

# PLAN UPDATES

What's new for Oregon 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 Oregon Small Businesses.

[business.kp.org](https://business.kp.org)



# 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](https://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.<sup>1</sup> Visit [kp.org/nwselfcare](https://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.<sup>2</sup> Learn more at [kp.org/dental](https://kp.org/dental).

<sup>1</sup>Only 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.

<sup>2</sup>When 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.

As a reminder, all plans now include the first 3 combined visits for primary care or primary care-related services at \$5. First 3 visits are any combination of in-person or virtual services for primary care non-specialty medical services, mental health outpatient services, naturopathic medicine, or substance use disorder outpatient services. Telehealth will remain at \$0; however, it is included in the 3 combined visits.

We have two buy-up options available on most medical plans: adult vision hardware or adult vision hardware and massage. Groups may choose to add these buy-up options during their renewal process. See more information in the bundle options below.

We have made necessary cost-sharing changes to keep plans within their respective metal levels. 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.

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## 2025 dental plan portfolio

Our dental plan portfolio offers a wide range of plans – including Voluntary options. Our family dental plans provide coverage for both adults and pediatric dependents together on one plan, including medically necessary orthodontia for members under 19 years of age and an annual out-of-pocket maximum for in-network services. 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. Select a plan that fits your needs at any age. If you currently offer dental coverage, the same plan will be provided upon renewal; however, you may select any plan within our portfolio. Stand-alone pediatric dental coverage is provided for groups that do not offer dental coverage to all employees.

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.

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 family dental plan options are available to small employer groups and their employees. Traditional and Dental Choice PPO plan options range from a \$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.

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## Pediatric dental services and coverage for your renewal

Pediatric dental coverage for members is required by law, so all of our medical plans are offered along with an ACA-compliant pediatric dental plan with a choice of Traditional and Dental Choice PPO plans. Coverage for standard orthodontia to address misaligned teeth is offered on both Traditional and Dental Choice PPO plans. If you have an ACA-compliant pediatric dental plan offered by another carrier, you may opt out of our coverage by attesting to this fact on your New Group Application or Renewal Decision Form.

If your group previously attested to having other ACA-compliant pediatric dental coverage and waived this coverage, you must provide an updated attestation upon renewal each year by using the Renewal Decision Form. If a plan is not selected or an updated attestation is not received, this coverage will be added on your behalf.

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## 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.

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## 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.

### 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 any licensed out-of-network provider for a limited number of services each year. Refer to the Medical Plans Overview for additional details.

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### 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 when using 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.

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### 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: 20 self-referred visits per year.

Acupuncture: 12 self-referred visits per year.

Naturopathic: Unlimited self-referred visits.

Refer to plan-specific Summary of Benefits for chiropractic, acupuncture, and naturopathic cost-sharing details.

Visit [chpgroup.com](http://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 alternative care, members can choose a PPO provider from First Choice Health in Oregon and Washington or First Health Network in California, Colorado, Georgia, Hawaii, Maryland, Virginia, and Washington, D.C. The Cigna Healthcare<sup>SM</sup> PPO Network<sup>1</sup> can be accessed for PPO network care outside states where Kaiser Permanente operates.<sup>2</sup>

For members enrolled under KP Plus plans, benefits may be used in-network with CHP providers and any licensed out-of-network provider.

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

<sup>2</sup>Kaiser Permanente operates in the states of California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Healthcare Intellectual Property, Inc.

## Massage, routine vision eye exam, and hardware benefits

All our medical plans (except the Oregon Standard plans) may be purchased with additional coverage to meet your needs. The 2 buy-up options include medical plans with adult vision hardware and routine eye exam and medical plans with self-referred massage, vision hardware, and routine eye exam. The massage benefit includes a 12-visit limit per calendar year. Refer to plan-specific summaries for cost-sharing details in PPO providers/ in-network and nonparticipating/out-of-network provider networks. Members can access this massage benefit through the CHP network of providers.

As a reminder, plans purchased without the vision hardware benefit do not provide coverage for adult routine eye exams. Go to [kp2020.org](https://kp2020.org) for more information, including our optical locations.

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## Pediatric vision coverage on all medical plans

All our plans cover pediatric vision exams and one pair of standard 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 6-month supply of disposable contact lenses per year) at no additional charge. Go to [kp2020.org](https://kp2020.org) for more information, including our optical locations.

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## Standard plans

Our plan portfolio includes standard plans that have been designed by the state of Oregon, and all carriers are required to offer these particular plans. Because they were not designed by Kaiser Permanente, the coverage may differ slightly from our typical plans. Differences include benefits such as hospice, fertility, temporomandibular joint (TMJ) coverage, and dependent out of area. Please refer to your Sales Summary of Benefits for details.

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## 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.

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## Underwriting guidelines

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

## 2025 MEDICAL PLAN CHANGES

YEAR	2024	2025
PLAN NAME	KP OR Platinum 0/20	KP OR Platinum 0
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,200 per individual; \$4,400 per family	\$2,800 per individual; \$5,600 per family
BENEFIT	Member pays	
OUTPATIENT SURGERY	\$100	\$150
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50% applies to out-of-pocket maximum

YEAR	2024	2025
PLAN NAME	KP OR Gold 0/30	KP OR Gold 0
BENEFIT	Member pays	
OUTPATIENT SURGERY	\$200	\$300
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50% applies to out-of-pocket maximum

YEAR	2024	2025
PLAN NAME	KP OR Platinum 250/20	KP OR Platinum 250
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024	2025
PLAN NAME	KP OR Platinum 500/20	KP OR Platinum 500
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,200 per individual; \$6,400 per family	\$3,500 per individual; \$7,000 per family
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024	2025
PLAN NAME	KP OR Gold 1000/20	KP OR Gold 1000
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum

\*Subject to annual medical deductible.

YEAR	2024	2025
PLAN NAME	KP OR Gold 1500/35	KP OR Gold 1500
BENEFIT	Member pays	
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024	2025
PLAN NAME	KP OR Gold 2000/35	KP OR Gold 2000
BENEFIT	Member pays	
OFFICE VISIT – SPECIALTY CARE	\$50	\$45
OUTPATIENT THERAPIES <sup>1</sup>	\$50	\$45
X-RAY / DIAGNOSTIC TEST	\$40	\$35
CT, MRI, AND PET SCANS	\$300	\$250
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum
OUTPATIENT PRESCRIPTION DRUGS – NON-PREFERRED BRAND	50%	\$75

YEAR	2024	2025
PLAN NAME	KP OR Silver 3000/45	KP OR Silver 3000
BENEFIT	Member pays	
OFFICE VISIT – PRIMARY CARE	\$5 for the first 3 visits; then \$45 <sup>2</sup>	\$5 for the first 3 visits; then \$40 <sup>2</sup>
NATUROPATHIC SERVICES	\$5 for the first 3 visits; then \$45 <sup>2</sup>	\$5 for the first 3 visits; then \$40 <sup>2</sup>
LAB	\$45	\$40
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Outpatient	\$5 for the first 3 visits; then \$45 <sup>2</sup>	\$5 for the first 3 visits; then \$40 <sup>2</sup>
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024	2025
PLAN NAME	KP OR Silver 4000/45	KP OR Silver 4000
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% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum

\*Subject to annual medical deductible.

<sup>1</sup>Rehabilitative and habilitative therapies have limits of 30 visits each per year. Neurodevelopmental conditions have an additional 30 visits per year for both rehabilitative and habilitative therapies.

<sup>2</sup>First 3 visits are 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.

YEAR	2024	2025
PLAN NAME	KP OR Silver 5000/50	KP OR Silver 5000
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% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum
OUTPATIENT PRESCRIPTION DRUGS – NON-PREFERRED BRAND	50%	50%*

YEAR	2024	2025
PLAN NAME	KP OR Silver 6000/50	KP OR Silver 6000
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,400 per individual; \$18,800 per family	\$9,200 per individual; \$18,400 per family
BENEFIT	Member pays	
LAB	40%*	\$60
X-RAY / DIAGNOSTIC TEST	40%*	\$75
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024	2025
PLAN NAME	KP OR Bronze 7000/60	KP OR 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% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024	2025
PLAN NAME	KP OR Bronze 9400/0%	KP OR 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% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum

\*Subject to annual medical deductible.

YEAR	2024	2025
Marketing Plan Name	<b>KP OR Standard Gold</b>	<b>KP OR Standard Gold</b>
ANNUAL MEDICAL DEDUCTIBLE (PER CALENDAR YEAR)	\$1,800 per individual; \$3,600 per family	\$1,500 per individual; \$3,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$7,550 per individual; \$15,100 per family	\$7,000 per individual; \$14,000 per family
<b>BENEFIT</b>	Member pays	
INSULIN (for treatment of diabetes)	Up to \$85 for each 30-day supply	Up to \$35 for each 30-day supply

YEAR	2024	2025
Marketing Plan Name	<b>KP OR Standard Silver</b>	<b>KP OR Standard Silver</b>
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,450 per individual; \$18,900 per family	\$9,200 per individual; \$18,400 per family
<b>BENEFIT</b>	Member pays	
INSULIN (for treatment of diabetes)	Up to \$85 for each 30-day supply	Up to \$35 for each 30-day supply

YEAR	2024	2025
Marketing Plan Name	<b>KP OR Standard Bronze</b>	<b>KP OR Standard Bronze</b>
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
<b>BENEFIT</b>	Member pays	
INSULIN (for treatment of diabetes)	Up to \$85 for each 30-day supply	Up to \$35 for each 30-day supply

YEAR	2024	2025
PLAN NAME	<b>KP OR Silver 3500/25% HSA</b>	<b>KP OR Silver HSA 3500</b>

YEAR	2024	2025
PLAN NAME	<b>KP OR Bronze 7100/0% HSA</b>	<b>KP OR Bronze HSA 7100</b>

YEAR	2024		2025	
PLAN NAME	KP OR Platinum 0/20 KP Plus		KP OR 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	\$2,200 per individual; \$4,400 per family	N/A	\$2,800 per individual; \$5,600 per family	No change
<b>BENEFIT<sup>1</sup></b>	<b>Member pays</b>			
OUTPATIENT SURGERY	\$100	Not covered	\$150	No change
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	Not covered	50% applies to out-of-pocket maximum	No change

YEAR	2024		2025	
PLAN NAME	KP OR Gold 1000/20 KP Plus		KP OR 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)
<b>BENEFIT<sup>1</sup></b>	<b>Member pays</b>			
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	Not covered	50%* applies to out-of-pocket maximum	No change

\*Subject to annual medical deductible.

<sup>1</sup>These 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 OR Silver 3000/45 KP Plus		KP OR 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)
BENEFIT <sup>1</sup>	Member pays			
OFFICE VISIT– PRIMARY CARE	\$5 for the first 3 visits; then \$45 <sup>2</sup>	\$65	\$5 for the first 3 visits; then \$40 <sup>2</sup>	\$60
TELEHEALTH (PHONE/ VIDEO)	\$0 <sup>2</sup>	\$65	No change	\$60
NATUROPATHIC SERVICES	\$5 for the first 3 visits; then \$45 <sup>2</sup>	\$65	\$5 for the first 3 visits; then \$40 <sup>2</sup>	\$60
LAB	\$45	\$65	\$40	\$60
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES Outpatient	\$5 for the first 3 visits; then \$45 <sup>2</sup>	\$65	\$5 for the first 3 visits; then \$40 <sup>2</sup>	\$60
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	Not covered	50%* applies to out-of-pocket maximum	No change

YEAR	2024		2025	
PLAN NAME	KP OR Bronze 7000/60 KP Plus		KP OR 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 <sup>1</sup>	Member pays			
ELECTRONIC SPECIALTY OFFICE VISIT	\$0	\$90	No change	\$100
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	Not covered	50%* applies to out-of-pocket maximum	No change

\*Subject to annual medical deductible.

<sup>1</sup>These 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.

<sup>2</sup>First 3 visits are 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.

YEAR	2024			2025		
PLAN NAME	KP OR Platinum 250/20 3T POS			KP OR Platinum Added Choice 250		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays					
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024			2025		
PLAN NAME	KP OR Gold 500/35 3T POS			KP OR 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% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024			2025		
PLAN NAME	KP OR Gold 1000/20 3T POS			KP OR 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% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024			2025		
PLAN NAME	KP OR Silver 3000/45 3T POS			KP OR Silver Added Choice 3000		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,000 per individual; \$18,000 per family	\$9,000 per individual; \$18,000 per family	\$14,000 per individual; \$28,000 per family	\$8,700 per individual; \$17,400 per family	No change	No change
BENEFIT	Member pays					
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

\*Subject to medical deductible.

YEAR	2024			2025		
PLAN NAME	KP OR Silver 4000/45 3T POS			KP OR Silver Added Choice 4000		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,400 per individual; \$18,800 per family	\$9,400 per individual; \$18,800 per family	\$14,000 per individual; \$28,000 per family	\$9,200 per individual; \$18,400 per family	\$9,200 per individual; \$18,400 per family	No change
<b>BENEFIT</b>	Member pays					
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024			2025		
PLAN NAME	KP OR Bronze 7000/60 3T POS			KP OR 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
<b>BENEFIT</b>	Member pays					
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024			2025		
PLAN NAME	KP OR Platinum 250/20 3T POS – OOA			KP OR Platinum Added Choice OOA 250		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
<b>BENEFIT</b>	Member pays					
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024			2025		
PLAN NAME	KP OR Gold 500/35 3T POS – OOA			KP OR Gold Added Choice OOA 500		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
<b>BENEFIT</b>	Member pays					
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

\*Subject to medical deductible.

YEAR	2024			2025		
PLAN NAME	KP OR Gold 1000/35 3T POS – OOA			KP OR Gold Added Choice OOA 1000		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays					
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum
OUTPATIENT ADMINISTERED MEDICATIONS	25%	25%	50%*	35%*	35%*	No change

YEAR	2024			2025		
PLAN NAME	KP OR Silver 3000/45 3T POS – OOA			KP OR Silver Added Choice OOA 3000		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
BENEFIT	Member pays					
FERTILITY SERVICES (diagnosis)	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024			2025		
PLAN NAME	KP OR Silver 4000/45 3T POS – OOA			KP OR Silver Added Choice OOA 4000		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	KP Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,400 per individual; \$18,800 per family	\$9,400 per individual; \$18,800 per family	\$14,000 per individual; \$28,000 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% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

YEAR	2024			2025		
PLAN NAME	KP OR Bronze 7000/60 3T POS - OOA			KP OR Bronze Added Choice OOA 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% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50% does not apply to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum	50%* applies to out-of-pocket maximum

\*Subject to medical deductible.

## FOR GROUPS WITH BUY-UP BENEFIT PLANS

We've increased our allowance for adult vision hardware from \$200 in a two-year period to \$250 in a two-year period on our buy-up plans. Additionally, we've removed the requirement to meet your deductible for adult vision exams on HSA-eligible plans.

YEAR	2024	2025
PLAN NAME	Plan w/ VX, Plan w/ VX & Massage	Plan w/ VX, Plan w/ VX & Massage
BENEFIT	Member pays	
ADULT VISION HARDWARE AND OPTICAL SERVICES (for members 19 years and older)	Adult vision hardware: You pay the balance after \$200 allowance in a 2-year period.	Adult vision hardware: You pay the balance after \$250 allowance in a 2-year period.
ADULT VISION EXAM (for members 19 years and older) – HSA-qualified high deductible health plans only	KP OR Silver 3500/25% HSA: 25% coinsurance after deductible  KP OR Bronze 7100/0% HSA: 0% after deductible	KP OR Silver HSA 3500: 25% coinsurance  KP OR 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

## 2025 DENTAL PLAN CHANGES

YEAR	2024	2025
PLAN NAME	All 2024 dental plans	All 2025 dental plans
BENEFITS	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

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

YEAR	2024	2025
<b>PLAN TYPE</b>	<b>Family Choice</b>	
<b>PLAN NAME</b>	KP OR Family Choice 100 – \$50 Ded/\$1000 Max	KP OR Family Choice – \$1000/\$50 Ded
	KP OR Family Choice 100 – \$100 Ded/\$1000 Max	KP OR Family Choice – \$1000/\$100 Ded
	KP OR Family Choice 100 – \$1000 Max + Ortho	KP OR Family Choice – \$1000/\$100 Ded + Ortho
	KP OR Family Choice 100 – \$50 Ded/\$1500 Max	KP OR Family Choice – \$1500/\$50 Ded
	KP OR Family Choice 100 – \$100 Ded/\$1500 Max	KP OR Family Choice – \$1500/\$100 Ded
	KP OR Family Choice 100 – \$1500 Max + Ortho	KP OR Family Choice – \$1500/\$100 Ded + Ortho
	KP OR Family Choice 100 – \$50 Ded/\$2000 Max	KP OR Family Choice – \$2000/\$50 Ded
	KP OR Family Choice 100 – \$100 Ded/\$2000 Max	KP OR Family Choice – \$2000/\$100 Ded
	KP OR Family Choice 100 – \$100 Ded/\$2000 Max + Implants	KP OR Family Choice – \$2000/\$100 Ded + Implants
	KP OR Family Choice 100 – \$2000 Max + Ortho	KP OR Family Choice – \$2000/\$100 Ded + Ortho
	KP OR Family Choice 100 – \$2000 Max + Ortho + Implants	KP OR Family Choice – \$2000/\$100 Ded + Ortho + Implants
	KP OR Family Choice 100 – \$50 Ded/\$2500 Max	KP OR Family Choice – \$2500/\$50 Ded
	KP OR Family Choice 100 – \$100 Ded/\$2500 Max	KP OR Family Choice – \$2500/\$100 Ded
	KP OR Family Choice 100 – \$100 Ded/\$2500 Max + Implants	KP OR Family Choice – \$2500/\$100 Ded + Implants
	KP OR Family Choice 100 – \$2500 Max + Ortho	KP OR Family Choice – \$2500/\$100 Ded + Ortho
	KP OR Family Choice 100 – \$2500 Max + Ortho + Implants	KP OR Family Choice – \$2500/\$100 Ded + Ortho + Implants

YEAR	2024	2025
<b>PLAN TYPE</b>	<b>Pediatric Traditional</b>	
<b>PLAN NAME</b>	KP OR Traditional 80 Pediatric Dental Plan	KP OR Pediatric Traditional 80 Dental Plan
	KP OR Traditional 100 Pediatric Dental Plan	KP OR Pediatric Traditional 100 Dental Plan
	KP OR Traditional 100 + Ortho Pediatric Dental Plan	KP OR Pediatric Traditional 100 + Ortho Dental Plan

YEAR	2024	2025
PLAN TYPE	<b>Pediatric Choice</b>	
PLAN NAME	KP OR Choice 80 Pediatric Dental Plan	KP OR Pediatric Choice 80 Dental Plan
	KP OR Choice 100 Pediatric Dental Plan	KP OR Pediatric Choice 100 Dental Plan
	KP OR Choice 100 + Ortho Pediatric Dental Plan	KP OR Pediatric Choice 100 + Ortho Dental Plan

YEAR	2024	2025
PLAN TYPE	<b>Family Traditional – Voluntary</b>	
PLAN NAME	KP OR Family Traditional 100 – \$50 Ded/\$1000 Max – Voluntary	KP OR Family Traditional – \$1000/\$50 Ded – Voluntary
	KP OR Family Traditional 100 – \$50 Ded/\$1500 Max – Voluntary	KP OR Family Traditional – \$1500/\$50 Ded – Voluntary
	KP OR Family Traditional 100 – \$50 Ded/\$2000 Max – Voluntary	KP OR Family Traditional – \$2000/\$50 Ded – Voluntary

YEAR	2024	2025
PLAN TYPE	<b>Family Choice – Voluntary</b>	
PLAN NAME	KP OR Family Choice 100 – \$50 Ded/\$1000 Max – Voluntary	KP OR Family Choice – \$1000/\$50 Ded – Voluntary
	KP OR Family Choice 100 – \$50 Ded/\$1500 Max – Voluntary	KP OR Family Choice – \$1500/\$50 Ded – Voluntary
	KP OR Family Choice 100 – \$50 Ded/\$2000 Max – Voluntary	KP OR Family Choice – \$2000/\$50 Ded – Voluntary

## 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
<b>Cochlear implants</b>	<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 (EOC)</i> as this service is performed as an outpatient procedure.</p>	Benefit clarification.
<b>Early refills for outpatient prescription drugs</b>	<p>The "Outpatient Prescription Drugs and Supplies" section of the <i>EOC</i> will include details to clarify the early refill and prior authorization requirements for substance use disorder medications.</p>	Benefit clarification to comply with OR House Bill 4002.
<b>Dependent out-of-area (OOA) services</b>	<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"> <li>• 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</li> <li>• 10 diagnostic X-rays and lab tests per year (covers diagnostic X-rays but excludes CT, MRI, PET, and other specialty scans)</li> <li>• 10 prescription drug fills per year</li> </ul>	Benefit enhancement and alignment with other lines of business.

(continues)

## Medical plan benefit changes and clarifications (continued)

Benefit	Summary of changes	Reason for change
<b>Domestic partner eligibility</b>	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 OR House Bill 2032.
<b>Fertility diagnosis services</b>	Fertility diagnosis services will apply to the medical out-of-pocket maximum under all plans.  Fertility services, under plans with a deductible, will remain at a 50% coinsurance and will become subject to the deductible in 2025.	Benefit enhancement and alignment with our other lines of business.  Alignment with other lines of business.
<b>Insulin for treatment of diabetes</b>	On Oregon Standard Plans, the cost share cap for insulin for the treatment of diabetes will be reduced to \$35 for a 30-day supply and \$105 for a 90-day supply, not subject to deductible. Note, this cost share cap is already in place for all non-standard plans.	Benefit enhancement to comply with OR Senate Bill 1508 and alignment across all Kaiser Permanente plans.
<b>Primary care provider paneling</b>	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.
<b>Telehealth visits</b>	The “Telemedicine Services” section in the Oregon Standard Plans Benefit Summary has been updated to include separate rows for primary care, specialty care, and urgent care telephone visits, video visits, and e-visits.	To clarify and display various types of visits.

## 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 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
<b>Annual out-of-pocket maximum</b>	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.
<b>Custom occlusal nightguards</b>	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.	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.

## Senior Advantage benefit plan changes

Benefit	Summary of changes	Reason for change
<b>Fitness benefit</b>	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.
<b>Prescriptions</b>	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.



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Details may have changed since publication.

