

WASHINGTON
2025

PLAN UPDATES

What's new for Washington (Clark and Cowlitz counties) small business group plans with coverage effective on or after January 1, 2025



This booklet contains a summary of important information you will want to know about our 2025 small group plans. For more details on plan design, refer to the Medical Plans Overview for Washington Small Businesses.

business.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



Center for Black Health and Wellness

The new Center for Black Health and Wellness is led by a team of clinicians who have 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 develops and shares best practices across our organization and the health care community. Learn more at kpcenterforblackhealth.org.



More convenient access to imaging services in SW Washington

Kaiser Permanente 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.



Extras for total health

We offer digital self-care apps, such as Calm and Headspace Care (formerly called Ginger), at no additional cost to members to help support their physical and mental health and emotional well-being.¹ Visit kp.org/nwselfcare.



Kaiser Permanente Dental: Celebrating 50 years of healthy smiles

Our highly integrated care team approach has been helping our members smile for 50 years, with dental care seamlessly connected to their medical care. Plus, with innovative features like the Kaiser Permanente app, teledentistry, 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.² Learn more at kp.org/dental.

¹Only available to Kaiser Permanente members with medical coverage. These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

²When appropriate and available. These features apply to care you get at Kaiser Permanente dental facilities.

2025 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). Plan names are changing in 2025. We've simplified our plan name structure to create straightforward plan names. Generally, the structure is KP **[Contract State] [Metal Tier] [Product Type] [Deductible Amount]**. Please refer to the 2025 Medical Plan Changes section for more details. We have made necessary cost-sharing changes to keep plans within their respective metal levels. However, no plans have been discontinued. New plan names and specific cost-sharing changes for each plan are provided in the 2025 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 Plans Overview for additional details.

2025 dental plan portfolio

Our dental plan portfolio offers a wide range of plans – including voluntary options. We offer dental plans with implant coverage on both our Traditional and Choice PPO network plans when selected, as well as coverage for cosmetic orthodontia. 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.

Plan names are changing in 2025. We've simplified our plan name structure to create straightforward plan names. Generally, the structure is KP **[Contract State] [Product Type] [Benefit Max] / [Deductible] + [Ortho] + [Implants]**. Please refer to the 2025 Dental Plan Changes section for more details.

On our (stand-alone) pediatric plans, the annual out-of-pocket maximum for in-network services has increased from \$400 to \$425 for an individual under 19 years of age and from \$800 to \$850 for a family (with 2 or more pediatric members enrolled).

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.

Automatic renewals

For your renewal in 2025, 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.

2025 PLAN HIGHLIGHTS AND REMINDERS

Kaiser Permanente Plus™ (KP 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 Plans Overview for additional details.

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.

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** 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.

Optional buy-up coverage

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

Vision: Adult vision hardware (\$250 benefit/2-year period) with adult vision exam (primary care office visit cost share applies). Plans purchased without this option do not include coverage for adult routine eye exams. Go to **kp2020.org** for more information, including our optical locations.

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.

Underwriting guidelines

Please be sure to review the Rating and Underwriting Assumptions Policy effective January 1, 2025, for Washington small employers with 50 or fewer employees.

2025 MEDICAL PLAN CHANGES

YEAR	2024	2025
PLAN NAME	KP WA Platinum 0/20	KP WA Platinum 0
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,000 per individual; \$4,000 per family	\$2,500 per individual; \$5,000 per family
BENEFIT	Member pays	
OUTPATIENT SURGERY	\$100	\$150

YEAR	2024	2025
PLAN NAME	KP WA Gold 0/30	KP WA Gold 0
BENEFIT	Member pays	
OUTPATIENT SURGERY	\$200	\$300

YEAR	2024	2025
PLAN NAME	KP WA Platinum 250/20	KP WA Platinum 250
BENEFIT	Member pays	
X-RAY / DIAGNOSTIC TEST	\$20	\$30
FERTILITY SERVICES (diagnosis)	50%	50%*

YEAR	2024	2025
PLAN NAME	KP WA Platinum 500/20	KP WA Platinum 500
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$3,200 per individual; \$6,400 per family
BENEFIT	Member pays	
X-RAY / DIAGNOSTIC TEST	\$20	\$30
FERTILITY SERVICES (diagnosis)	50%	50%*

YEAR	2024	2025
PLAN NAME	KP WA Gold 1000/20	KP WA Gold 1000
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50%	50%*

YEAR	2024	2025
PLAN NAME	KP WA Gold 1500/35	KP WA Gold 1500
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50%	50%*

*Subject to deductible.

YEAR	2024	2025
PLAN NAME	KP WA Gold 2000/35	KP WA Gold 2000
BENEFIT	Member pays	
X-RAY / DIAGNOSTIC TEST	\$45	\$35
FERTILITY SERVICES (diagnosis)	50%	50%*

YEAR	2024	2025
PLAN NAME	KP WA Silver 3000/45	KP WA Silver 3000
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,700 per individual; \$17,400 per family	\$8,200 per individual; \$16,400 per family
BENEFIT	Member pays	
PRIMARY CARE OFFICE VISIT	\$45	\$40
NATUROPATHIC SERVICES	\$45	\$40
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Outpatient	\$45	\$40
FERTILITY SERVICES (diagnosis)	50%	50%*

YEAR	2024	2025
PLAN NAME	KP WA Silver 4000/45	KP WA Silver 4000
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50%	50%*

YEAR	2024	2025
PLAN NAME	KP WA Silver 5000/50	KP WA Silver 5000
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50%	50%*

YEAR	2024	2025
PLAN NAME	KP WA Silver 6000/50	KP WA Silver 6000
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,100 per individual; \$18,200 per family	\$8,600 per individual; \$17,200 per family
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50%	50%*

*Subject to deductible.

YEAR	2024	2025
PLAN NAME	KP WA Bronze 7000/50	KP WA Bronze 7000
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,450 per individual; \$18,900 per family	\$9,200 per individual; \$18,400 per family
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50%	50%*
GENERIC OUTPATIENT PRESCRIPTION DRUGS	\$30	\$35

YEAR	2024	2025
PLAN NAME	KP WA Bronze 9400/40	KP WA Bronze 9200
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$9,400 per individual; \$18,800 per family	\$9,200 per individual; \$18,400 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,400 per individual; \$18,800 per family	\$9,200 per individual; \$18,400 per family
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50%	50%*

YEAR	2024	2025
PLAN NAME	KP WA Silver 3500/25% HSA	KP WA Silver HSA 3500

YEAR	2024	2025
PLAN NAME	KP WA Bronze 7100/0% HSA	KP WA Bronze HSA 7100

YEAR	2024		2025	
PLAN NAME	KP WA Platinum 0/20 KP Plus		KP WA Platinum KP Plus 0	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,000 per individual; \$4,000 per family	N/A	\$2,500 per individual; \$5,000 per family	No change
BENEFIT ¹	Member pays			
OUTPATIENT SURGERY	\$100	Not covered	\$150	No change

*Subject to annual medical deductible.

¹These 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 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills. This out-of-area benefit cannot be combined with any other benefit to exceed the benefit limit. Refer to your *Evidence of Coverage (EOC)* for details.

YEAR	2024		2025	
PLAN NAME	KP WA Gold 1000/20 KP Plus		KP WA Gold KP Plus 1000	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)	In-network	Out-of-network (limited to 10 covered services per year, combined)
BENEFIT ¹	Member pays			
FERTILITY SERVICES (diagnosis)	50%	Not covered	50%*	No change

YEAR	2024		2025	
PLAN NAME	KP WA Silver 3000/45 KP Plus		KP WA Silver KP Plus 3000	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,700 per individual; \$17,400 per family	N/A	\$8,200 per individual; \$16,400 per family	No change
BENEFIT ¹	Member pays			
PRIMARY CARE OFFICE VISIT	\$45	\$65	\$40	\$60
TELEHEALTH (PHONE/VIDEO)	\$0	\$65	No change	\$60
NATUROPATHIC SERVICES	\$45	\$65	\$40	\$60
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Outpatient	\$45	\$65	\$40	\$60
FERTILITY SERVICES (diagnosis)	50%	Not covered	50%*	No change

YEAR	2024		2025	
PLAN NAME	KP WA Bronze 7000/50 KP Plus		KP WA Bronze KP Plus 7000	
NETWORK	In-network	Out-of-network (limited to 10 covered services per year, combined)	In-network	Out-of-network (limited to 10 covered services per year, combined)
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,450 per individual; \$18,900 per family	N/A	\$9,200 per individual; \$18,400 per family	No change
BENEFIT ¹	Member pays			
FERTILITY SERVICES (diagnosis)	50%	Not covered	50%*	No change
GENERIC OUTPATIENT PRESCRIPTION DRUGS	\$30	\$50	\$35	\$55

*Subject to annual medical deductible.

¹These 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 10 office visits, 10 diagnostic labs or X-rays, and 10 prescription drug fills. This out-of-area benefit cannot be combined with any other benefit to exceed the benefit limit. Refer to your *Evidence of Coverage (EOC)* for details.

YEAR	2024			2025		
PLAN NAME	KP WA Platinum 250/20 3T POS			KP WA Platinum Added Choice 250		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual; \$6,000 per family	\$3,800 per individual; \$7,600 per family	\$7,000 per individual; \$14,000 per family	No change	\$4,500 per individual; \$9,000 per family	No change
BENEFIT	Member pays					
FERTILITY SERVICES (diagnosis)	50%	50%	50%	50%*	50%*	50%*

YEAR	2024			2025		
PLAN NAME	KP WA Gold 500/35 3T POS			KP WA Gold Added Choice 500		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays					
FERTILITY SERVICES (diagnosis)	50%	50%	50%	50%*	50%*	50%*

YEAR	2024			2025		
PLAN NAME	KP WA Gold 1000/20 3T POS			KP WA Gold Added Choice 1000		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays					
FERTILITY SERVICES (diagnosis)	50%	50%	50%	50%*	50%*	50%*

YEAR	2024			2025		
PLAN NAME	KP WA Silver 3000/45 3T POS			KP WA Silver Added Choice 3000		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays					
FERTILITY SERVICES (diagnosis)	50%	50%	50%	50%*	50%*	50%*

YEAR	2024			2025		
PLAN NAME	KP WA Silver 4000/45 3T POS			KP WA Silver Added Choice 4000		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays					
FERTILITY SERVICES (diagnosis)	50%	50%	50%	50%*	50%*	50%*

*Subject to deductible.

YEAR	2024			2025		
PLAN NAME	KP WA Bronze 7000/50 3T POS			KP WA Bronze Added Choice 7000		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,450 per individual; \$18,900 per family	\$9,450 per individual; \$18,900 per family	\$15,000 per individual; \$30,000 per family	\$9,200 per individual; \$18,400 per family	\$9,200 per individual; \$18,400 per family	No change
BENEFIT	Member pays					
FERTILITY SERVICES (diagnosis)	50%	50%	50%	50%*	50%*	50%*

YEAR	2024		2025	
PLAN NAME	KP WA Platinum 250/20 PPO Plus		KP WA Platinum PPO Plus 250	
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays			
FERTILITY SERVICES (diagnosis)	50%	50%	50%*	50%*

YEAR	2024		2025	
PLAN NAME	KP WA Gold 1000/35 PPO Plus		KP WA Gold PPO Plus 1000	
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays			
FERTILITY SERVICES (diagnosis)	50%	50%	50%*	50%*

YEAR	2024		2025	
PLAN NAME	KP WA Silver 3000/45 PPO Plus		KP WA Silver PPO Plus 3000	
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays			
FERTILITY SERVICES (diagnosis)	50%	50%	50%*	50%*

YEAR	2024		2025	
PLAN NAME	KP WA Silver 4000/45 PPO Plus		KP WA Silver PPO Plus 4000	
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays			
FERTILITY SERVICES (diagnosis)	50%	50%	50%*	50%*

*Subject to deductible.

YEAR	2024		2025	
PLAN NAME	KP WA Bronze 7000/50 PPO Plus		KP WA Bronze PPO Plus 7000	
NETWORK	PPO Providers	Nonparticipating Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,450 per individual; \$18,900 per family	\$15,000 per individual; \$30,000 per family	\$9,200 per individual; \$18,400 per family	No change
BENEFIT	Member pays			
FERTILITY SERVICES (diagnosis)	50%	50%	50%*	50%*

YEAR	2024	2025
PLAN NAME	KP WA Gold 1000/20 RE	KP WA Gold 1000 RE
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50%	50%*

FOR GROUPS WITH VISION BUY-UP BENEFIT PLANS

YEAR	2024	2025
PLAN NAME	Plan w/ VX	Plan w/ VX
BENEFIT	Member pays	
VISION HARDWARE AND OPTICAL SERVICES (for members 19 years and older)	Adult vision hardware: You pay balance after \$200 allowance in a 2-year period. Optical services/eye exam: Plan primary office visit cost share.	Adult vision hardware: You pay balance after \$250 allowance in a 2-year period. Optical services/eye exam: Plan primary office visit cost share.
ADULT VISION EXAM (for members 19 years and older) HSA-qualified high deductible health plans only	KP WA Silver 3500/25% HSA: 25% coinsurance after deductible KP WA Bronze 7100/0% HSA: 0% after deductible	KP WA Silver HSA 3500: 25% coinsurance KP WA Bronze HSA 7100: 0% coinsurance

FOR GROUPS WITH SENIOR ADVANTAGE BENEFIT PLANS

YEAR	2024	2025
PLAN NAME	Plan w/ Group Senior Advantage	Plan w/ Group Senior Advantage
BENEFIT	Member pays	
OUTPATIENT PRESCRIPTION DRUGS	\$8,000 prescription (Part D) maximum out-of-pocket	\$2,000 prescription (Part D) maximum out-of-pocket

*Subject to deductible.

2025 DENTAL PLAN CHANGES

YEAR	2024	2025
PLAN NAME	All 2024 dental plans	All 2025 dental plans
BENEFIT	Member pays	
ANNUAL OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$400 per member; \$800 per family	\$425 per member; \$850 per family
CUSTOM OCCLUSAL NIGHTGUARDS	10% coinsurance, no limitation	35% coinsurance, 1 nightguard every 5 years; limitation applies to adult members only, ages 19 and over
NITROUS OXIDE	Member ages 0 to 12 cost share: \$0	Member ages 0 to 12 cost share: \$25

YEAR	2024	2025
PLAN TYPE	Adult Traditional	
PLAN NAME	KP WA Adult Traditional 100 – \$1000 Max	KP WA Adult Traditional – \$1000
	KP WA Adult Traditional 100 – \$50 Ded/\$1000 Max	KP WA Adult Traditional – \$1000/\$50 Ded
	KP WA Adult Traditional 100 – \$100 Ded/\$1000 Max	KP WA Adult Traditional – \$1000/\$100 Ded
	KP WA Adult Traditional 100 – \$1000 Max + Ortho	KP WA Adult Traditional – \$1000/\$100 Ded + Ortho
	KP WA Adult Traditional 100 – \$1500 Max	KP WA Adult Traditional – \$1500
	KP WA Adult Traditional 100 – \$50 Ded/\$1500 Max	KP WA Adult Traditional – \$1500/\$50 Ded
	KP WA Adult Traditional 100 – \$100 Ded/\$1500 Max	KP WA Adult Traditional – \$1500/\$100 Ded
	KP WA Adult Traditional 100 – \$1500 Max + Ortho	KP WA Adult Traditional – \$1500/\$100 Ded + Ortho
	KP WA Adult Traditional 100 – \$2000 Max	KP WA Adult Traditional – \$2000
	KP WA Adult Traditional 100 – \$50 Ded/\$2000 Max	KP WA Adult Traditional – \$2000/\$50 Ded
	KP WA Adult Traditional 100 – \$100 \$2000 Max	KP WA Adult Traditional – \$2000/\$100 Ded
	KP WA Adult Traditional 100 – \$100 Ded/\$2000 Max + Implants	KP WA Adult Traditional – \$2000/\$100 Ded + Implants
	KP WA Adult Traditional 100 – \$2000 Max + Ortho	KP WA Adult Traditional – \$2000/\$100 Ded + Ortho
	KP WA Adult Traditional 100 – \$2000 Max + Ortho + Implants	KP WA Adult Traditional – \$2000/\$100 Ded + Ortho + Implants
	KP WA Adult Traditional 100 – \$50 Ded/\$2500 Max	KP WA Adult Traditional – \$2500/\$50 Ded
	KP WA Adult Traditional 100 – \$100 Ded/\$2500 Max	KP WA Adult Traditional – \$2500/\$100 Ded
	KP WA Adult Traditional 100 – \$100 Ded/\$2500 Max + Implants	KP WA Adult Traditional – \$2500/\$100 Ded + Implants
	KP WA Adult Traditional 100 – \$2500 Max + Ortho	KP WA Adult Traditional – \$2500/\$100 Ded + Ortho
	KP WA Adult Traditional 100 – \$2500 Max + Ortho + Implants	KP WA Adult Traditional – \$2500/\$100 Ded + Ortho + Implants
	KP WA Adult Traditional 100 – \$50 Ded/\$3000 Max	KP WA Adult Traditional – \$3000/\$50 Ded
	KP WA Adult Traditional 100 – \$100 Ded/\$3000 Max	KP WA Adult Traditional – \$3000/\$100 Ded
	KP WA Adult Traditional 100 – \$100 Ded/\$3000 Max + Implants	KP WA Adult Traditional – \$3000/\$100 Ded + Implants
	KP WA Adult Traditional 100 – \$3000 Max + Ortho	KP WA Adult Traditional – \$3000/\$100 Ded + Ortho
	KP WA Adult Traditional 100 – \$3000 Max + Ortho + Implants	KP WA Adult Traditional – \$3000/\$100 Ded + Ortho + Implants

YEAR	2024	2025
PLAN TYPE	Adult Choice	
PLAN NAME	KP WA Adult Choice 100 – \$50 Ded/\$1000 Max	KP WA Adult Choice – \$1000/\$50 Ded
	KP WA Adult Choice 100 – \$100 Ded/\$1000 Max	KP WA Adult Choice – \$1000/\$100 Ded
	KP WA Adult Choice 100 – \$100 Ded/\$1000 Max + Ortho	KP WA Adult Choice – \$1000/\$100 Ded + Ortho
	KP WA Adult Choice 100 – \$50 Ded/\$1500 Max	KP WA Adult Choice – \$1500/\$50 Ded
	KP WA Adult Choice 100 – \$100 Ded/\$1500 Max	KP WA Adult Choice – \$1500/\$100 Ded
	KP WA Adult Choice 100 – \$1500 Max + Ortho	KP WA Adult Choice – \$1500/\$100 Ded + Ortho
	KP WA Adult Choice 100 – \$50 Ded/\$2000 Max	KP WA Adult Choice – \$2000/\$50 Ded
	KP WA Adult Choice 100 – \$100 Ded/\$2000 Max	KP WA Adult Choice – \$2000/\$100 Ded
	KP WA Adult Choice 100 – \$100 Ded/\$2000 Max + Implants	KP WA Adult Choice – \$2000/\$100 Ded + Implants
	KP WA Adult Choice 100 – \$2000 Max + Ortho	KP WA Adult Choice – \$2000/\$100 Ded + Ortho
	KP WA Adult Choice 100 – \$2000 Max + Ortho + Implants	KP WA Adult Choice – \$2000/\$100 Ded + Ortho + Implants
	KP WA Adult Choice 100 – \$50 Ded/\$2500 Max	KP WA Adult Choice – \$2500/\$50 Ded
	KP WA Adult Choice 100 – \$100 Ded/\$2500 Max	KP WA Adult Choice – \$2500/\$100 Ded
	KP WA Adult Choice 100 – \$100 Ded/\$2500 Max + Implants	KP WA Adult Choice – \$2500/\$100 Ded + Implants
	KP WA Adult Choice 100 – \$2500 Max + Ortho	KP WA Adult Choice – \$2500/\$100 Ded + Ortho
	KP WA Adult Choice 100 – \$2500 Max + Ortho + Implants	KP WA Adult Choice – \$2500/\$100 Ded + Ortho + Implants
	KP WA Adult Choice 100 + Child Only Ortho	KP WA Adult Choice + Child Only Ortho

YEAR	2024	2025
PLAN TYPE	Adult Traditional – Voluntary	
PLAN NAME	KP WA Adult Traditional 100 – \$50 Ded/\$1000 Max – Voluntary	KP WA Adult Traditional – \$1000/\$50 Ded – Voluntary
	KP WA Adult Traditional 100 – \$50 Ded/\$1500 Max – Voluntary	KP WA Adult Traditional – \$1500/\$50 Ded – Voluntary
	KP WA Adult Traditional 100 – \$50 Ded/\$2000 Max – Voluntary	KP WA Adult Traditional – \$2000/\$50 Ded – Voluntary

YEAR	2024	2025
PLAN TYPE	Adult Choice – Voluntary	
PLAN NAME	KP WA Adult Choice 100 – \$50 Ded/\$1000 Max – Voluntary	KP WA Adult Choice – \$1000/\$50 Ded – Voluntary
	KP WA Adult Choice 100 – \$50 Ded/\$1500 Max – Voluntary	KP WA Adult Choice – \$1500/\$50 Ded – Voluntary
	KP WA Adult Choice 100 – \$50 Ded/\$2000 Max – Voluntary	KP WA Adult Choice – \$2000/\$50 Ded – Voluntary

YEAR	2024	2025
PLAN TYPE	Pediatric Choice	
PLAN NAME	KP WA Choice 100 Pediatric Dental Plan	KP WA Pediatric Choice Dental Plan
	KP WA Choice 100 + Ortho Pediatric Dental Plan	KP WA Pediatric Choice + Ortho Dental Plan

SUMMARY OF 2025 PLAN CHANGES

The following changes will be made to small group plans, effective at renewal on or after January 1, 2025, 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 2025. 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
Dependent out-of-area (OOA) services	<p>As groups renew in 2025, the benefit limits will increase from 5 to 10 and will now include outpatient physical therapy visits and some lab tests. The new benefit limits are as follows:</p> <ul style="list-style-type: none">• 10 office visits per year, including preventive care, primary care, naturopathic care, specialty care, outpatient mental health and substance use disorder services, allergy injections, and outpatient physical therapy• 10 diagnostic X-rays and lab tests per year (covers diagnostic X-rays but excludes CT, MRI, PET, and other specialty scans)• 10 prescription drug fills per year	Benefit enhancement and alignment with other lines of business.
Domestic partner eligibility	Employer groups will be responsible for verifying the eligibility of domestic partners for Kaiser Permanente plans and continued adherence to state-mandated offering requirements.	For administrative alignment and continued compliance with state-mandated offering requirements for registered domestic partners.
Epinephrine autoinjectors (EpiPens)	The "Outpatient Prescription Drugs and Supplies" section of the 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.

(continues)

Medical plan benefit changes and clarifications (continued)

Benefit	Summary of changes	Reason for change
Fertility diagnosis services	Fertility services, under plans with a deductible, will remain at a 50% coinsurance and will become subject to the deductible in 2025.	Alignment with other lines of business.
HIV post-exposure prophylaxis (PEP) therapy cost sharing	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.

High deductible health plans

Summary of changes	Reason for change
Kaiser Permanente at Home will be removed from high deductible health plans.	Benefit not offered.

Added Choice® point-of-service health plans

Summary of changes	Reason for change
"Select Provider" terminology will be replaced with "KP Select Providers" to describe the network of Permanente Medical Group and direct-contracted providers. This will be applicable to all point-of-service plans. The change will also include KP Select Facilities, KP Select Pharmacies, and KP Select Physician references.	Use a term that better describes a network of Kaiser Permanente and direct-contracted providers.

Dental benefit plan changes

Benefit	Summary of changes	Reason for change
Annual out-of-pocket maximum	The annual out-of-pocket maximum for in-network services has increased from \$400 to \$425 for an individual under 19 years of age and from \$800 to \$850 for a family (of 2 or more pediatric members enrolled).	To comply with Centers for Medicare and Medicaid Services (CMS) final guidance.
Custom occlusal nightguards	Kaiser Permanente will change the existing dental benefit for Custom Lab Made Occlusal Nightguard from 10% to 35% and add a limitation of one every 5 years. Limitation applies to adult members only, ages 19 and over.	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.
Nitrous oxide	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 ages 13 and older. All members will incur a cost share with no distinction between ages.	Aligning the cost share for members of all ages.

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 reduce the maximum out-of-pocket from \$8,000 prescription (Part D) to a \$2,000 prescription (Part D) maximum out-of-pocket.	CMS change to help control member Part D prescription drug costs.

NOTES

This image shows a single sheet of white paper with horizontal blue or green ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Information in this brochure was accurate at the time of production.
Details may have changed since publication.

