

# 2025 Oregon and Washington Plan Changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal or after January 1, 2025, unless stated otherwise.

## What's new at Kaiser Permanente

### **Kaiser Permanente to open Center for Black Health and Wellness**

Opening in 2025, the Center for Black Health and Wellness will be led by a team of clinicians with experience in providing exceptional culturally competent care to Black patients and their families and who are passionate about improving the health of our Black members and elevate their care experience. The team will develop and share best practices across our organization and the health care community. Learn more at [kpcenterforblackhealth.org](https://kpcenterforblackhealth.org).

### **More convenient access to imaging services in SW Washington**

Kaiser Permanente has opened a new Thurston Way Imaging Center in Vancouver, Washington, to provide more convenient access to mammography, ultrasound, and CT services for our members in SW Washington.

### **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.

### **Investing in Lane County for improved member experience**

Kaiser Permanente has expanded our partnership with PeaceHealth. Now, members can receive primary care at any PeaceHealth location across the county. There are also new providers, added exam rooms, and increased appointment availability at our Kaiser Permanente Chase Gardens Medical Office. Learn more at [kp.org/lane](https://kp.org/lane).

<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.

## Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
Bariatric surgery	The “Bariatric Surgery Services” section of the benefit summary will be updated to include a row for “Outpatient surgery visit,” as bariatric surgery may be performed as an outpatient procedure, if deemed medically necessary.	Benefit clarification and enhancement due to medical advances.
Cochlear implants (Oregon only)	<p>A “cochlear implant surgery visit” row will be added to the “Outpatient Services” section of the Benefit Summary to indicate the cost share for this service is subject to the deductible only in high deductible plans.</p> <p>Cochlear implants will be removed from the “Benefits for Inpatient Hospital Services” section of the <i>Evidence of Coverage</i> as this service is performed as an outpatient procedure.</p>	Benefit clarification.
Domestic partner eligibility	Employer groups will be responsible for verifying the eligibility of domestic partners for Kaiser Permanente plans.	For continued compliance with OR House Bill 2032 and administrative alignment within Kaiser Permanente markets.
Early refills for outpatient prescription drugs (Oregon only)	The “Limited Outpatient Prescription Drugs and Supplies” section of the <i>EOC</i> and the “Outpatient Prescription Rider” will include details to clarify the early refill and prior authorization requirements for substance use disorder medications.	Benefit clarification to comply with OR House Bill 4002.
Epinephrine autoinjectors (EpiPens) (Washington only)	The “Outpatient Prescription Drug Rider” Benefit Summary will be updated to reflect the epinephrine autoinjectors cost share cap of \$35. Epinephrine autoinjectors will be subject to the minimum deductible in high deductible health plans.	To comply with WA House Bill 1979.
HIV post-exposure prophylaxis (PEP) therapy cost-sharing (Washington only)	The cost share for PEP drugs will be \$0. Previously, the cost share followed your plan’s cost sharing for prescription drugs. For HSA-qualified HDHPs, the \$0 cost share applies after meeting the minimum deductible.	To comply with WA Senate Bill 6127.

Primary care provider paneling	Members without a designated primary care provider will be assigned to a Kaiser Permanente primary care provider.	Benefit enhancement to comply with 2022 OR Senate Bill 1529 and 2024 OR House Bill 4010.
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## Deductible health plans

Summary of changes		Reason for change
Three new Everyday Care plans will be offered to encourage members to utilize Kaiser's integrated care delivery through \$0 cost sharing for most routine services, aligning with Kaiser's approach to preventive medicine.		Expand offerings and plan alignment across Kaiser Permanente regions.
Two new plans will be added to the portfolio.		Adding two 30% plans.
Ambulance will change to subject to deductible on three plans.		Benefit alignment on select plans.
Durable medical equipment benefits will be offered at plan coinsurance.		Benefit alignment on select plans.
Plans affected	Changing from	Changing to
DED Everyday Care Plan 4000 DED Everyday Care Plan 5000 DED Everyday Care Plan 6000	Plans not offered	Plans offered
DED PLAN J 4000/40/30%/6000 DED PLAN L 6000/40/30%/8000	Plans not offered	Plans offered
DED PLAN E 1500/25/20%/5500 DED PLAN H 3000/30%/30%/6000 DED PLAN K 5000/30/20%/7350	Ambulance coinsurance is not subject to deductible	Ambulance coinsurance is subject to deductible
DED PLAN H 3000/30%/30%/6000	Durable medical equipment:	Durable medical equipment:

	20% coinsurance after deductible	30% coinsurance after deductible
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## High deductible health plans

Summary of changes		Reason for change
Kaiser Permanente at Home will be removed from high deductible health plans (HDHPs).		Benefit not offered.
The deductible will be adjusted to meet health savings account (HSA) qualifications on HDHPs.		Increasing the deductible amounts to ensure HDHP plans remain HSA qualified.
Five plan names will change as noted below, and deductibles and out-of-pocket maximums will be adjusted to meet HSA qualifications on HDHPs.		Increasing the deductible and out-of-pocket amounts to ensure HDHP plans remain HSA qualified.
Plans affected	Changing from	Changing to
HDHP PLAN A 1650/10%/2500	Plan name: HDHP PLAN A 1600/10%/2500 Deductible (self-only/family): \$1,600/\$3,200	Plan name: HDHP PLAN A 1650/10%/2500 Deductible (self-only/family): \$1,650/\$3,300
HDHP PLAN A 1650/20%/2500	Plan name: HDHP PLAN A 1600/20%/3500 Deductible (self-only/family): \$1,600/\$3,200	Plan name: HDHP PLAN A 1650/20%/3500 Deductible (self-only/family): \$1,650/\$3,300
HDHP PLAN E 3300/10%/6000	Plan name: HDHP PLAN E 3200/10%/6000 Deductible (self-only/family): \$3,200/\$6,400	Plan name: HDHP PLAN E 3300/10%/6000 Deductible (self-only/family): \$3,300/\$6,600
HDHP PLAN E 3300/20%/6000	Plan name: HDHP PLAN E 3200/20%/6000 Deductible (self-only/family): \$3,200/\$6,000	Plan name: HDHP PLAN E 3300/20%/6000 Deductible (self-only/family): \$3,300/\$6,600
HDHP PLAN E 3300/30%/6400	Plan name: HDHP PLAN E 3200/30%/6000 Deductible (self-only/family):	Plan name: HDHP PLAN E 3300/30%/6400 Deductible (self-only/family):

	\$3,200/\$6,000 Maximum out-of-pocket (self-only/family): \$6,000/\$12,000	\$3,300/\$6,600 Maximum out-of-pocket (self-only/family): \$6,400/\$12,800
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### Kaiser Permanente Plus™ health plans

Summary of changes		Reason for change
New Everyday Care plans will be offered to encourage members to utilize Kaiser's integrated care delivery through \$0 cost sharing for most routine services, aligning with Kaiser's approach to preventive medicine.		Expand offerings and plan alignment across Kaiser Permanente regions.
Ambulance will change to subject to deductible on three plans.		Benefit alignment on select plans.
Durable medical equipment benefits will be offered at plan coinsurance.		Benefit alignment on select plans.
Plans affected	Changing from	Changing to
KP PLUS Everyday Care Plan 4000 KP PLUS Everyday Care Plan 5000 KP PLUS Everyday Care Plan 6000	Plans not offered	Plans offered
KP PLUS PLAN J 4000/40/30%/6000 KP PLUS PLAN L 6000/40/30%/8000	Plans not offered	Plans offered
KP PLUS PLAN E 1500/25/20%/5500 KP PLUS PLAN H 3000/30%/30%/6000 KP PLUS PLAN K 5000/30/20%/7350	Ambulance coinsurance is not subject to deductible	Ambulance coinsurance is subject to deductible
KP PLUS PLAN H 3000/30%/30%/6000	Durable medical equipment: 20% coinsurance after deductible	Durable medical equipment: 30% coinsurance after deductible

## Dual Choice PPO™ health plans

Summary of changes		Reason for change
Two new Dual Choice PPO deductible plans will be added to the portfolio.		Expand offerings and alignment across plan portfolio.
Ambulance will change to subject to deductible on three plans.		Benefit alignment on select plans.
Durable medical equipment benefits will be offered at plan coinsurance.		Benefit alignment on select plans.
Five plan names will change as noted below, and in-network deductibles will be adjusted to meet HSA qualifications on high deductible health plans.		Increasing the in-network deductible and out-of-pocket amounts to ensure HDHP plans remain HSA qualified.
Plans affected	Changing from	Changing to
DUAL CHOICE PPO HDHP PLAN A 1650/10%/2500	Plan name: DUAL CHOICE PPO HDHP PLAN A 1600/10%/2500 Individual deductible: \$1,600 Family deductible: \$3,200	Plan name: DUAL CHOICE PPO HDHP PLAN A 1650/10%/2500 Individual deductible: \$1,650 Family deductible: \$3,300
DUAL CHOICE PPO HDHP PLAN A 1650/20%/3500	Plan name: DUAL CHOICE PPO HDHP PLAN A 1600/20%/3500 Individual deductible: \$1,600 Family deductible: \$3,200	Plan name: DUAL CHOICE PPO HDHP PLAN A 1650/20%/3500 Individual deductible: \$1,650 Family deductible: \$3,300
DUAL CHOICE PPO DED PLAN J 4000/40/30%/6000  DUAL CHOICE PPO DED PLAN L 6000/40/30%/8000	Plans not offered	Plans offered
DUAL CHOICE PPO DED PLAN E 1500/25/20%/6000  DUAL CHOICE PPO DED PLAN H 3000/30%/30%/7000  DUAL CHOICE PPO DED PLAN K 5000/30/20%/8150	Ambulance coinsurance is not subject to deductible	Ambulance coinsurance is subject to deductible

DUAL CHOICE PPO DED PLAN H 3000/30%/30%/7000	Durable medical equipment: 20% coinsurance after deductible	Durable medical equipment: 30% coinsurance after deductible
DUAL CHOICE PPO HDHP PLAN E 3300/10%/6000	Plan name: DUAL CHOICE PPO HDHP PLAN E 3200/10%/6000 Individual deductible: \$3,200 Family deductible: \$6,000	Plan name: DUAL CHOICE PPO HDHP PLAN E 3300/10%/6000 Individual deductible: \$3,300 Family deductible: \$6,600
DUAL CHOICE PPO HDHP PLAN E 3300/20%/6000	Plan name: DUAL CHOICE PPO HDHP PLAN E 3200/20%/6000 Individual deductible: \$3,200 Family deductible: \$6,000	Plan name: DUAL CHOICE PPO HDHP PLAN E 3300/20%/6000 Individual deductible: \$3,300 Family deductible: \$6,600
DUAL CHOICE PPO HDHP PLAN E 3300/30%/6400	Plan name: DUAL CHOICE PPO HDHP PLAN E 3200/30%/6000 Individual deductible: \$3,200 Family deductible: \$6,000 Maximum out-of-pocket: \$6,000/\$12,000	Plan name: DUAL CHOICE PPO HDHP PLAN E 3300/30%/6400 Individual deductible: \$3,300 Family deductible: \$6,600 Maximum out-of-pocket \$6,400/\$12,800

### Added Choice® point-of-service health plans

Summary of changes		Reason for change
<p>“Select Provider” terminology will be replaced with “KP Select Providers” to describe the network of Permanente Medical Group and direct contracted providers. The change will also include KP Select Facilities, KP Select Pharmacies, and KP Select Physician references. This will be applicable to all point-of-service plans.</p>		<p>Use a term that better describes a network of Kaiser Permanente and direct contracted providers.</p>
<p>Four plan names will change as noted below, and in-network deductibles and out-of-pocket maximums will be adjusted to meet HSA qualifications on high deductible health plans.</p>		<p>Increasing the in-network deductible and maximum out-of-pocket amounts to ensure HDHP plans remain HSA qualified.</p>
Plans affected	Changing from	Changing to

<p>All Added Choice point-of-service plans within the product portfolio, including Traditional, Deductible, HDHP plans.</p>	<p>“Select Providers” as a network description for Permanente Medical Group and direct contracted providers.</p>	<p>“KP Select Providers” as a network description for Permanente Medical Group and direct contracted providers.</p>
<p>POS HDHP AA 1650/10%/2500</p>	<p>Plan name: POS HDHP AA 1600/10%/2500 Select Providers individual/family deductible: \$1,600/\$3,200</p>	<p>Plan name: POS HDHP AA 1650/10%/2500 KP Select Providers individual/family deductible: \$1,650/\$3,300</p>
<p>POS HDHP EE 3300/10%/4000</p>	<p>Plan name: POS HDHP EE 3200/10%/4000 Select Providers individual/family deductible: \$3,200/\$5,600 PPO Providers individual/family deductible: \$3,600/\$7,200 Nonparticipating individual/family deductible: \$4,600/\$9,200</p>	<p>Plan name: POS HDHP EE 3300/10%/4000 KP Select Providers individual/family deductible: \$3,300/\$6,600 PPO Providers individual/family deductible: \$4,000/\$8,000 Nonparticipating individual/family deductible: \$5,000/\$10,000</p>
<p>POS HDHP EE 3300/10%/6000</p>	<p>Plan name: POS HDHP EE 3200/10%/6000 Select Providers individual/family deductible: \$3,200/\$6,400 PPO Providers individual/family out-of-pocket max: \$6,000/\$12,000 Nonparticipating individual/family deductible: \$5,000/\$10,000</p>	<p>Plan name: POS HDHP EE 3300/10%/6000 KP Select Providers individual/family deductible: \$3,300/\$6,600 PPO Providers individual/family out-of-pocket max: \$7,500/\$15,000 Nonparticipating individual/family deductible: \$5,500/\$11,000</p>
<p>POS HDHP EE 3300/20%/6000</p>	<p>Plan name: POS HDHP EE 3200/20%/6000 Select Providers individual/family deductible: \$3,200/\$6,000 PPO Providers individual/family out-of-pocket max: \$6,000/\$12,000 Nonparticipating individual/family deductible: \$5,000/\$10,000</p>	<p>Plan name: POS HDHP EE 3300/20%/6000 KP Select Providers individual/family deductible: \$3,300/\$6,600 PPO Providers individual/family out-of-pocket max: \$7,500/\$15,000 Nonparticipating individual/family deductible: \$5,500/\$11,000</p>

## Out-of-area PPO Plus health plans

Summary of changes		Reason for change
Two new deductible plans will be added to the portfolio.		Expand offering and alignment across plan portfolio.
Three new HDHP plans will be added to the portfolio.		Expand offering and alignment across plan portfolio.
Ambulance will change to subject to deductible on three plans.		Benefit alignment on select plans.
Two plan names will change as noted below, and in-network deductibles and out-of-pocket maximums will be adjusted to meet HSA qualifications on high deductible health plans.		Increasing the in-network deductible and maximum out-of-pocket amounts to ensure HDHP plans remain HSA qualified.
Plans affected	Changing from	Changing to
PPO PLUS DED PLAN L 6000/35/20%/7500  PPO PLUS DED PLAN M 7500/35/30%/8500	Plans not offered	Plans offered
PPO PLUS HDHP AA PLAN WFI 1650/20%/3500	Plan name: PPO PLUS HDHP AA PLAN WFI 1600/20%/3500 Individual deductible: \$1,600 Family deductible: \$3,200	Plan name PPO PLUS HDHP AA PLAN WFI 1650/20%/3500 Individual deductible: \$1,650 Family deductible: \$3,300
PPO PLUS HDHP EE PLAN 4000/20%/7000  PPO PLUS HDHP EE PLAN 5000/20%/7000  PPO PLUS HDHP EE PLAN 5000/30%/7000	Plans not offered	Plans offered
PPO PLUS DED PLAN WDT 1000/20%/3000	20% ambulance coinsurance, not subject to deductible	10% ambulance coinsurance, subject to deductible

PPO PLUS DED PLAN WDU 1500/20%/5500		
PPO PLUS HDHP EE PLAN WAT 3300/20%/6000	Plan name: PPO PLUS HDHP EE PLAN WAT 3200/20%/4000 Individual deductible: \$3,200/\$3,500 Family deductible: \$5,600/\$7,000 Individual out-of-pocket: \$4,000/\$7,000 Family out-of-pocket: \$8,000/\$14,000	Plan name: PPO PLUS HDHP EE PLAN WAT 3300/20%/6000 Individual deductible: \$3,300/\$4,500 Family deductible: \$6,600/\$9,000 Individual out-of-pocket: \$6,000/\$7,500 Family out-of-pocket: \$12,000/\$15,000

### Dental benefit plan changes

Summary of changes		Reason for change
Kaiser Permanente will change the existing dental benefit for “Custom Lab Made Occlusal Nightguard.”		Kaiser Permanente offers a high-quality, lower-cost over-the-counter SOVA occlusal nightguard option to members at \$20 per occlusal nightguard. The impacted members will be expected to purchase an over-the-counter occlusal nightguard instead. The over-the-counter option is available same day.
The cost share for nitrous oxide for members ages 0 to 12 on Washington plans will increase from \$0 to \$25 to match the cost share for members age 13 and older. All members will incur a cost share with no distinction between ages. (Washington only)		Aligning the cost share for members of all ages.
Plans affected	Changing from	Changing to
All dental commercial plans	Member cost share: 10%	Member cost share is 35% and adding a limitation of one custom lab made occlusal nightguard every five years.
Copay Plan Low Copay Plan Mid Copay Plan High	Member pays: \$60	Member pays \$240 and adding a limitation of one custom lab made occlusal nightguard every five years.

All dental commercial plans	Members ages 0 to 12 nitrous oxide cost share: \$0.	Members ages 0 to 12 nitrous oxide cost share: \$25.
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### Senior Advantage benefit plan changes

Benefit	Summary of changes	Reason for change
Fitness benefit	The Senior Advantage fitness vendor will transition from Silver&Fit to the One Pass fitness program. One Pass will include a robust fitness network, featuring 26,000 fitness locations from large national brands to small boutique studios. Members will also have access to online fitness classes and resources, home fitness kits, and an online brain health program.	Vendor change to enhance fitness offering.
Prescriptions	Medicare will have a \$2,000 prescription (Part D) maximum out-of-pocket.	CMS change to help control member Part D prescription drug costs.
Primary care provider paneling	Members without a designated primary care provider will be assigned to a Kaiser Permanente care provider.	Alignment with group plans.

*Information in this document was accurate at the time of production. Details may have changed since publication. These are a summary of changes and not a contract. Subject to change.*