mental health services, they can connect with their care team with e-visits, video visits, or phone visits.^{1,2,3,4}

¹When appropriate and available.

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.

³These features are available when you get care at Kaiser Permanente facilities.

⁴Applicable cost shares will apply for services or items ordered during an e-visit.

Summary of 2022 to 2023

NORTHWEST PLAN CHANGES

The following changes will be made to large group standard plan designs, effective at renewal or after January 1, 2023, unless stated otherwise.

Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
Chemical dependency (Oregon only)	"Chemical dependency" terminology will be replaced with "substance use disorder" in all 2023 OR plan-related documents.	Alignment with more commonly used terminology. This is the same change made to the 2022 WA documents.
Donor milk for infants (Washington only)	Coverage of donor milk for inpatient use for infants will be added to the <i>Evidence of Coverage (EOC)</i> .	Benefit description to comply with E2SSB 5702.
Grievances, claims, and appeals (Washington only)	Information about appeals will be enhanced to include that: <ul style="list-style-type: none">• Members will receive a decision on an appeal concerning experimental or investigational determination within 20 days of our receipt of their request• Members have 5 business days to submit additional information for the IRO to consider when conducting an external review of the member's appeal	Clarification to align with how appeals are administered.

Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
<p>Insulin for treatment of diabetes</p>	<p>The cost share cap for insulin for the treatment of diabetes will be reduced to \$35 for a 30-day supply, not subject to deductible.</p>	<p>Benefit enhancement to comply with WA SSB 5546.</p> <p>Kaiser Permanente is also applying this change in Oregon for consistency, member affordability, and to promote medication adherence.</p>
<p>Lab, radiology, imaging, and special diagnostic procedures</p>	<p>The <i>EOC</i> will be revised to address procedures that can be preventive or diagnostic, to ensure that coverage detail is in the appropriate benefit sections.</p>	<p>Benefit clarification.</p>
<p>No Surprises Act and balance billing</p>	<p>Plan documents will be modified to align with the federal No Surprises Act, including:</p> <ul style="list-style-type: none"> • Adding or revising definitions and benefit descriptions about emergency services and post-stabilization care services • Clarifying that we will cover services provided by out-of-network providers at in-network facilities • Incorporating a revised Consumer Notice about balance billing in our WA <i>EOCs</i> 	<p>Benefit description to comply with Consolidated Appropriations Act of 2021, (HR 133, No Surprises Act) and applicable state laws.</p>

Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
<p>Preventive care</p>	<p>We are updating our preventive care coverage policies, including:</p> <ul style="list-style-type: none"> • Coverage for breast milk storage supplies and equipment to support individuals with breast feeding difficulties • Male condoms as an additional method for women to use for pregnancy prevention • Clarifying coverage for colonoscopies when performed after a positive noninvasive stool-based screening test or direct visualization screening test • Coverage of venipuncture services for preventive lab screenings • Coverage of behavioral counseling interventions for adults with cardiovascular disease risk factors and type 2 diabetes 	<p>Revised HRSA guidelines.</p> <p>HHS, DOL and Treasury FAQ Part 51.</p> <p>Kaiser Permanente’s national preventive care benefits package updates.</p>
<p>Telemedicine (Washington only)</p>	<p>Language will be added to the EOC section that describes telemedicine benefits, including the definition of an “established relationship” between a provider and member.</p>	<p>Enhanced benefit description to comply with ES HB 1821, and ES HB 1196 from the 2021 legislative session.</p>

Traditional health plans

Summary of changes	Reason for change
<p>Dependent out-of-area (OOA) coverage: Naturopathic provider visits will be included in the services that a dependent may receive out of area from nonparticipating providers. These visits may be used toward a member's OOA coverage.</p>	<p>Benefit enhancement.</p>
<p>Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that will be offered to provide hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians.</p>	<p>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.</p>

Deductible health plans

Summary of changes	Reason for change
<p>Dependent out-of-area (OOA) coverage: Naturopathic provider visits will be included in the services that a dependent may receive out of area from nonparticipating providers. These visits may be used toward a member's OOA coverage.</p>	<p>Benefit enhancement.</p>

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Deductible health plans

(continued)

Summary of changes		Reason for change
<p>Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that will be offered to provide hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians.</p>		<p>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.</p>
<ul style="list-style-type: none"> • Ambulance will change to coinsurance after deductible. • Outpatient surgery will be offered at plan coinsurance. • Durable medical equipment benefits will be offered at plan coinsurance. 		<p>Benefit alignment on select plans for ambulance, outpatient surgery, and durable medical equipment benefits.</p>
Plans affected	Changed from	Changed to
<p>New Deductible Plans: DED PLAN L 6000/35/20%/7500 DED PLAN M 7500/35/30%/8500</p>	<p>Plans not offered.</p>	<p>Two new plans offered. Dual Choice PPO® plans are available to pair with these options.</p>
<p>DED PLAN A 250/10/10%/2000 DED PLAN A 250/15/20%/2500 DED PLAN B 500/10%/10%/2000 DED PLAN B 500/10/20%/2000 DED PLAN C 750/20/20%/3000 DED PLAN C 750/20%/20%/3000 DED PLAN D 1000/20/20%/3000 DED PLAN E 1500/20/30%/4000 DED PLAN E 1500/30%/30%/4000 DED PLAN G 2500/30/30%/5000 DED PLAN G 2500/30%/30%/5000</p>	<p>Ambulance: 20% coinsurance</p>	<p>Ambulance: 20% coinsurance after deductible</p>

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Deductible health plans

(continued)

Plans affected	Changed from	Changed to
	Outpatient Surgery: Copay	Outpatient Surgery: Plan Coinsurance
DED PLAN A 250/10/10%/2000	\$10 copay after deductible	10% coinsurance after deductible
DED PLAN B 500/10/20%/2000	\$10 copay after deductible	20% coinsurance after deductible
DED PLAN C 750/20/20%/3000	\$20 copay after deductible	20% coinsurance after deductible
DED PLAN D 1000/20/20%/3000	\$20 copay after deductible	20% coinsurance after deductible
DED PLAN E 1500/20/30%/4000	\$20 copay after deductible	30% coinsurance after deductible
DED PLAN G 2500/30/30%/5000	\$30 copay after deductible	30% coinsurance after deductible
	Durable Medical Equipment:	Durable Medical Equipment:
DED PLAN A 250/10/10%/2000	20% coinsurance after deductible	10% coinsurance after deductible
DED PLAN B 500/10%/10%/2000		10% coinsurance after deductible
DED PLAN E 1500/20/30%/4000		30% coinsurance after deductible
DED PLAN E 1500/30%/30%/4000		30% coinsurance after deductible
DED PLAN G 2500/30/30%/5000		30% coinsurance after deductible
DED PLAN G 2500/30%/30%/5000		30% coinsurance after deductible

High deductible health plans

Summary of changes		Reason for change
<p>Dependent out-of-area (OOA) coverage: Naturopathic provider visits will be included in the services that a dependent may receive out of area from nonparticipating providers. These visits may be used toward a member's OOA coverage.</p>		Benefit enhancement.
<p>High deductible plans have been modified to increase the minimum deductible amounts from self-only \$1,400/family \$2,800 to self-only \$1,500/family \$3,000. Out-of-pocket maximums will also increase.</p>		The IRS has increased the minimum deductible and out-of-pocket maximum amounts for HSA-qualified high deductible plans for 2023. Groups must make the minimum deductible changes.
<p>Telemedicine services: The Benefit Summary language will be revised to clarify that the member cost share for telemedical services received from nonparticipating providers is the same as if the member received the services in person.</p>		Benefit clarification.
<ul style="list-style-type: none"> • Two HDHP plans have been removed from the portfolio. • Groups will be asked to migrate to new plans and/or accept changes. 		The IRS revised limits for minimum deductible and maximum out-of-pocket for HSA-compliant plans.
Plans affected	Changed from	Changed to
<p>HDHP PLAN D 2800/20%/5600 HDHP PLAN D 2800/30%/5600</p>	Plans offered.	<p>Plans no longer offered. Groups will move to the following respective plans:</p> <p><i>HDHP PLAN E 3000/20%/6000</i> <i>HDHP PLAN E 3000/30%/6000</i></p>

Dual Choice PPO® health plans

Summary of changes		Reason for change
<p>Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that will be offered to provide hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians. KP@Home is not available for HDHP plans.</p>		<p>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.</p>
<p>Telemedicine services: The Benefit Summary language will be revised to clarify that the member cost share for telemedical services received from out-of-network providers is the same as if the member received the services in person.</p>		<p>Benefit clarification.</p>
<ul style="list-style-type: none"> • Ambulance will change to coinsurance after deductible. • Outpatient surgery will be offered at plan coinsurance. • Durable medical equipment benefits will be offered at plan coinsurance. 		<p>Benefit alignment on select plans for ambulance, outpatient surgery, and durable medical equipment benefits.</p>
<ul style="list-style-type: none"> • Two HDHP plans have been removed from the portfolio. • Groups will be asked to migrate to new plans and/or accept changes. 		<p>The IRS revised limits for minimum deductible and maximum out-of-pocket for HSA-compliant plans.</p>
Plans affected	Changed from	Changed to
<p>New Deductible Plans: DUAL CHOICE PPO PLAN L 6000/35/20%/8000 DUAL CHOICE PPO PLAN M 7500/35/30%/8500</p>	<p>Plans not offered.</p>	<p>Two new plans offered.</p>

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Dual Choice PPO® health plans

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Plans affected	Changed from	Changed to
PPO PLAN A 250/10/10%/2500 PPO PLAN A 250/15/20%/3000 PPO PLAN B 500/10%/10%/3000 PPO PLAN B 500/10/20%/3000 PPO PLAN C 750/20%/20%/3500 PPO PLAN D 1000/20/20%/4000 PPO PLAN E 1500/20/30%/5000 PPO PLAN E 1500/30%/30%/5000 PPO PLAN G 2500/30%/30%/6000 PPO PLAN G 2500/30/30%/6000	Ambulance – PPO Network: 20% coinsurance	Ambulance – PPO Network: 20% coinsurance after deductible
PPO PLAN A 250/10/10%/2500 PPO PLAN B 500/10/20%/3000 PPO PLAN C 750/20/20%/3500 (w/o SPLIT COPAYS) PPO PLAN E 1500/20/30%/5000 PPO PLAN G 2500/30/30%/6000	Outpatient Surgery – PPO Network: \$10 copay after deductible \$10 copay after deductible \$20 copay after deductible \$20 copay after deductible \$30 copay after deductible	Outpatient Surgery – PPO Network: 10% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 30% coinsurance after deductible 30% coinsurance after deductible

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Dual Choice PPO® health plans

(continued)

Plans affected	Changed from	Changed to
<p>PPO PLAN A 250/10/10%/2500</p> <p>PPO PLAN B 500/10%/10%/3000</p> <p>PPO PLAN E 1500/20/30%/5000</p> <p>PPO PLAN E 1500/30%/30%/5000</p> <p>PPO PLAN G 2500/30%/30%/6000</p> <p>PPO PLAN G 2500/30/30%6000</p>	<p>Durable Medical Equipment – PPO Network:</p> <p>20% coinsurance after deductible</p>	<p>Durable Medical Equipment – PPO Network:</p> <p>10% coinsurance after deductible</p> <p>10% coinsurance after deductible</p> <p>30% coinsurance after deductible</p> <p>30% coinsurance after deductible</p> <p>30% coinsurance after deductible</p> <p>30% coinsurance after deductible</p>
<p>Plan name change made to all Dual Choice plans</p>	<p>Plan names do not include Dual Choice.</p> <p><i>Example:</i></p> <p>PPO PLAN D 1000/20/20%/4000</p>	<p>Plan names include Dual Choice.</p> <p><i>Example:</i></p> <p>DUAL CHOICE PPO PLAN D 1000/20/20%/4000</p>
<p>PPO HDHP PLAN D 2800/20%/5600</p> <p>PPO HDHP PLAN D 2800/30%/5600</p>	<p>Plans offered.</p>	<p>Plans no longer offered. Groups will move to the following respective plans:</p> <p>DUAL CHOICE PPO HDHP PLAN E 3000/20%/6000</p> <p>DUAL CHOICE PPO HDHP PLAN E 3000/30%/6000</p>

Added Choice® point-of-service plans

Summary of changes	Reason for change
<p>Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that will be offered to provide hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians. KP@Home is not available for HDHP plans.</p>	<p>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.</p>
<p>Telemedicine services: The Benefit Summary language will be revised to clarify that the member cost share for telemedical services received from out-of-network providers is the same as if the member received the services in person.</p>	<p>Benefit clarification.</p>
<p>The designation types, TRAD (traditional copay) and DED (deductible), will be removed from plan names.</p>	<p>Alignment across Choice product plan names.</p>
<p>Groups currently on these plans will be asked to move to a new Dual Choice PPO plan within one renewal cycle. Please discuss your group's transition needs with your Kaiser Permanente account manager.</p>	<p>New Dual Choice PPO offering intended to replace Added Choice point-of-service plans.</p>
<ul style="list-style-type: none"> • Two HDHP plan deductibles will change. • Groups will be asked to accept changes. 	<p>The IRS revised limits for minimum deductible for HSA-compliant plans.</p>

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Added Choice[®] point-of-service plans

(continued)

Plans affected	Changed from	Changed to
All Added Choice POS traditional copay and deductible plan names	Plan names include TRAD and DED. <i>Examples:</i> TRAD POS PLAN 70 15/750 POS DED PLAN DK 4000/30/20%/7350	Plan names do not include TRAD and DED. <i>Examples:</i> POS PLAN 70 15/750 POS PLAN DK 4000/30/20%/7350
POS HDHP EE 3000/10%/4000	PMG and Direct Contracts Tier: <ul style="list-style-type: none"> • \$2,800 IND DED 	PMG and Contracts Tier: <ul style="list-style-type: none"> • \$3,000 IND DED
POS HDHP EE 3000/10%/6000 POS HDHP EE 3000/20%/6000	<u>Deductible (IND/FAM):</u> <ul style="list-style-type: none"> • \$2,800/\$5,600 PMG and direct contracts • \$3,600/\$7,200 First Choice Health • \$4,600/\$9,200 non-contracted <u>Maximum out-of-pocket (IND/FAM):</u> <ul style="list-style-type: none"> • \$5,600/\$11,200 PMG and direct contracts • \$6,200/\$12,400 First Choice Health 	<u>Deductible (IND/FAM):</u> <ul style="list-style-type: none"> • \$3,000/\$6,000 PMG and direct contracts • \$4,000/\$8,000 First Choice Health • \$5,000/\$10,000 non-contracted <u>Maximum out-of-pocket (IND/FAM):</u> <ul style="list-style-type: none"> • \$6,000/\$12,000 PMG and direct contracts • \$6,000/\$12,000 First Choice Health

Out-of-area PPO Plus[®] plans

Summary of changes		Reason for change
<p>Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that will be offered to provide hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians. (Available only in Oregon PPO Plus plans)</p>		<p>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.</p>
<p>Telemedicine services: The Benefit Summary language will be revised to clarify that the member cost share for telemedical services received from out-of-network providers is the same as if the member received the services in person.</p>		<p>Benefit clarification.</p>
<p>Groups will be required to take the change in individual deductible.</p>		<p>The IRS revised limits for minimum deductible for HSA-compliant plans.</p>
<p>The designation type, DED (deductible), will be removed from plan name.</p>		<p>Alignment across Choice product plan names.</p>
Plans affected	Changed from	Changed to
<p>PPO PLUS HDHP EE PLAN WAT 3000/20%/4000</p>	<p>PMG and Direct Contracts Tier:</p> <ul style="list-style-type: none"> • \$2,800 IND DED 	<p>PMG and Direct Contracts Tier:</p> <ul style="list-style-type: none"> • \$3,000 IND DED
<p>All PPO Plus deductible plan names</p>	<p>Plan names include DED. <i>Example:</i> <i>PPO PLUS DED PLAN WDP 1500/30%/6000</i></p>	<p>Plan names do not include DED. <i>Example:</i> <i>PPO PLUS PLAN WDP 1500/30%/6000</i></p>

Senior Advantage plans

Benefit	Summary of changes	Reason for change
Cardiac and pulmonary rehab therapies cost share cap	The cost share cap for cardiac rehab, pulmonary rehab, and supervised exercise therapy outpatient visits will be reduced to \$20.	Benefit enhancement to comply with the CMS reduced cost share limit for pulmonary rehabilitation. Kaiser Permanente is applying this new cost share cap to cardiac rehabilitation, pulmonary rehabilitation, and supervised exercise therapy (SET) visits.
Insulin for treatment of diabetes cost share cap	The cost share cap for insulin for the treatment of diabetes will be \$35 for each 30-day supply, no matter the drug tier.	Benefit enhancement to comply with the Inflation Reduction Act of 2022.

Dental benefit plan changes

Benefit	Summary of changes	Reason for change
Dental third-party administrator (TPA)	The TPA for dental benefits will change and any references to a specific TPA name in the EOCs will be removed.	Allows for more flexibility as we continue to optimize the dental customer service experience.
Emergent and urgent visit cost share	The additional \$25 cost share will no longer be charged when members have an emergency or urgent dental visit at a Kaiser Permanente dental office. Members will simply pay the applicable cost share for the dental services they receive and will not be charged additional amounts for an emergent or urgent visit.	Removing the financial barrier to dental care and improving market alignment.
PPO dental only	The benefit for amalgam and composite fillings will be enhanced from once per tooth every 36 months to once per tooth surface every 24 months. Either a complete full-mouth series or a panoramic X-ray will be covered by Kaiser Permanente once every 3 years.	Benefit enhancement. Clarifying benefit coverage for dental X-rays.

New ways we are providing quality, providing convenience, and serving our mission



Self-care at your fingertips – at no additional cost to members

We offer digital self-care apps Ginger, Calm, and myStrength at no additional cost to members to help support their mental health and emotional well-being.¹



Discounts on wellness services and alternative care

Our members can enjoy discounted classes, programs, and activities that can help keep them happy and healthy. Plus, we offer discounts on naturopathic medicine, acupuncture, chiropractic care, massage, and other alternative therapies from providers belonging to The CHP Group network.



Getting dental advice at home

Members can send photos and communicate with their dental team via email through kp.org and the Kaiser Permanente app.²



Compassionate care for transgender and nonbinary members

The Gender Pathways Clinic at Kaiser Permanente Northwest provides culturally competent care to transgender and gender-expansive patients. Our specialist team consists of providers from internal medicine, gynecology, psychiatry, surgery, social work, nursing, and community health navigation who provide high-quality, gender-affirming care.

¹Only available to Kaiser Permanente members with medical coverage. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc. These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage (EOC)* or other plan documents. These services may be discontinued at any time without notice.

²When appropriate and available. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.



Your home for bilingual care

Spanish-speaking members can get the services they need in the language they're most comfortable with, giving them peace of mind whenever they come in for care at 1 of our 4 Salud en Español centers. Medical providers will serve the health needs and cultural needs of our members from beginning to end – from reception to nurses to doctors.



Getting connected to an interpreter, made easier

Members can now call the interpretation services number on the back of their Kaiser Permanente ID card to connect directly with an interpreter.



Top-rated cardiac care at home

Kaiser Permanente's virtual cardiac rehab program is the first and only of its kind in Oregon, giving greater flexibility and convenience for cardiac rehab from the comfort of your home. The program completion rate is more than 80% – 4 times greater than the traditional center-based program.¹



Seeking tomorrow's cure, today

Our cancer team is at the forefront of clinical trials, testing immunotherapy and other treatments that give patients more options for leading-edge care. In fact, Kaiser Permanente is a part of one of the largest cancer clinical research groups in the country.²



Furthering our mission with community health

We help people experiencing health inequities address the clinical, genetic, social, economic, and environmental factors that affect their ability to thrive. In 2021 alone, we invested more than \$140 million in the community.³

¹According to Kaiser Permanente and Northwest Permanente Virtual Cardiac Rehab Program patient completion rate.

²Kaiser Permanente Center for Health Research, research.kpchr.org/Research/Research-Areas/Cancer, accessed April 9, 2021.

³Community Health Annual Report, About Kaiser Permanente, about.kaiserpermanente.org/community-health/communities-we-serve/northwest-community/our-impact/community-health-annual-report, accessed March 15, 2022.

Information may have changed since publication. Plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.



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