

Summary of 2021 to 2022 PLAN CHANGES

The following changes were made to large group standard plan designs for 2022.

2022

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Summary of 2021 to 2022 plan changes

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What's new at Kaiser Permanente

Below are some highlights of changes over the last year.

A new total health care option – our Complete Suite™ portfolio, with NEW Dual Choice PPO™ and Virtual Complete™ plans

Complete Suite refers to our portfolio of health plans available to employer groups with 51–499 eligible employees.

Choose a traditional plan or pair with our new Dual Choice PPO plans. Get a single-carrier solution with network choices your employees want. This means streamlined benefit administration for you, and an expanded network for your employees.



Dual Choice PPO

Dual Choice PPO plans provide you with flexibility to **offer nationwide coverage to employees** – through access to Kaiser Permanente providers, First Choice Health providers, First Health Network providers, other direct-contract providers, or any licensed provider. These plans must be offered alongside a traditional, deductible, or HDHP plan.

Lower cost shares using an enhanced benefit – Some in-network providers, including Kaiser Permanente, have lower cost shares for primary care, urgent care, specialty care, and routine eye exam visits. This is referred to as an enhanced benefit.



Virtual Complete

New Virtual Complete plans are available for both deductible plans and Dual Choice PPO plans. Eight new plans offer members flexibility in how they choose to get care – taking advantage of our many virtual care options at no additional cost, while still having primary care access to in-person care whenever they need it.

Members can connect with their care team and specialists they've been referred to by video or phone for \$0.* They can also have a set number of in-person primary care visits with a copay before meeting their deductible.

*When appropriate and available. These features are available when you get care from Kaiser Permanente.

Medical plan benefit changes

ALL PLANS

Benefit	Summary of changes	Reason for change
Alternative care	Alternative care benefits (acupuncture, chiropractic, naturopathic, and massage therapy) are being updated for 2022 plan year. See the alternative care benefit changes tables for Oregon and Washington plans.	<p>To help simplify benefits, offer easier access for members, and meet market needs with flexible offerings that allow our group customers to select the cost and coverage that is right for their needs.</p> <p>The benefit changes also meet the new essential health benefits (EHB) requirements in Oregon.</p>
Medical coverage of dental services for potential transplant recipients	Adding coverage in medical plans for members who are potential transplant recipients. We will cover routine dental services necessary to ensure the oral cavity is clear of infection so the member can be placed on the transplant waitlist.	Expanded coverage to remove oral care barriers for transplant patients.

Oregon plans

ALTERNATIVE CARE BENEFIT CHANGES

Service type	2021		2022	
	Physician-referred	Self-referred	Physician-referred	Self-referred
Acupuncture care	Specialty office visit cost share, 12-visit limit.	Rider offering.	Not covered.	Rider offering with specific cost share options and visit limit options, and no dollar benefit maximum. (Now an essential health benefit [EHB].)
Chiropractic care	Specialty office visit cost share.	Rider offering.	Not covered.	Rider offering with specific cost share options and visit limit options, and no dollar benefit maximum. (Now an essential health benefit [EHB].)
Naturopathic care	Specialty office visit cost share.	Rider offering.	Not covered.	Included in base plans at the primary office visit cost share with no visit limit.
Massage therapy	Not applicable.	Rider offering.	Not applicable.	Rider offering.

Dual Choice PPO plans include both in-network and out-of-network providers. PPO Plus plans include PPO and nonparticipating providers. Added Choice plans include select, PPO, and nonparticipating providers.

Washington plans

ALTERNATIVE CARE BENEFIT CHANGES

Service type	2021		2022	
	Physician-referred	Self-referred	Physician-referred	Self-referred
Acupuncture care	Specialty office visit cost share (CHP providers only).	Rider offering. Choice products did not have visit limits for PPO or nonparticipating providers.	Specialty office visit cost share, no visit limit.	No longer a rider offering. Specialty office visit cost share (preferred) or primary office visit cost share (allowed), 12-visit limit.
Chiropractic care	Specialty office visit cost share (CHP providers only).	Specialty office visit cost share, 12-visit limit.	Specialty office visit cost share, no visit limit.	Primary or specialty office visit cost share, 12-visit limit.
Naturopathic care	Specialty office visit cost share (CHP providers only).	Rider offering.	Not covered.	Primary office visit cost share, no visit limit.
Massage therapy	Not applicable.	Rider offering.	Not applicable.	Rider offering.

Dual Choice PPO plans includes both in-network and out-of-network providers. PPO Plus plans include PPO and nonparticipating providers. Added Choice plans include select, PPO, and nonparticipating providers.

Deductible health plans

Summary of changes		Reason for change
Virtual Complete deductible plans can be offered alongside an aligned Dual Choice PPO offering.		Expand product offering.
In most cases, groups can keep their current plan except where noted.		Realign product offering.
Plans affected	Changed from	Changed to
Virtual Complete deductible plans: DED PLAN VC 2500/40/20%/5500 DED PLAN VC 3000/40/30%/6000 DED PLAN VC 4000/50/30%/7000 DED PLAN VC 5000/50/40%/8000	Plans not offered.	Four new plans offered in Oregon and Washington.
DED PLAN AA 150/15/20%/1650 DED LGY 750/20/20%/2250 DED PLAN F 2000/25/20%/5500 DED PLAN J 4000/30/20%/7350 DED PLAN LGY 5000/30/20%/7350 DED PLAN K 5000/30/20%/7500 All deductible value plans: DED PLAN ValueNQ 30% DED PLAN ValueNQ 40% DED PLAN ValueNQ 50% And all related buy-ups	Plans offered.	Plans discontinued. Groups can keep their current plan. If there are any changes to benefits, the group should select a new plan. Please discuss your group's transition needs with your Kaiser Permanente account manager.

High deductible health plans (HSA-qualified)

Summary of changes		Reason for change
Maximum out-of-pocket adjustments to high deductible health plans.		IRS maximum out-of-pocket limits expanded.
In most cases, groups can keep their current plan except where noted.		Realign product offering.
Plans affected	Changed from	Changed to
<p>All HDHP minimum value plans: HDHP PLAN LGY MV \$3500 EE 50% HDHP PLAN MV \$4500 EE 40% HDHP PLAN LGY MV \$5500 EE 30% And all customized variations of these plans</p>	Plans offered.	Plans discontinued. Groups currently on these plans will be asked to move to a new HDHP plan. Please discuss your group's transition needs with your Kaiser Permanente account manager.
HDHP PLAN \$6900/0% HDHP PLAN AA 1400/10%/2800 HDHP PLAN AA 1400/20%/2800 HDHP PLAN A 1500/30%/2500 HDHP PLAN A 1500/10%/3500 HDHP PLAN A 1500/20%/3500 HDHP PLAN A 1500/30%/3500 HDHP PLAN B 2000/10%/4000 HDHP PLAN B 2000/50%/4000 HDHP PLAN C 2500/10%/5000 HDHP PLAN C 2500/50%/5000 HDHP PLAN D 2800/10%/4000 HDHP PLAN D 2800/20%/4000 HDHP PLAN D 2800/30%/4000 HDHP PLAN D 2800/40%/4000 HDHP PLAN D 2800/40%/5600 HDHP PLAN D 2800/50%/5600 HDHP PLAN E 3000/40%/6000 HDHP PLAN E 3000/50%/6000 HDHP PLAN F 3500/40%/6900 HDHP PLAN F 3500/50%/6900 HDHP PLAN G 4000/50%/6900 HDHP PLAN H 5000/50%/6900	Plan offered.	Plans discontinued. Groups can keep their current plan. Any change to benefits will require selecting a new plan from the Complete Suite offering.

(continues)

High deductible health plans (HSA-qualified)

(continued)

Plans affected	Changed from	Changed to
<p>HDHP PLAN A 1500/20%/3500</p>	<p>Individual maximum out-of-pocket: \$2,500</p> <p>Family maximum out-of-pocket: \$5,000</p> <p>Plan name: HDHP PLAN A 1500/20%/2500</p>	<p>Individual maximum out-of-pocket: \$3,500</p> <p>Family maximum out-of-pocket: \$7,000</p> <p>Plan name: HDHP PLAN A 1500/20%/3500</p>
<p>HDHP PLAN F 3500/20%/7000 HDHP PLAN F 3500/30%/7000 HDHP PLAN G 4000/20%/7000 HDHP PLAN G 4000/30%/7000 HDHP PLAN G 4000/40%/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</p>	<p>Individual maximum out-of-pocket: \$6,900</p> <p>Family maximum out-of-pocket: \$13,800</p> <p>Plan name: Maximum out-of-pocket in plan name was \$6,900.</p>	<p>Individual maximum out-of-pocket: \$7,000</p> <p>Family maximum out-of-pocket: \$14,000</p> <p>Plan name: Maximum out-of-pocket in plan name changed to \$7,000.</p> <p>Groups can keep their current plan.</p>

Dual Choice PPO™ plans

Summary of changes		Reason for change
Expansion of our Dual Choice offering to Washington state.		Offer new product.
Maximum out-of-pocket adjustments to high deductible health plans.		IRS maximum out-of-pocket limits expanded.
Dual Choice Virtual Complete plans added for pairing with standard deductible plans as part of the new Virtual Complete offering.		Expand product offering.
We're removing prior authorization requirements for outpatient rehabilitation therapies. Members will have direct access to physical therapy, occupational therapy, and speech therapy providers for both in and out-of-network providers. The therapist's office may still request a referral.		Improve member access to therapies.
Plans affected	Changed from	Changed to
All Dual Choice PPO plans	Plan not offered to groups in Washington.	Plan offered to groups in Washington.
Dual Choice PPO Virtual Complete deductible plans: PPO PLAN VC 2500/40/20%/6500 PPO PLAN VC 3000/40/30%/7000 PPO PLAN VC 4000/50/30%/8150 PPO PLAN VC 5000/50/40%/8150	Plans not offered.	Four new plans offered in Oregon and Washington.
PPO HDHP PLAN A 1500/20%/3500	In-network individual maximum out-of-pocket: \$2,500 In-network family maximum out-of-pocket: \$5,000 Out-of-network individual maximum out-of-pocket: \$10,500 Out-of-network family maximum out-of-pocket: \$21,000 Plan name: PPO HDHP PLAN A 1500/20%/2500	In-network individual maximum out-of-pocket: \$3,500 In-network family maximum out-of-pocket: \$7,000 Out-of-network individual maximum out-of-pocket: \$11,500 Out-of-network family maximum out-of-pocket: \$23,000 Plan name: PPO HDHP PLAN A 1500/20%/3500
PPO HDHP PLAN F 3500/20%/7000 PPO HDHP PLAN F 3500/30%/7000 PPO HDHP PLAN G 4000/20%/7000 PPO HDHP PLAN G 4000/30%/7000 PPO HDHP PLAN G 4000/40%/7000 PPO HDHP PLAN H 5000/20%/7000 PPO HDHP PLAN H 5000/30%/7000 PPO HDHP PLAN H 5000/40%/7000	Individual maximum out-of-pocket: \$6,900 Family maximum out-of-pocket: \$13,800 Plan name: Maximum out-of-pocket in plan name was \$6,900.	Individual maximum out-of-pocket: \$7,000 Family maximum out-of-pocket: \$14,000 Plan name: Maximum out-of-pocket in plan name changed to \$7,000. Groups can keep their current plan.

Added Choice® point-of-service plans

Summary of changes		Reason for change
New Dual Choice PPO offering is intended to replace Added Choice point-of-service plans.		Transition to Dual Choice.
We're removing prior authorization requirements for outpatient rehab therapies for services received from PPO and nonparticipating providers. Members will have direct access to physical therapy, occupational therapy, and speech therapy providers. The therapist's office may still request a referral.		Improve member access to therapies.
Plans affected	Changed from	Changed to
All Added Choice point-of-service plans	Plans offered to groups.	Product is being phased out. Groups currently on these plans will be asked to move to a new Dual Choice PPO plan within one renewal cycle. Please discuss your group's transition needs with your Kaiser Permanente account manager.
All Added Choice point-of-service deductible plans – renewals only	PPO network TMD benefit not subject to deductible.	PPO network TMD benefit subject to deductible.

Out-of-area PPO Plus[®] plans

Summary of changes		Reason for change
Out-of-area PPO Plus plans will continue to be offered alongside Dual Choice PPO plans for out-of-area members.		Continue out-of-area access.
Maximum out-of-pocket adjustments to high deductible health plans to better align with IRS changes and across aligned products.		Align with IRS changes.
We're removing prior authorization requirements for outpatient rehab therapies for services received from PPO and nonparticipating providers. Members will have direct access to physical therapy, occupational therapy, and speech therapy providers. The therapist's office may still request a referral.		Improve member access to therapies.
Plans affected	Changed from	Changed to
PPO PLUS HDHP AA PLAN WFI 1500/20%/3500	<p>PPO network individual maximum out-of-pocket: \$2,500</p> <p>PPO network family maximum out-of-pocket: \$5,000</p> <p>Nonparticipating provider individual maximum out-of-pocket: \$5,000</p> <p>Nonparticipating provider family maximum out-of-pocket: \$10,000</p> <p>Plan name: PPO PLUS HDHP AA PLAN WFI 1500/20%/2500</p>	<p>PPO network individual maximum out-of-pocket: \$3,500</p> <p>PPO network family maximum out-of-pocket: \$7,000</p> <p>Nonparticipating provider individual maximum out-of-pocket: \$6,000</p> <p>Nonparticipating provider family maximum out-of-pocket: \$12,000</p> <p>Plan name: PPO PLUS HDHP AA PLAN WFI 1500/20%/3500</p>
PPO PLUS HDHP AA PLAN WAS 2800/20%/4000	<p>Nonparticipating provider individual maximum out-of-pocket: \$5,000</p> <p>Nonparticipating provider family maximum out-of-pocket: \$10,000</p>	<p>Nonparticipating provider individual maximum out-of-pocket: \$7,000</p> <p>Nonparticipating provider family maximum out-of-pocket: \$14,000</p>

Dental benefit plan changes

Plans affected	Changed from	Changed to
Dental plans that include coverage for dental implants: modifying implant cleaning and maintenance benefits.	<p>We cover routine cleaning of the implant surfaces up to 2 visits per year; and implant maintenance, where the prosthesis is removed and reinserted, once every 2 years.</p> <p>We will cover dental implant maintenance regardless of whether a Kaiser Permanente provider placed the implant system.</p>	Improve dental implant care.

New ways we are providing quality, providing convenience, and serving our mission



Getting care from the comfort of home

Your employees can rest assured knowing they can continue to get the high-quality care they depend on for all their health care needs. For primary care, specialty care, and mental health services, they can connect with their care team with e-visits, video visits, or phone appointments.¹



Self-care at your fingertips – at no additional cost to members

We offer 2 digital self-care apps, Calm and myStrength, at no additional cost to members to help support their mental health and emotional well-being.²



Finding funding opportunities to manage the uncertainty of the current economic environment

We recently launched the Resilience Compass, a website that helps diverse businesses and employers find the support resources they need to help them succeed, especially in these tough economic times.

Visit resiliencecompass.org to find resources on training, funding, discounts, and more.



Getting dental advice at home

Members can send photos and communicate with their dental team via email through kp.org and the Kaiser Permanente app.³

¹When appropriate and available. These features apply to care you get at Kaiser Permanente facilities.

²Only available to Kaiser Permanente members with medical coverage. myStrength® is a wholly owned subsidiary of Livongo Health, Inc.

³When appropriate and available. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.



Getting connected to an interpreter, made easier

Members can now call the interpretation services number on the back of their Kaiser Permanente ID card to go through a new flow that connects them directly with an interpreter.



Bringing healing home with virtual cardiac rehabilitation

Kaiser Permanente is home to Oregon's first virtual cardiac rehab program. In its first year, 87% of participants completed Kaiser Permanente's 8-week virtual rehab program using wearable technology, compared with a less than 50% national average completion rate for those attending in-person rehab programs.¹



Seeking tomorrow's cure, today

Our cancer team is at the forefront of clinical trials, testing immunotherapy and other treatments that give patients more options for leading-edge care. In fact, Kaiser Permanente is a part of one of the largest cancer clinical research groups in the country.²



Furthering our mission with community health

We help people experiencing health inequities address the clinical, genetic, social, economic, and environmental factors that affect their ability to thrive. In 2019 alone, we invested more than \$3.4 billion in the community.³

¹Randal J. Thomas et al., "Home-Based Cardiac Rehabilitation: A Scientific Statement From the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Heart Association, and the American College of Cardiology," *Circulation*, July 2, 2019, p. e69. pubmed.ncbi.nlm.nih.gov/31097258

²Kaiser Permanente Center for Health Research, research.kpchr.org/Research/Research-Areas/Cancer, accessed April 9, 2021.

³2019 Kaiser Permanente Community Health Snapshot, about.kaiserpermanente.org/content/dam/internet/kp/comms/community-health/kp-community-health-snapshot-2019.pdf.



These are a summary of changes and not a contract. Subject to change.