2027 Northwest Plan Changes

OREGON AND WASHINGTON

The following changes were make to large group standard plan designs for 2027.

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.

KAISER PERMANENTE®

Summary of 2026 to 2027 plan changes

Enhanced digital experience coming to kp.org and mobile app
Your employees can now enjoy a redesigned kp.org and mobile app experience. Familiar options – like messaging your doctor, scheduling appointments, and ordering prescriptions – remain available, but with a refreshed design and helpful added features making it easier for employees to manage their care, coverage, billing, and communications from one place.

Discounts on wellness services and alternative care
Our members can enjoy discounted access to a wide variety of healthy classes, programs, and activities through the Heraya Active & Healthy program. Plus, we offer discounts on alternative care – including naturopathic medicine, acupuncture, chiropractic care, and massage – from providers belonging to the Heraya Health network. Visit **herayahealth.com**.

Commercial rewards program
Enhance your employees' health and well-being through the new Kaiser Permanente rewards program. Built into our care and coverage, the rewards program allows members and their adult dependents to earn up to $150 each year, and potentially another $100 in drawings, for completing a wide range of healthy activities. Learn more at **kp.org/rewards**.

Extras for total health
We offer digital self-care apps, such as Calm and Headspace, at no additional cost to members to help support their physical and mental health and emotional well-being.* Visit **kp.org/nwselfcare**.

*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.

Section 2 – Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
Primary care provider (PCP) paneling **(Oregon only)**	References to the PCP paneling process will be removed from the "Your Primary Care Provider" section of the *Evidence of Coverage* (*EOC*).	To align with Oregon House Bill 4040, Section 26, which eliminated all requirements related to PCP paneling
Proof of disabled dependent status: Group-certified vs. KP-certified change	The "Dependents" section of the *EOCs* will be updated to inform members that the group is responsible for managing and verifying dependent eligibility annually.	To align with the new national initiative
Removing prior authorization for initial mental health/SUD visit **(Washington only)**	The *EOC* sections for "Mental Health Services" and "Substance Use Disorder Services" will be updated to state that prior authorization is not required for an initial evaluation and management visit, plus up to 6 outpatient treatment visits, for each new episode of care.	To align with Washington House Bill 1432

Northwest plan changes

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Section 3 – Medical plan name changes

Summary of changes		Reason for change
Marketed plan name changes apply to Oregon and Washington employer plans. Names have been shortened for clarity, AGG (Aggregate) and EMB (Embedded) added to define the accumulation types on HDHP plans, and OOA (out of area) added to PPO Plus plans to reflect the out-of-area product designation.		Provide greater clarity in the market
Plans affected	**Plan name changing from**	**Plan name changing to**
TRADITIONAL, DEDUCTIBLE, HDHP	TRAD PLAN A 10/1000	TRAD 10/1000
	TRAD PLAN B 20/1500	TRAD 20/1500
	TRAD PLAN C 20/2000	TRAD 20/2000
	TRAD PLAN D 30/2500	TRAD 30/2500
	TRAD PLAN E 35/3000	TRAD 35/3000
	DED PLAN A 250/10/10%/2000	DED 250/10/10%/2000
	DED PLAN A 250/15/20%/2500	DED 250/15/20%/2500
	DED PLAN B 500/20/10%/3000	DED 500/20/10%/3000
	DED PLAN B 500/10%/10%/2000	DED 500/10%/10%/2000
	DED PLAN B 500/10/20%/2000	DED 500/10/20%/2000
	DED PLAN B 500/20/20%/3000	DED 500/20/20%/3000
	DED PLAN C 750/20/20%/3250	DED 750/20/20%/3250
	DED PLAN C 750/20%/20%/3000	DED 750/20%/20%/3000
	DED PLAN D 1000/20/20%/3000	DED 1000/20/20%/3000
	DED PLAN D 1000/25/20%/4000	DED 1000/25/20%/4000
	DED PLAN E 1500/25/20%/5500	DED 1500/25/20%/5500

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Northwest plan changes

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(continued)

Plans affected	Plan name changing from	Plan name changing to
TRADITIONAL, DEDUCTIBLE, HDHP	DED PLAN E 1500/20/30%/4000	DED 1500/20/30%/4000
	DED PLAN F 2000/25/20%/5000	DED 2000/25/20%/5000
	DED PLAN G 2500/25/20%/5000	DED 2500/25/20%/5000
	DED PLAN G 2500/30/30%/5000	DED 2500/30/30%/5000
	DED PLAN H 3000/30/20%/7350	DED 3000/30/20%/7350
	DED PLAN H 3000/30%/30%/6000	DED 3000/30%/30%/6000
	DED PLAN I 3500/30/20%/7350	DED 3500/30/20%/7350
	DED PLAN J 4000/30/20%/7500	DED 4000/30/20%/7500
	DED PLAN J 4000/40/30%/7500	DED 4000/40/30%/7500
	DED PLAN K 5000/30/20%/8000	DED 5000/30/20%/8000
	DED PLAN L 6000/35/20%/8500	DED 6000/35/20%/8500
	DED PLAN L 6000/40/30%/9000	DED 6000/40/30%/9000
	DED PLAN M 7500/35/30%/10000	DED 7500/35/30%/10000
	DED Everyday Care PLAN 4000	DED Everyday Care 4000/0
	DED Everyday Care PLAN 5000	DED Everyday Care 5000/0
	DED Everyday Care PLAN 6000	DED Everyday Care 6000/0
	DED Everyday Care PLAN 7000	DED Everyday Care 7000/0
	DED Everyday Care PLAN 10/4000	DED Everyday Care 4000/10
	DED Everyday Care PLAN 10/5000	DED Everyday Care 5000/10

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Northwest plan changes

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(continued)

Plans affected	Plan name changing from	Plan name changing to
TRADITIONAL, DEDUCTIBLE, HDHP	DED Everyday Care PLAN 10/6000	DED Everyday Care 6000/10
	DED Everyday Care PLAN 10/7000	DED Everyday Care 7000/10
	HDHP PLAN A 1700/10%/2500	HDHP 1750/10%/3000 AGG
	HDHP PLAN A 1700/20%/3500	HDHP 1750/20%/4000 AGG
	HDHP PLAN B 2000/20%/4000	HDHP 2000/20%/4000 AGG
	HDHP PLAN C 2500/20%/5000	HDHP 2500/20%/5000 AGG
	HDHP PLAN C 2500/30%/5000	HDHP 2500/30%/5000 AGG
	HDHP PLAN E 3400/10%/6000	HDHP 3500/10%/6000 EMB
	HDHP PLAN E 3400/20%/6000	HDHP 3500/20%/6000 EMB
	HDHP PLAN E 3400/30%/6500	HDHP 3500/30%/6500 EMB
	HDHP PLAN F 3500/20%/7000	HDHP 3500/20%/7000 EMB
	HDHP PLAN F 3500/30%/7000	HDHP 3500/30%/7000 EMB
	HDHP PLAN G 4000/20%/8000	HDHP 4000/20%/8000 EMB
	HDHP PLAN G 4000/30%/8000	HDHP 4000/30%/8000 EMB
	HDHP PLAN H 5000/20%/8000	HDHP 5000/20%/8000 EMB
	HDHP PLAN H 5000/30%/8000	HDHP 5000/30%/8000 EMB
	HDHP PLAN H 5000/40%/8000	HDHP 5000/40%/8000 EMB
	HDHP PLAN H 5000/50%/8000	HDHP 5000/50%/8000 EMB

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Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

Plans affected	Plan name changing from	Plan name changing to
KP PLUS™	KP PLUS PLAN A 10/1000	KP PLUS 10/1000
	KP PLUS PLAN B 20/1500	KP PLUS 20/1500
	KP PLUS PLAN C 20/2000	KP PLUS 20/2000
	KP PLUS PLAN D 30/2500	KP PLUS 30/2500
	KP PLUS PLAN E 35/3000	KP PLUS 35/3000
	KP PLUS PLAN A 250/10/10%/2000	KP PLUS 250/10/10%/2000
	KP PLUS PLAN A 250/15/20%/2500	KP PLUS 250/15/20%/2500
	KP PLUS PLAN B 500/10%/10%/2000	KP PLUS 500/10%/10%/2000
	KP PLUS PLAN B 500/10/20%/2000	KP PLUS 500/10/20%/2000
	KP PLUS PLAN B 500/20/10%/3000	KP PLUS 500/20/10%/3000
	KP PLUS PLAN B 500/20/20%/3000	KP PLUS 500/20/20%/3000
	KP PLUS PLAN C 750/20/20%/3250	KP PLUS 750/20/20%/3250
	KP PLUS PLAN C 750/20%/20%/3000	KP PLUS 750/20%/20%/3000
	KP PLUS PLAN D 1000/20/20%/3000	KP PLUS 1000/20/20%/3000
	KP PLUS PLAN D 1000/25/20%/4000	KP PLUS 1000/25/20%/4000
	KP PLUS PLAN E 1500/25/20%/5500	KP PLUS 1500/25/20%/5500
	KP PLUS PLAN E 1500/20/30%/4000	KP PLUS 1500/20/30%/4000
	KP PLUS PLAN F 2000/25/20%/5000	KP PLUS 2000/25/20%/5000
	KP PLUS PLAN G 2500/25/20%/5000	KP PLUS 2500/25/20%/5000

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Northwest plan changes

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(continued)

Plans affected	Plan name changing from	Plan name changing to
KP PLUS™	KP PLUS PLAN G 2500/30/30%/5000	KP PLUS 2500/30/30%/5000
	KP PLUS PLAN H 3000/30/20%/7350	KP PLUS 3000/30/20%/7350
	KP PLUS PLAN H 3000/30%/30%/6000	KP PLUS 3000/30%/30%/6000
	KP PLUS PLAN I 3500/30/20%/7350	KP PLUS 3500/30/20%/7350
	KP PLUS PLAN J 4000/30/20%/7500	KP PLUS 4000/30/20%/7500
	KP PLUS PLAN J 4000/40/30%/7500	KP PLUS 4000/40/30%/7500
	KP PLUS PLAN K 5000/30/20%/8000	KP PLUS 5000/30/20%/8000
	KP PLUS PLAN L 6000/35/20%/8500	KP PLUS 6000/35/20%/8500
	KP PLUS PLAN L 6000/40/30%/9000	KP PLUS 6000/40/30%/9000
	KP PLUS PLAN M 7500/35/30%/10000	KP PLUS 7500/35/30%/10000
	KP PLUS Everyday Care Plan 4000	KP PLUS Everyday Care 4000/0
	KP PLUS Everyday Care Plan 5000	KP PLUS Everyday Care 5000/0
	KP PLUS Everyday Care Plan 6000	KP PLUS Everyday Care 6000/0
	KP PLUS Everyday Care Plan 7000	KP PLUS Everyday Care 7000/0

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Northwest plan changes

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Plans affected	Plan name changing from	Plan name changing to
DUAL CHOICE PPO™	DUAL CHOICE PPO PLAN A 10/1500	DUAL CHOICE PPO 10/1500
	DUAL CHOICE PPO PLAN B 20/2000	DUAL CHOICE PPO 20/2000
	DUAL CHOICE PPO PLAN C 20/2500	DUAL CHOICE PPO 20/2500
	DUAL CHOICE PPO PLAN D 30/3000	DUAL CHOICE PPO 30/3000
	DUAL CHOICE PPO PLAN E 35/3500	DUAL CHOICE PPO 35/3500
	DUAL CHOICE PPO PLAN A 250/10/10%/2500	DUAL CHOICE PPO 250/10/10%/2500
	DUAL CHOICE PPO PLAN A 250/15/20%/3000	DUAL CHOICE PPO 250/15/20%/3000
	DUAL CHOICE PPO PLAN B 500/20/10%/3500	DUAL CHOICE PPO 500/20/10%/3500
	DUAL CHOICE PPO PLAN B 500/10%/10%/3000	DUAL CHOICE PPO 500/10%/10%/3000
	DUAL CHOICE PPO PLAN B 500/10/20%/3000	DUAL CHOICE PPO 500/10/20%/3000
	DUAL CHOICE PPO PLAN B 500/20/20%/3500	DUAL CHOICE PPO 500/20/20%/3500
	DUAL CHOICE PPO PLAN C 750/20/20%/3500	DUAL CHOICE PPO 750/20/20%/3500
	DUAL CHOICE PPO PLAN C 750/20%/20%/3500	DUAL CHOICE PPO 750/20%/20%/3500
	DUAL CHOICE PPO PLAN D 1000/20/20%/4000	DUAL CHOICE PPO 1000/20/20%/4000
	DUAL CHOICE PPO PLAN D 1000/25/20%/5000	DUAL CHOICE PPO 1000/25/20%/5000
	DUAL CHOICE PPO PLAN E 1500/20/30%/5000	DUAL CHOICE PPO 1500/20/30%/5000
	DUAL CHOICE PPO PLAN E 1500/25/20%/6000	DUAL CHOICE PPO 1500/25/20%/6000

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Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

(continued)

Plans affected	Plan name changing from	Plan name changing to
DUAL CHOICE PPO™	DUAL CHOICE PPO PLAN F 2000/25/20%/6000	DUAL CHOICE PPO 2000/25/20%/6000
	DUAL CHOICE PPO PLAN G 2500/25/20%/6000	DUAL CHOICE PPO 2500/25/20%/6000
	DUAL CHOICE PPO PLAN G 2500/30/30%/6000	DUAL CHOICE PPO 2500/30/30%/6000
	DUAL CHOICE PPO PLAN H 3000/30%/30%/7000	DUAL CHOICE PPO 3000/30%/30%/7000
	DUAL CHOICE PPO PLAN H 3000/30/20%/8150	DUAL CHOICE PPO 3000/30/20%/8150
	DUAL CHOICE PPO PLAN I 3500/30/20%/8000	DUAL CHOICE PPO 3500/30/20%/8000
	DUAL CHOICE PPO PLAN J 4000/40/30%/7500	DUAL CHOICE PPO 4000/40/30%/7500
	DUAL CHOICE PPO PLAN J 4000/30/20%/8150	DUAL CHOICE PPO 4000/30/20%/8150
	DUAL CHOICE PPO PLAN K 5000/30/20%/8500	DUAL CHOICE PPO 5000/30/20%/8500
	DUAL CHOICE PPO PLAN L 6000/35/20%/9000	DUAL CHOICE PPO 6000/35/20%/9000
	DUAL CHOICE PPO PLAN L 6000/40/30%/9000	DUAL CHOICE PPO 6000/40/30%/9000
	DUAL CHOICE PPO PLAN M 7500/35/30%/10000	DUAL CHOICE PPO 7500/35/30%/10000
	DUAL CHOICE PPO HDHP PLAN A 1700/10%/2500	DUAL CHOICE PPO HDHP 1750/10%/3000 AGG
	DUAL CHOICE PPO HDHP PLAN A 1700/20%/3500	DUAL CHOICE PPO HDHP 1750/20%/4000 AGG
	DUAL CHOICE PPO HDHP PLAN B 2000/20%/4000	DUAL CHOICE PPO HDHP 2000/20%/4000 AGG
	DUAL CHOICE PPO HDHP PLAN C 2500/20%/5000	DUAL CHOICE PPO HDHP 2500/20%/5000 AGG
	DUAL CHOICE PPO HDHP PLAN C 2500/30%/5000	DUAL CHOICE PPO HDHP 2500/30%/5000 AGG

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Northwest plan changes

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(continued)

Plans affected	Plan name changing from	Plan name changing to
DUAL CHOICE PPO™	DUAL CHOICE PPO HDHP PLAN E 3400/10%/6000	DUAL CHOICE PPO HDHP 3500/10%/6000 EMB
	DUAL CHOICE PPO HDHP PLAN E 3400/20%/6000	DUAL CHOICE PPO HDHP 3500/20%/6000 EMB
	DUAL CHOICE PPO HDHP PLAN E 3400/30%/6400	DUAL CHOICE PPO HDHP 3500/30%/6500 EMB
	DUAL CHOICE PPO HDHP PLAN F 3500/20%/7000	DUAL CHOICE PPO HDHP 3500/20%/7000 EMB
	DUAL CHOICE PPO HDHP PLAN F 3500/30%/7000	DUAL CHOICE PPO HDHP 3500/30%/7000 EMB
	DUAL CHOICE PPO HDHP PLAN G 4000/20%/8000	DUAL CHOICE PPO HDHP 4000/20%/8000 EMB
	DUAL CHOICE PPO HDHP PLAN G 4000/30%/8000	DUAL CHOICE PPO HDHP 4000/30%/8000 EMB
	DUAL CHOICE PPO HDHP PLAN H 5000/20%/8000	DUAL CHOICE PPO HDHP 5000/20%/8000 EMB
	DUAL CHOICE PPO HDHP PLAN H 5000/30%/8000	DUAL CHOICE PPO HDHP 5000/30%/8000 EMB
	DUAL CHOICE PPO HDHP PLAN H 5000/40%/8000	DUAL CHOICE PPO HDHP 5000/40%/8000 EMB
Plans affected	**Plan name changing from**	**Plan name changing to**
PPO PLUS OUT-OF-AREA	PPO PLUS PLAN WDB 500/20%/2500	PPO PLUS OOA 500/20%/2500
	PPO PLUS PLAN WDC 750/20%/3750	PPO PLUS OOA 750/20%/3750
	PPO PLUS PLAN WDT 1000/20%/3000	PPO PLUS OOA 1000/20%/3000
	PPO PLUS PLAN WDE 1000/30%/4750	PPO PLUS OOA 1000/30%/4750
	PPO PLUS PLAN WDU 1500/20%/5500	PPO PLUS OOA 1500/20%/5500
	PPO PLUS PLAN WDP 1500/30%/6000	PPO PLUS OOA 1500/30%/6000

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Northwest plan changes

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(continued)

Plans affected	Plan name changing from	Plan name changing to
PPO PLUS OUT-OF-AREA	PPO PLUS PLAN WDN 2000/30%/6000	PPO PLUS OOA 2000/30%/6000
	PPO PLUS PLAN WDX 3000/30%/6850	PPO PLUS OOA 3000/30%/6850
	PPO PLUS PLAN WDR 4000/30%/7500	PPO PLUS OOA 4000/30%/7500
	PPO PLUS PLAN WDS 5000/30%/7500	PPO PLUS OOA 5000/30%/7500
	PPO PLUS PLAN L 6000/35/20%/8000	PPO PLUS OOA 6000/35/20%/8000
	PPO PLUS PLAN M 7500/35/30%/9000	PPO PLUS OOA 7500/35/30%/9000
	PPO PLUS HDHP AA PLAN WFI 1700/20%/3500	PPO PLUS OOA HDHP 1750/20%/3500 AGG
	PPO PLUS HDHP AA PLAN WAS 2800/20%/4000	PPO PLUS OOA HDHP 2800/20%/4000 AGG
	PPO PLUS HDHP EE PLAN WAT 3400/20%/6000	PPO PLUS OOA HDHP 3500/20%/6000 EMB
	PPO PLUS HDHP EE PLAN 4000/20%/8000	PPO PLUS OOA HDHP 4000/20%/8000 EMB
	PPO PLUS HDHP EE PLAN 5000/20%/8000	PPO PLUS OOA HDHP 5000/20%/8000 EMB
	PPO PLUS HDHP EE PLAN 5000/30%/8000	PPO PLUS OOA HDHP 5000/30%/8000 EMB
Plans affected	**Plan name changing from**	**Plan name changing to**
ADDED CHOICE® POINT-OF-SERVICE	POS HDHP AA 1700/10%/2500	POS HDHP AA 1750/10%/3000 AGG
	POS HDHP EE 3400/10%/4000	POS HDHP EE 3500/10%/4000 EMB
	POS HDHP EE 3400/20%/6000	POS HDHP EE 3500/20%/6000 EMB

Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

Summary of changes		Reason for change
The member cost share will be reduced for infertility office visits and laboratory services on Kaiser Permanente Everyday Care plans.		Plan design alignment
Two 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 4000/0	Infertility office visit and laboratory service: 50% coinsurance after deductible	Infertility office visit and laboratory service: $0 after deductible
DED Everyday Care 5000/0		
DED Everyday Care 6000/0		
DED Everyday Care 7000/0		
DED Everyday Care 4000/10		
DED Everyday Care 5000/10		
DED Everyday Care 6000/10		
DED Everyday Care 7000/10		
DED PLAN VIRTUAL COMPLETE 2500/40/ 20%/5500	Plan offered	Plan not offered
DED PLAN VIRTUAL COMPLETE 5000/50/ 40%/8000		

Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

Summary of changes		Reason for change
One new high deductible health plan will be added to the portfolio.		Expand offerings
One new high deductible health plan 0% after deductible (AD) 4-tier pharmacy plan option will be added to the portfolio. This 4-tier pharmacy plan includes coverage for generic, preferred brand, non-preferred brand and specialty drug tiers.		Expand offerings
Annual out-of-pocket maximums (individual/family) will increase on 3 high deductible health 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
One high deductible health plan will be eliminated from the portfolio.		Portfolio simplification where plans have no membership
Plans affected	**Changing from**	**Changing to**
HDHP 7000/0%/14000 EMB	Plan not offered	Plan offered
HDHP 0% AD Pharmacy Plan	Plan not offered	Plan offered
HDHP 1750/10%/3000 AGG	HDHP PLAN A 1700/10%/2500 Individual/family deductible: $1,700/$3,400 Individual/family out-of-pocket maximum: $2,500/$5,000	HDHP 1750/10%/3000 AGG Individual/family deductible: $1,750/$3,500 Individual/family out-of-pocket maximum: $3,000/$6,000
HDHP 1750/20%/4000 AGG	HDHP PLAN A 1700/20%/3500 Individual/family deductible: $1,700/$3,400 Individual/family out-of-pocket maximum: $3,500/$7,000	HDHP 1750/20%/4000 AGG Individual/family deductible: $1,750/$3,500 Individual/family out-of-pocket maximum: $4,000/$8,000
HDHP 3500/10%/6000 EMB	HDHP 3400/10%/6000 Individual/family deductible: $3,400/$6,800	HDHP 3500/10%/6000 EMB Individual/family deductible: $3,500/$7,000
HDHP 3500/20%/6000 EMB	HDHP 3400/20%/6000 Individual/family deductible: $3,400/$6,800	HDHP 3500/20%/6000 EMB Individual/family deductible: $3,500/$7,000
HDHP 3500/30%/6500 EMB	HDHP PLAN E 3400/30%/6400 Individual/family deductible: $3,400/$6,800 Individual/family out-of-pocket maximum: $6,400/$12,800	HDHP 3500/30%/6500 EMB Individual/family deductible: $3,500/$7,000 Individual/family out-of-pocket maximum: $6,500/$13,000
HDHP PLAN B 2000/30%/4000	Plan offered	Plan not offered

Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

Summary of changes		Reason for change
The member cost share will be reduced for infertility office visits and laboratory services on KP Plus Everyday Care plans.		Plan design alignment
Specialty prescription drug coverage will be eliminated from the out-of-network tier on all KP Plus™ plans. Specialty prescription drugs will continue to be covered on the in-network tier and accessible through Kaiser Permanente retail pharmacies.		Market alignment and affordability
Plans affected	**Changing from**	**Changing to**
KP PLUS Everyday Care 4000/0	Infertility office visit and laboratory service: 50% coinsurance after deductible	Infertility office visit and laboratory service: $0 after deductible
KP PLUS Everyday Care 5000/0		
KP PLUS Everyday Care 6000/0		
KP PLUS Everyday Care 7000/0		
All KP PLUS pharmacy plans	Out-of-network: Specialty prescription drugs covered	Out-of-network: Specialty prescription drugs not covered

Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

Summary of changes		Reason for change
Annual in-network out-of-pocket maximums (individual/family) will increase on 3 high deductible PPO 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
One high deductible health plan will be eliminated from the portfolio.		Portfolio simplification where plans have no membership
Two Virtual Complete plans will be eliminated from the portfolio.		Portfolio simplification where plans have no membership
Plans affected	**Changing from**	**Changing to**
DUAL CHOICE HDHP 1750/10%/3000 AGG	DUAL CHOICE PPO HDHP PLAN A 1700/10%/2500 Individual/family deductible: $1,700/$3,400 In-network individual/family out-of-pocket maximum: $2,500/$5,000	DUAL CHOICE PPO HDHP 1750/10%/3000 AGG Individual/family deductible: $1,750/$3,500 In-network individual/family out-of-pocket maximum: $3,000/$6,000
DUAL CHOICE HDHP 1750/20%/4000 AGG	DUAL CHOICE PPO HDHP PLAN A 1700/20%/3500 Individual/family deductible: $1,700/$3,400 In-network individual/family out-of-pocket maximum: $3,500/$7,000	DUAL CHOICE PPO HDHP 1750/20%/4000 AGG Individual/family deductible: $1,750/$3,500 In-network individual/family out-of-pocket maximum: $4,000/$8,000
DUAL CHOICE HDHP 3500/10%/6000 EMB	DUAL CHOICE PPO HDHP PLAN E 3400/10%/6000 Individual/family deductible: $3,400/$6,800	DUAL CHOICE PPO HDHP 3500/10%/6000 EMB Individual/family deductible: $3,500/$7,000
DUAL CHOICE HDHP 3500/20%/6000 EMB	DUAL CHOICE PPO HDHP PLAN E 3400/20%/6000 Individual/family deductible: $3,400/$6,800	DUAL CHOICE PPO HDHP 3500/20%/6000 EMB Individual/family deductible: $3,500/$7,000

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Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

(continued)

Plans affected	Changing from	Changing to
DUAL CHOICE HDHP 3500/30%/6500 EMB	DUAL CHOICE PPO HDHP PLAN E 3400/30%/6400 Individual/family deductible: $3,400/$6,800 In-network individual/family out-of- pocket maximum: $6,400/$12,800	DUAL CHOICE PPO HDHP 3500/30%/6500 EMB Individual/family deductible: $3,500/$7,000 In-network individual/family out-of- pocket maximum: $6,500/$13,000
DUAL CHOICE PPO HDHP PLAN B 2000/30%/4000	Plan offered	Plan not offered
DUAL CHOICE PPO PLAN VIRTUAL COMPLETE 2500/40/20%/6500	Plan offered	Plan not offered
DUAL CHOICE PPO PLAN VIRTUAL COMPLETE 5000/50/40%/8150	Plan offered	Plan not offered

Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

Summary of changes		Reason for change
Annual out-of-pocket maximum for KP Select Providers (individual/family) will increase on one point-of-service high deductible health plan.		Market alignment and affordability
Three 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
Two traditional point-of-service plans and one hig deductible point-of-service plan will be eliminated from the portfolio.		Portfolio simplification where plans have no membership
Plans affected	**Changing from**	**Changing to**
ADDED CHOICE POS HDHP AA 1750/10%/3000 AGG	ADDED CHOICE POS HDHP PLAN AA 1700/10%/2500 KP Select Provider individual/family deductible: $1,700/$3,400 KP Select Provider individual/family out-of-pocket maximum: $2,500/$5,000	ADDED CHOICE POS HDHP AA 1750/10%/3000 AGG KP Select Provider individual/family deductible: $1,750/$3,500 KP Select Provider individual/family out-of-pocket maximum: $3,000/$6,000
ADDED CHOICE POS HDHP EE 3500/10%/4000 EMB	ADDED CHOICE POS HDHP EE 3400/10%/4000 KP Select Provider individual/family deductible: $3,400/$6,800	ADDED CHOICE POS HDHP EE 3500/10%/4000 EMB KP Select Provider individual/family deductible: $3,500/$7,000
ADDED CHOICE POS HDHP EE 3500/20%/6000 EMB	ADDED CHOICE POS HDHP EE 3400/20%/6000 KP Select Provider individual/family deductible: $3,400/$6,800	ADDED CHOICE POS HDHP EE 3500/20%/6000 EMB KP Select Provider individual/family deductible: $3,500/$7,000
ADDED CHOICE POS PLAN 71 – 10/1000	Plan offered	Plan not offered
ADDED CHOICE POS PLAN 86 – 10/750	Plan offered	Plan not offered
ADDED CHOICE POS HDHP PLAN EE – 3400/10%/6000	Plan offered	Plan not offered

Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

Summary of changes		Reason for change
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**
PPO PLUS OUT-OF-AREA HDHP 1750/20%/3500 AGG	PPO PLUS HDHP AA PLAN WFI 1700/20%/3500 PPO Providers individual/family deductible: $1,700/$3,400	PPO PLUS OUT-OF-AREA HDHP 1750/20%/3500 AGG PPO Providers individual/family deductible: $1,750/$3,500
PPO PLUS OUT-OF-AREA HDHP 3500/20%/6000 EMB	PPO PLUS HDHP EE PLAN WAT 3400/20%/6000 PPO Providers individual/family deductible: $3,400/$6,800	PPO PLUS OUT-OF-AREA HDHP 3500/20%/6000 EMB PPO Providers individual/family deductible: $3,500/$7,000

Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

Benefit	Summary of changes	Reason for change
Prescription maximum out-of-pocket	Medicare will have a $2,400 prescription (Part D) maximum out-of-pocket.	Centers for Medicare & Medicaid Services annually adjusts the maximum out-of-pocket in accordance with the Inflation Reduction Act (IRA)
Non-emergent medical transportation	Non-emergent transportation when medically necessary, as determined by a clinical provider	Supports timely and appropriate care delivery discharge
Prescription medications	Starting January 1, 2027, Kaiser Permanente will cover up to a 100-day supply of eligible medications for members at retail and through mail order.	Improve medication adherence

Northwest plan changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal on or after January 1, 2027, unless stated otherwise.

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.

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