

OREGON AND WASHINGTON PLAN CHANGES

2026

The following changes were made to large group standard plan designs for 2026.

business.kp.org

Summary of 2025 to 2026 plan changes

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What's new at Kaiser Permanente

Kaiser Permanente to open Center for Black Health and Wellness

Our new Center for Black Health and Wellness is led by a team of clinicians who have experience in providing exceptional culturally responsive care to Black patients and their families. The team is passionate about improving the health of our Black members and elevating their care experience. Learn more at kpcenterforblackhealth.org.

Ticket pass* offers more ways for members to find available appointment times on kp.org

Your employees can now “opt in” to be notified of newly added scheduling appointments on kp.org. If there aren't any openings for the appointment ticket they receive, they can select their preferred days and times, and we will notify them as soon as a time slot opens based on their set preferences.

Health Engagement and Wellness Services classes – at no additional cost to members

Making informed choices and creating balance can improve or maintain your employees' health. And a class can help. From interactive wellness classes to local resources and group support, we offer in-person and online classes as well as over-the-phone coaching to fit individual learning styles. Visit kp.org/health-wellness for information on Health Engagement and Wellness Services classes.

New member transition

New employees can transition their care to Kaiser Permanente with our new member onboarding team. The team can help members create an account, choose a doctor, transfer prescriptions, and get care. New members can call **1-888-491-1124** for assistance or visit kp.org/newmember to get started.

*Ticket pass works for most in-person appointment types.

Summary of 2025 to 2026

NORTHWEST PLAN CHANGES

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2026, unless stated otherwise.

Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
Allergy serum	An "Allergy serum" row will be added to the Benefit Summary under the "Outpatient Services" section. The serum cost share will be in addition to any applicable office visit cost share.	To clarify that allergy serums will be subject to cost sharing.
Doula coverage (Oregon only)	The "Maternity and Newborn Care" section of the <i>Evidence of Coverage (EOC)</i> and Benefit Summary will be revised to reflect coverage for both inpatient and outpatient doula services.	To align with Oregon Senate Bill 692.
Fertility treatment (Washington only)	Standard fertility treatment (artificial insemination) will no longer apply to the lifetime benefit maximum. This will not affect fertility drug coverage. The rider Benefit Summary will be updated to show a separate row for artificial insemination that is not subject to the benefit maximum and a separate row for assisted reproductive technology (ART) services, such as in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), and zygote intrafallopian transfer (ZIFT), that are subject to the lifetime benefit maximum.	To align with Washington state Essential Health Benefits (EHB) benchmark plan's Benefits and Limits.
Healthy Resources (Washington only)	A "Healthy Resources" section will be added to the <i>EOC</i> to inform members of available value-added programs. Oregon already has this section present.	To align with Oregon and increase awareness around these programs.

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Benefit	Summary of changes	Reason for change
Hearing aid coverage (Washington only)	The allowance will be removed for hearing instruments, as shown in the Benefit Summary; these services will now be provided at a cost share instead of an allowance. For high deductible plans, hearing instruments will still be subject to the minimum deductible.	To align with Washington state Essential Health Benefits (EHB) benchmark plan's Benefits and Limits.
HDHP (high deductible health plan) mail-order pharmacy	For HSA-qualified high deductible health plans that have a single tier coinsurance (i.e., 10%, 20%, 30%, 40%, or 50%), members may be eligible for a cost share reduction of up to 10%, when prescriptions are filled through the Kaiser Permanente mail-order pharmacy. The mail-order cost share reduction will be as follows depending on the plan the member is enrolled on: <ul style="list-style-type: none">• 10% cost share will be reduced to 5%• 20% cost share will be reduced to 10%• 30% cost share will be reduced to 20%• 40% cost share will be reduced to 30%• 50% cost share will be reduced to 40%	To encourage Kaiser Permanente mail-order pharmacy utilization and portfolio alignment.
Newborn coverage days (Washington only)	Language in the <i>Washington Medical and Dental EOC</i> will indicate that coverage for newborns has been extended from the first 21 days of life to the first 31 days of life.	Benefit enhancement.
Live/work policy	The live/work policy will be updated to require that subscribers live or work inside the Kaiser Permanente service area, applicable to their coverage, when they enroll. This change will be reflected in the <i>EOC</i> . Previously, it was required that subscribers live or work in the service area 50% of the time to be eligible for enrollment.	Policy alignment across Kaiser Permanente regions.
Prescription hormone coverage (Washington only)	The "Day Supply Limit" section of the "Outpatient Prescription Drug Rider" will be updated to indicate members may receive a 12-month supply, at one time, of prescribed hormone therapy drugs.	To comply with Washington House Bill 1971.

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Benefit	Summary of changes	Reason for change
Prior authorization requirements (Oregon only)	The "Prior Authorization Review Requirements" section of the <i>EOC</i> will be updated to clarify that prior authorization is not required when a provider determines, during a previously authorized surgery, that an additional procedure is medically necessary.	To comply with Oregon House Bill 3134.
Prosthetics and orthotics additional coverage (Oregon only)	The <i>EOC's</i> "External Prosthetic and Orthotic Devices" section will be updated to reflect that Kaiser Permanente covers medically necessary devices for physical activities such as running, biking, swimming, and strength training.	Benefit enhancement to align with Oregon Senate Bill 699.
Prosthetics and orthotics additional coverage (Washington only)	Kaiser Permanente will cover devices that are medically necessary for physical activities, including but not limited to running, biking, swimming, and strength training.	Benefit enhancement to align Washington House Bill 1669.
Preventive breast exams	Language in the "Preventive Care Services" and "Outpatient Laboratory, X-ray, Imaging, and Special Diagnostic Procedures" sections of the <i>EOC</i> will be updated to indicate that preventive breast screenings include any imaging done prior to a breast cancer diagnosis. Diagnostic and supplemental breast imaging includes imaging that follows a breast cancer diagnosis.	Alignment with the Washington state Office of the Insurance Commissioner's guidance.

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Benefit	Summary of changes	Reason for change
Specialty pharmacy	<p>The outpatient prescription drug specialty tier copay will increase by \$100 on specific pharmacy plans that include a copay on the specialty drug tier.</p> <ul style="list-style-type: none">• For traditional, deductible, and HDHP plans, the change applies to specialty drugs filled at Kaiser Permanente pharmacies.• For Added Choice POS and Dual Choice PPO plans, the change applies to specialty drugs filled at Kaiser Permanente pharmacies.• For Kaiser Permanente Plus plans, the change applies to specialty drugs filled at Kaiser Permanente and out-of-network pharmacies.• For PPO Plus plans, the change applies to specialty drugs filled at Kaiser Permanente and MedImpact Network pharmacies. <p>This change does not apply to Everyday Care plans and Virtual Complete plans.</p>	Market alignment and affordability.
The CHP Group	<p>The CHP Group, our contracted provider network for alternative care services, has rebranded as Heraya Health. Updates will be made throughout relevant EOC documents and alternative care services riders to reflect the new name and website URL. As part of this transition, the CHP Active and Healthy program will be discontinued. Members can continue to access One Pass Select Affinity from Optum to access subscription-based fitness, digital solutions, and healthy meal delivery services.</p>	Administrative change to reflect the updated name.
Vision hardware	<p>\$100 vision hardware allowance per 12 and 24 months will no longer be offered. Groups with this benefit will be encouraged to migrate to a \$150 vision hardware allowance.</p>	Market alignment.

Traditional health plans

Summary of changes		Reason for change
The emergency room copay will increase on specific plans.		Market alignment and affordability.
Plans affected	Changing from	Changing to
TRAD PLAN A 10/1000 TRAD PLAN B 20/1500 TRAD PLAN C 20/2000	\$100 emergency copay.	\$150 emergency copay.
TRAD PLAN D 30/2500 TRAD PLAN E 35/3000 TRAD PLAN LGY A 5/600 TRAD PLAN LGY B 10/600 TRAD PLAN LGY C 10/600 TRAD PLAN LGY D 15/600 TRAD PLAN LGY E 15/1500 TRAD PLAN LGY F 20/1000 TRAD PLAN LGY G 20/1500 TRAD PLAN LGY H 25/1500 TRAD PLAN LGY J 30/2000	\$200 emergency copay.	\$250 emergency copay.

Deductible health plans

Summary of changes		Reason for change
Five new deductible Everyday Care plans will be added to the portfolio.		Expand offerings and plan alignment across Kaiser Permanente regions.
The X-ray cost share will increase on Everyday Care plans.		Plan alignment across Kaiser Permanente regions and affordability.
The emergency room copay will increase on specific plans.		Market alignment and affordability.
The annual out-of-pocket maximum (individual/family) will increase on select plans.		Market alignment and affordability.
The ambulance cost share will change to subject to deductible on one plan.		Benefit alignment.
Two deductible Virtual Complete plans will be eliminated from the portfolio.		Portfolio simplification where plans have no membership.
Plans affected	Changing from	Changing to
DED Everyday Care Plan \$7000	Plans not offered.	Plans offered.
DED Everyday Care Plan \$10/\$4000		
DED Everyday Care Plan \$10/\$5000		
DED Everyday Care Plan \$10/\$6000		
DED Everyday Care Plan \$10/\$7000		

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Plans affected	Changing from	Changing to
DED Everyday Care Plan \$4000 DED Everyday Care Plan \$5000 DED Everyday Care Plan \$6000 DED Everyday Care Plan \$7000 DED Everyday Care Plan \$10/\$4000 DED Everyday Care Plan \$10/\$5000 DED Everyday Care Plan \$10/\$6000 DED Everyday Care Plan \$10/\$7000	\$0 X-ray copay	\$50 X-ray copay
DED PLAN A 250/10/10%/2000 DED PLAN B 500/10/20%/2000 DED PLAN B 500/10%/10%/2000 DED PLAN C 750/20%/20%/3000 DED PLAN D 1000/20/20%/3000 DED PLAN E 1500/20/30%/4000 DED PLAN G 2500/30/30%/5000 DED PLAN H 3000/30%/30%/6000 DED PLAN K 5000/50%/50%/8500	\$200 emergency copay, after deductible	\$250 emergency copay, after deductible

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Plans affected	Changing from	Changing to
DED PLAN J 4000/40/30%/7500 DED PLAN L 6000/40/30%/9000	\$250 emergency copay, after deductible	\$300 emergency copay, after deductible
DED PLAN J 4000/40/30%/7500	Plan name: DED PLAN J 4000/40/30%/6000 Individual/family out- of-pocket maximum: \$6,000/\$12,000	Plan name: DED PLAN J 4000/40/30%/7500 Individual/family out- of-pocket maximum: \$7,500/\$15,000
DED PLAN K 5000/30/20%/8000	Plan names: DED PLAN K 5000/30/20%/7350 Individual/family out- of-pocket maximum: \$7,350/\$14,700	Plan names: DED PLAN K 5000/30/20%/8000 Individual/family out- of-pocket maximum: \$8,000/\$16,000
DED PLAN L 6000/35/20%/8500	Plan name: DED PLAN L 6000/35/20%/7500 Individual/family out- of-pocket maximum: \$7,500/\$15,000	Plan name: DED PLAN L 6000/35/20%/8500 Individual/family out- of-pocket maximum: \$8,500/\$17,000
DED PLAN L 6000/40/30%/9000	Plan name: DED PLAN L 6000/40/30%/8000 Individual/family out- of-pocket maximum: \$8,000/\$16,000	Plan name: DED PLAN L 6000/40/30%/9000 Individual/family out- of-pocket maximum: \$9,000/\$18,000

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Plans affected	Changing from	Changing to
DED PLAN M 7500/35/30%/10000	Plan name: DED PLAN M 7500/35/30%/8500 Individual/family out-of-pocket maximum: \$8,500/\$17,000	Plan name: DED PLAN M 7500/35/30%/10000 Individual/family out-of-pocket maximum: \$10,000/\$20,000
DED LGY 3000/30/20%/6000	Plan name: DED LGY 3000/30/20%/5350 Individual/family out-of-pocket maximum: \$5,350/\$10,700	Plan name: DED LGY 3000/30/20%/6000 Individual/family out-of-pocket maximum: \$6,000/\$12,000
DED PLAN J 4000/30/20%/8000 DED PLAN LGY 5000/30/20%/8000	Plan names: DED PLAN J 4000/30/20%/7350 DED PLAN LGY 5000/30/20%/7350 Individual/family out-of-pocket maximum: \$7,350/\$14,700	Plan names: DED PLAN J 4000/30/20%/8000 DED PLAN LGY 5000/30/20%/8000 Individual/family out-of-pocket maximum: \$8,000/\$16,000
DED PLAN K 5000/30/20%/8500 DED PLAN K 5000/50%/50%/8500	Plan names: DED PLAN K 5000/30/20%/7500 DED PLAN K 5000/50%/50%/7500 Individual/family out-of-pocket maximum: \$7,500/\$15,000	Plan names: DED PLAN K 5000/30/20%/8500 DED PLAN K 5000/50%/50%/8500 Individual/family out-of-pocket maximum: \$8,500/\$17,000
DED PLAN K 5000/50%/50%/7500	Ambulance subject to coinsurance.	Ambulance subject to coinsurance after deductible.
DED PLAN VC 3000/40/30%/6000 DED PLAN VC 4000/50/30%/7000	Plans offered.	Plans not offered.

High deductible health plans

Summary of changes		Reason for change
The plan name and annual out-of-pocket maximum (individual/family) will increase on specific plans.		Market alignment and affordability.
Five plan names will change as noted below, and deductibles will be adjusted to meet HSA qualifications on high deductible health plans (HDHPs).		Increasing the deductible amounts to ensure HDHP plans remain HSA qualified.
Plans affected	Changing from	Changing to
HDHP PLAN A 1700/10%/2500	Plan name: HDHP PLAN A 1650/10%/2500 Individual deductible: \$1,650 Family deductible: \$3,300	Plan name: HDHP PLAN A 1700/10%/2500 Individual deductible: \$1,700 Family deductible: \$3,400
HDHP PLAN A 1700/20%/3500	Plan name: HDHP PLAN A 1650/20%/3500 Individual deductible: \$1,650 Family deductible: \$3,300	Plan name: HDHP PLAN A 1700/20%/3500 Individual deductible: \$1,700 Family deductible: \$3,400
HDHP PLAN E 3400/10%/6000	Plan name: HDHP PLAN E 3300/10%/6000 Individual deductible: \$3,300 Family deductible: \$6,600	Plan name: HDHP PLAN E 3400/10%/6000 Individual deductible: \$3,400 Family deductible: \$6,800
HDHP PLAN E 3400/20%/6000	Plan name: HDHP PLAN E 3300/20%/6000 Individual deductible: \$3,300 Family deductible: \$6,600	Plan name: HDHP PLAN E 3400/20%/6000 Individual deductible: \$3,400 Family deductible: \$6,800
HDHP PLAN E 3400/30%/6400	Plan name: HDHP PLAN E 3300/30%/6400 Individual deductible: \$3,300 Family deductible: \$6,600	Plan name: HDHP PLAN E 3400/30%/6400 Individual deductible: \$3,400 Family deductible: \$6,800

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Summary of changes		Reason for change
Plans affected	Changing from	Changing to
HDHP PLAN G 4000/20%/8000 HDHP PLAN G 4000/30%/8000 HDHP PLAN H 5000/20%/8000 HDHP PLAN H 5000/30%/8000 HDHP PLAN H 5000/40%/8000 HDHP PLAN H 5000/50%/8000	Plan names: HDHP PLAN G 4000/20%/7000 HDHP PLAN G 4000/30%/7000 HDHP PLAN H 5000/20%/7000 HDHP PLAN H 5000/30%/7000 HDHP PLAN H 5000/40%/7000 HDHP PLAN H 5000/50%/7000 Individual/family out- of-pocket maximum: \$7,000/\$14,000	Plan names: HDHP PLAN G 4000/20%/8000 HDHP PLAN G 4000/30%/8000 HDHP PLAN H 5000/20%/8000 HDHP PLAN H 5000/30%/8000 HDHP PLAN H 5000/40%/8000 HDHP PLAN H 5000/50%/8000 Individual/family out- of-pocket maximum: \$8,000/\$16,000

Kaiser Permanente Plus™ health plans

Summary of changes		Reason for change
One new Everyday Care plan will be added to the portfolio.		Expand offerings and reach alignment across Kaiser Permanente regions.
In-network and out-of-network X-ray cost share will increase on Everyday Care plans.		Benefit alignment on select plans.
In-network emergency room cost share will increase on traditional and deductible plans.		Market alignment and affordability.
In-network out-of-pocket maximums will increase on deductible plans.		Market alignment and affordability.
Plans affected	Changing from	Changing to
KP PLUS Everyday Care Plan 7000	Plan not offered.	Plan offered.
KP PLUS Everyday Care Plan 4000 KP PLUS Everyday Care Plan 5000 KP PLUS Everyday Care Plan 6000	In-network X-ray: \$0 copay Out-of-network X-ray: \$20 copay	In-network X-ray: \$50 copay Out-of-network X-ray: \$70 copay
KP PLUS Traditional Plan A 10/1000 KP PLUS Traditional Plan B 20/1500	Emergency room: \$100 copay	Emergency room: \$150 copay
KP PLUS Traditional Plan C 20/2000 KP PLUS Traditional Plan D 30/2500 KP PLUS Traditional Plan E 35/3000	Emergency room: \$200 copay	Emergency room: \$250 copay

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Plans affected	Changing from	Changing to
KP PLUS Deductible Plan A 250/10/10%/2000 KP PLUS Deductible Plan B 500/10%/10%/2000 KP PLUS Deductible Plan B 500/10/20%/2000 KP PLUS Deductible Plan C 750/20%/20%/3000 KP PLUS Deductible Plan D 1000/20/20%/3000 KP PLUS Deductible Plan E 1500/20/30%/4000 KP PLUS Deductible Plan G 2500/30/30%/5000 KP PLUS Deductible Plan H 3000/30%/30%/6000	Emergency room: \$200 copay after deductible	Emergency room: \$250 copay after deductible
KP PLUS Deductible Plan J 4000/40/30%/7500 KP PLUS Deductible Plan L 6000/40/30%/9000	Emergency room: \$250 copay after deductible	Emergency room: \$300 copay after deductible
KP PLUS Deductible Plan J 4000/40/30%/7500	Plan name: KP PLUS Deductible Plan J 4000/40/30%/6000 Individual/family out- of-pocket maximum: \$6,000/\$12,000	Plan name: KP PLUS Deductible Plan J 4000/40/30%/7500 Individual/family out- of-pocket maximum: \$7,500/\$15,000
KP PLUS Deductible Plan K 5000/30/20%/8000	Plan name: KP PLUS Deductible Plan K 5000/30/20%/7350 Individual/family out- of-pocket maximum: \$7,350/\$14,700	Plan name: KP PLUS Deductible Plan K 5000/30/20%/8000 Individual/family out- of-pocket maximum: \$8,000/\$16,000

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Plans affected	Changing from	Changing to
KP PLUS Deductible Plan L 6000/35/20%/8500	Plan name: KP PLUS Deductible Plan L 6000/35/20%/7500 Individual/family out- of-pocket maximum: \$7,500/\$15,000	Plan name: KP PLUS Deductible Plan L 6000/35/20%/8500 Individual/family out- of-pocket maximum: \$8,500/\$17,000
KP PLUS Deductible Plan L 6000/40/30%/9000	Plan name: KP PLUS Deductible Plan L 6000/40/30%/8000 Individual/family out- of-pocket maximum: \$8,000/\$16,000	Plan name: KP PLUS Deductible Plan L 6000/40/30%/9000 Individual/family out- of-pocket maximum: \$9,000/\$18,000
KP PLUS Deductible Plan M 7500/35/30%/10,000	Plan name: KP PLUS Deductible Plan M 7500/35/30%/8500 Individual/family out- of-pocket maximum: \$8,500/\$17,000	Plan name: KP PLUS Deductible Plan M 7500/35/30%/10,000 Individual/family out- of-pocket maximum: \$10,000/\$20,000

Dual Choice PPO™ health plans

Summary of changes		Reason for change
Two Virtual Complete plans will be eliminated from the portfolio.		Portfolio alignment on select plans.
In-network urgent care cost share will increase for services received from standard providers.		Benefit alignment on select plans.
In-network and out-of-network emergency room cost share will increase on traditional, deductible, and high deductible plans.		Market alignment and affordability.
In-network out-of-pocket maximums will increase on deductible plans.		Market alignment and affordability.
Five plan names will change as noted below, and deductibles will be adjusted to meet HSA qualifications on high deductible health plans (HDHPs).		Increasing the deductible amounts to ensure HDHP plans remain HSA qualified.
Plans affected	Changing from	Changing to
DUAL CHOICE PPO DED PLAN VC 3000/40/30%/6000 DUAL CHOICE PPO DED PLAN VC 4000/50/30%/7000	Plans offered.	Plans not offered.
DUAL CHOICE PPO TRAD PLAN E 35/3000	Urgent care: \$110 copay	Urgent care: \$120 copay
DUAL CHOICE PPO TRAD PLAN A 10/1500 DUAL CHOICE PPO TRAD PLAN B 20/2000	Emergency room: \$100 copay	Emergency room: \$150 copay
DUAL CHOICE PPO TRAD PLAN C 20/2500 DUAL CHOICE PPO TRAD PLAN D 30/3000 DUAL CHOICE PPO TRAD PLAN E 35/3500	Emergency room: \$200 copay	Emergency room: \$250 copay

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Plans affected	Changing from	Changing to
<p>DUAL CHOICE PPO DED PLAN A 250/10/10%/2500</p> <p>DUAL CHOICE PPO DED PLAN B 500/10%/10%/3000</p> <p>DUAL CHOICE PPO DED PLAN B 500/10/20%/3000</p> <p>DUAL CHOICE PPO DED PLAN C 750/20%/20%/3500</p> <p>DUAL CHOICE PPO DED PLAN D 1000/20/20%/4000</p> <p>DUAL CHOICE PPO DED PLAN E 1500/20/30%/5000</p> <p>DUAL CHOICE PPO DED PLAN G 2500/30/30%/6000</p> <p>DUAL CHOICE PPO DED PLAN H 3000/30%/30%/7000</p>	<p>Emergency room: \$200 copay after deductible</p>	<p>Emergency room: \$250 copay after deductible</p>
<p>DUAL CHOICE PPO DED PLAN J 4000/40/30%/7500</p> <p>DUAL CHOICE PPO DED PLAN L 6000/40/30%/9000</p>	<p>Emergency room: \$250 copay after deductible</p>	<p>Emergency room: \$300 copay after deductible</p>
<p>DUAL CHOICE PPO DED PLAN J 4000/40/30%/7500</p>	<p>Plan name: DUAL CHOICE PPO DED PLAN J 4000/40/30%/6000</p> <p>In-network individual/ family out-of-pocket maximum: \$6,000/\$12,000</p>	<p>Plan name: DUAL CHOICE PPO DED PLAN J 4000/40/30%/7500</p> <p>In-network individual/ family out-of-pocket maximum: \$7,500/\$15,000</p>

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Plans affected	Changing from	Changing to
DUAL CHOICE PPO DED PLAN K 5000/30/20%/8500	Plan name: DUAL CHOICE PPO DED PLAN K 5000/30/20%/8150 In-network individual/ family out-of-pocket maximum: \$8,150/\$16,300	Plan name: DUAL CHOICE PPO DED PLAN K 5000/30/20%/8500 In-network individual/ family out-of-pocket maximum: \$8,500/\$17,000
DUAL CHOICE PPO DED PLAN L 6000/35/20%/9000 DUAL CHOICE PPO DED PLAN L 6000/40/30%/9000	Plan names: DUAL CHOICE PPO DED PLAN L 6000/35/20%/8000 DUAL CHOICE PPO DED PLAN L 6000/40/30%/8000 In-network individual/ family out-of-pocket maximum: \$8,000/\$16,000	Plan names: DUAL CHOICE PPO DED PLAN L 6000/35/20%/9000 DUAL CHOICE PPO DED PLAN L 6000/40/30%/9000 In-network individual/ family out-of-pocket maximum: \$9,000/\$18,000
DUAL CHOICE PPO DED PLAN M 7500/35/30%/10,000	Plan name: DUAL CHOICE PPO DED PLAN M 7500/35/30%/8500 In-network individual/ family out-of-pocket maximum: \$8,500/\$17,000	Plan name: DUAL CHOICE PPO DED PLAN M 7500/35/30%/10,000 In-network individual/family out-of-pocket maximum: \$10,000/\$20,000
DUAL CHOICE PPO HDHP PLAN A 1700/10%/2500	Plan name: DUAL CHOICE PPO HDHP PLAN A 1650/10%/2500 Individual deductible: \$1,650 Family deductible: \$3,200	Plan name: DUAL CHOICE PPO HDHP PLAN A 1700/10%/2500 Individual deductible: \$1,700 Family deductible: \$3,400
DUAL CHOICE PPO HDHP PLAN A 1700/20%/3500	Plan name: DUAL CHOICE PPO HDHP PLAN A 1650/20%/3500 Individual deductible: \$1,650 Family deductible: \$3,200	Plan name: DUAL CHOICE PPO HDHP PLAN A 1700/20%/3500 Individual deductible: \$1,700 Family deductible: \$3,400

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Plans affected	Changing from	Changing to
<p>DUAL CHOICE PPO HDHP PLAN E 3400/10%/6000</p>	<p>Plan name: DUAL CHOICE PPO HDHP PLAN E 3300/10%/6000</p> <p>Individual deductible: \$3,300</p> <p>Family deductible: \$6,600</p>	<p>Plan name: DUAL CHOICE PPO HDHP PLAN E 3400/10%/6000</p> <p>Individual deductible: \$3,400</p> <p>Family deductible: \$6,800</p>
<p>DUAL CHOICE PPO HDHP PLAN E 3400/20%/6000</p>	<p>Plan name: DUAL CHOICE PPO HDHP PLAN E 3300/20%/6000</p> <p>Individual deductible: \$3,300</p> <p>Family deductible: \$6,600</p>	<p>Plan name: DUAL CHOICE PPO HDHP PLAN E 3400/20%/6000</p> <p>Individual deductible: \$3,400</p> <p>Family deductible: \$6,800</p>
<p>DUAL CHOICE PPO HDHP PLAN E 3400/30%/6400</p>	<p>Plan name: DUAL CHOICE PPO HDHP PLAN E 3300/30%/6400</p> <p>Individual deductible: \$3,300</p> <p>Family deductible: \$6,600</p>	<p>Plan name: DUAL CHOICE PPO HDHP PLAN E 3400/30%/6400</p> <p>Individual deductible: \$3,400</p> <p>Family deductible: \$6,800</p>
<p>DUAL CHOICE PPO HDHP PLAN G 4000/20%/8000 DUAL CHOICE PPO HDHP PLAN G 4000/30%/8000 DUAL CHOICE PPO HDHP PLAN H 5000/20%/8000 DUAL CHOICE PPO HDHP PLAN H 5000/30%/8000 DUAL CHOICE PPO HDHP PLAN H 5000/40%/8000</p>	<p>Plan names:</p> <p>DUAL CHOICE PPO HDHP PLAN G 4000/20%/7000</p> <p>DUAL CHOICE PPO HDHP PLAN G 4000/30%/7000</p> <p>DUAL CHOICE PPO HDHP PLAN H 5000/20%/7000</p> <p>DUAL CHOICE PPO HDHP PLAN H 5000/30%/7000</p> <p>DUAL CHOICE PPO HDHP PLAN H 5000/40%/7000</p> <p>In-network individual/family out-of-pocket maximum: \$7,000/\$14,000</p>	<p>Plan names:</p> <p>DUAL CHOICE PPO HDHP PLAN G 4000/20%/8000</p> <p>DUAL CHOICE PPO HDHP PLAN G 4000/30%/8000</p> <p>DUAL CHOICE PPO HDHP PLAN H 5000/20%/8000</p> <p>DUAL CHOICE PPO HDHP PLAN H 5000/30%/8000</p> <p>DUAL CHOICE PPO HDHP PLAN H 5000/40%/8000</p> <p>In-network individual/family out-of-pocket maximum: \$8,000/\$16,000</p>

Added Choice[®] point-of-service plans

Summary of changes		Reason for change
Elimination of six Traditional point-of-service plans from the portfolio.		No membership.
Emergency room cost share will increase on traditional and deductible plans, under KP Select providers, PPO providers, and nonparticipating providers.		Market alignment and affordability.
Out-of-pocket maximums will increase on deductible and high deductible plans under KP Select providers, PPO providers, and nonparticipating providers.		Market alignment and affordability.
Four plan names will change as noted below, and deductibles will be adjusted to meet HSA qualifications on high deductible health plans (HDHPs).		Increasing the deductible amounts to ensure HDHP plans remain HSA qualified.
Plans affected	Changing from	Changing to
POS TRAD PLAN 72 15/1000 POS TRAD PLAN 74 15/1500 POS TRAD PLAN 75 20/2000 POS TRAD PLAN 76 25/2500 POS TRAD PLAN 89E 20/1000 POS TRAD PLAN 91 35/3000	Plan offered.	Plan not offered.
POS TRAD PLAN 70 15/750 POS TRAD PLAN 71 10/1000 POS TRAD PLAN 83 10/600 POS TRAD PLAN 86 10/750	Emergency room: \$200 copay	Emergency room: \$250 copay

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Plans affected	Changing from	Changing to
POS DED PLAN DA 150/10/10%/1650 POS DED PLAN DB 250/20/10%/2000 POS DED PLAN DC 500/20/10%/3000 POS DED PLAN DD 250/20/20%/2500 POS DED PLAN DE 500/20/20%/3000 POS DED PLAN DF 500/30/25%/3000 POS DED PLAN DN 1000/25/20%/4000 POS DED PLAN DP 750/25/20%/2250 POS DED PLAN DX 1500/25/20%/5500	Emergency room: \$200 copay after deductible	Emergency room: \$250 copay after deductible
POS DED PLAN DK 4000/30/20%/8000	Plan name: POS DED PLAN DK 4000/30/20%/7350 KP Select providers individual/family out-of- pocket maximum: \$7,350/ \$14,700 PPO providers individual/ family out-of-pocket maximum: \$8,150/\$16,300 Nonparticipating providers individual/family out- of-pocket maximum: \$9,000/\$18,000	Plan name: POS DED PLAN DK 4000/30/20%/8000 KP Select providers individual/family out- of-pocket maximum: \$8,000/\$16,000 PPO providers individual/ family out-of-pocket maximum: \$9,000/\$18,000 Nonparticipating providers individual/family out- of-pocket maximum: \$10,000/\$20,000

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Plans affected	Changing from	Changing to
POS DED PLAN DY 5000/30/20%/8000	Plan name: POS DED PLAN DY 5000/30/20%/7350 KP Select providers individual/family out- of-pocket maximum: \$7,350/\$14,700 PPO providers individual/ family out-of-pocket maximum: \$8,150/\$16,300 Nonparticipating providers individual/ family out-of-pocket max: \$9,000/\$18,000	Plan name: POS DED PLAN DY 5000/30/20%/8000 KP Select providers individual/family out- of-pocket maximum: \$8,000/\$16,000 PPO providers individual/ family out-of-pocket maximum: \$9,000/\$18,000 Nonparticipating providers individual/family out- of-pocket maximum: \$10,000/\$20,000
POS HDHP AA 1700/10%/2500	Plan name: POS HDHP AA 1650/10%/2500 KP Select providers individual deductible: \$1,650 KP Select providers family deductible: \$3,300	Plan name: POS HDHP AA 1700/10%/2500 KP Select providers individual deductible: \$1,700 KP Select providers family deductible: \$3,400
POS HDHP EE 3400/10%/4000	Plan name: POS HDHP EE 3300/10%/4000 KP Select providers individual deductible: \$3,300 KP Select providers family deductible: \$6,600	Plan name: POS HDHP EE 3400/10%/4000 KP Select providers individual deductible: \$3,400 KP Select providers family deductible: \$6,800
POS HDHP EE 3400/10%/6000	Plan name: POS HDHP EE 3300/10%/6000 KP Select providers individual deductible: \$3,300 KP Select providers family deductible: \$6,600	Plan name: POS HDHP EE 3400/10%/6000 KP Select providers individual deductible: \$3,400 KP Select providers family deductible: \$6,800

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Plans affected	Changing from	Changing to
POS HDHP EE 3400/20%/6000	Plan name: POS HDHP EE 3300/20%/6000 KP Select providers individual deductible: \$3,300 KP Select providers family deductible: \$6,600	Plan name: POS HDHP EE 3400/20%/6000 KP Select providers individual deductible: \$3,400 KP Select providers family deductible: \$6,800
POS HDHP PLAN EE 3400/10%/6000 POS HDHP PLAN EE 3400/20%/6000	PPO providers individual/ family out-of-pocket maximum: \$7,500/\$15,000 Nonparticipating providers individual/family out- of-pocket maximum: \$9,200/\$18,400	PPO providers individual/ family out-of-pocket maximum: \$8,000/\$16,000 Nonparticipating providers individual/family out- of-pocket maximum: \$10,000/\$20,000

Out-of-area PPO Plus health plans

Summary of changes		Reason for change
Emergency room cost share will increase on deductible plans under PPO providers and nonparticipating providers.		Market alignment and affordability.
Out-of-pocket maximums will increase on deductible and high deductible plans under PPO providers and nonparticipating providers.		Market alignment and affordability.
Two plan names will change as noted below, and deductibles will be adjusted to meet HSA qualifications on high deductible health plans (HDHPs).		Increasing the deductible amounts to ensure HDHP plans remain HSA qualified.
Plans affected	Changing from	Changing to
<p>PPO PLUS DED PLAN WDB 500/20%/2500</p> <p>PPO PLUS DED PLAN WDC 750/20%/3750</p> <p>PPO PLUS DED PLAN WDE 1000/30%/4750</p> <p>PPO PLUS DED PLAN WDN 2000/30%/6000</p> <p>PPO PLUS DED PLAN WDP 1500/30%/6000</p> <p>PPO PLUS DED PLAN WDT 1000/20%/3000</p> <p>PPO PLUS DED PLAN WDX 3000/30%/6850</p>	<p>Emergency room: \$200 copay after deductible</p>	<p>Emergency room: \$250 copay after deductible</p>
<p>PPO PLUS DED PLAN WDR 4000/30%/7500</p> <p>PPO PLUS DED PLAN WDS 5000/30%/7500</p>	<p>Plan names:</p> <p>PPO PLUS DED PLAN WDR 4000/30%/7350</p> <p>PPO PLUS DED PLAN WDS 5000/30%/7350</p> <p>PPO providers individual/family out-of-pocket maximum: \$7,350/\$14,700</p> <p>Nonparticipating providers individual/family out-of-pocket maximum: \$9,000/\$18,000</p>	<p>Plan names:</p> <p>PPO PLUS DED PLAN WDR 4000/30%/7500</p> <p>PPO PLUS DED PLAN WDS 5000/30%/7500</p> <p>PPO providers individual/family out-of-pocket maximum: \$7,500/\$15,000</p> <p>Nonparticipating providers individual/family out-of-pocket maximum: \$10,000/\$20,000</p>

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Plans affected	Changing from	Changing to
PPO PLUS DED PLAN L 6000/35/20%/8000	Plan name: PPO PLUS DED PLAN L 6000/35/20%/7500 PPO providers individual/ family out-of-pocket maximum: \$7,500/\$15,000 Nonparticipating providers individual/family out- of-pocket maximum: \$9,000/\$18,000	Plan name: PPO PLUS DED PLAN L 6000/35/20%/8000 PPO providers individual/ family out-of-pocket maximum: \$8,000/\$16,000 Nonparticipating providers individual/family out- of-pocket maximum: \$10,000/\$20,000
PPO PLUS DED PLAN M 7500/35/30%/9000	Plan name: PPO PLUS DED PLAN M 7500/35/30%/8500 PPO providers individual/ family out-of-pocket maximum: \$8,500/\$17,000 Nonparticipating providers individual/family out- of-pocket maximum: \$9,000/\$18,000	Plan name: PPO PLUS DED PLAN M 7500/35/30%/9000 PPO providers individual/ family out-of-pocket maximum: \$9,000/\$18,000 Nonparticipating providers individual/family out- of-pocket maximum: \$10,000/\$20,000
PPO PLUS HDHP AA PLAN WFI 1700/20%/3500	Plan name: PPO PLUS HDHP AA PLAN WFI 1650/20%/3500 PPO providers individual deductible: \$1,650 PPO providers family deductible: \$3,300	Plan name: PPO PLUS HDHP AA PLAN WFI 1700/20%/3500 PPO providers individual deductible: \$1,700 PPO providers family deductible: \$3,400
PPO PLUS HDHP EE PLAN EE WAT 3400/20%/6000	Plan name: PPO PLUS HDHP EE PLAN WAT 3300/20%/6000 PPO providers individual deductible: \$3,300 PPO providers family deductible: \$6,600	Plan name: PPO PLUS HDHP EE PLAN WAT 3400/20%/6000 PPO providers individual deductible: \$3,400 PPO providers family deductible: \$6,800

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Plans affected	Changing from	Changing to
<p>PPO PLUS HDHP PLAN EE 4000/20%/8000</p> <p>PPO PLUS HDHP PLAN EE 5000/20%/8000</p>	<p>Plan names: PPO PLUS HDHP PLAN EE 4000/20%/7000</p> <p>PPO PLUS HDHP PLAN EE 5000/20%/7000</p> <p>PPO providers individual/ family out-of-pocket maximum: \$7,000/\$14,000</p> <p>Nonparticipating providers individual/family out- of-pocket maximum: \$8,500/\$17,000</p>	<p>Plan names: PPO PLUS HDHP PLAN EE 4000/20%/8000</p> <p>PPO PLUS HDHP PLAN EE 5000/20%/8000</p> <p>PPO providers individual/ family out-of-pocket maximum: \$8,000/\$16,000</p> <p>Nonparticipating providers individual/family out- of-pocket maximum: \$9,000/\$18,000</p>
<p>PPO PLUS HDHP PLAN EE 5000/30%/8000</p>	<p>Plan name: PPO PLUS HDHP PLAN EE 5000/30%/7000</p> <p>PPO providers individual/ family out-of-pocket maximum: \$7,000/\$14,000</p> <p>Nonparticipating providers individual/family out- of-pocket maximum: \$8,500/\$17,000</p>	<p>Plan name: PPO PLUS HDHP PLAN EE 5000/30%/8000</p> <p>PPO providers individual/ family out-of-pocket maximum: \$8,000/\$16,000</p> <p>Nonparticipating providers individual/family out- of-pocket maximum: \$9,000/\$18,000</p>

Dental benefit plan changes

Summary of changes		Reason for change
<p>The cost share for nitrous oxide for members ages 0 to 12 on Oregon 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. (Oregon only)</p>		<p>To align the cost share for members of all ages. This same change was made for Washington in 2025.</p>
<p>Emergency dental coverage for members on Traditional and EPO dental plans who receive dental emergency care from a nonparticipating provider outside the service area will change. Members will incur the cost share that normally applies for nonemergency dental care services.</p>		<p>To align the emergency dental benefit for Oregon and Washington members.</p>
<p>PPO Prior Authorization requirements will change from requiring all procedures over \$500 to be submitted for prior authorization to a set list of procedural codes to be required for prior authorization.</p>		<p>By focusing on specific procedures instead of costs, both providers and members will experience more transparency, consistency, and potentially quicker access to necessary care, all while being protected against unnecessary costs and treatments.</p>
<p>The buy-up cost for composite fillings on posterior teeth will be removed.</p>		<p>Removing the buy-up cost for composite fillings on posterior teeth will provide members with cost savings and allows them to choose non-metal, mercury-free fillings without an extra cost.</p>
Plans affected	Changing from	Changing to
All dental commercial plans	Member nitrous oxide copay for members age 12 years and younger: \$0.	Member nitrous oxide copay for members age 12 years and younger: \$25.
All Traditional and EPO dental commercial plans	Members pay all emergency dental charges over \$100.	Members will pay the cost share that normally applies for nonemergency dental care services, plus amounts that exceed usual and customary charges for qualifying claims.

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Plans affected	Changing from	Changing to
PPO and EPO plans	Prior authorization is required for all services and procedures \$500 or more.	Prior authorization will be required for a set list of procedures.
All dental commercial plans	Coverage for routine fillings are limited to amalgam (silver) or glass ionomer fillings on posterior teeth and composite (tooth-colored) fillings on anterior teeth.	Routine fillings will be covered and include amalgam (silver), glass ionomer, and composite (tooth-colored) fillings on both posterior and anterior teeth.

Senior Advantage benefit plan changes

Benefit	Summary of changes	Reason for change
Prescriptions – insulin products	The cost share will change from \$35 per month or applicable tier cost share to 25% (up to \$35 max per month) or applicable tier cost share.	CMS-driven change to help manage the cost of insulin products.
Prescription maximum out-of-pocket	Medicare will have a \$2,100 prescription (Part D) maximum out-of-pocket.	CMS annually adjusts the maximum out-of-pocket in accordance with the Inflation Reduction Act (IRA).
Prescription formulary exceptions	If a formulary exception is approved, brand prescription medications will apply a tier 5 cost share, which was previously tier 4.	Market alignment. Please note the cost share may not differ for all groups.

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.