

! Health plan benefit changes

Here are the updated benefit changes for our 2023 plans. Your 2023 plan name is stated in the breakout by subscriber page. Refer to your plan name to see any updates.

Health Plan	Changes for 2023
KP GA Platinum 0/0/20/S10 (formerly KP GA Platinum 0/0/20/S9)	<ul style="list-style-type: none"> Network Specialty Pharmacy changed to 35%
Health Plan	Changes for 2023
KP GA Platinum 500/20/20/S10 (formerly KP GA Platinum 500/20/20/S9)	<ul style="list-style-type: none"> Ambulance changed to \$350 Emergency changed to \$350 High Tech Radiology changed to \$100 Network Specialty Pharmacy changed to 35%
Health Plan	Changes for 2023
KP GA Gold 0/0/30/S10 (formerly KP GA Gold 0/0/30/S9)	<ul style="list-style-type: none"> Emergency changed to \$550 Hospital changed to \$800 per day Out Of Pocket Max changed to \$8,700/\$17,400 Outpatient surgery changed to \$550 Radiology changed to \$20 Network Specialty pharmacy changed to 45%
Health Plan	Changes for 2023
KP GA Gold 0/0/40/S10 (formerly KP GA Gold 0/0/40/S9)	<ul style="list-style-type: none"> Ambulance changed to \$650 Out of pocket max changed to \$8,700/\$17,400 Network Specialty pharmacy changed to 45%
Health Plan	Changes for 2023
KP GA Gold 1000/20/30/S10 (formerly KP GA Gold 1000/20/30/S9)	<ul style="list-style-type: none"> Ambulance changed to \$550 Out of pocket max changed to \$8,500/\$17,000 Network specialty pharmacy changed to 35% after Rx deductible
Health Plan	Changes for 2023
KP GA Gold 2250/20/30/S10 (formerly KP GA Gold 2250/20/30/S9)	<ul style="list-style-type: none"> Ambulance changed to \$550 Out of pocket max to \$8,500/\$17,000 Network specialty pharmacy changed to 35% after Rx deductible
Health Plan	Changes for 2023
KP GA Gold 2500/0/30/S10 (formerly KP GA Gold 2500/0/30/S9)	<ul style="list-style-type: none"> Ambulance changing to \$650 Out of Pocket Max changing to \$8,900/\$17,800 Radiology changing to 0% after ded High tech radiology changing to \$600 Network specialty pharmacy changing to 35%
Health Plan	Changes for 2023
KP GA Gold 3500/0/30/S10 (formerly KP GA Gold 3500/0/30/S9)	<ul style="list-style-type: none"> Ambulance changed to \$650 Out of pocket max changed to \$8,900/\$17,800 Radiology changed to 0% after deductible High tech radiology changed to \$600 Network specialty pharmacy changed to 35%

GA Small Group

This is a summary of the health plan benefit changes. Detailed information about your plan is in the *Evidence of Coverage*, which will be mailed to you upon renewal or upon request. To request a copy of the *Evidence of Coverage* for a particular plan, please call us at **1-888-865-5813**.

Health plan benefit changes

Here are the updated benefit changes for our 2023 plans. Your 2023 plan name is stated in the breakout by subscriber page. Refer to your plan name to see any updates.

Health Plan	Changes for 2023
KP GA Gold 3750/20/30/S10 (formerly KP GA Gold 3750/20/30/S9)	<ul style="list-style-type: none"> • Out of Pocket Max changed to \$6,200/\$12,400 (individual/family) • Network Specialty Pharmacy changed to 35%
Health Plan	Changes for 2023
KP GA Gold 4500/0/30/S10 (formerly KP GA Gold 4500/0/30/S9)	<ul style="list-style-type: none"> • Ambulance changed to \$650 • Out of pocket max changed to \$8,900/\$17,800 • Radiology changed to 0% after deductible • High tech radiology changed to \$600 • Network specialty pharmacy changed to 35%
Health Plan	Changes for 2023
KP GA Silver 2700/35/50/S10 (formerly KP GA Silver 2500/30/50/S9)	<ul style="list-style-type: none"> • Ambulance changed to 35% after ded • Cardiac Rehab changed to 35% after ded • Coinsurance changed to 35% • Deductible changed to \$2,700/\$5,400 • Durable medical equipment changed to 35% ded • ER changed to 35% after ded • Hospital changed to 35% after ded • Lab changed to 35% after ded • Out of pocket max changed to \$8,900/\$17,800 • Outpatient surgery changed to 35% after ded • Radiology changed to 35% after ded • High tech radiology changed to \$550 after ded • Pharmacy ded changed to \$450/\$900 • Network specialty pharmacy changed to 45% after Rx ded
Health Plan	Changes for 2023
KP GA Silver HDHP/3200/20/S10 (formerly KP GA Silver HDHP 3000/20/S9)	<ul style="list-style-type: none"> • Deductible changed to \$3,200/\$6,400 • Out of pocket max changed to \$6,900/\$13,800
Health Plan	Changes for 2023
KP GA Silver 3700/35/50/S10 (formerly KP GA Silver 3500/30/50/S9)	<ul style="list-style-type: none"> • Ambulance changed to 35% after ded • Cardiac rehab changed to 35% after ded • Coinsurance changed to 35% • Ded changed to \$3,700/\$7,400 • Durable medical equipment changed to 35% after ded • ER changed to 35% after ded • Hospital changed to 35% after ded • Lab changed to 35% after ded • Out of pocket max changed to \$9,000/\$18,000 • Outpatient surgery changed to 35% after ded • Radiology changed to 35% after ded • High tech radiology changed to \$550 after ded • KP specialty pharmacy changed to 35% • Network specialty pharmacy changed to 45%

GA Small Group

This is a summary of the health plan benefit changes. Detailed information about your plan is in the *Evidence of Coverage*, which will be mailed to you upon renewal or upon request. To request a copy of the *Evidence of Coverage* for a particular plan, please call us at **1-888-865-5813**.

! Health plan benefit changes

Here are the updated benefit changes for our 2023 plans. Your 2023 plan name is stated in the breakout by subscriber page. Refer to your plan name to see any updates.

Health Plan	Changes for 2023
KP GA Silver 4700/35/50/S10 (formerly KP GA Silver 4500/30/50/S9)	<ul style="list-style-type: none"> Ambulance changed to 35% after ded Cardiac rehab changed to 35% after ded Coinsurance changed to 35% Deductible changed to \$4,700/\$9,400 Durable medical equipment changed to 35% after ded ER changed to 35% after ded Hospital changed to 35% after ded Lab changed to 35% after ded Out of pocket max changed to \$9,000/\$18,000 Outpatient surgery changed to 35% after ded Radiology changed to 35% after ded High tech radiology changed to \$550 after ded KP specialty pharmacy changed to 35% Network specialty pharmacy changed to 45% Urgent care changed to 35%
Health Plan	Changes for 2023
KP GA Silver 5500/0/50/S10 (formerly KP GA Silver 5500/0/50/S9)	<ul style="list-style-type: none"> Lab changed to \$0 after ded Network specialty pharmacy changed to 40%
Health Plan	Changes for 2023
KP GA Silver 6000/30/50/S10 (formerly KP GA Silver 6000/30/50/S9)	<ul style="list-style-type: none"> Network specialty pharmacy changing to 40% after ded
Health Plan	Changes for 2023
KP GA Silver HDHP/5000/20/S10 (formerly KP GA Silver HDHP 5000/20/S9)	<ul style="list-style-type: none"> Out of pocket max changed to \$6,900/\$13,800 (individual/family)
Health Plan	Changes for 2023
KP GA Bronze HDHP/6850/0/S10 (formerly KP GA Bronze HDHP 6850/0/S9)	<ul style="list-style-type: none"> No significant benefit changes for 2023
Health Plan	Changes for 2023
KP Virtual Complete Gold 3000/20/40/S10 (formerly KP Virtual Complete Gold 3000/20/40/S9)	<ul style="list-style-type: none"> OPM changed to \$4,800/\$9,600
Health Plan	Changes for 2023
KP Virtual Complete Silver 5000/30/40/S10 (formerly KP Virtual Complete Silver 5000/30/40/S9)	<ul style="list-style-type: none"> Changed network brand preferred to 40% after ded
Health Plan	Changes for 2023
KP Virtual Complete Bronze 6300/20/60/S10 (formerly KP Virtual Complete Bronze 6300/20/60/S9)	<ul style="list-style-type: none"> OPM changed to \$9,000/\$18,000

GA Small Group

This is a summary of the health plan benefit changes. Detailed information about your plan is in the *Evidence of Coverage*, which will be mailed to you upon renewal or upon request. To request a copy of the *Evidence of Coverage* for a particular plan, please call us at **1-888-865-5813**.

! Health plan benefit changes

Here are the updated benefit changes for our 2023 plans. Your 2023 plan name is stated in the breakout by subscriber page. Refer to your plan name to see any updates.

Health Plan	Changes for 2023
KP GA Platinum PPO 0/0/20/S10 (formerly KP GA Platinum PPO 0/0/20/S9)	Prescription Drugs <ul style="list-style-type: none"> Out of Network Mail Order Prescription 30% after deductible for 30-day supply
Health Plan	Changes for 2023
KP GA Gold PPO 1000/20/30/S10 (formerly KP GA Gold PPO 1000/20/30/S9)	<ul style="list-style-type: none"> Ambulance changed to \$550 Annual In Network Out-of-Pocket Maximum changed to \$8,700/\$17,400 Annual Out of Network Out-of-Pocket Maximum changed to \$17,400/\$34,800 Out of network mail order prescription 30% after DED for a 30-day supply

Health Plan	Changes for 2023
KP GA Gold PPO 2500/10/30/S10 (formerly KP GA Gold PPO 2500/10/30/S9)	<ul style="list-style-type: none"> Ambulance changed to \$650 Annual In Network Out-of-Pocket Maximum changed to \$9,100/\$18,200 Annual Out of Network Out-of-Pocket Maximum changed to \$18,200/\$36,400 In Network X-ray changed to 0% after deductible In Network High tech radiology changed to \$600 Out of network mail order prescription changed to 30% after deductible for 30-day supply

Health Plan	Changes for 2023
KP GA Silver PPO HDHP 3500/20/S10 (formerly KP GA Silver PPO HDHP 3000/20/S9)	<ul style="list-style-type: none"> Annual in network deductible changed to \$3,500/\$7,000 Annual out of network deductible changed to \$7,000/\$14,000 Annual in network out of pocket maximum changed to \$7,000/\$14,000 Annual out of network out of pocket maximum changed to \$14,000/\$28,000 Out of network mail order prescription changed to 40% after ded for 30-day supply
Health Plan	Changes for 2023
KP GA Silver PPO 3850/30/50/S10 (formerly KP GA Silver PPO 3750/30/50/S9)	<ul style="list-style-type: none"> Annual in network deductible changed to \$3,850/\$7,700 Annual out of network deductible changed to \$7,700/\$15,400 Annual in network out of pocket maximum changed to \$9,100/\$18,200 Annual out of network out of pocket maximum changed to \$18,200/\$36,400 In network high tech radiology changed to \$550 Out of network mail order prescription changed to 40% after deductible for 30-day supply

GA Small Group

This is a summary of the health plan benefit changes. Detailed information about your plan is in the *Evidence of Coverage*, which will be mailed to you upon renewal or upon request. To request a copy of the *Evidence of Coverage* for a particular plan, please call us at **1-888-865-5813**.



Health plan benefit changes

Here are the updated benefit changes for our 2023 plans. Your 2023 plan name is stated in the breakout by subscriber page. Refer to your plan name to see any updates.

Health Plan	Changes for 2023
KP GA Silver PPO 4850/30/50/S10 (formerly KP GA Silver PPO 4750/30/50/S9)	<ul style="list-style-type: none"> Annual in network deductible changed to \$4,850/\$9,700 Annual out of network deductible changed to \$9,700/\$19,400 Annual in network out-of-pocket maximum changed to \$9,100/\$18,200 Annual out of network out-of-pocket maximum changed to \$18,200/\$36,400 In network high tech radiology changed to \$550 after deductible Out of network mail order prescription changed to 40% after deductible for 30-day supply
Health Plan	Changes for 2023
KP GA Silver PPO HDHP/5000/20/S10 (formerly KP GA Silver PPO HDHP 5000/20/S9)	<ul style="list-style-type: none"> Annual in network out of pocket maximum changed to \$7,000/\$14,000 Annual out of network out of pocket maximum changed to \$14,000/\$28,000 Out of network mail order prescription changed to 40% after deductible for 30-day supply

Health Plan	Changes for 2023
KP GA Bronze PPO 6500/20/60/S10 (formerly KP GA Bronze PPO 6500/20/60/S9)	<ul style="list-style-type: none"> Annual in network out-of-pocket maximum changed to \$9,000/\$18,000 Annual out of network out-of-pocket maximum changed to \$18,000/\$36,000 Out of network mail order prescription changed to 40% after deductible for 30-day supply
Health Plan	Changes for 2023
KP GA Bronze PPO HDHP/6850/10/S10 (formerly KP GA Bronze PPO HDHP 6850/10/S9)	<ul style="list-style-type: none"> Out of network mail order prescription changed to 40% after deductible for 30-day supply

GA Small Group

This is a summary of the health plan benefit changes. Detailed information about your plan is in the *Evidence of Coverage*, which will be mailed to you upon renewal or upon request. To request a copy of the *Evidence of Coverage* for a particular plan, please call us at **1-888-865-5813**.